

Building Bridges: Innovations in Residential Treatment and in Integrating Residential and Community Services in Systems of Care

Marion County, Indiana

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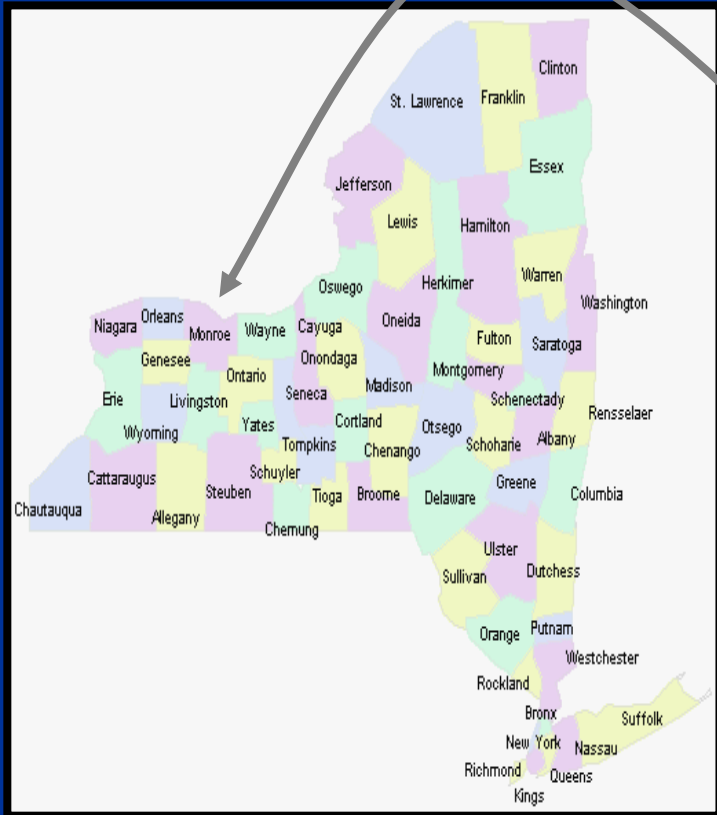
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The Future is Now

Strategies for Linking Residential and Community-Based Services

Monroe County, New York



- Upstate New York
- City of Rochester and surrounding area
- County Population: 730,807
- City Population: 215,093
- 19 school districts
- Funded Phase V SOC community (2005)



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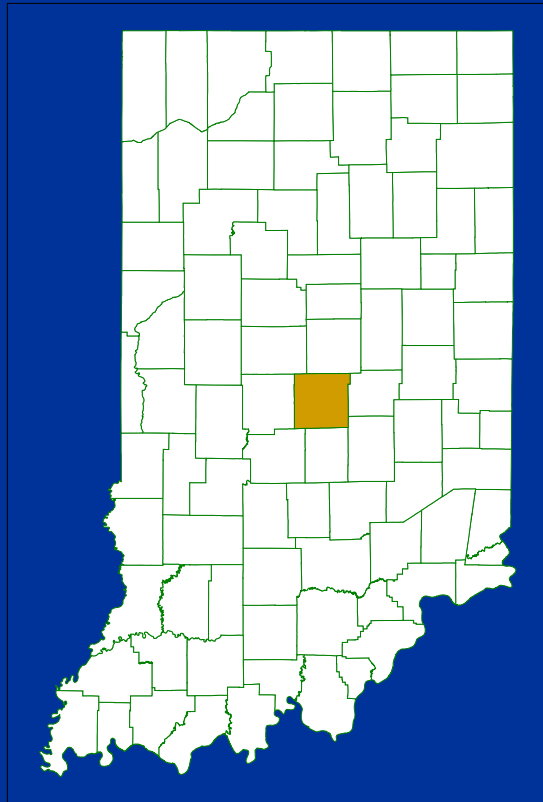
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Strategies for Linking Residential and Community-Based Services

