Building Bridges Initiative

Informational Document:

*Permanency Practices Collaboration Strategies
for Child Welfare and Residential Programs*

Fall 2019

Acknowledgments

A special thanks to the youths and families whose voices and expressed needs led to the development of this paper. Examples of youth feedback:

"It's not just me that needs help; my whole family does, too."
 ❖ Delaware youth in detention

"I am never too old for a family."
 ❖ Youth, age 17, in Ohio

Table of Contents

Introduction

The Building Bridges Initiative (BBI) is committed to promoting effective practices and policies and creating strong and well-coordinated partnerships and collaborations to enhance sustained positive outcomes post-residential discharge for children and adolescents (hereafter referred to as youths) and their families. This BBI informational document provides information, helpful tips, and quotes that support recommendations for child welfare (CW) oversight agencies and residential program leaders to actively and successfully collaborate in promoting permanency for youth who receive residential interventions[1] – those with or without an identified family and no realistic or timely plan for safely returning home. The information from this document was gathered through interviews with residential, CW, and permanency specialist leaders and a review of the literature on permanency practices. This document complements BBI's 2015 publication, *Finding and Engaging Families for Youth Receiving Residential Interventions*, (available on the BBI website, along with many other materials that support residential stakeholders in implementing practices that align with the research on improving long-term positive outcomes for youth and families post-residential discharge: www.buildingbridges4youth.org).

This BBI document addresses the following areas:
- Shared roles and responsibilities in federal child welfare mandates
- Voices of youths about how to work collaboratively to help them to find permanency
- Key values that advance permanency for youths receiving residential interventions
- Solutions and barriers to establishing collaborations that promote positive permanency
- Tips for maintaining strong collaborations
- Fiscal strategies to finding, engaging, identifying, and supporting permanent families
- Cross-system leadership in elevating permanency

Beginning with the Adoption and Safe Families Act of 1997 (P.L. 105-89), and particularly since the enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), which was designed to promote greater permanence for children, CW agencies have increased their focus on permanency. Concurrently, CW agencies increasingly recognize that residential treatment should be used not as a "placement", but as an intervention opportunity during which planning for the youth and family's safety, well-being, and permanency should take place. Permanency is not a placement, a plan, or a process. Permanency is defined in best-practice literature as "having an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive, and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion, and language" (Annie E. Casey Foundation, 2005). Permanency has not been achieved if a youth is still in a placement and state agency custody.

Planning for permanency involves defining and implementing strategies to return youth to their family safely and permanently, or to develop alternate permanent family relationships. Achieving permanency means transforming discharge criteria to address parent and family readiness to meet a youth's long-term needs for safety, permanency, and well-being, rather than a primary focus on youth behavioral improvements or meeting treatment goals.

Early and frequent family engagement with youth positively affects a youth's ability to succeed in life when returning to their home and community (Haight et al., 2003; Mallon & Hess, 2005; McWey et al., 2010). An investment made to reveal the true potential in the youth/family relationship is far more

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[1] The Building Bridges Initiative uses the term residential intervention. This will be the term used in this document to refer to any type of congregate care or residential program.

valuable than efforts to build new family relationship options. Compelling research indicates that lack of permanency, the instability of multiple out-of-home placements, and uncoordinated child-serving systems result in disastrous outcomes for youths (*Anu Family Services, 2013*). Although family search, engagement, and permanency efforts have traditionally been the purview of child welfare agencies, recent data elevate the importance of shared responsibility among the child welfare agency and residential and foster care providers. To accomplish this coordinated approach, residential providers and child welfare organizations must jointly embrace the federal mandate for safety, permanency, and well-being; adopt best practices; and cohesively work together with family and youth to provide the supports and skill building necessary to realize family permanency.

Critical Roles and Responsibilities with Permanency Practices

Data about the importance of permanency for all youths are clear: Youths need families and connections to succeed (VanDenBerg, 2016). Numerous studies have made a strong case for placing children and youths with family, demonstrating that youths placed with family and kin experience fewer behavioral problems, fewer placement disruptions, and better outcomes, including higher levels of permanency (Helton, 2011; Koh & Testa, 2011; Cheung et al., 2011).

The child welfare agency is mandated to protect youths while meeting their needs for well-being and pursuing permanency with a safe parent or caregiver. Permanency is fundamentally the responsibility of the child welfare agency, which typically enlists the help of private providers to fulfill its federal mandate. Yet, in the traditional system, the roles of child welfare agency staff and private providers have often been compartmentalized. In addition, it is not uncommon for youths receiving residential interventions to be involved in multiple systems, such as mental health and juvenile justice. This reality only heightens the need for professionals to work together. To better serve youths we must ask: How do we begin to share roles and work collaboratively?

When a youth begins receiving residential intervention, residential staff have more day-to-day contact with that youth than does the referring child welfare agency. However, high child welfare caseloads, frequent staff turnover, daily crises, and multiple roles required of a front-line caseworker can make it difficult to sustain timely and comprehensive exploration and assessment of family options. Residential staff can be allies and take the lead in finding and engaging families, as well as promote youth and family readiness for permanency. Across the country, residential intervention is shifting from a primary focus on treatment in the milieu to engaging and supporting families, providing skill building for youth and families, and leveraging youth and family strengths to facilitate in-depth assessments and explorations of family, culture, supportive adult relationships, and emotional connections.

The Annie E. Casey Foundation report *Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems* (2009) states the following:
- Youths placed in congregate care are less likely to find a permanent home than those who live in family settings.
- Youths who live in institutional settings are at a greater risk of developing physical, emotional, and behavioral problems.
- Current laws require that children be placed in the least restrictive setting possible while maintaining the child's safety and health.
- Congregate care placements cost child welfare systems three to five times more than family-based placements and produce poorer outcomes.

Not all youths receiving residential interventions require mental health treatment. However, to effectively provide youths with multiple challenges who are in out-of-home care or at risk of being placed outside the

home, the treatment and supports offered must be trauma-competent and focus on keeping and strengthening, or finding and supporting, safe family relationships.

