



**The Building Bridges Initiative (BBI):**

**Collaboration towards Transforming Children’s Mental Health**

**Building Bridges: A New Way of Doing Business**

The Building Bridges Initiative (BBI) represents a concerted and committed effort by invested constituencies in the field of children’s mental health, including family members, youth, advocates, community and residential providers, and policy makers, to guide practice for service delivery in both community and residential programs according to an approach predicated upon a set of shared principles and best practices. This piece describes the purpose of the BBI and why it is an appropriate and much needed approach to meet the needs of children, youth and their family members in community and residential settings.

For the past twenty years, with the advent and expansion of “system of care” philosophy and practices, there have been significant tensions between community- and residentially-based service providers. Community-based providers voiced concern that their residential colleagues kept children too long and failed to demonstrate the effectiveness of their services. Residential 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, complicated further by systems vying for limited resources, a group of community-based and residentially-based treatment and service providers, policymakers, advocates, families and youth,



spearheaded by the Substance Abuse and Mental Health Administration’s Center for Mental Health Services, began a dialogue in the fall of 2005 to discuss ways to improve relationships and practice. The result of this dialogue was the initiative now known as the “Building Bridges Initiative.”

National Building Bridges Summits occurred in 2006 and 2007, bringing together recognized experts in the field of children’s mental health, including family members, youth, advocates, community and residential providers, and policy makers. The 2006 Summit, inspired by compelling youth and family voice, resulted in a drafted and signed Joint Resolution<sup>1</sup> (JR) of common principles and a shared commitment to a coordinated, integrated, comprehensive, flexible, individualized, strength-based, family-driven and youth-guided array of culturally and linguistically competent services and supports that are evidence and practice-informed, and consistent with research on sustained positive outcomes (see Table 1). The JR has since been endorsed by 24 national organizations and 20 agencies, including the Teaching-Family Association; hundreds of staff in residential and community programs across the country are operationalizing the BBI principles and/or implementing BBI tools to achieve the mission articulated by the JR.

**Table 1.**

**Building Bridge Initiative (BBI) Principles**

- ✓ *Youth Guided*
  - ✓ *Family Driven*
  - ✓ *Culturally and Linguistically Competent Services and Supports*
  - ✓ *Comprehensive, Integrated and Flexible*
  - ✓ *Individualized and Strengths-Based*
  - ✓ *Collaborative and Coordinated*
  - ✓ *Research-Based*
  - ✓ *Evidence- and Practice-Informed*
  - ✓ *Sustained Positive Outcomes*
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The 2007 Building Bridges Summit, attended by an even larger group of respected leaders in the field, resulted in the development of a framework ‘to take *Building Bridges national*’. The work of the BBI has coalesced around the intensive efforts of a Steering Committee composed of national leaders responsible for coordinating BBI activities and executive-level decision-making. Three Workgroups are charged with addressing and implementing various components of the BBI: Outcomes, Youth/Family Partnerships and Social Marketing. Ad hoc workgroups are formed on an as needed basis to identify fiscal and policy challenges and solutions to fully implement Building Bridges principles of family-driven, youth-guided and cultural and linguistic competence. The various groups are working individually and



collectively to support operationalizing the Building Bridges Joint Resolution in States, counties, cities and residential and community programs throughout the country.

### **Building Bridges: A Paradigm Shift Grounded in Research**

There is significant support in the research indicating that positive outcomes for children with behavioral and emotional challenges and their families result from operationalizing values consistent with system of care approaches in both community-based and residential programs (Burns, B. et. al., 1999; Leichtman, M., et al., 2001; Courtney, M. et. al., 2004; Courtney, M., 2007; Davis & Koyanagi, 2005; Partnerships for Youth Transition Initiative; 2007; Woolsey, L. and Katz-Leavy, 2008; Jivanjee, P. et. al., 2008). The BBI is grounded in these research findings, as well as those best practices identified through research studies and their application to programs, to support public and private entities throughout the country in achieving positive outcomes for youth and families (e.g., successful partnerships; reduced lengths of stay in out-of-home care programs; increased youth and family engagement, skills and satisfaction).

To date, the BBI has focused primarily on practices consistent with values/principles of family-driven and youth-guided care. The *Matrix of Benchmark Indicators* provides residential and community programs with a framework for achieving positive outcomes and summarizes many of the overarching objectives for the BBI (see Table 2). The BBI has developed or is in the process of developing a number of documents to support the implementation of best practices according to BBI principles (see Table 3).



**Table 2. BBI Matrix of Benchmark Indicators:**

***Components and Emphasis***

**Cross-cutting performance guidelines**

**These performance guidelines are to be assessed through surveys or interviews with youth, families, and providers across the following domains:**

- **Child and Family Team**
- **Family Driven/Youth Guided Care**
- **Collaboration and Communication Among System Partners**
- **Cultural and Linguistic Competency**
- **Quality Assurance and Quality Improvement**

**Phase-specific performance guidelines and performance indicators**

**Performance guidelines and performance indicators are specified in measurable terms across three phases of care:**

- **Referral/Entry ‘Bridge’**
- **During/Within Residential ‘Bridge’**
- **Transition and Post-Residential ‘Bridge’**

**Selected Outcome Measures**

**Provides a set of recommended outcome measures that should be assessed to evaluate the effectiveness of care**

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**Promoting Building Bridges in Every Community and Residential Program**

The BBI calls for restructuring relationships among all entities serving families and youth by means of more effective collaboration and integration and operationalization of JR principles. This call has resonated throughout the field as States, counties, national associations, residential and community program practitioners, and families and youth have formally or informally used BBI products and principles to improve practices. Both residential and community program staff report that they have

“transformed their agencies” based on BBI JR principles, from hiring executive level family advocates to implementing the Child and Family Team<sup>ii</sup> approach to hiring youth mentors.

