

Common Core 3.0

Transition Practice

Trainer Guide



Version 3.3 | 2017

Table of Contents

Acknowledgements..... 3

Introduction 5

Tips for Training This Curriculum 7

Agenda 9

Learning Objectives..... 10

Lesson Plan..... 11

Segment 1: Welcome, Introductions, Introduction to the Training 14

Segment 2: Transitions for Children, Youth, Families, and Social Workers, and Trauma-informed Practice 23

Segment 3: Take a Stand..... 31

Segment 4: Review of Key Concepts Case Closure and Aftercare Planning..... 34

Segment 5: Review of After 18 eLearning and 90-Day Transition Planning..... 45

Segment 6: Voices for Youth, and Closure 49

Supplemental Handouts 50

Reference/Bibliography 63

Materials Check List 65

Acknowledgements

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG), a subcommittee of the Statewide Training and Education Committee, (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and Families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

http://calswec.berkeley.edu/CalSWEC/Citation_Guidelines.doc



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

Introduction

Please read carefully as a first step in preparing to train this curriculum.

IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.

GENERAL INFORMATION

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions within an agency.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation:

http://calswec.berkeley.edu/CalSWEC/CCCCA_Citation_Guidelines.doc

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact Joanne Pritchard jpritchard@berkeley.edu or call CalSWEC at 510-642-9272.

COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and

outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

Lesson Plan (Trainer's Guide only)

The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

Evaluation Protocols

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

Training Segments (Trainer's Guide only)

The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer's Supplement is provided that includes additional information or materials that the trainer needs. The Trainer's Supplement follows the Training Activity to which it applies.

Training Content (Trainee's Guide only)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

References and Bibliography

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main,

supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

Materials Checklist (Trainer's Guide only)

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Posters (Trainer's Guide only)

Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

Tips for Training This Curriculum

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions within an agency.

TRAINING PREPARATION

It is **required** that the trainer preview the following eLearning as prerequisite to the classroom:

1. Case Closure and After Care Plans eLearning
2. After 18 eLearning

It is **recommended** that the trainer preview the following eLearning(s) and/or classroom trainings pre-requisites to training the classroom:

1. Introduction to Trauma-Informed Practice eLearning
2. Trauma-Informed Practice classroom

It is **suggested** that you orient yourself to all the blocks in preparation for this training in order to make links and dig deeper into skill building:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit CalSWEC website for more information at: <http://calswec.berkeley.edu/common-core-30-0>

County Variations in Practice:

All counties have their own policies and procedures for transitioning cases. It is important that the trainees are referred to their own supervisor for policy specific questions related to transitioning cases, and the use of aftercare plans with families. Each will also have specific policies pertaining to the development of the 90-Day Transition plans and should be referred to their supervisor and policy for specifics on county practice.

Training Activities:

Because this training is activity rather than lecture based, trainers should have extensive knowledge of CC3.0 content, training modalities, adult learning theory, and coaching. Trainers should be prepared to address a wide variety of trainee questions in the moment relying on CC3.0 informational materials and professional experience. Regional Training Academies may have additional resources for preparing trainees to present this curriculum.

Co-Training with a Youth Partner or Parent Partner:

Regional Training Academies and trainers should be encouraged to co-train this course with a parent partner and/or youth partner. Having their voice represented in development of aftercare plans and/or transition plans can be impactful for the trainees. See the supplemental handouts on "Co-Training Tango: It's a Dance with Your Partner," which was adapted by Nora Gerber using "Paddling Together: A Co-presenting Primer" by Robert Garmston and Suzanne Bailey, printed in *Training and Development Journal*, January, 1988; from "Top Notch Training With Partners" from Info-Line, ASTD.

FAMILY FRIENDLY LANGUAGE

Trainers are the example for modeling this for trainees. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family...rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at <http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0>.

SAFETY ORGANIZED PRACTICE

Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵
- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

¹ Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

² Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

³ Children's Research Center. (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author.

⁴ Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

⁵ Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

⁶ Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

⁷ Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

⁸ Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children*. 19(2):12-15.

Agenda

Segment 1	Welcome, Introductions, Introduction to the Training	9:00 –10:05 am
Segment 2	Transitions for Children, Youth, Families, and Social Workers, and Trauma-informed Practice	10:05–11:20 am
Break	(takes place in the middle of segment 2)	10:15 – 10:30 am
Segment 3	Take a Stand	11:20–11:50 am
Lunch		11:50 am–12:50 pm
Segment 4	Review of Key Concepts Case Closure and Aftercare Planning	12:50–2:30 pm
Break		2:30–2:45 PM
Segment 5	Review of After 18 eLearning and 90-Day Transition Planning	2:45–3:30 PM
Segment 6	Voices for Youth and Wrap Up	3:30–4:00 PM

Learning Objectives

Knowledge

- K1. The trainee will be able to describe the types of transitions families and social workers experience during placement changes, team changes, social worker changes, reunification, and case closures.
- K2. The trainee will be able to identify trauma-informed social worker practices to assist families and teams in managing transitions.
- K3. The trainee will be able to identify the role of culture and bias in child welfare permanency practice (inclusion of ICWA/BIA guidelines).

Skill

- S1. Using a vignette, the trainee will be able to describe strategies to assist a family in transition to permanency.
- S2. Using a vignette, the trainee will be able to demonstrate developing an aftercare plan for a family whose case is closing and a transitioning youth in a team setting.
- S3. Using a vignette, the trainee will be able to identify potential biases in efforts to address permanency.
- S4. Using a vignette, the trainee will be able to identify and address his or her own emotional responses to transition.

Values

- V1. The trainee will value the role of the social worker in facilitating CWS transitions.
- V2. The trainee will value the role of the team in facilitating CWS transitions.

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 65 min 9:00–10:05 am Welcome, Introductions, Introduction to Training	Activity 1A Introduce goals of the training and explain logistics. Orientation to the Child Welfare Training System in California, and group agreements <i>PowerPoint slides 1-4</i> Activity 1B Review of the Learning Objectives, and introduction to the training <i>PowerPoint slides 5-6</i> Activity 1C Video, “From Place to Place,” and discussion <i>PowerPoint slides: 7–8</i> <i>Learning Objectives: K3, V1, V2</i>
Segment 2 60 min 10:05–11:20 am Time includes the 15-minute break Transitions for Children, Youth, Families, and Social Workers, and Trauma-informed Practice	Activity 2A Lecture, and discussion of the various transitions for children, youth, young adults, families, and social workers <i>PowerPoint slides: 9-10</i>
10:15–10:30 am 15 min BREAK	
Segment 2 (continued) Trauma-Informed Practice and Transitions Emotional Responses to Transitions	Activity 2B Lecture, and review of 10 Tips When Ending Psychotherapy <i>PowerPoint slides 11-16</i> Activity 2C Discussion, and activity of the range of emotions social workers can experience when transitions occur <i>PowerPoint slides: 17–18</i> <i>Learning Objectives: K2, S1, S4 V1, V2</i>

Segment	Methodology and Learning Objectives
Segment 3 30 min 11:20 am–11:50 pm Take a Stand	Activity 3A Facilitated discussion of transitions, decisions, and biases. <i>PowerPoint slide: 19</i> <i>Learning Objectives: K1, K3, S3, V1, V2</i>
11:50–12:50 pm 60 min LUNCH	
Segment 4 100 min 12:50–2:30 pm Review of Key Concepts Case Closure and Aftercare Planning	Activity 4A Lecture, discussion, of the eLearning guide questions 3, 5, 7 and 8 covering the key concepts from the eLearning Case Closure that they will need to complete the skill activity <i>PowerPoint slides: 20-24</i> Activity 4B Skill practice engaging the families on the completion item R10 of the Family Risk Reassessment In-Home Cases <i>PowerPoint slide: 25</i> Activity 4C Facilitated discussion of biases, assumptions, conclusions, and feelings that may impact decision making <i>PowerPoint slide: 26</i> Activity 4D Activity, developing an aftercare plan with a family, and report out <i>PowerPoint slides: 27</i> <i>Learning Objectives: K1, K3, S1, S2, V1, V2</i>
2:30 – 2:45 pm 15 min BREAK	

Segment 5
45 min
2:45–3:30 pm

Activity 5A

Lecture, discussion, Activity, with a report out covering the key concepts from the eLearning After 18.

