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Building Bridges Initiative (BBI) Case Study

Leading Innovation Outside the Comfort Zone: The Seneca Family of Agencies Journey

December 2017

Acknowledgements

The Building Bridges Initiative (BBI) gratefully acknowledges the support and dedication of Seneca Family of Agencies with their transformation initiatives. BBI appreciates the hard work of Ken Berrick, President and CEO, Seneca Family of Agencies; Mark Nickell, Regional Executive Director, Seneca Family of Agencies; and Leticia Galyean, Executive Director of Data, Evaluation and Strategic Initiatives, Seneca Family of Agencies, in developing this Case Study. To learn more specifics about Seneca's transformation, please contact: Ken Berrick: ken@senecacenter.org; to learn more about Seneca, please visit their website: www.senecafoa.org.

The Building Bridges Initiative also acknowledges and appreciates the work of Dr. Janice LeBel in serving as the lead writer for this BBI Case Study, as well as the BBI youth and family advocates, and cultural and linguistic competence representatives, who added meaningful contributions to this document.

Introduction

This Building Bridges Initiative Case Study, *Leading Innovation Outside the Comfort Zone: The Seneca Family of Agencies Journey,* is the first of a series of Case Studies about organizations across the country that BBI intends to develop. The goal of the Seneca Case Study, as well as others in the future, is to provide residential and community stakeholders from across the country with examples of agency transformations, including important strategies used by each agency, to support all stakeholders on their journeys towards continuing to improve outcomes for youth and families served.

This work was funded by the Annie E. Casey Foundation. We thank them for their support and acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the Foundation.

The Building Bridges Initiative and the BBI Advisory Committee acknowledge the content presented in this publication represents the data, representations, and opinions offered by The Seneca Family of Agencies. Because organizations are continually evolving and data change, the BBI is only able to attest that the information presented at the time this BBI Case Study was drafted, was verified by Seneca staff as being factually correct and consistent with the service described.

Background

If "all progress takes place outside the comfort zone" (Bobak, 2015), then California prepared to move to the *dis*comfort zone and improve residential outcomes when the state conceptualized the Residentially-Based Services (RBS) reform effort in 2007. With fiscal support and evaluation assistance from Casey Family Programs, California state leaders began a process of transforming group care services and implemented the model in 2010. The focus was on youth (6-18 years old) in group living environments (not foster care) and those with serious emotional disturbance whose behavior requires the most intensive treatment service (Molitor & Pecora, 2011). The intent was to achieve family placement and permanency and enhance results – all without incurring additional costs (Pecora & English, 2016). The goal of the initiative was to shift long-term congregate care to short-term residential stabilization and treatment with follow along community-based services in order to reconnect youth to their families, schools, and communities. Four counties and private provider-partners were selected to develop innovative service and funding models and collectively lead the way toward pivotal change and leave their comfort zone behind.

One of the innovative providers was Seneca Family of Agencies. Seneca embraced the RBS pilot and embraced 'discomfort' as well. They were an organization that was accustomed to change. Moreover, they were not afraid to make mistakes and were not afraid to fail either. As Ken Berrick, Seneca's President and Chief Executive Officer, assured his team, *"If you're going to fail – fail well"* (Galyean, 2017). This attitude and philosophy encouraged innovation and creativity to flourish and inspired success.

Change: Part of Seneca's DNA

The origin of Berrick's bold thinking is in the genesis of the organization. Seneca Family of Agencies was founded in 1985 as Seneca Center and established with an unyielding commitment and organizational motto to deliver *"Unconditional Care"* (Sprinson & Berrick, 2010). Dedicated leaders started the Center with a staff of 12 who provided group home service for six youth and a relentless drive to do whatever it takes. This young organizational culture was grounded in flexible thinking and the determination to continually reach for new opportunities to support youth and families. Change was the essence of their work and explains why Seneca services continually evolved and expanded from residential services to segregated site schools, then foster care services, then community-based services, and finally to entire schools. They recognized that for youth and families to succeed, service had to be rooted in the homes and communities of the youth and families they served.

The evolution of this array of services lead the agency to grow, to merge with other organizations, and to expand geographically to its present size with more than 1,300 staff serving more than 8,000 youth and families in 17 California counties and Washington state. Of those served in 2017, more than 31% were African-American, 31% were European American, 16% are Hispanic/Latino, and 12% were Mexican-American/Chicano. The reported biological gender of their population represented 45% female and 47% male. Approximately 65% of the youth served were between 11-17 years of age, 19% were 6-10 years old, and 13% were under 5 years of age. Despite this growth and diverse population, Seneca remained fearless in pursuit of ensuring every youth and family succeeds - regardless of background, needs, and life circumstance.

Why Seneca Changed their Approach to Residential Intervention

When Seneca opened its first group home, they had a simple goal: to provide youth with the compassion, consistency, care, and stability that they needed so they could heal and thrive (Galyean, 2017). The 'program' was the treatment. The milieu was the method. The focus was behavioral stability. Over time, the Seneca team recognized that youth improved in care, but the improvement was short-lived and did not transfer to the youths' homes and communities. Gains were externally imposed but not internally incorporated. The program structure was a pathway to temporary improvement. Moreover, families were not always prepared for their youth's return and often experienced the same stressors that led to the out of home placement. Ultimately, despite youths' positive experience in the group home, they and their families were unprepared for life in the community together with stability and permanency.

