



Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth

Joint Resolution to Advance a Statement of Shared Core Principles

PREAMBLE

An exciting and significant step towards transforming the children's mental health system occurred at the Building Bridges Summit in Omaha, Nebraska on June 14-17, 2006. In order to address the historical tensions between residential and community-based service providers and systems, a meeting was held to better integrate and link residential (out-of-home) and community-based services and supports. The Summit participants were chosen because of the range of their experience and knowledge as well as their personal commitment to creating services that are respectful, empowering and effective. Participants included residential and home and community-based service providers, family members, youth, national and state policy makers, system of care council members, tribal representatives and representatives of national associations related to children's mental health and residential care.

The purpose of the Summit was to:

1. Establish defined areas of consensus, related to values, philosophies, services and outcomes;
2. Develop a joint statement about the importance of creating a comprehensive service array for children, youth and families, inclusive of residential and out-of-home treatment settings as part of the entire range of services;
3. Identify emerging best practices in linking and integrating residential and home and community-based services;
4. Set the stage for strengthening relationships and promoting consensus building; and
5. Create action steps for the future.

To a large degree the summit accomplished these goals. Participants were able to dialogue and learn from each other's perspectives and experiences. Presentations highlighted positive outcomes resulting from integrating residential and system of care services. The youth and family voice was powerful and provided leadership in helping to establish the emerging vision. A particular accomplishment was that a *Joint Resolution* of common purpose, shared principles, values and practices was developed.

The Joint Resolution identifies an urgent need for transformation and envisions a comprehensive, flexible family-driven and youth-guided array of culturally competent and community-based services and supports, organized in an integrated and coordinated system of care in which families, youth, providers, advocates, and policymakers share responsibility for decision making and accountability for the care, treatment outcomes and well-being of children and youth with mental health needs and their families. Participants believe that actualizing this vision will yield a more efficient service delivery system, more effective and appropriate individualized services to children, youth and families, better use of resources, and improved outcomes.



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PREAMBLE cont.

The meeting and *Joint Resolution* represent a new level of unity, partnership and collaboration among participating constituencies. A fundamental principle underlying this resolution is that children, youth and families are ultimately empowered across all areas. The group agreed to develop a multi-faceted strategy to promote the implementation of the *Joint Resolution* in policy and practice across the country. Meeting participants hope that the principles, values, and practices will be adopted and implemented by organizations, local communities, state and national associations, states, and the federal government. The Summit and the follow-up plans are evidence of important, critical new partnerships, and demonstrate a strong commitment to transforming children's mental health care in America.

Participants in the Building Bridges Summit encourage review, discussion and endorsement of the Joint Resolution, and invite interested individuals and groups to join in this mission.



Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth

JOINT RESOLUTION TO ADVANCE A STATEMENT OF SHARED CORE PRINCIPLES

Whereas,

Children, youth and families should live a full life, where they experience love, joy, learning, health, hope, safety and growth, and are able to reach their full potential as healthy, functioning, contributing members of their families and communities;

Whereas,

Children, youth and families should have access to a flexible, well coordinated and comprehensive array of appropriate and individualized mental health services that includes promotion and prevention, early identification, home and community-based services and supports, crisis intervention services and services that include settings that provide in-home and out-of-home 24-hour treatment;

Whereas,

Children and youth who have mental health needs and their families are often also served by one or more other child serving systems, including child welfare, social services, substance abuse, juvenile justice, education, health and developmental disabilities; and

Whereas,

There is a sense of urgency to transform and improve mental health service delivery because children, youth and families currently in the system deserve to have their mental health needs addressed now.

Be it therefore now resolved that the undersigned agree to establish a partnership and a commitment to a core set of principles. Further, we agree to follow these principles and practices in our work and daily lives, and to promote them in our activities.

Specifically, we agree to:

Core Values

1. Demonstrate, in word and deed, the utmost respect for children, youth and families and one another, and create environments that value cultural differences, self examination, listening and learning from each other.
2. Embrace the concept of family driven and youth guided care so that youth and families are integral partners and have a primary decision making role in service delivery decisions and agency functioning, including having roles of significance on agency boards and committees.

