The Building Bridges Initiative:

A Framework for Self-Assessment to Improve Organizational Practices

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An Overview of the Building Bridges Initiative and the Framework for Self-Assessment

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Building Bridges Summits (2006, 2007) ~ *Purpose*

- Develop a joint statement about the importance of creating a comprehensive service array for children, youth, and families.
- Establish defined areas of consensus, related to values, philosophies, and services.
- Identify emerging best practices in linking residential and community services.
- Set the stage for strengthening relationships and promoting consensus building.
- Create action steps for the future.

Building Bridges ~ Joint Resolution

A basic principle of *"Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth"* is:

Residential and community-based services and supports must be thoroughly integrated and coordinated; and, residential treatment and support interventions must work to maintain, restore, repair, or establish youths' relationships with family and community.

Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth - *Vision*

- Community and residentially-based treatment and service providers share responsibility with each other, families and youth, to ensure that comprehensive mental health services and supports are available to improve the lives of young people and their families.

Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth - *Mission*

- Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially based treatment and service providers, advocates and policy makers 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.

Core Values

- Demonstrating, in word and deed, the utmost respect for children, youth and families and one another, and creating environments that value cultural differences, self examination, listening and learning from each other.

- Embracing the concept of family driven and youth guided care, so that youth and families are integral partners and have a primary decision making role in service delivery decisions and agency functioning, including having roles of significance on agency boards and committees.

Core Values *(cont.)*

- Ensuring that funding approaches and policies and practices do not create incentives or lead to families having to relinquish custody of their child to obtain mental health services.

- Espousing a model for 24-hour out-of-home treatment that is multi-service, takes a holistic view of each child, youth and family, incorporates physical health, spiritual health, educational and vocational pursuits, social engagement and emotional health, and creates and insures access to a comprehensive and flexible array of affordable services and supports.

Core Values *(cont.)*

- Committing to developing or enhancing home and community-based services that are flexible and responsive, that serve to decrease the need for 24-hour out-of-home treatment settings, and that facilitate the transition from such 24-hour treatment to more integrated home and community-based service delivery and service settings as appropriate to meet the individual needs of children, youth, families and communities.

- Recognizing the value of relationship based approaches that incorporate the primacy of family and community relationships and utilizing them in all aspects of care.

Building Bridges ~ *Get on Board!*

- Alaska Behavioral Health Association
- Alliance for Children and Families
- American Association of Children's Residential Centers
- Center for Health Care Strategies, Children in Managed Care Initiative
- CHARPP (Children's Array of Psychiatric Programs)
- Child Welfare League of America
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
- Federation of Families for Children's Mental Health
- International Society of Psychiatric Nurses
- National Alliance on Mental Illness

- National Association for Children's Behavioral Health
- National Indian Child Welfare Association
- Oregon Alliance of Children's Programs
- Pennsylvania Community Providers Association (PCPA)
- Residential Care Consortium
- State of Delaware, Division of Child Mental Health Services
- State of Massachusetts Department of Mental Health/Division of Child and Adolescent Services
- Travis County Health and Human Services Office of Children's Services

Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth - *Strategies*

- Establish relationships and dialogue across all constituent groups, including families, youth, community-based providers, residential treatment providers, advocates and policy makers

- Identify and promote best practices and innovative solutions

- Identify and propose recommendations to overcome fiscal, licensing, regulatory and practice barriers

- Identify needed technical assistance, training and support for organizations, policy makers, families and youth

Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth – *Strategies (cont.)*

- Identify or develop measures that provide information and feedback about system efforts to coordinate and integrate services and to implement the values and principles described in the Building Bridges Joint Resolution.

