

Moving New York City Community Residential Programs to the Family-driven and Youth-guided Care Arena: Program Evaluation and Survey Analysis

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Overview/Goals

Provide attendees with:

- ❖ An Overview of Systems Improvement/ Change Initiative in New York State (NYS) for *Community Residential Programs (CRP's)
- ❖ A Description of Strategies utilized in New York City (NYC) for ensuring Successful Implementation of Best Practices
- ❖ A Description of Methods and Analysis used to Assess Program Improvements
- ❖ A Review of Planned Next Steps & Limitations of Study and an Opportunity for Discussion

*NYS CRPs include: Children's Community Residences; Family Based Treatment; Teaching Family Homes and Crisis Residences

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Overview of Systems Improvement/ Change Initiative in NYS for CRP's

- NYS OMH Established Core Values from the Literature and Cultural Competent Best Practices:
 - Strength-based
 - Individualized/Flexible/Trauma Sensitive
 - Family-driven/Partnerships
 - Youth-guided/Empowerment
 - Short-term/Community Integrated
- Statewide Planning Process to Develop Training Program (including youth/family members)

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Overview of Systems Improvement/ Change Initiative in NYS for CRP's

- Formal ongoing Advisory Group (Planning, Oversight and Quality Improvement Activities)
- Training Programs provided Community Residential Leadership and Clinical Staff with Expectations to Operationalize Core Values, providing a range of specific staff interventions and program practices to implement
- Families/youth played active role in all training programs

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Overview of Systems Improvement/ Change Initiative in NYS for CRP's

Mandated Training Programs:

- Core Curriculum (two-day training)
- Annual Leadership Forums
- Advisory Group input, formal surveys to the field & feedback from training evaluations resulted in development of additional 1-day training programs to increase staff understanding of and skills in:
 - Control to Collaboration (Basic and Advanced Programs)
 - Family-driven Care
 - Successful & Sustained Transitions/Youth-guided Care
 - Trauma Informed Care
 - Leadership only trainings (family-driven/transitions or youth-guided/control to collaboration)

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Description of Strategies utilized in NYC for ensuring Implementation of Best Practices

Note: Community Residential Programs are considered High-end Services, referrals are through Children's Single Point of Access & *CANS - MH threshold must be met or referred for services

- *Two full-time Family Advisors & one full-time Youth Involvement Specialist (advocates with lived experience) full partners in all culture change activities*
- *Monthly meetings for Program Leadership (e.g., group clinical consultation; focus on specific values/practices; networking)*
- *One-to-One personal relationship between program leadership/clinical staff with NYC designated oversight staff (value-based problem-solving; issues brought up by both program staff and NYC staff)*

* The Child and Adolescent Needs and Strengths Assessment – Mental Health version
(www.praedfoundation.org)

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Description of Strategies utilized in NYC for ensuring Implementation of Best Practices

- *NYS oversight staff phone number provided to all families & youth in community residential programs (a person they can call with concerns/complaints)*
- *New programs mentored by existing programs that have met with success*
- Inclusion of Parent Advocates & Youth Advocates at all meetings & training programs
- On-site program consultation & case presentations as well as Peer case consultations

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Description of Strategies utilized in NYC for ensuring Implementation of Best Practices

- Written "homework" assignments after leadership trainings
- Semi-annual meetings for mid-management & line staff (focus on specific values/practices; networking)
- Reporting/tracking/follow-up to incidents, issues – using debriefing against core values/practices
- Additional training programs on needed topics
- Surveys/self-assessments

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A Description of Methods and Analysis used to Assess Program Improvements

SURVEY RESULTS

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Methods – Survey Implementation

- Survey forms were distributed to 18 Children's Community Residences & Family Based Treatment programs in NYC
 - Program Management & Program staff (N=75)
 - Youth (N=46)
 - Family (N=40)
- Purpose was to determine the extent to which programs had implemented Family-driven & Youth-guided components and to compare youth, family & staff assessments of this.
- Surveys contained overlapping core items related to family driven and youth guided program enhancements

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Methods-Analysis

Descriptive Analysis

- Respondent demographics were tallied;
- Frequency of Staff responses on the extent to which family and youth program enhancements were implemented were tallied;

Chi-Square Tests were used to compare:

