

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

Overview of BBI & Residential Best Practices

28th January 2019

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Transformation, MADMH; Consultant, BBI (MA)**



Top 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 and William Martone's 40 Trends Report, January 2018



May 2018/Journal of Substance Abuse Treatment

New Research: Multidimensional Family Therapy (MDFT) vs. Residential Treatment (RT)

Randomized clinical trial comparing an outpatient, home/community-based treatment (MDFT) with RT for adolescent males with co-occurring substance use and mental health disorders who were referred for residential treatment (RT).

Findings include:

- **RT did not demonstrate greater effects than MDFT** on any measure either in the short or long term.
- 18 months after the start of treatment, **youth in MDFT had maintained their treatment gains** in substance use and delinquency **more than youth in RT.**
- Results counter conventional wisdom that youth with severe psychiatric and substance use comorbidities can only be adequately treated in a residential setting; findings demonstrate that MDFT is a highly effective alternative to RT.

(Liddle et al, 2018, Journal of Substance Abuse Treatment)



Overreliance On Congregate Care is Costly

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.

Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems, Annie E. Casey Foundation, 2000-
<http://www.aecf.org/resources/rightsizing-congregate-care/>

Kids Count Data Snapshot on Foster Care Placement, Annie E. Casey Foundation, May 2011 – <http://www.aecf.org/resources/kids-count-data-snapshot-on-foster-care-placement/>

Dozier, M., Zenanah, C.H., Wallin, A.R., Shauffer, C., 2012, Institutional Care for Young Children: Review of Literature and Policy Implications – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3600163/>

Barth R.P., 2002 Institutions vs. Foster Homes: The Empirical base for a Century of Action (says “Debate” but article says “Action”) – <https://bettercarenetwork.org/sites/default/files/Institutions%20vs%20Foster%20Homes.pdf>



Family First Legislation: *What's Coming?*



Family First

The Family First Prevention Services Act was passed into law on February 9, 2018 as part of the Bipartisan Budget Act of 2018.

The law, P.L. 115-123 expands the use of Title IV-E child welfare entitlement dollars to prevent entry into foster care

Prevention Services

➤ Services and programs must be trauma-informed and be classified as “promising,” “supported,” or “well-supported” based on an evidence structure developed by the California Evidence-Based Clearinghouse for Child Welfare.

➤ All qualified three program categorized must be:

- Provided under an organizational structure and treatment framework that uses a trauma-informed approach and provides trauma-specific interventions that address trauma’s consequences and facilitate healing
- Documentation of what the practice consists of and how it is administered
- No evidence of harm or risk of harm
- Overall evidence supports the benefits
- Outcome measures are reliable, valid and administered consistently and accurately



Restrictions on Federal Reimbursement Other than Foster Family Homes

Eligible Settings for Title IV-E reimbursement:

1. Licensed (state or tribal approved) foster family home with six or fewer children that adheres to the reasonable and prudent parenting standard
 - ❑ Exceptions can be made for youth with a children they are parenting sibling groups, children with severe disabilities
2. Licensed private, or public care institution with no more than 25 children:
 - ❑ A Qualified Residential Treatment Program (QRTP) for children with serious emotional or behavioral disorders or disturbances
 - ❑ A setting that specializes in prenatal or parenting supports
 - ❑ A supervised independent living program for youth over 18
 - ❑ A high-quality residential care program for youth at risk of or found to be a victim of sex trafficking



Restrictions on Federal Reimbursement Other than Foster Family Homes

Eligible Settings for Title IV-E reimbursement:

3. A licensed residential family-based substance use treatment facility for families
 - ❑ The child is eligible for Title IV-E maintenance payments for up to 12 months regardless of eligibility under the AFDC link
 - ❑ The child must have a case plan that recommends such a placement
 - ❑ The children must be considered a candidate for foster care
 - ❑ Facility meets requirements: substance abuse, parent education, individual family counseling services under treatment framework that understands & recognizes types of trauma and provided in a trauma-informed approach

