



feature

BY SETH ANTHA, JD, BRODERICK, MSW, LSW, BETH CALDWELL, MS., JULIE COLLINS, LCSW, ROBERT LIEBERMAN, MA, LP

# National Applauds

Foster families have long served as important caregivers and support systems for youth and their families at critical stages of their lives. The work of foster families throughout the years has helped to ensure that youth receive what they need to realize the outcomes they and their families desire (e.g., physical and emotional health; success at school; success in social and work environments). The National Building Bridges Initiative applauds the thousands of foster parents who “do right by the children and families they serve.” Building Bridges Initiative is also about “doing right by children and families,” as shared in the Building Bridges Initiative mission statement, which stresses collaboration between all service system partners and providing best and evidence-based practices so that children and youth can reach their full potential.

The BBI framework is best understood from its core principles, which focus primarily on family driven and youth guided care, cultural and linguistic competence and building “bridges” between out-of-home care settings (e.g., between home and foster care; between foster care and residential) and permanency.

Research has found that when system partners work together, and when youth and families of origin are respected and their needs and desires are heard and supported (i.e. operationalizing the BBI principles of family driven and youth guided care), then the likelihood of successful reunification is increased. Research also demonstrates the critical importance of preparing youth and their families for transition to and from out-of-home care settings and home.

# Building Bridges Initiative and Supports Foster Families

feature  
BY GARY M. BLAU, PH.D., SAMANTHA JO BRODERICK, MSW, LSW, BETH CALDWELL, MS., JULIE COLLINS, LCSW, ROBERT LIEBERMAN, MA., LPC

Foster families are vital partners in this work, and are especially critical when serving youth with serious behavioral or emotional challenges. Sometimes these youth, who have experienced significant environmental and personal challenges in their lives, end up being moved from foster homes to residential programs. Even when this happens, BBI recommends that the youth's foster family remains an active partner in the youth's everyday life while in residential, until a permanent placement is realized. For children and foster families who have established a caring relationship over a long period, maintaining this connection throughout the time a child is in residential is especially important. BBI also recommends that when children and foster parents have established positive relationships, the child should return to the same foster home from residential placement if a permanent placement is not yet ready.

At EMQFamilyFirst in Campbell, Calif., foster parents Ruth Ricca and Brenda Collier talk about how meaningful it is for them and the youth and parents when foster families are true partners in this work. "I think it's awesome that we have so many people that can work with the family and that we, as foster parents, can interface with the family as well. This builds the relationship and the family and youth can see that we do care and that we are trying. Having a team, you can get a lot more done and gain a lot more understanding. We love engaging more with the family. In traditional foster care we weren't given as much opportunity. We learn more about what the family's needs are directly."

For many youth who enter foster care, even

those who eventually return to their family of origin, foster parents play a key role that youth remember with appreciation for the rest of their lives. Concurrent planning (where reunification as a primary goal is

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worked on simultaneous to identifying a permanent resource — sometimes a foster home that is willing to adopt if necessary) places foster parents in a unique and challenging role of being both in a temporary parent role while also serving as a professional member of a child welfare team. BBI provides a framework for operationalizing good practices in concurrent planning — so foster parents can demonstrate commitment to both caring for the youth and the permanency plan at the same time, even when a child's difficulties lead to residential care being recommended. Sometimes the concurrent plan might involve the youth moving from residential to a foster/adoptive home.

As one foster /adoptive parent at Jewish Child Care Association in New York, who had two

youth placed from residential, shared: "The workers were excellent and really helped guide us through the process and informed us of the specific needs of the children. I could always call them and I really enjoyed

going up to the campus to have lunch with the workers and the children..."

BBI also offers a set of tools that helps all system partners work together to "do what is right" for youth and their families. These tools are available on the BBI website and include:

- BBI Family and Youth Tip Sheets, which provide specific examples around supporting family and youth voice and partnerships when the youth is in out-of-home care.
- The BBI Self Assessment Tool, which provide multiple examples for supporting successful transitions to and from out-of-home care settings and home, as well as between different out-of-home care settings (i.e.

foster home and residential and back to foster care).

Several examples of how foster families can utilize the BBI framework and tools are listed below:

- Foster parents can read articles on the BBI website to increase their understanding of how to improve their own skills in successfully engaging and working collaboratively with families of origin to facilitate the

is in residential, potentially enabling the foster parent to remain a post-placement discharge resource in situations in which the family or a relative placement is not feasible and a permanent placement has not been established.

- At times when foster parents are feeling incapable of providing the most appropriate care for the youth in their homes, they can use BBI tools to support requests for

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child’s return to their families’ homes.

- Foster families can encourage their social service agencies to learn more about the Building Bridges Initiative, so that all system partners are improving their skills in using best practices.
- If it happens that youth need to leave the foster home for a residential program, foster parents can coach the youth, using the BBI Youth Tip Sheet, regarding key questions to ask the residential provider to ensure their time in residential meets the needs of the youth. Similarly, foster parents can use the BBI Family Tip Sheet to ask key questions of residential providers and to urge that services be coordinated between residential, what occurs in the foster home, the child’s family or origin, and the community.
- Foster parents can use BBI documents as guidance to request participation in treatment planning sessions while the youth

residential respite stays and other “safety valves” that will enable them to continue their commitment to the youth.

- Foster parents are critical partners and should be afforded training and supervision in best practice BBI or similar principles and practices (i.e. systems of care), particularly family driven and youth guided care, so they can support permanency and positive outcomes for the youth they care for.