The Family First Prevention Services Act (Family First) was signed into law in 2018 to help public child welfare agencies (state and tribal agencies receiving Title IV-E funds) and their residential intervention providers work collaboratively to maintain and/or achieve permanency for youths, among other objectives. Family First provides flexibility in funding certain services and supports to prevent youths from being removed from their family and placed in out-of-home care. This flexibility allows states to provide not only mental health and substance abuse prevention and treatment services, but also in-home parent skill building programs that are intended to strengthen parents' ability to safely care for their children, improve their well-being, and achieve permanency. Prevention services can also be provided to maintain families formed by adoption when there might be a disruption, as well as to support kinship and foster care families. The legislation also expanded the timeframes for the use of reunification services while youth are in foster care in order to support eventual permanency with their family.

Family First restricts the types of living situations other than family foster care that can be funded through Title IV-E. The legislation introduces a newly defined level of care that is eligible for these funds: Qualified Residential Treatment Program (QRTP). QRTPs must use a trauma-informed treatment model; provide treatment outlined in the youth's assessment plan and meet other identified needs, including clinical needs; have nursing staff available 24/7; and be licensed and accredited by an approved organization.

Notably, the QRTP requirements incorporate two critical BBI best practices that support permanency: 1) family outreach and engagement in and integration into the treatment, which includes maintaining connection with siblings and 2) discharge planning and family-based aftercare for at least six months. One way that QRTPs support family integration into treatment is through the use of family and permanency teams, which include all appropriate family members (biological or otherwise) and professionals that care for the youth (e.g., teachers, clergy, health care providers), as well as two other members that the youth may choose if they are age 14 or older. In order to be placed and remain in a QRTP, a qualified professional must conduct an independent comprehensive assessment of strengths and needs in partnership with this family and permanency team. The legislation is also designed to prevent longer than necessary stays in a residential intervention by requiring various mechanisms of assessment, review, and approval when a youth remains in a QRTP setting for longer than 30 days. Depending on how long the youth has been in a QRTP, a court and/or the head of the public child welfare agency must review and confirm that the youth is in the right level of care and only for the amount of time needed.

While this BBI informational document was originally drafted prior to the implementation of Family First, the strategies in this document are nonetheless well aligned with the legislation to help oversight agencies and their non-family foster home providers (including QRTPs) place a greater emphasis on permanency for the youths and families served.

Youths' Voices About Strategies for Successful Permanency

Youths have been outspoken about what works for them in terms of permanency. Youths served in out-of-home care have been most successful in permanency when the professionals in their lives are working well together (*National Resource Center for Permanency and Family Connections conference, 2013*). Youths from across the country who had successful permanency with families gave the following suggestions for everyone working with them.

- **Include youths in all planning meetings and decision-making.** Maintain a regular practice of youth-guided treatment meetings. Empower youths by including them in treatment meetings and decision-making to promote self-efficacy and improve outcomes (*Bandura et al., 2001*). Youths are not able to take ownership of their future if they are not involved in guiding decisions about their future. A major reason for failed permanency efforts was youths not being included in their planning at every step, including using their expertise about their own life, experiences, important connections, and protective relationships. Youths must give input regarding team composition and the opportunity to choose comfortable, neutral locations for meetings. The treatment team should gain the youth's permission before changing a care plan. The team, including the youth, should develop a timeline for completion of tasks, such as identifying specific supports necessary to advance permanency progress, and hold professionals and family members accountable for completion. Children and youth of all ages and developmental stages can contribute in a meaningful way to planning and decision-making about their own lives. Developing an individualized strategy for including child or youth voice into planning and decision-making processes can help ensure that their involvement draws upon their strengths and meets them at their developmental stage. For example, an adult close to a younger child may use a tool like Three Houses and draw a picture or write a story about their wishes and worries for family (Weld & Parker, n.d.).

- **Remember that the definition of permanency includes emotional connections.** Emotionally safe and secure relationships with caring adults outside of the residential program are essential. Youths have a right to relationships with their family members; this is not a privilege. Youth who are eligible for Tribal membership also have the right for their Tribe to be involved. Connections to family members who are not able to provide a stable placement may still decrease a youth's loneliness and increase a sense of well-being (*Dozier et al., 2014*). A growing body of resilience literature establishes that having at least one stable and caring relationship with a supportive adult can improve a youth's ability to overcome adversity and toxic stress (*National Scientific Council on the Developing Child, 2015*). It is important to work towards multiple relationships, so if disappointment (i.e. moving away) or tragedy (i.e. death) occurs, others are still committed and present for the youth. Relatives and non-related kin can play a variety of roles, including being a team member, providing family history, and offering emotional or concrete support and respite or a permanency living environment.

  "**When it comes to social work and kids, I feel as though … you should make a strong connection with them, because I know there are some social workers that never talk to their clients at all, and they're trying to figure out, 'Oh, well, I'm there for them but you're really not, you're really not trying to help them out.' I'm not saying that everyone does it, but it's out there. But definitely being connected with those clients as much as you can – I know you can't because some people have a lot more clients than others – but just taking the time to do that, it will help them out a lot more when it comes to permanency."**
  ❖ RJ, age 16, Massachusetts, lives with older adult sister after years of separation

- **Embrace the quest to find, develop, and support options for unconditionally committed parent, family, and caring adult relationships.** Youths recommended that agencies be deliberate about expanding family finding, reunification, and other permanency efforts while in the youth is in out-of-home care and after a youth formally exits the system. There is a risk

that implicit or unconscious bias may suppress the energy and creativity required to facilitate optimal family finding. Youths need reassurance that the residential provider and child welfare staff are committed to permanency for the youth and actively working together, including with their Tribe for youth who are American Indian, to find and develop family options for them.

