



## Texas Building Bridges Initiative Organizational Assessment

**Directions:** The purpose of this tool is to assess your organization's approach to residential services. It is designed to be used as part of your adoption of the Building Bridges Initiative (BBI) framework. Individuals involved in various levels of the organization and various roles should complete this survey as a team. This will likely include representatives of the organization's executive leadership, clinical directors, medical and counseling staff, direct care staff, youth and families. This survey can be used early in the implementation process to assess organizational strengths and needs and to assist in the development of a work plan, as well as periodically throughout implementation to assess progress. We recommend a re-assessment at least annually, but every six months may be useful during active implementation phases.

### Section I: Organization Characteristics

Organization name:

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Address:

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Contact person:

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E-mail address:

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Phone number:

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Average Census:

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Description of Population:

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## Section I: Organizational Supports for Change

For each item, please select the most accurate description of your organization using the scale of 1-5.

### 1. Leadership-driven Culture of Values-based Care

To what extent has organizational leadership adopted and communicated to families, youth, staff, board members and funders a commitment to the shared core principles reflected in the Building Bridges Initiative? These principles are documented in the Joint Resolution at <http://www.buildingbridges4youth.org/sites/default/files/BB-Joint-Resolution.pdf>

1	2	3	4	5
Leadership has not yet fully embraced core principles and efforts are currently limited to managers and/or staff.	Leadership is actively involved in a review of current models and best practice in residential services and examining opportunities for change.	Leadership has formally adopted the core principles and has communicated these values with at least some stakeholders (e.g., Board, staff).	Leadership is communicating core principles with all stakeholders and has invested resources (e.g., staff time, training) in active change to align with these principles.	Leadership is fully committed to aligning practices with core principles, has established buy-in from stakeholders, and has committed needed resources.

### 2. Organizational Policies Operationalize the Core Principles

What type of formal commitment to Principle-based Care has leadership made through written policies and procedures? Are formal policies understood and followed by all staff?

1	2	3	4	5
Several organizational policies currently serve as barriers to implementation of practices that align with the core principles, such as rules restricting family time with children.	The organization has worked to eliminate barriers to practices aligning with the core principles, but has no policies or procedures that actively support these best practices.	The organization has one or more policies supporting best practices, but additional policies are not aligned with the organization's core principles.	The organization has reviewed and aligned all policies with practices supporting principle-based care but not all staff are aware and follow these policies.	The organization has reviewed and aligned all policies with practices supporting principle-based care and staff are reliably aware and following policies.

### 3. Data-Driven Accountability Processes

To what extent has the organization developed data systems that monitor treatment effectiveness, inform quality improvement activities, and demonstrate outcomes to stakeholders?

1	2	3	4	5
The organization has few resources for tracking service quality or child and family outcomes. Program decisions are based on anecdotal information.	The organization tracks a few key indicators that align with funding or licensure requirements.	The organization has identified indicators that align with organizational change goals and regularly tracks and reports these to inform decision-making.	The organization tracks a variety of service quality and outcomes data, generally limited to data collected during a stay, and has a robust quality improvement process.	The organization has a comprehensive data system, inclusive of post-discharge outcomes, that is fully integrated into an on-going, team-based, quality improvement process.

### 4. Competent, Trauma-informed Workforce:

Does the organization assess the training needs of the workforce and provide opportunities to all staff to strengthen their capacity to provide evidence-based, best practice care within their role?

1	2	3	4	5
Training opportunities are limited to new employee training and “on-the-job” coaching.	The organization offers occasional workshops or supports some staff in attending trainings, but there is no well-defined training plan.	The organization has identified training goals that align with organizational change efforts and provided trainings to fewer than 50% of staff employed for more than 3 months.	The organization has identified training goals that align with organizational change efforts and provided training to 50 to 85% of staff employed for more than 3 months. Training needs are regularly assessed.	The organization has identified training goals that align with organizational change efforts and provided training to more than 85% of all staff employed more than 3 months. Training needs are regularly assessed.

Trainings Offered: \_\_\_\_\_

## Section II: Elements of Building Bridges Best Practices

### 5. Developing a Family and Youth-Driven Culture: Organizational Practices Recognize Family as Center of Child’s Life

The organization’s practices clearly value the family’s primary role in a child’s life, maintain the family in the decision-making role, value the time that children spend with their families, value time spent in the home and community, and support family celebrations and rituals.

