

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

Texas Building Bridges: Youth, Families, Agencies, and Providers
Transforming Residential Intervention and Achieving
Positive Outcomes – Overview of BBI
May 23, 2018

Presented by:
Sherri Hammack, Coordinator, Building Bridges Initiative



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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

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Many Compelling Reasons To Reduce Overreliance On Congregate Care.

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>

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Family First Legislation: *What's Coming?*



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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

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5/17/18

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 categories 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

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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 child they are parenting, sibling groups, children with severe disabilities
2. Licensed private, or public child care institution with no more than 25 children:
 - ❑ A Qualified Residential Treatment Program (Q RTP) 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

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Restrictions on Federal Reimbursement Other than Foster Family Homes

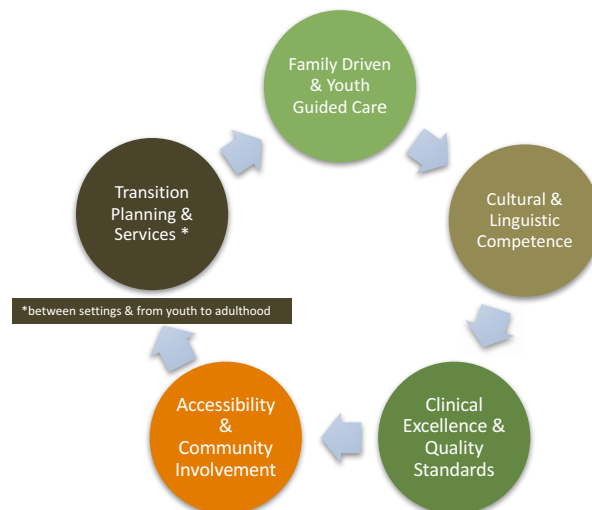
Eligible Settings for Title IV-E reimbursement:

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 child 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

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BBI Core Principles



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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>

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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.**

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 **BBI has MANY Partners; several listed:**



THE ANNIE E. CASEY FOUNDATION



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



NWIC
National Wraparound
Implementation Center



Alliance
for Strong Families
and Communities



THE TA NETWORK
the national technical assistance network for children's behavioral health



NACBH
national association for children's behavioral health



YOUTH MOVE NATIONAL
WE ARE CHANGE AGENTS "MOTIVATING OTHERS THROUGH VOICES OF EXPERIENCE"



Magellan
HEALTHSM



CWLA



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.



fredla

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 **Endorse the BBI Joint Resolution**

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

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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>

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Go to BBI Website

www.buildingbridges4youth.org

RECENTLY RELEASED!

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

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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): 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)

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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.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.

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Coming in 2019 ~ A New Book!

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

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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)

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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 3-15%
- **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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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).

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SOME EXAMPLES OF WHERE BBI IS HAPPENING

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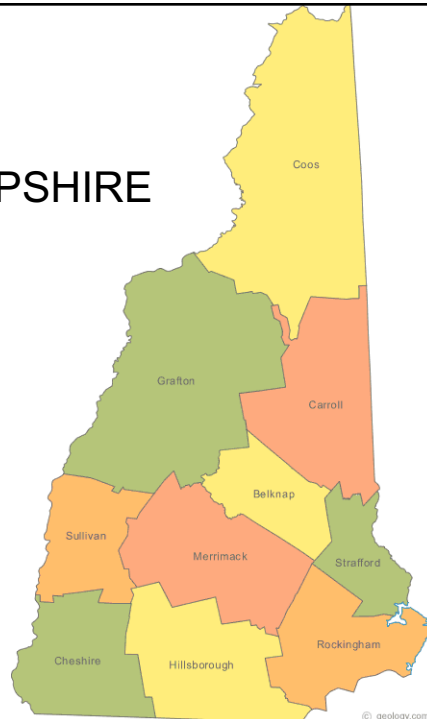


Examples of Where BBI/Residential Transformation Work HAS/IS Happening

- Comprehensive State Initiatives (DE, IN, MA, CA - Initially 4 Regions/Pilots – going statewide by county in 2017/2018)
- State Level Activities Happened or Currently Underway (AZ, FL, IL, KY, LA, MI, ND, NH, NJ, NM, NV, ND, NY, OK, RI, SC, TX, 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; **PA: cluster of six counties NE part of state**)
- Many Individual Residential and Community Programs Across the Country

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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.

