

Building Bridges for the Future: Working Together for Children and Families

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The Building Bridges Initiative (BBI)

Advancing Partnerships. Improving 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 to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.

Advancing partnerships among residential and community-based service providers, youth and families to improve lives.



BBI Core Principles

- Family Driven & Youth Guided Care
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)

Advancing partnerships among residential and community-based service providers, youth and families to improve lives.



Some of the Critical Issues

- Research on residential effectiveness
 - Short-term gains from residential treatment are often lost after discharge (Curry, 1991).
 - Gains made may not transfer well back to the youth's natural environment, creating a cycle of readmissions (Mercer Government Human Services Consulting, 2008).
 - Youth may learn antisocial or inappropriate behavior and show increases in:
 - delinquent behavior
 - substance use/misuse
 - violence
 - adult maladjustment (Dishion, McCord & Poulin, 1999).

Advancing partnerships among residential and community-based service providers, youth and families to improve lives.

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Critical elements

- Residential-specific research shows improved outcomes and stability post-residential with:
 - Shorter lengths of stay
 - Increased family involvement

(Walters & Petr, 2008)

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Getting Ready in Louisiana

- Plans to launch a BBI effort here
 - Initial focus on PRTF
 - Use of a learning collaborative approach
 - Provide opportunities for education, technical assistance and support

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The Children's Village

A Transformational Journey: From Campus to Community to a Continuum of Care



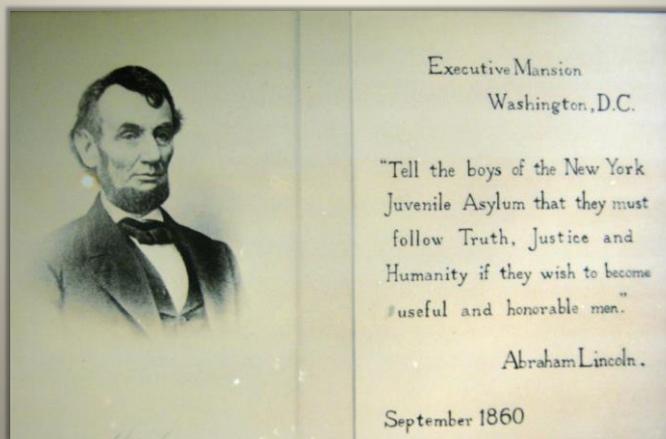
**the children's
village**
Keeping Children Safe and Families Together

The Children's Village transformed from a primarily residential services agency to a leader offering comprehensive service options

- **Our History**
- Our Turning Point and Evolution
- How we did it
- Where we are today



The Children's Village's early approach to caring for children in residential settings was endorsed at the highest levels of government



The Children's Village was initially established in 1851 to care for teens who committed petty crimes

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Over time, The Children's Village residential program grew in response to the burgeoning needs of a rapidly growing city

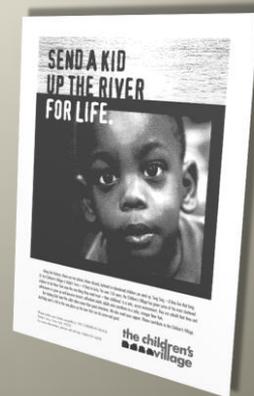
- At its peak, approximately 1,000 children were housed
- Mainly served "wayward" immigrant children
- Philosophy was to send children away to other parts of the country for "rehabilitation"
- Children were served on Campus or put on the Orphan Train



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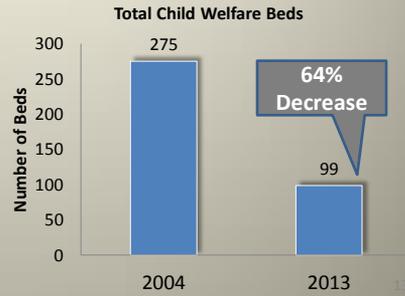
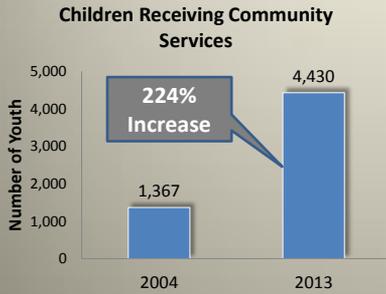
The Children's Village adapted to the times; however, its residential programs remained its core service up to the 1980's

