Best Practices for Residential Interventions for Youth and their Families

A Resource Guide for Judges and Legal Partners with Involvement in the Children's Dependency Court System

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association of
CHILDREN'S
RESIDENTIAL CENTERS

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For more information about the Building Bridges Initiative (BBI)
Please go to: http://www.buildingbridges4youth.org

For more information about The Association of Children's Residential Centers (ACRC)
Please go to: http://www.togetherthevoice.org

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I. Introduction

Overview of the Guide

This guide is intended as a resource guide for judges and legal partners with involvement in the children's dependency court system. Judges are responsible for critical legal decisions concerning the permanency, safety and well being of children and adolescents. These decisions can at times revolve around whether a child or adolescent should remain in their home or be placed in a residential program to address behaviors currently preventing them from living safely at home and in the community. To help guide judges and legal partners in making decisions about the appropriate use of a residential program this guide provides an overview of when a residential intervention is indicated and what to look for in determining a safe, quality and effective program. This guide will focus on youth 12 to 17 years of age and their families, but also provide a section on some of the unique issues and needs of children under 12 and their families. Each area referenced in Section II contains the components of a safe, quality and effective residential program. For each component identified, the following are included: an explanation of the area, a list of key action items residential programs should be incorporating into their practices, and key questions for the court to ask in regards to each of these areas.

Overview of Residential Interventions

Children in congregate care comprised 14% of the foster care population in 2013 (402,387), and approximately 55,916 were placed in a group home or institution (U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2015, p. ii). These residential settings are known by many names depending upon the jurisdiction in which they reside and are typically referred to as a Group Home (GH), Residential Treatment Center (RTC), Residential Treatment Program (RTP), Psychiatric Residential Treatment Facility (PRTF), Short Term Residential Therapeutic Program (STRTP), Residential Treatment Facility (RTF), Therapeutic Residential Care (TRC), or a Residential Center (RC). Residential treatment settings in the United States serve approximately 200,000 youth annually (Blau, Caldwell, & Lieberman, 2014, p. 143). Reducing the reliance on residential interventions has been on the national agenda and there have been significant legislative changes in the past few years focusing upon the reduction of congregate care as a placement choice. The recent changes to federal legislation (P.L. 113-183) in 2014 and California's congregate care reform efforts contained in (AB 403) in 2015 are but two recent examples. For purposes of this guide these types of facilities will be referred to as ***residential programs*** or ***residential interventions***. Youth and families served by these residential programs come from diverse cultures, classes, races, sexual orientations, and ethnic backgrounds, and are living with emotional and behavioral challenges (BBI: Creating and Maintaining Cultural and Linguistic Competence in Human Service Agencies: Rationale and Recommendations for Promising Practices, p.2).

Residential programs should be components of local coordinated systems of care for children and adolescents (hereafter referred to as 'youth'), and their families, and this guide views residential as a brief therapeutic intervention, not a placement or a specific treatment modality. It is important to note that there is a distinction between residential programs and shelters serving youth with behavioral and/or emotional challenges who use best practices and those that do not. The courts should attempt to avoid the use of any residential programs that are not implementing the critical best practice components described in Section II below. Many of the current state and federal regulations continue to work against a system of care orientation with key requirements evolving from a basic assumption that is institution/residential program centered. In fact, residential programs are not typically connected to the local system of care in the families' home community. The state/federal requirements have also resulted in instituting practices focused primarily on 'fixing youth problem behaviors' within the residential program (i.e. reducing or containing problematic behaviors) rather than requiring practices that are consistent with achieving

sustained positive outcomes post-residential discharge (Association of Children's Residential Centers Position Paper [ACRC]- First in Series, 2005, p.3).

It is important to note that improved outcomes are achieved for youth receiving residential interventions when there is increased family involvement, shorter lengths of stay, and stability and support in the post-residential environment (Walters & Petr, 2008, p.4). Research has also consistently shown that post-discharge gains are maintained with the active involvement of family during the residential process and continuity of support in the community. The literature emphasizes the significance of viewing residential as a specialized intervention, which is individualized to the needs of each youth and his/her family (Blau et al., 2014, p. 223).

Knowing When to Use Residential as an Intervention

Most often services and supports for youth and their families are best delivered in their home and community. However, under certain circumstances, when behaviors have not successfully, or safely, been addressed in the community, a residential intervention may be appropriate. If that is the case, it is essential that the residential intervention include consistent support for the family (birth, kin or foster) in their own home and community. This must be the responsibility of the residential program, hopefully in partnership with their community partners.

Residential interventions should be designed to ameliorate the issues/challenges/problems that are preventing the youth and family from safely living together in their community. And, these interventions should be designed to achieve positive outcomes in the shortest time possible, and be individualized to what each family needs to return the youth home safely. Residential programs may be operated by private or public agencies and often provide an array of services, including therapeutic and ancillary services for youth and their families. A comprehensive and culturally appropriate assessment with a culturally appropriate standardized tool should be used to determine the appropriateness of a residential intervention. Commonly used tools include, but are not limited to: the Child and Adolescent Needs and Strengths (CANS), the Multi-Dimensional Youth Assessment (MDYA) *360,* or the Treatment Outcome Package (TOP). These assessment tools should be used to determine if the behavioral issues are indeed so severe that they prohibit a young person from safely living in the community with supports provided in the family setting and that there are no alternative community-based options. A family assessment, utilizing tools such as the American Psychiatric Association (APA) Cultural Formulation Interview (CFI), or the Family Assessment of Needs and Strengths (FANS), should be conducted simultaneously to determine the strengths and needs of the family, their racial, ethnic, and cultural identities, primary language, and any health, mental health, substance use, or coping skill challenges. This assessment, in conjunction with the assessment of the youth, should be used to determine the unique needs of the family and youth, and if a residential intervention is a viable solution to meet those needs. The socio-cultural context of the youth and family represents an additional factor to consider in the determination of the potential utility of a residential intervention. Reasonable efforts guided by a child and family team[1] should have both formal and informal solutions to meet the family's needs. If these assessments cannot be completed prior to admission, they should be completed within the first five days of placement to determine that a residential intervention is indeed indicated, and if it is not, alternative community-based services should be sought. The lack of appropriate community-based interventions, including foster families, should not be the reason residential programs are used. Given the restrictiveness, and higher cost of residential programs, the courts and the legal community should pressure the placing and oversight agencies to develop needed alternatives to residential programs.

[1] A child and family team consists of individuals who provide both formal and informal supports to a family (see child and family team on page 9). This team is different than the treatment team although some members may serve on both.

Critical Steps That Judges and Legal Partners Need to Take

Ask Questions

It is essential that the courts provide ongoing oversight and review with respect to decisions to use, or continue to use, a residential intervention. It is also imperative for the courts to determine if a range of less restrictive, community-based alternatives has been evaluated prior to a decision to use a residential intervention. To help guide judges and legal partners in making these decisions, this guide provides an overview of when a residential intervention is indicated, and what to look for in determining a quality residential intervention.