> **"When I learned about the permanency hierarchy outlined in federal law,**
> **I was appalled that I went straight to the bottom [APPLA, another planned permanent**
> **living arrangement], with no real effort to identify permanency for me — only**
> **independence for my transition. No one ever reached out to my relatives, some who**
> **lived only 20 minutes away from me."**
> ❖ Youth Voices for Permanency: Courtroom Guide

- **View youths' behavior within the context of permanency.** Youths reported that much of their behavior can be attributed to disconnection from or fighting for the right to family. Behavior struggles and acting out can be related to a youth's fear, loneliness, and intense uncertainty (*Catholic Community Services of Western Washington, 2004*). Residential programs that utilize standardized behavioral management approaches (i.e., level systems) have sometimes restricted family relationships or time in the community as a consequence for what is perceived as youths' unacceptable behaviors. Child welfare systems are designed to protect children and often have policies and practices in place that inadvertently protect youths from relationships rather than keeping them safe within the context of their relationships. A best-practice definition of safety should include physical and psychological safety, meaning preserving and continuing the youth's attachment relationships with the necessary safety planning and supports and ensuring that families have the supports they need to care for the youth and access to resources. This is essential to the success of the youth and family as a whole. Family is a birthright – not earned as a privilege or conditional upon behavior. This is a domain in which implicit or unconscious bias may interfere with appropriate assessment of the youth's strengths and needs. For example, a youth who leaves a residential program without permission to be with family used to be labeled as running away. From a permanency lens, this situation could instead be assessed as the youth needing more time with family.

> "**I would say to social workers that are just getting on board helping with family**
> **relationships with older kids, no matter how noncompliant they are, just keep**
> **pushing. I know from experience that the older you are, the less compliant you'll be**
> **to receive help. Even if they're not compliant – if they run, if they don't even want talk**
> **to you, don't call you – just keep pushing. Show them you care about them."**
> ❖ Jacob, age 16, Massachusetts, reunified with his mother

- **Engage youths to promote the message that permanency is important.** Utilizing youth and family voices and stories in advocating speaks powerfully – to themselves and to others – of their intrinsic value, worth, and rights. Involving a youth's voice instills hope and promotes permanency as powerful and possible. This is especially true when professionals, who have not had access to education about the importance of permanency or permanency practices, hold a belief that no family options exist, or that youths do not want their family, or that youths are not able to be successful in the community.

> **"It's important to help kids with their family relationships when they live in a group**
> **home because at some point in time they're gonna go back to that family, and even if**
> **you help the relationship with their family and they don't end up going back to their**
> **family, you're building them life skills. Whether it be family or not, they're gonna**
> **learn to love somebody and coexist with people in society."**
> ❖ Jacob, age 16, Massachusetts, reunified with his mother

Key Actions that Advance Permanency Efforts in Residential Care

The following tips, shared by residential providers that have implemented different permanency practices (e.g., family finding, family search and engagement), include key values that increase permanency success and maintain it as a top priority.

- **Make sure the agency mission and vision reflect permanency for all youth.** The first step is a clearly expressed vision with accompanying beliefs, values, and commitment modeled by agency leadership. From the point that this commitment is made, agency leadership must be consistently passionate and must acknowledge and then work creatively and collaboratively to surmount barriers. Developing an organizational practice model that clearly articulates youth-guided, family-driven values and beliefs and cultural and linguistic competence is crucial. This demonstrates to youths, families, staff, professionals, and key system partners the organization's dedication to creating and supporting safe and permanent family relationships.

> **"A permanency-competent residential has these three rules as its mindset at all times: 1. Keep kids home whenever possible. 2. Return them home. 3. Find them a home."**
> ❖ James Lister, executive director, Plummer Youth Promise

- **View family and other emotional connections as a right, not a privilege.** Residential programs that embrace this philosophy integrate family from pre-admission. They ensure the youth and family spend time together in the community within the first couple of days of admission. Leaders do not allow spending time with family to be limited or taken away as a consequence for a youth's challenging behaviors. To be successful in advancing progress towards permanency, residential staff must communicate regularly and effectively with families, sharing the youth's daily activities and positive experiences. They do not wait until a problem occurs to communicate. This will foster empathetic relationships with families built on trust and respect, including acknowledgment of the cultural context that influences the family's interactions with its youth.

  This view must be shared and mutually valued by providers and child welfare system partners and used to guide decision-making and interventions from the moment a youth and family begin receiving a residential intervention. It presumes that parents, family (including sibling connections), non-related kin, and natural supports are vital to facilitating and sustaining a successful transition to home and community and must be purposefully developed for a youth if none currently exists.

  Finding and supporting permanency for youths requires creativity and flexibility in day-to-day operations. Viewing family attachments as an asset and not a nuisance to unit routines and scheduled programing can be cost-neutral. Encouraging natural family involvement within the residential program (going far beyond traditional "family nights") and ensuring that parents maintain normal parental responsibilities while youths are receiving residential interventions (i.e., arranging and attending health care appointments and school meetings) increases the potential for sustained positive outcomes after discharge.

> **"In the past, many residential providers saw parents as the cause of what they were trying to address in treatment. Now, as is evident in the work of BBI, progressive residential providers understand that living with families is a basic right of the children we are privileged to treat. If the families or relatives of the children are absent or unknown, we find them. If the families are in stress, we find ways to help. If the families don't see themselves as an asset and are reluctant to participate in**

> **treatment, we engage them and bring them into support. If the families see themselves as a collection of deficits, we discover their strengths and culture and build on them, helping create a new family history and self-image."**
> ❖ John VanDenBerg, PhD, August 2016

- **Shift discharge goals from youths completing programmatic or individual behavioral requirements to youth and family readiness.** Youths often receive child welfare placement as their only intervention rather than strategic, individually tailored clinical interventions and skills building needed to remain with, return safely to, or re-create family for them. It is important for residential providers to view themselves as offering a holistic intervention to reconnect youth and families. This mindset eliminates standardized behavioral approaches and a sole focus on "treating" youths' "problem" behaviors; it also eliminates the need for specified lengths of stay. This approach emphasizes meeting the family's needs to have the youth live at home, successfully. This focus requires youths spending significant time with their families in their homes and communities beginning upon admission while simultaneously parents having opportunities to develop and practice effective parenting skills and approaches.