- Develop and implement dissemination and marketing strategies to spread the word about the critical importance of creating a coordinated and comprehensive array of services that are family-driven, youth-guided, and culturally and linguistically competent and focused on sustained positive outcomes

Based on Providing Care that is/has:

- Family Driven and Youth Guided
- Cultural and Linguistic Competence
- Individualized
- Clinical Excellence and Quality Standards
- Accessibility and Community Involvement
- Transition Planning and Services
- Effective Workforce Development
- Assessment, Evaluation and Continuous Quality Improvement

Core Workgroups

- **The Steering Committee Workgroup:** To educate and support programs and public agencies nation-wide, so they can address challenges and barriers to the successful implementation of best and evidence-based practices that support successful outcomes for youth with emotional and/or behavioral challenges and their families.

- **The Youth/Family Partnerships Workgroup:** The overarching goal is to ensure that youth and family voice are fully and meaningfully incorporated into all Building Bridges activities.

Core Workgroups *(cont.)*

- **The Social Marketing Workgroup:** To develop and disseminate a range of materials to targeted audiences in order to take Building Bridges national.

- **The Outcomes Workgroup:** To develop a Matrix of practice guidelines, indicators and outcomes for programs to measure themselves against. This Matrix is being made into a Self-Assessment Tool, which is currently in pilot testing.

Building Bridges Summit ~ *Focus on Outcomes*

✓ Steering Committee – Transformation Framework

✓ Social Marketing / Information Dissemination

✓ Outcomes / Family & Youth Partnerships

✓ Innovative Practices for Transformation

✓ CWLA Teleconferences *(Family Driven/Youth Guided/Best Practice)*

✓ NACBH/AACRC Focus at National Conferences

✓ Emphasis on Child and Family Teams

✓ Preventing R & S through Trauma Informed Care

Design and Structure of the Matrix and the Self-Assessment Tool (S.A.T.)

Building Bridges Outcomes Workgroup: *Initial Charge*

- **Identify outcomes** for a child, their family and their community from a comprehensive integrated community system that has implemented the values and practices of the Building Bridges Resolution, possibly including quality of life, educational attainment, permanency of living arrangements and social supports.

- **Identify Performance measures and indicators** that should be expected from 24 hour out of home (residential) treatment within a community-based system of care, including the treatment process, functional improvement, and perception of care.

- **Develop an Assessment Tool** with which an agency, entity, or community can assess itself against the principles and practices of the Building Bridges Resolution and design a process by which an agency, entity, practitioner, or community can undergo a 360 degree assessment of its efforts.

Shared Responsibility

- A high degree of mutual interdependence is necessary to implement the values and principles of the Joint Resolution.

- The tools are intended to help structure conversations in local communities that focus collective energy on outcomes and effective practices.

Our Work Together

- Our work began in January 2007
- The workgroup had tri-chairs:
  - Robert Lieberman, Richard Dougherty and Samantha Savage
- We assembled an advisory committee consisting of a broadly representative group of providers, provider groups, youth and family representatives
- We began with monthly calls and they accelerated prior to the Second Building Bridges Summit in Omaha (September, 2007).

Our Work Together *(cont.)*

- Our work began with a focus on the various existing measures and outcome tools in use today including
  - JCAHO (Joint Commission on Accreditation of Healthcare), CARF (Commission on Accreditation of Rehabilitation Facilities), SAMHSA (Substance Abuse and Mental Health Services), NOMS (National Outcomes Measurement System), System of Care measures, measures proposed by the Outcomes Roundtable for Children and Families (ORCF) and others.

Our Work Together *(cont.)*

- The instruments and measures from these groups were not really relevant to the task and as a result we stepped back to reconsider.

- We decided a better focus would be on the "bridges" between the community and the residential episode. That is, how did communities and the residential provider work together to maintain continuity of treatment efforts.

Our Work Together *(cont.)*

- This new focus clarified our approach and we generated potential measures and outcomes in three areas – before, during and after the residential episode.

- We presented a draft matrix at the Second Building Bridges Summit in September 2007 and collected feedback.