Included in each section of this guide is a set of key questions that judges can ask to determine the need for a residential intervention and the quality of the program. These key questions should be asked of the placing agency any time an initial recommendation for placement is being considered for a youth. Additionally, these questions can also be used any time a placement change is requested, or at on-going court reviews of the residential intervention, when typically, the public agency and residential staffs are present along with the youth and family members.

Judges have an essential role in convening members of the community and engaging them in discussions around these questions. Judges should also consider developing additional questions not covered in this guide that may be specific to the needs of their communities. Juvenile court judges are also in a unique position to engage their communities in critical discussions around the state and federal funding necessary to support the critical services for youth and their families that are identified throughout this guide.

Conduct on-going Reviews

On-going reviews of residential interventions are essential to determine whether the issues that originally led to a recommendation for a residential intervention (a youth's emotional and/or behavioral challenges in the community, challenges the family or other support networks are experiencing, etc.) have been sufficiently responded to, thereby mitigating the need for continued residential intervention. If the initial placement is not the desired placement, a case review should be scheduled within the first five days of the residential intervention. While typically courts review cases on a quarterly or semiannual basis, to maintain a sense of urgency, it is highly recommended that residential interventions be reviewed every 30 days at a minimum (even striving for every 15 days if possible), and that families, youth, and key members of the community support team be present at all reviews. Reviews should address the following issues:

1) feedback from the family and youth on whether the residential intervention, including in-home supports during the residential intervention, have been helpful and culturally appropriate to meet the families' needs
2) what the youth and family believe would be helpful to support successful reunification
3) results and details of permanency work that has been completed if there is not an identified family for the youth to return to at that time
4) what work has been done to support the youth to engage in home and community activities, that he/she is passionate about or talented in, during the residential intervention
5) results of and detail of the work that has been done to support the family in learning skills, and identifying and securing resources to support living successfully with their child
6) what is being done to support a successful transition back to home and school
7) what has resulted from the comprehensive assessments completed for the youth and family, both initially and on-going, to determine progress and needs over time
8) what treatment and supports have been identified in the residential program, the home, and the community, to address any assessment findings
9) what supports and services have been put into place for the youth and family in their home and community; if none, or few, why; and what are the results of these interventions
10) the role of the socio-cultural context that promotes or interferes with youth and family progress

II. Critical Components of Safe, Quality and Effective Residential Programs

Focus on Permanency

The Child Welfare Information Gateway defines permanency as "a legally permanent, nurturing family for every child" and planning for permanency as, "decisive, time-limited, goal-oriented activities to maintain children within their families of origin or place them with other permanent families." It further states, "the concept of permanency is based on certain values, including the primacy of family, significance of biological families and the importance of parent-child attachment." Research has shown that children grow up best in nurturing, stable families. When youth end up requiring residential interventions, it is imperative that professionals and advocates identify what support is needed to maintain the youth in a safe, permanent home as quickly as possible. In most cases, children can be reunited with their families, but in some cases children find homes with relatives or adoptive families. When helping youth and their families achieve permanency, professionals must balance an array of issues, including the needs of the youth and their family, as well as legal requirements (ACRC- Thirteenth in Series, 2015, p.2). Permanency work should be an urgent and primary role of every residential program for youth with no identified permanency resource.

Key Action Items by Residential Programs:

- **Conduct in-depth youth and family assessments** to determine if a residential program is needed and what is preventing the youth from being helped in a family setting
- **Have a strong and passionate commitment to every youth having a permanent family,** this includes older youth who deserve permanent families when they are not able to return to their own families
- **Find family members when there is no identified family:** this process should be initiated by the public or private entity, both working collaboratively, utilizing *Family Finding, Family Search and Engage, or other Permanency Practice* techniques to find family members (or fictive kin who are non-related persons who function as family members) who can become permanent resources for youth; this process should begin immediately upon or even prior to admission. Youth should be asked what adults in their lives are meaningful to them, and the residential program should be encouraged to approach these adults in searching for permanency for the youth
- **Adopt a sense of urgency in creating permanency** and in helping youth return to a family in the community - discharge planning should begin at intake and be discussed at each treatment/child & family team meeting
- **Use the residential intervention for as short a time as possible** to address the critical behaviors preventing the youth from living safely in the community and for any family needs/issues to be supported and addressed, and continue to ask why continued residential intervention is necessary
- **Assure there are several positive adult connections,** with caring individuals and/or family members, for every youth, and that each youth voices that these connections are positive. The youth should have opportunities throughout the residential intervention to spend meaningful time with these connections

Key Questions for the Courts to Ask About Permanency:

1. Were initial youth and family assessments conducted and if so did they indicate there were no alternative community services that could safely and effectively meet the youth's needs other than a residential intervention?
2. Was a discharge plan established at intake that identified the anticipated duration of the intervention and the family to whom the youth will return?
3. Does the discharge plan demonstrate a sense of urgency in returning the youth to home with a timeline of ideally less than three months?
4. If there is no identified family, who will be responsible for immediately initiating a family finding search and engagement process, and what urgent steps will be taken to find and engage the family?
5. Have a number of positive adult connections been made for the youth early in the residential intervention and is the youth allowed to spend meaningful time with these connections throughout the duration of the intervention?
6. Has the youth voiced these adult connections to be a positive one for him/her?

Engage, Support and Partner with Families

Importance of Family-Driven Care

For the residential intervention to be successful, families must be engaged in all aspects of the intervention, and residential staff must become familiar with the environment to which the youth is returning. All treatment and support interventions used in residential must be applicable to the daily lives of the youth and family, at home and in their community, and be based on real world approaches. A family is the most effective structure in which to raise a youth as this is where they learn trust, a sense of self-identity, culture and traditions, and how to love and live in the world. For many, families are the primary source of unconditional love and acceptance and remain long after service providers are gone (ACRC, Position Paper- Second in Series, pp. 2-3). When families are genuinely involved and respected, outcomes improve in schools, in medical care, and in the system of care that serves children with mental health challenges (Obrochta et al., 2011, pp. 1-6).

Residential programs have struggled in past years with how to effectively respond to the needs of families. In the past, programs have been youth centered, only seeing families as contributing to their youth's challenges, needing treatment themselves, and/or typically focusing on the youth's response to his/her parents and siblings versus having a family-centric approach to treatment and support (ACRC, Position Paper- Second in Series, p.1). Families should have a primary decision making role in the care of their own children, including setting goals and choosing culturally and linguistically appropriate supports and services (both formal and informal) (National Federation of Families, 2008, para.1). Building empathy for families is an important part of agencies becoming family focused and supportive in their work.