3. Ensure that funding approaches and policies and practices do not create incentives or lead to families having to relinquish custody of their child to obtain mental health services.
4. Espouse a model for 24-hour out-of-home treatment that is multi-service, takes a holistic view of each child, youth and family, incorporates physical health, spiritual health, educational and vocational pursuits, social engagement and emotional health, and creates and insures access to a comprehensive and flexible array of affordable services and supports.
5. Commit to developing or enhancing home and community-based services that are flexible and responsive, that serve to decrease the need for 24-hour out-of-home treatment settings, and that facilitate the transition from such 24-hour treatment to more integrated home and community-based service delivery and service settings as appropriate to meet the needs of individual children, youth, families and communities.
6. Recognize the value of relationship based approaches that incorporate the primacy of family and community relationships and utilize them in all aspects of care.

Family Driven and Youth Guided

7. Create and advance a philosophy that the commitment to a child, youth and family is on-going, does not allow for a premature discharge, strives to provide continuity, supports transitions, promotes individualized and culturally competent service delivery and goals, eliminates blame and supports the strengths of each family member, and incorporates a “whatever it takes” and “never give up” attitude to providing help and support.
8. Ensure that children, youth and families feel safe and nurtured and have a sense of belonging, and that children and youth have a developmentally appropriate role in their care and in creating rules, regulations and policies that govern their living environments.
9. Ensure that sibling bonds are maintained and that assistance to siblings is incorporated into treatment and support plans as indicated.
10. Commit to finding ways to ensure that children and youth grow up in families. If a youth requires treatment in a 24-hour out-of-home treatment setting, it should be understood that placement occurs only for as short a period of time as is necessary, and is appropriate to meet the clinical needs of the child and family.
11. For however long the youth is placed in a 24-hour out-of-home treatment setting it is understood that this placement represents a young person’s home away from home, and that there is a need to create a home-like environment in which activities are “normalized,” and family members are viewed as partners, not visitors, having open access to the out-of-home setting.
12. Ensure that families receive whatever services and supports they identify as necessary to provide for the well-being of their child.

Cultural and Linguistic Competence

13. Embrace the importance of cultural competence in all aspects of service delivery and in all treatment settings as integral to the promotion of positive outcomes for children, youth and their families.
14. Develop plans and implement services that value culture, spirituality and religion, and provide opportunities for children, youth and families to incorporate and use their native language and indigenous healing practices in the course of their treatment.
15. Develop strategies to reduce the over-representation of children of color in both restrictive and non-restrictive settings, and the disparity of outcomes.

Clinical Excellence and Quality Standards

16. Achieve and maintain clinical excellence by providing the highest possible quality of care that is trauma informed, uses the latest research evidence, and employs continuous quality improvement practices that use relevant data and feedback to improve services.
17. Determine which individualized service approaches and treatment settings are most appropriate for children, youth and families, and for how long they should be implemented.
18. Develop behavior support and teaching techniques that are strengths-based (e.g., behavioral and emotional support interventions versus behavioral management interventions), strive to eliminate coercion and coercive interventions (e.g., seclusion, restraint and aversive practices), promote self-regulation and self-monitoring, foster critical thinking and personal responsibility, and that are able to be generalized into less restrictive, family and community environments.
19. In keeping with family driven and youth guided principles, basic rights, including visits between families and children, should not be denied or restricted for punitive purposes at any point in the treatment process.
20. Use only medications that are clinically appropriate and medically managed according to an individualized treatment plan.
21. Ensure that all treatment services are licensed and regulated by appropriate agencies, and that monitoring is performed by well-trained individuals (including families and professionals) whose values are consistent with the principles articulated in this resolution.
22. Hold all providers and systems accountable for actions and outcomes.

Accessibility and Community Involvement

23. Provide services to children and youth within close proximity to their families and home community, or if a child must be in a 24-hour out-of-home treatment setting that is not in close proximity to his or her family and home community, implement strategies to ensure that the child's relationship with their family is maintained and strengthened.

