
Overview of the National Building Bridges Initiative (BBI)
BBI October Training Event
Andover, MA
October 3, 2017
Presented by:
Beth Caldwell, Director, BBI

Top 5 Trends To Expect* in the next 3-5 years

1. Expect less money from local, state and federal governments.
2. Expect service purchasers to want to buy results and not services.
3. Expect an emphasis on durable results that can be sustained for 6 – 12 months post-residential discharge.
4. Expect movement from child-centered to family-focused service delivery.
5. Expect 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.

BBI has MANY Partners

THE ANNIE E. CASEY FOUNDATION
NWIC
acrc
THE 7 NETWORK
Alliance
NACBH
YOUTH MOVE NATIONAL
Magellan HEALTH
CWLA
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
Stranger Together.
Endorse the BBI Joint Resolution

- Go to BBI Web Site ([www.buildingbridges4youth.org](http://www.buildingbridges4youth.org))
- Read BBI Joint Resolution (JR)
- E-mail Dr. Gary Blau ([Gary.Blau@samhsa.hhs.gov](mailto:Gary.Blau@samhsa.hhs.gov)) or Beth Caldwell ([bethcaldwell@roadrunner.com](mailto: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

BBI Joint Resolution

Includes a commitment to:

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


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

Go to BBI Website:

[wWW.buildingbridges4youth.org](http://www.buildingbridges4youth.org)
BBI Web-Based Training Programs Available

https://theinstitute.umd.edu/online-training/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 Informational Documents to be Available in 2017/2018

- Updated Fiscal Strategies for States/Communities for Funding Residential Transformation
- Lessons Learned and Fiscal Strategy Recommendations from a Successful Transformational Leader
- Tips for Working with and Supporting Adoptive Families
- Wraparound Interventions for Residential & Communities
- Tip Sheet on Collaboration Strategies between Child Welfare and Residential on Implementing Permanency Practices
- Strategies Oversight Agencies can take To Address Disproportionality of Youth of Color in Residential Programs

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 (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)

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**Critical Elements**
Residential-Specific Research Shows Improved Outcomes With:

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

Examples of Where BBI/Residential Transformation Work HAS/IS Happening

- Comprehensive State Initiatives (DE, IN, MA, CA - Initially 4 Regions/Pilots – going statewide)

- State Level Activities Happened or Currently Underway (AZ, FL, IL, KY, LA, MI, NH, NJ, NM, ND, OK, RI, SC, VA, WA, WV & Georgia; in CA & MD – Provider Associations Led)

- Current or Previous County/City Level Initiatives (Cities: NYC, Philadelphia; 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
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BBI in Massachusetts: Caring Together

- Adoption of BBI framework for reprocurement of all DMH & DCF residential services for youth
- Adoption of interagency restraint/seclusion initiative & Six Core Strategies©
- Commitment to trauma-informed care
- Development / expansion of family & youth roles
  - Parent Partners
  - Peer Mentors
- Development of:
  - Continuum (in-home residential service with team)
  - Occupational Therapy in more intensive programs
  - High intensity community services

Flexible Service Models
- Following into community (including support in home schools)

DCF & DMH Jointly:
- Developed standards & outcomes
- Overseeing implementation
- Providing oversight
- Coordinating utilization management
- Engaging in quality management activities
- Developing shared IT (reporting/documentation)
**Plummer Youth Promise**

**The Vision**
Adopted 2009
A community committed to providing all children the support necessary to successfully navigate into adulthood

**The Dream**
Adopted 2015
Every young person has a family unconditionally committed to nurture, protect, and guide them to successful adulthood

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**Contact Information**

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**Plummer Youth Promise**
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**Plummer Youth Promise**

- 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
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

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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)

<table>
<thead>
<tr>
<th>Outcome</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.

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**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.

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**Damar Services, Inc. Outcome Data**

**Long-Term Outcomes (Recidivism)**

Data dynamically collected to 5-years post "discharge"

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

Recidivism typically occurs within the first 12 months post discharge.

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**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.
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.

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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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

Contact Information

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Do You Take Big Steps? Small Steps?

- Take Any Step! All Steps 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

Strategies to Address Challenges

- James Whittaker: “I have more faith in a whole cloth approach where we start with a set of principles, change theory, structure and then select a limited array of key interventions to implement it .... This seems to me more consistent with what successful non-TRC EBPs such as Multi-systemic Therapy and Multi-Dimensional Treatment Foster Care have done, than simply an approach that aggregates ever greater numbers of EBPs in a residential setting.”

“You never change things by fighting existing reality. To change something, build a new model that makes the old model obsolete.”

- Buckminster Fuller

Published by the Casey Family Programs
**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 & Proactive Solutions (formally Collaborative Problem Solving; Ross 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)

**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 – i.e. Medicaid – 0 overnights
- 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

- 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
QUESTIONS/ DISCUSSION/

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