

## Building Bridges Initiative Instructional Guide: Strategies for Successful Implementation of the Self-Assessment Tool (SAT)

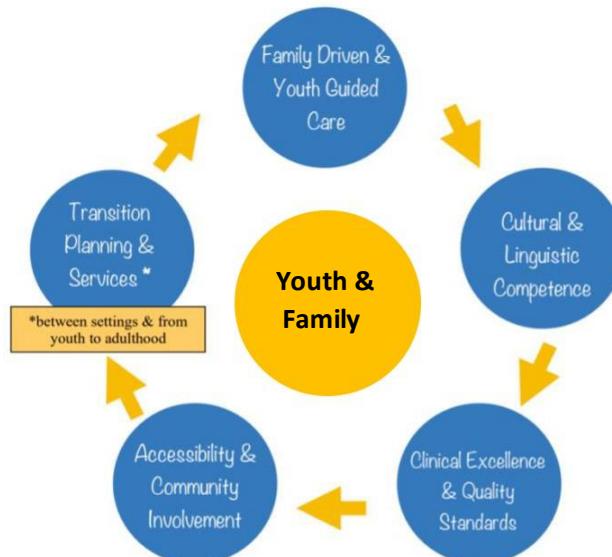
### The Building Bridges Initiative: Overview and Purpose

The Building Bridges Initiative (BBI) is a national effort to identify and promote best practice and policy that will create strong and closely coordinated partnerships and collaborations between families, youth, parent/youth peer partners, community and residential service providers, and oversight agencies. The overall goal of the work of BBI is for families and youth who receive a residential intervention to realize sustained positive outcomes post-residential discharge, such as decreased readmissions to congregate care, improved family relationships and home stability, permanency, and successful living in the community.

Toward this goal, BBI seeks to:

- Build partnerships and collaborations among residential and community providers, families, youth, parent/youth peer partners, 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 research on positive outcomes post-discharge.

BBI is guided by five Core Principles: Family Driven/Youth Guided, Cultural and Linguistic Competence, Clinical Excellence and Quality Standards, Accessibility and Community Involvement, Transition Planning and Services – (between settings and from youth to adulthood).



Practices that implement the BBI values, principles, and aims are identified on the [Performance Guidelines and Indicators Matrix](#), available on the ACRC website under BBI Resources->Document Library->Performance Guidelines and Indicators Matrix (English) and linked here for easy access.

The [Spanish version of the Performance Guidelines and Indicators Matrix](#) may be found on the ACRC website under BBI Resources->Document Library->Performance Guidelines and Indicators Matrix (Spanish) and are linked here for easy access.

This document along with the Core Principles constitutes and describe the BBI Framework for residential intervention. The Self-Assessment Tool was developed to assess the degree to which these practices are perceived as being implemented in an organization or jurisdiction, and to be used for quality improvement purposes.

## **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, parent/youth peer partners, families, and youth, to assess the activities of a residential provider and community partners against best practices consistent with the BBI Framework. The purpose of the SAT is to facilitate quality improvement activities for an organization and community partners as well as across organizations, for example in Quality Improvement Collaboratives. It uses a rating scale regarding the degree to which practices are perceived as being implemented, to generate discussion among different stakeholders about how program and community efforts to implement best practices can be enhanced and supported.

Specifically, the SAT can be used to explore:

- (1) how closely organizations (both residential and community-based programs) serving children, youth and their families adhere to shared principles and recommended best practices;
- (2) different perceptions regarding the working relationships among youth, families, parent/youth partners, and residential and community provider organization staff; and
- (3) differences in perceptions or responses between stakeholder groups and between organizations that can lead to quality improvement initiatives grounded in specific practices.

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

## Content of the SAT

- The SAT surveys the extent to which desired practices occur, from the referral process through the youth's discharge and return to the community.
- The SAT takes about 30-45 minutes to complete in its entirety.
- The SAT Glossary defines the terms used in the SA
- The tool requests information about role of the respondent (youth, family, direct service staff, managerial/supervisory, administrative, parent/youth peer partners, community partner, other). This required information is important for data analysis and identification of opportunities for improvement
- The purpose of the SAT is to stimulate, guide and direct quality improvement efforts geared toward improving the immediate and long-term outcomes of residential interventions. It can be used within a single organization or with a number of organizations as part of a quality improvement collaborative.
- A consent statement assures that responses are anonymous and confidential.
- The SAT is NOT a tool with which to oversee and measure regulatory compliance

## SAT Sections

The SAT is organized into nine sections. It can be completed in its entirety or in individual sections. The sections are:

1. Child and Family Team
- 2a. Family-Driven Practices with Family
- 2b. Family-Driven Practices When Youth go to a Temporary Foster Family or Guardianship Living Arrangement
3. Youth-Guided Practices,
4. Role of Cultural and Language
5. Entry/Admission to a Residential Intervention
6. During Residential Intervention
7. Discharge and Post-Residential Intervention
8. Community System of Care
9. Performance and Evaluation in the System of Care

## Approaches to Administering the SAT

The SAT offers flexibility in how it is administered. Organizations and jurisdictions can design its implementation, with pre-planning regarding some specific choice points.

