

Building Bridges Self-Assessment Tool

Overview of the Self-Assessment Tool (S.A.T.)

This survey looks at the care of youth who have been in a residential treatment program and their families. For the purpose of this survey, a residential treatment program is a program which provides mental health services to youth while they live onsite in a group program. It is not a small group home or a foster home.

Youth, families and professionals studied the times before, during and after a placement. They made a list of the most important things community and residential providers do in working together to serve youth well. The survey asks questions about how often staff, family, youth and community think these practices are done.

Your answers will help providers choose areas to improve.

Ideally, the S.A.T. would be completed by the staff of a residential treatment program, the youth and families it serves and its community partners.

This survey is not only about the residential program, but about how well various community partners and the program work together in support of youth.

What Will Happen With The Results?

The purpose of the tool is to improve services, not to grade or rate the center.

This survey is designed to help make changes so the different groups can work together better to serve youth. Many residential programs have found that the information from this survey is useful, and that the most valuable way to use the information is to talk openly about the responses together with youth, family, and community members.

When you compare answers from groups of residents, families, staff and community, you will be able to see how these groups experience the program differently. This will help you see what works well, and what you could change.

Building Bridges 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 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 services 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.

Using the Building Bridges Self-Assessment Tool

1. How do I Answer the Questions?

In the following pages, you will find a list of practices that can be part of residential care. We are asking you to rate how often you think a practice happens as part of this residential program, based on your own experience and observations.

At the top of each list of practices, you'll 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	Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
<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 only at the residential program, and some involve the program and other groups working together – youth residents, staff, important other adults in the youths' lives, and other services in the community.

There is no "right" answer. Some practices may not occur all the time. They are only relevant for a small number of residents. In your experience, a practice may happen often or not at all, or you may not know. Don't guess if you don't have a sense of how often a practice happens – mark "Don't Know/Doesn't Apply" in that case.

2. What Does the Survey Cover?

There are 9 sections of this survey. Some describe practices that can happen *anytime in* a youth's episode of care (Sections 1-4,8-9) and some address practices which happen at *specific stages* in a youth's episode of care (Sections 5-7). The sections are:

1. **Child and Family Team**
2. **Family Driven Practices**
3. **Youth Guided Practices**
4. **Cultural and Linguistic Competence**
5. **Entry Into Residential Treatment**
6. **During Residential Treatment**
7. **Post-Residential Treatment**
8. **Community System of Care**
9. **Performance and Evaluation in the System of Care**

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. Longer definitions are provided in a separate document. The definitions are meant to help you recognize things, even if they have a different name in your community. For example, some people may call a "Peer Support Specialist" a "Family Partner."



Building Bridges Self-Assessment Tool

Name of the Residential Program (Required) _____
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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.	
Name: _____	Title: _____
Employer (if staff): _____	
Email Address: _____	
Other Contact Information: _____	

Your Role (Required) Please check the choice which BEST describes your current role in your residential program. 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 or Family Includes Youth currently in or graduated from the residential program, or Family Members /Guardians of youth currently in or graduated from the residential program
<input type="checkbox"/> Residential Program Staff Includes all employees and Board members of the residential program, such as: Senior Management, Clinical Staff/Supervisors, Child Care Staff/Supervisors, Family or Youth Advocates, Other Administrative Staff
<input type="checkbox"/> Community Program Staff 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 Family Advocates working in the community.
<input type="checkbox"/> Funding Agency Staff Includes staff with responsibility for placement and funding decisions in Mental Health, Child Welfare, Juvenile Justice and Education.
<input type="checkbox"/> Other, please name _____
Additional Roles (optional) If you have any Roles in addition to the one you checked, please tell us here _____

1. 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. The team develops a service plan for the child/youth and coordinates care. Sometimes called a "Treatment Team."

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

Treatment Plan: A written plan that describes all the services and supports a youth and family will receive, often called a "Treatment and Support Plan."

