



Building Bridges Initiative Self-Assessment Tool

*Updated September 2020
Original developed November 2009*

www.BuildingBridges4Youth.org

Overview of the Building Bridges Initiative (BBI) Self-Assessment Tool (SAT)

This BBI survey assesses the supports and services provided to children and adolescents (sometimes referred to as 'child', 'children' or 'youth' throughout this document) and families receiving a residential intervention. For the purpose of this survey, a residential program is a congregate care program which provides treatment and/or supportive services for youth and families – ideally both in the program and in their homes and communities.

To develop the SAT, youth, families, parent/youth peer partners and other residential stakeholders studied the timeframe before, during and after a residential intervention. They made a list of the most important strategies community and residential providers engage in working together to provide effective practices for youth and families. The survey asks questions about how often staff, family, youth and community partners believe these practices occur.

Your answers will help the residential provider who is using the SAT make improvements to their practices.

Preferably, the SAT would be completed by all disciplines of staff of a residential program, the youth and families served, and community partners. Some residential providers have chosen to complete subsets of the SAT at different times and for different groups of residential stakeholders; this can make completion more feasible.

This survey is not just about the residential intervention, but also about how well various community partners and the residential program work together to support the needs of youth and families served.

For more detailed instructions and a glossary of terms, please [\(click here\)](#).

Please keep in my that you do not have to complete the survey in one sitting. If using the same device (with the same IP address) and you would like to exit the survey and come back, you have the option to do so as this survey will save the place where you left off until you click the "DONE" button at the end of the survey.

What Will Happen with The Results?

The purpose of the tool is for each provider who uses the BBI SAT to improve services; the tool was not developed to grade or rate the provider and affiliated professionals.

This survey is designed to help make changes and improvements to residential practices and promote improved collaboration between residential and community providers towards realizing improved positive outcomes for the youth and families served. Many residential program leaders have found the information from this survey to be very useful, and that the most valuable way to use the information is to talk openly about the responses together with youth, family, parent/youth peer partners, staff and community partners.

When a program leadership team compares answers from groups of youth, families, staff and community partners, they will be able to see how these groups experience the program differently. This will help assess what is working well and what could change and/or improve.

Using the Building Bridges Initiative Self-Assessment Tool

1. How do I Answer the Questions?

On the following pages, you will find a list of practices that can be part of residential interventions. We are asking you to rate how often you think a practice happens as part of your residential program or for community programs the program you are rating, based on your own experience and observations.

At the top of each list of practices, you will find this bar with choices of words to describe your experience. Next to each practice, you will see a row of circles, each one lined up under one of those choices, like this:

	1	2	3	4	5	6
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
<i>(Practice)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each practice, please fill in the circle lined up under the word(s) that best tell your experience. Please mark only ONE (1) circle in the row for a practice.

Some of the practices happen at the residential program, some in the homes and communities where youth and families live, and some involve the program and other groups working together – youth, families, residential staff, parent/youth peer partners, important other adults in the youths’ and families’ lives, and other services in the community.

There is no “right” answer. Some practices may not occur all the time; some practices may be relevant for only some youth and families. In your experience, a practice may happen often or not at all, or you may not know. Do not guess if you don’t have a sense of how often a practice happens – mark “Don’t Know/Doesn’t Apply” in that situation.

2. What Does the Survey Cover?

There are 9 sections of this survey.

Some describe practices that can happen throughout a residential intervention. The sections are:

- Child and Family Team,
- Family-Driven Practices,
- Youth-Guided Practices,
- Cultural and Linguistic Competence,
- Community System of Care, and
- Performance and Evaluation in the Community Array of Services/System of Care.

Some sections address practices which happen at specific stages during a residential intervention and they are:

- Entry/admission to a Residential Intervention,
- During a Residential Intervention, and
- Post-Residential Intervention.

Organizations and jurisdictions can specify sections of the survey to be completed. What you will be receiving will be the sections identified for you to complete.