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NFI North Contact Information

NFI North Array of Services

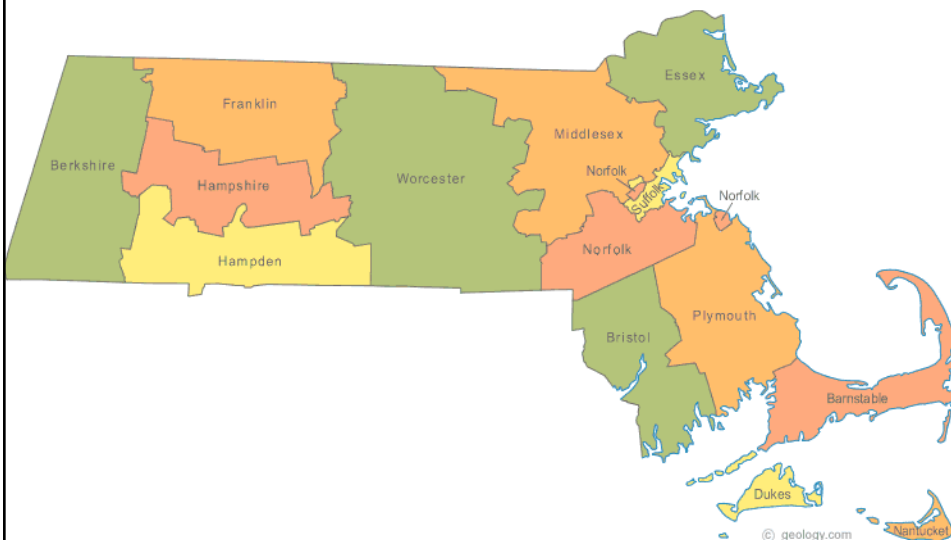
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Massachusetts





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**

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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)

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Plummer Youth Promise

The Vision

Adopted 2009

A community committed to providing all children the support necessary to successfully navigate into adulthood



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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

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Plummer Youth Promise

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California Residential Project

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

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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.

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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

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Important CA RBS Study Findings

- The negative relationship between the total number of residentially based services (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.

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Seneca Family of Agencies

Mark Nickell
Regional Executive
Director

Coming in 2018:
Journal of Residential
Treatment for Children &
Youth:

The Changing Role of
Residential Intervention

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



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FAMILIES TAKE CARE OF KIDS BEST



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

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Contact Information

Los Angeles County

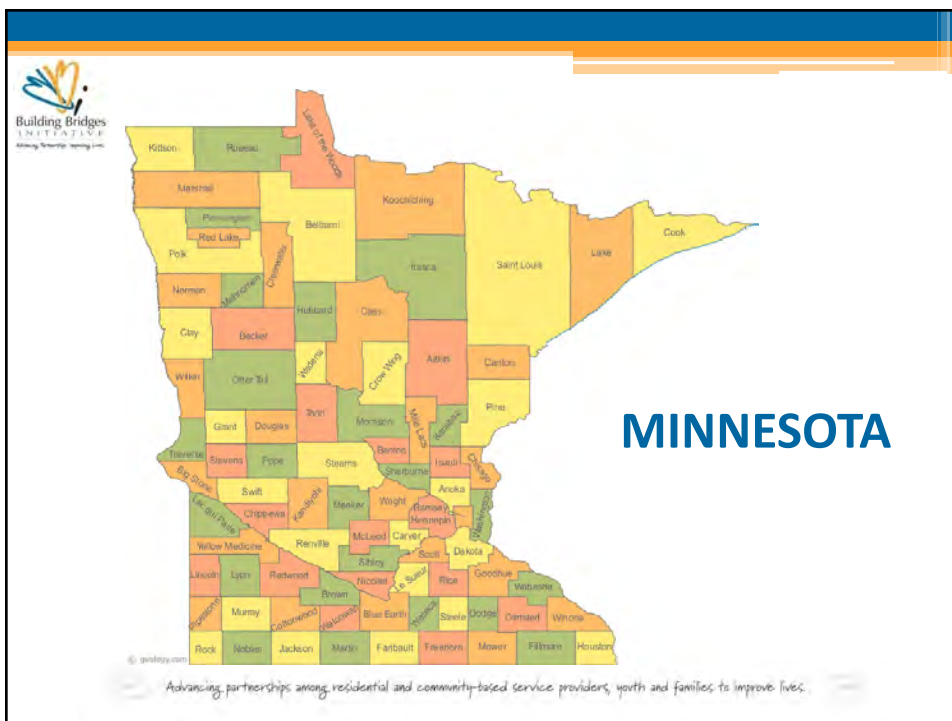
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Key Elements of Practice Model

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 spends regular time with family in the home, so can practice skills being learned in RTC with home;
 - **Phase 3:** Intensive in-home therapy with child home

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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

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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

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Contact Information

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Examples from the New BBI Guide!