	1 ——— 2 ——— 3 ——— 4 ——— 5					Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
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 residential placement.	<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 residential placement:						
a. youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. family, guardians or other important adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the residential program's clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. residential program's school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. home school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. community provider(s) who served the youth and family before residential placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. 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"/>
h. other professionals from child welfare, juvenile justice, family court, probation system, etc.	<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 <i>Child and Family Team</i> .	<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 <i>Child and Family Team</i> following discharge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. <i>Child and Family Team</i> members:						
a. Keep track of how well youth are doing in working towards goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. adjust the <i>Treatment Plan</i> to meet changing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>
d. work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. complete referrals to other services in a timely way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

2. Family Driven Practices

This section asks for your opinions about practices which involve the family or guardians in the care of their *youth* and in the program.

Important Definitions:

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

Family-Driven 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.

Treatment Plan: A written plan that describes all the services and supports a youth and family will receive, often called a "Treatment and Support Plan."

	1 ——— 2 ——— 3 ——— 4 ——— 5					Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
1. To help <i>family</i> members take the lead in treatment planning, they are provided with:						
a. written materials on the family role in services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. training or coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. parent advocates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The <i>Child and Family Team</i> members						
a. listen to the family's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. make decisions only based on consensus of the <i>Child and Family Team</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The <i>youth's Treatment Plan</i> is based on family members' goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Family members demonstrate full understanding of treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Family members of current or former residents are:						
a. employed as staff	<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. volunteers helping in activities or events on agency committees or the Board of Directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. 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"/>
7. Services are available from "<i>Family Partners</i>" or "<i>Parent Advocates</i>."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff are trained in family-driven practice.	<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 their own care. It 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:

Youth-Guided means that youth are empowered, educated and given a decision-making role in the care of their own lives.

	1 ——— 2 ——— 3 ——— 4 ——— 5					Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
1. The goals of the treatment plan are based on the youth's 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 their care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Peer <i>advocates</i> 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 post-residential placement	<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 receive services in the community while they are in placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. 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"/>
9. 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"/>
10. Staff are trained in 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.

Important Definitions:

Cultural Competence is the ability to work well with people of any culture, and embrace culture as strength in treatment.

Linguistic Competence is the ability to speak and write in a way that anyone can understand. This includes people who do not speak English easily, cannot read easily, or have a disability.

	1	2	3	4	5	Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
1. The program meets a youth and family's culture or language needs during:						
a. intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <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"/>
2. The youth's ethnicity/culture, language, values, spiritual life and <i>family</i> 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 placements, youth of all ethnic/cultural groups have access to the same quality mental health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. All staff receive training in cultural and linguistic competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Conversations with staff can be in the youth's language of choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

5. Entry into Residential Treatment

This section relates to the period of time before and immediately after a *youth's* entry into a residential placement. It covers referral, intake, orientation, assessments and development of the *Treatment Plan*.

Important Definitions:

Individualized Behavior Support Plan: An individualized behavior support plan is developed with the youth and family to support the youth emotionally and behaviorally. Some systems may call this a safety plan.

Treatment Plan: A written plan that describes all the services and supports a youth and family will receive, often called a "Treatment and Support Plan."

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

	1	2	3	4	5	Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
1. Before admission, referring agencies provide <i>youth</i> and <i>families</i> with the following information:						
a. available residential treatment 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 treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. residential staff qualifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. data comparing the performance of different providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. possible benefits of treatment based upon available research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Communication between youth and their <i>families</i> continues at entry into residential treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The residential intake process uses past 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 <i>Treatment Plans</i> include:						
a. a plan for <i>family</i> and youth communication during the residential placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. individualized goals and outcomes expected from <i>residential treatment</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. an individualized behavior support plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. an assessment of youth strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. an assessment of family strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. the <i>community resources</i> necessary to support youth and family during and after treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. a plan for trauma treatment where necessary	<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 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' resources needed after discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Entry into Residential Treatment (continued)	1 — 2 — 3 — 4 — 5					Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
5. The Individualized Behavior Support Plan includes:						
a. triggers that may lead to increases in negative behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. physical warning signs for youth whose negative behaviors may increase	<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 if their behavior is escalating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 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"/>
6. The family's community resources are assessed upon at intake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Ethnicity/culture, language, and sexual orientation/gender identity are assessed at intake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Upon entry, the residential program gives families a written statement that it works to prevent and reduce the use of <i>restraint and seclusion</i>.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

6. During Residential Treatment

This section covers the period of active treatment of the *youth* in residential services. Topics cover *family* communications, visitation, youth choice, community integration and behavior support.

