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The Building Bridges Initiative

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"The National Building Bridges Initiative has done groundbreaking work to create a framework that enhances partnerships among residential and community based providers, youth and families to improve lives."

Gary M. Blau, Ph.D.
The National Building Bridges Initiative (BBI)

Introduction and overview

The national Building Bridges Initiative (BBI) was launched in 2005. Its’ goal is strengthening partnerships among families, youth, community and residentially-based service providers, advocates and policymakers to implement practices that lead to positive outcomes for youth and families served in residential programs and their community counterparts (www.buildingbridges4youth.org). BBI identifies and promotes best practices and policies, and it provides a framework and foundation for states, communities, residential and community organizations, and advocates to support their work in realizing positive outcomes for youth and families served.

In 2009, Massachusetts decided to utilize the BBI principles as the expected framework for all child welfare and mental health residential programs, both licensed and contracted, throughout the state. MA residential programs will be required to operationalize the BBI principles and framework. A number of other state, county and city licensing/regulatory authorities across the country have also embraced BBI. They are at different stages of supporting their residential providers and their community counterparts to operationalize BBI principles.
into practice in their programs. State, county and city licensing/regulatory authorities across the country are also revising and improving fiscal and policy practices to support better outcomes for youth and families served in residential and community programs.

Although the initial Building Bridges Summit in 2006 focused primarily on residential treatment programs and their community counterparts, the principles and practices of BBI have been found to be relevant for many different types of residential and out-of-home programs. For instance, foster care programs, group homes, hospitals and emergency shelters serving youth and their families across the country have found that fully partnering with their community counterparts in operationalizing BBI principles into practice leads to better outcomes for youth and families.

BBI has a Steering Committee of national leaders who are responsible for coordinating BBI activities. The Steering Committee consists of members from key national organizations representing families, youth, and residential and community programs, including:

- Substance Abuse and Mental Health Services Administration
- National Federation of Families for Children’s Mental Health
- Youth MOVE National, Inc.
- Child Welfare League of America
- National Association of Children’s Behavioral Health
- American Association of Children's Residential Programs
National Council for Community Behavioral Health

Alliance for Children and Families, and

Georgetown University Center for Child and Human Development

There are multiple BBI workgroups that develop documents to support the field (e.g., outcomes, youth/family partnerships, cultural and linguistic competence, and fiscal and policy). Additional groups are formed on an as-needed basis to address specific issues (i.e., BBI and role of community programs).

There are two BBI advisory groups, the Family Advisory Network and the Youth Advisory Group. They are composed of families and youth who are current or past consumers of residential services. These groups ensure family and youth voices and feedback are fully integrated into all BBI activities. More information about the workgroups and how to become involved in the work of BBI in general and/or a specific workgroup can be found on the BBI website: www.buildingbridges4youth.org.

BBI receives partial support from the Substance Abuse and Mental Health Administration (SAMHSA), as well as numerous organizations committed to best practices for youth with behavioral and emotional challenges and their families. Magellan Health Systems has partnered with BBI to support annual webinars on topic areas that support positive outcomes for youth and families served in residential programs (e.g., successful fiscal strategies; family and youth engagement
strategies) and development of best practice documents (i.e., the Peer Youth Advocate Handbook).

The BBI Joint Resolution, developed at the first BBI national Summit in 2006 with family and youth voice leading the development of the document, articulates the principles of effective practices in residential programs and their community counterparts. As of March 2012, the BBI Joint Resolution has been endorsed by 84 national organizations and residential and community agencies. BBI’s five core principles outlined in the Joint Resolution, which guide the work of BBI, are listed below:

1. Family-Driven & Youth-Guided Care
2. Cultural & Linguistic Competence
3. Clinical Excellence & Quality Standards
4. Accessibility & Community Involvement
5. Transition Planning & Services (between settings & from youth to adulthood).

For each of these core principles, BBI emphasizes collaboration, integration, coordination, and use of best, evidence-informed and evidence-based practices. Research has documented that the principles and practices of BBI are consistent with those found in the literature to support sustained positive outcomes for youth and families served in residential programs, once the youth is discharged from the program. For instance, Walters & Petr (2008) found that shorter lengths of stay, increased family involvement, and stability and support in the community post discharge are
essential for positive outcomes for youth and families served in residential programs.