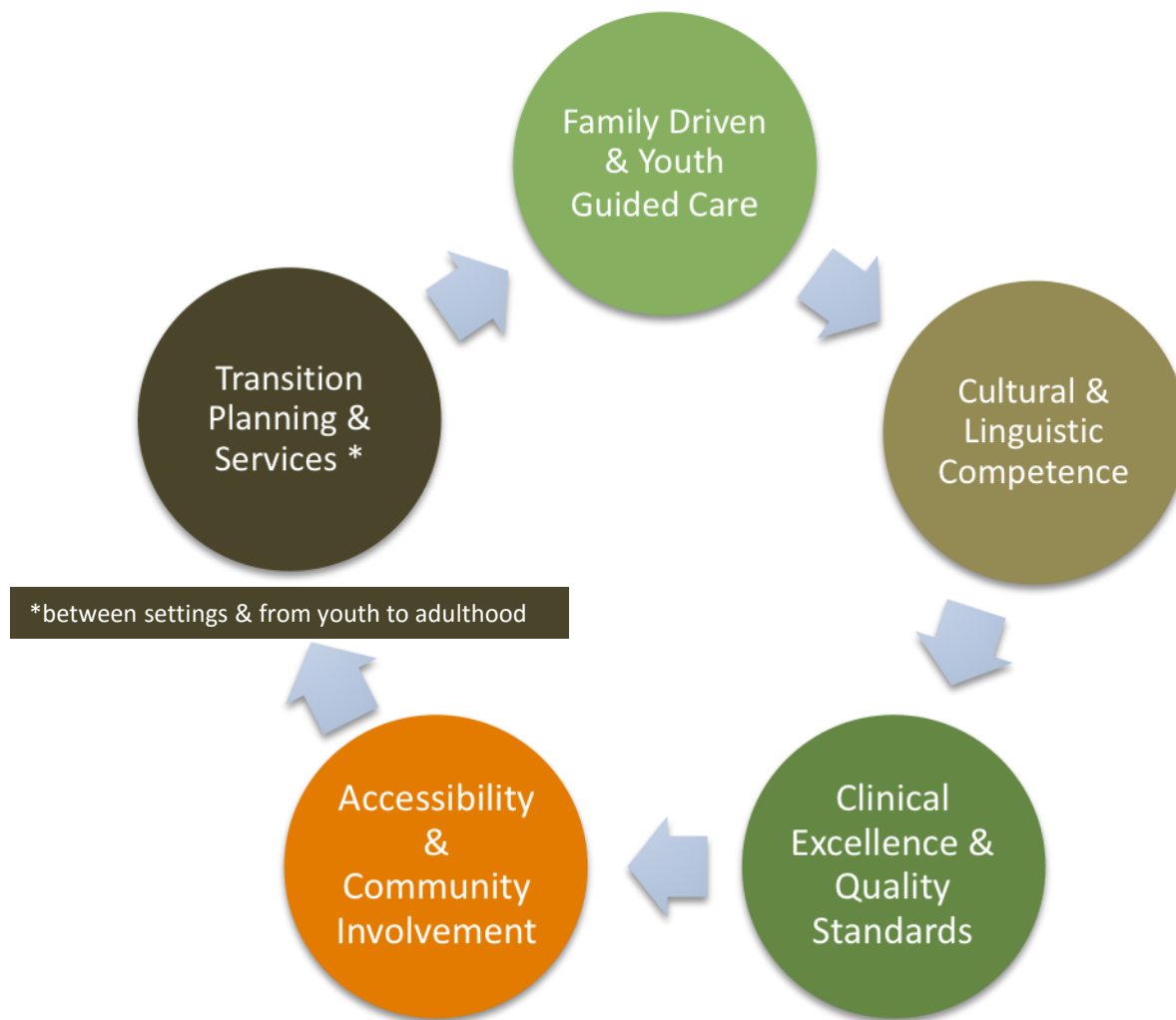


For More Information on Family First Prevention Services Act P.L. 115-123

- Family Act Law - summary: <https://www.congress.gov/bill/115th-congress/house-bill/253> and full text: <https://www.congress.gov/bill/115th-congress/house-bill/253/text>
- Child Welfare League of America: <https://www.cwla.org/families-first-act/>
- The Annie E. Casey Foundation: <http://www.aecf.org/blog/family-first-prevention-services-act-will-change-the-lives-of-children-in-f/>
- Children's Defense Fund -
 - short summary: <http://www.childrensdefense.org/library/data/ffpsa-short-summary.pdf>
 - detailed summary: <http://www.childrensdefense.org/library/data/family-first-detailed-summary.pdf>
 - implementation timeline: <http://www.childrensdefense.org/library/data/ffpsa-implementation.pdf>



BBI Core Principles



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, several listed:



Stronger Together.

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

Endorse the BBI Joint Resolution

- Go to BBI Web Site (www.buildingbridges4youth.org)
- Read the legacy BBI Joint Resolution (JR)
- E-mail Dr. Gary Blau (Gary.Blau@samhsa.hhs.gov); Beth Caldwell (bethanncaldwell@gmail.com); or Sherri Hammack (svhammack@sbcglobal.net) 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