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NEW YORK





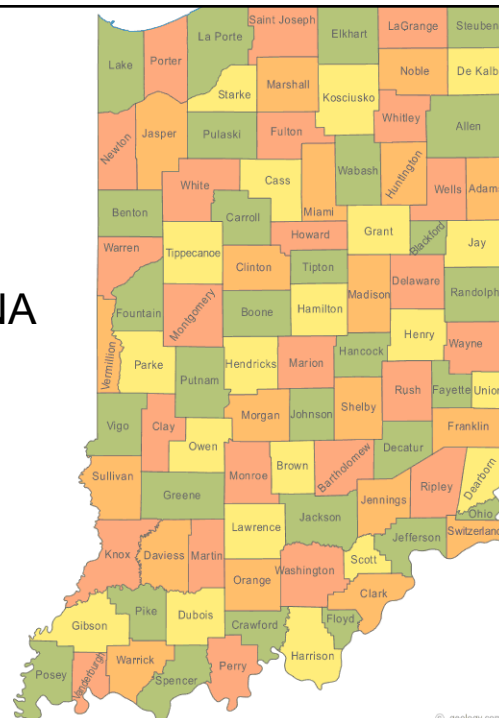
The Children's Village



Jeremy Kohomban

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INDIANA





Damar Services, Inc.

Focus on Families:

- believing that youth belong with their families
- rapid engagement is essential
 - **“every day matters!”**
- creating multiple modes of engaging youth & families
 - **insisting on daily contact**
- clinicians offices are in the community – not in the program(s)
- empowering families to choose their staff and be arbiters of interventions with their child
- recognizing families as experts in need of additional skills and support
- harnessing ‘youth power’ and actively including their expertise and/or developing new roles



Jim Dalton



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

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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.

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.

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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.

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**COULD YOUR TEXAS
RESIDENTIAL PROGRAMS 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

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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



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Steps Being Taken across the Country...

- 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

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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
- Different systems (e.g., probation officers; child welfare workers) 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 (e.g., Family Search & Engage/Family Finding /Expanding Support Network): no urgency
- Insufficient community based resources & supports
- Residential programs still struggling with coercive interventions and high # of incidents (e.g., restraint/seclusion/police calls/runaways/aggression)

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

- Buckminster Fuller

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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)

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



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www.buildingbridges4youth.org

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References

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The Children's Village

Keeping Children Safe and Families Together since 1851

Jeremy Christopher Kohomban, Ph.D.

President and CEO

The Children's Village and Harlem Dowling

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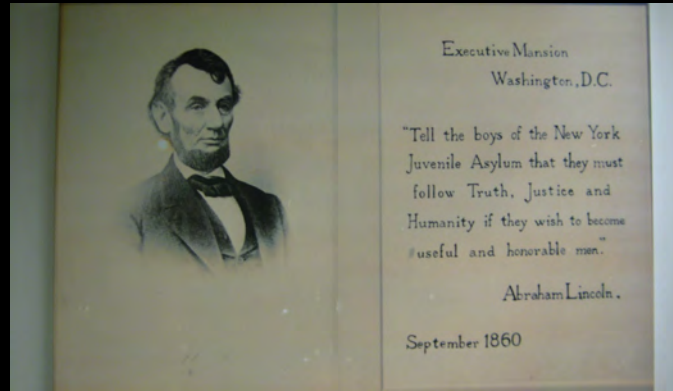
@jeremycv (twitter)





If these were my own children









**HOMES WANTED
FOR CHILDREN**

A Company of Orphan Children of Different
Ages Will Arrive In Mauleston, Iowa.

Thursday, June 16

The Distribution will take place
at Opera House at 10:30 a. m.

The object of the coming of these children is to find homes to
past orphans, especially among farmers, where they may enjoy a
happy and wholesome family life, where kind care, good example,
and most pleasing will do them for a life of self-respect and suc-
cess. They come under the patronage of the Iowa Orphan Asylum,
near a city society, by whom they have been tested and found to
be well educated and willing help and give.

The conditions are that they shall be properly clothed and
treated as members of the family, next to school according to the
age and sex of each. At the expiration of the time specified in
the contract they will be returned to the orphan asylum. They are
not to be used as servants or in any way that would be detrimental to
their health or education. The society retains the right
to remove a child at any time for any reason, and to return to the
asylum at any time.

