Successfully Reducing Residential Placements and Integrating Residential within Local Systems of Care

Presented by:

Chad Anderson, LSCSW, Chief Clinical Officer, KVC Health Systems (KS)
Beth Caldwell, MS, Director, Building Bridges Initiative (MA)
Erin Stucky, LSCSW, Chief Operations Officer, KVC Health Systems (KS)

July 26, 2018
Overview of the National Building Bridges Initiative

Presented by:

Beth Caldwell, MS, Director, Building Bridges Initiative (MA)
Madge Pat Mosby, Family Peer Advocate, BBI Consultant (MD)
Top 10 Trends To Expect* in the next 3-5 years

• Everyone expecting less money from local, state and federal governments.
• The Public sector-saying they want to buy results instead of services.
• Most funders wanting to buy evidence-based or evidence-informed services.
• Emphasis on results that can be sustained for at least 6-24 months.
• Safe children, stable families, strong communities and reduced poverty.
• Emphasis on developing systems of care over more traditional service delivery.
• Movement from a child-centered focus toward family-focused perspectives.
• Greater emphasis on permanency and success with a stable family as the goals.

* From Tom Woll’s and William Martone’s 40 Trends Report, January 2018
Randomized clinical trial/1st study to rigorously compare an outpatient, community treatment to residential treatment for seriously psychiatrically impaired drug-involved adolescents who were referred for residential treatment (RT).

Findings include:

• RT did not demonstrate greater effects than MDFT on any measure either in the short or long term.

• 18 months after the start of treatment, youth in MDFT had maintained their treatment gains in substance use and delinquency more than youth in RT.

• Results counter conventional wisdom that youth with severe psychiatric and substance use comorbidities can only be adequately treated in a residential setting; findings demonstrate that MDFT is a highly effective alternative to RT.
Family First Legislation: What’s Coming?
BBI Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.
BBI has MANY Partners, several listed:

- The Annie E. Casey Foundation
- SAMHSA
- NWIC
- acrc
- Alliance
- NACBH
- Youth Move National
- Magellan Health
- National Council
- CWLA
- fredla

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BBI Resources Available to Support You
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
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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Examples of BBI Documents to support the field:

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

www.buildingbridges4youth.org

- How-to Guide for Transforming to Short-term Residential (AECF)
- Guide for Judges on Best Practices in Residential (w/ ACRC & AECF)
- Successfully Engaging Families Formed by Adoption: Strategies for Residential Leaders
- Case Study: Leading Innovation Outside the Comfort Zone: The Seneca Family of Agencies Journey
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.
Coming in 2019 ~ A New Book!

Transforming Residential Interventions: Practical Strategies and Future Directions
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)
Critical Elements

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).
Some Of The Critical Issues

- **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)
Where BBI is Happening

AS WELL AS MANY MORE PLACES

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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, NC, 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 four counties in NE part of state)

• Many Individual Residential and Community Programs Across the Country
Damar Services, Inc.

Long-Term Outcomes (Recidivism)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<tr>
<td></td>
<td>4%</td>
<td>11%</td>
<td>9%</td>
<td>3%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2017</td>
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<tr>
<td></td>
<td>9%</td>
<td>6%</td>
<td>11%</td>
<td>12%</td>
<td>15%</td>
<td>12%</td>
</tr>
</tbody>
</table>

• Recidivism typically occurs within the first 12 months post discharge
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.
THINK ABOUT:

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

Share one or two strengths with your neighbor!
Strategies to Address Challenges

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)
Reducing Reliance on Congregate Care

KVC Health Systems

Presented by:

Chad Anderson, LSCSW, Chief Clinical Officer, KVC Health Systems
Erin Stucky, LSCSW, Chief Operations Officer, KVC Health Systems
KVC Health Systems

Direct Services:
35 locations in 5 states

Consulting:
13 U.S. states and 4 countries
KVC Kansas

SERVICES

- Foster Care Case Management
- Child Placing/Foster Care
- In-Home Therapy
- Adoption
- Family Preservation