3. About the Glossary

Important definitions/key words are briefly defined at the beginning of a section. Defined words are italicized (*like this*) the first time they appear in each section. The definitions are meant to help you recognize the definition for this survey, even if they have a different name in your community. For example, some people may call a “Peer Support Specialist” a “Family or Parent Partner.” There are expanded definitions in the Glossary; it is recommended to familiarize yourself with these, to assist you in completing the survey and also in gaining more information about BBI. Please note that definitions are repeated in each section since only specific individual sections may be specified for completion at any time.

A key term used throughout this June 2020 updated BBI SAT is “residential intervention” or alternatively “residential program”; this term is used to move away from the concept of “placement”, and also as an alternative to “residential care” and “residential treatment”. This is based on best practice that regards a residential episode as a specific intervention inclusive of what occurs within the residential program and in the family’s home and community.

Two other key terms bear mention: trauma informed and responsive, and culturally appropriate and responsive. These terms are defined in the glossary. These provide a lens through which all practices should be gauged, i.e. are the specific practices occurring in a manner that is trauma informed and culturally appropriate and responsive?

A critically important definition in this SAT is the definition of ‘family’. To ensure that all residential stakeholders understand what is meant by ‘family’, a long version of the definition is provided below. Please note that temporary foster parents and guardians-ad-litem do not meet this definition of family.

*For the purposes of this tool, family is broadly defined as any member of the youth’s biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an **important** role in the youth’s life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”.*

There are multiple dimensions of family to be considered related to permanency for the youth:

- *the “family” that would need to be involved as part of maintaining permanent connections, and*
- *the “family” that would need to be involved to achieve a permanent living situation that is an enduring “family” relationship that:*
 - *Is safe and lifelong;*
 - *Offers legal rights and social status of full family membership;*
 - *Provides for physical, emotional, social, cognitive and spiritual well-being; and*
 - *Assures life-long connections to birth and extended family, siblings and other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language.*

Building Bridges Self-Assessment Tool

Name of Program/Organization Being Surveyed (Required)

Name of the Person Completing this Form (Optional)

You do not have to tell us who you are. If you want to have us follow-up with you, please tell us how to reach you.

Email Address (Optional):

What is your role? (Required)

Please check the choice which BEST describes your current role with your residential program or with the community. If you have many roles, please select only the one that you feel best describes your function in the program and list other roles in the Additional Roles section.

General Role (please select one)

<input type="checkbox"/>	Youth (Includes youth currently or previously receiving a residential intervention)
<input type="checkbox"/>	Family (Includes family currently or previously receiving a residential intervention)
<input type="checkbox"/>	Residential Program Staff: Senior Management
<input type="checkbox"/>	Residential Program Staff: Management/Supervisors
<input type="checkbox"/>	Residential Program Staff: Clinical Staff
<input type="checkbox"/>	Residential Program Staff: Direct-service Staff
<input type="checkbox"/>	Residential Program Staff: Parent/Youth Peer Support
<input type="checkbox"/>	Residential Program Staff: Other Administrative Staff
<input type="checkbox"/>	Community Partners Includes employees responsible for direct service and/or supervision in Mental Health, Child Welfare, Education, Health or Public Health, Juvenile Justice and other community programs. This also includes Parent/ Youth Peer Partners working in the community, temporary foster parents and guardians ad-litem.
<input type="checkbox"/>	Funding and/or Contracting Agency Staff Includes staff with responsibility for referral, placement and funding decisions in Mental Health, Child Welfare, Juvenile Justice, Education, or Tribal government.
<input type="checkbox"/>	Other, please name _____ <i>(Additional Roles (optional) – If you have any roles in addition to the one you checked, please tell us here)</i> _____

Child and Family Team

This section asks about Child and Family Teams, their structure, membership and functions.

Important Definitions:

Child and Family Team: A team of people that includes at least 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. If a youth is American Indian, then the appropriate tribal representatives should also be included. The team develops a service plan for the child/youth and coordinates care. Sometimes called a "Treatment Team."

Family: Family is broadly defined as any member of the youth's biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth's life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as "family".

Note: Temporary foster parents and the guardians-ad-litem do not meet this definition of family.

Residential Intervention- A use of residential programs (residential treatment centers, group homes, etc.) in all systems (child welfare, juvenile justice, mental health, etc.) as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term "residential care" or "residential treatment".

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).

Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of overwhelming stress, trauma and violence on humans.

