The Building Bridges Initiative and the Joint Resolution: Overview and Purpose

The Building Bridges Initiative (BBI) represents a growing national effort to advance a set of values, principles, and practices for comprehensive, coordinated, and collaborative approaches for residential and community programs serving children and youth with emotional, behavioral, and/or mental health challenges and their families (see the BBI’s Joint Resolution (JR) to Advance a Statement of Shared Core Principles at http://www.buildingbridges4youth.org/sites/default/files/BB-Joint-Resolution.pdf).

The BBI seeks to:

- Build partnerships and collaborations among residential and community providers, families, youth, advocates, and policy makers towards achieving positive outcomes for youth and families.
- Identify and promote practice and policy initiatives to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed and consistent with the research on sustained positive outcomes.

The Self Assessment Tool (SAT) Overview and Purpose

The Self-Assessment Tool (SAT) is an instrument designed to be used with groups of residential and community staff, advocates, families and youth to assess their current activities against best practices consistent with the BBI JR Principles. The SAT is used to facilitate discussion among different stakeholders about how program and community efforts to implement best practices can be enhanced and supported. Specifically, the SAT explores:

1. how closely organizations (both residential and community-based programs) serving children, youth and their families adhere to JR principles and recommended practices; and
2. different perceptions regarding the working relationships among youth, families, advocates, and residential and community provider organization staff.

The SAT was purposefully designed to be used with an extensive range of both residential (i.e., residential treatment; group homes; crisis residences) and community-based programs (i.e., schools; community mental health clinics; child welfare agencies; juvenile justice agencies; and other community programs that interface with residential programs, such as day programs, home-based services, family support groups).
Content of the SAT

- The SAT includes questions about the extent to which desired practices occur from the referral process through the youth’s discharge and return to the community.
- There are two versions of the SAT: The Staff/Advocate version and the Youth/Family version. Both contain the same questions, but the response scales for items on the SAT are different. This difference reflects the fact that staff and advocates draw on experience with many placements when responding to the SAT. By contrast, families and youth respond to the SAT based upon their own individual experiences.
- The SAT Glossary defines the terms used in the SAT for user reference.
- The SAT takes about 30 minutes to complete in its entirety.

Approaches to Administering the SAT

- The SAT should be administered to staff (at all levels) from both residential and community-based provider organizations, youth, families, advocates, representatives from local government and other funders, and anyone else who would be in a position to observe and comment on the work being done with youth and families.
- Frequently, but not always, it is the residential treatment provider who initiates the SAT process as the focus is on the experience of youth and families who have received these services. Respondents to the SAT, however, should also include community-based service providers.
- There are different ways to administer the SAT. Some organizations may schedule several meetings with key staff and stakeholders to encourage individuals to complete sections of the SAT, with ensuing discussion of the topics as a group in real time. Some organizations will simply distribute the SAT to individuals and collect completed documents for review at a later time. A combination of these approaches may be most appropriate when you administer the SAT.
- Regardless of how the SAT is administered, there should be opportunities for respondents to discuss the results together and collaborate to identify needed organizational and systemic changes as identified by responses to the SAT. It is important to have thorough, broadly representative participation among those who complete the SAT and in the follow-up discussion of results and actions.
- For some communities, it could become standard practice for all families and youth receiving services from a residential program to complete the SAT a month to six weeks following discharge (so that the ‘post residential’ questions can be answered).
- An alternate approach would be to administer the SAT at a single point in time to get a ‘snapshot’. With this approach, as many families and youth as possible should complete the SAT. At a minimum, 20% or 10 families (whichever is larger) and 20% or 10 youth (whichever is larger) who have received services in the past 6 months should complete the SAT. Note that all families and youth should be offered an opportunity (and support) to participate.
- Tailored outreach may be needed to secure the participation of youth and family members (Y/F). Some youth and families may need facilitation and/or support such as: having the SAT read to them, being able to ask questions, completing the SAT in a group setting; translation into their native language, or the option to complete the SAT section by section over a longer period of time.
Summarizing and Interpreting SAT Results to Improve Your Community’s Practices and Policies

Behind every SAT response is a full and complex individual story, as well as the story of an interconnected system of services. The SAT provides a window into respondents’ perceptions regarding the degree of implementation of the Building Bridges Joint Resolution’s principles of care for youth and their families – it is not an objective assessment of compliance.

After the administration of the SAT closes, the results should be summarized, analyzed and shared with partners. It is recommended that partners look at the range of ratings for all of the questions within a group (Youth/Family, Residential Staff, Community Staff, and Other Respondents). Differences in ratings between groups should also be reviewed for indications of where to explore variability more deeply.

In pilot tests, youth and families provided more feedback when they completed the SAT while supported by group or individual facilitation. A family advocate can also use the SAT as part of an exit interview or follow-up interview after discharge. Whether by these means or others, the full benefit of this self-assessment process is only achieved by successfully involving family and youth.

Results should be shared broadly with partners, but particularly with those who completed the SAT. Everyone reviewing the results should be reminded that the SAT is meant to encourage collaborative discussions and joint action in service of youth, and to participate in discussions accordingly. Questions your community may wish to explore to identify opportunities for policy and practice change include:

- Which SAT questions show the largest differences in ratings, or proportion of Don’t Know/Does Not Apply?
- Do particular respondent groups differ in their responses?
- What are the likely reasons for differences in ratings? To what extent do practices differ for groups/individuals? To what extent are differences related to each group’s expectations? To what extent do data reflect differences in perception? Are differences in practice and/or perception to be expected for some areas?

Ideally, discussions about SAT results will lead to beneficial change – immediate and longer-term quality improvement efforts implemented both within individual provider organizations (of all types) and among all partners in an effort to improve coordination and collaboration. Typical questions that a community might consider include:

- Are there changes in communications, processes, policies or practices that can be implemented immediately which might reduce some of these differences or improve the ratings?
- What long-term, multi-party changes could be implemented to potentially address some of these differences?
- How will your organization review progress to ensure that implemented changes and quality improvement efforts have resulted in actual improvements?
**SAT Administration Strategies**

To help you with your efforts to administer the SAT in your organization, we have provided the following strategies that were demonstrated in pilot testing to simplify SAT administration procedures. You may add procedures in a number of these steps, but the following provides a useful outline of how to proceed with administering the SAT in your organization.

- **Choose** an individual to lead the full SAT administration process.
- **Identify** who will provide administrative support (e.g., send emails, track progress, data entry, data analysis, etc.).
- **Identify** individuals who will complete the SAT including, but not limited to: advocates for families and youth; residential and community provider organization staff; current and formerly enrolled youth; families of current and formerly enrolled youth; government agencies that work with the program; referral sources; and community organizations and leaders who would interact with the organizations and the youth and families.
- **Determine** how SAT respondents will be contacted.
- **Determine** dates for administration of the SAT to open and close, and for review of the results.
- **Distribute** the appropriate version of the SAT (Staff/Advocate or Youth/Family) and the SAT Glossary.
- **Include** contact information for questions, the due date for completion and how to submit completed SATs.
- **Provide** support, answer questions and follow up with reminders to non-responders.

The SAT itself and this document provide guidance on implementing the SAT and summarizing SAT results. Answers to general questions and some technical assistance are available from approved consultants, whose contact information can be found on the Building Bridges website. More detailed suggestions on how to use the results for quality improvement efforts are being developed by the Building Bridges Initiative. Check the BBI website for updates.