# The Building Bridges Initiative (BBI):
## Advancing Partnerships. Improving Lives.

**Family-Driven and Youth-Guided Care, AND Consumer-driven Care**

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# Family Driven Care:
## *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.."*

Source: Leichtman, M., et al, 2001

# Why is it Important?

"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

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# What Can Programs Do?

# 1st: THE MOST IMPORTANT STEP:

Put an **URGENT AND STRONG Focus on Permanency Practices** – 'doing whatever it takes' to ensure every child has a permanent home AND that your staff are working with the family members to ensure successful discharge FROM PRE-ADMISSION

Download following document from the BBI website:

*A Building Bridges Initiative Guide: Finding and Engaging Families for Youth Receiving Residential Interventions: Key Issues, Tips, and Strategies for Residential Leaders*

*ESPECIALLY: Appendix A: Family Finding and Engagement Models*

www.buildingbridges4youth.org

# The Importance of Permanency

- Family connections are associated with improved outcomes
- Lack of permanency makes past traumatic events more difficult to manage
- Connections with family increases positive identity development
- Treatment alone does not meet the needs of youth without family connections

"*Rightsizing Congregate Care: A Powerful First Step in Transforming CW Systems*", Annie E. Casey Foundation, 2009

# Hire Family Partners/Advocates

## 2nd 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!"***

# 3rd 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 a Strategic Plan

***Have all leadership team members 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:**
  - *Successfully Working with Family Partners*
  - *Embracing Family-driven Care*
- A variety of other materials to support increased understanding and improved knowledge-base

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# TO ENSURE WELCOMING OF & PARTNERING WITH FAMILIES YOU WOULD SEE:

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# 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

# Small Step Example

***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 or Family Finding or Other Permanency Practices
- 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

# Board/Executive Focus Areas

**Using Data to Inform Practice:**

- Restraint/Seclusion
- Achieving Permanency for Every Child in a SHORT Timeframe
- 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
WHATS 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 in their home/community
- % 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 (i.e. 6 months to 2 years post)
- Offer Long Term Support: Respite/In-home service
- 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

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# 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 organization)

- 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


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

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# 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)

# 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)
- **CHALLENGE FOR MA RESIDENTIAL PROVIDERS: 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?

Think of:

- 1 improvement you can make in the next two weeks?
- 1 improvement you can make in the next six months?

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