Key Action Items by Residential Programs:

- **Put a priority and urgent focus on ensuring that youth stay connected with family from the first day of admission – and throughout every day of the residential intervention;** recognize the powerful connection between a youth and their family; youth who have been separated from their families often seek reconnection with them upon exiting care. It is NOT best practice to restrict youth contact with family members for any period of time (i.e. first three days or week post-admission) unless it is court ordered for a specific family member. Even if one family member is not allowed to be in contact with a youth, the residential program should put a priority on keeping the youth engaged with multiple other family members throughout the residential intervention
- **Engage the family as partners** by providing the opportunity for residential staff to work together with parents, and/or primary caregivers. Use the family experience and expertise to increase staff understanding of the youth within the context of their family. Provide therapy, coaching and encouragements to the family in their homes to build the necessary skills to successfully have the youth return home

- **Create a Child and Family Team (CFT)** (which has similarities with Family Team Conferencing (FTC) used in child welfare) whenever a residential intervention is used. This CFT or FTC team will bring together individuals who engage with the youth and family to assess, plan, and deliver services that will guide the course of the intervention
    - The CFT or FTC should consist of the youth and family and individuals who provide both formal and informal supports to a family and the youth. Support persons may include individuals such as: public agency representatives, including the caseworker; residential program staff; a representative from the youth's tribe or other culturally relevant entity; educational professionals; extended family members; friends; coaches; faith-based connections; as well as others identified as important supports by the youth and family. Meetings should be conducted in the language of preference of the family and a trained facilitator should lead the discussion. The primary purpose of CFT and FTC meetings are to make meaningful and thoughtful decisions about a youth and a family, to help the family plan for the future. The team that comes together provides an alliance of support for the family and facilitates the family's participation in decision-making regarding safety, permanency, and well being for their children. This process is meant to be solution-focused and should draw on a family's history of solving problems, determine times when the family is currently able to solve the problem, and develop the family's vision for their future. Child and family teams drive the case planning process and ensure strengths-based and solution-focused plan content that, upon implementation, facilitates the family's stability and ultimate safe disengagement from the public agency's involvement.
- **Ensure that a comprehensive treatment plan is developed** by the CFT/FTC within the first seven days of the residential intervention
- **Give parents the primary decision-making power** for their youth and assure their strengths are recognized and valued. For older youth, support the family and youth in sharing the decision-making process

Referenced in action items above:
(ACRC, Position Paper- Second in Series, pp. 2-4; Blau et al., 2014, pp. 15-30)
(Child and Family Team Meetings Nevada Case Planning and Assessment Policies, p.6)
(North Carolina Department of Health and Human Services, pp.1-2)

Strategies for Engaging Families

Family engagement is a critical goal for any organization that works with youth, and the courts should closely evaluate residential programs to ensure they are focused on engaging families. Engaging and supporting families is at the core of the *Strengthening Families* approach the Annie E. Casey Foundation has embraced (National Human Services Assembly, Family Strengthening Policy Center, 2004, p.3). Prior to coming to the residential intervention, families may have had a number of previous experiences in the system with judges, probation officers, child welfare agencies, mental health workers or other residential programs, and not all may have been positive. This concern is of particular relevance for families from historically underrepresented and marginalized population groups. The residential program needs to reach out and show respect for families, acknowledge the potential cross-cultural tensions, build an alliance with the youth and family, and focus on their individual concerns. The program also needs to develop family friendly policies, procedures, and practices. This focus must be on the strengths of the family and at the same time incorporate empathy and a vision of hope (Blau et al., 2014, pp. 39-40).

<u>Key Action Items by Residential Programs:</u>

- **Ask families about their goals,** what they think, what their hopes are for the future, what's already been tried, what worked or didn't work, and why, and continue to ask these questions over time so responses can be captured in ongoing assessments and integrated into on-going treatment planning
- **Treat parents/family members as equal partners** and plan for them to be involved in all aspects of the youth's treatment and support, which should be provided in the family's home and community. Program staff will need to sensitively explore with parents/family members how they view

professionals. Having professionals view families as equal partners may be a new perspective that some families have not yet encountered; it is important to evaluate a family's expectation of their own involvement and work gently, with encouragement and persistence, to support families in gaining the strength, supports and skills they need to support their child

- **Provide treatment and support in the family's home and community** and ensure language access for families who have limited English proficiency (LEP) and for families with limited literacy
- **Keep families informed** about and involved with everything that happens around the youth's care to enable them to make informed decisions
- **Ask the families about important cultural factors** that should be addressed during the youth's stay and inquire about their comfort level with the residential program related to their cultural identity
- **Train and support all staff in engaging families,** using best practice and culturally and linguistically appropriate engagement approaches and family friendly language
- **Use reflective supervision and coaching** to help staff learn these skills and identify/address bias
- **Assure youth are able to spend time at home** (this is not a privilege or restricted for any behavioral issues)**,** beginning from the first day of placement**,** with appropriate supports from the residential program staff as needed
- **Use family partners** (a.k.a. peer supports, parent partners, parent or family advocates, family liaisons, etc.) to support, guide, engage and empower families
- **Provide opportunities to involve families in the hiring process** of new staff and use them for feedback during the performance evaluations of staff
- **Maintain a culturally diverse workforce** to assist with the building of trust
- **Review agency policies, procedures, and culture** to evaluate the necessity and efficacy of agency practices specific to successfully engaging and partnering with families
- **Ensure that grievance procedures are simple and well advertised.** Families should be informed at intake that they have the right to make formal complaints should they ever desire to do so. In addition, procedures should be straightforward and easy to complete regardless of a family member's first language or literacy level. Having multiple methods for collecting complaints gives families the choice in what approach is most meaningful and appropriate for them. Some methods include filling out a simple paper document, completing a simple form via email, or speaking via phone or in person with a specific worker

Referenced in action items above:
(BBI: Finding and Engaging Families for Youth Receiving Residential Interventions, and Strategies for Providers; Blau, et.al. 2014, p. 26)

Key Questions for the Courts to Ask About Involving Families:

1. Is at least one identified family member currently engaged in the youth's care, actively participating in treatment planning with decision making power, and spending time with the youth in their home?
2. If no family member is engaged, what steps will be used to engage the family and support the youth to spend time with their family at least weekly in their home/community?
3. Has a Child and Family Team or Family Team Conferencing been created to help guide the course of treatment during the residential intervention and was a comprehensive plan developed within the first 7 days?
4. Is family treatment and support occurring in the family's home, how often does it occur, what approach is being used?
5. Are families being informed and actively engaged with everything that happens around the youth's care to enable them to make informed decisions?
6. Is the progress of the youth and family regularly reviewed, and is the plan changed if progress is not occurring?
7. Have family partners been made available to engage, guide, support and help empower the family and youth?
8. Have relevant cultural and cross-cultural issues been identified and addressed with the family?

Engage, Support and Empower Youth

A youth guided intervention means "that young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state and nation. This includes giving young people a sustainable voice and then listening to that voice. Youth guided organizations create safe environments that enable young people to gain self sustainability in accordance with the cultures and beliefs with which they identify. Further, a youth guided approach recognizes that there is a continuum of power that should be shared with young people based on their understanding and maturity in a strength based change process. Youth guided organizations recognize that this process should be fun and worthwhile" (Youth Move National, 2016, para. 3).