Treatment Plan: A written plan that describes all the services and supports a youth and family will receive, also referred to as a "Treatment and Support Plan."

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	Before they enter this residential program, youth have a <i>Child and Family Team</i> that coordinates their community care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Youth have a <i>Child and Family team</i> during the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The following people participate actively in <i>Child and Family Team</i> meetings during the residential intervention:						
A	Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	Guardians and other important adults including Tribal representative as appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	Representatives from the State/County and/or Tribal Child Welfare Agency's established Family and Permanency team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	The residential program's treatment staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F	Residential program's school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G	Home school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H	Community provider(s) who served the youth and family before the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	Friends or informal supports identified by youth or family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	J	Other professionals from State/County child welfare, Tribal Child Welfare as appropriate, juvenile justice, family court such as the guardian's ad litem, probation system, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	K	Current medical providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4		Family members know how to reach the members of their Child and Family Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5		Residential staff continue to serve on the Child and Family team following discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6		Child and Family Team members:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A	Make it a top priority to incorporate permanency and family-based aftercare planning into the <i>Treatment Plan</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Make it a top priority to work together to locate family members/relatives/tribal connections when none are immediately available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Keep track of how well youth and families are doing in working towards goals they have set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Adjust the <i>Treatment Plan</i> to meet changing needs of the youth and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Make sure that the youth is receiving the types of treatment and supports they need, that are trauma informed and responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F	Ensure best practice engagement strategies and skill building for both youth and families are provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	Ensure that sibling connections are maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Are able to provide funds to implement the plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I	Work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	J	Complete referrals to other services and make connections to other supports in a timely way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:								

2a. Family-Driven Practices with Family

This section asks for your opinions about practices which involve the family in the treatment, services and supports offered to the family and the youth via the residential intervention.

Important Definitions:

Child and Family Team: A team of people that includes at least 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. If a youth is American Indian, then the appropriate tribal representatives should also be included. The team develops a service plan for the child/youth and coordinates care. Sometimes called a “Treatment Team.”

Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.

Family: Family is broadly defined as any member of the youth’s family - biological, adoptive/customary adoptive, or any other person who plays an important role in the youth’s life which would include relatives (such as siblings, grandparents, extended, and Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”. **Note:** Temporary foster families and guardians-ad-litem do not meet this definition of family.

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.

Parent Peer Partner: A parent with lived experience raising or who has raised a child receiving services from any child-serving system.

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).

Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.

Treatment Plan: A written plan that describes all the culturally appropriate and responsive and trauma informed and responsive services and supports a youth and family will receive, also referred to as a “Treatment and Support Plan.”

		1 Never/ Almost Never	2 Rarely	3 Sometimes	4 Often	5 Always/ Almost Always	6 Don't Know/ Doesn't Apply
1	To help <i>family</i> members take the lead in treatment and support planning, they are provided with:						
A	Written materials on the family role in services in their own language or a translator or adaptations that meet the unique needs (e.g. blind; deaf/hard-of-hearing) of the family	○	○	○	○	○	○
B	Culturally appropriate and responsive, and trauma informed and responsive, education, training, skill building AND coaching to help them support their child	○	○	○	○	○	○
C	Parent Peer Partners	○	○	○	○	○	○
2	The <i>Child and Family Team</i> members:						
A	Listen to the family’s recommendations	○	○	○	○	○	○
B	Make decisions only based on consensus of the Child and Family Team	○	○	○	○	○	○
3	The <i>youth’s Treatment Plan</i> is based on family members’ and youths’ goals	○	○	○	○	○	○
4	Family members demonstrate full understanding of treatment and support plans	○	○	○	○	○	○

5		Staff facilitate outreach to the family members of the child, including siblings, document how the outreach is made, and maintain contact information for any known biological family and non-related kin (aka fictive kin) of the child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6		Family members of current or former residents are:						
	A	Employed as staff (parent/youth peer partners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Employed in management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Represented on the Board and all program committees and workgroups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Volunteers, helping in activities and/or events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7		Family members have a choice about:						
	A	Members of their <i>Child and Family Team</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Providers and services when options are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Where and when Child & Family Team meetings and services and supports for families are provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8		Staff are trained in culturally appropriate and responsive, and trauma informed and responsive, practices for engaging and involving families and family-driven practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:								

2b. Family-Driven Practices When Youth go to a Temporary Foster Family or Guardianship Living Arrangement

Sometimes youth leave a residential intervention and live with a temporary foster family or guardian when a permanency option has not yet been identified. At other times youth are temporarily living with a foster family or guardian and the youth will leave to receive a residential intervention but will return to live with the same foster family or guardian until a permanency option is identified.