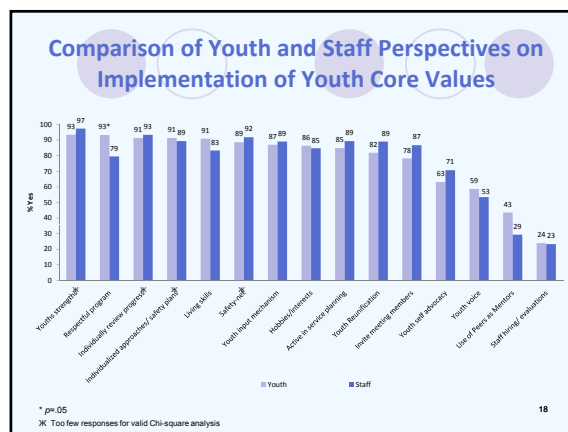
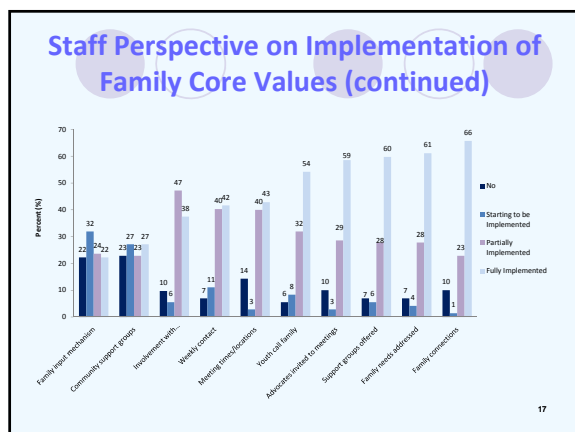
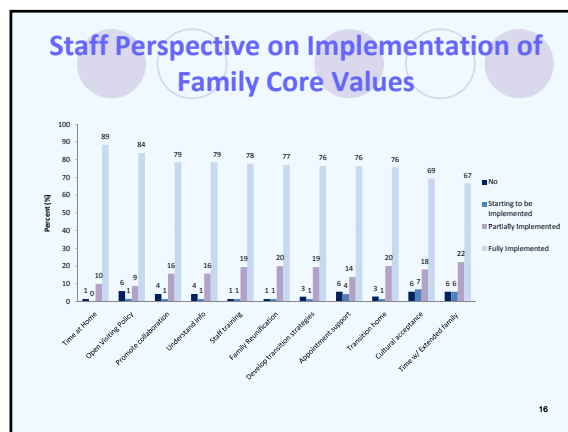
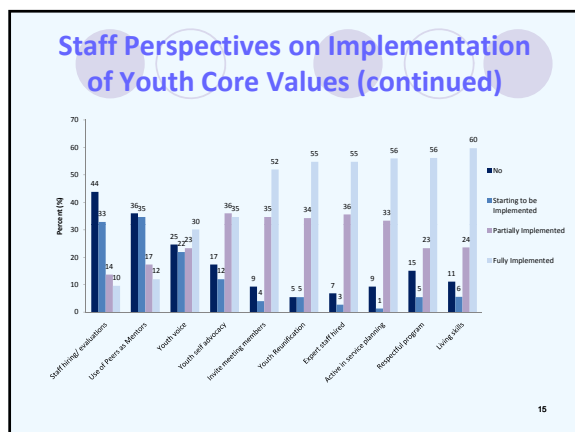
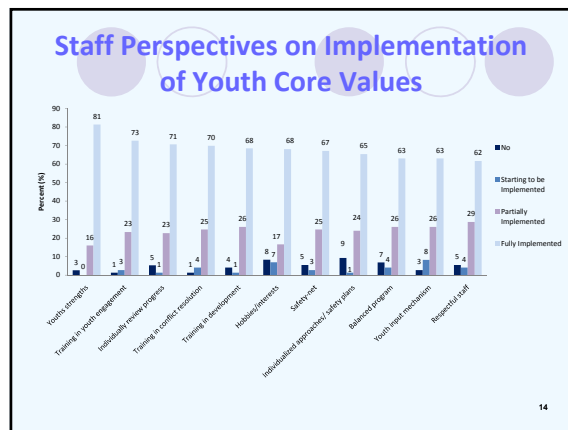
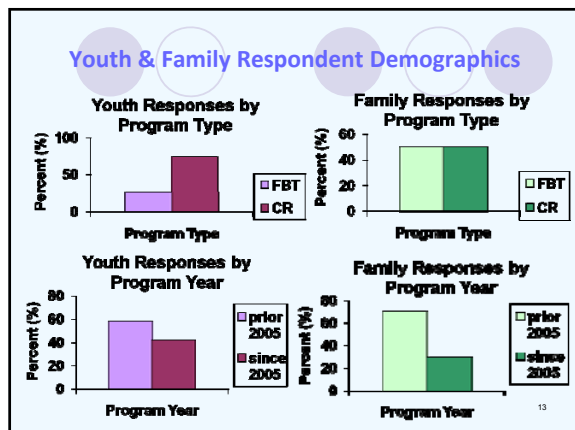
- Staff and youth perspectives on core items relating to youth guided program components;
- Staff and family perspectives on core items related to family driven program components;
- Staff, family or youth perspectives on youth guided and family driven program enhancements by program type (FBT/CR);
- Staff, family or youth perspectives on youth guided and family driven program enhancements by whether the program was operational before and after the intervention or after only (CR only)