**Review of After 18 eLearning
and 90-Day Transition Planning**

PowerPoint slides: 28-30

90-Day Transition/Aftercare Plan

Activity 5B

Trainees will role play the completion of the After 18 Aftercare plan, and the trainer will facilitate a group report out.

PowerPoint slides: 31

Learning Objectives: K1, K3, V1, V2

Segment 6
30 min
3:30–4:00 pm

Activity 6A

“Voice for Youth” video, discussion, closure, and Participant Satisfaction Survey.

Voices for Youth and Closure

Power Point slides: 32-33

Learning Objective: V1

Segment 1: Welcome, Introductions, Introduction to the Training

Segment Time:	65 minutes
Activity Time:	Activity 1A: Welcome, Introductions and Group Agreements (10 minutes) Activity 1B: Introduction to the Learning Objectives and Training (15 minutes) Activity 1C: From Place to Place (40 minutes)
Trainee Content:	Agenda, pages 5, 7
Materials:	Chart pad, markers, and tape (if doing group agreements)
Slides:	1-4

Description of Activity:

This introductory activity includes a review of the Agenda and an Introductions icebreaker.

Before the activity

- ❑ Review Group Agreements as part of this activity. Group agreements have been established as part of Common Core 3.0. Prepare your chart pad in advance with the standardized agreements and some initial agreements such as starting and ending on time, sharing the floor, etc. Leave space for the group to develop their own Group Agreements.

During the activity


Activity 1A: Welcome, Introductions and Group Agreements

- ❑ Welcome the trainees to the training and introduce yourself.
- ❑ Provide an overview of the Agenda, found on page 5 of the Trainee's Guide.



Transition Practice

Version 3.2 | 2017

	<p>Overview of the Day</p> <ul style="list-style-type: none"> • Welcome • Review of the Agenda • Learning Objectives
<ul style="list-style-type: none"> ❑ Briefly go over the group agreements that have been shared in previous trainings as a reminder, and ask if there is anything that needs to be added. ❑ This should be a parallel process of engaging in development of Group Agreements with children, youth, young adults and families. The trainees can take notes on page 7 of the Trainee’s Guide. <ul style="list-style-type: none"> • Collaboration: We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it. • Ask lots of questions: Point out that the trainer can’t make the training relevant for each person because there are many people in the room with different experiences and different needs. Trainees have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them. • Be Open to Trying New Things: As professional we feel more comfortable and competent sticking with what we know. We don’t always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new thing telling ourselves things like “she doesn’t know what she’s talking about...she has never worked in our community with the people we work with...”But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they are agreeing to try new things even if they feel uncomfortable. • Make Mistakes: As professionals we don’t like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don’t want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others. 	<p>Group Agreements</p>  <ul style="list-style-type: none"> • Be collaborative • Ask lots of questions – let us know what you think • Be open to trying new things • Be willing to make mistakes • Maintain confidentiality • Be responsible for your own learning

- | | |
|--|--|
| <ul style="list-style-type: none">• Confidentiality: This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.• Be responsible for your own learning: As adult learners we realize you come with knowledge, skills, and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other trainees as well as to the trainer/facilitator. This includes being on time, sharing the floor, cell phones off... | |
|--|--|

Transition to the next activity: Activity 1B: Introduction to the Learning Objectives and Training

Activity 1B: Introduction to the Learning Objectives and Training

Activity Time:	15 minutes
Trainee Content:	Pages 6 and 8
Materials:	Learning Objectives, Supplemental Handout (Activity 1B, Stadium Capacities)
Slides:	5–6


Description of Activity:

The trainer will introduce the trainees to the Goals of the training and Learning Objectives.

Before the activity

- ❑ Refer to “Activity 1B, Stadium Capacities” of the Supplemental Handout, and pick a stadium that is in the region you are training in. You will use the stadium occupancy for the guided imagery.
- ❑ You can insert a photo of the stadium that you choose for this activity, so they see the actual stadium on the slide.

During the activity

<ul style="list-style-type: none">❑ Ask trainees to review the Learning Objectives found on page 6 of the Trainee Guide.❑ Remind trainees that during the eLearning course Case Closure, they were asked to reflect on learning objectives that they wanted to learn more about. Did the trainee learn what they need or is more information needed? The trainer should chart any items the trainee wanted more information about and help to answer questions left from the eLearning.	
<ul style="list-style-type: none">❑ Ask the trainees to close their eyes for a guided imagery. Imagine that you are at the (insert most appropriate stadium in your region). Stadium and the seating capacity is 56,000 In a 2012 study conducted by the Conrad H. Hilton Foundation, there were over 60, 000 children in foster care, in California, over the seating capacity of the Dodger Stadium. Over 4.500 young people “age out” of California’s foster care system Now keep your eyes closed, and visualize the following statistics:<ul style="list-style-type: none">• 33% of former foster youth are unemployed;• Over 20% of former foster youth receive outpatient mental health services;• 50% of women who emancipate become pregnant by age 19;• Only 45% of the foster youth complete high school as compared to 79% of the general population;• Only 1 in 10 foster youth will obtain a college degree.	

<p>Explain to trainees that this module provides skills practice for transitioning families and non-minor dependents (NMDs) from formal supports and services to informal supports, when intervention by formal systems are no longer needed. It should be noted that we are using a “people first” language, and although non-minor and NMD is a legal term, we will refer to this group as “young adults”. The successful transition away from formal supports can occur when informal supports are in place, and the support and activities needed to ensure long-term stability are being provided.</p>	
<ul style="list-style-type: none"> ❑ The Transition skills classroom training is not only designed to provide a skill-based environment to practice assisting families and young adults in transition to informal services, but to learn practice behaviors as well. ❑ Refer the trainees to page 8 of the Trainee’s Guide for the California Child Welfare Core Practice Model Practice Behaviors, Transition Behaviors: <ul style="list-style-type: none"> • Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes and other significant transitions. • Reduce the role of child welfare and professional services over time and facilitate an increased role for the family’s network and natural supports to help the family build an ongoing support system. ❑ Coordinate with the family’s formal and informal advocates to help the family find solutions and provide on-going support after the child welfare agency is no longer involved. 	<div data-bbox="1133 443 1487 707"> <p>California Core Practice Model, Transition Practice Behaviors</p> <p><i>Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.</i></p> <ul style="list-style-type: none"> ✓ Reduce the role of the child welfare and professional services over time and facilitate an increased role for the family’s network and natural supports to help the family build an on-going support system. ✓ Coordinate with the family’s formal and informal advocates to help the family find solutions and provide on-going support after the child welfare agency is no longer involved. </div>
<ul style="list-style-type: none"> ❑ Trainees can expect to leave this training with skills on transitioning families and young adults from formal supports and service to informal supports and services that are consistent with the Core Practice Model standards of practice. 	