Marion County, Indiana



- Most populated county in Indiana
- Indianapolis and surrounding area
- Population is 870,000
- Population of youth under 18 is 251,000
- Funded SOC community 1999
- \$100,000,000 Child Welfare Budget
- Over 3,000 youth in care



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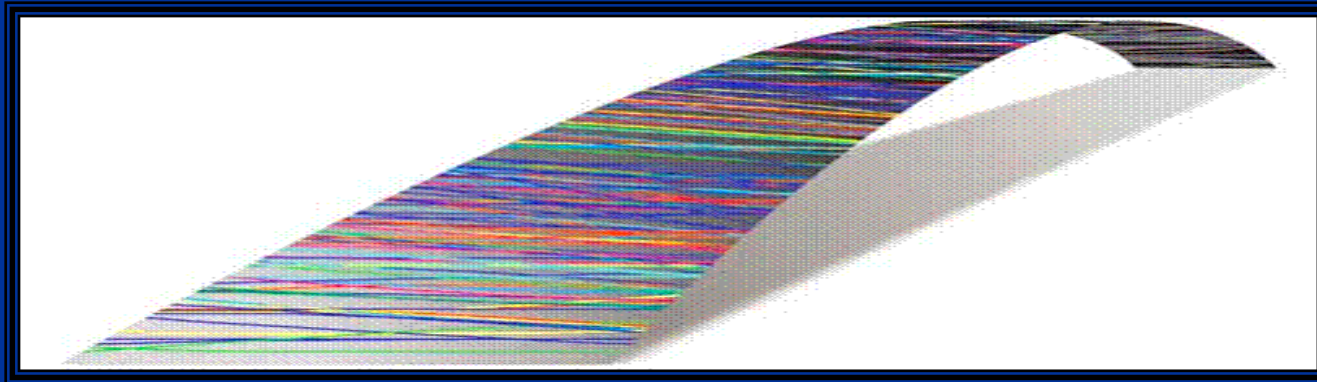
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Building Bridges



National effort to explore how to better integrate and link residential and community-based services and supports

Identifies and urgent need to transformation which results in:

- A more efficient service delivery system
- More effective and appropriate individualized services to children, youth, and families
- Better use of resources
- Improved outcomes



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Building Bridges Summits

- **Summit I- June 2006**
 - Established defined areas of consensus, related to values philosophies, and services culminating in the Joint Resolution
 - Identified emerging best practices in linking residential and community services
 - Set the stage for strengthening relationships and promoting consensus building
 - Created action steps for the future
- **Summit II- September 2007**
 - Focused on taking the Joint Resolution to scale
 - Led to continuation and development of subcommittees to continue the work



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Building Bridges Vision

Ensure the availability of a comprehensive array of high quality, integrated, culturally and linguistically competent services and supports that meet the mental health needs of children, youth, and families so that every young person can live, learn, work, play, thrive and participate fully in safe and supportive communities.



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Building Bridges Mission

Establish strong and closely coordinated partnerships and collaborations between families, youth, community-based providers, residential treatment providers, advocates and policy makers to ensure that services and supports provided to youth with mental health needs, and their families, are family-driven, youth-guided, culturally and linguistically competent, individualized, evidence-based or supported by practice-based evidence, and consistent with the research on sustained positive outcomes.



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Building Bridges Strategies



- Establish relationships and dialogue across all constituent groups (families, youth, community-based providers, residential treatment providers, advocates and policy makers)
- Identify and promote best practices and innovative solutions
- Identify and propose recommendations to overcome fiscal, licensing, regulatory and practice barriers
- Identify needed technical assistance, training and support for organizations, policy makers, families and youth
- Identify or develop measures that provide information and feedback about system efforts to coordinate and integrate services and to implement the values and principles described in the Building Bridges Joint Resolution
- Develop and implement dissemination and marketing strategies to spread the word about the critical importance of creating a coordinated and comprehensive array of services that are family-driven, youth-guided, and culturally and linguistically competent and focused on sustained positive outcomes



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Is Residential Care Needed?



