
Overview of Family-driven and Youth-guided Care

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

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Presented by:
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Family Driven: What’s It All About
What is Family Driven?

Family Driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:
- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Source: Federation of Families for Children’s Mental Health
Why Is It Important?

• Strongest predictor of post-transition success, after education, is support from family
• Fifty percent (50%) of youth who have aged out will live with some member of their family within a couple of years (about equally divided between parents and other relatives)

  Source: Courtney, M., 2007; Courtney, M., et al, 2004

• “Work with family issues and on facilitating community involvement while adolescents are in residential treatment may have assisted these adolescents to maintain gains for as much as a year after discharge.”

“The effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care. While traditional forms of care approached mental health treatment in a hierarchical top down approach (with the clinician maintaining some distance from the recipients of treatment), this approach is not reflected in newer forms of service delivery. It is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it. “

Source: Burns, B. et al, 1999, p. 238
THINK ABOUT

THE STRENGTHS OF YOUR PROGRAM

In the area of *family-driven care*, what are one or two practice strengths that your program currently engages in consistently?
What Can Programs Do?
Hire Family Partners/Advocates

1st MOST IMPORTANT STEP:

- Hire multiple family partners/advocates
- Have senior family partner as part of executive team & provide supervision to all family partners
- Have family partners (AND FAMILY MEMBERS) as part of EVERY organizational work group/ committee/task force
- Have family partners share offices with other staff – spread throughout the organization
Hire Family Partners/Advocates

- They serve as co-trainers in staff orientation and ongoing training programs
- They serve as part of hiring groups to hire staff
- They serve as part of evaluation teams to evaluate each individual staff
- “Nothing about us without us!”
2ND MOST IMPORTANT STEP:

- Develop A Strategic Plan to Successfully Engage Families and Operationalize Family-driven Care

Go to the BBI website download, review and plan to use the BBI Self-Assessment Tool as part of your strategic plan

www.buildingbridges4youth.org
As Part of Strategic Plan

Have all leadership team members read and read and read and read:

- **BBI Family Tip Sheets** (long and short versions) & **BBI Engage Us: A Guide Written by Families for Residential Providers**

- **Massachusetts Department of Mental Health Creating Positive Cultures of Care Guide Chapters:** *(HAND OUT)*
  - Successfully Working with Family Partners
  - Embracing Family-driven Care

- A variety of other materials to support increased understanding and improved knowledge-base (see references at end of this chapter and in the Positive Cultures of Care Guide Chapters referenced above)
TO ENSURE WELCOMING OF & PARTNERING WITH FAMILIES YOU WOULD SEE:
Board/Executives Focusing on Specific Areas

If These Areas are Not Already in Place, Consider Including in a Strategic Plan.
Board/Executive Focus Areas

- **Leadership Passionate** focus on transformation towards FDC (ala Bill Anthony: walk the walk vs. just talk the talk)

- **Agency clear values** (e.g., strength-based, trauma-informed, individualized & flexible; family-driven; youth-guided; cultural and linguistic competence; community integrated)

- **100% staff competent in skills which = values** (primarily: respect/compassion/empathy/listening/choice/kindness/patience)

- Multiple **program practices** clearly spelled out for each value

- **Sophisticated Supervision Systems** – especially Clinical
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)
Board/Executive Focus Areas

Fully implementing:

- Family Search & Engage
- Wraparound/Child & Family Teams
- Best Practice Clinical Engagement Skills (i.e. variations of Functional Family Therapy/Multi-systemic Therapy)
- Clear expectations for all disciplines of staff to work interchangeably in residential, home & community
Use Data to Inform Practice:

- Restraint/Seclusion
- Achieving Permanency for Every Child
- Putting into Place for Every Child a Broad Community Support Network
- Precipitous Discharges
- Hospitalizations
- Re-admissions into Out-of-home Care/Hospitals for all Youth at Least 1 to 2 Years Post Discharge
THE NEW BAR IS HOW CHILDREN AND FAMILIES ARE DOING 6 MONTHS TO 3 YEARS POST DISCHARGE

WHAT'S HAPPENING IN THE COMMUNITY IS WHAT COUNTS
Board/Executive Focus Areas

Quality Improvement:

- % of Youth Spending Time Every Day with Family Members and/or in Community Engaging in Pro-social Activities w/ Pro-social Peers
- % of Family Members Met with Every Week
- % of Families Connected to and Part of Family Support Groups in Community
Board/Executive Focus Areas