> **"If you don't have someone you can relate to and trust, you won't make any changes."**
> ❖ Delaware parent of youth in residential program

Residential programs that promote youth and family readiness know that when caregiver strengths are prioritized and a skill-development approach is used, the probability of successful permanency increases. Such programs do not use interventions that are not replicable in the family environment or community. These programs employ effective and culturally-appropriate and -relevant strategies and tools focused on successful reunification with the youth and the family in their homes and communities.

> **"Families typically don't have locked isolation rooms, but most homes have a space you can use to get away."**
> ❖ Shari Simmons, Mountain Crest Behavioral Health

- **Implement strategic workforce selection, development, and staffing patterns.** Select, train, supervise, and support a culturally diverse staff to a standard that ensures each youth's right to safe and permanent family relationships. Residential programs that are highly individualized represent a paradigm shift from a more traditional approach to treatment, and all employees are trained to be familiar with permanency values and proficient in applying the necessary skills, tools, and approaches. Skills-based training, regular and strategic supervision, and proactive professional development are crucial and equally important in supporting staff to make a shift in values and be held accountable to permanency-related performance expectations.

Families also will need support at times outside of a typical 9 a.m.-5 p.m. schedule. This requires flexible staffing systems that deliver parallel services on-site and at home, and strong collaborations with effective and accessible services in the community. Residential programs that adopt a similar approach of support are likely to better equip youths, families, and their community support networks for successful reunification and permanent family relationships.

> **"The only real critical incident on the floor in any given day is when a youth doesn't get to see or talk to family."**
> ❖ Joshua, group home director and former direct care staff member

- **Customize interventions.** Delivery of individualized services for each youth and family is required, based on unique youth and parent/family needs rather than on the core services offered by a program. Experience has shown that the more complex the family situation is, the more creative and responsive the solutions must be. Research demonstrates that an individualized, family-centered approach is linked to improved family engagement and parenting capacities (*National Technical Assistance and Evaluation Center, 2008*). Traditional "cookie cutter" or "one-size-fits-all" solutions are not effective. Each parent-child-family is different, and workers need discretion in designing interventions rather than being tightly held to uniform approaches. Youth-guided, family-driven, and culturally and linguistically competent teams working together, along with families and youths and their identified advocates/friends, must support families and youths in identifying their unique needs and services. This team approach will be most effective in safely reuniting the youth with the family or creating an alternate family for the youth. Permanency solutions must take into consideration formal culturally-appropriate and -relevant agency services and informal culturally-appropriate and -relevant natural supports based on each youth's and family's strengths and culture.

> **"We need services and supports that work where the family is at rather than trying to fit them into something we have. Providers need to be flexible and collaborative."**
> ❖ Delaware Department of Services for Children, Youth, and Their Families staff

Building and Maintaining Strong Collaborations for Permanency: Common Barriers and Successful Strategies

Common Barriers

The following barriers were identified by residential, permanency, and/or child welfare leaders and staff as significant challenges to achieving collaborative permanency partnerships between residential providers and child welfare agencies.

- **Inconsistent alignment in attitudes, values, and beliefs.** When parties do not mutually operate from a strengths-based and/or youth-guided and family-driven perspective, it is more difficult to collaborate. Residential providers that embrace these values find it difficult to advance permanency in a collaborative manner when the child welfare agency or its staff do not embrace similar values, as child welfare is ultimately responsible for the child. Nonalignment also occurs when there is disagreement as to who is best able to care for the child: the family, professionals, or the child-serving system. Such disagreement can significantly impede forward progress to permanency by creating an unnecessarily high bar for the family to parent the youth. A lack of cultural competence is still, sadly, at the core of many delays in establishing permanency options for youths and making timely, pro-family decisions.

- **Lack of agreement on the definition of permanency and a youth's permanency goal.** When there is no joint agreement in place between system partners about a best-practice definition of permanency, nor joint agreement about the path from placement to permanency for an individual youth, forward movement may be thwarted. Such partnership conversations must begin at the outset of treatment, be proactive and purposeful to guide team planning and not contribute to delaying or denying permanency decisions.

- **Substantial delays in completing family background checks.** The time required for a background check and the complexity and volume of information that needs to be gathered too often delays a youth's contact or placement with family or other caring adults. BBI's guide to *Finding*

and Engaging Families for Youth Receiving Residential Interventions (*2015*) recommends "ruling in" potential family members and starting background checks immediately. Clinical safety assessments can be carried out concurrently with background checks to determine the level of involvement or interaction of certain adults with the youth. If the background checks of identified adults deem them as safe and/or a good match for the youth, the time required to vet them is considerably reduced.

- **Lack of urgency and creativity in moving permanency work forward**. Searching for, finding, engaging, and supporting family for any youth in care is tedious, arduous, and complex work. When child welfare or residential staff members do not maintain a sense of urgency and timeliness youth suffer. Attitudes that slow the momentum include lack of buy-in in the permanency process, negative stances toward a youth or family member, stereotypical values, conscious and unconscious bias, beliefs, and judgmental positions. Inconsistent or ineffective communication between child welfare, residential, and family also can signal a lagging commitment to urgency. Consequently, when there has not been sufficient permanency progress and frustrating youth behaviors continue or concerning symptoms emerge, even the most seasoned staff can be at risk of precipitously recommending a lower or higher level of treatment rather than forging ahead with resolve and determination in developing permanency next steps.

