Story of Transformation: From Orphanage to Community-based

Presented by:
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Commitment. Determination. Results.

• Stanford Youth Solutions is a 113 year old organization that has:
  – Focused on children and young people
  – Innovated with the times, transitioning from Orphanage → school and group home → community-based
  – Changed its name to reflect its commitment to serve children in least restrictive settings.
A Story of Transformation

1900

2013
Stanford’s transformation is about innovating with the times— from orphanage, to school and residential, to community-based

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<td>1900</td>
<td>1937</td>
<td>1980’s and 1990’s</td>
<td>2006</td>
<td>2012</td>
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| An orphanage “home for friendless children” | Stanford Home for Children | • Adopted family centered practice principles | • Closure of group homes  
• Implementation of first evidence-based practice | • New name to reflect the changes  
• 100% community-based services |   |
|   |   | • Changed to local focus over time |   |   |   |
|   |   | • Moved toward Implementation of community-based mental health programs (2000) |   |   |   |
Stanford Home’s model had problematic consequences for families, kids, staff and the agency.

1999 MODEL:
• Residential treatment (group home) provider
• Non-public school provider
• Most youth referred from other counties
• No formal mental/behavioral health services
• Limited Foster Care
• No research department

CHALLENGES:

Family:
• Family members are absent or excluded
• Family members are not consulted on potential solutions
• Family needs are not addressed

Youth:
• Youth live long distances from home
• Existing placements are unstable
• Multiple placements for youth

Staff:
• High staff turnover
• High Worker’s Compensation costs
• Low employee satisfaction

Agency:
• Inconsistent staffing
• High liability
• High facilities costs
Are we getting the results we intended?

• Began to evaluate how our youth were functioning before and after placement in our group homes

• Analyzed critical incidents in group homes
  – High risk behavior of assaults & aggression
  – Youth triggered each other
  – Staff injuries
From 1999 to 2005 - Our approach shifted to more community-based and evidence-based work

**Philosophy and methods:**
- Informally began adopting a family centered practice approach
- Commitment to serve local youth

**New programs and services:**
- Opened a Wraparound program
- Opened a Therapeutic Behavioral Services (TBS) program
- Opened an Intensive Treatment Foster Care Program

**New infrastructure:**
- Created a research department
- Initiated a randomized experiment comparing Wraparound with Residential Treatment (2005)
- Allocated slots for mental health treatment services within residential program
What is family centered practice?

- Strength-based
- Family participation “voice and choice”
- Community-based
- Outcomes driven
- Needs driven
- Unconditional care and regard
- Culturally competent
- Individualized child and family teams
Our first internal comparison study in 2005 persuaded us that evidence-based community programs were the way to go.

COMPARISON STUDY OF RESIDENTIAL TREATMENT AND WRAPAROUND SERVICES

Total CAFAS Score at Intake and Discharge (N=37)

At discharge, the youth receiving Wraparound services were functioning better than the control group.
Making the shift to community-based

- Required new partnerships
- Partnered with community stakeholders and funders
- Engaged board members as champions for change
- Required leadership to communicate the vision
- Involved staff at all levels of the agency
- Developed new programs with a goal of stability and permanency in community-based settings
2005- Stanford articulated a bold vision to close non-public school and group homes

- Expanded community-based mental health services
- Provided mental health services in group homes
- Engaged in transparent communication with all levels of staff
- Gradually moved youth to neighborhood schools and reduced size of each group home
2006 - Critical Year in Stanford Home’s history

- Formally articulated its commitment to family centered practices
- Expanded research department
- Closed non-public school
- Closed group homes
- Opened Juvenile Justice Program
- Brought Evidence-based practice (EBP) to the agency
“Our results found that kids (mostly adolescents) who enter group home placements are about two-and-a-half times more likely to enter the juvenile-justice system relative to similar kids, with similar backgrounds, who are served in foster-home settings”

– Joseph Ryan, a professor in the Children and Family Research Center (CFRC)
The community context helped to drive change