Transition to the next activity: Activity 1C: From Place to Place

Activity 1C: From Place to Place

Activity Time:	40 minutes
Trainee Content:	Page 9
Materials:	Video “From Place to Place,” chart pad, markers, and tape
Slides:	7–8

Description of Activity:

The trainees will watch the video “From Place to Place” from the lens of transition points throughout the life of the case, where the use of strategies such as engagement, teaming, and trauma-informed practices could have improved outcomes for the young adults in the video. There will be a facilitated discussion about transitions and key points after the video.

Before the activity

- ❑ Be familiar with the California Child Welfare Core Practice Model, Practice Behaviors and be able to facilitate a discussion about the video “From Place to Place” and tie it to the need for the Core Practice Model; the Core Practice Model Guide can be found at http://www.chhs.ca.gov/Child%20Welfare/core_practice_model_packet_rev0515_final_0.pdf
- ❑ Make sure the video and sound work in the classroom, and the video is cued up.
- ❑ View the film “From Place to Place” 19:54 minutes. The video can be found at <https://www.youtube.com/watch?v=98UIV-gsE2I>
- ❑ Prepare chart paper with a plus/delta, for debriefing the video

During the activity

- | | |
|---|--|
| <ul style="list-style-type: none">❑ Explain that although the transition block is primarily about case closures with families and young adults leaving child welfare systems, there are many transition points throughout the life of a case that all workers can impact and influence potential outcomes, both positive and negative. If we keep the outcomes in mind for many youth who enter foster care, this may help us engage the family differently, provide more preventative services, structure services appropriately, return youth to families sooner when safe, and find forever homes sooner when we cannot reunify. | |
|---|--|

<ul style="list-style-type: none"> ❑ This film will bring out the worst aspects of youth experiences in foster care, but it also points out some of the positives. Ask the trainees to consider both the positive and negative themes they hear. Refer the trainee to page 9 of the Trainee’s Guide and let them know they have their own plus/delta chart they can use for taking notes of themes they see throughout the video. Ask trainees to see if they can identify places where the standards of practice are in place or could have been helpful. ❑ When viewing this video, trainees should view it from the lens of the position they have been hired for in child welfare, keeping the outcomes of youth in mind. The trainees should be prompted to ask themselves: ❑ “What can I do in my position to impact better outcomes for these youth?” ❑ View the video “From Place to Place.” <ul style="list-style-type: none"> • Trainer Note: This video is very powerful, and may bring up a wide range of emotions for the trainee. Give the trainees permission to practice self-care as needed. Example, they can leave the room for a moment if needed. 	<div data-bbox="1162 109 1505 371"> <p>From Place to Place</p> <ul style="list-style-type: none"> • https://www.youtube.com/watch?v=98UJV-g5E2I </div>
<ul style="list-style-type: none"> ❑ On chart paper create a “Plus/Delta”. Ask the trainees what the positive or plus aspects of the video were, and then what the negative or delta themes of the video were. Chart the trainee’s responses. Listed below are some suggestions. ❑ Trainer Note: The key is the discussion about key practices that promote better outcomes for children, youth, young adults, and families we serve. As the Plus/Delta is occurring use the statements made by the trainees to made to connect to key practices. Example: The statement that is made “We need to be connected.” An example of a key practice that can help keep children, youth, and young adults connected is teaming early, making sure all of those people who are important are part of the bigger team. ❑ Ask the trainees to list the positive or “plus” themes: <ul style="list-style-type: none"> • Empowerment • Empowerment when the producers recognized that Raif did not want to fly and let him take the bus; they empowered him by giving him a choice. • Resiliency • Strength • Independence • Adaptation • Positive peer support • Family connections • Ideas for how to change the system • Culturally responsive services • Trauma-focused service ❑ Ask the trainees to list the negative “delta” themes: <ul style="list-style-type: none"> • Isolation • Separation from family, friends, and community • Trauma • Over medication • Negative peer influences • Lack of hope for the future • Racial biases 	<div data-bbox="1162 674 1505 936"> <p>Video From Place to Place</p> <ul style="list-style-type: none"> • Plus/Delta • What in your position can you do to impact better outcomes for youth? <ul style="list-style-type: none"> ✓ Core Practice Model, Standards of Practice • Self Care </div>

<ul style="list-style-type: none"> • Absence of voice in the process • Bureaucracy <p>❑ This video demonstrates the struggles of transitioning youth, but not necessarily the struggles of youth of color. Remind the trainees that culture should be taken into consideration at all transitions, and with all families.</p> <p>❑ Ask the trainees: “What can I do in my position to impact better outcomes for these youth?”</p> <p>❑ Be prepared with your own examples (some examples are suggested below):</p> <ul style="list-style-type: none"> • Locating families earlier • Matching to a permanent family • Early mental health interventions • Building teams and support networks • ILP services <p>❑ Advocate for treatment not medication</p>	
<p>❑ Trainer Note: The goal of the video is to evoke emotions and formulate values as trainees see the story of three youth and the youths’ outcomes. If we keep the outcomes in mind from the first call to the hotline throughout the time the child/youth is in our care, the hope is that we become better advocates for our youth, engage in evidenced-based and value-added practices such as trauma-informed, teaming, and strength-based practice. The hope is we become better decision makers at each decision and transition point throughout the life of the case.</p>	
<p>❑ Have each table take 5 minutes and discuss what they can do in their current position to positively impact children, youth, and young adults in transitions. The trainer should have their own examples. Example:</p> <ul style="list-style-type: none"> • Assemble a team early. • Commit to looking for extended family and important people in the life of a youth from the first knock on the door. <p>❑ The trainer should acknowledge that the video may have been difficult to watch. There were many positive things that resulted, but there were equally difficult negative themes. This is the reality of work within child welfare. There are times where everything will work out perfect, and times when cases negatively impact the children, youth, young adults, and families we serve. Child welfare work is not for the faint of heart. The work can be and often is difficult.</p> <p>❑ Self-care is incredibly important. Building a support system at work is critical necessity. Each trainee should think of things that they can do early in their career and throughout their career to take care of themselves.</p> <p>❑ Refer trainees to page 9 of their participant’s manual and have them answer the two questions:</p> <ol style="list-style-type: none"> 1. What can they commit to, to help improve outcomes for the children, youth, young adults, and families they serve? 2. What can they commit to for their own self-care? <p>❑ As you start your work in child welfare knowing the potential outcome for children youth, and young adults can help us make better decisions. Paying</p>	

special attention to transition, being thoughtful, and using teaming to help support the child, youth or young adult in transitions, can and does help improve outcomes.	
--	--

Transition to the next segment: Transitions for Children, Youth, Families, and Social Workers, and Trauma-Informed Practice.

Segment 2: Transitions for Children, Youth, Families, and Social Workers, and Trauma-informed Practice

Segment Time:	60 minutes
Activity Time:	Activity 2A: Transitions for Children, Youth, Families, and Social Workers (10 minutes) Activity 2B: Trauma-informed Practice and Transitions (30 minutes) Activity 2C: Emotional Responses to Transitions (20 minutes)
Trainee Content:	Pages 10-11
Materials:	Chart paper, markers, tape
Slides:	9-10

Description of Activity:

During this activity, the trainer will discuss transition points in case management and other common changes related to child welfare services. The goal of this activity is to demonstrate the quantity and frequency of transitions that can occur in the lives of children, youth, young adults, and families whom we serve. Transitions can impose their own level of trauma on the family. Understanding their effects is important for creating opportunities which support activities that will help ease the transitions.

Before the activity

- ❑ The trainer can pre-mark chart paper with the transitions listed below. Since the trainees are new, they may or may not know all the transitions. This will help facilitate the discussion of the various transition points.