- **Tendency to "not rock the boat."** Sometimes child welfare agencies see that a youth is doing well with a residential intervention/placement and do not want to risk instability. However, no youth in placement can achieve permanency without risking some disequilibrium. Some state/county and provider staff members firmly believe that longer placements are better, regardless of the youth's individual needs or the specific treatment provided by the program. When children and youths have severe emotional and behavioral problems, or a long history of abuse and trauma, it is reasonable to expect that residential treatment will take time. However, with careful child and family team planning, treatment continuity does not need to delay permanency and the gains of family placement can far outweigh risk. Most evidence-based treatment interventions were verified as occurring in community-based settings; increasingly, oversight agencies and residential programs are treating youths in the community while they are receiving residential interventions and after discharge. These forward-thinking programs and staff understand the power of keeping youth connected to family and community while building the expectation that treatment and support will continue after residential discharge in the same locations with the same treatment and support providers.

- **High rate of child welfare staff turnover, inadequate casework relationship transitions, and elevated caseloads.** Youths and families, as well as residential staff, express frustration about being asked to develop relationships with multiple child welfare caseworkers and needing to tell their story, repeatedly. Many expressed that when there was a caseworker change, the process started over instead of moving forward. Often the new caseworker was not identified before the prior one left; in some cases, there was no transition plan to establish a relationship between the new caseworker and youth, which delays progress and disrupts trust. In addition, high child welfare caseloads compromise caseworkers' ability to commit to the long haul even when they believe permanency is the best outcome; the work is simply too burdensome or overwhelming. High caseloads also burden the care coordinator and team because they need the child welfare agency to partner in decision-making and all communication regarding the youth and family. High caseloads have a domino effect – youth and families get stuck between two systems as communication is delayed.

Successful Strategies

Residential leadership, permanency experts, national consultants, and child welfare staff provided the following tips and strategies for successfully collaborating between child welfare agencies and residential providers as well as across multiple systems.

- **Develop consensus between residential and child welfare agency staff about shared goals, roles, and responsibilities.** When working for systems change, it is necessary for residential leadership to operate with a sense of common purpose with child welfare state and county administrators. It is critical to build a deep understanding and respect of the often-conflicting roles of both parties. The "us vs. them" approach is counterproductive to positive permanency outcomes for youths and families. Assisting child welfare agencies with meeting federal, state, and county child welfare mandates also serves residential provider needs. Engage in a discussion about how to specifically assist the child welfare agencies in their goals for moving permanency forward.

  > **"We regularly have our residential staff ask caseworkers and supervisors, 'How can we make your job easier? How can we work together to get this child safely back to family or on to another family? What family information or leads could we check out right away?' "**
  > ❖ James Lister, executive director, Plummer Youth Promise

- **Hire parent partners/family advocates and/or part- or full-time family finders.** The residential parent partner or family finder has an important role as a family search and engagement specialist on the team that works closely with the child welfare worker to explore and build family connections and permanency options for each youth. Both strategies have been found to be cost-effective, benefit child welfare goals, and bolster youth and family outcomes (Leake et al., 2012; Child Trends, 2015). The parent partner and family finder roles become the locus for activities such as developing a family tree or youth timeline, facilitating individual and joint conversations with youth and adults about permanency, and advocating for permanency as attainable and realistic.

- **Become a culturally-appropriate and −responsive, trauma-informed system together.** Incorporate a culturally-appropriate and −responsive trauma-informed lens into daily procedures and practices in residential programs and state, county, or city agencies. Educate families, informal family supports, and all system partners (e.g., caseworkers, judges, attorneys, caregivers) in understanding the role trauma, including historical trauma, plays in the youth's current functioning and behavior, particularly as it relates to reconnecting and repairing existing family relationships or re-creating new ones. This approach inherently inspires youth and family engagement by moving professionals and families from a position of "What is wrong with you?" to "What happened to you and how does this affect you today?" – questions coined by international trauma expert Dr. Sandra Bloom (Bloom, 1997). This shift moves from treating symptomatic behavior to treating the underlying causes. Building resiliency, or a child's capacity to cope with future stress, is a critical part of providing treatment and supports for children who have been exposed to trauma. Interventions that build stable, continuous, and nurturing relationships between children and their caregivers will help process painful memories, make the child feel safe, and allow the child to develop strategies and tools for overcoming future trauma (*Schneider, Grilli, & Schneider, 2013*). Trauma-informed practice places the locus of recovery within the context of relationships rather than on "treating" behavior or "fixing" the "broken" child or youth. Trauma-informed care is a national movement supported by federal policy in all child- and family-serving systems.

"We requested our own residential staff do more to take the lead on permanency, engaging and maintaining open lines of communication with child welfare staff and expressing our mutually shared goals and intent to be helpful to them."
❖ James Lister, executive director, Plummer Youth Promise

- **Develop cross-system work groups.** Residential clinical staff or administrators should build working relationships with child welfare, juvenile justice, and mental health agency staff to clearly delineate ongoing roles and responsibilities, facilitate communication, address potential areas of conflict, and advocate for the integration of safety, permanency, and well-being in all interventions with youths and families receiving residential interventions.

- **Share success stories with system partners.** Share youth, parent, and family success stories – especially those that push the boundaries of what is generally believed to be possible, particularly for youths with high-level needs or behaviors, multiple or cross-system placements, or whom other residential programs would not accept. Share stories of positive outcomes even for youths whose family or kin connections had been lost and who initially had "no one," or situations with a seemingly insurmountable parent-related barrier to permanency.