Our Work Together *(cont.)*

- Subsequently additional feedback was received from family and youth participants, adding to the matrix in several areas: restraint and seclusion, transition planning, and some cross cutting themes. Further refinement occurred from December 2007 through June 2008.

- Meanwhile a parallel track was set up to design the self-assessment tool starting in January 2008.

Self-Assessment Framework

- Matrix of Performance Guidelines and Indicators

- Self Assessment Tool

- Resource Guide
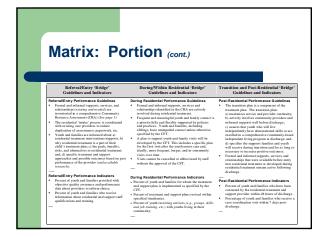
- Glossary

Self-Assessment Framework: *Purpose*

- Guideposts for operationalizing processes and practice of the Joint Resolution.
- Provide information about:
  1) The degree of continuity, seamlessness and integration of services and support.
  2) The extent to which known best practices are being utilized in both residential and community settings.
- A platform to stimulate quality improvement activities.

Self-Assessment Framework: *Assumptions*

- Focus is on the treatment end of the continuum; efforts are already occurring towards prevention, in-home and in-community alternatives.

- Regulatory bodies are already monitoring standards and practices in residential and community settings.

- Other resources (e.g. cultural competency, self assessment, wraparound fidelity) are available and do not require duplication.

Matrix

- **Cross cutting performance guidelines**
  - ❖ Child and family team
  - ❖ Family driven youth guided care
  - ❖ Collaboration and communication among system partners
  - ❖ Cultural and linguistic competency

- **Phase-specific performance guidelines and indicators**
  - ❖ Referral/entry
  - ❖ During residential
  - ❖ Post residential

- **Community resources**

- **Recommended outcomes (Part B)**

Matrix: Portion *(cont.)*

Referral/Entry 'Bridge' Guidelines and Indicators	During/Within Residential 'Bridge' Guidelines and Indicators	Transition and Post-Residential 'Bridge' Guidelines and Indicators
Referral/Entry Performance Guidelines • Formal and informal supports, services, and relationships (*existing and needed*) are inventoried in a comprehensive Community Resource Assessment (CRA) (*See page 5*) • The residential 'intake' process is coordinated with existing care providers to reduce duplication of assessments, paperwork, etc. • Youth and families are informed about a) residential treatment interventions/supports; b) why residential treatment is a part of their child's treatment plan; c) the goals, benefits, risks, and alternatives to residential treatment; and, d) specific treatment and support approaches and possible outcomes based on past performance of the provider (*and available research*).	**During Residential Performance Guidelines** • Formal and informal supports, services and relationships identified in the CRA are actively involved during residential treatment. • Frequent and meaningful youth and family contact is a priority fully and flexibly supported by policies and practices. Youth and families, including siblings, have unimpeded contact unless otherwise specified by the CFT. • A plan to support youth and family visits will be developed by the CFT. This includes a specific plan for the first visit after the youth enters care and, ideally, more frequent, longer, and in-community visits over time. • Visits cannot be cancelled or abbreviated by staff without the approval of the CFT.	**Post-Residential Performance Guidelines** • The transition plan is a component of the treatment plan. The transition plan: a) maximizes service and provider continuity; b) actively involves community providers and informal supports well before discharge; c) assures that youth who will live independently have demonstrated skills or are enrolled in a comprehensive community-based independent living program at discharge; and, d) specifies the supports families and youth will receive during transition and for as long as necessary to increase positive outcomes. • Formal and informal supports, services and relationships that were available before entry into residential treatment or developed during residential treatment remain active following discharge.
Referral/Entry Performance Indicators • Percent of youth and families provided with objective quality assurance and performance data about providers to inform choice. • Percent of youth and families who receive information about residential and support staff qualifications and training.	**During Residential Performance Indicators** • Percent of youth and families for whom the treatment and support plan is implemented as specified by the CFT. • Percent of treatment and support plans revised within specified timeframes. • Percent of youth receiving services (*e.g., groups, skills and job training, etc.*) with youths living in their community;	**Post-Residential Performance Indicators** • Percent of youth and families who have been contacted by the residential treatment and support provider within 48 hours of discharge. • Percentage of youth and families who receive a care-coordination visit within 7 days post-discharge.