Applications may be made to some of the following well known
citizens who have agreed to act as local committee to aid the
agent in securing homes:

W. H. CHESMAN, J. E. SCOTT, H. F. BOURKE, L. N. FERRE, J. B.
WELCH, T. B. LOTT, F. GRAY, H. S. GILLESPIE.

If the Children are not all taken at 10:30 a. m.
an adjourned meeting will be held at 1:30 p. m.

REMEMBER THE TIME AND PLACE
Come Out and Hear the Address.

H. D. CLARKE, Agt.





Hastings Hornell Hart (1851-1932): The Children's Village, Prison Authority, Children's Advocate and President the National Conference of Charities and Correction

"In order to restrict and ultimately to put an end to the production of defective delinquents, it is necessary to restrict the propagation of the feeble-minded variety of the human race.



Hastings Hart, Nov 12th, 1912

How does this happen?

VALUE

BECAUSE, implicit bias influences
how we see those who we serve.

Implicit bias drives personal/group
action and influences policy.

Implicit bias-
relatively unconscious and automatic
prejudice judgment, attitudes and
social behavior towards
socially stigmatized groups

Boarder Baby



Throw-Away Kid



Sexually Trafficked



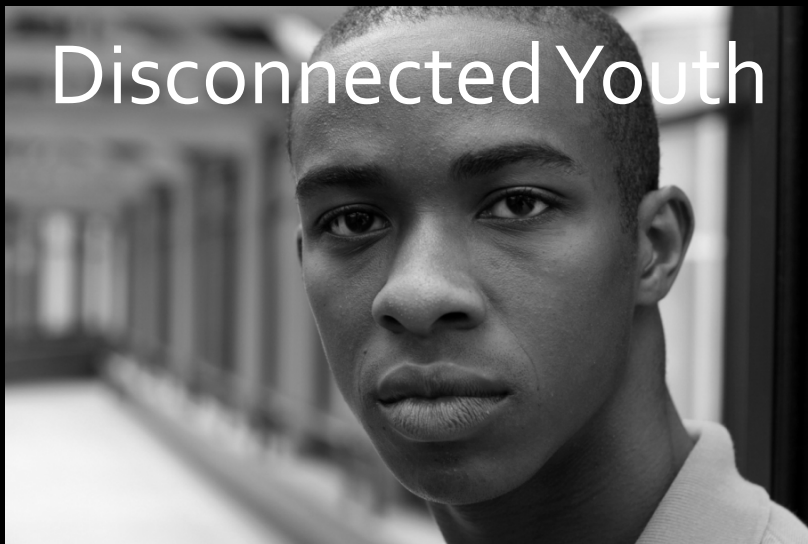
Toxic Stressed

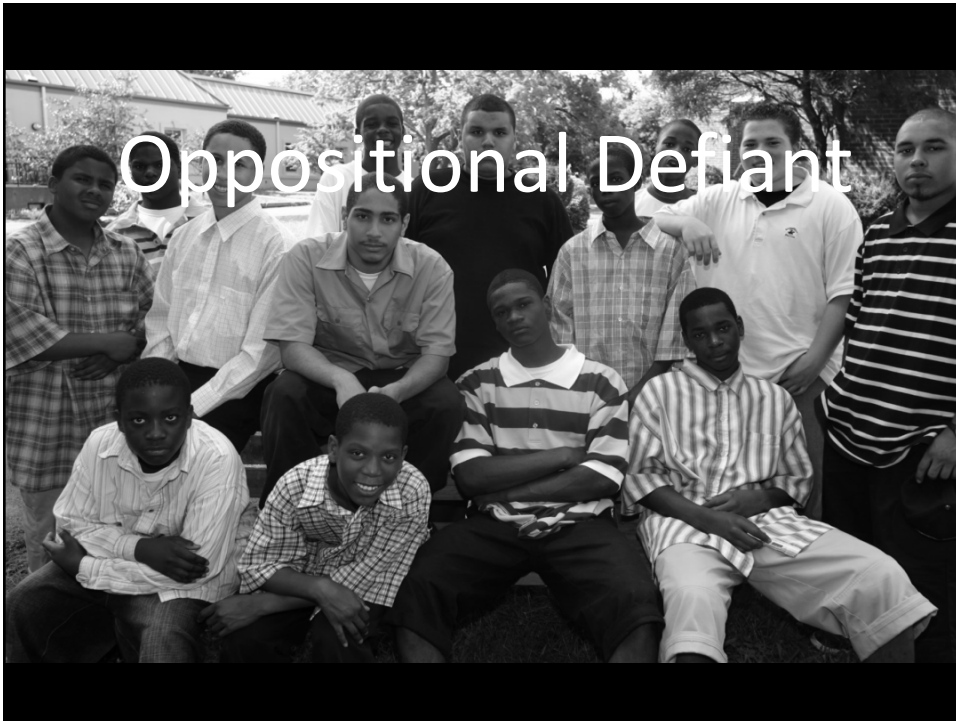


Attachment Disordered



Disconnected Youth



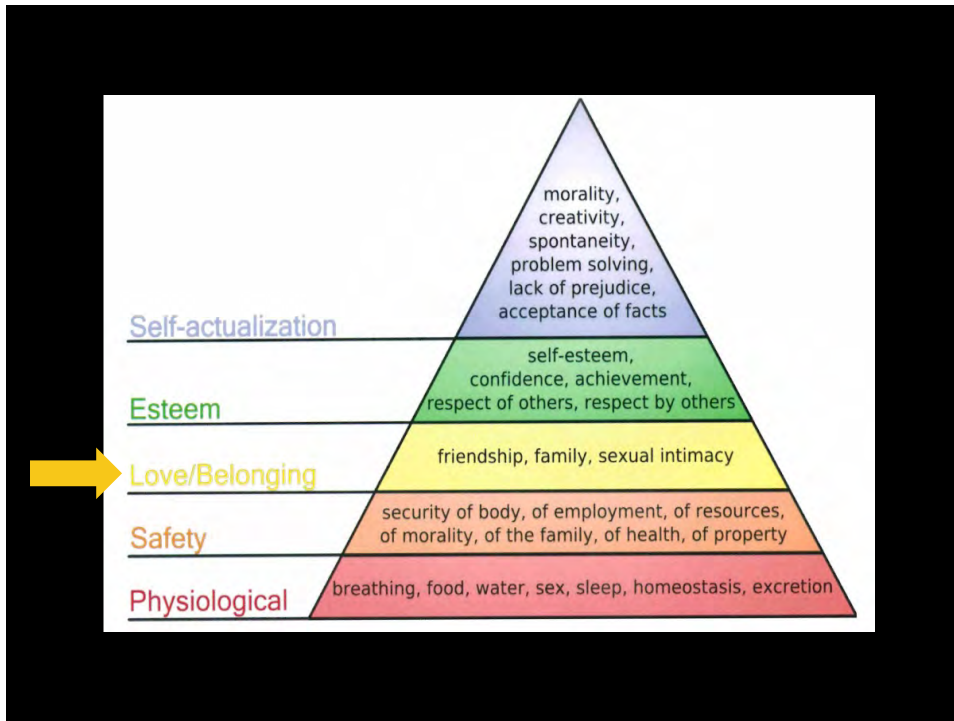


And When it comes to these children

...the ones who come from communities we least value, we often **ignore** or are **intentionally** blind to the social justice context.

Rather, we very quickly begin to see these children as Hastings Hart did, defective delinquents and feeble-minded. Our language has changed, but we often communicate the same message. They are broken, they are *different*, they are not like “my children”