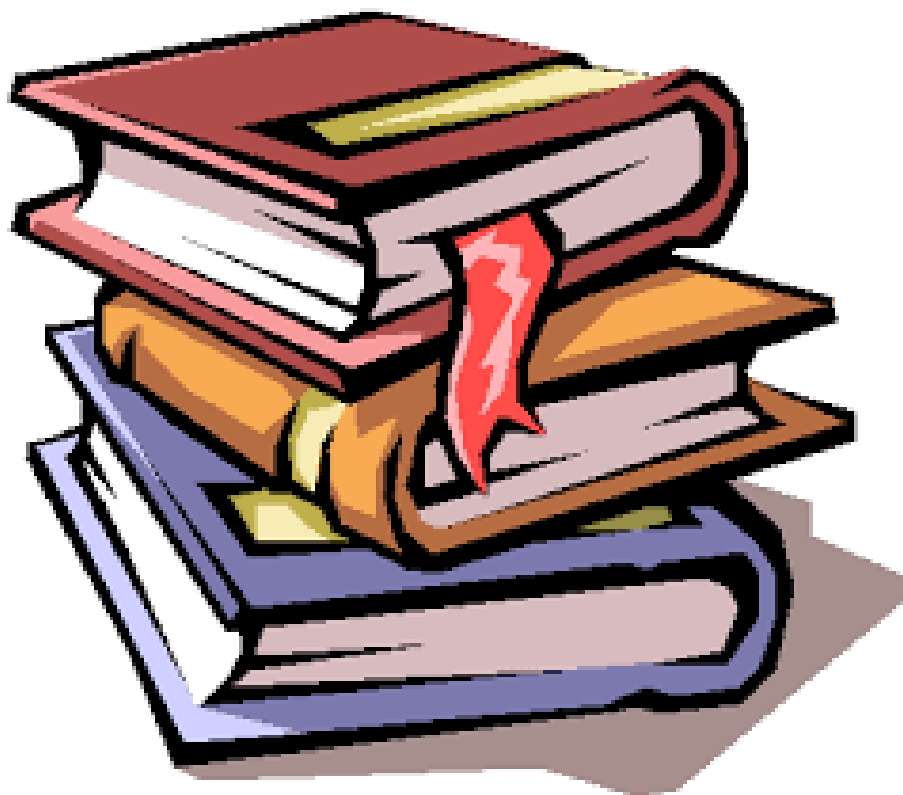
Includes a commitment to:

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

(<http://www.buildingbridges4youth.org/sites/default/files/BB-Joint-Resolution.pdf>)



BBI Resources Available to Support You



Go to BBI Website

www.buildingbridges4youth.org



RECENTLY RELEASED!

- ***Successfully Engaging Families Formed by Adoption: Strategies for Residential Leaders***
- ***Guide for Judges on Best Practices in Residential*** (w/ ACRC)
- ***Case Study: Leading Innovation Outside the Comfort Zone: The Seneca Family of Agencies Journey***



Go to BBI Website

www.buildingbridges4youth.org



EVER POPULAR!

- *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., Self-Assessment; Family and Youth Tip Sheets)*
- *Engage Us: A Guide Written by Families for Residential Providers*
- *Promoting Youth Engagement in Residential Settings*



BBI Web-Based Training Programs Available

https://theinstitute.umaryland.edu/onlinetraining/programcategory.cfm?ottype_id=30

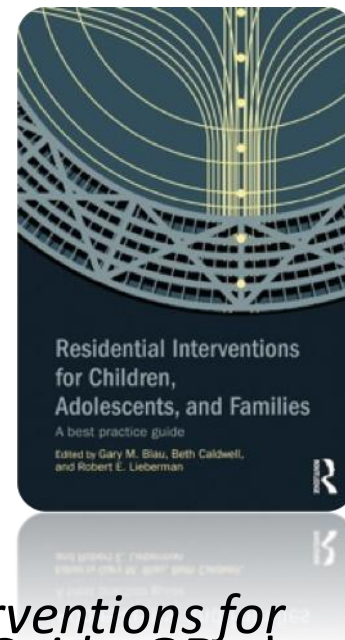
- ✓ Best Practices in the Use of Psychiatric Medications for Youth During Residential Interventions (1.5 CEUs)
- ✓ Cultural and Linguistic Competence (Part 1 – Part 3): Why Does it Matter?; Implementation Strategies; On a One-to-One Level (5.5 CEUs)
- ✓ First Steps for Leaders in Residential Transformation (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)



2014 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.routledgejournalmentalhealth.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.





Coming in 2019 ~ A New Book!

***Transforming Residential
Interventions:
Practical Strategies and Future
Directions***

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From the Research

Residential-Specific Research Shows Improved Outcomes With:

- Shorter Lengths of Stay
- **Increased Family Involvement**
- Stability and Support in the Post-Residential Environment (Walters & Petr, 2008).



Critical Issue

- **Recidivism — All Categories of Children/Youth**
 - 68% in One State (2009) for all Licensed Residential Programs vs. Damar Services (BBI implementer) with ranges from 3-15%





THINK ABOUT:

Your system of care community/regional area/county/residential program- What are the strengths of your residential program or programs in your geographical area serving children and families specific to ensuring *long-term positive outcomes* for youth and families served?

Share one or two strengths with your neighbor!