1	2	3	4	5
Organizational practices are not centered on families. Family time with children is limited based on the behavior of the child or the convenience of the organization.	The organization does not limit family time with children (e.g., phone calls, visiting hours), but is not proactive in providing resources to support family time.	The organization strives to proactively support family time with their child through use of technology, travel support, and when needed have staff accompany youth for family time.	Families drive organizational practice through decision-making roles. Some practices facilitate a child’s time with families, but the organization does not actively address all barriers.	Families drive organizational practices through decision-making roles. Practices facilitate a child’s time with family in the home and community and the organization is committed to reducing family barriers to engagement.

### 6. Developing a Family and Youth-Driven Culture: Permanent Family Connections as a Priority

The organization actively strives to ensure that all children have permanent family connections, including biological families, kin caregivers, adoptive families, and natural supports that represent “family” to the youth.

1	2	3	4	5
Families are not always involved in development of the plan of care, treatment, and transition planning. Many children within the organization do not have	The organization strives to engage families with custody of children or those identified in a permanency plan in the development of the plan of care,	The organization involves caregivers with custody or in the permanency plan, as well as biological parents, other kin and/or natural supports	The organization actively reviews all permanency plans, strives to identify family for all children, and strives to include all important supports.	The organization actively reviews all permanency plans, strives to identify family for all children, and strives to include all important supports. All

permanent family identified.	treatment, and discharge planning. Many children within the organization do not have permanent family identified.	in the child's life, in the plan of care, treatment, and transition planning.	Barriers to inclusion of natural supports still exist.	important supports are included as a team in the planning, treatment, and transition planning.
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### 7. Developing a Family and Youth-Driven Culture: Family and Youth Peer Support

The organization integrates family members and young people with lived experience into the organization to engage, support, advocate for, and serve as a role model for youth in residential care and their caregivers.

1	2	3	4	5
The organization has no family or youth/young adult advocates.	The organization has family members who volunteer in roles supporting other families <u>or</u> the organization has youth/young adults mentor other youth.	The organization has voluntary roles for both families <u>and</u> youth/young adult to provide peer-to-peer support roles to youth in care and their families.	The organization has hired or contracted with family members <u>or</u> youth/young adults to provide peer-to-peer support roles to youth in care and their families.	The organization has hired or contracted with both family members and youth/young adults to provide peer-to-peer support roles to youth in care and their families.

### 8. Developing a Family and Youth-Driven Culture: Support Youth Development and Engagement

To what extent has the organization's programming moved beyond a limited focus on the reduction of emotional or behavioral problems to clearly recognize the importance of fostering positive youth development, engagement in community, and opportunities for leadership and growth?

1	2	3	4	5
The organization focuses primarily on behavior management and reduction of mental health symptoms. Few	The organization provides occasional opportunities for positive youth development, community	The organization provides occasional opportunities for positive youth development, community	The organization provides many opportunities for positive youth development, community connection, and	The organization consistently supports youth in leadership roles, promotes connection with community, and strives to build

or no opportunities for positive youth development, community connection, and leadership exist.	connection, and leadership, but opportunities are limited based on levels, behavior, or other restrictions.	connection, and leadership, but opportunities are limited.	leadership, but opportunities are not clearly aligned with youth strengths and interests.	assets and competencies that lead to better long-term outcomes. Opportunities are tied to unique strengths and interests.
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### 9. Trauma-Responsive Approach to Care

A trauma-responsive approach recognizes the significant role that childhood trauma has played in the lives of children served in residential care. To what extent has the organization implemented policies and practices that support children’s emotional regulation, provide for a safe environment, increase a sense of control, minimize the risk of re-traumatizing children, and prevent secondary traumatic stress in staff members?

1	2	3	4	5
The organization operates with minimal consideration for the impact of trauma on young people. There are no practices intended to support trauma-responsive approach.	The organization has made a small number of changes to address trauma, such as the inclusion of trauma interventions or staff training.	The organization has made moderate progress in aligning practices with trauma-responsive care, including trauma assessments and interventions, ongoing staff training, and environmental changes to promote safety and self-regulation.	Most organizational practices intentionally promote trauma-responsive care and minimal opportunities for re-traumatization are present.	Organizational practices create a physically and emotionally safe environment for young people, build youth skill in emotional regulation, minimize risk of re-traumatization and prevent secondary traumatic stress for staff.