This realization compelled Seneca's leadership to export the elements that contributed to success in the residence (e.g., skill development and clinical/staffing resources) into community environments through home and school-based services with a concerted focus on permanency. The organization learned how to effectively work in family homes, how to amplify the unique cultural norms and mores of a family system, and how to uphold cultural humility in the absence of expertise and shared experience. A commitment to culturally competent service provision was made with the realization that there was always more to learn about culturally competent service and practice.

Seneca then took their expertise to support community-based intervention development and greater systemic change. They drafted the legislation that resulted in Intensive Treatment Foster Care. With advocates and state leaders, Seneca helped to create the program model and legislation to define Wraparound service in California which allowed counties to flexibly use Aid to Families of Dependent Children (AFDC) funding. The Wraparound approach was driven by the fundamental question, *"What would it take to keep this youth with his or her family?"* as opposed to a traditional placement-based orientation. Legal advocates also fought to expand the use of Early and Periodic Screening, Diagnostic, and Treatment funding to provide innovative programs such as Therapeutic Behavioral Services, divert youth at-risk of residential placement, and enhance the use of blended dollars for comprehensive programming for foster youth (Galyean, 2017). All of these actions set the stage for RBS, Seneca's residential redesign process, and the changes to residential intervention that followed.

The RBS Approach

Implementation of RBS was a fundamental commitment by the State and provider-partners to keep youth and their families connected and in the community and lead agencies to make pivotal conceptual and practice shifts in their approach to residential intervention. While specific program strategies differed across the four participating counties, a stakeholder group and subsequent efforts identified key practices of the RBS model. The model included:

1. An early, intense, and culturally-relevant engagement of families,
2. A focus on youth well-being and therapeutic enhancement and immediately pursuing permanency planning and concurrent planning in case the intended adult cannot be the youth's permanent caregiver,
3. Family services to help parents improve their parenting knowledge and skills,
4. Post-permanency support that involves ongoing aftercare services to youth and families (Hay & Franz, 2013).

In addition to these key practices, Seneca made important operational changes which stood in contrast to their first group home service. Specific differences in some of the essential residential service elements from the time of their first residential service (1985) to their latest intervention post-RBS (2017) illustrate a significant shift in paradigm and thinking. The shift results in a virtual practice inversion and can be found in the Table at the end of the document. The service elements that Seneca considers most important to their transformation are bolded.

After RBS, California and Seneca Continue to Change

California has recently applied the RBS experience and learning into a new effort: Congregate Care Reform. A new, short-term (six months or less), permanency-focused residential service called, Short-Term Residential Therapeutic Placements (STRTPs), was developed. The service is funded with blended Medicaid and AFDC dollars, accredited, and committed to rigorous ongoing quality and performance improvement. The STRTPs are reimbursed at a higher rate than previous group home rates. The enhanced rate supports: intensive mental health services, monthly assessment, planning, and meaningful engagement of the youth, family, friends and community to address the youth and family's specific needs. Additional staff training, competency, and expertise are expected along with a concerted focus on meeting the needs of marginalized youth including commercially sexually exploited children, LGBTQ youth, and non-minor dependents (Galyean, 2017).

Because Seneca recognized that cultural competence is an ongoing process and essential to effective service, the organization already had an agency-wide Diversity, Equity, and Inclusion (DEI) initiative (2014) in place to ensure that policies and practices reflected equity and inclusiveness for its diverse staff and clients. Seneca's DEI Director led, trained, and coached staff on the impacts of systemic racism and oppression, with an emphasis on the way those issues manifest in professional and service settings. These trainings helped Seneca staff to learn from and relate respectfully to the unique cultural identities of every youth and family, with attention to all intersectional factors (e.g. race/ethnicity, socioeconomic status, primary language, geographic location and community culture, sexual orientation, gender expression/identity, family configuration, education, childhood experiences of trauma or family experiences of intergenerational trauma, etc.). Considering culture in this holistic sense, resulted in Seneca staff approaching each youth and family with open curiosity and cultural humility that honored their unique culture and values and leverage those as critical strengths throughout engagement.

Grounded in innovation and relevance, Seneca became the first organization in the state to receive the new STRTP model license. The agency opened two creative STRTP-licensed services, with another one planned. Sensitive and responsive to the unique needs of each child, family and community, this service is designed to meet the needs of both the county and population served (Galyean, 2017). While the long-term outcomes of the STRTP programs remain to be seen, initial outcomes show very promising permanency outcomes with **0% recidivism for the 21 youth enrolled and discharged since January of 2017** (emphasis added).