- Moved from large dormitories in NYC to smaller cottage-based settings in Dobbs Ferry (320 beds) in the early 1900s
- Served youth with diagnosable needs; First psychiatrist in 1943
- Intentionally separated from family and community; children were placed to be "fixed"
- Funding for residential shifting from private to public sources in the early 1970s

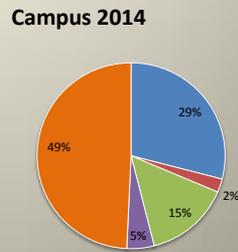
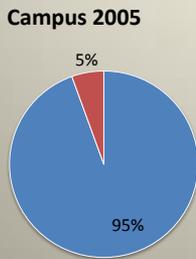


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The Children’s Village proactive leadership helped establish the agency as both a residential and community-based provider.



The Children’s Village adapted the use of its campus-based services to meet the needs of multiple populations of children.



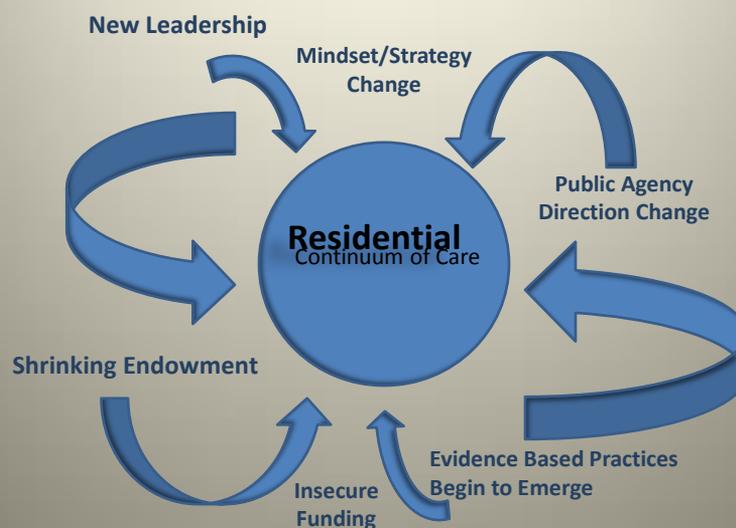
RIC - Rapid Intervention Center
 NSP - Non-Secure Placement
 LSP - Limited Secure Placement
 TRAC -Transitional Residence for Alien Children

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The Children's Village was known primarily for its residential programs; until a convergence of factors propelled us to change course



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One of the major drivers of The Children's Village's transformation was a shrinking endowment



Spent more than the endowment was earning annually

Used Endowment to provide salary increases

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A different orientation and direction charted by new leadership was instrumental in repositioning Children's Village for transformation

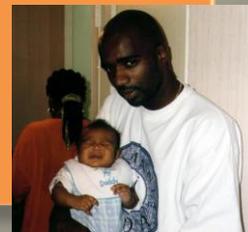
Old Leadership

- Children were viewed as mentally ill
- Residential care was replacing psychiatric hospitals
- Strong critic of public agencies