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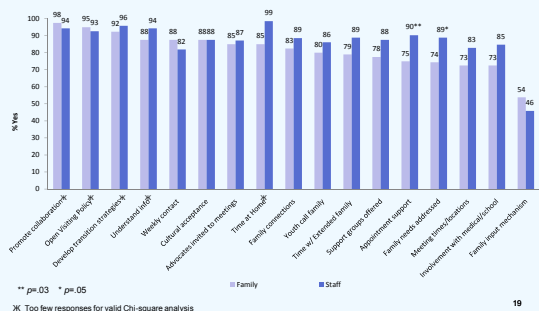
Staff Respondent Demographics



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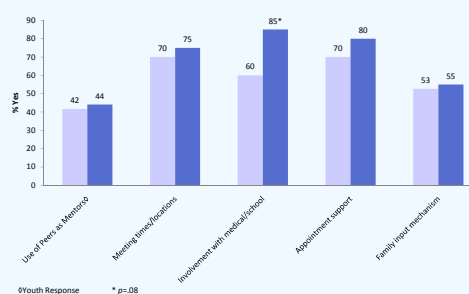


Comparison of Family and Staff Perspectives on Implementation of Family Core Values



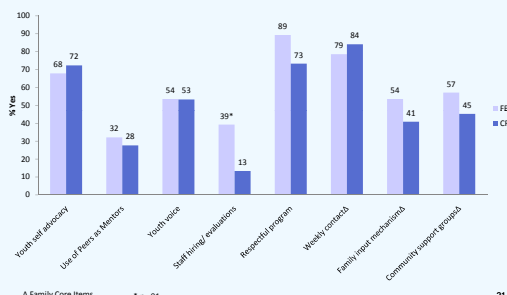
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Comparisons of Youth and Family Perspectives by Program type



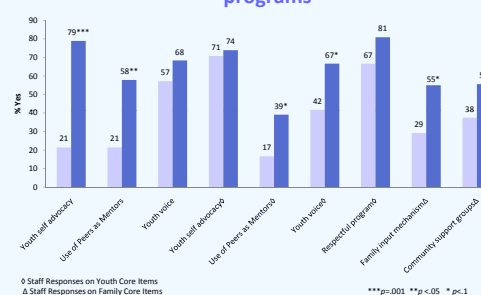
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Comparison of Staff Perspectives by Program Type



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Comparisons of Youth or Staff perspectives by whether the program was operational before the intervention (Pre 2005) or after the intervention (Post 2005) for CR programs



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Limitations of Study

Examples of Limitations of Study:

- Survey: needs to be validated
- Survey/a different evaluation project: needs to assess which components most important, or if truly a combination of statewide activities and locale specific oversight/leadership activities must be combined
- Outcome data: Need to develop a mechanism to collect long-term outcome data for youth once they leave programs

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Continue focus on youth-guided care:

- **Youth Involvement Specialist (YIS) has leadership role in the planning of policy and changing the system at local and state-wide levels**
- **The Youth Experience**
 - o **Once a month group focused on: support/socialization/leadership/advocacy** (youth from FBT and CCR programs are integrated with youth receiving services through non-residential programs and across systems)
 - o **Develop advocacy skills; (focus groups for NYS OMH & NYC DOHMH; Youth Forum & Speak Out conducted in partnership with Youth in Progress)**

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Continue focus on youth-guided care:

- YIS conducts program site visits to assess the youth guided practices and provides technical assistance
- Youth, advocates &/or Youth Involvement Specialist (YIS) participate as co-trainers in all training programs
- YIS participate in range of other activities (i.e. program audits; program director meetings; NYS Children's Plan; City-wide Oversight; regional youth advisory council)

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Planned Next Steps

Examples of Next Steps:

- Successfully engage executive leadership of agencies
- Expand # of programs with family advocates and/or youth mentors/advocates as staff
- Develop an ongoing mechanism to solicit feedback from existing leadership of community residential programs to identify barriers and solutions

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Discussion or Questions ???

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Examples of Youth-guided Practices Implemented in NYC as a result of Initiative

- Service planning & treatment interventions are individualized; youth-friendly and innovative.
- Assessment and service planning focuses on strengths (youth & family), talents, and skills that can lead to social, education and career goals.
- Discharge planning begins pre-admission at referral/intake.
- Programs have begun to educate youth to lead their own service planning meetings and/or use family network or child and family team meeting format.
- Youth are educated about their illness & how to self-regulate (different calming techniques, medication, etc).
- Programs are encouraged to develop individual Safety or Crisis plans for each youth in Community Residences (CR) & Family-based Treatment (FBT)

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More Examples of Youth-guided Practices in NYC

- CR's have community meetings, many have youth lead. All programs are required to have youth & families on advisory councils to the program/agency. Many FBT programs have youth groups/councils.
- Socialization & Recreation programs are focused in the community not in the residence, many programs have begun to focus recreation within the youth's community and with their own family (i.e. go to movies with cousins, not staff).
- Youth are involved in the interview process for hiring new staff and serve as co-trainers for staff in sessions of orientation and ongoing training programs.

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Examples of Family-driven Practices Implemented in NYC as a Result of the Initiative

- From day one (referral/intake) family are involved in making decisions. No child is admitted to residential care without the *TRIAD agreeing it is the right place. (even when DSS is involved families are invited to the table unless court order)
- Families are given an opportunity to visit the CR & the FBT home that is being considered prior to admission to residence; there is a matching process that includes overnights.
- Once youth is admitted families are invited to come to the CCR; THERE ARE NO VISITING TIMES/24/7 ACCESS .
- Families are encouraged to join their child for dinner, to help with homework, to tuck the child in nightly or to call and read a bed time story or say 'good night'
- Program staff call family members regularly, many programs have staff call daily to share something positive the youth has done or just inquire about the family member is doing.

(* includes youth, their family & legal guardian (FBTP includes FBT parent) and the provider - have equal voice in the matching)

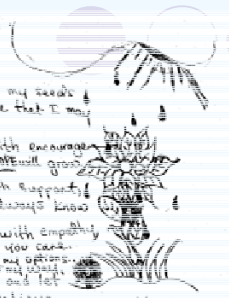
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More Examples of Family-driven Practices in NYC

- Siblings & families are regularly invited to BBQs, holiday celebrations, field trips to amusement parks, and all vacations, etc.
- Families are invited to cook special meals at the CR
- With the diversity of so many different ethnic cultures in NYC, residential programs have responded with planning different ethnic meals & events, including extended family members
- Parental role stays with family Not the provider - not just legally. For example, families:
 - set the time & location of service plan meetings;
 - are asked the best time to take their child to the doctor/dentist (staff may arrange transportation & accompany);
 - sign Report cards, shop for prom dress, share decisions with youth about haircuts, etc.

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On Youth Driven Care...



- Help me discover my seeds of potential; those that I may not know.
- Rain on me with encouragement so that HOPE will grow.
- Shower me with support; so that I'll always know what I need.
- Shine on me with empathy and let me know you care.
- Help me identify my options; so that I can find my way.
- Don't stop back and let me work to achieve... what I only dream of today!!

- Crystal Anderson-Shirley S.I
10/17/09 @ 1:00 pm

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