Important Definition:

Supports (Informal and Formal): There may be many types of support services in a *safety plan*, including formal support services (typically provided by paid staff) and informal support (received through family, friends and casual community relationships and relationships with pets).

	1	2	3	4	5	Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
1. Community providers and the residential program work together during the <i>youth's</i> placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Youth are able to see their family often unless otherwise specified by the Treatment Plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Residential staff cancel youth and family visits only with the approval of a <i>Child and Family Team</i> representative or family.	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. sharing the schedule of field trips, parties and other events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The staff routinely seek family advice or participation in everyday care and support of their <i>youth</i> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. <i>Youth</i> are involved in planning program activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. <i>Youth</i> have opportunities on a daily basis to choose different activities.	<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 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. asks the youth's home school to give credit for school work done during residential placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. works with the youth's home school to have needed services 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 their placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Family members help to identify needed services and support during treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Treatment interventions and supports are reviewed monthly with the families or guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Families are given materials in advance of meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 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"/>

During Residential Treatment (continued)	1	2	3	4	5	Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
15. 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"/>
16. The staff in the program						
a. avoid triggers for possible increases in negative youth behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. respond 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. use the range of strategies/ <i>soothers</i> that can support the youth	<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"/>
17. The residential program:						
a. <i>contacts families</i> after unusual events such as leaving without permission, <i>restraint</i> or <i>seclusion</i>	<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 case of restraint or seclusion	<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 upon those discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. monitors rates of restraint and seclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ensures that staff have ongoing training and supervision to prevent the need for restraint and seclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. includes youth participation in training of staff on restraint and seclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

7. Discharge and Post-Residential Treatment

This section relates to the transition from residential placement back into community, including the *transition plan* and the connection of *youth* and *family* members to the treatments and *supports* in the community.

Important Definition:

Transition Plan: a part of the overall *Treatment Plan* which describes the steps required to ready the *youth* and *family* for discharge and support their success as they transition to the community.

	1	2	3	4	5	Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
1. The <i>transition plan</i> for the youth's return to home and community:						
a. 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"/>
b. is strength-based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. involves community providers long before discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. focuses on skill development to support successful community living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. has a <i>safety plan</i> which ensures 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"/>
f. lists how family, peer, and <i>community resources</i> will support the youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. lists steps for developing missing 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 independence, community supports and services include:						
a. a clear role for the family or other important adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>
d. enrollment for other needed benefits and supports (Medicaid, Food Stamps, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. a crisis support plan, with fall-back housing plan	<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 48 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the safety and support plan is put in place immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. 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. Services and supports included in the transition plan are available for at least three months after discharge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Community-based providers effectively work 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 different permanent family resource.	<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 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 Definition:

Community System of Care: The participants in the Community System of Care include residential programs and community-based providers, schools, public systems, *family organizations*, advocates, physicians, etc.

	1 ——— 2 ——— 3 ——— 4 ——— 5					Don't Know/ Doesn't Apply
	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	
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 services to reduce the need for out-of-home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. youth and families coordinate their community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. community providers maintain meaningful contact with the residential program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. community providers stay in touch with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. written agreements clearly define community and residential roles, and responsibilities of the youth and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. community and residential programs 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 their children, youth, and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Youth can access services that have been shown to work for similar youth.	<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:

Performance Data: Measures of the practices that occur in the provision of services and supports. These measures are assessed primarily through administrative data including claims and other datasets.

Perceptions of Care: A child and family’s perception of the quality and effectiveness of the services they received. These are assessed primarily through survey and interview methods.

	1 Never/ Almost Never	2 Rarely	3 Sometimes	4 Often	5 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 organizations	<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. 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 members	<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 organizations	<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 organizations	<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. 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!

Oversight and partial support for the Building Bridges Initiative comes from the Child, Adolescent and Family Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.