This section applies to these situations as they are unique and require family-driven practices that involve not just the “family” but also these important individuals in a child’s life. This section asks for your opinions about practices which involve these temporary individuals in the treatment, services and supports offered to the family and the youth via the residential intervention. Please answer both sections, Family-Driven Practices with Family and Family-Driven Practices When Youth go to a Temporary Foster Family or Guardianship Living Arrangement, in these situations.

Please always complete the Family-Driven Practices with Family section – even if the program has not yet started working with the permanent family.

Important Definitions:							
Child and Family Team: A team of people that includes at least the child or <i>youth</i> and his/her <i>family</i> , 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. If a youth is American Indian, then the appropriate tribal representatives should also be included. The team develops a service plan for the child/youth and coordinates care. Sometimes called a “Treatment Team.”							
Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.							
Family: Family is broadly defined as any member of the youth’s biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth’s life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”. Note: Temporary foster parents and the guardians-ad-litem do not meet this definition of family.							
Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.							
Treatment Plan: A written plan that describes all services and supports a youth and family will receive, also referred to as a “Treatment and Support Plan.”							

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don’t Know/ Doesn’t Apply
1	To help temporary foster families and guardians contribute to treatment/discharge planning, they are:						
A	Provided with written materials on their role in services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	Involved with the child and family team planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	Provided with culturally appropriate and responsive, and trauma informed and responsive, education, training, skill building AND coaching to help them support their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	Involved with implementing the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	Participants in discharge planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	F	Facilitators of the child spending frequent time at their home in preparation for discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	Participants in family-based aftercare planning and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	The Child and Family Team members							
	A	Include the temporary foster family and/or guardian as equal partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Listen to their input and recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Make decisions only based on consensus of the Child and Family Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The youth's Treatment Plan includes feedback from the temporary foster family or guardian and includes discharge related goals for the youth to transition to the temporary foster family or guardian prior to a permanency option being identified		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

3. Youth-Guided Practices

This section relates to practices which support *youth* taking a leadership role in the services and supports provided for them. A specific practice may not apply, depending on the age, maturity, and ability of the youth involved. If you believe it does not apply, simply mark Don't Know/Doesn't Apply for each question.

Important Definition:

Child and Family Team: A team of people that includes at least 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. If a youth is American Indian, then the appropriate tribal representatives should also be included. The team develops a service plan for the child/youth and coordinates care. Sometimes called a "Treatment Team."

Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.

Residential Intervention: A use of residential programs (residential treatment centers, group homes, etc.) in all systems (child welfare, juvenile justice, mental health, etc.) as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term "residential care" or "residential treatment".

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).

Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.

Treatment Plan: A written plan that describes all the services and supports a youth and family will receive, also referred to as a "Treatment and Support Plan."

Youth-Guided: Services and supports in which children and youth are invited and empowered to make decisions and provide input into their own treatment plan as well as the policies and practices of the organization.

Youth Peer Partner: A Youth Peer Support Specialist (YPSS) can be a youth, young adult, or adult who provides individual and group support, training, and advocacy for youth receiving services. Sometimes referred to as a Youth Peer Support Specialist.

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	The goals of the treatment plan are based on the <i>youth's</i> own goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	If they are able, youth guide the Child and Family Team meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Youth develop full understanding of the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Youth are involved in everyday decision-making about the services and supports provided them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Youth Peer Partners support youth in:						
	A Treatment Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B Returning to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C Transition to where they will be living post-residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Youth have a voice in selecting members of their <i>Child and Family Team</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Youth are supported and served in home and home community settings throughout the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8		Youth are supported to have daily contact with their family and siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9		Youth have the opportunity to engage in activities in the community with pro-social peers that match their strengths/interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10		Youth have access to training in self-advocacy and leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11		Youth participate in agency decision-making:						
	A	A youth advisory council is active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Youth leaders are hired by the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Youth are involved in staff interviewing and hiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Youth initiated or directed activities occur in the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Former youth are active with the Board of Directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12		Staff are trained in culturally appropriate and responsive, and trauma informed and responsive, practices for engaging youth and youth-guided practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

4. Role of Culture and Language

This section seeks your opinions about the way *culture* and language play a role in developing treatment plans and delivering services and supports.