## 10. Collaborative Approach to Care

To what extent does the organization minimize/eliminate practices that limit youth choices, establish power and control over youth, and implement “one size fits all” structures to manage behavioral issues? To what extent has the organization developed teaching and life skills paradigms that foster independent growth and collaborative strategies for conflict resolution?

1	2	3	4	5
The organization has a standardized point or level system for all children that specifies when children have different privileges available to them. Privileges are significantly restricted.	The organization has a standardized point or level system, but many privileges (e.g. time at home, phone calls) are excluded from the system.	The organization uses a point or level system, but the rewards or privileges available to children at each level are modified based on the child’s unique interests and strengths and the youth have input into their program.	The organization does not use a point or level system and has developed policies and procedures to support individual skills development, such as collaborative problem solving, conflict resolution, and restorative justice.	The organization does not use a point or level system, has policies and procedures to support individual skills development, and youth play an active role in developing policy, solve problems related to milieu, and address peer grievances.

## 11. Prevention of Seclusion and Restraint

Has the organization has adopted a best-practices approach to prevent the seclusion and restraint of youth? Is there evidence of consistent involvement of senior leadership and the use of data to inform practice? To what extent has the organization created policies and practices that eliminate the use of restraints and seclusions of young people and enacted structures that allow for continuous monitoring and quality improvement activities to sustain these effects? Is there standard use of 360 degree debriefing techniques following every seclusion and restraint event?

1	2	3	4	5
The organization has no current plan to reduce restraints and seclusion.	The organization has implemented one or two strategies to reduce restraints and	The organization has successfully implemented three of the six core strategies to reduce restraint and	The organization has successfully implemented four or five of the six core strategies to reduce restraint	The organization has a comprehensive initiative in place (focused on all six core areas) aimed at

	seclusion, such as provision of staff training or establishment of a calming area.	seclusion. The organization collects data on seclusion and restraints.	and seclusion. Data is monitored at some interval to measure progress and adjust strategies.	eliminating seclusion and restraints and supports regular review of quality data and adjustment of strategies.
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## 12. Culturally and Linguistically Responsive Care

To what extent has the organization (1) implemented effective, equitable, respectful care and services, (2) provided leadership that promotes culturally and linguistically responsive care and equity; (3) recruited a diverse board, leadership, and staff members; (4) educated staff and leadership on culturally and linguistically responsive care; (5) provided access to communication and linguistic assistance; (6) collected, monitored, and acted on data that measures the degree to which the organization is meeting the cultural and linguistic needs and reducing health disparities of subpopulations of families.

1	2	3	4	5
The organization has no policies or practices to support culturally and linguistically responsive care.	The organization has implemented one or two components of culturally and linguistically responsive care, but many elements have not been addressed.	The organization has implemented three to four components of culturally and linguistically responsive care.	The organization has policies, practices, and a plan to address all components of culturally and linguistically responsive care, but one or two elements have not been fully implemented.	The organization has policies and practices to address all components of culturally and linguistically responsive care, collects data on progress implementing and sustaining these policies, and quickly adjusts as needed to improve.

### 13. Continuity with Community-based Care

To what extent has the organization recognized its role in brief diagnosis, stabilization, and triage (in contrast to long-term care) and established practices focused on maintaining and/or developing community-based connections? Do organizations facilitate or participate in child and family support teams, inclusive of professional and natural community-based supports. Does the organization actively supports children’s involvement in their neighborhood school and community?

1	2	3	4	5
The organization focuses on services provided within the residential setting, with minimal to no coordination with the child’s community.	The organization primarily focuses on services provided within the residential setting, with community outreach and coordination with community-based services occurring at or near discharge.	The organization facilitates or participates in community support teams for some children, occasionally including linkages with community-based care or community involvement.	The organization facilitates or participates in community support teams for most children and supports community-based services when feasible (e.g., child in local area)	The organization facilitates or participates in community support teams for all children, including support for community-based services and involvement in local school and community.

### 14. Sustained Support and Follow-up

To what extent does the organization maintain a commitment to long-term outcomes through proactive outreach and access to on-going services and supports following the residential phase of care?

1	2	3	4	5
The organization does not have a plan to conduct standardized outreach to families following discharge from the residential phase of care.	The organization has some outreach to families post-discharge to and/or provides support (e.g., consultation, referrals) when families seek it.	The organization supports active outreach to families for at least 1 year and offers support to families (e.g. consultation, referrals).	The organization supports active outreach to families for at least 1 year and provides at least one long-term service.	The organization supports active outreach to families for at least 1 year and provides an array of long-term services.