During the activity

Activity 2A: Transitions for Children, Youth, Families, and Social Workers

- ❑ It is important to note that when children, and youth are removed from their parents and caregivers, they are removed for safety issues involving immediate harm, and are protected from those safety issues. However, they are exposed to other traumas which impact their development and emotional stability.
- ❑ The additional traumas that can occur start with the removal from the home, and continue with each transition.
- ❑ At minimum, the following should be charted:
 - Hotline to Community-Based Services
 - Hotline to emergency response
 - Emergency response to close referral
 - Emergency response to family maintenance voluntary
 - Emergency response to court dependency case
 - Court dependency to family maintenance to family reunification
 - Family maintenance to case closure

Table Group Activity Instructions

As a table group, list the types of potential case transitions and other transitions related to child welfare services that may affect the lives of children and youth in out-of-home care and/or their families.

Transition Points

- | | |
|--|---|
| Case Transitions: <ul style="list-style-type: none"> • Hotline-Community • Hotline-ER • ER-Referral Closure • ER-Family Maintenance • ER-Court Case • Court Case to FM/FR • FM-Case Closure • FR-Permanency | Personal Transitions: <ul style="list-style-type: none"> • Placement Changes • Social Worker Changes • Team Changes • Therapist Changes • School Changes • Community Changes |
|--|---|

<ul style="list-style-type: none"> • Family reunification to adoption • Family reunification to legal guardianship • Family reunification to permanency (long-term care) • Long-term care to non-minor dependent • Long-term foster care to emancipation • Long-term care to case closure <p>❑ With each of the following transitions listed above, there are often additional, more personal transitions as well:</p> <ul style="list-style-type: none"> • Placement changes • Social worker changes • Therapist changes • Team changes • School changes • Community changes <p>❑ Trainer Note: This is also dependent on individual counties and how they service cases.</p>	
<p>❑ Trainer Note: The key to this activity is to focus on the many transitions that occur in the life of the case. Each one of these transitions can cause an additional disruption for children, youth, young adults, and families that we serve. We need to be aware of the impact of transitions on the children, youth, young adults, and families, and use practices that will help lessen the trauma associated with such disruptions.</p>	

Transition to the next activity: Activity 2B: Trauma-informed Practice and Transitions

Activity 2B: Trauma-informed Practice and Transitions

Activity Time:	30 minutes
Trainee Content:	Activity 2B: Transitions/Trauma-Informed Practice and Transitions (10 tips adapted from John Grohol, Psy.D.) Activity 2B: Table Activity
Materials:	Chart pad, markers, and tape
Slides:	11–16

Description of Activity:

The trainer will review content from the classroom training on Trauma-informed Practice, and lecture on a 10-step process to help transition cases and reduce the traumatic impact.

Before the activity

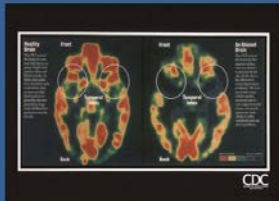

- ❑ Trainer Note: The Foundation Block has a class, Trauma-Informed Practice; most of the trainees should have taken this class and should be referred back to that material. Please note that if a trainee did not start at the beginning of Core, they may not have had this class.
- ❑ The trainer should be prepared to summarize the key points of this activity.
- ❑ The trainer should be familiar with the article “Termination: 10 Tips when Ending Psychotherapy” by John Grohol. These 10 tips have been adapted to meet the needs of transitioning and closing cases in child welfare (Refer to Trainee Guide for Activity 2B: Transitions/Trauma-Informed Practice and Transitions). The original article can be found at: <http://psychcentral.com/blog/archives/2009/05/27/termination-10-tips-when-ending-psychotherapy/>

During the activity

- ❑ As a review from the Trauma-informed Practice class the trainer should reinforce the following points:
 - Complex trauma arises from on-going events that happen in someone life.
 - It can occur in many combinations, early or late in one’s life, multiple traumatic events, usually personally impacting the individual.
 - It can include exposure to repetitive childhood sexual abuse, physical abuse, or psychological abuse.
 - It can also include harmful social environments such as hunger, homelessness, racism, sexism, violent neighborhoods.

Trauma-informed Practice

- Complex trauma arises from on-going events
- Personally impacting the individual
- Can also include harmful social environments, such as hunger, homelessness, racism, sexism, and violent neighborhoods

<ul style="list-style-type: none"> It is important to understand that as children are exposed to trauma there is a change in the structure and formation of their brain. The image on the left is of a three-year-old American boy, the one on the right is of a three-year-old Romanian boy who lived in many orphanages, experiencing several moves within his short life. The experience of neglect is sure to alter the brain architecture. Traumatized children are not able to concentrate in school, and have difficulty learning to interact socially. When we remove children we protect them from the safety threats or factors that were present in their home, but we potentially expose them to other trauma within the child welfare system, which can impact their development and emotional stability. 	
<ul style="list-style-type: none"> Once youth enter foster care they are subject to additional traumas, such as the initial removal from their home and placement with a complete stranger, not having access to things they are used to such as food choices, soap, house temperature etc. (within itself traumatic), separation from family and community of origin, multiple placements, social worker changes, and many more. Additionally, an article, “Exits to Permanency a Review of Current Literature” by UC Davis Extension Center for Human Services, found that placement instability is strongly associated with poor behavioral and emotional outcomes for youth. Youth who have unstable placements had twice the odds of having behavior problems as compared to children who have placement stability. In addition, unstable placement increased the risk of re-entry into care. All of these can create additional trauma for youth. It is also important to note that the parents and caregiver of children in foster care may also have their own trauma history, which may have been addressed in therapy but can still impact their future. 	<p>Trauma Suitcase</p> 
<ul style="list-style-type: none"> Being aware of trauma at different transition points in the life of a case can help to set the transition up for success. Highlight the different transition points connected to child welfare services. 	<p>Trauma Exposure Continues</p> <ul style="list-style-type: none"> Removal Placement changes School changes Social worker changes Points of transitioning
<ul style="list-style-type: none"> The article “Termination: 10 Tips When Ending Psychotherapy” by John Grohol, Psy D, can be modified and used for transitioning and closing cases in child welfare as well. <ol style="list-style-type: none"> Understand the Process: Start by talking with the family or the young adult about when the case will transition, especially significant transitions such as placement changes, new social worker assignment, or close. A mutual date with as much time as possible should be chosen. If the court system or an unexpected change occurs the date may be driven by the situation. For planned transitions, time should be given. In addition, an explanation for the change should be given. Bring it Up Early: Start the process early; let the family or youth get use to and be comfortable with the change. Any anxiety that one is experiencing can be addressed. 	<p>Terminating/Transitioning Cases 10 Tips</p> <ol style="list-style-type: none"> Understand the process Bring it up early Pick the final date Let it out Anger and anxiety are normal Allow for questions Knowing if the family, youth NMD is ready It's done face to face Final sessions Termination is not the end

