

The National Building Bridges Initiative

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BBI History/Highlights

- **Began in November 2005**
- **National Steering Committee formed**
- **Three National Summits held (2006, 2007, June: 2010)**
- **BBI Joint Resolution developed at 2006 Summit (Identifies Core Principles)**





BBI Core Principles

- **Family Driven & Youth Guided Care**
(primary focus to date)
- **Cultural & Linguistic Competence**
- **Clinical Excellence & Quality Standards**
- **Accessibility & Community Involvement**
- **Transition Planning & Services**
(between settings & from youth to adulthood)



Building Bridges Initiative

Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.





BBI History/Highlights

- **Workgroups:**
 - **Outcomes**
 - **Youth/Family Partnerships: 2 Advisory Groups: Family Advisory Network & Youth Advisory Group**
 - **Social Marketing**
 - **Cultural and Linguistic Competence**
- **Documents to support the field:**
 - **Joint Resolution**
 - **Matrix/Self Assessment Tool**
 - **Family & Youth Tip Sheets**
- **Ongoing projects (fiscal/policy barriers & solutions)**



Core Elements from BBI SAT

- Family-drive & Youth-guided Care/Cultural & Linguistic Competence
- Child & Family Team/Wraparound as foundation
- Strong/extended community partnerships (identified pre-admission & strengthened throughout)
- **Specific focus for pre-, during & post**





BBI History/Highlights

- Articles in national publications (National Council for Community Behavioral Healthcare; Teaching-Family Association; CWLA Special Edition on Residential)
- State, City, County & Individual Program Initiatives
- A range of Partnerships: from funding Summits to endorsing Joint Resolution to full partnerships towards systems change
- Website launched 1/10:
www.buildingbridges4youth.org





BBI Summit III: Omaha, NE

June 7 – 10, 2010

Summit III Goals

- Highlight successful Building Bridges practices in programs, communities and systems
- Identify what full implementation of the Building Bridges Principles looks like in agencies, communities and systems
- Identify the necessary ingredients for a Toolkit that will focus on strategies (technical assistance documents, strategic plans, policy approaches) to fully integrate the Building Bridges Principles in programs, communities and systems across the country
- Develop an action plan for continued uptake and infusion of Building Bridges Principles in agencies, communities and systems





Partnerships with Families

Raquel Hatter, CEO of large residential program, went back to her agency after the first BBI Summit and implemented multiple improvements, including:

- Primary focus on welcoming families as full partners
- Hired senior executive focused on family
- Rewrote job descriptions to include FDC
- Made supervisors accountable (some eventually asked to leave)





Partnerships with Youth

Richie Altman, Jewish Child Care Association (JCCA), NYS, reviewed his outcome data and decided to change practice and embrace youth-guided care:

- Annual strategic planning retreat (equal # youth/ staff)
- Youth-led planning conferences
- Staff dress code (union buy-in)
- Youth input for hiring staff
- Youth trained on TCI to participate in staff TCI training
- Youth part of JCCA's training faculty on issues of permanency
- Meaningful youth councils at all levels of agency

Building Bridges in New York State



- Have held two statewide forums on Building Bridges
- Nine NYS Commissioners have committed to implementing goals of BB (BB language in Children's Plan)
- Developed Steering Committee to continue discussions and recommendations from the forums and to advance BB principles
- Supporting policy/fiscal flexibility in several counties (e.g., Onondaga; Erie) and two counties (Monroe; Westchester) have initiated specific BB initiatives; each of the counties are using Child/Family Team prior to, during and post-residential event, with goals to < LOS, > Family-driven & Youth-guided Care, & > collaboration between residential and community providers and advocacy/support groups





Building Bridges in Westchester County, NY

Extensive research on innovative concepts and sites that have a successful system and a reduction on the reliance of long-term, out of home placement for children.

New Residential Model

- Short-term
- Close to child's home/community
- Outcome/Needs driven
- Least restrictive/use of lower-levels of care
- A resource within County's Service Array
- Careful review of all residential contracts to ensure commitment to practice and clarification of role in the system of care (monthly meetings)

Early outcomes include:

- Reduction in # of children entering residential care
- Earlier identification of children in placement who are ready for discharge and transitioning back into the community with supports



Building Bridges in Pennsylvania

- Utilized the Family-driven Care (FDC) practices highlighted in the BB Joint Resolution to develop a “Best Practices” Bulletin to highlight and support intensive involvement of the family while the child is in a residential setting
- Setting expectations that all residential programs implement a range of FDC practices
- Developing new program descriptions/ expectations for all out-of-home care programs that incorporate FDC and Youth-guided Care





Building Bridges Initiative: Individualized Approaches

**Georgia, Florida, Indiana, Arizona, Kentucky, Alaska,
Tennessee, West Virginia & others**

Examples of steps taken include:

- Using BBI documents to provide guidance to **residential and community providers**
- Holding statewide forums on BBI
- Rewriting regulation/licensing based on BBI principles/practices
- Developing BBI teams and developing plans for state-specific projects
- Revising fiscal strategies to support replication of BBI informed program models





Building Bridges in New York City

- NYS Office of Mental Health New York City-based staff went back from BBI Summit II and developed and implemented a plan to incorporate youth-guided practices into all community residential programs.
- Examples include: Youth advocates have been hired; youth have become part of staff hiring and evaluation; youth serve as co-trainers in staff training; practices stressing youth empowerment and leadership have been developed/implemented (e.g., youth have access to training as peer mentors; meaningful youth councils).