Other researchers document the importance of practices that operationalize family-driven and youth-guided care (Burns, Goldman, Faw, & Burchard, 1999; Burns, Hoagwood, & Mrazek, 1999; M. Courtney, personal communication, August 17, 2007; Courtney, Terao, & Bost, 2004; Davis & Koyanagi, 2005; Jivanjee, Koroloff, & Davis, 2008; Leichtman, Leichtman, Cornsweet, & Neese, 2001; Partnership for Youth Transition Initiative, 2007; Woolsey & Katz-Leavy, 2008). Residential programs that have operationalized BBI principles into practices and track long-term outcomes post-discharge (i.e., one to five years) have documented the importance of all five of BBI's principles (Dalton, 2011; Lieberman, 2011; Martone, 2010; Kohomban, 2011).

Between 2006 and 2012, BBI has dedicated significant strategies to incorporate the values of family-driven and youth-guided care into practice. Please refer to the following sections of this Resource Guide: Embracing Family-Driven Care, Successfully Working with Family Partners, and Giving People a Voice, Choice and Role for an overview of these critical principles, as well as for multiple examples of how these principles have been and can be operationalized into practice in all types of out-of-home care and community programs. Please also refer to the BBI website (www.buildingbridges4youth.org) for numerous documents that can support families, youth, and residential and community programs. Many documents are
available in Spanish, and new documents are added frequently. Examples of documents available on the website include:

*The BBI Joint Resolution:*

*The BBI Joint Resolution* provides the foundation for what constitutes best practice principles and offers clarifying information that articulates examples of program practices for each principle.

*The BBI Performance Guidelines and Indicators Matrix and Self-Assessment Tools (SAT),* including versions for Youth and Families, as well as materials providing guidance on how to effectively use the SAT:

The BBI Matrix, SAT and supporting documents provide organizations with an excellent self-assessment process that can guide quality improvement efforts.

*Long and short versions of the BBI Family Tip Sheet and the BBI Youth Tip Sheet:*

The Family and Youth Tip Sheets were developed by families and youth to provide families and youth considering residential care, or already served in a residential program, with information about best practice expectations in a residential program. The short versions of the Tip Sheets can be given to families or youth by a family or youth advocate or staff, with the advocate or staff taking the time to explain the different parts of the Tip Sheet to them. The longer versions are good to review with small groups of families or youth, with an advocate or staff supporting a fuller discussion of the areas listed.
**BBI Handbook: Peer Youth Advocates in Residential Programs, and Appendices:**
The Peer Youth Advocate Handbook provides organizations with information and details about hiring, training, supervising and supporting new youth advocates or supporting existing positions. The Appendices provide helpful documents (e.g., job descriptions; training programs; contact information of those who have valuable experience using Peer Youth Advocates successfully).

**Fiscal Strategies that Support the BBI Principles**
The BBI Fiscal Strategies document provides examples of numerous types of fiscal strategies that can be used to support residential and community programs in operationalizing BBI practices, as well as contact information for those who have successfully implemented various fiscal strategies.

**Cultural and Linguistic Competence (CLC) Guidelines for Residential Programs**
The BBI CLC Guidelines for Residential Programs provides guidance in a number of areas to support residential programs in improving their focus on cultural and linguistic competence. The Guide is extensive and it is recommended that organizational leaders assign a group of staff, advocates, families and youth to review small sections of the guide to assess how their organization is addressing CLC topic areas. The assessment of strengths and needs can become part of a larger quality improvement process.
The Building Bridges Initiative & Child Welfare: A Collaborative Path to Achieve Permanency (Fact Sheet):
This fact sheet is the first to offer specific BBI information for partner audiences. In a concise way, the Fact Sheet explains the Building Bridges initiative and offers a compelling rationale for why BBI should be an integral part of child welfare work across the country.

It is recommended that stakeholders of residential programs and their community counterparts endorse the BBI Joint Resolution. Benefits to endorsing the Joint Resolution include, but are not limited to:

Stating one's commitment to operationalizing BBI principles into practice;
Receiving periodic updates from SAMHSA's Child, Adolescent & Family Branch Chief, Dr. Gary Blau;
Receiving advance copies of new resources;
Sitting on national work & task groups;
Preferential invitations to future BBI summits and forums; and
Enhancing one's knowledge base toward improving outcomes in residential and community programs.

Endorsing the BBI JR is easy: simply have the organization leader email Dr. Gary Blau, Chief, SAMHSA's Child, Adolescent and Family Branch (Gary.Blau@samhsa.hhs.gov) or Beth Caldwell, Director of the national Building Bridges Initiative (bethcaldwell@roadrunner.com). Agencies/associations endorsements must be sent by the CEO or equivalent or Board.
President, and must include the full name and address of the organization endorsing as well as the names and email addresses of those who should be put on the BBI list-serve.