SOME EXAMPLES OF WHERE BBI IS HAPPENING



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

- **Comprehensive State Initiatives**

Past Work: DE, IN, MA, CA - Initially 4 Regions – went statewide by county in 2018

- **State Level Activities**

Past Work: AZ, FL, NH, NM, OK, WA, WV & GA/Provider Associations Led: CA & MD

Currently Underway: IL, KY, LA, MA, MI, NC, ND, NJ, NV, NY, RI, SC, **TX**, UT, VA

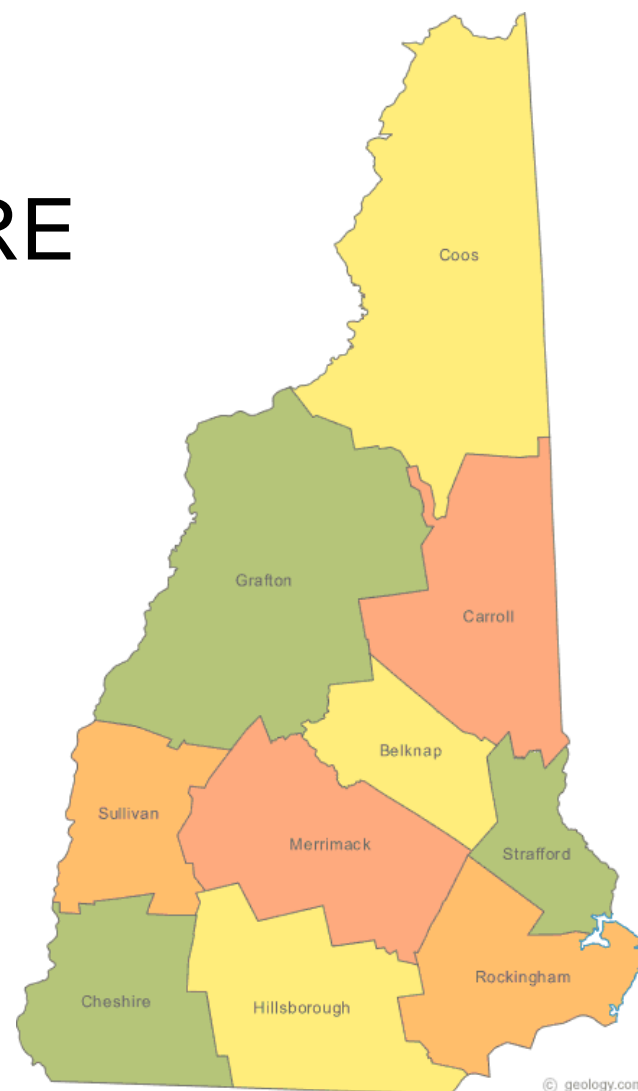
- **County/City Level Initiatives**

Past Work: Counties: Monroe/ Westchester, NY; Maricopa, AZ; NYC
Currently Underway: Philadelphia; PA: cluster of six counties NE part of state

- **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 do 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

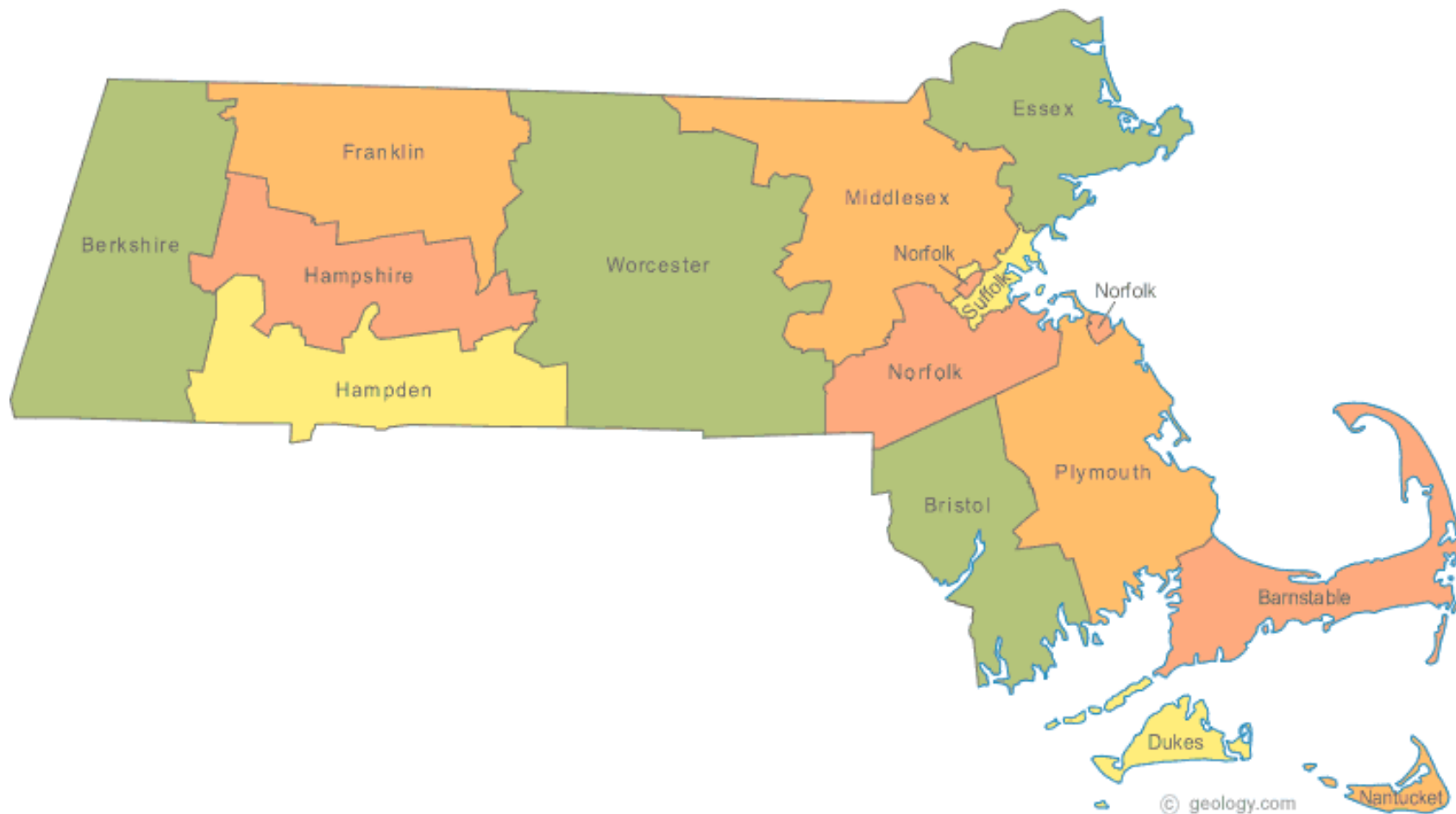
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Massachusetts