- **Set expectations of permanency from the time of referral and plan ahead for potential barriers or delays.** Gain a reputation for insisting that every youth placed in the residential program has a viable goal to return to his/her permanent family, even if the residential program's perspective on the permanency goal is different from the child welfare agency's goal. To prevent unnecessary delays in permanency progress, develop a plan to:
  - Request to review all of the youth's child welfare agency records immediately to begin "mining" the youth's network of relationships.
  - Involve a parent partner or family finder immediately upon intake/admission and clarify their permanency-related assignments so as not to duplicate or confuse roles.
  - Stick to an agreed upon schedule of regular communication between residential and child welfare staff.
  - Provide a residential staff member to assist in supervising (as needed) youth/family "time" (sometimes referred to by child welfare as 'visits'), to assure implementation of safety structure and plans.
  - Initiate background checks immediately as soon as family members or other non-related caring adults are located or identified.
  - Use video as a tool (only with full permission from the family) to record meetings or visits in family homes or the community or other interactions between the youth and family members to alleviate any safety concerns of state agency staff or help them feel fully informed or included.
  - Facilitate prompt discussion of any emerging barriers, particularly those that relate to value judgments, diverse perspectives, or culturally competent family assessment.
  - Invite child welfare staff to participate in all residential activities involving youths interacting with their family and adult connections such as holiday events, picnics, etc.
  - Promote reduced lengths of stay in any type of out-of-home placement by expanding the view of the treatment environment and promoting healing for youth within the context of family and community.

- **Maintain one team facilitator and a single child and family team.** A youth often crosses multiple systems and has multiple placements. A single child and family team should follow that youth across the different systems, keeping the focus on developing safe parent and family relationships that provide for a youth's well-being. A single, coordinated teaming process reduces

duplication of services, simplifies a youth's system experience, and increases timely progress to permanency.

This teaming process should:
- o Provide for regular communication between child welfare and residential staff regarding youth and family permanency progress.
- o Coordinate a robust planning and decision-making process that engages the youth, parent/family members, child welfare worker, community providers, and other natural family supports.
- o Develop and facilitate a plan for transitioning youths to their family or with kin or non-related kin.

Fiscal Strategies for Permanency and Family Finding

Residential providers offered several tips for implementing family search, finding, and engagement activities that are typically not compensated by state, county, or city contracts. Some programs have been highly creative in providing these activities within their existing structures and without extra funds. Others have launched funding campaigns or have reached out to system partners or formed partnership groups to share funding responsibility. Their suggestions include:

- **Create cost-neutral solutions.** Champion changes that do not require extra money. One example is restructuring or aligning staff interview questions to assess for specific qualities and skills that support good permanency work, understanding that "finding the right people for the job begins from the interview" (*Rast & VanDenBerg, 2008*). Once the right people are identified, specific permanency-related skill sets can be written into job descriptions and evaluations for family advocates, direct care staff, clinicians, and supervisors. Supervisor training also can be adapted to build skills in educating, coaching, and supporting staff in implementing best permanency practices. Implementation science highlights the need for core implementation components such as competency-based training that is followed by strength-based supervision/coaching, post-training supports, and staff performance evaluation to achieve improved youth and family outcomes and better employee satisfaction (*Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005*).

> **"If we've learned anything from our longest-served youth, it's that we can provide millions of dollars of services and they can be homeless adults within hours of aging out of our services."**
> ❖ Kevin Campbell, National Institute for Permanent Family Connectedness

- **Target fundraising.** Some residential leaders have challenged their boards of directors to do fundraising around a certain youth permanency story or permanency-related organizational goal. Youths reunifying with families often have different needs than youths who need families to be identified. When funds were not readily available for flexible and dynamic youth and family-related needs, some residential programs targeted their donor base for specific family situations or special categories of needs related to removing barriers to permanency.

- **Identify braided/pooled funding.** Many organizations have shared funds across programs or projects. El Paso County in Colorado is one example: Six organizations, including outpatient, inpatient, foster care, and juvenile justice, contributed a portion of funds to an integrated project. The main outcome of the project was to integrate service delivery in the community and find permanent options for youths in care. Pooling funding increased agency buy-in. Just as families can

demonstrate better buy-in when they are part of their own planning process, agencies demonstrate a greater sense of ownership when their own fiscal resources are utilized (*Joint Initiatives for Youth and Families, 2017*).

- **Build strategic budgets.** As staff roles are re-defined in a changing organization, it is important to determine if any additional funds will be necessary. Develop a budget that aligns with the evolving roles and organizational transformation. Embed contract, licensing, accreditation, and any other program requirements into the budget. In addition to a detailed program description, develop skill-based position descriptions, supervisory responsibilities, outcomes, and training needs, as well as development of new policies and procedures.

- **Share training resources.** Provide cross-system training on permanency for oversight agency staff in child welfare, juvenile justice, mental health, and residential and community programs. Cross-system training avoids duplication of effort and allows everyone to start on the same page in terms of consistent messaging, common language, shared philosophy, and knowledge of best-practice strategies and tools.

Improving Cross-System Permanency Efforts

Focusing on permanency requires change at all levels and starts with the top tier of residential and child welfare agency leadership. Strong yet flexible leadership is essential to promoting permanency for youths and families. Residential and child welfare leaders who have successfully implemented permanency as a priority offer the following recommendations:

> **"Get support from child welfare leadership and develop a shared vision about permanency.**
> **Voicing the commitment to partnership from the beginning tends to ease worries of child welfare workers and gains better cooperation."**
> ❖ Mary Stone-Smith, Catholic Community Services of Western Washington

- **Track outcomes and share data**. Track and share data not only from your own residential program, but also from other organizations that successfully achieved permanency goals. Performance-based contracting, that is, tying funding to achieving certain outcomes, is becoming more prevalent and key to public-private partnership in achieving child welfare mandates (Collins-Camargo et al., 2011). Data are necessary for not only current contracts, but also for allocating future funding to the residential program. Program-wide outcomes around permanency planned from the start can become central components of the residential program marketing strategy. Tracking program outcomes can improve training, supervision, staff morale, and marketing. Specific, measurable outcomes can improve service effectiveness for youth and families and relations with community partners. Analyze the data by race, ethnicity, language, country of origin, religion, sexual orientation, gender identity and expression, or other marginalizing factors. Identify any disparities among populations to refine programming.