<ol style="list-style-type: none"> 3. Pick the Final Date: The date acts as a mutual goal for both of you as to when you can finalize the process, and make a smooth transition. For young adults picking a transition date when then have opted out of foster care will help to create a time line for their aftercare plan development. For other transitions such as a social worker change or therapist change pre-planning a date will help in preparing for the transition and having time to develop a transition plan with the team, and ensure the supports needed are in place. 4. Let it Out: Sometimes there is mixed emotions from the family and the social worker about letting go. For the family, the worker may have provided security so letting go of the relationship into the unknown may be difficult. It may be difficult for the worker as well; emotional attachment can occur, especially when the family and worker have worked well together. Give time and space to talk about the emotional detachment. 5. Anger and Anxiety Are Normal: Transferring the family to a new worker or for case closure can be difficult. The family is not familiar with the new worker, or has come to rely on the worker for support. Sometimes the change may cause anxiety. This is natural and normal; give space for the family or youth to express this; and work through any resistance or reactance they may have surrounding the change. 6. Allow for Questions: The family or youth may have questions when the case is being transferred, such as who the new worker will be, what will happen to their case, will services continue. If the case is closing, they may want to know who they will go to if the need arises. This is a perfect time to start to talk about the aftercare plan and planning process. 7. Knowing If the Family is Ready: Make sure the social worker and the family are both clear as to the progress that has been made, and why it is the right time to close the case. Where the court has ordered the case closed, explanation of the reasons may be important. The most important piece is expressing confidence in the family or youth's ability to succeed. 8. It's Done Face to Face: If the case is being transferred or closed, the transition should be done face to face. It is best to have one final "goodbye". 9. The Final Session: This may involve encapsulating the time spent working together, success gained, and confidence in continued success. 10. Termination Is Not the End: With case transfers, there will be another social worker to help the family or youth. With case closures, there will be an aftercare plan developed for future assistance, and the family or young adult's team will still be in place. <ul style="list-style-type: none"> ❑ By being thoughtful and purposeful in our transferring cases and/or terminating cases we can help to reduce further trauma experienced by the family and youth. Teaming and continuing to build circles of support and safety networks can assist in transitioning families throughout the life of the case. ❑ Additional thoughts from the Common Core 3.0 Trauma-Informed Practice course: Let the child know that they can talk about the experience and their fears; listen carefully when the talk; notice behavior changes; give the child choices; know where to refer; and ask your supervisor for help. 	
--	--

- ❑ Activity 2B: Provide each table with chart paper. Have each table come up with one activity they can do with a child, youth, or young adult to help the case transfer or close in a positive manner. Have the table write the activities and steps to the activity on the chart paper. They should select someone to report out, as they will then share the activity with the rest of the groups.

Trainer Note: Have your own example of an activity that can be done with a youth. For example: When you were a social worker you had a pre-meeting or visit with the new foster parents and the child prior to the actual move. During this meeting the youth and foster parents were able to share a little about themselves and their families.

On page 11 of the Trainee's Guide there is a handout to track the ideas their table comes up with, and any additional activities/ideas that the other tables report out.

- ❑ The trainer may want to assign each table a child, youth, or young adults so that each age group is represented and an activity is developed for each.
- ❑ Trainer Note: As part of transitions is the transition from social worker to social worker. Please make sure there is a conversation about the value of consultation between both social workers to make sure the new social worker has more of the family culture, and nuances that may not be in the case notes or written reports. This will help the family transition to the new social worker easier, and not feel like they are starting over.

Activity 2B

- Pick one transition point: social worker, therapist, school, or team change.
- Develop one activity you can do with a child, youth, or young adult to help them transition.
- Chart the activity on chart paper.
- Be prepared to share with the group.

Transition to the next activity: Activity 2C: Emotional Responses to Transitions

Activity 2C: Emotional Responses to Transitions

Activity Time:	20 minutes
Trainee Content:	Pages 12–13
Materials:	Chart pad, markers, and tape
Slides:	17–18

Description of Activity:

The trainees will read five vignettes; each vignette represents a different transition point in a case. The trainees will list the range of emotions as a table group. The trainer will solicit and chart the range of emotions, normalize the emotions felt, and briefly talk about self-care.

Before the activity

- ❑ View CC3.0 Time and Stress Management eLearning.

During the activity

<ul style="list-style-type: none"> ❑ The trainer will let the trainee know that there are many transition points in the life of the case, and depending on the circumstances, personal investment, and the success or lack of success there can be a wide range of emotions felt as the cases are transitioning or closing. These emotions are okay, and are individual. What is important is being able to work through the emotions and take care of yourself. ❑ Assign one of the five vignettes found on page 12 and 13 of the Trainee’s Guide to each table. Have the trainees journal their emotions/feelings that arise on pages 12 and 13 of the Trainee’s Guide, and as a table group develop a list of emotions for their vignette. Total time: 7 minutes. 	<div> <p>Emotional Response Transitions</p> <ul style="list-style-type: none"> • Read the vignette assigned to your table; • Develop a list of emotions that could arise for each vignette; • Be prepared to share with the larger group. </div>
<ul style="list-style-type: none"> ❑ The trainer will provide a brief synopsis of each scenario, then solicit and chart from the table that was assigned the scenario the various emotions that the trainees have come up with. You will do this for each of the five scenarios. ❑ The trainer will facilitate a conversation about these emotions, validate the emotions, and facilitate a conversation about self-care. <ul style="list-style-type: none"> • Worries about not being able to find a foster child who may be being harmed by the foster parents • Success story and feelings about the success of the family and your own success • Time invested and advocating with the family only to have their children removed • Emotions of working with a young adult in college to find out she is pregnant • Feelings after working with a high-profile case that consumes your time, energy, and now being able to transfer the case. 	

❑ Self-Care Activities

- Develop a support group of co-workers
- Talk to your supervisor
- Take a break
- Leave work at work
- Laugh often
- Exercise
- Eat healthy
- Spend time with family/friends
- Employee Assistance Program (EAP)

Self-Care

- Develop a support group of co-workers
- Talk to your supervisor
- Take a break
- Leave work at work
- Laugh often
- Exercise
- Eat healthy
- Spend time with family/friends
- Employee Assistance Programs (EAP)

Transition to the next segment: Take a Stand

Segment 3: Take a Stand

Segment Time:	30 minutes, including 15-minute break
Activity Time:	Activity 3A: Take a Stand (30 minutes)
Trainee Content:	Pages 14-15
Materials:	Chart paper, thumbs up and down, printed scenarios found in Supplemental Handouts for Activity 3A: Take a Stand
Slides:	19

Description of Activity:

During this activity, the trainer will continue the discussion about the different transition points in the life of child welfare services, and the decisions social workers make with the child, family, and team. The focus is to have the trainees take a stand on a topic where the right decision is not necessarily clear and where both options are viable. There is a focus on how do we make these decisions and the tools do we have to help guide the decision at points of transitions.

Before the activity

- ❑ Pre-make chart paper with the six statements found on pages 56-57 Supplemental Handouts.
- ❑ Print six sets of the “thumbs up” and “thumbs down” graphics, found on pages 58-59 Supplemental Handouts .
- ❑ Before the activity starts, place the six posters each containing one of the Take a Stand scenarios from the Trainee’s Guide around the room with a “thumbs up” on the right side and “thumbs down” on the left side.

During the activity

- ❑ Ask the trainees to read the scenarios on pages 14-15 of the Trainee’s Guide. Assign each table one of the scenarios on the wall to start at. As a table group they will then go to one of the statements on the wall.

Trainer Note: Set up the activity by stating to the trainees the following: In this activity, you will be asked to make a decision and take a stand on your own. However, in your day-to-day practice, you will be consulting with your supervisor to develop recommendations based on your assessments and working with the child and family team to make decisions regarding transitions whenever possible.
- ❑ The table group has 5 minutes to discuss the statement and for each person to take a stand. You have to take a stand and either agree or disagree with the statement. If they agree they move to the right or the “thumbs up” sign. If they disagree they move to the left or the “thumbs down” statement. There is no right or wrong answer, and the entire team does not have to take the same stand.
- ❑ After the 5 minutes and everyone has taken a stand, have three of the teams read their statement to the larger group.