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**



BBI in Massachusetts: Caring Together

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



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



Contact Information

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Plummer Youth Promise

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CALIFORNIA



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.



Key Elements of Practice Model

- 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



Important CA RBS Study Findings

- The negative relationship between the total number of RBS placement changes and achieving permanency is highly significant, indicating that the **chance of achieving permanency decreased by 84% with each additional placement**. In addition, the **chance of achieving permanency decreased by 28% with every additional month of a youth's average length of stay in an RBS placement**.
- The chance of completing RBS decreases by 15% with every additional month of a youth's stay in an RBS placement, based on average length of stay, and the chance of completion decreases by 66% with each additional placement.



Additional CA RBS Resources

Information on the California RBS Reform Coalition project and other County models can be found at: **www.rbsreform.org**

Data from previous slide: *California Residentially Based Services (RBS) Reform Project: Final Evaluation Report* (JULY 23, 2014) (page 8).



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San Francisco/Santa Clara County:

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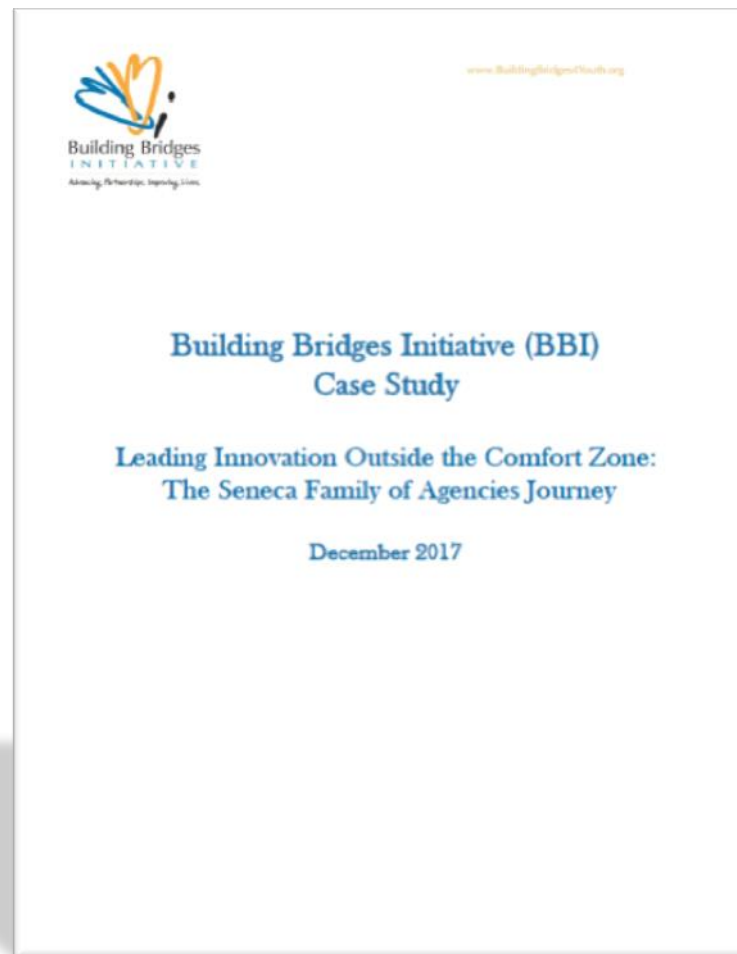
Seneca Family of Agencies

Mark Nickell
**Regional Executive
Director**

Released August/2018:
Journal of Residential
Treatment for Children &
Youth:

***The Changing Role of
Residential Intervention***

by: LeBel, Galyean, Nickell,
Caldwell, Johnson, Rushlo
& Blau



FAMILIES TAKE CARE OF KIDS BEST



Family Perspective



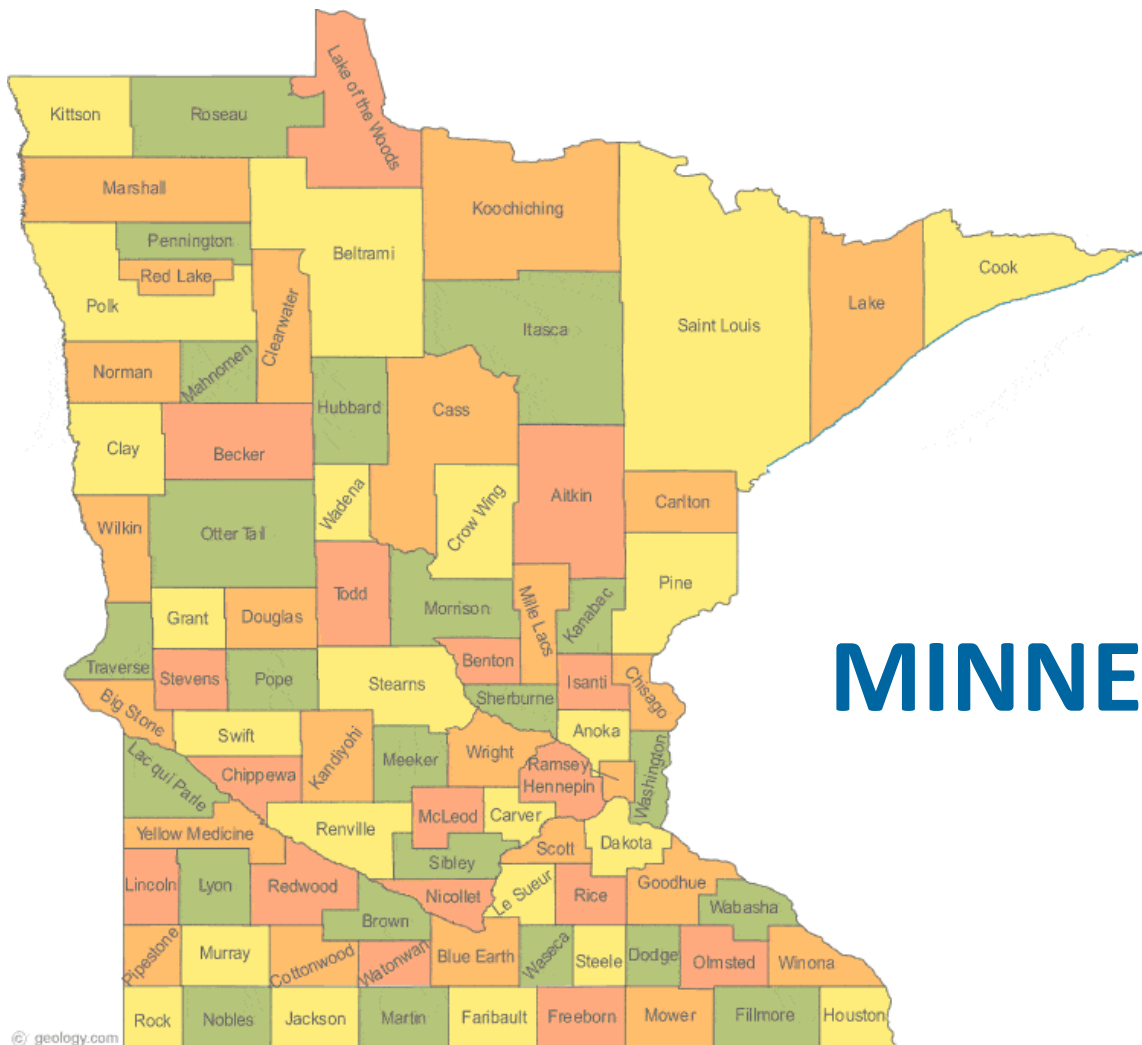
Pat Mosby, CPSP, WF, MI, RC

What are the residential practices that help families the most to reunite with their child successfully?

What are residential practices that do not help families?

What are staff skills/qualities that successfully engage families?





MINNESOTA





Family Adolescents and Children Therapy Services Inc (FACTS)/MN

Key Elements of Practice Model

Collaborative Intensive Bridging ServicesSM – 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