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### Table 3. Building Bridge Initiative (BBI) Products

- ✓ ***BBI Joint Resolution:*** Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth: Joint Resolution to Advance a Statement of Shared Core Principles.
- ✓ ***Best Practices in Residential Programs:*** A paper developed to identify best practices that are in keeping with core BBI values.
- ✓ ***Matrix of Benchmark Indicators:*** Provides residential and community programs with a framework for achieving positive outcomes.
- ✓ ***BBI Self-Assessment Tool:*** Currently under development for future use in community and residential programs to assess program adherence to BBI principles.
- ✓ ***“Family Tip Sheet on Residential Programs” and “Family Tip Sheet on Residential Programs: More Information for Families and Caregivers”:*** Both documents will be available for public distribution in June 2008 and are designed to empower family members and other caregivers by providing them with easy to understand expectations for best practices in residential programs. The Tip Sheets also provide guidance to policy makers and community and residential providers about these same expectations.
- ✓ ***Youth Tip Sheets:*** Currently in development, providing similar information for youth entering or currently in residential programs.

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Several States and communities have specifically used the BBI as a springboard to promote best practices and better outcomes for youth and families served in residential and community programs, including: (1) New York, which has formalized its statewide BB Initiative within a cross systems children’s strategic plan, signed by the nine commissioners of State agencies serving children and families; (2) Pennsylvania, which has used the BB JR as a foundation for developing expectations of residential programs specifically around family-driven care; and (3) Monroe and Westchester counties in

New York, which have developed BB initiatives to promote increased alignment between residential and community-based services and reduce residential lengths of stay.

Now is **not** the time for professionals to sit back and reassure themselves that they are “*doing just fine*” or to rest on past accomplishments. Rather, every State, county, city and community and residential provider in the nation has the opportunity to move further ‘down the path’ towards achieving positive outcomes for children and families served. Although most community and residential programs across the nation have achieved some positive accomplishments, the field still has a long way to go before fully operationalizing practices consistent with research findings that demonstrate positive outcomes. Many families and youth who currently interface with community- and residentially-based programs across this country continue to share a number of concerns, including: not being heard or understood by provider staff; receiving services that are not individualized or meeting their needs; professionals not fully partnering with family members and a host of other concerns.

The BBI provides dedicated policy makers, providers, advocates, families and youth, and others who are committed to moving further ‘down the path’ to positive outcomes, with a number of principles, guidelines and specific ideas for promoting best practices, including:

- Creatively finding the means to hire family and youth advocates to serve on all agency committees and workgroups, as well as in permanent positions dedicated to engaging and supporting families and youth served in the programs.
- Learning about and implementing practices consistent with family-driven, youth-guided and trauma-informed care, which include examples such as families receiving training and support to lead their child’s treatment team meetings; adolescents receiving leadership training and



support to lead their own treatment team meetings; providing family members and youth with support to serve as co-trainers in staff orientation, as members of hiring teams for new staff, and having meaningful input into staff and program evaluation; moving towards truly implementing individualized and empowering approaches that can be easily implemented at home and in the community - and moving away from standardized approaches, such as points and level systems, that are not supported in the research or easily transferable to home (Mohr et. al., 2004; 2009).

- Researching and studying about community and residential programs that have significantly reduced lengths of stay (i.e., as low as three months); learning about the community and residential practices that support these successful outcomes and advocating for implementation of these practices in your communities and programs.
- Developing meaningful and strong relationships with community-based family and youth support group groups and advocacy organizations.
- Reviewing program practices against the BBI JR principles and changing practices that do not operationalize these principles. For example, families should be welcome 24/7 to programs. Youth spending time with family members at home is not a privilege, contingent on behavior, or defined as a 'visit', but rather, is a core component of the program that should involve youth regularly going back and forth between the residential program and their home and community.
- Supporting youth and families during their time in residential programs to continue to participate in community-based programs and support services in their home communities, thereby facilitating timely and smooth transitions home.
- Supporting the development of, and implementing to fidelity, those best practice models that have been proven to successfully engage family members and youth in leading their own





treatment and support teams (e.g., Child and Family Team Model, Wraparound Approaches, Family-Group Decision Making).

- Convening meetings and dialogues among your community constituencies to promote conversations about Building Bridges and implementing practices consistent with the BBI JR.

The commitment of all constituents to continually improve practices according to principles articulated within the BBI JR and true collaboration as partners in this ongoing process can ensure that children, youth and families achieve the outcomes they desire and deserve. A sustained investment by all will yield sustained positive outcomes for all – and that is an outcome worth achieving.

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<sup>i</sup> The BB (BB) Joint Resolution, as well as other BB documents, can be downloaded at [www.BuildingBridges4Youth.org](http://www.BuildingBridges4Youth.org).

<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.

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