Important Definitions:	
Culture: A system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned and recurrent ways. Systems refers to organizations, groups of organizations, youth, and families.	
Cultural Competence: The ability to work well with people of any culture and embrace culture as a strength in treatment.	
Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.	
Family: Family is broadly defined as any member of the youth's biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth's life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as "family". Note: Temporary foster parents and the guardians-ad-litem do not meet this definition of family.	
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	
Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).	

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	The program meets a youth and family's culture or language needs:						
A	During intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	During <i>Child and Family Team</i> meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	With the culturally appropriate and responsive services and supports provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	The youth's ethnicity/culture, language, values, spiritual life and family traditions are reflected in their day to day experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Services respond to the unique needs of youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and/or 2-Spirit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	The family's choices for culture and language are reflected in staff assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	During residential interventions, youth of all ethnic/cultural groups have access to the same quality culturally appropriate and responsive treatment, services and supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	The program uses cultural brokers for the relevant ethnicities/cultures of the children and families served to ensure culturally appropriate and responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		services and supports are provided and practices are used						
7		All staff receive training in cultural and linguistic competence practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

5. Entry/Admission to a Residential Intervention

This section relates to the period of time before and immediately after a *youth and family's* admission to a residential intervention. It covers referral, intake, orientation, referral and other previously completed assessments, and development of the *Treatment Plan*.

Important Definitions:							
Community Resources: Services, supports, and relationships that a youth and family need to thrive in the community							
Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.							
Family: Family is broadly defined as any member of the youth's biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth's life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin and who is identified by the youth as "family".							
Residential Intervention: A use of residential programs (residential treatment centers, group homes, etc.) in all systems as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term "residential care" or "residential treatment".							
Restraint: 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.							
Safety Plan: An individualized plan developed with the youth and family to support the youth emotionally and behaviorally. A safety plan includes both pro-active components to promote safety and planned responses to safety risks that might arise in the course of a residential intervention, whether in the program, at home, or in the community.							
Seclusion: The involuntary confinement of the child to a room or area; a situation in which a child is restricted to a room or area alone and staff physically intervenes to prevent the child from leaving is also considered seclusion.							
Soothers: Supports, behaviors, activities and materials that have a soothing or comforting effect and reduce or prevent agitation for a youth, parents, siblings, staff.							
Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, relationships with pets, etc.).							
Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.							
Treatment Plan: A written plan that describes all the services and supports a youth and family will receive.							