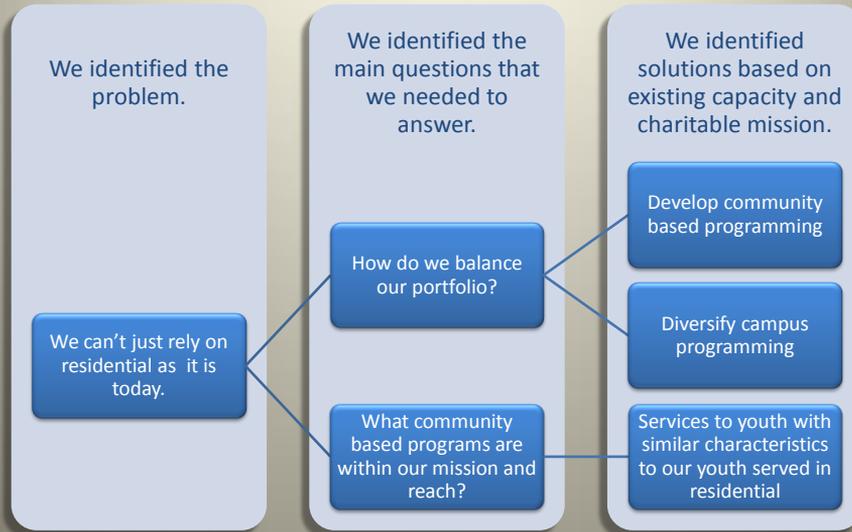


New Leadership

- Focused on skills building
- Normalization of youth
- Challenged language to become more strength-based
- Partnered with public agencies
- Built positive relationships with public funders and families



The Children's Village adopted a self-assessment process to confront the challenges the agency was facing



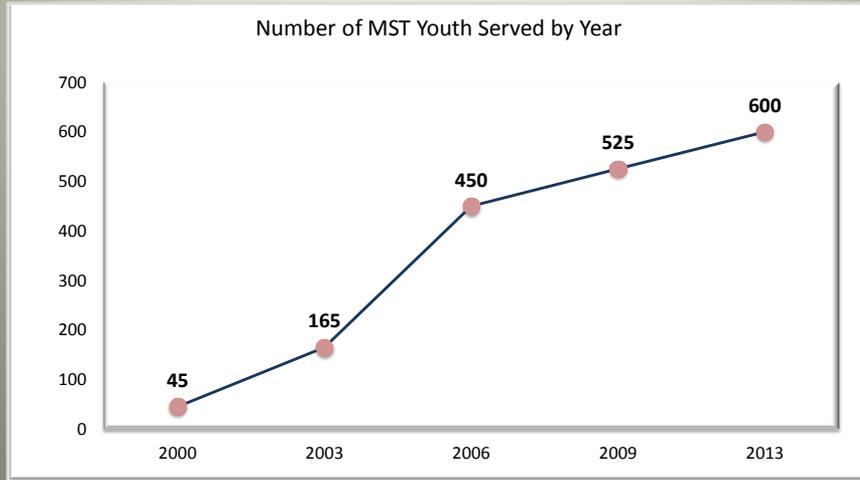
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Children's Village developed key programs that helped accelerate its transformation.



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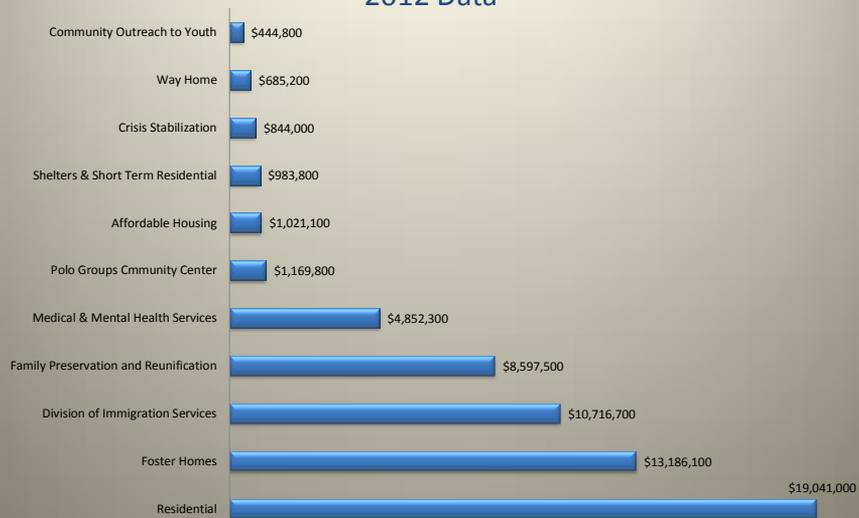
The Children's Village implemented key evidence-based models to treat youth in the community and grew our expertise



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Today, Children's Village has a diverse business model with a broad array of services

