

Glossary of Key Terms

Building Bridges Initiative: Self-Assessment Resources

Building Bridges Initiative: A national effort to advance a set of values and principles for comprehensive, coordinated, and collaborative community approaches to address the needs of children with significant emotional and behavioral disorders and their families when a child's is in a residential treatment program. These values and principles are articulated in a Joint Resolution that was developed at a nationwide "summit" of family members, youth, and professionals in June 2006. Since that time, several workgroups have elaborated on aspects of the Joint Resolution, (including at a follow up summit in September 2007) to articulate strategies that support best practices and effective collaboration between providers of residential and community-based services and supports.

Child and Family Team (CFT): A team of people that includes, at a minimum, the child or youth and his/her family, a social worker or therapist, and any other important people who are identified and invited by the child/youth and family to participate in planning. The team develops a service plan for the child/youth and coordinates care. This may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from faith-based organizations, an agent from other service systems like child welfare, developmental disabilities, or juvenile justice, etc. Family members and youth (in developmentally appropriate ways) should play a central role on the child and family team. The size, scope and intensity of team member involvement are determined by (1) objectives established for the child; (2) needs and wishes of the family in providing for the child; and (3) which individuals are needed to develop an effective service plan. The team can expand and contract as necessary to be successful on behalf of the child. Ideally, there would be some continuity in team membership over-time regardless of where he/she is receiving services.

Child and Youth: These terms are used interchangeably to refer to children and youth ages birth to 22 who receive services for a serious emotional and/or behavioral disorder.

Community System: A Community system is sometimes called a 'system of care' (see glossary for system of care). A community system in the context of this tool may also refer to a subset of the larger system of care. That subset would be comprised of a residential treatment provider and all of the community-based services providers (of all types, formal and informal) who play a role during any phase of a child's involvement in residential treatment (before, during, following).

Community Resources: Services, supports, and relationships that a youth and family need to thrive in the community, including, but not limited to: immediate family relationships, other supportive relationships [*e.g., relative(s) and non-relative adult(s) and peer(s)*], non-residential clinical services providers (*e.g., psychiatric, counseling, crisis intervention, etc.*), other formal service providers (*e.g., medical, social services, probation, community-based education, etc.*), recreational affiliations, transportation for the youth and family, housing, faith-based affiliations, job training, employment, financial resources for the child and family.

Culture: A system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned and recurrent ways.

Cultural Competence: Requires that organizations have a defined set of values and principles, and demonstrate behaviors, attitude, policies and structures that enable them work effectively cross-culturally. They should also have the capacity to: (1) value diversity; (2) conduct self-assessment; (3) manage the dynamics of difference; (4) acquire and institutionalize cultural knowledge; and (5) adapt to the diversity and



cultural contexts of the individuals, families and communities they serve. All aspects of cultural competence should be incorporated in policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.

Family: Broadly defined as any member of the youth’s biological, adoptive or foster family, legal guardians, or any other person who plays an important role in the youth’s life and who is identified by the youth as “family.”

Family-Driven: Family-driven means families have a primary decision making role in the care of their own children and the policies and procedures governing care for all youth in their community, state, tribe, territory and nation, including: (1) choosing supports, services, and providers; (2) setting goals; (3) designing and implementing programs; (4) monitoring outcomes; (5) partnering in funding decisions; and (6) determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Family Partner: An individual with experience raising a child with emotional and behavioral challenges. Family Partners may be employed by an independent family support organization, a public entity (e.g., the county, school district), or by the residential treatment provider. FPs provide direct advocacy support for family members, conduct advocacy and other educational training and workshops for family members, organize support groups and activities, and participate in program and system development through their membership on planning and policymaking bodies at various levels. Some also have specific expertise in the child welfare, education, health, and/or juvenile justice systems (may also be referred to as a family advocate, peer advocate, etc.).

Individualized Behavior Support Plan: An individualized behavior support plan is developed with the youth and family to support the youth emotionally and behaviorally. These plans should : (1) specify individualized, proactive constructive practices designed to support positive behavior and prevent the need for emergency safety interventions; (2) outline trauma-informed approaches, identify a child’s triggers, provide guidance to staff on appropriate approaches and environmental supports; (3) define the role of family members; and, (4) specify child-defined soothing strategies ; and (5) include a child-specific safety plan including parameters for the use of emergency safety interventions. Some systems call this a Safety Plan.

Linguistic Competence: The capacity of an organization and its staff to communicate in a way that is easily understood by diverse audiences, including persons of limited English proficiency, those with low literacy or non-literacy skills, and individuals with disabilities. LC requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Organizations: Consist of residential and community-based providers of all types (e.g., mental health, education, juvenile justice, schools, public systems, family organizations, etc.).

Perceptions of Care: An assessment of the child and family’s perception of the quality and effectiveness of the services they received. Perception of care research is designed to explore the relationships between different consumer perceptions, actual practice and outcomes.

Performance Data: Measures of the practices and processes that occur in the provision of care, services, and supports. These measures can be assessed through observation, survey, interview, chart review or use of existing administrative datasets.