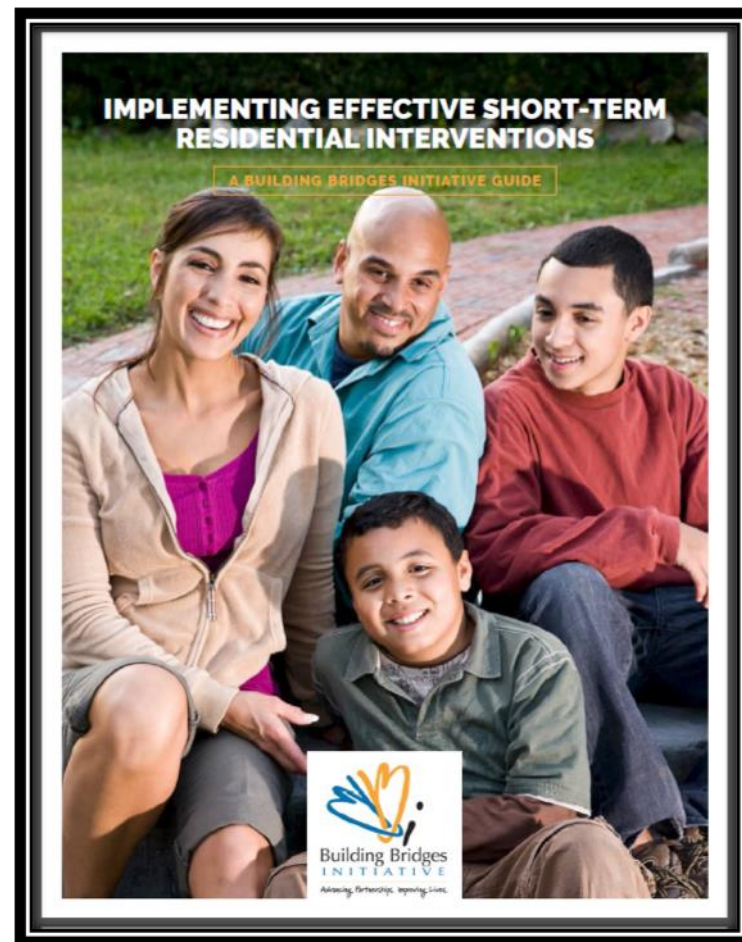


Contact Information

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Examples from the New BBI Guide – which highlights programs across the country that have successfully implemented practices that align with the research on improving long-term outcomes for youth and families post-residential discharge. All programs focused their work on partnerships with community stakeholders, and engaging and partnering with families and working in their homes and communities.



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

- Buckminster Fuller



[illegible]

The Children's Village



Jeremy Kohomban

- 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)
- 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**



The Children's Village

Aftercare 2016 -2017	Youth & Families	Treatment Services	Outcome % (one year after discharge)
STEP Aftercare	156	Youth remained in home or community setting during services (prevent return to residential)	99%
WAY Home (Aftercare)	30	Youth remained in stable discharge setting (maintain housing/prevent return to care)	90%
		Youth graduated or currently enrolled and earning credits	95%
		Youth Avoided contact with criminal justice system	90%
		Youth 17+ are working at least part-time	90%



The Children's Village

Children's village raised the age in its residential as of October 2018. The median age is now 16.9 and age range is 16-20.

Outcomes 2017 – 2018	Youth & Families	Treatment Services	Outcome %
Multi-Systemic Therapy (MST) Preventive Programs	67	Youth remained in home setting (prevent placement) Youth are in school or employed Youth abstained from criminal behaviors (no arrests)	92% 79% 79%
Multi-Systemic Therapy *	40	Youth remained in home setting (prevent placement) Youth are in School or employed Youth abstained from criminal behaviors (no arrests)	73% 68% 77%
Multi-Systemic Therapy (MST) JJI Programs *	34	Youth remained in home setting (prevent placement) Youth are in school or employed Youth abstained from criminal behaviors (no arrests)	61% 83% 77%
Rapid Intervention Center (Jackson)	138	Severity of symptoms reduced Youth returns to same or lower level of care (prevent hospitalization/step-up) Youth length of stay is 21 days or less	99% 96% 88%

**Aftercare and JJI populations are generally considered higher risk than the preventive programs due to the referral population having history of placement/higher level of offenses.*



Contact Information

The Children's Village

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INDIANA



© geology.com



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



Damar Services, Inc.

Long-Term Outcomes (Recidivism)



- Data dynamically collected to 5-years post “discharge”

2005	4%	2011	9%
2006	11%	2012	6%
2007	9%	2013	11%
2008	3%	2014	12%
2009	8%	2015	15%
2010	6%	2017	12%

- Recidivism typically occurs within the first 12 months post discharge



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.**

Damar Services, Inc.

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.



Damar: Now We Know!!

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.



COULD YOUR RESIDENTIAL PROGRAM OR PROGRAMS IN YOUR GEOGRAPHICAL AREA DO THIS?

2009 >>> Guaranteed Outcomes!

*If a youth requires re-admission post
“discharge,”
it is FREE.*

What if you guaranteed your outcomes?

