

## **Building Bridges between Community and Residential Treatment Providers, Families and Youth to Transform Children’s Mental Health**

For the past twenty years, especially since the introduction of the System of Care philosophy and practices, there have been tensions between community-based and residential treatment providers that serve children, youth and families. Community-based providers voiced concern that their residential treatment colleagues kept children too long and failed to demonstrate the effectiveness of their services. Residential treatment providers asserted that their community-based colleagues did not collaboratively support their efforts, assist with discharge planning or provide intensive service options as necessary follow-up. Families and youth often expressed mixed reactions and opinions about both sets of providers, asking that all providers become more family-driven and youth-guided, and encouraging them to create a more integrated array of services.

In this climate, made all the more complex as systems vied for limited resources, a group of community-based and residential treatment providers, policymakers, families and youth, under the auspices of the Center for Mental Health Services (CMHS), began a dialogue in the fall of 2005 to discuss ways to improve relationships and practice. The result was the initiative now known as “Building Bridges (BB).”

From this dialogue, a group of national leaders in the field of children’s mental health participated in the first BB Summit in June 2006. Inspired by compelling youth and family voice, Summit participants drafted and signed a Joint Resolution<sup>i</sup> (JR) of common principles and a shared commitment to a comprehensive, flexible, individualized, strength-based, family-driven and youth-guided array of culturally and linguistically competent services and supports. Over 20 national organizations and 19 agencies have since endorsed the JR, including the National Council.

### **Building Bridges: Innovative Approaches that Benefit Children and Families**

Building Bridges calls for restructuring the relationship between residential treatment and community-based providers, families and youth. The paradigm promotes shared responsibility and shared commitment, regardless of service needs or treatment setting. Accordingly, post-Summit activities included identifying residential treatment programs and communities across the country implementing innovative practices consistent with the principles of the Joint Resolution, and seeking input from families and youth about what they considered to be effective practices.

Among many promising practices embraced by Building Bridges, the use of Child and Families Teams (CFT)<sup>ii</sup> is fundamental. Teams employ a wraparound type of process that gives treatment planning and service delivery a sense of purpose and accountability. CFTs bring together the expertise of residential treatment and community-based providers and capitalize on the strengths of the youth and family as part of a long-term recovery-oriented plan.

Residential treatment programs and their community partners across the nation are improving their efforts to ensure that treatment is family-driven and youth-guided through practices advocated by BB such as: implementing CFTs; hiring family and youth advocates; developing youth and family advisory councils; providing education and support to increase self-advocacy skills; integrating cultural and linguistic competence; and implementing trauma-informed care, thus reducing the need for restraint and seclusion. Advocates and policy makers are recognizing that residential treatment is part of the overall service array and that coordination and collaboration is essential to improving outcomes.

### **Promoting Building Bridges in Your Community and Future Directions**

Below are some ways community and residential treatment providers can support the work of Building Bridges:

- Establish relationships and dialogue across all constituent groups, including families, youth, community-based providers, residential treatment providers, advocates and policy makers.
- Develop protocols and practices to make entry into residential treatment and the transition back to the community a seamless, supportive and coordinated process.
- Support youth and families during their time in residential treatment programs to continue to participate in community-based programs and support services, thereby facilitating timely and smooth transitions home.
- Continue to implement trauma-informed, family driven, youth guided, culturally and linguistically competent and evidence-based practices.
- Support the development of and become active members of Child and Family Teams.
- Convene meetings and dialogues among constituencies to promote conversations about Building Bridges.

In September 2007, a second Summit reinforced the initiative and set an agenda to promote reform across the country. Several workgroups were created and several products have been developed or are in development: a document on innovative best practices in linking community-based and residential treatment services; a matrix of performance guidelines and indicators; a self-assessment tool for residential treatment and community providers; family and youth “tip sheets,” and research to identify needed fiscal and policy reforms. Plans are underway to continue the important work of this initiative and bring the principles of BB to a national scale. By collaborating as partners, we can ensure that children, youth and families thrive.

## Authors

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<sup>i</sup> The Building Bridges (BB) Joint Resolution, as well as other BB documents, can be downloaded from the SAMHSA website: <http://www.systemsofcare.samhsa.gov/hottopics/irt.aspx>. A Building Bridges website is under development.

<sup>ii</sup> Child and Family Team, Wraparound, Family Group Decision-Making and other similar approaches employ slightly different models, but all seek to engage family members and youth in setting priorities and developing a treatment plan.

Burchard, J. D., Bruns, E.J., & Burchard, S.N. (2002). The Wraparound Process. In B. J. Burns, K. Hoagwood, & M. English, *Community-based interventions for youth*. New York: Oxford University Press.

Burns, B. J, Goldman, S. K., Faw, L., & Burchard, J. D. (1999). The wraparound evidence base. In B. J. Burns & S. K. Goldman (Eds.), *Promising practices in wraparound for children with serious emotional disturbance and their families*. Systems of care: Promising practices in children's mental health, 1998 series, Vol. IV. (pp. 77-100). Washington D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.