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Residential Care

What Is Done Well

- Safety
- Stabilization
- Protection of Community
- Time to Plan
- Diagnostics
- Improvement in Referral Behaviors



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Residential Care

Challenges

- Reducing Numbers in System
- Efficiencies
- Use of Medication
- Educational Services
- Family Involvement
- Pro-social Peers
- Promoting Independence
- Generalizing Gains to the Real World
- Innovation and Best Practices
- Recidivism Rates (Revolving Door Phenomenon)



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Monroe County Impetus for Change

Monroe County had:

- The most youth placed in congregate care outside of New York City
- An admission rate into foster care nearly twice as high as comparable counties
- An in-care rate of youth in foster care almost 30% higher than comparable counties



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Monroe County Impetus for Change

- Services for children with complex needs and their families were:
 - Fragmented
 - Inflexible – “one size fits all”
 - Focused on deficits rather than strengths
- Residential Care
 - Easy to access
 - Long term (2+ years)
 - Focused on the youth
 - Discharges to unchanged environments



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Monroe County Impetus for Change

- Status offense (PINS) diversion cost slightly more than \$5 million annually
- Despite this investment, petition and placement rates did not substantially change
- New child welfare funding (with no “cap”) available to create alternatives to foster care
- Legislative changes



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Marion County Impetus for Change

Mid 1990's

- Growing Child Welfare budget
- Fragmented care
- Little family involvement
- Deficit focus



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Marion County Impetus for Change

- Many residential treatment centers with easy access (20)
- Long lengths of stay
- Little family involvement
- Lack of best practice standards
- High recidivism / “revolving door”
- 83% of budget spent on institutional care



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Building Bridges Strategies

Establish relationships and dialogue across all constituent groups (families, youth, community-based providers, residential treatment providers, advocates and policy makers)



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Marion County

- **Community Planning Team established in Marion County: Child Welfare, Juvenile Justice, Department of Mental Health and Addictions, Department of Education**
- **Goal: To develop an integrated service delivery and braided funding approach for youth placed out of the home or at risk of out of home placement and their families.**



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Marion County

- Developed cross-system and provider workgroup called “RTC Reform”
 - Local RTC providers
 - Child Welfare
 - Juvenile Justice
 - Marion Superior Court
 - IARCCA (Indiana Association)
 - SOC Community Providers



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Marion County

The Dawn Project

- Choices, Inc. was established in 1997 to facilitate the Dawn Project, a high fidelity wraparound process
- A braided funding case rate was established
- Began with highest need cross-system youth
- Expanded in 2007 to serve at the prevention, early intervention, and intensive levels
- Over 1,500 families served



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Monroe County

- **Leadership Team established including County Probation, Mental Health, Social Services, and Youth Bureau**
- **Charge:**
To propose a new, integrated service delivery and funding approach for children at risk of out of home placement and their families that will improve outcomes at both client and system levels.



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Monroe County

Youth and Family Partnership

- Care Coordination project serving 100 families
- Redeployed/hired staff from mental health, child welfare and juvenile justice
- Use of Child and Family Team process (wraparound)
- Population of focus: highest need cross-system youth at imminent risk of residential placement
- Funding from foster care budget



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Monroe County

- Developed integrated entry point – Family Access and Connection Team (FACT) – to begin to address front door concerns
- Renegotiated contract for short-term residential program
- Develop countywide effort to effectively integrate residential care into system of care – Monroe County Building Bridges (MCBB)



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Monroe County

Organizational Structure

- DHS Child & Family Services Internal Team
- Monroe County Building Bridges (MCBB) Stakeholder Group
- MCBB Steering Committee
- MCBB Workgroup



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Building Bridges Strategies

Identify and promote best practices and innovative solutions



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Best Supported Available Practices

- Best Practice Research
- Surgeon General Report – 2001
- Children, Mental Health and the Law Summit – Report – Feb. 2005
- Socialized Medicine Models
- Wraparound Models and Outcomes for Seriously Emotionally Disturbed Children
- 165 Years of Residential Care



