

Building Bridges Initiative Theory of Change for Residential Intervention Program Evaluation



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BACKGROUND

- Center for Innovation in Public Health (IPH)
- Mixed-methods participatory evaluation of Building Bridges Initiative's (BBI) Theory of Change (TOC)
 - BBI is part of the Association of Children's Residential & Community Services (ACRC)
 - BBI is a national initiative identifying and promoting best practices and policies to create strong and closely coordinated partnerships and collaborations between families, youth, advocates, community and residential service providers, and oversight agencies.
- Pilot test of TOC as a residential intervention quality improvement (QI) approach

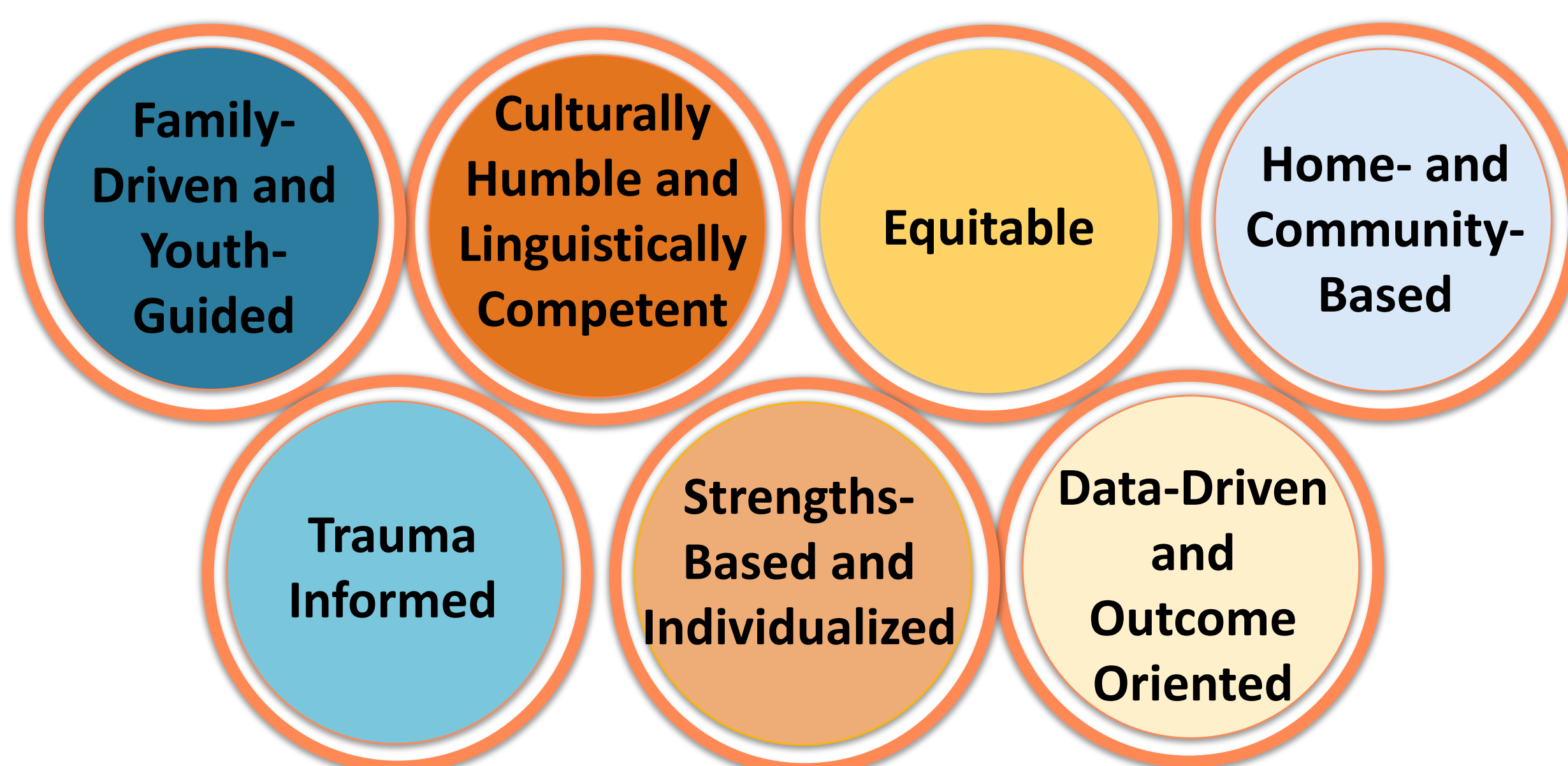
Aims:

- 1) Test the usability of the TOC framework and quality indicators through the pilot project
- 2) Improve client, program, and community outcomes

RESIDENTIAL TREATMENT

- Residential Treatment Centers (RTC) (AACAP, 2023)
 - Interventions for child and youth emotional and behavioral issues
 - Children/youth temporarily placed into treatment facilities
 - Treatment may include therapy and psychiatric care
- RTC Interventions
 - Difficult to evaluate program/service effectiveness
 - Inconsistent service model quality
 - Lack of credible research regarding impact and outcomes