- Ensure **Fiscal Strategies** that Support Working with Families in their Homes and Communities during and post residential stays (i.e. 6 months to 2 years post)
- Offer Long Term: Respite/In-home Support
- Set Expectations in Staff Job Descriptions/Contracts for Minimum % of Time Staff Spend in Communities w/ Families
- Rename Positions (i.e. ‘Clinical Staff’ Become ‘Reunification Specialists’) to Emphasize Focus on Permanency/Reunification
Board/Executive Focus Areas

Ensure Executive Team Members:

- Have Open Door Policy for Family Members

- **At Least One Team Member** Meets/Greets *Every* New Family

- **At Least One Team Member** Interviews Every Family Individually at Discharge and Again – 6 Months Post Discharge

- **And All Agency Staff** Represent the Cultures/Ethnicities/Races & Speak the Languages of the Youth and Families Served
TO ENSURE WELCOMING OF & PARTNERING WITH FAMILIES YOU WOULD SEE:
Staff of All Disciplines
Implementing a Variety of Family-Driven Practices
Examples of Practices You Would See:

- Every Staff is ‘**Director of First Impressions**’
  (Title Used In New Zealand Agency)

- Families Can Come to Program 24/7

- Warm and Comfortable Physical Environments

- Families Can go to Every Part of the Program – Spending Time in Their Child’s Room and Classroom and Activities
Small Step Example

A Staff Member from American Training in Boston Was Recently Describing Their Program to Dr. Gary Blau and Referred to Their Guests”....

Dr. Blau Discovered Upon Further Exploration That They Were Talking About the Young People They Served in Their Residential Program!

Not Clients, Not Consumers, Not Residents, But “GUESTS”!
WHAT'S YOUR NEXT STEP?
Examples of Practices You Would See:

• Lose The Words ‘Home-Visits’

• Family Focus Groups Decide Education Offerings for Families

• Families Called Everyday to Share Child Strengths – Not Just About Issues & Encouraged to Call Multiple Times Daily

• Youth Call Different Family Members Multiple Times Daily
Examples of Practices You Would See:

- Ensure Families Have Dedicated Time to Talk with Front Line Staff
- Make it a Practice to Consult with Families to Seek Counsel and Engage Them in Decision-making
- Create Opportunities (i.e. Weekend Camping) for Families to be Proud of their Children/to Create Positive Memories
- Support Siblings
Examples of Practices You Would See:

• **NO MORE GROUP REC** – All Recreation Focused on Youth Individual Interests/Talents and any ‘Group’ Activity Involves Siblings/Families/Extended Families- i.e. Cousins

• **Gather Tickets/Freebies** for Families to Use with Children (maybe with a staff for support)

• **Develop Close Collaborations with Clinical Expertise in Community** (e.g., Trauma; Substance Abuse; Domestic Violence) & Supports (e.g., Housing; Community Activities; Peer Mentors; Respite)
Have Policies/Practices/Staff Training to ENCOURAGE:

- Youth Calling as Many Family Members as Possible **AND** Friends Whenever Want/Need To

- Have Many Phones/No Restrictions on When Can Use *(Except Maybe School/After Certain Time of Night)*

- Allow Cell Phones (w/ Security – i.e. Photos Taking/Video Turned Off)

- Skype/Google Chat/Face Time DAILY
Have Policies/Practices/Staff Training to ENCOURAGE:

• Do ‘Whatever It Takes’ to Get Youth Home 2x Week Minimum (and When Crisis Comes Up; ALSO- DO NOT ALLOW YOUTH TO MISS ANY IMPORTANT FAMILY EVENTS) – Up to 3 Plus Hours Drive 1-way/Worked on Revising Budget Items i.e. Gas $

• Develop/License Community Programs in Communities Youth Come From AND/OR Develop Strong Partnerships (e.g., Joint Values; Joint Training; Formal Sign-offs)

• Have Staff Phone and Email Regularly – ESPECIALLY TO SHARE STRENGTHS; Communicate Often;
Have Policies/Practices/Staff Training to ENCOURAGE:

- Train clinical staff to do family systems work on the phone (just for some meetings – MOST SHOULD HAPPEN IN HOMES)

- Have a clinical staff and a family advocate work in the community most youth/families reside (ala SCO/NYC)

- Get a grant to buy i-Pads/lap tops and rent (i.e. $1) for families (or if charge more - return $’s when returned)

- Create back and forth art project/binder for families and youth to work on 2 to 3 x weekly or daily and either take each weekend home and/or scan/email back and forth (ala SCO/NYC)
What To Be Cautious Of:

• Events on Residential Campuses (why?)