Residential Program (Residential Treatment and Support): A residential treatment care setting for children and adolescents with serious emotional disturbance must meet all of the following criteria:

- It must provide 24-hour residential services.

- It must serve children and adolescents primarily under the age of 21.
- It must be a congregate care setting serving three or more youth, and is not a foster home.
- It must be an organization, the primary purpose of which is the provision of individually planned programs of treatment and support services in conjunction with residential care for youth who have mental health needs, served in any of the different child and family serving systems (e.g., Mental Health, Child Welfare, Juvenile Justice).
- It must have a clinical program within the organization that is directed by a psychiatrist, psychologist, social worker, psychiatric nurse or other accepted mental health profession who has a master's or a doctorate degree.

Restraint and Seclusion: A *restraint* is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a child to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Seclusion is the involuntary confinement of the child to a room or area; a situation where a child is restricted to a room or area alone and staff physically intervenes to prevent the child from leaving is also considered seclusion.

Safety Plan: A safety plan includes both pro-active components to promote safety and planned responses to safety risks that might arise either in residential treatment or in the community. Safety plans would carefully describe potential safety issues (based on the needs and circumstances of each child and family) and define needed training, supports, services and response protocols to increase the likelihood of positive outcomes when safety risks occur.

Soother: Behaviors by others which reduce or prevent agitation in a youth.

Strengths-Based: Approaches deriving from the belief that successful outcomes result when youth and families are empowered to use and develop their inner resources and strengths. All planning and services consider the child and family to possess attributes which should be used to help them be successful in treatment and in life. **Strengths-based assessments** elicit information on the resources and abilities of child and family members and are not as deficit-driven as non-strengths-based assessments.

Supports (Informal and Formal): There may be many types of support services in a safety plan, including formal support services (typically provided by paid staff) and informal support (received through family, friends and casual community relationships and relationships with pets). Support services can also be clustered into (1) family and youth supportive services (support groups, warm-lines, advocacy training, respite, recreation support, etc.); and (2) concrete support (e.g., transportation, child care during meetings, financial assistance through flex funds, etc.).

System of Care (SOC): A coordinated network of community-based services and supports organized to meet the challenges of children and youth with serious mental health needs and their families. SOC is not a program — it is a philosophy of how care should be delivered. SOC is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural, linguistic and social needs. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. References to system of care in this document refer to all such systems, including, but not limited to SAMHSA-funded communities.



Transition Plan (TP): Part of the overall treatment and support plan, which describes the progression of activities required to ready the youth and family for discharge and support their success as they transition to home (including school, work, housing, income supports, linkages with ongoing treatment, etc.). For some youth 'aging out' of the child-serving system, the transition plan refers specifically to preparation for living independently in the community. TPs are developed by the Child and Family Team when the child enters residential treatment to guide work toward timely and smooth discharge.

Trauma Treatment (Trauma-Informed Care): Mental Health Care grounded in and directed by a thorough understanding of (1) of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans; (2) of the significance in the prevalence of these experiences in children and adults who receive mental health services; and (3) the fact that many of the child's behaviors are associated with the child's traumatic experience. Trauma-informed programs define specific competencies for staff regarding trauma, trauma-informed interpretations of behavior, and trauma-informed treatment and support planning. Trauma-informed interventions and practices support child healing and positive mental health and can significantly contribute to the reduction of both challenging/unsafe child behaviors and the use of restraint and seclusion by staff.

Treatment and Support Plan: A written document that lists and describes all the services and supports a youth and family will receive, often called a "Treatment Plan." Plans also include information about: (1) a youth's and family's strengths, concerns, and needs; (2) what the services and supports are designed to accomplish; (3) how and when progress will be assessed; and (4) plans for discharge, transition support and services, youth-specific behavior support and soothing.

Youth Advocate: A YA can be a youth, young adult, or adult who provides individual and group support, training, and advocacy for youth receiving services. YAs may work for provider organizations or for an independent organization. Some YAs have received services as a child or adolescent (may also be referred to as a peer advocate, youth coordinator, or peer mentor).

Youth-Guided: Young people have the right to be empowered, educated, and given a decision making role in the care of their own lives. They should also have a role in designing the policies and procedures governing care for all youth in the community, state, tribe, territory and nation. Young people should have a sustainable voice with an eye on creating a safe environment that enables a young person to gain self-sustainability in accordance with his/her culture and beliefs. A youth-guided approach postulates that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process. Youth-guided also means that this process should be fun and worthwhile.

Selected References for Glossary Terms

- Child and Family Team: Adapted from definition used by the Arizona Department of Human Services
- Culture From Cultural and Linguistic Competence Family Organization Assessment Instrument (Georgetown, in press)
- Family Driven: http://www.ffcmh.org/systems_whatism.htm
- System of Care: <http://www.systemsofcare.samhsa.gov/>
- Treatment and Support Plan: Modified from Service Plan Definition from Family Guide to Systems of Care for Children with Mental Health Needs <http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0029/default.asp>
- Wraparound: from <http://depts.washington.edu/wrapeval/approach.html>
- Youth Guided: Youth M.O.V.E. www.youthmove.us and SAMHSA <http://systemsofcare.samhsa.gov/2008ShortReport.pdf>.

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