24. Participate in the local community and with other child serving agencies to improve coordination of services and supports, facilitate access to schools and recreational opportunities, and promote linkages with other supports that foster healthy child development and growth.

Transition Planning and Services (Between Settings and from Youth to Adulthood)

25. Ensure that transitions to and from 24-hour out-of-home treatment are addressed as a component of the service model, including both the preparation for treatment and coordination and follow-up with post-discharge treatment.
26. Provide access to high quality standards-based education, ensure that life skills practice and training are required in all service delivery models, make certain that education/vocation services are a core component of the services offered, and work to make sure that skills can be generalized in the home and community.
27. Provide coordination and assistance as a young person transitions to adulthood, including responsibility for linkages with adult systems if needed and follow-up post discharge, including access to services such as housing, supported employment, vocational rehabilitation and life skills training.
28. Improve competitive employment outcomes by providing the structure and support necessary to build a strong vocational foundation, including systematic instruction and training of essential workplace skills, information about career options and employment alternatives and opportunities to develop social, civic and leadership skills.

Effective Workforce Development

29. Strive for a workforce that is competent, well compensated and reflects the diversity of the population being served; ensure that the workforce receives regular, on-going training, mentoring, coaching, and frequently scheduled and competency-based supervision sessions and evaluations, and that practice reflects the principles of family driven, youth guided care.
30. Engage family members and youth who have experience as consumers of mental health services, as trainers for the workforce and providers of care, and invite family members, youth and family advocacy organizations to participate in on-going training for program, agency and facility staff.

Assessment, Evaluation and Continuous Quality Improvement

31. Develop universal outcomes that measure the effectiveness of services for the child and family, including outcomes related to improved school attendance and performance, sustained improvement in emotional and behavioral functioning, reduced time in out-of home care, reduction of arrest rates and use of detention centers, and reduction of suicide related behaviors.

32. Obtain and provide the highest quality assessments and use the results to drive services so that meaningful individualized plans for every child, youth and family are developed and implemented; ensure that these plans are strengths-based and culturally competent, and address resource availability and access so as to avoid unrealistic expectations and additional burdens on the family.
33. Promote the development and use of sound, clinically appropriate and effective evidence-based practices or practice-based evidence that are methodologically and/or clinically demonstrated to yield effective and positive clinical outcomes in keeping with the principles of family driven and youth guided care; actively promulgate the development and integration of these effective evidence-based practices and practice-based evidence into all aspects of comprehensive care to enhance clinical practices, supports and services.
34. Conduct research and evaluation, including follow-up and post discharge data collection, to determine effectiveness of services on relevant outcomes such as success in education and work settings, recidivism in mental health and other child serving systems, sustained success in the community, social connectedness and quality of life for the child and other family members.

In addressing the principles espoused in this Joint Resolution, the undersigned recognize the fiscal complexities and realities in providing services. Therefore, we agree to:

35. Commit to working together to identify resources that support the goals, values and principles in this statement, including strategies to support flexible funds and waivers for home and community-based services (e.g., in-home supports services, respite care, mentorship).
36. Commit to creating balance and coordination in funding and capacity between and across home and community-based services and 24-hour out-of-home treatment that reflects the importance of having a comprehensive, linked and flexible array of services and supports and strives to ensure that there are sufficient resources in the community and across systems to support all necessary and appropriate placements while facilitating timely discharge.
37. Create incentives for developing more short and long term home and community services and supports that creatively rebalance, reallocate, realign, reengineer and ultimately reinvest in services to allow for youth and family choice.

The Joint Resolution was officially approved on September 15, 2006 by the Building Bridges Initiative Steering Committee and participants at the Summit.*

Please contact BBI's Executive Director, Mark Nickell, at (510) 432-2278 or via e-mail at marknickell.bbi@gmail.com to convey your endorsement or request additional information. You may also obtain information at www.BuildingBridges4Youth.org.

* Significant work has been done since this document was approved to realize the values and principles that were articulated. Please visit www.BuildingBridges4Youth.org for updates and information.