Notwithstanding decisions about endorsing the BBI Joint Resolution, anyone can still access BBI information by regularly checking the BBI website, as new documents and articles that can support work towards achieving positive outcomes with families and youth served are added throughout each year.

Implementing BBI principles and practices

As shared above, please refer to the chapter on Leadership and the sections Embracing Family-Driven Care, Successfully Working with Family Partners, Giving People Voice, Choice and Role in this Resource Guide for information regarding operationalizing the BBI Principles of family-driven and youth-guided care.

Every entity (e.g., state, county, city, community or residential or community organization) must decide, based on the individual strengths, needs and challenges of their entity, a plan for how they can improve practice and outcomes for youth and families served in residential programs and their community counterparts. Many entities have started their plan by endorsing the BBI Joint Resolution, and learning more about BBI, family-driven and youth-guided care, and cultural and linguistic competence. All stakeholders can take these first
steps by reviewing the many different documents and articles on the BBI website (www.buildingbridges4youth.org), as well as listening to the BBI webinars listed on the website. After committing to BBI best practice principles stakeholders should then decide whether they are able to take initial small steps in their respective organizations (i.e., a residential program improving the focus on successfully engaging all families served through staff training and supervision) or if they are ready for larger steps (e.g., reviewing all policies and program practices against the BBI principles of family-driven and youth-guided care; developing a multi-year strategic plan that includes action steps to track long-term outcome data post residential discharge and use this data to inform practice).

Many entities find it valuable to conduct a formal or informal assessment of their strengths, needs and challenges and then develop either a simple or comprehensive initial strategic or action plan. The BBI Self-Assessment Tool (SAT) is an excellent assessment process for residential programs and their community counterparts within specific communities to use to assess needed components of a strategic or action plan. The SAT can be used for small steps or large steps. For instance, Casa Pacifica, a residential program in CA, took a small first step, having only their residential staff complete the SAT. They learned enough about areas needing improvement through this small first step to guide improvements in youth-guided and family-driven care for over a year. They expanded the SAT to families and youth and community partners approximately one year later.
NFI North is a large multi-service organization in New Hampshire. Their Residential Treatment Center and Shelter programs participated in the New Hampshire Permanency Project, using the BBI framework as the foundation. The main objective established by leadership of the residential program was: "To examine openly and honestly our current implementation of family-driven and youth-guided practices." A few of their accomplishments in four months included:

<table>
<thead>
<tr>
<th>August 2, 2011 – Before Building Bridges</th>
<th>December 2, 2011 – Through Building Bridges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Home Visits</td>
<td>• &quot;Going Home&quot;</td>
</tr>
<tr>
<td>• Limited phone calls</td>
<td>• Unlimited access to phones</td>
</tr>
<tr>
<td>• Apply for Community Service</td>
<td>• Unrestricted access to community</td>
</tr>
<tr>
<td>• Level Systems</td>
<td>• No level system</td>
</tr>
<tr>
<td>• No PC (Personal Contact)</td>
<td>• High Fives and Fists Bumps</td>
</tr>
<tr>
<td>• Going home every other weekend</td>
<td>• Home every opportunity possible</td>
</tr>
<tr>
<td>• Clinician Led Tx Meetings</td>
<td>• Youth Led Tx Meetings</td>
</tr>
<tr>
<td>• Focus on Transition last 90 days</td>
<td>• Focus on Transition from day 1 !</td>
</tr>
<tr>
<td>• Scheduled bedtimes</td>
<td>• Youth decided bedtimes</td>
</tr>
<tr>
<td>• Pre-arranged community service</td>
<td>• Youth designed community service</td>
</tr>
<tr>
<td>• No Parent Support Groups</td>
<td>• Parent Groups offered once a month</td>
</tr>
</tbody>
</table>
Sometimes entities already know specific areas they would like to improve on or their licensing/regulatory agency directs them to address certain areas (e.g., permanency; family-driven or youth-guided care; focus on long-term outcomes; cultural and linguistic competence). To date, every BBI initiative has been individualized to the unique strengths, needs and challenges of the entity implementing the initiative (e.g., small steps or large steps; first steps of action plan focused on both family-driven and youth-guided care or just family-driven care).

Examples of BBI focus areas for different entities are listed below; contact information for knowledgeable leaders for each of the entities listed below is included at the end of this chapter.