2012 Data



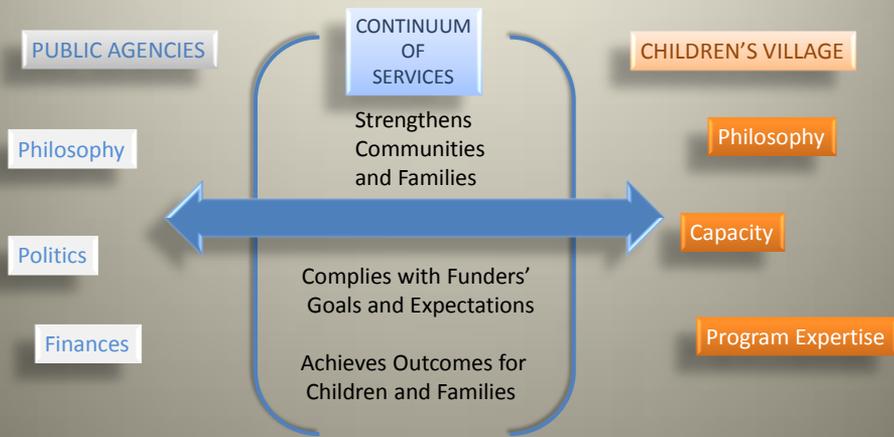
The Children's Village transformed from a primarily residential services agency to a leader offering comprehensive service options

- Our History
- Our Turning Point and Evolution
- **How we did it**
 - **Redefined our Role**
 - **Redesigned our Residential Services**
 - **Expanded our Community-based Services**
- Where we are today

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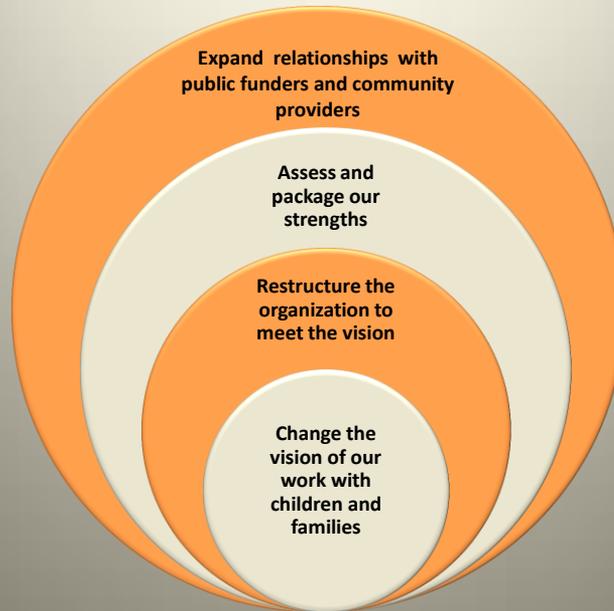
To succeed, The Children's Village needed to understand its role in ever-changing environment

Public Agency/Private Agency System



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Our transformation required a critical realignment of our internal and external structures and relationships



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In order to make the shift, Children's Village needed to rethink our assumptions about our vision and mission

Past Vision

"... The Children's Village is... dedicated to the treatment and prevention of emotional and behavioral problems of children and families".



Present Vision

"...to work in partnership with families to help society's most vulnerable children become educationally proficient, economically productive, and socially responsible members of their communities."



Our vision shaped how we invested our resources

Past Investments

- Focused on mental illness and pathology by investing in therapists, psychiatry , etc.
- Stuck in the old model of maintaining brick and mortar facilities to serve youth
- Trained staff to work with mentally ill children



Present Investments

- Focus on building relationships by investing in parent and youth advocates and permanency specialists and a family service coordinator
- Streamline administrative expenditures to reinvest in community offices
- Invest in community-based services
- Retrain staff and recruiting with different skill sets



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Children's Village adopted a family-centered philosophy to drive the restructuring of its services

Old Service Approach

- Group homes serving older youth leaving residential care
- Services for aging out youth were non-existent
- More youth with the goal of Another Planned Permanent Living Arrangement (APPLA)
- We need to "fix" families
- *We represent the out-of-home care system*



Today's Service Approach

- No group home care
- Serving 400 youth in foster care with family finding and matching services
- Pro-social activities via community centers
- Provide preventive and in-home services
- *We represent the family preservation system*



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Children's Village realigned with progressive community providers and other thinkers to create new synergies



Children's Village decided to capitalize on our history, relationships and existing assets to respond to emerging opportunities