- ❑ Facilitate a report out of how they made their decisions to agree or disagree: Watch for statements that may indicate bias. As the trainer, you will want to help guide the trainees in identifying how to be fair and equitable when making decisions, especially when a bias may be present. Utilizing some or all of the questions below, facilitate a conversation with the trainees about their decisions:
 - Was the decision clear? What makes the decision clear? If it was unclear, what were the factors that made it unclear?
 - How did you make your decision to agree or disagree? Did you have any gut reactions? Did you draw from past experiences?
 - What information influenced your decision?
 - Do you already have an idea of what makes a “good” permanent plan?
 - What biases, assumptions, or conclusion may you have around what makes a “good” parent or caregiver?
 - How might your decision have been different if you were making the decision with the child and family team? What are some of the other perspectives that may have influenced the final decision?

- ❑ Have the teams rotate to the next question, and repeat the same process.

Trainer Tip: In the first rotation, you had three groups read their scenario. During this rotation you will have the groups read the scenarios that were not read in the first round, and facilitate the same type of discussion for these last three scenarios.

- ❑ The trainer can be prepared to share their own experience about a time when they let their own biases influence a decision they made. What did the trainer do to resolve it? How did they shift their practice to make sure it did not impact future families?
- ❑ The goal of the activity is to bring out self-awareness of potential biases, and how sometimes our own life experiences help us form the decisions that we make. We all bring to our practice our life experiences, education, and preferences. We cannot be expected to leave our experiences, education, and preferences out of our practice. It is important that we are aware of potential biases so that they do not negatively impact our families. Highlight the tools that we have that help us to make good decisions, that help ensure fair and equitable decisions for all families:
 - Consultation with your supervisor
 - Team Decision Making
 - SDM
 - SOP
- ❑ The trainer should be prepared to facilitate any disagreement that may arise between trainees. Keeping in mind there is no right or wrong answers. Trainer should make sure to solicit from both those that agree and those that disagree with the statement. Don’t forget to refer back to agreements as needed.

Be explicit about the goal of the activity: To have trainees focus on the different decision making points, to see that different decisions can be made, and to utilize the tools and resources we have available to reduce the

<p>difference in outcomes, and to ensure fair and equitable treatment for all families.</p> <p>❑ Have the trainees turn to page 15 of the Trainee’s Guide decision making process during this activity, and what commitment they can make to ensure fair and equitable treatment for all families they serve.</p>	
--	--

Transition to the next segment: Review of Key Concepts Case Closure and Aftercare Planning

Segment 4: Review of Key Concepts Case Closure and Aftercare Planning

Segment Time:	100 minutes
Activity Time:	Activity 4A: Lecture on the Key Concepts Presented in the eLearning (15 minutes) Activity 4B: SDM and Family Engagement (25 minutes) Activity 4C: Staffing/Case Consultation the Risk Reassessment In-Home Vignette (20 minutes) Activity 4D: Trainees will role play the completion of the aftercare plan (40 minutes)
Trainee Content:	Pages 16-19
Materials:	Case Closure eLearning Guide Review in the Supplemental Handouts for Activity 4A
Slides:	20-24

Description of Activity:

The trainer will facilitate a discussion and activity related to the review of the key concepts of the e-Learning Case Closure.

Before the activity

- ❑ Review the eLearning Case Closure and Aftercare Planning.
- ❑ Review the eLearning Guide used in the Case Closure and the Aftercare Planning eLearning. The answers can be found in the Supplemental Handouts for Segment 4A: Case Closure eLearning Guide Review. The answers for the entire guide are provided. If a trainee has a question about their answer, the focus of the review will be questions 3, 5, 7, and 8. These questions will be used as a review and set up for the skill-based practices that follow in Segment 5.

During the activity

Activity 4A: Lecture on the Key Concepts Presented in the eLearning



- ❑ Explain to the trainees this will be a review of the key concepts they learned in the eLearning course, Case Closure and Aftercare Planning. This section will be used to review the material and will be used in the skill practice.
- ❑ The trainer should ask the trainees to pull out their eLearning guide they took notes on during the eLearning course. If they forgot the one from the eLearning there is one provided and starts on page 16 of the Trainee's Guide.

The trainer should be prepared to summarize the answers to questions 3, 5, 7, and 8 of the eLearning guide. You will not discuss the entire eLearning guide. The goal of the activity is to review the questions that will serve as a refresher for the skill-based activities that follow this segment.

Review Key Concepts Case Closure

- ASFA & CFSR Goals
 - Safe and Timely Reunification
 - Prevent Reentry into care

<p>❑ Remind trainees that there is a multitude of ways that cases can close, and that the most preferred method is successful reunification.</p> <p>Other ways that a case can close is permanency through adoption and legal guardianship, or when a young adult ages out or opts out of foster care. Case closures should not be looked at as singular events; they are processes that occur over time, with thought and preparation. The goal should be to set the families, children, youth, and young adults up for success as they transition from child welfare supported services to family and safety networks, that support safety plans, community supported services and Tribal services and supports.</p>	
<p>❑ Question 3, Strategies for Successful Case Closure</p> <ul style="list-style-type: none"> • Using tools such as Structured Decision Making (SDM) helps to identify and structure critical decision making points, increase consistency in decision making points, targets resources for families most at risk, and uses case-level data to inform decisions throughout the agency. For in-home cases the Risk Reassessment in-home tool is used, and if the recommendation is to close the case, then the Safety Assessment is completed. It is important as we are closing cases and evaluating the families' progress that we pay special attention to the reason that the families were originally brought to the attention of the department. Behaviorally based progress that the family has demonstrated over time reduces safety and risk factors. • Develop Circles of Support, Safety Networks, Child and Family Teams for support: Throughout the life of the case and at case closure we want to build a Circle of Support for the caregivers and a Safety Network for the children. The Circle of Support is developed to specifically help the caregiver. It is a group of people who have a sincere interest in providing support to the caregiver. The Safety Network is the same Safety Network that cares for the child(ren), knows the harm and danger concerns, and is committed to provide support to the family. The wider and larger these support networks are the greater support the family has and the greater the chance of successful transition into case closure. • Plan for aftercare services: Aftercare plans should be developed for all families and youth leaving foster care no matter their structure, family reunification, adoption, legal guardianship, transition to adults status, or emancipation. Aftercare plans address the needs of the entire family. It provides for support and who is committed to support the family and services, and actions to provide safety and support that address the original concerns that brought the family to the attention of the child welfare agency. • Provide post-reunification services to address the needs of children and youth: As we noted in the e-Learning, youth that have health and behavioral issues are at risk of re-entering foster care within 12 to 24 months after reunification. Aftercare plans for children and youth should address any special issues that the youth may be experiencing or may have already been resolved, but could re-emerge. The plan should be detailed with specific plans for services to address these issues. • Social worker and child visits: The Child and Family Services Improvement Act of 2006 used data gathered from the first Child and Family Services Review 	<p>Strategies for Successful Case Closure</p> <ul style="list-style-type: none"> • Use of SDM tools: Safety Assessment, Risk Reassessment—with possibility of after care planning • Develop Circles of Support, Safety Networks, and Child and Family Teams • Plan for Aftercare Services • Provide post-reunification services to address children, youth, NMD needs • Social Worker and Child Visits