BBI System of Care Principles



THEORY OF CHANGE / LOGIC MODELS

3 – CULTURALLY HUMBLE AND LINGUISTICALLY COMPETENT				
A disproportionate share of young people and families are not adequately served in residential programs due to implicit biases and lack of awareness and understanding of cultural, racial, ethnic, geographical, gender, physical disability, socioeconomic, and linguistic differences.				
Inputs/Resources <i>what programs need to operate</i>	Activities <i>what the programs do to address needs</i>	Outputs <i>evidence of successful service delivery</i>	Outcomes <i>individual- and family-level outcomes</i>	Impact <i>community-level impacts over time</i>
Staff and board training in DEI, linguistic and cultural competency	Inclusive hiring practices	Cultural responsiveness and awareness	Greater focus on Cultural & Linguistic Competence and Diversity, Equity & Inclusion (CLC/DEI)	Constituent communities embrace the program and offer welcoming spaces for youth and families
Development and/or availability of culturally appropriate resources	No-tolerance policy for bias, discrimination and harassment	Diversity of staff and board demographics	Improved functional outcomes for youth and families	Community develops services and supports for youth of varying cultures
A DEI statement	Practices to share and celebrate differences	Inclusive activities and practices	Improvement of youth and family satisfaction with the program over time	Community becomes aware of and practices cultural humility
One or more culturally specific therapeutic models	Ongoing CQI practice and learning among staff	Meaningfully responsive to families and youth	Positive outcomes of youth and family post residential discharge (i.e., reduction of further out-of-home intervention, success in education or vocation, etc.)	
Services are supportive of youth with diverse SOGIE	Recurring opportunities for generative conversations between staff and with youth and families	Consistent Child and Family Team meetings from pre-intake through at least 6 months post-discharge	-Increased youth confidence -Increased youth and family skills -Lower stress responses	
Staff and board represent the racial, ethnic, cultural, SOGIE and other forms of diversity of the community being served	Educational activities related to cultural differences and similarities	Agency values are inclusive	No disparities in Length of Stay (LOS) or seclusion & restraint (S&R) for youth from minoritized populations or diverse SOGIE	
Availability of practices that recognize and align with the culture of individual youth and families	Cultural diversity and inclusion reflected in the treatment plan	Physical space reflective of inclusion of all youth, families and staff, including ADA compliance		
Policies/ Procedures/ forms/EMR with inclusive language	Engagement with families and community reflective of youth served	Collaborative treatment environment		
Community-level DEI training or education	Programs have policies to support youth with diverse Sexual Orientation and Gender Expression (SOGIE)			
	Honor and support cultural identity in practice			

1 of 8 BBI TOC Logic Models

- Customizable method to select specific system of care principle to guide QI project
- Visualization of change process, outcomes, and impacts
- Displays expected relationships between QI project and desired outcomes
- Assists in sharing goals with allies for future directions

METHODS

Participants

- 5 Oregon RTCs (family/youth clients and providers)

TOC Pilot Design

- Feb. 2024: Providers announced/CEO meetings
- April 2024: Evaluation sub-group reviews outcome and process measures and recommends revision/additions
- April-May 2024: Providers field BBI Self-Assessment Tool (SAT) pre-QI project to inform design
- June-Nov. 2024: Project design phase
- Dec. 2024-Nov. 2025: Project implementation phase

Longitudinal Mixed-methods Evaluation

- Dec. 2025-March 2026: Evaluation sub-group capstone includes provider representatives, data experts, and youth/family participants in SAT
- Collaborative data interpretation:
 - Acceptability, feasibility, and usability of TOC based on process measures and provider satisfaction data
 - Quantitative pre-/post-project outcome data (includes post-project SAT)

PUBLIC HEALTH IMPACT

The TOC project addresses three core functions of Public Health: Assessment, Policy Development, and Assurance. First, this project focuses on identifying root causes to implement the most suitable TOC QI project. Second, BBI promotes community engagement and collaboration across the national scope of ACRC membership with the goal of strengthening and building new partnerships. Regarding the main objective of this project, we will evaluate the TOC QI project implementation to ensure organizational improvement. Additionally, we will suggest potential modifications and solutions to advocate for improved quality and sustainability as the project is scaled to additional RTCs.



NEXT STEPS

The undergraduate student researcher will be involved with all data collection and dissemination, with the goal of publishing in peer-reviewed articles and developing a book-length comparative case study.

REFERENCES

American Academy of Child & Adolescent Psychiatry (AACAP). (2023, September). *Residential Treatment Programs*. Residential treatment programs. https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Residential-Treatment-Programs-097.aspx

"From Principles to Practice: Using the BBI Theory of Change for Measurable Quality Improvement in Residential Interventions," Association of Children's Residential and Community Services Annual Conference, May 6-9, 2024