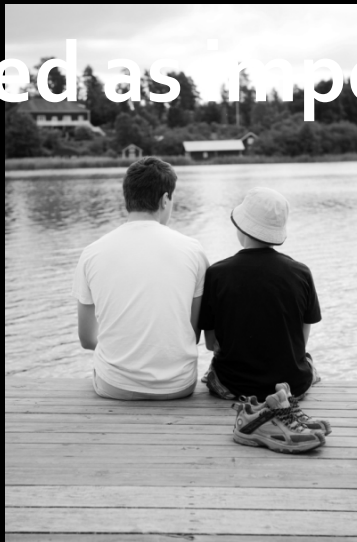
If these were my own children

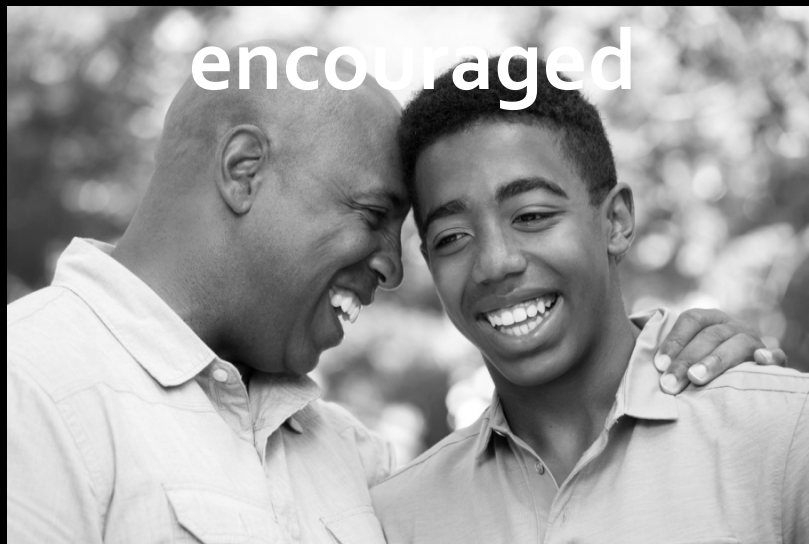


If these were my own children



treated as important







belong



breath

PRACTICE #1

Belonging is the **non-negotiable** foundation on which success is achieved. All cognitive & social-emotional competence begins here.

Actions we can take

- Find and engage family (one parent only represents 50% of all options)
- One appropriate, willing adult relationship.
- Reject **any** solution that is not connected to a person or a true relationship

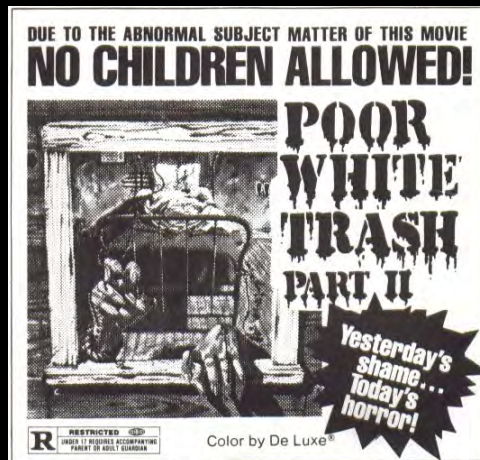
PRACTICE #2

**be cognizant of
unconscious bias**



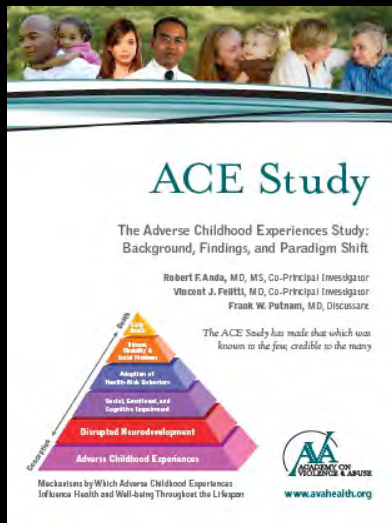
Actions we can take:

- We are all impacted by implicit bias. Recognize it
- Raise above Racial Anxiety.
- Reject the convenient. Kids need all of us.
- Engage in the conversation, we are the greatest aspirational democracy.
- Create **privilege!**



Actions we can take:

- Remind yourself and everyone you know, most often pain, loss, loneliness, hopelessness and despondency is the true battle we fight.
- Remember, poverty is rarely a choice



17,300 adults living in San Diego
65% reported at least one ACE
20% reported at least 3 or more ACEs
75% were white
95% were over 30 years of age
40% graduated from college
36% had some college
They were middle income (\$40K and \$150K)

Actions we can take:

Remind yourself of what you know:

- Trauma does not = failure
- Resilience is what we value in our own lives and in the people we love.

PRACTICE #3 Give Voice



$\{A(b-1, n)\}$

with

(b) $b = \max\{n, 1\}$, $n \in \mathbb{N}$, $n > 0$.

THE BRAVEHEARTS <https://www.facebook.com/BraveheartsMOVENY/>



PRACTICE #4

Evidence and Outcomes Matter

Example: AfterCare Westchester County NY

Year	Total	Recidivism
2013	144	6%
2014	155	5%
2015	173	3.5%
2016	190	2.6%
2017	152	1.3%

PRACTICE #5

In a world of experts, be a servant



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

Texas Building Bridges: Youth, Families, Agencies, and Providers

Transforming Residential Intervention and Achieving

Positive Outcomes – Family-Driven Care

May 23, 2018

Presented by:

Sherri Hammack, Coordinator, Building Bridges Initiative





Family Driven Care: *What's It All About?*



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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

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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

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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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Family-driven Care: What are your Program's Strengths?

Write down 1 or 2 strengths

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What Can Programs Do?