Employees: 664
Locations: 13

- 333 children adopted (2,844 total)
- 1,030 children safely reunified with their 634 families
- 4,951 children supported in foster care. Of those,
  - 2,116 with relatives, 711 with familiar caregivers such as a teacher or neighbor, and 2,915 with foster families
- 9,595 children and adults in 2,479 families received family preservation services
- 1,741 children received aftercare following family reunification or adoption
- 909 children and adults received outpatient behavioral health services
**KVC Hospitals**

<table>
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<tr>
<th>SERVICES</th>
<th>Employees: 358</th>
<th>Locations: 2</th>
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</thead>
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<tr>
<td>Acute Hospital</td>
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<tr>
<td>Psychiatric Residential Treatment</td>
<td></td>
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<tr>
<td>State Alternative</td>
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<tr>
<td>KVC Academy</td>
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<td></td>
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<tr>
<td>Learning Lab</td>
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</table>

- 3,492 youth and adults were treated at KVC Hospitals during FY16, nearly a 15% increase over the previous year.
- 97% of youth show improvement in trauma-related symptoms within the first 7 days of treatment.
- KVC Hospitals demonstrates national expertise; providing consultations and treatment of individuals from 16 states.

[ssw.umaryland.edu/traininginstitutes](http://ssw.umaryland.edu/traininginstitutes)
Post Reform - Youth in Residential Care

- KVC Kansas 1996: 30%
- National Average 2013: 14%
- KVC Kansas 2017: 5%

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Building Community Capacity

1997
- 200 residential beds
- 200 foster families

2002
- 100 residential beds
- 600 foster families

1997
- 48 residential beds
- 800 foster families
Post Reform - Residential
Length of Stay

Average Length of Stay (days)

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>2017</th>
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<tbody>
<tr>
<td></td>
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<td>365</td>
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<tr>
<td></td>
<td>61</td>
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</table>
Shifting Mission

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.

Sources: Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems,” Annie E. Casey Foundation, 2010
Kids Count Data Snapshot on Foster Care Placement, Annie E. Casey Foundation, May 2011
What Had to Stay the Same

• Strong value system
• Keeping children safe
• Focus on therapeutic change
• Serving as the backstop for communities
• Providing a rich culture and family like atmosphere
What Had to Change

• Cherry picking referrals
• Poorly aligned therapy and residential programming
• Practices that prevented timely discharge
• Fragmentation between residential & community based care
Right-Sizing Congregate Care

- Culture shift
- Strong assessment tools
- Data for decision making
- Research & Education of Stakeholders
- Community family resources and supports
- No reject/no eject provider
- Continual Case Review
- Quality assurance & Accountability
Focus on Skill Building

Move away from symptom list

- Anger
- Aggression
- Self-Harm
- Destructive

Teach youth, family & system new skills

Teach youth new skills

If we do no harm

Baseline

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Family Inclusion

• Participation in finding family/relative/kin resources
• Strong emphasis on family engagement and frequent/transparent communications
• Provision of tele-conferencing support for distant families
• Inclusion of parental ‘voice and choice’ as key members of the treatment team
• Provision of family therapy
• Policies that encourage and support visitation, participation and/or discharge regardless of youth behavior or status on level/point system
# Broad Continuum of Care

<table>
<thead>
<tr>
<th>Least Intervention</th>
<th>Community-Based Care</th>
<th>Residential Treatment</th>
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</thead>
<tbody>
<tr>
<td>Prevention</td>
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<td></td>
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<tr>
<td>Education/Training</td>
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<td>Psychiatric Residential</td>
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<tr>
<td>Family Preservation</td>
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<td>Treatment</td>
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<tr>
<td>Diversion</td>
<td></td>
<td>Psychiatric Hospitals</td>
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<tr>
<td></td>
<td>Relative/Kinship Care</td>
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<tr>
<td></td>
<td>Foster Care</td>
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<tr>
<td></td>
<td>Wraparound Care</td>
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<tr>
<td></td>
<td>In-Home Behavioral Healthcare/Therapy</td>
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<tr>
<td></td>
<td>Substance Abuse Treatment</td>
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<tr>
<td></td>
<td>Independent Living Skills</td>
<td></td>
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<tr>
<td></td>
<td>Adoption Services</td>
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</tr>
</tbody>
</table>
Family & Youth Perspectives

What are the residential practices that would most help youth and families to reunite successfully at home?

What are residential practices that do not help youth, and what ones do not help families?
“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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