• Lack of Sophisticated/Committed Clinical Supervisors

• Group Residential Recreation (why?/who to invite? (Build Memories with Families)

• Residential Holiday Traditions ("Is it About the Program or About the Youth/Family?")
What can you do to improve family-driven care in your program?

Can you think of:

• 1 improvement you can make in next two weeks?
• 1 improvement you can make in next six months?
Youth Guided Care: What’s It All About
Interface Between Youth-guided & Trauma-informed Care

• Focus on promoting healing environments

• Understand impact of trauma on brain and body

• Strong focus on youth voice and choice

• Focus on program practices that are strength-based, collaborative and empowering for youth

• Focus on strategies that support self-soothing/self-regulation (e.g., individual safety/soothing plans; sensory modulation strategies; holistic approaches - i.e. meditation/yoga/tai chi/rhythmic & repetitive activities)

• Focus on normalizing activities, hope/permanency
Embrace Youth-guided Care

Youth Guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives.

This includes giving young people a sustainable voice and the focus should be towards creating a safe environment enabling a young person to gain self-sustainability in accordance with their culture and beliefs.

Through the eyes of a youth guided approach we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process.

Youth guided also means that this process should be fun and worthwhile.

Youth MOVE National, Inc. (2008)
Program Philosophies Associated with Positive Transitions

- Treating young people as emerging adults.
- Partnering with youth in developing and implementing their individualized success plan.
- Individualizing planning focused on each young person’s unique needs, strengths, and preferences.
- Believe in recovery – that young people will go on to lead productive lives.
- High expectations – belief that young people can be successful in careers, college, vocational training, and jobs of their choice.

(Jivanjee, P. et. al., 2008)
Youth Engagement/Voice/Choice

• Youth engagement is associated with positive relationships and increased motivation. Youth who actively engage in treatment tend to develop strong relationships with service providers, express a willingness to change, and participate and collaborate with others in the context of treatment - Smith, Duffee, Steinke, Huange, & Larkin (2008).

• Residential settings that limit opportunities for choice and exploration do not promote this normative developmental process, leaving youth ill prepared to re-enter the community. Therefore, it is essential to provide concrete opportunities for youth to express their choices and opinions regarding helpful services. - Mohr & Pumariega; Warner, & Yoder; Joyce & Shuttleworth
THINK ABOUT THE STRENGTHS OF YOUR PROGRAM

In the area of *youth-guided care*, what are one or two practice strengths that your program currently engages in consistently?
Strategies for Youth Engagement

• Hire staff with expertise in this process.

• Use peers who are already living in the community to teach/model skills

• Have youth learn and use skills in their daily activities in residential care.

• Normative experiences should not be treated as privileges or withheld to manage behavior.

• Residential providers in remote areas should plan programs and housing to move older youth into the community with support.

Courtney (2007); Davis & Koyanagi (2005)
Strategies for Youth Engagement

- Community schools should be used as much as possible.
- Maintain & build network of support. Youth connection with support system correlates to how youth are doing 10 to 15 years after care.
- Family engagement may play a stronger role in the outcomes than the actual intervention program.
- Services accommodate the critical role of peers and friends.

Courtney (2007); Davis & Koyanagi (2005)
NFI North – New Hampshire – Progress Made in 4 Months

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.
Comparison

Prior to NH BBI Kick-off

1. Home Visits
2. Limited phone calls
3. Apply for Community Service
4. Level Systems
5. No PC (Personal Contact)
6. Going home every other weekend
7. Clinician Led Tx Meetings
8. Focus on Transition last 90 days
9. Scheduled bedtimes
10. Pre-arranged community service
11. No Parent Support Groups

4 Months Later

1. “Going Home”
2. Unlimited access to phones
3. Unrestricted access to community
4. No level system
5. High Fives and Fists Bumps
6. Home every opportunity possible
7. Youth Led Tx Meetings
8. Focus on Transition from day 1!
9. Youth decided bedtimes
10. Youth designed community service
11. Parent Groups offered once a month
# Youth Lead Treatment Meeting Guide