This remarkable preliminary finding demonstrates that Seneca's business and practice shift from managing youths' behaviors within a residential milieu to pragmatically collaborating with youth and families to change their lives is achieving the true goal of residential intervention (Lyons, 2015). Their 32 years of experience and expertise in providing residential service has dramatically changed through the years. The agency has moved from the 'residential program is the treatment' to an effective intervention that is purely youth and family focused. In addition, strategic

development of smaller residential cottages, crisis support, and focused treatment and full inclusion and respect for youth and family voice and needs, supports their trauma-responsive rapid residential intervention. In the poignant words of Laura T., a young woman who was disconnected from her family for many years and made her way to Seneca's doors, *"They gave me my family back! They found five of my nine siblings - and we've met. Even though this work is hard – they did the work with me and they gave me my life back, too!"*

Seneca's Paradigm Shift Explained

The actions that Seneca considers most potent in their transformation process are bolded in the table below and underscore the urgency and primacy of family through a commitment to permanency, engagement, and relevance.

Seneca Traditional Group Home (1985 - pre-RBS & STRTP)	Seneca's New Residential Intervention (2017)
Philosophic orientation: Provider is the expert, sets the course and leads the way	*Philosophic orientation:* Youth and family are the experts, they set the course and provider shares the journey
Provider Role: Provide a bed / placement	*Provider Role:* Facilitate a process for the youth to return to home/family/community as quickly as possible. Imbedding expedited service/short length of stay in STRTP policy requires the system to change as well.
Problem: Youth needs placement / placement instability	*Problem:* Youth and family need connection / permanency
Client: Youth	*Client:* Youth and family
No family identified: Work with the state agency Case Worker, no urgency for permanency	***No family identified:*** **Work to provide urgency in permanency, require immediate family-finding with family identified within the first 2 weeks**
Treatment focus: "Fix" the youth / behavior	***Treatment focus:*** **Treat the youth within the cultural context of his/her family. Engage the family and create the conditions to navigate solutions together**
Treatment framework: Treatment is singularly focused on the individual, diagnostically driven and pathology-oriented	***Treatment framework:*** **Treatment starts with acknowledging trauma, profound loneliness, and social detachment**
Vehicle for improvement: Attach to and engage with program staff	*Vehicle for improvement:* Facilitate attachment to and engagement with family
Goal: Help the youth achieve behavioral stability in the	*Goal:*

program through a milieu based approach	Help the youth get ready to heal at home with natural supports by successfully engaging the family in the home or community and providing individualized treatment
Environment of care: Home-like setting. Limits on family presence and inclusion	***Environment of care:*** **Small cottages with house parents and wraparound teams working in the home and communities. Families are encouraged to be onsite anytime and participate in all activities**
Method: Teach compliance in an artificial milieu	*Method:* Teach skills to navigate life successfully in natural milieus (home, community, school)
Location of intervention: Group home (congregate care)	*Location of intervention*: Home, community, school
Size of intervention: At height of residential: 66 beds: * 5 group homes with 6 beds/program serving latency-age youth (up to age 13) * 2 community treatment facilities with 18 beds/program serving youth (ages 13-18)	***Size of intervention:*** **During RBS: 12 beds** **Now: 8 beds in 2-bed cottages with house parents and a treatment team that follows the youth/family into the community**
Mode of intervention: Respond to crisis of the day / "Chase management"	*Mode of intervention:* Anticipate needs based on a culturally appropriate comprehensive assessment at the outset to understand youth and family strengths and challenges
Permanency: A planning and placement process for children in foster care	*Permanency:* A social/emotional intervention to create belonging and permanent lifelong connection that begins at admission
Family Engagement: Limited: family engagement was limited by focusing on the youth and program structure, visiting hours. Families were more engaged at the back-end of service	***Family Engagement:*** **Extensive: early "high-octane family engagement" intended to "dissolve the walls" and allow maximal family engagement by working with families in their natural environments and cultural context and welcoming families to the program at any time**
Youth Engagement: Limited to focusing on youth behavior	***Youth Engagement:*** **Expanded to recognize youth in the context of their family, community and primary attachments. Youth voice is essential**

	and an active part of Family Team Meetings to ensure service is individualized and sustainable. A Youth Advisory Board was also developed to ensure youth voice is amplified and drives relevant service change (e.g. involvement in workforce hiring, policy, peer partner role development, educational rights forums and more)
Pace of service: Slow	*Pace of service:* Fast, urgency for permanency
First Family Team Conference: Within 30 days	*First Family Team Conference:* Immediately, up to two weeks after admission
Residential duration orientation: Long-term Length of stay in 1990s: 2 years (estimated as outcome data was not collected)	*Residential duration orientation:* Short-term Length of stay in 2004: 18 months Length of stay in 2017: < 6 months
Connection to other services: Initiated at discharge	*Connection to other services*: Essential: engagement with potential community and informal natural supports is expected within first two weeks of admission
Crisis response: Residential milieu-based crisis intervention only	*Crisis response:* Residential, community, home-based crisis intervention, and culturally appropriate intervention and supports to support the youth and family 24/7 to prevent a higher level of intervention and ensure success
Preparing for discharge: Discharge planning begins later, once treatment goals are achieved and behavior stabilized	*Preparing for discharge:* Discharge planning begins before admission

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