
Overview of the National Building Bridges Initiative (BBI)

Magellan/BBI/Virginia State Agencies and Providers: A Partnership towards Positive Outcomes for Virginia Youth and Families
December 15, 2015

Presented by:
Beth Caldwell, Director, BBI/Faculty, National Center for Trauma-informed Care
Top 5 Trends To Expect in the next 3-5 years

1. Expecting less money from local, state and federal governments.
2. Service purchasers increasingly want to buy results and not services.
3. Emphasis on durable results that can be sustained for 6 – 12 months post-residential discharge.
4. Movement from child-centered to family-focused service delivery.
5. Faster moves toward permanency for children not returning home.

* From Tom Woll’s 40 Trends Report, January 2014
BBI 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*. 
THINK ABOUT

THE STRENGTHS OF YOUR PROGRAM

Specific To Ensuring *Long-Term Positive Outcomes* For Youth And Families Served, What Are One Or Two Current Practice Strengths Of Your Program?
Endorse the BBI Joint Resolution

- Go to BBI Web Site (www.buildingbridges4youth.org)

- Read BBI Joint Resolution (JR)

- E-mail Dr. Gary Blau (Gary.Blau@samhsa.hhs.gov) or Beth Caldwell (bethcaldwell@roadrunner.com) that You Would Like to Endorse BBI JR

- Be Put on List Serve to Receive BBI Newly Developed Documents

- Be First to be Invited to BBI Events
Includes a commitment to:

“...strive to eliminate coercion and coercive interventions (e.g., seclusion, restraint and aversive practices)....”

Go to BBI Website:
www.buildingbridges4youth.org

Documents & articles to support field (including system of care communities), e.g.:

- *Fiscal Strategies that Support the Building Bridges Initiative Principles*
- *Cultural and Linguistic Competence Guidelines for Residential Programs*
- *Handbook and Appendices for Hiring and Supporting Peer Youth Advocates*
- Numerous documents translated into Spanish (e.g., SAT; Family and Youth Tip Sheets)
- *Engage Us: A Guide Written by Families for Residential Providers*
- *Promoting Youth Engagement in Residential Settings*
Recently Released BBI Documents

available at: www.buildingbridges4youth.org

• **BBI Guide**: *Family Finding & Engagement*

• **BBI Tip Sheet**: *Youth Advisory Councils*

• **BBI Tip Sheet**: *Working with and Supporting Siblings*

• **BBI Report**: *Building Consensus on Residential Measures: Recommendations for Outcome and Performance Measures*
BBI Web-Based Training Programs Available

https://theinstitute.umaryland.edu/onlinetraining/programcategory.cfm?ottype_id=30

• Best Practices in the Use of Psychiatric Medications for Youth During Residential Interventions (1.5 CEUs)
• Cultural and Linguistic Competence (Part 1): Why Does it Matter? (2 CEUs)
• Cultural and Linguistic Competence (Part 2): Implementation Strategies (2 CEUs)
• Cultural and Linguistic Competence (Part 3): On a One-to-One Level (1.5 CEUs)
• First Steps for Leaders in Residential Transformation (2 CEUs)
• Including Family Partners on Your Team (2 CEUs)
• Pre-hiring, Hiring, Supporting, and Supervising Youth Peer Advocates in Residential Programs (2 CEUs)
• Successful Strategies for Tracking Long-term Outcomes (1 CEU)
• Youth-Guided Care for Residential Interventions (2.5 CEUs)
BBI Documents Available
Late 2015/Early 2016

• Guide: Wraparound Interventions for Residential & System of Care Communities

• Fiscal and Policy ‘How-to” Guide for States/Communities for Funding Residential Transformation
New Book: *Residential Interventions for Children, Adolescents and Families: A Best Practice Guide*

There are several options for ordering:
- toll free phone: at 1-800-634-7064
- fax: 1-800-248-4724
- email: orders@taylorandfrancis.com
- website: [www.routledgementalhealth.com](http://www.routledgementalhealth.com) (20% discount w/ web orders using code IRK71; free global shipping on any orders over $35)