- ✓ **Our roots are with immigrant children and teens**
- ✓ **We already have existing programs throughout NYC and the Lower Hudson Valley**
- ✓ **We have a positive reputation as a large player with capacity**



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Children’s Village built strong relationships and credibility with public agencies to meet their needs and influence their agenda



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Children’s Village’s transformation was guided by the belief that residential care should be an intervention, not a destination

Past Residential Philosophy

- Employed a mental health model
- Focused on pathology
- Youth average length of stay was over two years



Present Residential Philosophy

- Apply emergency room model: triage, stabilize, treat and discharge with supports
- Treat youth with acute/high-risk behaviors who are repeatedly unresponsive to community-based interventions
- Incorporate evidence-based models into residential and transitional care
- Youth average length of stay is under one year



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Children's Village utilized administrative, program and clinical approaches to redesign its residential programs

Administrative

- Sought more diversified funding streams
- Increased capacity to provide skills-based programs

Programmatic

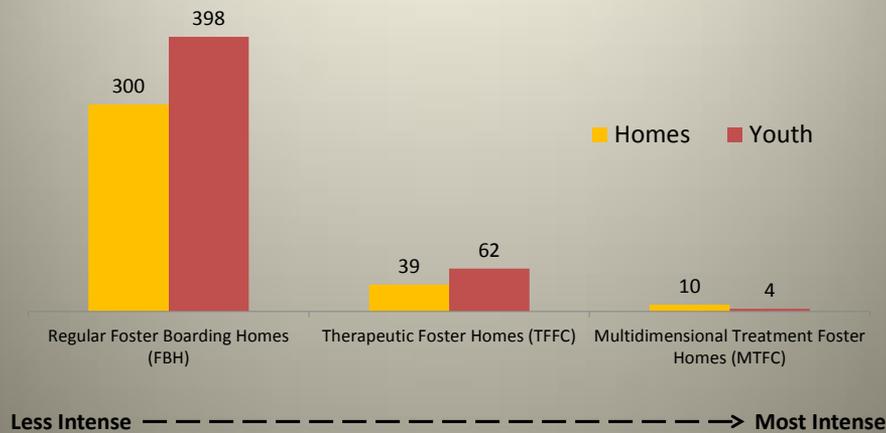
- Therapist services embedded into cottage programming
- Created Parent Advocate position to increase family engagement

Clinical

- Introduced evidence-based models into the therapeutic milieu
- Adopted a family-centered approach

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The Children's Village grew its continuum of community-based foster homes and added evidence-based models



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Children's Village invested in high-risk communities to strengthen families and create opportunities

The Polo Grounds

- Community center located within a housing project
- Provide afterschool and out-of-school enrichment programs for children
- Adult recreation



Bridge Builders

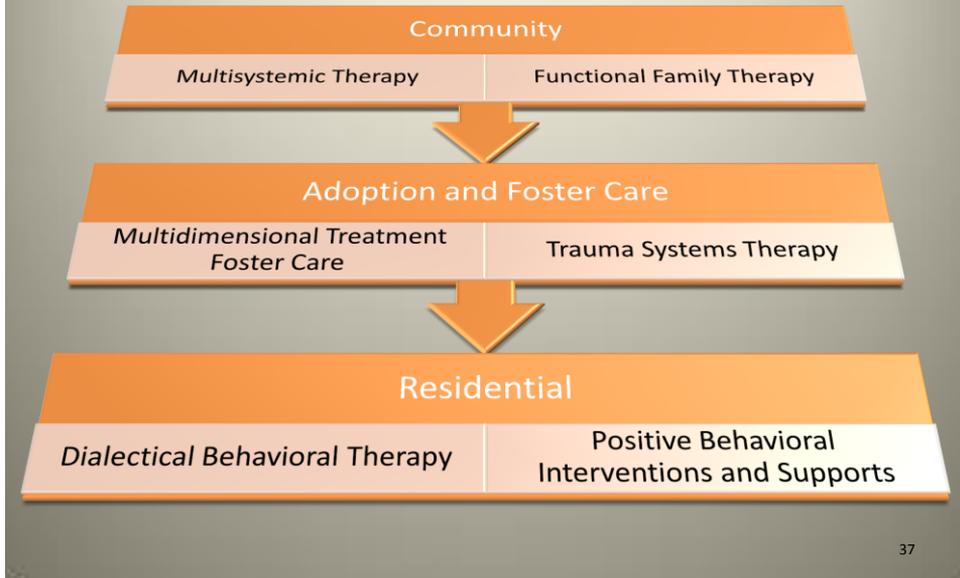
- Community advocacy and referrals
- Coordination for foster care
- Serves a single community in the Bronx



