

RESIDENTIAL CARE IS AN
INTERVENTION
NOT A DESTINATION

RULES

- TURN CELL PHONES OFF
- BE OPEN TO NEW IDEAS
- BE RESPECTFUL OF OTHERS TALKING
- BE A CONTRIBUTOR, NOT AN INHIBITOR
- HONOR TIME LIMITS
- NOTE CARDS IF WOULD RATHER WRITE YOUR IDEAS
- ENJOY! HAVE FUN!!!

Children's Residential & Inpatient

Our task at hand is to develop specific recommendations that have the potential to:

- Increase Access
- Maximize Resources (based on data & cost effectiveness)
- Utilize Best, Promising and Evidence Based Practices
- Improving Quality using research & data
- Sustaining Long Term Positive Outcomes

Oklahoma Inpatient & Residential Facilities

<u>Type of Facility</u>	<u>Total</u>
• Inpatient Acute -	10
• Residential Treatment	14
• Community Based RTC	2
• Residential Crisis Centers	2
• Specialty Units	12
• Border Placements	6
– Acute 3 – RTC 5 – Specialty 2	

In State Locations

<u>Region</u>	<u>Total</u>
Central	6
North East	4
North Central	1
North West	1 (girls RTC only)
South East	1
South West	1

OHCA Behavioral Health Fast Facts

OHCA SFY2012 Annual Report

Behavioral Health Expenditures for Children Younger than Age 21

Category of Service	Expenditures	Members Served
Inpatient (Acute - General)	\$3,614,575	1,343
Inpatient (Acute - Freestanding)	\$7,885,305	1,888
Psychiatric Residential Treatment Facility (PRTF)	<u>\$93,772,253</u>	<u>4,379</u>
Total	\$105,272,133	7,610

Oklahoma State Custody

Inpatient & Residential Expenditures for
State Custody children in 2012

\$22,349,931

21% of expenditures for children who
received Inpatient & Residential care in
2012 was for state custody children

Juvenile Justice System

- Studies have shown that the prevalence of serious mental health conditions is very high for youth in the juvenile justice system, even after taking into account the prevalence of their behavioral problems, such as conduct disorder, which lead to their contact with the system.

Juvenile Justice System

- A review of 25 studies shows that the prevalence of a psychosis is **10.6% for boys** and **2.7% for girls** in the Correctional System (Fazel, Doll, & Langstrom, 2008).
- The Prevalence of less serious disorders is much higher, over **50%** in several studies (Hartney, McKinney, Eidlitz, & Craine, 2003; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Shufelt & Coccozza, 2006).

Child Welfare

- The rate of mental health problems among children in the child welfare system is also very high. The GSMSY finds that **37.5% of children who are ever in foster care have a serious emotional disturbance, compared to 4% of all children** (Farmer et al., 2001).

Generalizing Gains to the Real World

- Youth in residential treatment often make gains between admission and discharge, but many do not maintain improvement post-discharge (Burns, Hoagwood & Mrazek, 1999).
- Similarly, any gains made during a stay in residential treatment may not transfer well back to the youth's natural environment, creating a cycle where children are often repeatedly readmitted (Mercer, 2008).

Trauma Informed Care

- A significant number of children and youth served in residential treatment programs have suffered overwhelming stress and trauma prior to placement.
- Residential programs have typically striven to create safe, comfortable, and nurturing environments in which children could work through issues and develop new skills.

Unfortunately, some residential programs have also implemented practices and interventions that have at times had the unintended effect of re-traumatizing the youth or triggering traumatic reenactments

Many organizations have implemented changes to become more trauma-sensitive, but it is important that programs keep pace with the advances in knowledge generated by the explosion of neurobiological research in the past decade.

Best Practices

- Best Practice Models are important, but Research shows that **Sustained Positive Outcomes** for Residential/Inpatient Care come more from **Family Driven and Youth Guided Care** rather than any particular model.
- The following models are evidenced based and best practice. Implementing these models in both inpatient and outpatient settings will assure children and families that services will continue to be available in their home communities when they discharge.