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	Before admission, referring agencies provide youth and families with the following information:						
A	Available culturally appropriate and responsive, and trauma-informed and responsive, residential practices and approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	How residential interventions fit with the youth's treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	Alternatives to residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	Placement preferences identified when the Indian Child Welfare Act (ICWA) applies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	Services that address the strengths, needs and goals of the youth outlined in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		the referral information and other previously completed assessments						
	F	Residential staff qualifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	Resources for comparing data about the performance of different providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Benefits of trauma informed and responsive and culturally appropriate and responsive services and supports based upon research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2		Frequent communication between youth and their <i>families</i> continues after entry/admission to the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3		The residential intake process uses referral and other previously completed assessments to lessen the burden on families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4		The organization completes a comprehensive assessment including youth and family strengths, challenges and needs within one-week post admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5		The <i>Treatment Plans</i> include:						
	A	A plan for daily <i>family</i> and youth communication during the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	A plan for how sibling connections will be maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Individualized goals and outcomes expected from residential intervention, based on the comprehensive assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	An individualized culturally appropriate and responsive, and trauma informed and responsive, safety plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Identification of youth strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F	Identification of family strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	The culturally appropriate and responsive <i>community resources</i> and family-based aftercare services necessary to support youth and family during and after the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Educational objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I	The home and/or safety needs and family and youth goals to be achieved before discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	J	Plans for developing 'missing' culturally appropriate and responsive resources needed after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	K	Permanency planning (including ICWA related requirements for youth who are American Indian for whom this applies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	L	Self-soothing/self-regulation strategies and plan for development of any additional coping skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	M	Discharge Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6		The Safety Plan includes:						
	A	Early triggers that may lead to increases in youth dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Early physical warning signs that indicate a youth is experiencing stress/dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Strategies identified by <i>families</i> and youth to support the youth when he/she feels stressed and/or losing their ability to cope and that help them achieve calmness and control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Additional skills building to help family and youth effectively manage their stress and trauma-based responses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	The family's role in soothing and supporting the youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7		The family's community resources are identified at intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8		Ethnicity/culture, language, and sexual orientation/gender identity are identified at intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9		Upon entry/admission, the residential program gives families a:						
	A	Written statement regarding the efforts it is undertaking to prevent and reduce the use of restraint and seclusion, and other coercive intervention (<i>e.g. police calls</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Statement containing information about training opportunities, particularly regarding the impact of overwhelming stress and trauma and tools and skills to address stress and trauma-based responses at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:								

6. During Residential Intervention

This section covers the period of active treatment services and supports for the youth and family during the residential intervention. Topics cover family communications, spending time with each other, youth choice, skills building, resilience building, community integration and behavior and emotional support.

Important Definitions:

Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.

Family: Family is broadly defined as any member of the youth’s biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth’s life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin and who is identified by the youth as “family”.

Residential Intervention: A use of residential programs (residential treatment centers, group homes, etc.) in all systems (child welfare, juvenile justice, mental health, etc.) as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term “residential care” or “residential treatment”.

Restraint: 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: The involuntary confinement of the child to a room or area; a situation in which a child is restricted to a room or area alone and staff physically intervenes to prevent the child from leaving is also considered seclusion.

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, relationships with pets, etc.).

Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.

Treatment Plan: A written plan that describes all the services and supports a youth and family will receive.

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	Community providers who are or were serving the youth and family and the residential program work together throughout the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Youth are able to spend meaningful time with their family (including siblings), ideally weekly or more frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Time at home is a right and an integral part of the residential intervention:						
A	The treatment plan explicitly specifies the circumstances under which time at home can be delayed for a short period of time (i.e. a couple of hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	Time at home is NOT cancelled as a consequence for behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	The residential program helps youth and family stay in contact by:						
A	Helping families with transportation, if necessary, to ensure their youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		spends time at home regularly and for the family to go to the program						
	B	Sharing the youth's daily schedule and inviting families to participate in different activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Arranging for program activities to occur in the home communities so that families can participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Planning frequent time at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Extending open invitations for family members to spend time at the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F	Paying particular attention in planning to ensure sibling connections are maintained along with involvement of the extended family (including relative and non-relative family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5		Staff seek family advice/participation in everyday care and support of their youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6		Youth are involved in planning culturally appropriate and responsive program activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7		Youth have opportunities on a daily basis to choose different activities that match their strengths and interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8		Staff monitor progress toward educational objectives specified in the Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9		The Program:						
	A	Keeps in close touch with the youth's home school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Works with the youth's home school to give credit for schoolwork done during the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Works with youth's home school to have needed services and supports in place when the youth returns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10		The program works to have youth in community schools as much as possible during the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11		Appropriate and responsive services and supports are provided throughout the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12		Treatment interventions, services, and supports and discharge planning are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		reviewed a minimum of monthly with the families						
13		Families are given materials in their own language in advance of meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14		The program maintains documented efforts of outreach to and contact with the family, including siblings and extended family (including relative and non-relative family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15		Treatment Plans are revised to address changing needs of the youth or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16		Routine opportunities are available in the community for youth:						
	A	To learn independent living skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	To learn skills which prepare them for the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17		The staff in the program:						
	A	Identifies and watches for early triggers that may lead to increases in youth dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Responds appropriately to youth physical warning signs of these behaviors beginning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Uses the range of strategies/ <i>soothers</i> that can support the youth in regaining self-regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Show caring for the youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Treat youth and family with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18		The residential program:						
	A	Contacts families after unusual events such as leaving without permission, police calls, serious incidents, including the use of restraint and seclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Has a full discussion with youth and family after each unusual event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Makes changes to the Treatment Plan promptly, based on those discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Monitors rates of leaving without permission, police calls, serious incidents, including restraint and seclusion, as part of their quality improvement practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Implements strategies focused on avoiding power struggles and coercive interventions, and promotes trauma-informed and responsive interactions and practices that address the youth's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		and family's need for psychological safety						
	F	Uses evidence-based strategies to prevent, reduce/eliminate police calls, restraint and seclusion and other coercive interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	Ensures that staff have ongoing training and supervision to prevent the need for coercive interventions, including police calls, restraint and seclusion, and extends the training to parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Ensures that staff have ongoing training in culturally appropriate and responsive, and trauma informed and responsive, practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I	Implements relational, evidence based, trauma informed, and responsive approaches in lieu of point and levels systems and other standardized behavioral management approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