Although the National Building Bridges Initiative initially focused on best practices in residential programs and their community counterparts, foster care agencies and foster parents have found its principles and practices are also relevant to them. Research during the past several years has shown that children, youth and families improve when all system partners embrace and implement family-driven and youth-guided care practices and pay attention to “bridging” between all care settings (e.g., home; foster care; resi-

dential; community programs). Since foster parents are important partners, supporting them in improving their understanding and skills in family-driven and youth-guided care will ensure we do indeed “get it right” when working with youth and families toward permanency. For more information, visit the BBI website at [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org).

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ABOUT THE AUTHORS: Gary M. Blau, Ph.D., is a clinical psychologist and is currently the chief of the child, adolescent and family branch at the Substance Abuse and Mental Health Services Administration. In this role he provides national leadership for children’s mental health. Prior to this, Blau was the bureau chief of quality management and director of mental health at the Connecticut Department of Children and Families, and the director of clinical services at the Child and Family Agency of Southeastern, Conn. He also holds a clinical faculty appointment at the Yale Child Study Center. Blau has received numerous awards, including the prestigious 2009 Health and Human Services Secretary’s Award for Meritorious Service for his national leadership in children’s mental health. He also has numerous journal publications and has been the editor of many books, including the recently published “Leadership Equation: Strategies for Individuals who are Champions for Children, Youth and Families,” the “Handbook of Childhood Behavioral Issues: Evidence Based Approaches to Prevention and Treatment,” and “The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families.” He earned a doctorate from Auburn University in 1988.

Beth Caldwell, MS, is the principal consultant in a consulting group dedicated and committed to supporting individuals with special needs and organizations that serve these individuals in achieving their missions, and fully implementing their values, so that each individual, child and family served can real-

ize his or her full potential. Well versed in the literature on effectiveness in the fields of mental health, substance abuse, child welfare, juvenile justice and education, and utilizing state-of-the-art training and consultation practices, Caldwell has been called upon frequently to provide technical assistance and to develop written documents relating to issues in the field. Caldwell serves as a faculty member for the Office of Technical Assistance, National Association of State Mental Health Program Directors; in this capacity she has provided training, consultation, and/or on-site reviews for staff and programs in all 50 states since 2001 on trauma informed care, resiliency and recovery, and preventing the need for coercive interventions. In May 2008, she and other faculty of OTA received a national award from NAMI recognizing their work in these areas. She is also the coordinator of the national Building Bridges Initiative, an initiative dedicated to moving children's residential programs, and their community counterparts, to the best practice arena.

Samantha Jo Broderick, MSW, LSW, has more than 14 years experience in public child welfare and children's mental health systems spanning advocacy, nonprofit, federal technical assistance, and state government program administration. This experience includes training public and private child welfare agency staff, developing and monitoring adolescent foster care initiatives for state government, running a community-based life skills program, and developing peer-run advocacy movements at the state and national level. As an alumna of foster care, she brings more than five years of direct "lived" experience across multiple placement settings to her professional perspective. She is the co-author of "Flux: Life After Foster Care," a book and corresponding curriculum designed to help young adults with the emotional transition from foster care.

Julie Collins, MSW, LCSW, has been with CWLA since 2001 and is currently the direc-

tor of standards for practice excellence. She has more than 29 years of experience in the fields of: 1) child welfare, as a child care worker, child protective services investigator, ongoing child and family worker, supervisor, and program manager for the Emergency Foster Care program which involved recruit-

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ment and training of foster parents; and 2) mental health, conducting mental health and substance abuse assessments, designing, implementing, managing and evaluating clinical programs for mental health and substance abuse and/or child welfare managed care programs. While at CWLA her work has focused on providing T/TA around: cross systems collaboration in particular with mental health; program and organizational assessments; program and system reform/transformation; identification of best practices; preparation for and implementation of evidence informed and evidence based programs and practices; and, implementation of the Building Bridges Initiative. She has a particular interest in trauma informed care and secondary traumatic stress. At CWLA she provides consultation and training to both public and private child welfare agencies. She is also the CWLA Project Director for the Children's Bureau's FRIENDS National Resource Center for Community-Based Child Abuse Prevention, where she provides T/TA and written reports regarding: cross system collaboration of the CBCAP program and services with the rest of the child welfare

system in particular, around the CFSR/PIP process; cultural competence; and effectively addressing the needs of diverse populations. Prior to coming to CWLA she worked for ValueOptions in the area of managed behavioral healthcare and privatized child welfare where she held a range of positions. Before

coming to the United States in 1991, she worked for the Ottawa-Carleton Children's Aid Society in Ottawa, Canada.

Robert Lieberman, MA, LPC, is the executive director of Southern Oregon Adolescent Study and Treatment Center, a multi-service agency for children, youth and young adults with serious mental and behavioral disorders and their families. He is a past-president of the American Association of Children's Residential Treatment Centers and is currently its public policy chair. Lieberman is co-chair of Oregon's Children's System Advisory Committee and served as a member of the Oregon Commission on Children and Families for 10 years. He is a member of the Building Bridges Steering Committee and co-chair of its Outcomes sub-committee, and is also a member of the Outcomes Roundtable for Children and Families, co-chairing its Evidence-Based Practices workgroup. Lieberman has published journal articles and conducts trainings and workshops statewide and nationally. Lieberman also operates his own practice as a professional counselor for youth, young adults and families.