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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

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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

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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

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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!”***

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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

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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 (see references at end of this chapter and in the Positive Cultures of Care Guide Chapters referenced above)

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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**

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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

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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)

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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

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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

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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
- % of Families Connected to and Part of Family Support Groups in Community

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Board/Executive Focus Areas

- Ensure **Fiscal Strategies** that Support Working with Families in their Homes and Communities during and post residential stays (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

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

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Staff of All Disciplines Implementing a Variety of Family-Driven Practices

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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

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**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

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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)

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Have Policies/Practices/Staff Training to ENCOURAGE:

- Youth Calling as Many Family Members as Possible **AND** Friends Whenever Want/Need To
- Have Many Phones/No Restrictions on When Can Use (*Except Maybe School/After Certain Time of Night*)
- Allow Cell Phones (w/ Security – i.e. Photos Taking/Video Turned Off)
- Skype/Google Chat DAILY

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Have Policies/Practices/Staff Training to ENCOURAGE:

- Do 'Whatever It Takes' to Get Youth Home 2x Week Minimum (and When Crisis Comes Up; ALSO- DO NOT ALLOW YOUTH TO MISS ANY IMPORTANT FAMILY EVENTS) – Up to 3 Plus Hours Drive 1-way/Worked on Revising Budget Items i.e. Gas \$
- Develop/License Community Programs in Communities Youth Come From AND/OR Develop Strong Partnerships (e.g., Joint Values; Joint Training; Formal Sign-offs)
- Have Staff Phone and Email Regularly – ESPECIALLY TO SHARE STRENGTHS; Communicate Often;

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Have Policies/Practices/Staff Training to ENCOURAGE:

- Train clinical staff to do family systems work on the phone (just for some meetings – MOST SHOULD HAPPEN IN HOMES)
- Have a clinical staff and a family advocate work in the community most youth/families reside (ala SCO/NYC)
- Get a grant to buy i- Pads/lap tops and rent (i.e. \$1) for families (or - if charge more - return \$'s when returned)
- Create back and forth art project/binder for families and youth to work on 2 to 3 x weekly or daily and either take each weekend home and/or scan/email back and forth (ala SCO/NYC)

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Examples of A FEW FDC Practices

- Mission/Values emphasize FDC as primary focus
- Orientation/Training/Supervision on FDC Commitment
- Use of Family Finding/Search & Engage; focus on permanency
- Hiring of Family Partners/Advocates
- Sibling Support
- Clinical/other expertise in engaging/working w/families (e.g., MST; FFT; Wraparound)
- Clinical/staff work in homes to support problem-solving real issues (not residentially created challenges)
- Families welcome 24/7
- Lose words 'home visits'/'home passes' – time with family and in home community begins at admission (not privilege)
- Staff/youth call families frequently

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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)
- Residential Holiday Traditions (*“Is it About the Program or About the Youth/Family?”*)

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Examples of A FEW YGC Practices

- Mission/Values emphasize YGC as primary focus
- Youth Advocates/peer Mentors
- Meaningful Youth Advisory Council
- Orientation/Training/Supervision on YGC/TIC Interface & Commitment
- Understanding of Impact of Trauma (e.g., use of sensory; repetitive/rhythmical; NO/VERY LOW restraint /Seclusion/AWOLS/Police calls
- Individualized (truly) approaches (safety/soothing plans – PREVENTION/TEACHING applicable at home/school
- Eliminate points/levels/focus on consequences and behavior management (Compassionate inquiry vs praise)
- Major staff focus on youth voice/choice
- Youth engaged/supported in community activities matching individual skills/talents/passions
- Youth have cell phones (w/filters) call family/approved friend often
- Focus on youth leadership/advocacy skills
- Education flexibility/creativity

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What can you do to improve family-driven care or youth-guided 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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www.BuildingBridges4Youth.org

Texas Building Bridges: Youth, Families, Agencies, and Providers Transforming Residential Intervention and Achieving Positive Outcomes

What Families Want from Providers

May 23, 2018



Presented by:

Tara Thomas, Certified Family
Partner: The Harris Center for
Mental Health and IDD

What Families Want from Providers

www.BuildingBridges4Youth.org



- Acknowledgement At the Door
- Open Communication
- Identify the Family Connection
- Access to Nurturing Environment
- Resource Tools
- Trauma-Informed
- Continuing Education
- Compassion and Empathy

Acknowledgement At the Door

www.BuildingBridges4Youth.org



"Open communication requires building an environment that encourages an exchange of dialogue and ideas."