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Monroe County

MCBB Workgroup

- Review current care models in place
- Review best practices literature
- Develop philosophical framework
- Develop practice standards
- Create Training/Technical Assistance plan
- Develop process for continuous quality improvement



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Marion County

RTC Reform Group

1. Researched best practice
2. Identified 11 recidivism variables from research
3. Focused reform effort to provide care based on best practice and the 11 recidivism variables
4. Developed and agreed on a definition of recidivism



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Building Bridges Strategies

**Identify and propose
recommendations to
overcome fiscal, licensing,
regulatory and practice
barriers**



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Variables Found in Reducing Recidivism (associated with long-term outcomes)

- 1) Family Involvement and Family Engagement
- 2) School Attendance
- 3) Pro-social Peers
- 4) Attitude/Motivation/Desire/Self-Efficacy
- 5) Total Number of Days in the Institution
- 6) Agency Leadership is involved in monitoring, data collection, evaluation of outcomes or research and the promotion of “what works” (best practice)
- 7) Generalization of Interventions
- 8) Number of Transitions during Care
- 9) Number of Restrictive Interventions Used
- 10) Number of Medications at Discharge
- 11) Treatment Approach



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The Sub-Prime Crisis



**The Builder
(Contractor)**

**Problem: New homes
are not selling**

**Solution: Remodel
current homes!!**



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Monroe County Plans for the Future

- Approach state for approval to pilot new approaches which demonstrate efficacy of transformed models
- Demonstrate positive outcomes of new residential models that are effectively integrated into our system of care
 - Address functional, satisfaction and fiscal indicators



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Building Bridges Strategies

Identify needed technical assistance, training and support for organizations, policy makers, families and youth



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Monroe County

- MCBB Workgroup will identify necessary training and technical assistance to support transformation
- System of care and other funding streams will support training and technical assistance efforts
- MCBB Workgroup members will serve as community “champions” and “ambassadors” and support sustainability efforts



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Marion County

**Cross system team from CW, JJ,
and the Dawn Project “mentor”
RTC agencies to help with
agency transformation,
barriers, and the integration of
residential and community-
based services**



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Identify or develop measures that provide information and feedback about system efforts to coordinate and integrate services and to implement the values and principles described in the Building Bridges Joint Resolution



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- Use of Outcomes Matrix and Self Assessment Tool being developed by national Building Bridges Outcomes Workgroup
- Develop quality improvement processes that identify strengths (to replicate) and challenges (to revisit)
- Ensure ongoing commitment to re-engineering as lessons are learned



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Develop and implement dissemination and marketing strategies to spread the word about the critical importance of creating a coordinated and comprehensive array of services that are family-driven, youth-guided, and culturally and linguistically competent and focused on sustained positive outcomes



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Marion County

- Six local RTC's have begun to extend their care continuum to community-based services
- Increased focus on best practice and increased accountability
- Increased family involvement
- Decreased average length of stay
- Shifts in organizational culture & values



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Marion County

- **Decreased spending on institutional care**
 - Mid 1990's: 83% of budget
 - 2005: 46% of budget
 - 2006: 26% of budget
- **Increased focus on prevention, early intervention, and community-based care**
- **Cross-system and cross-provider collaboration and learning**



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Monroe County

- Congregate care placements are decreasing
- Tremendous reductions in status offenses (probation, petitions)
- Reduction in use of non-secure detention
- Transformation is the norm and people are talking about it



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What Really Makes a Difference?

**Factors/Variables
Found to be Related
to Recidivism**



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#1

Family Involvement/Engagement

- Families or caregivers are present and involved in all aspects of care
- Physical Presence
- Known by Staff
- Families “work” with the child in care



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Family Involvement/Engagement Practices

- Families should be considered partners and co-treaters
- Interventions are directly based on family strengths and family culture
- Parents should dictate the types and mix of interventions used
- Families should be able to visit at any time
- Families should be involved in all levels of the organization



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#2

School Attendance

- Being present in a “school” promotes exposure/involvement in recidivism variables, regardless of achievement
- 1 hour in school > 1 hour in therapy
- 1 hour in school > 1 hour in the milieu
- 1 hour in school > 1 hour in rec/art/etc.