## In its Entirety or in Sections

- It is important for an organization or jurisdiction to intentionally plan how it is going to use the SAT- which sections will be reviewed, the details of the data collection and analysis, follow up processes, etc.
- The SAT can be completed in its entirety or in one or more of its specific sections at any one time. This affords organizations and jurisdictions the opportunity to use the survey results to focus and prioritize improvement efforts on specific practices that were rated relatively lower than others. Often the sections on Family-Driven and Youth-Guided Practice have proven to be key for identifying transformational practice improvements.

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## All Stakeholders or Select Stakeholders

- The SAT should be completed by staff (at all levels) from both residential and community-based provider organizations, youth, families, parent/youth peer partners, representatives from local government, managed care entities, 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. It is most important to ensure input from youth and families who are recipients of services into the assessment.
- Frequently, but not always, it is the residential provider that initiates the SAT process as the focus of the tool 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.

## Individual or Group

- In pilot tests, youth and families provided more feedback when they completed the SAT while supported by a group or individual facilitated process. A parent/youth peer partner can also use the SAT as part of an exit interview or follow-up interview after discharge, to learn about specific opportunities for improvement in more detail. Whether by these means or others, the full benefit of this self-assessment process is only achieved by successfully involving family and youth.
- Regardless of whether the SAT is completed individually or in groups, it is ideal to create opportunities for respondents to discuss the results together and collaborate to identify needed organizational and systemic changes suggested by responses to the SAT. Having a broad representation of stakeholders participate not only in the completion of the SAT but also in the follow-up discussions of the results and actions will facilitate achieving a comprehensive identification of quality improvement activities.
- Tailored outreach may be needed to secure the participation of youth and family members. Some youth and families may need a facilitated process 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

## Single Point in Time or in Intervals

- For some programs and/or communities, it could become standard practice for all families and youth receiving residential intervention to complete the SAT a month to six weeks following discharge (so that the 'post residential' questions can be answered).

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- An alternate approach would be to administer the SAT at a single point in time to get a ‘snapshot’ of the family and youth perspectives. 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.
- Using the SAT with the original group of participants (or as many as still are active with the organization and available plus new hires) for pre-post analysis after a given time period (e.g. 12, 18, or 24 months) could give the residential program an opportunity to measure changes made or a quality improvement collaborative the opportunity to learn from each other.
- Repeating the SAT at intervals (e.g. six months, one year) following the implementation of quality improvement actions provides comparative data from which change-over-time progress can be assessed

## Electronic or Paper Collection

There are essentially two different ways to administer the SAT:

- Electronic: BBI uses Survey Monkey for administration of the SAT in order to facilitate thorough data collection and produce an informative analysis. This approach involves a negotiated agreement between BBI and identified respondents and allows the SAT to be distributed to the identified respondents electronically. This is the preferred approach.
- Paper Collection: The SAT can also be administered via a paper version of the tool when electronic distribution is not possible or desirable. If completed via a paper copy, when an organization is in a partnership arrangement with BBI, the data can then be entered into Survey Monkey to allow for a more thorough analysis of the data.

Alternatively, some organizations may schedule several meetings with key staff and stakeholders to complete sections of the SAT on their own, either electronically or in hard copy, with ensuing discussion of the topics as a group in real time. These groups can be convened based on role (e.g. family members, youth, line staff, administrators, parent/youth peer partners, community partners) or in mixed groups.

## SAT Administration Process Strategies

The following strategies were demonstrated by pilot testing to simplify SAT administration procedures. You may add procedures in a number of these steps, but these provide 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: parent/youth peer partners; 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 who will communicate the purpose of the survey (ideally a key leadership person) and how the communication will be transmitted with the link to the survey (email, pre letter, etc.).
- Determine dates for administration of the SAT to open and close, and for review of the results.
- Include contact information for questions, the due date for completion and a number to call for support in completing the electronic survey.
- Provide other support, answer questions, and follow up with reminders to non-responders

## Summarizing and Interpreting SAT Results to Improve Your 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 practices and principles 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 and analyzed to identify strategies for quality improvement. It is critical to ensure anonymity and confidentiality of individual response.
- 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 support of youth and families, and to participate in such discussions accordingly
- In interpreting the data, look at the range of ratings for all of the questions *within* a group (youth, family, residential staff by level, community partner, and other respondents). Differences in ratings *between* groups should also be reviewed for indications of where to explore variability more deeply, which can reveal differing perceptions of specific practices and identify opportunities for improvement.
- Consider asking some questions to identify opportunities for policy and practice change. These might 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 between groups/individuals?

- o Where are our opportunities for growth/improvement?
- Ideally, discussions about SAT results will lead to beneficial change – immediate and longer-term quality improvement efforts implemented both within individual residential and community organizations and among all partners in an effort to improve coordination and collaboration. Typical questions that an organization, quality improvement collaborative, or 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?

**You may contact us at [info@togetherthevoice.org](mailto:info@togetherthevoice.org) to inquire about additional support and technical assistance with administering the SAT, analyzing results of the SAT, and/or next steps in quality improvement from the SAT.**