<p>(CFSR) to determine that worker/child visits were one of the most critical activities we can do to reach the goals of ASFA, Safety, Permanency, and Wellbeing.</p>	
<p>❑ Question 5, Teaming, should be used throughout the life of the case. The team will collectively function as a unified team in planning services, evaluating results and planning for case closure and transition to a life outside of the child welfare system. Having the right people on the team is critical. Knowing the child, youth, young adults, and family helps the team to define their strengths and needs. This is particularly helpful given the level of complexity of circumstances and cultural factors present in every child welfare case. Our goal should be to build a support system and aftercare plan that continues for the family or youth once child welfare is no longer involved.</p>	<div data-bbox="1143 216 1500 478"> <p>Teaming</p> <ul style="list-style-type: none"> • Collaborate throughout the life of a case. • Unified service planning, evaluating results, and planning for case closure. • The right mix is key to define strengths and needs. • Help child and family transition to life after child welfare services. • Flexible and supportive.  </div>
<p>❑ Question 7, Aftercare Plans and Case Closure, It's important that parents are fully engaged in aftercare planning and that plans are specifically tailored to their needs. Have parents co-facilitate the team meeting to develop the plan. This empowers the parents and ensures they are clear about what is in the plan they helped develop. It's also symbolic of the transition to life after child welfare.</p> <ul style="list-style-type: none"> • Always keep in mind the reason that the family entered the child welfare system when developing the aftercare plan. 	<div data-bbox="1143 573 1500 835"> <p>Aftercare Planning</p> <ul style="list-style-type: none"> • Empower youth, young adults or parents, to co-facilitate the meeting. • Keep the reason the family entered the child welfare system in mind.  </div>
<p>❑ Question 8, Developing Aftercare Plans:</p> <ul style="list-style-type: none"> • Soft Services: Aftercare plans should include “soft services” such as family counseling to support the family in the reunification process and as they continue learning to live together again. Additionally, services that continue to enhance parenting skills such as Parent-Child Interaction Therapy, Shared Family Care, Parent Mentoring Programs, etc., may be of value in deepening and strengthening these skills. • Complicating Factors: Developing aftercare plans is also a time that you want to look at complicating factors that were not safety factors or that caused harm to the child, but still affect family functioning. At this point, look at factors that cause stress within the family that can potentially lead to a re-entry of the child/youth back into foster care. • Concrete Services: We often provide “concrete services” for complicating factors, such as lack of food, housing, financial support, transportation, child care, respite care, education support, and medical insurances. Planning for these services and providing families with community resources to help mitigate these needs should also be included in the plan. • Child/Youth Needs: The aftercare plan should include plans for children and youth such as educational, mental health, behavioral, and medical needs. Children who have health and behavioral issues are at increased risk to re-enter into foster care within 12 to 24 months after reunification. Aftercare plans for children and youth should include these risk factors and should have “soft services” and “concrete services” in place that not only support the child and youth, but the parent/caregiver as well. While the case was open, social workers were responsible for setting up services. Similarly, social workers should make sure that the family knows who to call when the child 	<div data-bbox="1143 915 1500 1178"> <p>Developing Aftercare Plans</p> <ul style="list-style-type: none"> • Soft Services • Complicating Factors • Concrete Services • Child/Youth Needs • Adoption/Legal Guardianship </div>

or youth needs assistance once the case is closed.

- ❑ Adoption/Legal Guardianship: Aftercare plans for adoptive homes and legal guardianship homes have similar goals to those families that have reunified or no re-entry into foster care. Often, children who have been adopted or are in legal guardianship return to care because the caregivers believe they cannot handle the special needs and behaviors of the child, but with a Circle of Support they may be able to do so. The aftercare plan should address the youth's special needs, be specific for each child, and include a Circle of Support for the caregiver. With a support network in place, the adoptive or legal guardian may be able to address the special needs of the child/youth and prevent re-entry into care. The aftercare plan should also address needs of the entire family. Build safety networks and support networks for the adoptive/legal guardianship caregivers. Give special consideration to respite care and to providing support to the entire family including any biological children.

Transition to the next activity: Activity 4B: SDM and Family Engagement

Activity 4B: SDM and Family Engagement

Activity Time:	25 minutes
Trainee Content:	SDM® In-Home Reassessment and Safety Assessment Completion/ Jefferson Baxter Vignette Conversation/Role Play California SDM® Family Risk ReAssessment Form for In-Home Cases
Slides:	25

Description of Activity:

The trainees will form triads and complete a skill based activity demonstrating family engagement of item R10 of the Family Risk Reassessment In Home Cases.

Before the activity

- ❑ The trainer should become familiar with SDM 3.0 and the Jefferson Baxter case scenario.
- ❑ Trainer Note: Completion of the SDM tool with the family is important, but more important that the mechanics of completing the tool is the process of ensuring that the family is fully engaged, their voice and choice is clearly heard, underlying issues are addressed, and the goal of long lasting behavioral changes that leads to independence from the child welfare system is achieved.

During the Activity

- ❑ The Risk Reassessment for In-Home tool has been completed for the trainees. Remind the trainees that minimally the Family Risk Reassessment for In-Home Cases should be completed at six month intervals in conjunction with each judicial review hearing to assess progress toward objectives and long-term goals, including reduction of risk and needs.
- ❑ The best practice is to engage the family in a team setting when completing the SDM tools *with* the family in a team setting. In this activity, you will practice having a conversation with the father about the Family Risk Reassessment for In-Home Cases, item R10, his perception of the skills and behaviors that he has developed, his perception of meeting the case plan objectives, and any potential needs the father may still have. The answers to these questions can be used to help the team build the aftercare plan that is specific and culturally relevant for the family.
- ❑ Ask the trainees to form triads and explain that they will read the Jefferson Baxter Vignette on pages 20-21, instructions for the activity on page 22, and Using the Family Risk Reassessment for In-Home Cases which has been scored for them and can be found on pages 23-24 of the Trainee's Guide.

NOTE: There is a review of the Jefferson/Baxter case provided and the new information for the 12-month hearing. If a trainee has not completed the

Skill Practice

- Read the Jefferson Baxter vignette in the Trainee Guide in "SDM In-home Reassessment and Safety Assessment Completion."
- Read instructions "Conversation/Role Play" in the Trainee Guide.
- Refer to the SDM Family Risk Reassessment for In-Home cases.
- Form Triads; there will be 3 rounds of role plays.
- Engage the father to score item R10 of the SDM tool.
- Observers provide strengths-based feedback.

<p>SDM skills lab, the review will orient them to the case, and provide a refresher to those who have taken the SDM skills lab.</p>	
<ul style="list-style-type: none"> ❑ Have one person act as Tom Baxter, one as a social worker, and one as an observer. Ask them to: <ul style="list-style-type: none"> • Focus on how the social worker might talk through R10 of the tool with a family member to explore progress and ongoing needs. The progress and ongoing needs will be used to help guide the aftercare plan. • Ask solution-focused questions to get at progress. • Ask who in the network has contributed to progress, who remains in their network, and who would they like to see continue in their network. ❑ The role play lasts for 4 minutes, and then the observer will provide strength-based feedback to the trainee who played the social worker, which should take 2 minutes. The triad will then rotate roles, until each trainee has had the opportunity to complete the role of the social worker. ❑ Trainer Note: the trainer will need to control the activity and time, and make sure that everyone rotates. ❑ Facilitate a discussion on how it felt to use the risk reassessment with the father. How can you use this tool to help facilitate other difficult decision with families? ❑ Key Points <ul style="list-style-type: none"> • Any time a case might be closed and all the children are in the home, this tool should be completed. • These conversations are best held in a team environment, using the team to help explore progress made and potential continued needs. • It is important to solicit from the parents/caregivers their perception on the skills that they have obtained to help alleviate the reasons the family was brought to the attention of the child welfare agency. • The parent/caregivers' and team's perception of needs can be used as the starting point for the development of the aftercare plan. • This tool can be very impactful if done with the family so they can clearly see how the assessment is made and understand the basis for the social worker's recommendation. • If the decision is to recommend closure, social workers will develop aftercare plans to address ongoing needs and to plan for addressing new issues that may arise. It is recommended that the aftercare plans are created to last up to a year after care closure to prevent re-entry into care. 	