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School Attendance - Practices

- Youth should attend their home school
- Staff should be deployed to support each youth in their community school



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#3

Pro-Social Peers

- Same Gender
- Within 2 years of Age
- Involved in at least 2 Comm. Activities
- Attends Community School
- Engaged with Caregiver
- No Prev. Psych. Hospitalization or Legal Charges



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Prosocial Peers - Practices

- Organizations should allocate resources for youth to be involved in working with the youth at the RTC
- Youth should be given access to friends and peers from their own community, neighborhood and church



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#4

Attitude/Motivation/Desire/ Self-Efficacy – Hope for One’s Self

- The youth sees him/her-self as “capable”
- The youth has a “special skill.”
- The youth is “the best” at something
- The youth is able to “predict” his/her future



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Hope for One's Self - Practices

- **Self-Efficacy is part of the Treatment Plan**
- **Self-Efficacy is planned and pursued**
- **Self-Efficacy is celebrated and highlighted**
- **Self-Efficacy is used as the foundation for future growth**



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#5

Number of Days

- Inverse Relationship with Recidivism as time goes by
- Most significant in research at > 10 days then at >100 days and then at >250 days



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Number of Days - Practices

- The goal should be that each youth spend the night at home
- Each youth should spend as much time in their own community as possible
- Each youth should have unrestricted access to their family
- Staff should be reorganized to provide community support services



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#6

Agency Leadership

- Key Leadership is Involved
- Key Leadership is Passionate
- Key Leadership Understands
- Best Practices Resources



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Agency Leadership - Practices

- The organization must commit to a community based residential treatment orientation at all levels
- Every member of the organization must ask themselves “What can I do to make sure this youth spends the most time in the community today.”
- The organization must adhere to best practices and innovation



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#7

Generalization of Gains

Treatments that are found efficacious in rigorous controlled environments often fail to show effectiveness in the real world.



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Generalization of Gains

**Improvements in the course
of treatment in
residential settings is not a good
predictor of long-term
outcomes.**



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Generalization of Gains - Practices

All interventions must be individualized and culturally relevant to the youth's family, neighborhood and community (including worship, meals, activities, haircuts, traditions, discipline, etc.)



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Treatment Approach

- Behavioral Approach appears to generalize more effectively to natural environment.
- Psychodynamic, Attachment, etc. do not appear related to lower recidivism.
- “Eclectic” approaches are unable to be measured and may be harmful
- Real world and milieu treatment experiences far outweigh any other approaches when measuring treatment gains and recidivism.



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Integrating and Linking Residential and Community-Based Services One Agency's Pilot Results

- Residential care continuum extended to the community
- Recidivism variables isolated
- Families solve the problems and address the behaviors
- Direct Care Staff specially trained to interact with and defer to parents and facilitate transitions to the family home



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Integrating and Linking Residential and Community-Based Services

- Generalization of behavioral gains much easier from a real world, similar settings
- Seamless wrap around/ outpatient/community services
- Commitment is ongoing (lifetime)



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Monroe County Short-Term Residential Program

- Collaboration between County and provider
- Developed 30-90 day option to stabilize youth
- Child and family (community-based) team maintained throughout stay
- Provide intensive focused interventions
- Offer aftercare services to ensure successful transitions home



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What We Know!

- Change is hard
- Change requires collaboration, partnership and real honesty
- Go slow to go fast
- No attempt is a bad attempt
- Willingness to adapt and be flexible is crucial
- Sharing risk is essential
- It's a parallel process



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An Irresistible Invitation

- Best Clinical Practice
- Best Clinical Outcomes
- Best Family Outcomes
- Best Business Outcomes
- Best Community Outcomes
- Best Agency Outcomes



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