- **Identify a core group of strong and committed leaders.** Systemic change requires strong leadership within child welfare and residential programs and among community stakeholders. Effective practice change requires engaging and securing buy-in from residential program and child welfare agency staff at all levels. Leadership and support must come from the top down, in messaging, and in oversight. Work groups formed by leaders across systems can be highly effective

at developing and advancing a joint mission and vision for permanency. This level of commitment and engagement can lead to sustained organizational and systemic change.

> **"Identify champions of family finding with a belief system of true permanency in both systems. Have those champions work together across systems to enhance the importance of shifting mindsets."**
> ❖ Mary Stone-Smith, Catholic Community Services of Western Washington

- **Utilize performance-based contracting.** Systems need to be contractually designed to value permanency and value integration, and the permanency plan needs to be financially supported. Include permanency goals with treatment goals and discuss permanency progress at every planning meeting. Permanency is a process, not an event. Permanency is more than a placement, an address, or a legal status. It takes perseverance and tenacity to build and support child-family relationships that can stand the test of time. The placing agency and the residential program must agree to create organizational, cultural, and economic structures through a team-based process to safely connect youths to family with the sense of belonging they deserve. It is often easier to get exceptions and modifications of existing contracts than to work at the state level to create a new one (although both should be pursued). Have the leaders from both service systems communicate and commit to permanency practice models and set measurable goals. This includes tracking outcomes and sharing data to assess which interventions and practices best promote permanency outcomes for youth.

- **Begin with a pilot project.** Start a permanency pilot project within one or more residential programs and one or more child welfare state, county, or local area offices. Identify champions in each system to lead the charge and plan for success. Deliver clear and consistent messaging from leadership to all staff on both sides of the pilot permanency partnership.

- **Promote shorter lengths of stay across all systems.** While residential programs are being held to shorter lengths of stay, child welfare agencies should be held to the same standards for shorter lengths of stay throughout their system. There must be a prominent focus on advancing permanency goals and reducing the number of out-of-home placements, as well as length of time in out-of-home placement. There must be active advocacy efforts to promote family finding, search, and engagement, and transitioning youth as quickly and safely as possible back to family or a family-based setting with supportive relationships.

> **"We need to hold the entire system accountable for shorter lengths of stay in the child welfare system, not just any one type of out-of-home placement. This data should be tracked through both the public and private agencies serving a youth and accompanied by active family search, engagement, and permanency efforts."**
> ❖ James Lister, executive director, Plummer Youth Promise

- **Address youth permanency concurrently with preparation for adulthood.**
  Child welfare intervention must simultaneously prioritize safe permanency and youth well-being. Youths who leave the child welfare system to a family permanency outcome – reunification, adoption, or legal guardianship – need access to the same skills, supports, opportunities, and resources routinely identified for youths with the goal of another planned permanent living arrangement (APPLA). Equally, youths with an APPLA goal deserve the same opportunities to restore or re-create safe and lasting family relationships as youths with a family permanency goal.

  Advanced by the Adoption and Safe Families Act of 1997 (P.L. 105-89), APPLA replaces long-term foster care as a child welfare goal for youths 16 or older when reunification, relative placement,

adoption, or legal guardianship have been ruled out. APPLA is meant to be used as an exception only if there is sufficient reason to exclude all possible legal permanent family options. From the experiences of youth in foster care and practitioners alike, child welfare and court systems – faced with elevated caseloads, lack of imminent permanency options, or limited system capacity for in-depth and continuous family search and engagement – often default quickly to this goal for age-appropriate youth. Child welfare leaders and youths in conversations with legislators cited two main causes of an APPLA designation: (1) a youth in foster care telling caseworkers he did not wish to be adopted and (2) a decision by caseworkers and court officials that a child is not likely to be adopted because of their age (*Kelly, 2013*).

The child welfare system has a mandated obligation to create opportunities for family permanency for every youth. However, once given an APPLA goal, the child welfare focus changes from pursuing permanency to preparing a youth for adulthood without family – despite substantive research documenting a high likelihood of multiple risks to successful outcomes in adulthood when youths do not exit the system to permanent family (Dworsky et al., 2011). Youths must be fully included in exploring the range of options, weighing the benefits and challenges of each, and choosing the path that will produce and sustain the most positive outcomes. The transition to adulthood is a series of steps requiring guidance and support; clinical work must recognize brain research findings that define teen and young adult brains as still developing in the areas of executive functioning, planning, and decision-making, and understanding how youths' histories of attachment-based trauma and ambiguous loss impact permanency planning and decision-making (Siegel, 2015).

> **"Right away there were challenges: no money, no job, no school. I was left on my own and not prepared. The people who had given me the little bit of help that I'd had weren't really there. I was on my own trying to figure out what I was going to eat, where I would wash my clothes, where I would work, and watching out for myself at night … you know, staying safe."**
> ❖ Former foster youth, age 18, Massachusetts

- **Improve assessment skills of the culture and strengths of youths and family.** Residential staff must have strategic skills in interviewing youths to elicit family information and perspectives, beginning at the referral process and continuing through the entire residential intervention. Programs that are successful in permanency build an organizational culture of acknowledging the essential nature of family and Tribal (for youth who are American Indians) connections for youths, no matter the youth's age, behaviors, special needs, or current situation. Detailed examples about the family's culture (i.e., how they operate, make decisions, when they are having good days), strengths, and sociocultural context are a priority and necessary to provide successful interventions that generalize back to family, home, and community. When family members continue to struggle with addiction or other safety concerns and may not be a viable placement option for the youth, permanency-competent organizations focus on how a safe relationship with that person can develop and become a value-added resource for the youth.

- **Develop community agreements between all system partners.** Within this agreement, address one definition of permanency. The definition must be understood and adopted by multiple systems and embraced by leaders within each system. Systems can have different ideas about what permanency means, and as a result, families often feel pulled between systems, leading to distrust of the professionals. In addition, systems must agree on a best-practice process and time frames for facilitating child and family planning meetings. The process must include structured discussion of and reports on progress toward permanency at each meeting. Prioritize youth and family

participation by giving them flexibility to choose comfortable meeting locations and convenient times.