Key Action Items by Residential Programs:

- **Support strong youth voice** and input into establishing youth treatment goals and educational plans, as well as any individualized plan that is specifically designed to help and support them. All practices within the residential program should focus on individualized and strengths-based approaches, versus standardized approaches (e.g. a set of program rules that are the same for all youth in the program; points and level systems; the same behavior management approaches for all youth, etc.). Assure youth input is continually gathered over time and is used to develop programing, including activities in their home communities, and to address any youth concerns
- **Provide youth with opportunities to connect and interact** with a range of supportive people whom they have identified (e.g. friends/pro-social peers; extended family members; favorite coaches or teachers from their home community) throughout their residential intervention, especially in positive settings in their home communities
- **Assure opportunities to participate in the operation of the residential program** are provided to youth. Examples of how to accomplish this include: forming a meaningful youth advisory committee; being part of an external advocacy group; participating in the staff hiring process; participating in staff orientation and training programs; reviewing agency policies and procedures including intake processes, quality assurance reviews, etc.
- **Use youth advocates,** who are paid individuals, typically between 18 and 25 years of age who draw upon their own experiences to bring a different perspective about being in a similar type of setting, and to perform activities (e.g. participating in the intake processes, facilitating conversations between youth and staff, preparing youth for important meetings, assisting in the development of activities and community outreach, providing support to a youth post-discharge, having input into agency decisions/practices, and promoting youth empowerment)
- **Promote youth empowerment** by providing appropriate developmental freedom, training and support to youth, allowing them to learn from their own mistakes, and encouraging them to value their strengths
- **Include families not only with the treatment plan, but with activities** their youth may be involved in during the residential intervention
- **Support youth in exploring their cultural identities and enhancing positive cross-cultural interaction.** Developmentally, youth are trying to understand their identities, including how they identify racially, ethnically, sexually, religiously, etc. For some, their mental health and behavioral challenges could be exacerbated by concerns regarding their cultural identity. This is increasingly true when a youth's family and/or community is not affirming of one or more aspects of the youth's cultural identity. Staff should be trained in how to identify red flags when these situations occur and ensure that providers are competent in addressing healthy cultural identity formation in youth
- **Value youth contributions** by sharing the power to make decisions with youth, respecting their judgment, and recognizing and understanding what the youth has to offer

Referenced in action items above:
(Blau et al., 2014, pp. 34-44)

Key Questions for the Courts to Ask About Involving Youth:

1. Do youth (during the residential intervention) have an active role in establishing their treatment goals, educational plans, and continuing to engage in activities that match their individual strengths and talents in their home communities?
2. During the residential intervention do youth have opportunities to give meaningful input into program practices, and build their sense of empowerment and decision making skills?
3. Are youth allowed to attend public school when appropriate, as well as spend time in the community (preferably the youth's home community) developing pro social peers through positive activities and events?
4. Are youth encouraged to explore their cultural identities towards a positive sense of self and pro-social approaches to cross-cultural tensions?
5. Are youth advocates made available to engage, guide, support, and help empower the youth in the program?

Provide Culturally and Linguistically Competent Services

Providing culturally and linguistically competent (CLC) services is critical to achieve positive outcomes for youth and families who receive a residential intervention (BBI Guide: Cultural and Linguistic Competence, p. 6). As the U.S. population continues to grow in cultural diversity, especially among children, residential programs can expect to experience a broad range of cultures. There has also been a notable increase in the disproportionality of youth of color placed in residential programs. Cultural diversity includes a variety of factors including a person's race, ethnicity, national origin, socioeconomic class, sexual orientation, gender identity, gender expression, faith community, primary language, unique family culture and geographical community (Blau et al., 2014, p. 61).

Cultural competence, "requires a clearly defined, congruent set of values and principles, and (to) demonstrate behavior, attitudes, policies, structures, and practice that enable [providers] to work effectively cross-culturally" (NCCC website adapted from Cross, Bazron, Dennis & Isaacs, 1989, para. 2). At the individual level, cultural competence requires that the individual acknowledge cultural differences, understand his/her own culture, engage in self-assessment, acquire cultural knowledge and view behavior within a cultural context. At the organizational level, it requires that the organization value diversity, conduct self-assessment, manage the dynamics of difference, institutionalize cultural knowledge and adapt to diversity (Cross, Bazron, Dennis, & Isaacs, 1989).

"Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing" (Goode, 2010, p.21).

Each of these cultural and linguistic factors can influence a youth and families' attitudes and behaviors in their interactions with residential staff and peers. A culturally and linguistically competent program creates an organizational culture that acknowledges and takes into account the cultural values, norms, practices, world view, traditions, routines, and perspectives of youth, families and staff. It creates an infrastructure to facilitate effective cross-cultural practice that becomes visible in mission statements, policies and procedures, organizational structures, programmatic practices, staff behavior and attitudes.

Key Action Items by Residential Programs:

- **Ensure the presence of a diverse, prepared and culturally and linguistically competent workforce** at all levels of an organization. The diversity should reflect the cultural diversity of youth and families being served. Staff should recognize and understand the unique operational family culture of each family served within the context of larger socio-cultural contexts

- **Create living environments that reflect diversity** in the different cultures, ethnicities, sexual orientations, and gender identities of the youth and families served as well as the greater community at large. This can be accomplished through providing a variety of foods served at meals, decorations, magazines, brochures, and posters that reflect the various cultures of the youth and family served. In addition, arrangements for safe, all-gender bathrooms, showers, and sleeping rooms should be provided for youth for who identify as transgender or gender-nonconforming
- **Respond to the spirituality and various religious traditions** of the youth by offering them opportunities to engage in their religious practices, preferably in their home community. Agencies need to accommodate for religious holidays and dietary requirements, as well as provide appropriate space for prayer, meditation, and other spiritual practices. The program should do whatever it takes to ensure that all religious holidays are celebrated at home with family or according to the family wishes
- **Review policies and procedures annually,** and mission and vision statements every three years, to ensure they incorporate the principles of cultural and linguistic competency and are family friendly
- **Challenge and support staff to address their conscious and unconscious biases, stereotypes, and prejudices** to limit the impact of bias in service delivery. Agencies can incorporate bias testing in staff self-evaluation procedures in a non-punitive manner to encourage professional growth around personal biases. In addition, trainings and workshops that involve participant self-reflection of stereotypes and prejudices can be included as mandatory staff development
- **Keep youth and families emotionally and physically safe** regardless of their cultural identity. Programs need to provide staff guidance on how to address bias, stereotypes, and prejudices expressed by youth and families
- **Engage and educate the leadership and boards of directors** and ensure that organizational governance embraces and supports cultural and linguistic competence

Referenced in action items above:
(Blau et al., 2014, pp. 61 -77)

Key Questions for the Courts to Ask About Cultural and Linguistic Competence:

1. How are any issues of bias, prejudice or stereotypes addressed to ensure they do not inhibit the necessary therapeutic work with youth and families?
2. Is the residential program able to meet the linguistic needs of all of the youth and families either directly or through interpreter services that the youth and family find helpful?
3. Does the residential program's workforce reflect the diversity of youth being referred for treatment at all levels of the organization?
4. Do youth have the opportunity to engage in religious practices representative of their faith or beliefs in their home communities without having to meet programmatic requirements (other than possibly a rare situation of safety) to attend?
5. Do all residential program staff, board members and executive leadership receive training, supervision, and mentoring specifically to improve their cultural and linguistic competence?