“You never change things by fighting existing reality. To change something, build a new model that makes the old model obsolete.”

- Buckminster Fuller



Preliminary Summary of Top Reasons for Success

- Family Conferencing or Child/Family Team
- Sustained Visionary Leadership
- Fiscal Creativity
- Fundamental Shift in Philosophy on how to View Family
- Trust in Partnerships
- Youth-guided Philosophy changes Practice
- **Strong CQI**

BBI Fiscal/Policy Group: Preliminary Summation from Successful Leaders who have Achieved Positive Outcomes (2010)



Using Research to Inform Practice

- Residential-specific research shows improved outcomes with shorter lengths of stay, increased family involvement, and stability and support in the post-residential environment (Walters & Petr, 2008).



Using Research to Transform Practice

EMQ Children and Family Services & Hathaway-Sycamores Child and Family Services, both in CA, each have:

- hired 22 + family advocates
- implemented Child & Family Teams/ Wraparound to fidelity
- Developed strong supervisory systems
- closed approx. 100 beds, serving the youth/families in community (still have resid.)
- utilize successful Family Search & Engage Model





Using Research to Transform Practice

Damar Services, Inc., Indiana:

- **Implemented a Family and Community Treatment Pilot (2008)** with significant positive outcomes (sustained success in community; 4 months LOS in residential -control group 11 months; savings of over \$1,350,000 in one year)
- **Specialty expertise for serving youth with DD/MH** in residential (find families; support families and youth – Child/Family Team; conduct most programming in community; focus always on long-term and generalization)





California Residentially-based Services

Reform Initiative

- seeks to transform the state's group homes from long term congregate care and treatment, to short-term residential stabilization and treatment programs with follow along community-based services to reconnect youth to their families, schools and communities.





California Reform: 4 Projects

Some features:

- Transitions group homes from a structured often long-term living environment for children who have experienced multiple failed placements to an intensive short-term intervention tasked with returning children to their own homes or to another permanent and stable family setting in as short a time possible.
- Provides for the range of behavioral and/or therapeutic interventions necessary to overcome major obstacles to children living in their own homes or other stable family setting, including two new and critical categories of services (family support and post-discharge) which group homes are now not authorized or funded to provide.
- Defines a number of major program features, including comprehensive up-front assessment of children by county placing agencies, matching of individual children's needs with an appropriate RBS program and numerous other effective program strategies.





Building Bridges in Massachusetts

- Broadening R/S prevention initiative in licensed MH hospitals & IRTP's to strengthen focus on BBI core principles of Family-driven (FDC) & Youth-guided Care (YGC) (e.g., hiring youth & family advocates; families welcome 24/7 to programs; family/youth empowerment focus)
- Reduced R/S by over 91 % & staff injuries by 62% since 2001, utilizing NASMHPD's Six Core Strategies ©
- 12/09 began expansion of R/S prevention initiative to residential programs in all child/family systems (e.g., JJ, CW, education) w/ priority focus on FDC, YGC and trauma-informed care





Building Bridges in Massachusetts

Anticipated Goals and Design Elements of New DMH/DCF System

Effective this month, DMH and DCF will spend 14 months planning and implementing the system referenced above. The goals of this effort will be to improve child, family and systemic outcomes through:

- Program design elements that will create more seamless transitions for children back into their communities;
- Treatment models that are informed by emerging best practices in residential services;
 - Administrative structures that integrate utilization management functions of the two agencies;
 - Purchasing and pricing methodologies that support innovative program design;
 - Financing models that leverage performance to desired outcomes.

MA Chapter 257 Implementation Update April 20, 2010, Page 2





DISCUSSION

- What else do you want to know about BBI?
- What are ways you can take BBI back to your States to supplement your own system of care and transformation efforts, realizing more effective outcomes for youth and families?





Ideas include, but not limited to:

- Join an existing national BBI workgroup/project
- Have your State Office/Department **sign on to the BBI JR** (advertise this to all residential and community providers)
- **hold own NY- type cross-agency BBI Summit** to plan for the future needs of residential & set expectations re: best practices
- develop **workgroup(s) to explore ways to support programs** in transforming – **support State in identifying and addressing State fiscal, regulatory and policy barriers** to implement best practices to fidelity (e.g., family partners; CFT/Wraparound to fidelity)
- bring in/expand CFT/Wraparound and the Search and Engage Model (**supporting youth with no identified family members**)
- **bring BBI training programs** (e.g., family-driven; youth-guided; restraint/seclusion) **to your State** for your residential and community-based programs (i.e. day treatment)



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