"In New Hampshire, juvenile justice and child welfare services are under the same public leadership umbrella and share the mandate for achieving youth permanency. Both arms of the
system have participated in permanency training, and a select group of cross-system managers meet regularly in a permanency advisory capacity to increase the partnership and address policy, practice, and philosophical barriers to youth permanency."
  ❖ Lauren Frey, director of permanency practice leadership, Plummer Youth Promise

- **Explore innovative cross-system permanency collaborations.** Each example below provides an explanation of different collaboration strategies. Please see the resources section at the end of this document for additional resources and contact information for each example provided below.

  Annie E. Casey Foundation
  Expedited permanency meetings (EPM) is a facilitated family meeting model that engages youth, family, and their supports to review cases involving children and youths currently placed in residential programs. The objective is to determine whether youths could be better served in family and community-based settings with added supports. This structured meeting approach aims to improve the child welfare decision-making process; encourage the support and buy-in of the family, extended family, and community; and develop specific, individualized interventions for each youth and family. EPM is guided by a fundamental value, supported by child welfare research, that children do best when they can safely live with family, preferably their own. EPM has been successful in many jurisdictions in improving child safety, permanency, and well-being outcomes by ensuring children and youths grow up in family settings whenever possible.

  Delaware Department of Services for Children, Youth and Their Families
  Family informed resource support teams (**FIRST**) meetings are for youths with multi-system involvement to develop creative child-centered, family-focused, and community-based individualized service plans based on youth and family strengths and needs. FIRST strengthens interdivisional knowledge and collaboration and builds best-practice skills in family and youth engagement. FIRST meetings support youths in remaining in or returning to their family and community or the least restrictive setting possible through the delivery of individualized services. Meetings also provide increased family engagement and empowerment in case planning and decision-making. FIRST aims to: increase family capacity to meet youths' needs within the family system with community-based supports; improve overall youth well-being, stability, self-sufficiency, and efficacy; prevent youths from entering deeper-end services; and support cross-system planning coordination between state agencies and provider programs

  Walker, Inc. (Massachusetts)
  Partnering for permanency with state agencies and other providers, Walker engages in multiple cross-system collaboration efforts to advance permanency for children and youths in care. Walker sponsors a professional advisory council (PAC), composed of public policy leaders in child welfare, mental health, juvenile courts, and research, plus parent and provider representatives, which is uniquely positioned to effect systems change in the area of permanency. PAC members provide input into the implementation and refinement of Walker's permanency practice model and collaborate with one another to identify and leverage forces to address facilitators and barriers to permanency. With the PAC's and others' guidance, Walker designs and supports: statewide

convenings to share promising practices to advance permanency; a permanency learning community focused on effective approaches to practice, partnership, and policy; and the training of state agency and provider professionals in the use of permanency-promoting strategies and interventions (e.g., permanency round tables/PRTs - Casey Family Programs).

Wraparound Milwaukee (Milwaukee, WI)
Fidelity Wraparound care planning and care coordination, drawing on individualized child and family teams, focuses across life domains to support permanency for children involved with child welfare. The Wraparound process draws on youth and family strengths to meet needs and develops one coordinated plan of care in concert with child welfare and other systems and programs, such as residential treatment facilities, in which the child may be involved, with permanency as one important goal. Wraparound Milwaukee also employs **a Mobile Urgent Treatment Team** that can support children in adoptive and kinship guardian homes to prevent placement disruption.

Summary

States, counties, cities, and child welfare jurisdictions are increasingly focused on exiting youths from the system to stable and lasting family permanency concurrent with achieving safety and well-being. Residential providers must put an urgent and priority focus on supporting child welfare agencies in achieving these outcomes. A purposeful blend of multiple levers of change – all directed toward permanency for youth as the primary goal – is necessary to improve outcomes. This includes committed leadership, strategic vision, policy alignment, data tracking and measurement, performance-based contracting and training, consultation, coaching, and supervision of best permanency practice on the front lines. Honoring the unique roles, responsibilities, and contributions of child welfare agencies and private providers, transparent communication, authentically partnering with youths and their families from the beginning and keeping our "eyes on the prize" until permanency is achieved are critical to building and sustaining effective permanency collaborations.

Contributors

Several families and youths provided input into this document, as well as members of the Building Bridges Initiative Cultural and Linguistic Competence Workgroup and the BBI Advisory Committee. In addition, BBI appreciates the input of the following experts from around the country for their contributions to this document:

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Resources

Resources are offered for the readers' consideration. They illustrate specific collaboration efforts, strategies, and practices used by providers and oversight agencies to effect successful permanency practices.

- Annie E. Casey Foundation. (January 2005). *A Family for Every Child: Strategies to Achieve Permanence for Older Foster Children and Youth.*

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- *National Convening on Youth Permanence: Recommendations of Youth & Young Adults* (June 2008). Annie E. Casey Family to Family Youth Engagement Team. http://www.f2f.ca.gov/res/pdf/ConveningRecommendationsYouth.pdf

- *Youth Voices for Permanency: Courtroom Guide to How Courts and Judges Can Make a Difference.* Voice for Adoption. (May 2016). https://voice-for-adoption.org/sites/default/files/Youth%20Voices%20for%20Permanency%20full%20paper%20v2.compressed.pdf

Additional information on collaboration strategies shared within the informational document:

Annie E. Casey Foundation: *Resources:*

- *Getting to Permanence: The Practices of High-Performing Child Welfare Agencies. Annie E. Casey Foundation.* Desk guide webinar, slide 23. https://www.slideshare.net/annieecasey/getting-to-permanence-the-practices-of-highperforming-child-welfare-agencies
- *The Connecticut Turnaround: A Case Study.* Annie E. Casey Foundation. 2015. Page 8. http://www.aecf.org/resources/the-connecticut-turnaround/

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