Provide Trauma-Informed Care

The word "trauma" is often used to refer to an event that is perceived as scary, dangerous, or violent, and that can happen to anyone. An event can be traumatic when we face or witness an immediate threat to ourselves or to a loved one, often followed by serious injury or harm. This danger can come from outside of the family (e.g. a natural disaster, car accident, school shooting, or community violence) or from within the family (e.g. a serious injury, domestic violence, physical or sexual abuse, or the unexpected death of a loved one) (National Child Traumatic Stress Network, 2016, p. 1). Exposure to traumatic experiences can have a dramatic impact on mental health, physical health, interpersonal relationships, and even life expectancy. Residential programs that are trauma-informed recognize the widespread impact of trauma

on youth, staff, and family members and have developed the knowledge and understanding for potential paths of healing while integrating this knowledge into their environments, policies, practices, and training of the workforce (Blau et al., 2014, pp. 78-91).

Key Action Items by Residential Programs:

- **Conduct trauma assessments for both youth and families** as a standard part of the admissions process since a majority of youth coming into a residential intervention have experienced some form of trauma in their lives. Include inquiry about trauma that is linked to cultural identity, such as historical trauma or bullying related to sexual orientation, or gender identity
- **Assure medical care for all youth is provided**, and continues in a coordinated fashion with their community health care providers, recognizing that youth often have unique health needs exacerbated by trauma and lack of consistent health care. It is preferred that all medical care occur with providers in the youth's home community, and with whom the family already has a relationship, or the program should work with the family to establish relationships with needed medical professionals who they will continue to see post-residential services
- **Train all staff to achieve a common understanding of trauma, the neuroscience behind trauma,** and the impact trauma has on the youth they serve so they can better understand that many behaviors that youth display can be related to the traumatic experiences of youth
- **Adopt a culture and language of collaboration and empowerment,** not a culture where staff view themselves as agents of control. A trauma-informed mindset assumes that "undesirable behavior" is a result of unmet needs and that there is "no such thing as a bad child." Staff should understand that youth are doing the best they can; and if they are not doing well, there is a reason related to how well they are able to think about and process their immediate circumstances. An agency should adapt the value of unconditional care around providing for unmet needs
- **Create trauma-informed environments** that foster healing, minimize unit disruptions, provide opportunities for passive supervision, allow for privacy and dignity, provide off-unit therapy spaces and offer access to the outdoors. Ensure staff know and understand youth triggers and warning signs, and support them in finding strategies to relax and stay calm
- **Diligently pursue the use of established best practices** to support the needs of youth and families. It is important to note that most evidence-based treatment models were developed for utilization in the community; these treatment modalities ideally should occur in the family's homes and the community rather than in the residential program. Residential is an intervention without an evidence base and comparative data and sustained positive outcomes are limited

Referenced in action items above:
(Blau et al., 2014, p. 83 -91; ACRC, Position Paper- Eighth in Series, 2010, p. 3)

Key Questions for the Courts to Ask About Trauma-Informed Care Environments:

1. How has the residential program adopted a trauma informed approach to care?
2. Have trauma assessments been conducted with the youth and family, and shared with the residential program staff working directly with the youth and family?
3. Is the staff trained in trauma-informed care and do they have written plans available to them on how to engage and interact with each individual youth and family?
4. Has the residential program addressed the emotional and medical needs of youth in their home communities, maintaining family-identified mental health and medical professionals and supports?

Link Residential Programming with the Home Communities of the Youth and Families

Residential interventions are critical components of local coordinated systems of care for children and families (ACRC, Position Paper- First in Series, 2005, p. 1) and need to involve families and community as nonnegotiable partners for long-term success. To preserve all family and pro-social community

connections, residential interventions should be offered at a location as near to a youth's home as possible. This allows family connections and interactions to be maintained while allowing the youth to remain connected to peers and activities in the community as they and their family members are acquiring new skills to successfully reunite. This also allows the youth to spend time with family members multiple times per week, and for staff to work with families in their homes and communities, which are practices that correlate with positive outcomes post-residential discharge. Even when the residential program is not close to home (i.e. further than one to one and a half hours away), connections with a number of family members who are important to the child, in addition to the primary caregiver (e.g. grandparents; siblings; cousins; aunts) can be maintained through the use of technology and frequent in-person contact (the ideal being daily or multiple times daily for most youth). There is no evidence that placing children far away from home (i.e. more than one and a half hours away) is correlated with successful long-term outcomes. In fact, to achieve successful long-term outcomes increased time working with the families in their homes and communities is necessary (Blau et al., 2014, p. 96).

Key Action Items by Residential Programs:

- **Use a range of practices to support reunification** that include frequent and various forms of communication between youth and family members daily
- **Ensure youth spend meaningful time at home and/or in their home community at least once weekly (preferably more than once),** and staff are required to be working with families in their homes and communities; this includes having planning meetings in the family's home or community, rather than in the residential program
- **Ensure a youth is placed no more than one to one and a half hours from their home** (ideally closer) and that regular interactions occur with the family in their home and community and that staff help families to coordinate transportation and visitation logistics
- **Maintain daily contact** when there is a valid reason to serve youth further than one and a half hours from their home and community, and keep the residential intervention to as short a period of time as possible, generally less than three months
- **Work with family's local communities** to facilitate the use of child and family teams with the active participation of natural supports (inclusive of culturally related supports), allow for educational relationships to be maintained, and for aftercare services to be provided by, or coordinated through, the residential program

Key Questions for the Courts to Ask About Linking Residential with Community:

1. How far from the youth's home and community is the residential program located (the ideal is less than one to one and a half hours away, preferably even closer) and why was it selected?
2. Are there opportunities for youth to have daily contact with their family, and time at home at least once per week, preferably more often?
3. If daily contact and weekly time at home is not occurring, what is being done to ensure this will happen in the near future (i.e. within the next two weeks)?
4. For families with financial challenges, has support been provided so that their child can spend time at home on a weekly basis at a minimum?

Prevent Seclusion and Restraint

Creating environments in residential programs that are trauma-informed, and in which there is little or no coercion, can go a long way toward preventing aggression and violence and reducing seclusion and restraints (S/R) to improve outcomes for youth. Residential programs should establish policies and philosophies that prevent the use of seclusion and restraints or other coercive interventions, as well as train staff in interpersonal approaches as alternatives to putting hands on youth. There may be times when a youth loses control, or behaves with severe aggression, and in those moments, staff must decide whether putting hands on, or secluding a youth, is absolutely necessary to maintain safety. Training and

close supervision of staff in the use of neurobiologically-informed, trauma-sensitive approaches that identify early warning signs and triggers, and support youth in self-regulation prior to escalation of behaviors, is paramount. Emphasis on these preventive approaches is key for programs in significantly reducing, and even eliminating, the use of seclusion and restraint. There is evidence that the use of seclusion and restraint may repeat earlier traumatic experiences of helplessness, and thereby perpetuate a cycle of re-traumatization for youth. The Six Core Strategies© developed with support from the Substance Abuse and Mental Health Services Administration is an evidence-based resource to help programs prevent seclusions and restraints (ACRC, Position Paper- Tenth in Series, April 2013, pp. 2-3).

