

# The Building Bridges Initiative:

## Strategies for Advancing Partnerships and Improving Lives

An Overview





# National Building Bridges Initiative

## Advancing Partnerships. Improving Lives.

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



# 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.



# Highlights

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



# 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)



# Highlights (cont.)

- Workgroups:
  - Outcomes
  - Youth/Family Partnerships
    - Family Advisory Network
    - Youth Advisory Group
  - Social Marketing
  - Cultural & Linguistic Competence
  - Fiscal/Policy
- Documents:
  - Joint Resolution
  - Matrix/Self Assessment Tool
  - Family & Youth Tip Sheets
  - Child Welfare Fact Sheet

*Many now available in Spanish*



# Highlights (cont.)

- National Publications:
  - National Council for Community Behavioral Healthcare
  - Teaching-Family Association
  - CWLA Special Edition on Residential
- State, County, City and Individual Program Initiatives
- Partnerships
  - Funding (Summits/Webinars)
  - Endorsing Joint Resolution
  - Promoting systems change
- Website: [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)



# A first step...

- Endorse the Joint Resolution
  - State your commitment to operationalizing BBI principles
  - Receive periodic updates from SAMHSA Child, Adolescent & Family Branch Chief, Dr. Gary Blau
  - Receive advance copies of new resources
  - Sit on national work & task groups
  - Preferential invitation to future BBI summits and forums
  - Enhance your knowledge base & improve outcomes



# Where is BBI happening?

- Comprehensive State initiatives (MA, NH, CA, IN)
- Initial State level activities (AZ, WV, FL, MD)
- County level initiatives (Monroe/Westchester/Erie, NY & Maricopa, AZ)
- Other programs across the country



# Massachusetts

- Adoption of BBI framework
- 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



# Massachusetts (cont.)

- 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)



# New Hampshire

- Six residential programs
- Adoption of BBI framework
- Concurrent community improvement initiative
- Focus on family driven/youth guided
- Three primary goals:
  - Engage youth, their families and communities in transition from residential treatment to community and permanency
  - Provide normative experiences to teach developmentally appropriate knowledge and skills while in residential and through the transition
  - Help youth make permanent connections to adults who will make a lifetime commitment and help them successfully navigate the transition



# California

- Transformation from long-term congregate care and treatment to short-term stabilization and treatment with follow along community-based services

## California (cont.)

- Transitions to an intensive short-term intervention tasked with returning children to their own homes or 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 returns to family settings (two new and critical categories of services: family support and post-discharge)
- Defines major program features, including comprehensive up-front assessment, matching of individual children's needs with an appropriate RBS program and numerous others

# Indiana – Damar Services, Inc.

- Collection of recidivism data for 5 years post-discharge

<b>2005</b>	<b>4%</b>
<b>2006</b>	<b>11%</b>
<b>2007</b>	<b>9%</b>
<b>2008</b>	<b>3%</b>
<b>2009</b>	<b>8%</b>

Recidivism typically within first 12 months after discharge



# Indiana – Damar Services, Inc. (cont.)

## Damar 2008 Pilot (N=26)

Control group matched for age, gender, dx, parental involvement, LOS, # of pxs

Pilot Enrollee outcomes compared to Control Group:

- Parental contact/involvement – 60% more
- Aggressive incidents – 73% less
- Pro-social peers – 100% more
- School Attendance – 35% more
- LOS – 4 months (control group – 11 months)
- Recidivism – 0% at 12 months (control group 16%)
- Cost – \$1,350,000 less



# Indiana – Damar Services, Inc. (cont.)

## 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.



# New York – 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



# New York – The Children’s Village

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

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

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



# 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



# Some Closing Thoughts...

Identify what you can do right  
now within your current  
sphere of influence at your  
agency.

Do what you can from where you are today.  
Before you leave write down at least **one**  
thing you will go back and implement.