
Overview of the National Building Bridges Initiative (BBI)
Austin, Texas
June 9, 2016

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.
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)…”

(http://www.buildingbridges4youth.org/sites/default/files_BB-Joint-Resolution.pdf)
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 Mid to late 2016

- Guide: Wraparound Interventions for Residential & System of Care Communities
- Fiscal and Policy ‘How-to” Guide for States/Communities for Funding Residential Transformation
- How-to Guide for Transforming to Short-term Residential
- Guide for Judges on Best Practices in Residential
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)
Many Compelling Reasons To Reduce Overreliance On Congregate Care.

Youth placed in congregate care are less likely to find permanent homes than those who live in family settings.

Youth who live in institutional settings are at greater risk of developing physical, emotional, and behavioral problems.

Current law requires that children be placed in the least restrictive setting possible while maintaining the child’s safety and health.

Congregate care placements cost child welfare systems three to five times the amount of family-based placements, and for poorer outcomes.

Sources: Righting Congregate Care: A Powerful First Step in Transforming Child Welfare Systems,” Annie S. Casey Foundation, 2010
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Critical Elements

Residential-Specific Research Shows Improved Outcomes With:

- Shorter Lengths of Stay,
- Increased Family Involvement,
THINK ABOUT

THE STRENGTHS OF Texas RESIDENTIAL PROGRAMS

Specific To Ensuring *Long-Term Positive Outcomes* For Youth And Families Served, What Are One Or Two Current Practice Strengths Of Texas Residential Programs?
SOME EXAMPLES OF WHERE BBI IS HAPPENING
Examples of Where BBI Work is Happening or has Happened

- 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, SC, TX, VA, WA, WV & Georgia; in CA & MD – Provider Associations Leading)

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

- Many Individual Residential and Community Programs Across the Country
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
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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

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**Plummer Home For Boys**

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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
Contact Information

**Los Angeles County**

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**San Francisco/Santa Clara County**

**Mark Nickell**, Regional Executive Director
San Francisco & Santa Clara Seneca Family of Agencies
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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.
The Children’s Village

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Damar Services, Inc.

You will have to wait until this afternoon to hear about their good work!!!!
Catholic Charities of Baltimore, Family Services Division

Bridging the Transition: Residential Treatment and Community-Based Services
Residential Reduction

- St. Vincent's Home Based RTC
- Created June, 2012 with State of MD Re-tooling grant
- Serves boys and girls between the ages of 6 and 14, and their families within an hour and a half radius of SVV campus in Timonium, MD
Goal of Home-Based RTC

- Maintain family connectiveness, shorten length of admission, maintain connection with community resources, and decrease recidivism by maximizing the integration of community and RTC resources.

Children are referred by local Core Services Agencies, Departments of Social Services, schools, OMHC's, psychiatric hospitals.
Core Elements

- Children live in the RTC residence Sunday evening through Fri afternoon.
- Children go home every weekend with their families—no matter what their behaviors have been throughout the week.
- Residential treatment counselors and therapist go into the homes on weekends to work with children and their families in the home environment.
- Average length of stay is 3-4 months.
- Children and families all have individual treatment plans and goals that are reviewed weekly in treatment team meetings. Children and families also have short term goals for each weekend (i.e. following mom's directions with 1 or 2 prompts).
Family focused- strength based philosophy

- Families are all expected to participate in weekly Tuesday Family Night. All parents, siblings, grandparents gather together in the RTC to have dinner together with children and staff.
- After dinner, parents meet with Program Director and Aftercare Coordinator for Psycho-educational Support Group.
- Siblings all meet with therapist for "sibling group". Focus of everyone working together.
- In the milieu, we shifted paradigm- to working "differently, not just more quickly", Group therapy daily, individual and family therapy weekly, utilizing evidence based TF-CBT strategies – w/ youth & family.
Aftercare is integral component of program

- Aftercare planning begins at admission.
- Residential staff stay connected to community providers, to facilitate optimal transition of child back into the community.
- Aftercare consultation services including case management, clinical support, and RTC emergency and planned respite through post 90 days discharge.
Contact Information

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Family Adolescents and Children Therapy Services Inc (FACTS)/MN
Key Elements of Practice Model

Collaborative Intensive Bridging Services℠ – CIBS

- **Builds Collaborative Partnerships between:**
  
  *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

Advancing partnerships among residential and community-based service providers, youth and families to improve lives.
Contact Information

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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

- Most state agency documents/regulatory oversight (e.g., contracts; licensing; Medicaid) do not have best practice expectations and often have practices contra-indicated for effective outcomes
- Other systems (e.g., probation officers; child welfare workers) not supportive of focus on reunification/working w/family in home/community
- Most residential programs do not truly understand and do not have effective practices to engage families/promote family-driven care
- Family Search & Engage/Family Finding/Expanding Support Network—no urgency
- Insufficient community based resources & supports
QUESTIONS/DISCUSSION/ WHAT ARE NEW/ADDITIONAL STEPS TEXAS STATE AGENCIES AND TEXAS RESIDENTIAL PROGRAMS CAN TAKE TOWARDS ENSURING LONG-TERM POSITIVE OUTCOMES?
BBI Contact Information

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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.
**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.