Key Action Items by Residential Programs:

- **Articulate leadership's vision, values and program expectations on S/R,** defining what is acceptable and what is not and modeling these values with all staff, youth and families
- **Collect data on S/R** incidents by living unit, time of day, and staff member. This information must be collected and used in a non-punitive manner to establish baselines of use, set performance improvement goals, and continually monitor to inform and improve practice. Ensure that data are collected on youth feedback about what could have prevented seclusion/restraint
- **Create environments grounded with knowledge of trauma** including its biological, neurological, social, and psychological effects. Agencies should also gain the ability to recognize that these issues may also be present in the families and the staff that serve the youth
    - Recognizing that staff can themselves be impacted by trauma; create on-going strategies to train, supervise and support them in their work with youth
- **Recognize signs of distress in youth to help reduce the use of S/R** through the use of trauma assessments, detection of early warning signs, and the development of calming/soothing plans and other strategies to help youth self-regulate. Include knowledge of culturally influenced signs of and triggers of distress
- **Use debriefing techniques after every S/R** and incorporate the knowledge gained through the debriefing to inform improvements in practice, policies and procedures
- **Use a crisis management training program** that embraces principles of trauma-informed care, restraint reduction and elimination, and using restraints as a last resort

Referenced in action items above:
(Blau et al., 2014, pp. 113 -120)

Key Questions for the Courts to Ask About Seclusion and Restraint (S/R):

1. Has the youth ever been subjected to any physical, mechanical or chemical restraints?
2. How frequently do S/R occur in the residential program and what culturally informed steps have the program staff taken to prevent and reduce seclusion and restraint?
3. Is the staff trained in recognizing signs of distress in youth, employing trauma techniques and the prevention and safe use of S/R?
4. Are all S/R incidents comprehensively debriefed and alternatives explored between the staff involved and their supervisor?
5. Is data on S/R collected, analyzed and reviewed by residential program leadership, and are these findings used to improve practice and outcomes?

Work with Youth in Transition to Adulthood

Youth approaching the age of legal adulthood frequently do not have support systems in place to allow for a smooth transition to independence by age 18, and often find themselves on their 18th birthday living on their own. Residential programs can play a key role in helping older youth transition to adulthood. This transition is a continuous process of rapid psychological change that begins accelerating around age 16 and can continue until the late 20's. This psychological development encompasses the areas of cognition (thinking), moral reasoning, social cognition, sexual orientation, gender identity, and cultural identity formation. While families typically play a very critical role in this transition, some families face significant challenges, including addiction, poverty, incarceration and/or intergenerational mental health challenges limiting their ability to assist with this transition. Residential staff must become experts in supporting and promoting family connections while at the same time supporting the youth in their growing independence (Blau et al., 2014, pp. 126-130).

Key Action Items by Residential Programs:

- **Support youth in determining whom they consider family** and what supportive, safe, and caring relationships look like. Every youth transitioning to independence should be connected to at least one, and preferably many, caring adults who can provide support
- **Teach youth the necessary skills to successfully live on their own in the community** as well as facilitate wellness routines for them that can be adapted to their living in the community. Include strategies to confront bias and stereotypes directed at them by both members of the public in general and also persons in roles of authority
- **Ensure any juvenile records are sealed,** those that the youth might have had from the juvenile justice system
- **Use peer mentors to teach and model skills** and offer support to the youth both during and after discharge
- **Connect transitioning age youth to community resources** that will be needed during the residential intervention, including substance abuse counseling, educational or vocational services, physical health providers, and mental health supports and services
- **Assure youth do not end up homeless** when they transition to independent living by providing stable housing and supports prior to discharge, especially in communities where housing options are limited

Key Questions for the Courts to Ask About Youth in Transition:

1. Has a strong connection been established to at least one, and preferably many, positive, supportive, caring and stable adults, whom the youth approves of and welcomes?
2. Has the youth been taught the necessary skills (practicing in the community and not relying on program groups or workbooks) to live successfully on their own in the community?
3. Does a youth transitioning to independence have a stable place to live?
4. Have appropriate educational/vocational services, physical health providers, substance use treatment and mental health supports been established prior to discharge?
5. Have any juvenile records the youth had from the juvenile justice system been sealed?

Engage in the Informed Use of Psychotropic Medications

The possibility that psychotropic medications may be overprescribed or inappropriately prescribed for youth has raised significant concerns across the country due to the relative lack of information or studies on their use in youth (Blau et al., 2014, p. 142). According to ACRC, it is important to have a mindset of "not expecting psychotropic medications to 'cure' the complex conditions of children seen in residential settings" but rather one that provides "a realistic understanding of the extent to which psychotropic medications can be expected to reliably influence youth outcomes" (ACRC, Position Paper- Eleventh in

Series, January 2014, p. 2). Medication decisions need to include analysis of the ethnopharmacological indicators that influence the choice of medication and the appropriate dosing decisions (Jackson, M., 1999).

Key Action Items by Residential Programs:

- **Conduct an assessment and diagnosis to select medication interventions** that is based on any prior treatment attempts, has input from the youth and family, and determines if the youth's situation at admission differs from what is reported in the clinical record
- **Ensure the prescribing psychiatrist weighs the potential benefits and risks** of any medication class, dosage, and polypharmacy (including ethnopsychopharmacological implications) all of which can increase the likelihood of undesirable side effects
- **Obtain informed consent** from all appropriate parties and ensure it contains information on both what is known and unknown about any medications prescribed. Consent should be gathered in a culturally appropriate manner as some cultures view disagreeing with professionals as disrespectful. Cultural brokers may be needed during the consent process to ensure that informed consent truly has been obtained
- **Ensure that youth and family voice and choice is robust,** and education for families and youth regarding medications is comprehensive and ongoing throughout the residential intervention
- **Conduct on-going reassessments** that occur at every meeting of the Child and Family Team, which measure the youth's progress in relation to the treatment goals and use a medication management process that uses the lowest effective dose and fewest numbers of medications
- **Ensure discharge planning and coordination with community providers** starts at admission and considers the capacity of the community provider to manage the medication regimen in a community setting
- **Evaluate whether opposing explanatory models exist** to help guide through any clashes in understanding of the reason for the youth's challenges and how medications can help. If a family does not understand wellness and health through the medical model, then this needs to be addressed. Successful approaches to clashing explanatory models can include encouraging healing traditions of the family to continue alongside western medicinal practices, as long as those traditions are not unsafe

Referenced in action items above:
(ACRC, Position Paper- Eleventh in Series, January 2014 pp. 2-4; Blau et al., 2014, pp. 142-150)