Orders must include either: the Title: *Residential Interventions for Children, Adolescents and Families: A Best Practice Guide* OR the ISBN: 978-0-415-85456-6

Note: As a federal employee, Gary Blau receives no royalties or any other remuneration for this book. Any royalties received by Beth Caldwell and Bob Lieberman will be used to support youth and family empowerment consistent with BBI.
BBI Core Principles

- Family Driven & Youth Guided Care
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)
Some Of The Critical Issues

Research on Residential Effectiveness

- **Recidivism** — All Categories of Children/Youth
  - 68% in One State (2009) for all Licensed Residential Programs vs. Damar Services (BBI implementer) with ranges from 3-11%

- **Lengths of Stay** — Children/Youth in MH System
  - NYS (Average: 14 months in 12+ years) vs. Florida (<6 months in 3 years) & Oklahoma (40+ days)
Critical Elements

Residential-Specific Research Shows Improved Outcomes With:

- Shorter Lengths of Stay,
- Increased Family Involvement,
SOME EXAMPLES OF WHERE BBI IS HAPPENING
Examples

• Comprehensive State Initiatives (DE, IN, MA, NH – Initially 6 Residential Programs, CA – initially 4 regions)

• Initial State Level Activities (AZ, FL, LA, NM, ND, OK, RI, SC, VA, WA, WV & Georgia; in CA & MD – Provider Associations Leading)

• County/City Level Initiatives (City: NYC; Counties: Monroe/Westchester, NY & Maricopa, AZ)

• Many Individual Residential and Community Programs Across the Country
NEW HAMPSHIRE
NFI North, Inc.

NFI North - Davenport School takes great pride in the Building Bridges Initiative and decided from the start of this project that the only way to evoke on this journey was to due so through a lens that allowed for **open and honest examination of practices as well as open and honest communication** amongst Family, Youth, and Staff.
NFI North Contact Information

NFI North Array of Services
Jennifer Altieri
603-586-4328
jenniferAltieri@Nafi.com
BBI in Massachusetts

- Adoption of BBI framework for Rebidding Process
- Adoption of Interagency Restraint/Seclusion/Six Core Strategies©
- Commitment to Trauma-informed Care
- Development / expansion of Family & Youth roles
  - Parent Partners
  - Peer Mentors
- Development of:
  - Occupational Therapy in more intensive programs
  - High intensity community services
BBI in Massachusetts

Flexible service models
- Following into community

DCF & DMH will jointly:
- Develop standards & outcomes
- Oversee implementation
- Provide oversight
- Coordinate utilization management
- Engage in quality management activities
- Develop and implement IT (reporting/documentation)
The Plummer Home for Boys-MA

Vision: Adopted 2009

A Community Committed To Providing All Children The Support Necessary To Successfully Navigate Into Adulthood

The Dream Proposed 2015

Every young person has a family unconditionally committed to nurture, protect, and guide them to successful adulthood
The Plummer Home for Boys

- Better programming did NOT = better outcomes
- Primary Focus on Permanency
- Focus on Family Search and Engage & Parenting Support/Education
- Focus on Building Community Support Network
Contact Information

**BBI Massachusetts**

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**Plummer Home For Boys**

James E. Lister  
Executive Director  
The Plummer Home for Boys, Inc.  
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Salem, MA 01970  
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978.744.9772 fax  
www.plummerhome.org  
jlister@plummerhome.org
California Residential Project

Transformation from long-term congregate care and treatment to short-term stabilization and treatment with follow along community-based services.
Vision: LA County RBS Project

The creation of a strength-based, family-centered, needs-driven system of care that transform residential facilities from long-term placements to short-term family driven open therapeutic communities, which are not place-based and concurrently provide for seamless transitions to continuing community care, which support the safety, permanency and well-being of children and their families.
Benefits to Child and Family

- One Child and Family Team Across all Environments
- Care Planning Unifies Residential and Community Treatment (Wraparound)
- Family Search, Engagement, Preparation and Support from Day 1
- Building Life Long Connections and Natural Supports from Day 1
- Concurrent Community Work While in Residential
- 24/7 Mobile Crisis Support When in Community Phase
- Crisis Stabilization Without Replacement (14 days)
- Respite in the Community
Seneca Family of Agencies