- Major Juvenile Justice facilities closed between 2004 and 2009
- Youth Center closed in 2009
- Boys Ranch closed in 2010
- CPS group home use dropped by over 400% over the past 10 years
- Probation decided to close its group homes in 2010
From 2009 -current, we continued our commitment to outcomes and community-based services

- Expansion of evidence-based practices
  - Functional Family Therapy (FFT)
  - Aggression Replacement Training (ART)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Parent Child Interaction Therapy (PCIT)
  - Wraparound (Promising Practice)

- Client and caregiver satisfaction surveys
- Routine collection of assessment data
- Benchmarking to compare our data to similar organizations in California and Nationally
Our most troubled youth experience significant improvements in functioning

Total CAFAS Score at Intake and Discharge from Wraparound Since Inception through June 2012 (n=167) (Youth with Intake Score >= 100)

Mean Total CAFAS Score (higher number signifies higher degree of impairment)

Timeframe
- Intake (Mean Since Inception = 123.2)
- Discharge (Mean Since Inception = 75.2)
Today Stanford Youth Solution’s operates family-centered mental health programs and services
Community Based Outpatient Mental Health Program

• Able to vary the type, location, frequency, duration, and intensity of outpatient mental health services in accordance with clinical needs

• Clinicians utilize evidence-based practices (EBP)

• Goals
  – 1) increase behavioral and mental health functioning
  – 2) strengthen family relationships
  – 3) decrease contact with psychiatric facilities and law enforcement
  – 4) Increase connection to community resources and supports
Wraparound Program

- Intensive services
- Youth in residential placement
- Permanency focused
- Child Family Teams
- Mental Health interventions
- 20 hours of service per month per youth
- Transition youth from out of state placements back home
- Serving older youth – Transition Age Youth (TAY)
Therapeutic Behavioral Services (TBS) Program

- Serving youth at risk of higher level of care or hospitalization
- Intensive service
- Adjunct service
- Functional Behavioral Analysis/Plan/Implement
- Caregiver education and training
- 24/7 capable service
Juvenile Justice Program

- Collaboration with County Juvenile Probation Department including in-person case coordination meetings with field officers

- Functional Family Therapy (FFT) provided to every youth and family

- Reduces criminal behaviors and risk factors, while enhancing protective factors, and improving family relationships

- Links youth to pro-social activities and family to community supports
Foster Care Program

• Intensive Treatment Foster Care
  – Alternative to residential care
  – Family setting
  – 1 child per home, exceptions for siblings
  – Intensive in home support
  – Highly trained resource parents

• Therapeutic Foster Care

• Youth ages 0-21

• Transitional Age Youth (TAY)
Stanford is committed to partnering with families and youth

- Director of Family Partnership
- Lead Youth Peer Mentor
- Participation on interview panels
- Membership on Executive Team
Changing expectations and frontline practice takes time

- Involve staff at all levels of the culture shift
- Develop programs that focus on placement stability and long term improved functioning
- Involve key people as champions for change
- Partner with community stakeholders and funders
- Hire those who value community-based services and provide extensive training
Since our shift to community-based, we have experienced better results

- Better outcomes for youth and families
- Fiscal strength
- Reduced employee turnover
- Stronger relationships with community partners
- Reduced liability for the agency
Employee satisfaction continues to improve over time.
Improved Outcomes

• Successfully transitioned 72% of youth living in residential placements to family settings

• Nationally recognized for our Juvenile Justice Program

• Statistically significant increase in functioning for youth served in Community-based mental health programs per CAFAS scores

• 87% Satisfaction from youth and families
Today!

VISION
We envision a community where every young person has strong and permanent connections to family and the opportunity to develop as a healthy and productive adult.

MISSION
Inspiring sustainable change for young people and their families and empowering them to solve serious challenges together.

SERVICES
PEOPLE
INFRASTRUCTURE
IMPACT

VALUES
Accountability Excellence Innovation Partnership Empowerment Integrity

Stanford Youth Solutions
Thank You!

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