Key Questions for the Courts to Ask About Youth in Transition:

1. Is the youth currently on any psychotropic medications, and if so, which one(s) and what dosage, and who will be administering the medication and monitoring its effects?
2. Is a medication management process in place that uses the lowest effective dose and least number of medications?
3. Do youth and families have an active voice in agreeing to medications, including informed consent for new medication, or changes in medication, and do they receive extensive education about the effects of the medications?
4. Does the residential program conduct on-going reassessments that occur at every meeting of the Child and Family team – minimum of monthly - which address each youth's frequent time with family and their opportunities to engage in meaningful community activities that match their interests/talents?
5. Does the residential program have very low rates, or no, restraints, seclusions, police calls and acts of aggression that can increase youth dysregulation, and can contribute to higher doses of medication?
6. Is the prescribing psychiatrist part of the residential program's treatment team or familiar with the program; is he/she involved in monitoring and assessing the effects of medications as well as providing medication information and education to all parties involved?
7. Does the residential program use external psychiatric experts to review prescribing practices, especially for youth on multiple medications?

Create Organizational Cultures Supportive of Best Practices

Organizational cultures are extremely complex and can be viewed as having two parts; the visible culture or "the way we say we get things done" and the invisible culture, which is typically "the way we really get things done." The visible culture tells us how the organization gets things done through its mission, vision, shared values, goals, policies and structures. The part of the organizational culture that is hidden holds such things as perceptions, values, norms, traditions, unwritten rules, feelings and shared assumptions (Rick, p. 1). When an organization's culture is primarily child-centered, significant efforts are required by leaders to transform their culture to one focused on short-term interventions that support permanency for youth and actively involve families. While much literature exists about organizational culture change there is no easy or set way to go about this process. Organizations have used various approaches to address intra-agency change including the evidence-based strategies contained in the Six Core Strategies© (Blau et al., 2014, p. 154).

Key Action Items by Residential Programs:

- **Assess the organizational culture** and assure there is a baseline of standards, processes, and practices to which the organization holds itself accountable around the rights of youth and families, health, safety, and treatment planning. External standardized criteria exist through licensing and accreditation requirements that assures consistency in these vital components of care. These standards also create a basis upon which residential programs can establish internal standards to assess their performance
- **Incorporate a core set of best practice values** (e.g. family-driven; youth-guided; culturally and linguistically competent) into the residential program's culture that are defined and implementable. Hiring protocols and staff development should put a primary focus on practices that operationalize these values, ensuring a workforce that is highly trained through consistent internal training programs and regular, supportive supervision
- **Assure there is a safe, nurturing, and well cared for facility** that is welcoming and culturally sensitive to the youth and families served
- **Create language and communication** that is respectful, empowering and appropriately recognizes gender diversity in order to promote family involvement and engagement
- **Create trauma informed environments** that use no eject policies and employ the practices outlined in this guide, and specific evidence-based and practice-informed approaches that support sustained positive outcomes post-discharge for youth and families, and not just a focus on improving youth behaviors while receiving residential interventions

Referenced in action items above:
(ACRC, Position Paper- Third in Series, March 2007, p. 2; Blau et al., 2014, pp. 170-177)

Key Questions for the Courts to Ask About Organizational Culture:

1. Is the residential program licensed by its state authority and do they hold national accreditation?
2. Does the residential program provide regular and consistent training, coaching and supervision to its staff on best practices in residential interventions (e.g. permanency; engaging families; youth voice and choice)?
3. Does the residential program employ trauma informed care and use a range of best practices that correlate with positive outcomes post-residential discharge (i.e. six months to a year) for youth and families versus just a focus on youth improving behaviors between admission and discharge?
4. Does the residential program abide by the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care?

Focus on Outcomes

It is critically important for residential programs to achieve positive, sustained outcomes for the youth and families they serve. It is essential that residential programs collect, analyze and benchmark meaningful data to determine if the desired outcomes are being achieved. This data should include outcome data focused on practice/process indicators, experience of care measures, organizational indicators, and functional outcomes. There is substantial data to demonstrate youth and families can achieve success while receiving a residential intervention as evidenced by reductions in reported or observed symptoms. While this is important, real success can only be evaluated by the functional outcomes that are sustained when youth return to their families and communities. This requires longer-term follow-up by residential programs beginning immediately after discharge to ensure things are going well and continuing for at least 24 months. This long-term success should reflect not only symptom improvement while in the residential intervention, but also functional improvements in the real world across key life domains that are critical for youth to reach their full potential (BBI Tip Sheet: Evaluating and Improving Outcomes for Youth who have Received Residential Services, pp. 1-6).

Key Action Items by Residential Programs:

- **Determine what outcome data is vital to collect**, develop methods and frequency of collection, create operational definitions for the data collected, benchmark the data amongst peers and find ways to display and convey the data to their internal and external constituents, including family
- **Ensure the functional domains of home, purpose, community, and health are measured,** as they are the domains most identified by youth and families
    - The definitions of each are: ***Home*** - a safe, stable, supportive living environment; ***purpose*** - meaningful daily activities, such as a job, school, volunteerism, and possessing the independence, income, and resources necessary to participate in society; ***community*** - relationships and social networks that provide support, friendship, and love; ***health*** - sustained basic physical and behavioral health, and overcoming or managing health challenges
    - Additional domains having been subsequently identified that include relationship stability, access/utilization of services, recidivism/readmission and risky behavior/safety
- **Ensure that practice and process indicators are measured** and evaluated during the course of a residential intervention. Indicators to be measured and evaluated include areas such as medication management, seclusion and restraint data, critical incidents, injuries, family participation in the milieu, youth participation in treatment, frequency of parental contacts, etc.
- **Ensure experience of care is measured** and quantifies the satisfaction of youth, families, and community members regarding the services provided. Feedback from these groups should typically be measured using internally developed and/or nationally normed instruments
- **Ensure organizational indicators are measured** and review performance in such areas as staff retention, job satisfaction, fiscal performance, untoward events, safety programs, and work environments that directly impact the quality of care
- **Include analysis of disparities in outcomes and experience of care** by race, ethnicity, sexual orientation, gender identity or expression, language, national origin, disability, and faith community. Based on findings, implement corrective actions to promote equity in care delivery across all populations

Referenced in action items above:
(ACRC, Position Paper- Fourth in Series, October 2007, p. 3; Blau et al., 2014, p. 184)

Key Questions for the Courts to Ask About Outcomes:

1. Does the residential program measure long-term outcomes (for at least 24 months) and use the information collected to inform practice?
2. Is experience of care measured on the satisfaction of youth, families, and community members regarding the services provided?
3. Does the residential program collect and analyze additional data to identify and address disparities in outcomes and experience of care?
4. Does the residential program share data with external constituents on its performance?