Mark Nickels, Regional Executive Director
Who Is Your Loneliest Child?
LIGHTING THE FIRE OF URGENCY
FAMILY FINDING AND THE WRAP-AROUND PROCESS
Additional RBS Resources

Information on the California RBS Reform Coalition project and other County models can be found at:  [www.rbsreform.org](http://www.rbsreform.org)
Los Angeles County

Dr. Michael J. Rauso, Division Chief
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Resource Management Division
425 Shatto Place, Suite 303
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William P. Martone, Former/Long-term President & CEO
Hathaway-Sycamores Child and Family Services
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Pasadena, CA 91105
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San Francisco/Santa Clara County

Mark Nickell, Regional Executive Director
San Francisco & Santa Clara Seneca Family of Agencies
mark_nickell@senecacenter.org- m. (510) 432-278
The Children’s Village

- CEO, COO and all VPs/Directors required to have open door policy to any family member
- Hired Parent Advocates (full-time, salaried and with benefits)
- Provide evidence-based parent education in English and Spanish
- Trained and launched Family Team Conferences (FTC)
  - Since some parents could not attend, developed mobile FTC Conference Centers
- Developed a variety of successful short-term (21-day, 28-day, 40-day, 100-day) residential models to provide stabilization and crisis respite for teens
- Beginning in 2005, secured “flex funds” for family support (available to all staff and Parent Advocates)
- Outcomes:
  - Overall median, annual length of stay for teens drop from over 24 months to under 6-months
  - Last year, over 800 teens were discharged in under 40-days
The Children’s Village

Outcomes for MST Intervention for 15% at “highest risk” (who previously consumed 75-85% of all aftercare/flex resources)

<table>
<thead>
<tr>
<th>Outcomes 2008 – 2010 6-month treatment</th>
<th>MST/WAY Treatment 25 youth and families</th>
<th>Comparison 23 youth and families</th>
</tr>
</thead>
<tbody>
<tr>
<td>In School</td>
<td>19 (76%)</td>
<td>10 (43%)</td>
</tr>
<tr>
<td>Arrests</td>
<td>4 (16%)</td>
<td>12 (52%)</td>
</tr>
<tr>
<td>Failure to remain at home</td>
<td>5 (20%)</td>
<td>16 (70%)</td>
</tr>
</tbody>
</table>

CV privately funded specialized MST teams to provide these families with the intensive support they needed.
Contact Information

The Children’s Village

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Damar Services, Inc.

- Collection of recidivism data for 5 years post-discharge

<table>
<thead>
<tr>
<th>Year</th>
<th>Recidivism Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4%</td>
</tr>
<tr>
<td>2006</td>
<td>11%</td>
</tr>
<tr>
<td>2007</td>
<td>9%</td>
</tr>
<tr>
<td>2008</td>
<td>3%</td>
</tr>
<tr>
<td>2009</td>
<td>8%</td>
</tr>
<tr>
<td>2010</td>
<td>6%</td>
</tr>
<tr>
<td>2011</td>
<td>7%</td>
</tr>
<tr>
<td>2012</td>
<td>8%</td>
</tr>
</tbody>
</table>

Recidivism typically within first 12 months after discharge
Damar: Practice Improvement

Definition of “Recidivism”

During the 5-years post “discharge” from the residential care setting, the youth is not placed in a similar or higher level of care.
Critical Incident of Primary Concern

If 24 hours goes by and a youth is not with his/her family and/or in his/her home community, it is considered a Critical Incident for the Agency and a plan of action/correction must be submitted to the COO*. (Note: Phone calls do not count.)

*Internal Quality Plus Threshold is 95% for Agency. If it’s not measured, it’s not managed.
Damar: Now We Know!!

Our Job is not to cure kids but rather to help kids and their families negotiate the basic tasks of everyday life.

“Residential treatment” should be oriented not so much around removing problems kids bring to care but toward establishing conditions that allow children and families to manage symptoms and crises more effectively at home and in the community.
COULD YOUR PROGRAM DO THIS?
2009 >>> Guaranteed Outcomes!