**Youth Name:**

**Date of Treatment Meeting:**

## Guidelines

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<thead>
<tr>
<th></th>
<th>Completed Yes/No</th>
<th>Youth &amp; One Treatment Members Initials</th>
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<tbody>
<tr>
<td>1.</td>
<td>Remember to write up an agenda of items that you would like to bring to your meeting for discussion. It’s a good idea to do this in advance so that you have plenty of time to think about what you would like to discuss.</td>
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<td>2.</td>
<td>Make sure you have a copy of your treatment plan available to follow along during the meeting. Ask your advocate for assistance with this if needed.</td>
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<td>3.</td>
<td>Give yourself 15 minutes before your meeting to prepare. During this time, make sure that the tables in the conference room are clean. You could also prepare coffee and/or other drinks for your guests.</td>
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<td>4.</td>
<td>Once everyone has arrived and is seated, sign-in sheets will be passed around. This is a good time for you to begin introductions by first introducing yourself and then asking your guests to do the same.</td>
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<td>5.</td>
<td>Offer a well balanced interpretation of your current baseline. Identify areas of growth. Be able to identify areas in need of continued growth and a plan to work towards that. Identify resources (address, phone number, agency, specific person) in your home community that can offer support with that continued growth.</td>
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<td>6.</td>
<td>Be prepared to use the skills you have learned and demonstrate your ability to effectively manage hearing things that may be of a differing opinion.</td>
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<td>7.</td>
<td>At the end of the meeting, restate in clear terms the decisions made and the action steps to meeting those objectives.</td>
<td></td>
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<tr>
<td>8.</td>
<td>Identify the date of the Conditions of Release.</td>
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<tr>
<td>9.</td>
<td>Identify the next court review date.</td>
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<td>10.</td>
<td>Schedule another treatment review date.</td>
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*Form Updated July 2011*
NH Contact Information

NFI North Array of Services
Jennifer Altieri
603-586-4328
jenniferAltieri@Nafi.com
Examples of Youth Guided Care

• Youth provided training/support to lead own treatment team meetings

• Hiring of youth advocates (meaningful roles throughout the organization)

• Youth/youth advocates are on EVERY program committee/workgroup

• Providing youth mentors (home community)

• Youth advisory group – meaningful

• Providing leadership training for all youth

• Skill training imbedded everywhere
Examples of Youth Guided Care

• Staff interactions are respectful, inquisitive and empowering – not directive/authoritarian (i.e. more “How do you feel about that?” VS praise)

• Individualized approaches – not level or point systems (Mohr & Pumariega, 2004)

• Interests/Activities occur in the community – not in program

• Former youth on Boards of Directors
Youth Guided Care: Basics to Advanced

**Basic:**
- More phones available/ expand phone times
- More flexibility w/ bedtimes
- Do away w/ points; design a revised/ ‘looser’ level system
- Program expands amount of time youth go into community for normalizing activities (w/ other residential youth)

**Moving beyond Basics:**
- Cell phones (w/ filters)/no real phone restrictions
- Youth choose wake-up, bed & shower times
- No levels- all privileges and amends are individualized
- Time in community alone or w/ pro-social peers engaged in activities that highlight individual talents/ strengths
Examples of Youth Guided Care

Program Reviews All Practices and Rules Against TIC & YGC.

Examples include:

- After school quiet time or study time so youth quiet during change of shift
- Any practices that delay or limit time spent at home
- Strong focus on behavioral approaches (even PBIS) which focuses on earning activities (e.g., dinners out; stay up late; student of the week; special time with a staff - top level more individualized)

- ALL PROGRAM PRACTICES/RULES
Youth Recommendations

• “Every staff wants to talk to me about my problems. It gets so old. Why don’t we just talk about what interests me?”

• “We can help each other as well, if not better, than staff can help us. They should promote ways of doing this.”

• “Just listen, truly listen – staff need to not be so obvious that they are waiting to say something.”

• “Make me smile and laugh; be there for me – not just there to remind me of rules.”

• “Nobody asks me about my dreams. They ask me about my behaviors.”
Quotes/Recommendations from Liz Murray

Homeless to Harvard

“I had never had anyone look at me with possibilities.”

“You need someone to ask you questions... to be interested... to really give you voice.”

“What is the relevance of what you are saying to me? Is it important to me”

“Give choice often.”

“Provide mentors.”

“Listen; be there; show up and make an impression; give hope; empower; show me that I can reach my goals.”
Authentic Youth Engagement

*Happens when...*

- The voice and actions of youth are valued.
- Youth are utilized as a resource in the development of themselves and their community.
- Authentic youth voice is present, empowered and interwoven throughout your system and your organization.
- Youth are valued for their experience and expertise (not as the problem).
- Youth consumers are advocates and educators.
- Youth members are on boards and committees.
- Youth are decision makers.
- There is equal partnership and shared respect.
So.. What Can You Do To Improve Youth-guided/Trauma-informed Practices?
BBI Contact Information

- Dr. Gary Blau
  Gary.Blau@samhsa.hhs.gov
  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
BBI Products & Resources

- **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.