Current Trends & Best Practices for Inpatient & Residential

Functional Family Therapy

- Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for acting-out youth.
- A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families.
- Other goals include helping family members adopt positive solutions to family problems, and developing positive behavior change and parenting strategies.

Trauma-Focused Cognitive Behavioral Therapy

- **Trauma-Focused Cognitive-Behavioral therapy** is the most well-supported and effective treatment for children who have been abused and traumatized.
- It has been rated a **Model Program** and **Best Practice** for use with abused and traumatized children.

Multisystemic Therapy (MST)

- Multisystemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends.

Collaborative Problem Solving

- **Collaborative Problem Solving (CPS) has two major tenets:**
- **First**, that social, emotional, and behavioral challenges in kids are best understood as the byproduct of lagging cognitive skills (rather than, for example, as attention-seeking, manipulative, limit-testing, or a sign of poor motivation)
- **Second**, that these challenges are best addressed by resolving the problems that are setting the stage for challenging behavior in a collaborative manner (rather than through reward and punishment programs and intensive imposition of adult will).

Building Bridges Initiative

Advancing partnerships among Residential and Community-Based service providers, Youth and Families to improve lives.

BBI Mission

- Identify and promote practice and policy initiatives that will create strong and closely coordinated **partnerships and collaborations** between families, youth, community and residentially-based treatment and service providers, advocates and policy makers.

BBI Core Principles

- ✓ Family Driven & Youth Guided Care
- ✓ Culturally & Linguistically Competent Services
- ✓ Individualized and Strengths-Based
- ✓ Comprehensive, Integrated and Flexible
- ✓ Research Based, Evidence and Practice Informed
- ✓ Sustained Positive Outcomes
- ✓ Accessibility & Community Involvement
- ✓ Transition Planning & Services (between settings & from youth to adulthood)

Examples of Where BBI is Happening

- Comprehensive State initiatives (MA, IN, NH – initially 6 residential programs, CA – initially 4 regions)
- Initial State level activities (AZ, DE, FL, OK, WA, WV & Georgia; in CA & MD)
- County/City level initiatives (City: NYC; Counties: Monroe/ Westchester, NY & Maricopa, AZ)
- Many individual residential and community programs across the country

BBI in Massachusetts

- Adoption of BBI framework for Rebidding Process
- Adoption of Interagency Restraint/Seclusion/Six Core Strategies©
- Commitment to trauma-informed care
- Development / expansion of Family & Youth roles
 - Parent Partners
 - Peer Mentors
- Development of:
 - Occupational Therapy in more intensive programs
 - High intensity community services

Children's Recovery Center Implements Sanctuary Model

- 2004 CRC began working on organizational change to become trauma informed
- 2005 ODMHSAS awarded a Seclusion & Restraint grant from SAMSHA
- 2010 Data indicated a decrease from a high of 48 seclusions/restraints per month in 2005 to a low of 2 per month in 2010,
- Decrease of 96%.

Oklahoma Building Bridges Initiative

- **August, 2012** – Established the official Oklahoma Building Bridges Initiative Work Group
- **November, 2012** – Webinar explaining the Building Bridges Initiative
- **January, 2013** – Oklahoma Building Bridges Kick Off Summit

WHAT CAN RESIDENTIAL
PROGRAMS DO?

Change is Reality

“You never change things by fighting existing reality. To change something, build a new model that makes the old model obsolete.”

Buckminster Fuller

What Residential Facilities Consistently do Well

- Safety
- Stabilization
- Protection of Community
- Time to Plan
- Diagnostics
- Improvement in Referral Behaviors

Possible Recommendations for Workgroup to Focus On

- All Staff Trained in BBI Principles/Best Practices
- Improve Collaboration with Community Providers
- Implement Evidence Based & Best Practices
- Reduce Recidivism Rates
- Reduce number of Medications
- Increase Family & Youth Involvement/Engagement
- Generalizing Gains to the Real World
- Reduce Physical Restraints and Seclusion
- Workforce Development
- Overall Health & Wellness

Suggestions From Workgroup