Performance Guidelines

- Expectations of the practices and process that occur in the provision of care, services, and supports.

- Assessed through observation, survey or chart review.

Performance Indicators

- Measures that can be tracked by producing hard data with a numerator and denominator.

- Typically uses administrative data sets.

Self Assessment Tool

- The Self Assessment tool is designed to operationalize the standards and to assess the use of indicators and measures in community and residential systems.

- The tool is intended to be completed by community, family, youth and agency staff who are involved and familiar with the residential agency.

Self Assessment Tool *(cont.)*

- It is intended to identify standards where there is disagreement between respondents or where no or little activity is occurring, so that quality improvement work can begin. It is not intended to be used for monitoring program "compliance".

- The draft will be reviewed further by national groups, tested with several provider organizations, modified as necessary and then disseminated throughout the field.

SAT: Components for Usage

For a full understanding of the Building Bridges Initiative Framework for Self-Assessment, please refer to the following documents:

- Joint Resolution: Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth: Joint Resolution to Advance a Statement of Shared Core Principles (www.systemsofcare.samhsa.org).
- Self-Assessment Framework: Building Bridges Initiative: Framework for Self-Assessment for Organizations and Communities
- Matrix: Building Bridges Performance Guidelines and Indicators Matrix
- Self-Assessment Tool: Building Bridges Self-Assessment Tool (S.A.T.)
- Building Bridges Resource Guides: Brief resource documents on the following topics: Child and Family Teams, Cultural Competence, Youth-Guided, Family-Driven, Trauma Informed Care, Restraint and Seclusion, Transition Services for Youth (in development)
- Glossary: Glossary of terms used throughout these documents.

Next Steps

- Completion of the S.A.T. (Self Assessment Tool), Resource Guide, and Glossary

- Field testing

- Revisions, as indicated

Field Testing the Self-Assessment Tool (S.A.T.) and Next Steps

SAT Pilot Testing - Phases

- Pilot testing was divided into three segments:
  - Phase 1 with Walker School including on site meetings with staff, family, and community members and referral sources – Revise and Review
  - Phase 2 with SOASTC and Jewish Child Care Association of NY. Both CEOs participated in the design of the tool – Revise and review
  - Phase 3 will be with four to five organizations selected from a broader array of programs and associations – Final Revisions as necessary

Phase 1 Results:
Feedback from Walker Staff

- Walker staff made important suggestions for improvement in the instrument and directions, and recommended numerous questions for deletion and modification

- The SAT - Part B assumed the staff collected different and many more quantitative indicators about the center's operations than they actually did

Phase 1 Results:
Feedback from Family Members

- Overall, liked comprehensiveness of SAT and accurately reflected systems of care principles
- Felt the language needed to be made much simpler and shorter
- Concerned about what perspective they should use when they answered questions
- Sections could be reordered in logical sequence
- Glossary definitions were complex and under-utilized by family members.

Phase 1 Results:
Family Members and Referral Sources

- Preferred Glossary terms be integrated within form itself to avoid having to leaf back and forth while completing the form [Note**:** This will be resolved if the SAT is administered on-line].
- Reported they did not have the information to answer the Process Improvement section from direct experience.
- Recommended the survey be anonymous if families were concerned about how results would be used
- Referral sources confirmed family and staff feedback

Pilot - Timeline

- Phase one was completed in late January
- Significant revisions have been made and are under review by the SAT Workgroup of the Outcomes Subcommittee and Youth and Family representatives
- Part B may be substantively revised or pulled out of the pilot for later development
- Phase 2 will begin at the end of March; Phase 3 in June or July

Questions?