III. Children Under 12 Years of Age and Their Families

What the Research Tells Us

Research has indicated that children under 12 should be placed in the least restrictive, most family-like settings possible, noting it is critical that infants and young children be allowed to develop healthy, secure attachments with adults who are consistently available. Young children living in residential programs are at a higher risk for developing physical, emotional and behavioral problems that can lead to failure in school, homelessness, relationship challenges, teen pregnancy, unemployment and incarceration. These young children are also less likely to be placed in a permanent home than those who live in foster care (Congregate Care, Residential Treatment and Group Home State Legislative Enactments 2009- 2013, October, 2015, pp. 1-2).

The US Department of Health and Human Services' Children's Bureau notes the following in its article on the use of congregate care: "Child development theory, federal legislation, and best practice confirm what we know intuitively - children should be placed in settings that are developmentally appropriate and least restrictive. For young children, particularly those age 12 and under, it is particularly important for their developmental needs to be met in family-like settings. As such, we would expect to see very low percentages of children age 12 and under in a congregate care setting. Where there are children in these settings, we would expect them to spend short amounts of time in that setting—time for … and stabilization that readies them for transition to permanency or family foster care. Children 12 and younger comprised an unexpectedly high percentage (31%) of children who experienced a congregate care setting. This concerning percentage of younger children in congregate care underscores the need for careful examination of this special group of children" (U.S. Department of Health, 2015, p. III).

Best Practices

While recognizing there may be some unique situations where a residential intervention is appropriate for children under 12, it is imperative that residential programs and placing agencies actively explore community-based alternatives for younger children. Treatment and kinship foster care are viable alternatives to a residential intervention and keep children under 12 in more family like, community-based settings. Wraparound[2], designed to prevent a residential intervention, is an approach used in many communities while the child remains living in their home. The wraparound process creates an individualized plan, developed by a child and family team who knows the child best, that is needs-driven, strengths-based, culturally-relevant, and family-centered. The solutions (both formal and informal) are created to meet the unique needs of each individual youth and family. In addition to the wraparound process, there are a variety of home-based services that can be used to prevent a residential intervention. Residential programs can develop teams, made up of clinical staff, parent partners and youth workers who provide intensive interventions and coaching with the youth and family in their homes to prevent removal of a young child, with the residential intervention available for short term respite.

Residential programs serving children under 12 should have an active quality improvement/review process in place that monitors the need for a continued residential intervention. This process should alert the highest levels of leadership, on a weekly basis, that a family or alternative community based living resource is not yet available for the youth to transition to within the next two weeks. There must also be a sense of urgency created to assure all efforts are being made to locate family, or determine a family-like setting the child can move to in the community. Lengths of stay over one month for children under 12 should be of grave concern to residential leaders, and urgent steps should be put in place immediately to address the situation.

[2] For additional information on wraparound visit: The National Wraparound Initiative website at http://www.nwi.pdx.edu

IV. Closing

In Summary

If judges and legal partners are furnished with information about when to use a residential intervention, as well as what constitutes a safe, quality and effective residential intervention, they can make better placement decisions. This guide has attempted to address these two important issues. While judges must rely on the information presented to them in the court, by using the questions presented in this guide, as well as any additional questions they may develop with their community stakeholders, they will hopefully be better informed at all phases of the judicial process for youth, and their families, receiving a residential intervention. Armed with this information, judges and legal partners have the opportunity to hold stakeholders in the juvenile dependency system accountable for conducting upfront assessments, and understanding and exploring alternative community-based options before placement is considered, thereby reducing the use of congregate care. And when absolutely necessary, choosing a safe, quality and effective residential intervention, using the best practices outlined in this guide, that can produce durable, positive outcomes for the youth and their families served in their jurisdictions.

V. References

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VI. Additional Information

For Additional Information on the History of Residential go to:

- ACRC Position Papers
- Residential Interventions for Children, Adolescents and Families: A Best Practice Guide

For Additional Information On Permanency See:

- ACRC Position Paper- Thirteenth in Series: Strategic Interventions to Advance Youth Permanency
- The Initiative & Child Welfare: A Collaborative Path to Achieve Permanency
- BBI: Finding and Engaging Families for Youth Receiving Residential Interventions: Interviews and Examples
- BBI: A Building Bridges Initiative Guide: Finding and Engaging Families for Youth Receiving Residential Interventions: Key Issues, Tips, and Strategies for Providers
- Information on Assessment Tools:
  - The Child and Adolescent Needs and Strengths (CANS)
  - The Multi-Dimensional Youth Assessment (MDYA) 360
  - The Treatment Outcome Package (TOP)

For Additional Information On Family Involvement See:

- ACRC Position Paper- Second in Series: Becoming Family Driven
- ACRC Position Paper- Sixth in Series: Family Driven Care (Family Members Speak)
- BBI: Supporting Siblings When a Brother/Sister is Receiving Residential Interventions
- BBI: Engage Us: A Guide Written by Families for Residential Providers

For Additional Information On Involvement of Youth See:

- ACRC Position Paper- Seventh in Series: Youth Guided Treatment
- BBI: Tip Sheet on Developing and Sustaining a Youth Advisory Council
- BBI: Peer Youth Advocates in Residential Programs Handbook
- BBI: Promoting Youth Engagement - What Providers Should Know

For Additional Information On Cultural and Linguistic Competence See:

- BBI: Creating and Maintaining Cultural and Linguistic Competence in Human Service Agencies: Rationale and Recommendations for Promising Practices
- BBI Self Assessment - Promoting Cultural Diversity and Cultural and Linguistic Competency
- BBI: Cultural and Linguistic Competence: Guidelines for Residential Programs
- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

For Additional Information On Trauma-Informed Care See:

- ACRC Position Paper- Eighth in Series: Trauma Informed Care in Residential Treatment
- ACRC Position Paper- Tenth in Series: Creating Non-Coercive Environments
- Centers for Disease Control and Prevention – ACEs Study

For Additional Information On Linking Residential and Community See:

- BBI: Frequently Asked Questions for Community Providers

For Additional Information On Seclusion and Restraint See:

- ACRC Position Paper- Tenth in Series: Creating Non-Coercive Environments
- Six Core Strategies

For Additional Information On Youth in Transition See:

- Transition to Adulthood and Independent Living

For Additional Information About the use of Psychotropic Medications See:

- ACRC Position Paper- Eleventh in Series: Towards the Rational Use of Psychotropic Meds

For Additional Information About Organizational Culture See:

- ACRC Position Paper- Third in Series: Ensuring the Pre-conditions for Transformation
- ACRC Position Paper- Twelfth in Series: Ensuring Competent Residential Interventions for Youth with Diverse Gender and Sexual Identities and Expressions
- Six Core Strategies

For Additional Information About Outcomes See:

- ACRC Position Paper- Fifth in Series: Evidence Based Practices
- ACRC Position Paper- Fourth in Series: Performance Indicators and Outcomes
- ACRC Position Paper- Ninth in Series: Measuring Functional Outcomes
- BBI: Building Consensus on Residential Measures for Outcome and Performance Measures
- BBI: Evaluating and Improving Outcomes for Youth - Executive Summary
- BBI: Evaluating and Improving Outcomes for Youth who have Received Residential Services