7. Discharge and Post-Residential Intervention

This section relates to the transition from residential intervention back to family and community, including the *transition* and family-based aftercare *plan* and the connection of *youth* and *family* members to the relevant culturally appropriate and responsive and trauma informed and responsive treatments, services and *supports* in the community.

Important Definitions:

Community Resources: Services, supports, and relationships that a youth and family need to thrive in the community

Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.

Family: Family is broadly defined as any member of the youth’s biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth’s life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”. **Note:** Temporary foster parents and the guardians-ad-litem do not meet this definition of family.

Residential Intervention: A use of residential programs (residential treatment centers, group homes, etc.) in all systems (child welfare, juvenile justice, mental health, etc.) as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term “residential care” or “residential treatment”.

Safety Plan: An individualized plan developed with the youth and family to support the youth emotionally and behaviorally. A safety plan includes both pro-active components to promote safety and planned responses to safety risks that might arise in the course of a residential intervention, whether in the program, at home, or in the community. Sometimes referred to as an Individualized Behavior and Emotional Support Plan.

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.

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).

Transition Plan: A part of the overall treatment plan that describes the progression of activities required to ready the youth and family for discharge and support their success as they transition to home and permanency, foster care, or higher or lower levels of intervention. The transition plan encompasses school, work, housing, income supports, linkages with ongoing treatment, etc.

Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	The transition plan for the youth and family’s reunification at home and in the community:						
A	Has a primary and urgent focus on permanency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	For youth where ICWA applies, follows requirements for placement preference as part of permanency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	Is guided by the youth and <i>family</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	Is strengths-based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	Involves community providers from pre-admission/admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F	Included plans for frequent time in the community starting at admission and continuing throughout the residential intervention focused on skill development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		in the community to support successful community living						
	G	Has a <i>safety plan</i> and back-up safety plans which ensure the youth and family have skills and resources to be safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Spells out how family, peer, natural supports and community resources will support the youth and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I	Includes back-up plans and 2 nd and 3 rd back up plans to address services and supports that are not working or found to not be needed; and includes steps for developing missing culturally appropriate and responsive resources needed after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2		For youth transitioning to self-sufficiency, culturally appropriate and responsive community supports, and services include:						
	A	A clear role for the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	A clear role for pro-social peers and other important adults including Tribal connections as relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Housing and back-up housing plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Training and opportunities to practice daily living skills in the community such as financial literacy training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Employment, continuing education, or job readiness training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F	Development and implementation of a peer network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	Development of appropriate financial supports (Medicaid, Food Stamps, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Development of a strong crisis support plan including fallback plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3		Post-residential services follow these guidelines:						
	A	Residential programs contact the youth and family within 24 hours of discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	A care coordination visit is made within 7 days following discharge by either the residential program staff or community providers who have been actively involved during the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	Family-based aftercare services are in place and implemented as identified in the transition plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	The safety plans that have been put in place during the residential intervention or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	modified for post-residential living are fully operational immediately						
4	Culturally appropriate and responsive respite services are available to the family after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	The services and supports included in the transition plan are available for at least six months after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Community-based services and supports work effectively with families and youth following discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Youth are reunited with their families or connected to a permanent family/resources at least two months before discharge (for youth where ICWA applies this would reflect the placement preferences)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

8. Community System of Care

The following questions are about the adequacy of services and supports in the “community”, and how well the community service providers work with the residential program to meet the needs of *youth* and *families*. Many residential programs may work with multiple communities. If so, please base your answer on your general experience.