Richard Riche



Identify the Family Connection



Access To a Nurturing Environment



Resource Tools



- **Parent Peer Support from a Parent with Residential Intervention Experience**
- **Support Groups**
- **Family Therapy**
- **Educational Programs**
- **Employment Opportunities**

Trauma-Informed



- **Creating a Safe Environment**
- **Identifying Triggers**
- **Building Relationships and Connectedness**
- **Supporting and Teaching Emotional Regulations**

Continuing Education





Finding His Way.....



Kristopher Alexander Thomas

Completed a successful program in a Texas Residential Treatment Facility, graduated from High School in the Summer of 2017 and went on to start college that fall. Kristopher is now in an independent living program, living on his own (with a roommate), working full-time while attending classes. Although, he still experiences his own daily struggles and trials, he is happy, confident and blessed beyond measure😊

Meet Tara Thomas



- Certified Family Partner at The Harris Center for Mental Health and IDD for 3years.
- Mother of 3 Young Men (18-21yrs)
- Has walked alongside over 100+ families in Harris County

Resources for Families:

www.ffcmh.org
www.samsha.org
www.nami.org
www.mha.org



www.BuildingBridges4Youth.org

Thank you.

A TEXAS RESIDENTIAL PROGRAM PERSPECTIVE ON BBI FRAMEWORK IMPLEMENTATION

JASON DRAKE, MSW, LCCA, REGIONAL DIRECTOR

AMANDA MARTIN, PHD, LMFT-S, LPC, LCCA, ASSOCIATE EXECUTIVE DIRECTOR



THE KRAUSE CHILDREN'S CENTER

- OPENED IN 1995
- PROVIDES 24 HOUR THERAPEUTIC RESIDENTIAL SERVICES TO GIRLS AGES 12-17 WHO HAVE EXPERIENCED "SIMPLE" TRAUMA TO CHRONIC AND COMPLEX TRAUMA.
- TOTAL CAPACITY OF 60 WITH AVERAGE DAILY CENSUS OF 57.
- SERVE SPECIALIZED AND INTENSIVE LEVEL OF CARE.
- ONE OF 10 RESIDENTIAL TREATMENT CENTERS IN TEXAS WHO WORK WITH INTENSIVE PSYCHIATRIC TRANSITION PROGRAM (IPTP) LEVEL OF CARE.
- ON-SITE CHARTER SCHOOL THROUGH TRINITY CHARTER SCHOOLS (TCS).

WHAT STARTED OUR BBI JOURNEY

- OUR BEGINNING... OPENING STORY
BY AMANDA
- WE STARTED WITH RESEARCH.. A
LOT OF RESEARCH
- A PILOT WITH BBI
- TRAINING, TRAINING, TRAINING
- COMMUNITY PARTNERSHIPS

STEPS
on our Journey

[This Photo](#) by Unknown Author is licensed under [CC BY](#).

POSITIVE OUTCOMES

- WE HAD AMAZING OUTCOMES IN RESTRAINT REDUCTION BY 60% AFTER A 9 MONTHS PILOT WITH BBI
- YOUTH AND EMPLOYEE MORALE WHEN UP AS WELL ON SATISFACTION SURVEYS
- NO MORE REFUSALS BY YOUTH DURING ADMISSIONS
- REDUCED EMPLOYEE TURNOVER

RESTRAINT REDUCTION 2016



RESTRAINT REDUCTION 2017



RESTRAINT DATA – 3 YEARS

- 2015= 504 RESTRAINTS
- 2016= 404 RESTRAINTS
- 2017= 114 RESTRAINTS
- EACH YEAR OUR ACUITY MIX OF IPTP/INTENSE/SPECIALIZED LOC SERVED WENT UP

ROAD BLOCKS

- MOVING AWAY FROM A LEVEL SYSTEM- DON'T DO TOO MUCH AT ONE TIME
- GETTING EVERYONE TRAINED AND ON THE SAME PAGE
- EDUCATING THE COMMUNITY- CHANGE TAKES TIME



FUTURE FOR KRAUSE

- MOVING AWAY FROM THE LEVEL SYSTEM WITH A DEFINED PLAN
- SEEKING A FAMILY ADVOCATE VOLUNTEER POSITION
- FUNDRAISING FOR ADDITIONAL RESOURCES FOR FAMILIES
- ADDITIONAL TRAINING ON CULTURAL AND LINGUISTIC COMPETENCE
- SETTING UP WRAPAROUND SERVICES PARTNERSHIPS
- ONGOING NETWORKING IN THE COMMUNITY TO HAVE ADDITIONAL RESOURCES AND PARTNERSHIPS



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

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