Damar Contact Information

Dr. Jim Dalton, President and CEO

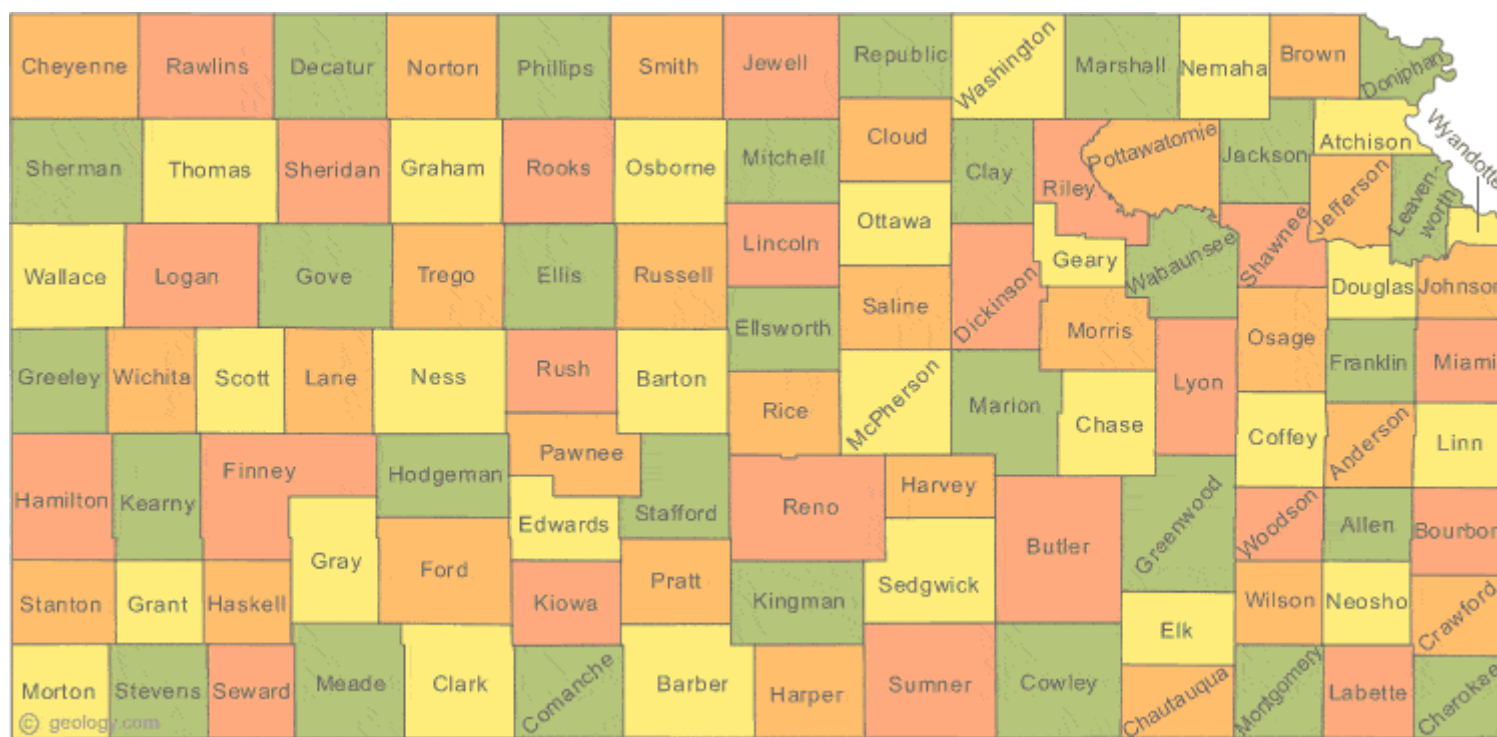
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Kansas



KVC Health Systems



Chad Anderson

KVC: Committed to change

- *“Think nimble and continually adapt”*
- Their research found increasing LOS and difficulty treating youth with acute behavior - so KVC went on learning journey to improve
- Implemented Trauma Systems Therapy systemwide
- **All assessments done within 72 hours**
- **Active outreach/engagement with families at least 7-10 times/week**
- **Reduced LOS >1 year (1996) to 59 days (2015)**



KVC Contact Information

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Do You Take Big Steps? Small Steps?

- Take Any Step!
- Take Many Steps!
- All Steps Count!
- A Number of Family-Driven & Youth-Guided Practices Have Been Identified That Support Improved Outcomes



Steps Being Taken by Oversight Agencies across the Country...

- Using BBI documents to provide guidance to residential and community providers
- Holding regional & statewide BBI forums
- Rewriting regulation/licensing/contracts/ MCO agreements based on BBI principles/practices
- Developing BBI partnership teams (oversight agency/residential/community /advocate/family/youth reps) and developing plans for state-specific projects
- Revising fiscal strategies to support flexible BBI informed practices



Consistent Challenges Faced

- Most state agency/regulatory oversight documents do not have best practice expectations
- Different systems not supportive of focus on reunification/working w/ family in home/community
- Many residential programs have not had opportunity to learn/understand/implement effective practices to engage families/promote family-driven care
- Permanency Practice Models not in place and/or no urgency
- Insufficient community based resources & supports
- Residential programs still struggling with coercive interventions and high # of incidents

After review of Residential Research

- **Dr. 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 EBP ’s such as Multi-systemic Therapy and Multi-Dimensional Treatment Foster Care have done, than simply an approach that aggregates ever greater numbers of EBP ’s in a residential setting.”*

Elements of Effective Practice for
Children and Youth Served by
Therapeutic Residential Care
| Research Brief/Casey Family Programs (2016)





*Expect to flip the residential paradigm: bring residential intervention into the home and **FULLY** incorporate family & youth voice and choice into the program!*



What's in store on the road ahead in Texas?





QUESTIONS/DISCUSSION

SMALL GROUP ACTIVITY

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