Important Definitions:

Culturally Appropriate and Responsive: Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.

Community System of Care: A subset of the larger system of care defined below, including residential programs and community-based providers, schools, public systems, Tribal governments and Tribal organizations, family organizations, Parent/Youth Peer Partners, physicians, and in general 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 the residential intervention (before, during, following).

Family: Family is broadly defined as any member of the youth’s biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth’s life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”. **Note:** Temporary foster parents and the guardians-ad-litem do not meet this definition of family.

Residential Intervention: A use of residential programs (residential treatment centers, group homes, etc.) in all systems (child welfare, juvenile justice, mental health, etc.) as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term “residential care” or “residential treatment”.

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).

System of Care: A coordinated network of community-based services and supports organized to meet the challenges of children and youth with serious needs and their families.

Trauma informed and Responsive: Supports and services grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	Community agencies work together to support families and youth in the following ways:						
A	Youth and their families can access a full range of culturally appropriate and responsive, and trauma informed and responsive, services to reduce the need for out-of-home care	○	○	○	○	○	○
B	Youth and families coordinate their community services and supports	○	○	○	○	○	○
C	Community providers who are or have been involved with the youth and family pre-residential maintain meaningful contact with the family, youth and the residential program throughout the residential intervention	○	○	○	○	○	○
D	Community providers who are or have been involved with the youth and family prior to entry into the residential intervention stay in touch with each other during the residential intervention	○	○	○	○	○	○

	E	Written agreements clearly define community and residential roles and responsibilities for the youth and <i>families</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F	Community and residential programs work together to resolve any differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2		The community embraces the diverse cultures of the youth and families they serve and ensure culturally appropriate and responsive practices are used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3		Youth and families can access services and supports that have been shown to work for similar youth and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

9. Performance and Evaluation in the System of Care

This final section covers how data are used for performance measurement and to improve quality in both residential programs and community *organizations*.

Important Definitions:

Family: Family is broadly defined as any member of the youth’s biological, adoptive/customary adoptive, or foster family, legal guardians, or any other person who plays an important role in the youth’s life which would include relative (such as siblings, grandparents, extended family, Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”. **Note:** Temporary foster parents and the guardians-ad-litem do not meet this definition of family.

Outcome data: Post-discharge measures of youth and family function in key domains compared to baseline.

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.

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, using survey and interview methods.

Residential Intervention: A use of residential programs (residential treatment centers, group homes, etc.) in all systems (child welfare, juvenile justice, mental health, etc.) as a resource for youth and families for whom services and supports in the community have not been effective, to provide a range of practices in the residential building as well as at home and in the community. This term is used as an alternative to the traditional term “residential care” or “residential treatment”.

Supports (Informal and Formal): Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They include formal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).

		1	2	3	4	5	6
		Never/ Almost Never	Rarely	Sometime s	Often	Always/ Almost Always	Don't Know/ Doesn't Apply
1	Performance data are collected by:						
	A The residential program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B Other community <i>organizations</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C Funding sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Data are collected by the residential program about satisfaction or perceptions of care from:						
	A A youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C Community partners (including the relevant Tribe(s))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E Funders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Performance data are used to improve care by:						
	A The residential program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B Other community <i>organizations</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C Funding sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Changes are made in response to youth and family feedback by:						
	A The residential program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B Other community <i>organizations</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C Funding sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5		Outcome data are collected in the following domains:						
	A	Permanency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B	Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C	School/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D	Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	E	Juvenile Justice/law enforcement involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	F	Risk Factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	G	Community Engagement and Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	H	Access to Services and Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I	Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6		Data related to youth and family functioning are collected at intake and regular intervals during and after the residential intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7		Outcome and perception of care data are correlated with performance data to identify opportunities for improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8		Data are shared with youth, families, community members and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:								

Thank you for completing this survey!