State/county/city

**Massachusetts**: The BBI framework has been adopted by Massachusetts' Department of Mental Health (DMH) and Department of Children Families (DCF) in their joint residential initiative. This joint effort between the state mental health authority and child welfare system is tracking long-term outcomes, successfully engaging youth and families, ensuring youth and family partnerships and voice, and providing youth and family meaningful roles. This effort will include Family Partners who will be available to the families served in these new contracted services and youth peer mentors in many of the residential programs. Youth and family roles will also be developed for new service implementation and ongoing system oversight.
New Hampshire: NH’s BBI project is part of their priority focus on ensuring permanency for all youth served in out-of-home care programs. Specific goals of the NH BBI project include building the capacity of providers:

To engage youth, their families and their communities in planning for transition from residential treatment to community and a permanent family placement;

To provide normative experiences aimed at teaching developmentally appropriate knowledge and skills for adolescents while in residential treatment and through their transition period to family and community; and

To help youth make permanent connections with adults who will make a lifetime commitment and who can help them successfully navigate the transition to adulthood.

Westchester County, NY: Westchester County’s BBI efforts have primarily focused on building and strengthening relationships between residential and community-based providers. Residential providers are actively engaged as partners in the system of care and participate in Child and Family Teams (CFTs). Through the use of CFTs, both residential and community-based providers are included in the planning process and services. The CFT remains active during the entire residential experience and after discharge. This practice has helped to ensure continued community integration throughout the residential stay and successful transition back into the community (Blau, Caldwell, Fisher et al, 2010).
New York City, NY: The NYS Office of Mental Health (OMH) began a BBI project in late 2011. The initiative is focused on their residential treatment facilities (RTF) in the greater New York City region (inclusive of programs in Long Island and lower Westchester County). Their primary focus is to support better long-term outcomes for youth and families served in their RTFs. NYS OMH has asked RTFs to focus on creative and deep 'transformation' to achieve better outcomes – to think 'out-of-the-box' in moving away from traditional residential interventions to BBI-inspired practices focused on sustained positive outcomes once the youth and families are reunited in the community. Primary practice areas being 'transformed' are family-driven, youth-guided and trauma-informed care.

Managed care company

Magellan Health Services has partnered with BBI to produce documents to support the field, to produce educational webinars, and to provide education to all stakeholders involved in residential programs (available on BBI website). Additionally, Magellan has initiated a Building Bridges Initiative in Maricopa County, AZ, providing residential programs with training programs and on-site reviews to support their quest towards implementing best practices to achieve positive outcomes.
State association

The Maryland Association of Resources for Families and Youth (MARFY) has embarked on a path to support their residential provider members in implementing best practices towards positive outcomes by using the BBI framework as a guide.

Residential programs

Family-driven

Examples of residential organization that have achieved successful long-term outcomes for youth and families served with an emphasis on implementing a range of family-driven care practices:

- Hathaway-Sycamores Child and Family Services, CA: William Martone, President/Chief Executive Officer
- Damar Services, Inc., IN: James Dalton, President and Chief Operating Officer
- The Children’s Village, NY: Jeremy Kohomban, President and Chief Executive Officer

Youth-guided

Examples of residential organizations that have transformed their organizations to become youth-guided:

- Jewish Child Care Association, NY: Richard Altman, Chief Executive Officer
Casa Pacifica, CA: Steve Elson, Chief Executive Officer

For leaders of any entity (e.g., state; county; program) embarking on an improvement initiative towards better outcomes for youth and families served, it is imperative that the leaders have knowledge and skills in implementing BBI practices. Embracing and endorsing BBI principles and operationalizing these principles into practice also require a concurrent focus on supporting the culture change process. Each of the leaders of the entities identified above can describe the culture change process they used to realize the positive outcomes they achieved. Their contact information is listed at the end of this chapter to support leaders across the country in increasing their understanding of different strategies used.

The national Building Bridges Initiative has been driven by stakeholders throughout the country who are committed to best practices and positive outcomes for families and youth served in residential programs and their community counterparts. Nearly all work done in developing BBI documents to support the field has been because of stakeholders dedicating their valuable time to areas they are passionate about. BBI has provided families, youth, advocates and stakeholders working in states, counties, cities and residential and community providers with a successful framework to support positive outcomes. There is still much work to be done to support all entities in ensuring best practices for all youth and families across the country served by residential and community programs. All stakeholders, whether a family member, youth, advocate, provider or agency staff or policy maker, are
welcome to endorse the BBI Joint Resolution, use the different
BBI documents to support program and policy improvement
efforts, and become an active part of systems transformation in
their programs and communities.

Contact Information

States

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The National Building Bridges Initiative


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References