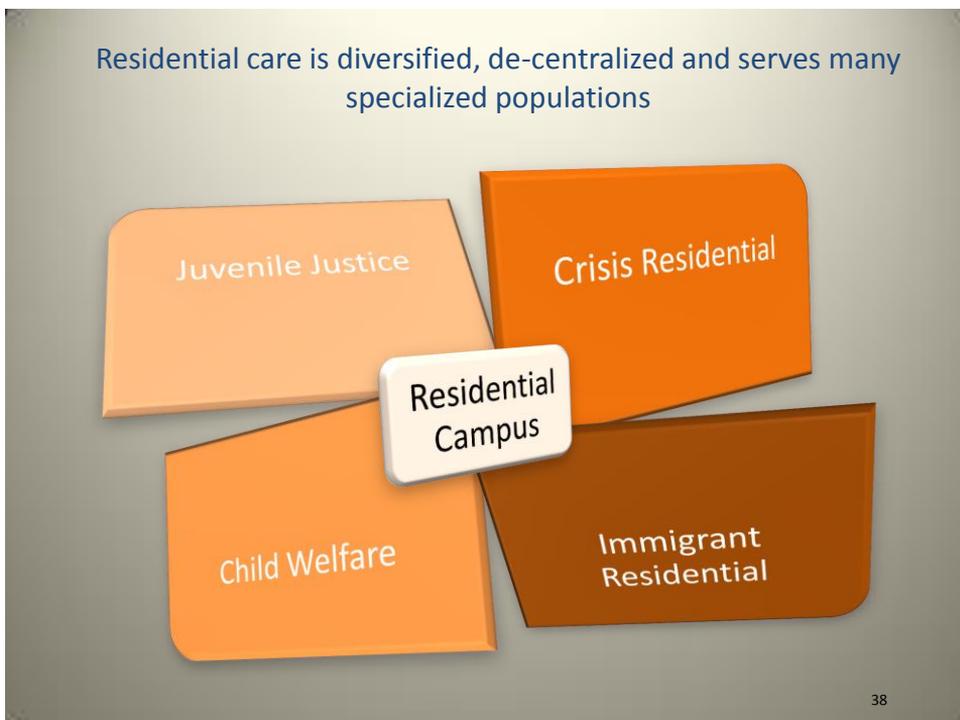
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Evidenced-based models are implemented throughout the continuum of care



Residential care is diversified, de-centralized and serves many specialized populations



While The Children's Village has made great progress, addressing and confronting current challenges as they surface is ongoing

How do we strengthen collaboration across programs to best serve children and families?

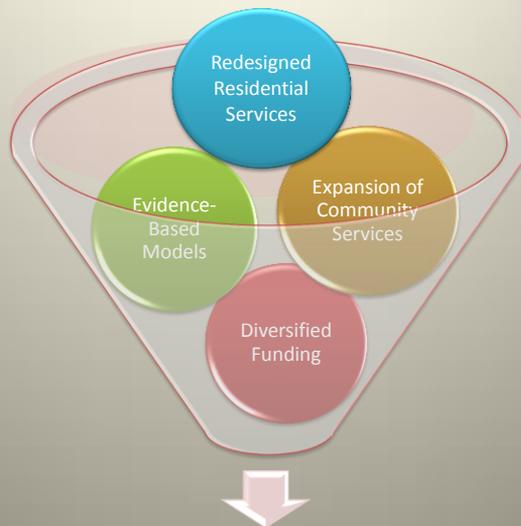
Now that we diversified, how do we keep ourselves unified?



Mona Swanson, Chief Operating Officer

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Recognizing and adapting to uncertainty and change was critical to guiding The Children's Village through its transformational journey



The Children's Village: A Thriving and Vibrant Organization

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Thoughts/Questions