If a youth requires re-admission post “discharge,” it is FREE.

What if you guaranteed your outcomes?
Damar Contact Information

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Damar Services, Inc.
www.damar.org
(317) 856-5201
jimd@damar.org
Family Adolescents and Children Therapy Services Inc (FACTS)/MN
Key Elements of Practice Model

Collaborative Intensive Bridging Services\textsuperscript{SM} – CIBS

- **Builds Collaborative Partnerships between:**
  \textit{Case Manager, Family Therapist, Child and Family, and RTC}

- Ecology is the target of intervention not just the family

- CIBS is a 3 Phase Intensive Systemic In-home Therapy Model Integrated with a 30 day Residential placement
  - **Phase 1:** Initial engagement and assessment of family and child in-home, 2 to 4 weeks
  - **Phase 2:** Intensive RTC services, continuation of intensive in-home and RTC therapy 30-45 days, child has home visits so family can practice skills being learned in RTC
  - **Phase 3:** Intensive in-home therapy with child home
Key Elements of Practice Model

• CIBS is not RTC as usual – RTC focus during Phase 2 30 days is on:
  ▫ Skills Practice not Mastery
  ▫ Intense Family Focus
  ▫ Frequent Home Time
  ▫ Co-Therapy with Child and Family with Family Therapist and RTC Therapist
  ▫ 3 Staffing within 30 days with all partners and child and family.

• Same Family Therapist stays with the family from beginning to closing through all 3 phases of CIBS, Family Therapist has 5 to 7 weekly contacts

• Family Therapist has small case loads between 4 to 5
Key Elements of Practice Model

• Focus is on building skills of children to better manage their emotions and behavior and to increase parents’ capacity to manage their child’s emotions and behaviors

• 2014 Dakota County MN Data Evaluation 24 months after RTC 30 day placement to compare CIBS Youths with Youth in Residential Placement.
  ▫ CIBS youths – 58   Comparison Youth – 34
    • Subsequent RTC Placements 24 months after RTC:
      • CIBS 76% youth had no further placements
      • Comparison youth 35% had no further placement
    • Costs for additional services during 2 years post RTC placement
      • CIBS (14 youth) $236,928.10
      • Comparison Group (22 youth) $689,780.89
    • Cost Savings of $452,852.80
  • Services are paid through Insurance and County
Contact Information

- Lynn Van Blarcum, MA, LMFT
  Executive Director
  (651) 379-9800 x204
  lynn@facts-mn.org
As You Can See
There Are
Big Steps and Small Steps Being Taken

• All Count

• A Number of Family-Driven & Youth-Guided Practices Have Been Identified That Support Better Outcomes
Other Steps Being Taken in Other Places...

- Using BBI documents to provide guidance to residential and community providers
- Holding regional and/or statewide BBI forums
-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
“You never change things by fighting existing reality. To change something, build a new model that makes the old model obsolete.”

- Buckminster Fuller
Issues To Be Aware Of:

- Maslow’s Hierarchy (i.e., acuity issues must be addressed first — example of hiring multiple family advocates but program toxic with R/S)

- Watch out for ALL models of care (e.g., Sanctuary; PEM; Love & Logic) “Is it about the program or about the youth?”

- Only models identified to date that are consistent with research on FDC & YGC & TIC: Collaborative Problem Solving (Greene) and Trauma Systems Therapy (Saxe)

- Need leadership expertise in Culture Change (i.e., Six Core Strategies©)
How State/County Agencies & Systems of Care Communities Can Support:

- Family Finding/Family Search & Engage
- Family Team Conferencing/Child & Family Team/Wraparound to Fidelity
- Flexible Fiscal, Policy and Practice Models that Support Residential as a short-term Intervention, w/ long-term support in community (i.e. Damar - 2 years)
- Funding Flexible Community Programs & Supports
- Funding Training & Supervision for Clinical Staff in Family Systems (i.e. MST)
How State/County Agencies & Systems of Care Communities Can Support:

- Family/Youth Advocates in every Community who can follow in & out of residential
- Family/Youth Support Services in every Community
- All Staff from all state agencies trained in focus on BBI Principles/Best Practices (e.g., FDC; YGC; Moving from Control to Collaboration; TIC; Do whatever it takes) and Permanency
- FDC/YGC Training/Consultation for Staff/Programs
- Permanency Round Tables for High Need Youth
- Cross agency data systems that support tracking long-term outcomes
Consistent Challenges Faced

- Other systems (e.g., probation officers; child welfare workers) not supportive of focus on reunification/working w/ family in home/ community

- Family Search & Engage/Family Finding /Expanding Support Network– no urgency

- Insufficient community based resources & supports
What can you do to improve outcomes for youth and families touched by residential interventions?

Can you think of:

- 1 improvement you can make in next two weeks?
- 1 improvement you can make in next six months?
BBI Contact Information

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  240-276-1921

- Beth Caldwell
  bethcaldwell@roadrunner.com
  413-644-9319

www.buildingbridges4youth.org
BBI Products & Resources

• **BBI Self-Assessment Tool (SAT) and the SAT Glossary:** Residential programs, the youth and families they serve, and their community program counterparts now have a useful tool available to assess their current activities against best practices consistent with the BBI JR Principles.

  • The SAT: designed to be used with groups of residential and community staff, advocates, families and youth to facilitate discussion on how program and community efforts to implement best practices can be most effectively supported.

  • The SAT Glossary provides a definition of terms used throughout the SAT.

  • Will be available on the BBI website with additional information about how to use the SAT.
BBI Products & Resources

• Family Tip Sheets - Short and Long Versions: The BBI Family Advisory Network, comprised of family members and advocates who have had children in out-of-home care programs, have developed both short and long versions of the Family Tip Sheet.

  ▫ The Family Tip Sheets support family members by identifying important issues that family members might consider relative to their child's residential experience and information they may want to explore with their residential provider.

  ▫ It is recommended that both versions be distributed to family support/advocacy organizations; residential and community programs should also provide new and existing family members with copies of both documents.

  ▫ State and county policy makers and associations may want to distribute both versions of the Family Tip Sheet to programs they oversee or to their member organizations.

Also See
Massachusetts Department of Mental Health Creating Positive Cultures of Care Guide Chapters
http://www.mass.gov/eohhs/docs/dmh/rsri/restraint-resources.pdf
Youth Tip Sheets - **Short and Long Versions:** The BBI Youth Advisory Group has completed both short and long versions of the Youth Tip Sheet, entitled: *Your Life – Your Future: Inside Info on Residential Programs from Youth Who Have Been There.* The Youth Tip Sheets offer both words of support and a framework for guiding youth to ask questions that will help them be informed partners in their own care. Both the short and long versions of the Youth Tip Sheets can also be used as part of an admission packet.

- **The Youth Tip Sheet – Short Version** is for youth who may be considering a residential program and/or those about to enter or who are already in a residential program. Ideally, a youth advocate or youth mentor would review the Youth Tip Sheet with the youth individually.

- **The Youth Tip Sheet – Long Version** will interest youth who wish to gain a more in-depth understanding of how they can ‘take charge’ of their own treatment and recovery and can be used by advocates, providers, families and policy makers to ensure that residential and community programs serving youth, and their families, are truly youth-guided.
BBI Products & Resources

- **Recently Developed BBI Documents available on BBI website:**
  
  BBI Fact Sheet on Child Welfare; Fiscal Strategies that Support the Building Bridges Initiative Principles; Cultural and Linguistic Competence Guidelines for Residential Programs; Engage Us: A Guide Written by Families for Residential Providers; Promoting Youth Engagement in Residential Settings

- **BBI Calendars of Events:**
  
  Over the past five years many national associations and organizations have highlighted different aspects of the BBI in conference keynote addresses, half- and full-day pre-Institute events and conference presentations.

- **Articles about BBI:**
  
  National publications have featured articles about BBI in their publications. Recent publications included the National Council for Community Behavioral Health, the national Teaching-Family Association, and the special issue of Child Welfare on residential care and treatment, the journal of the Child Welfare League of America.