Transition to the next activity: Activity 4C: Staffing/Case Consultation the Risk Reassessment In-Home Vignette

Activity 4C: Staffing/Case Consultation the Risk Reassessment In-Home Vignette

Activity Time:	20 minutes
Trainee Content:	Pages 25-26
Materials:	None
Slides:	26

Description of Activity:

The social worker completed the Risk Reassessment In-Home tool with the father and comes back to the office to staff the assessment with their supervisor. During the staffing/case consultation there are biases, assumptions, conclusions, and feelings that come out that can impact case decisions. Trainees will develop the list of biases, assumptions, conclusions, and feelings. The trainer will facilitate a report out.

Before the activity

- ❑ The trainer should become familiar with SDM 3.0 and the Jefferson Baxter Case Vignette and the vignette of the conversation between the social worker and supervisor.

During the activity

- ❑ The trainer should briefly remind social workers of biases, assumptions, conclusions, and feelings, and how our own preconceived ideas can impact our decision making.
- ❑ Using the SDM definitions in the SDM Policy and Procedure Manual will help guide the worker and help to make decisions based on a standardized Assessment. Also, engaging and teaming with the family and family support system helps the worker understand the culture of the family as they define it, and help the family make decisions that is congruent with their culture and values.
- ❑ Have the trainees individually read the vignette on page 25 of the Trainee's Guide and come up with a list of potential biases, assumptions, or conclusions.
- ❑ Facilitate a report out of the biases, assumptions, or conclusions.
 - These types of dads
 - The aunt providing better care for Joshua
 - Having a sibling (cousin) to play with
 - Pre-school is best for children
 - Stability
 - Looks of the neighborhood
 - Engaged neighborhood
 - View of recovery and if someone can maintain it
 - Poor neighborhood
 - Harmful social environment such as hunger, homelessness, racism, sexism, violent neighborhoods.

Staffing Risk Reassessment

- Individually read the vignette.
- Individually list biases, assumptions, conclusions, and feelings that can impact decisions.
- Report out,

- ❑ Explain to the trainees that the vignette was developed around the transition of case closure, but that those same biases, assumptions, and conclusions can impact decision making throughout the life of a case and at all transition points.
- ❑ Tips for bridging difference:
 - Working with family to set common, clear, and mutually satisfactory goals related to child safety and family needs
 - Frequent open communication
 - Spending sufficient time with families
 - Work to recognize and understand cultural differences, respect the differences, and value how they intersect with your own
 - Demonstrate self-awareness
 - Recognize and accept cultural differences
 - Adapt practice to the cultural context of the family
 - Understanding underlying needs of the family, child, youth, and young adults
 - Consulting with your supervisor

Transition to the next activity: Activity 4D: Trainees will role play the completion of the aftercare plan

Activity 4D: Trainees will role play the completion of the aftercare plan

Activity Time:	40 minutes
Trainee Content:	Pages 20, 21, 23, 24, 27, 28, 29,30
Materials:	Chart paper, markers, tape
Slides:	27

Description of Activity:

This segment will cover the importance of having an aftercare plan for families as they transition from formal services and supports to informal supports. The trainees will role play the development of an aftercare plan, while keeping in mind the characteristics of families that reenter care, and focusing on the characteristics that can be changed.

Note: This activity is focused on the Jefferson Baxter case; however, the same principles of aftercare planning apply to all types of families, including families who reunify, adopt, or have legal guardianship. For adoptive families or those with legal guardianship, the focus of the aftercare plan may be on the child/youth, but it is important that networks of support be established for the parents/caregivers as well. Their plan might entail needing respite care, or assistance with transportation after school etc.

Before the Activity

- ❑ The scripts for the role play can be found in the supplemental handouts page 64. These scripts can be preprinted, cut into individual cards and laminated. A set of cards would be needed for each table. The scripts are also available in the Trainee's Guide on page 27 and 28.
- ❑ Be familiar with the development of aftercare plans and their role as a strategy to prevent re-entry.
- ❑ Trainer Note: Development of the aftercare with the family is important, but more important than the mechanics of completing the tool is the process of ensuring that the family is fully engaged, their voice and choice are clearly heard, underlying issues are addressed, and the goal of long-lasting behavioral changes that lead to independence from the child welfare system is achieved.

During the Activity

<ul style="list-style-type: none">❑ The trainer should emphasize that the aftercare planning should start from the first interaction with the family. From the initial contact ask yourself the following questions:<ul style="list-style-type: none">• How is that we see the family and their success from the start of the case?• How can we have a long-range view of the family for a successful transition from dependence on the child welfare system to independence?	
<ul style="list-style-type: none">❑ The trainer should facilitate a conversation with the trainees and chart their response on what is working well with the Jefferson/Baxter and what are the worries. The trainees will use this as the starting off point for creating their aftercare plan.	<div>Jefferson Baxter Aftercare Plan<ul style="list-style-type: none">• Form groups of 6 trainees• Each group will select a role• Read the vignette of the role selected• Complete the aftercare plan• Don't forget the strengths and needs discovered when engaging the father around R10• Report out on the aftercare plan developed</div>

<p>❑ When completing R10, what was working well (strengths) with the Jefferson/Baxter family? Suggestions:</p> <ul style="list-style-type: none"> • The father has completed substance abuse treatment, and has a sponsor. • The father has completed parenting class to address his parenting skills. • The father has built a Circle of Support. • The father has gained insight into his childhood and how it impacts his current life. • The father is employed. • The father has a two-bedroom apartment. • The father has demonstrated good parenting skills with Joshua. <p>❑ When completing R10, what are the worries (needs) within the Jefferson/Baxter Family? Suggestions:</p> <ul style="list-style-type: none"> • Father’s history of substance abuse • Tom’s underlying needs around his physical medical needs, employment, as related to his substance abuse • Concern for the new relationship • Day care arrangements • Employment. • His own historical trauma issues that may contribute to relapsing. <p>❑ Don’t forget, what is working well (strengths) and what the worries (needs) are can be used as the starting point for the aftercare plan.</p> <p>❑ Developing Aftercare Plan/Role Play: The trainer will break the trainees into groups of six. There will be six roles: 1) Social worker; 2) Tom Baxter; 3) Father’s girlfriend Carol; 4) Aunt Sheila Baxter; 5) Tribal social worker Jack; 6) AA/NA sponsor Bill Smith. Have the group self-select roles. If there are not enough trainees for the six roles; then, in order of importance, the roles needed for the team meeting:</p> <ul style="list-style-type: none"> • Father, social worker, Aunt Sheila, Father’s girlfriend Carol, Tribal social worker Jack, AA sponsor Bill Smith. <p>❑ The father, Tom Baxter, will co-facilitate the aftercare planning family meeting with the social worker.</p> <p>❑ Have the trainees read the vignette for their particular role. Ask trainees to role play a realistic role, and not have trainees be overly difficult. The goal is to practice working within a family team to construct an aftercare plan that is specific to the family in a strength-based manner.</p> <p>❑ The group will complete the aftercare plan in the Trainee’s Guide on pages 29 and 30 of the Trainee’s Guide.</p> <p>❑ The group will then report out on their aftercare plan.</p> <p>Trainer Note: The aftercare plans may be different based on additional items brought up in the role play. The goal of the activity is to have the trainees start to critically think about the Jefferson/Baxter family—original concerns, potential risk factors for reentry—and help the family develop a plan that will help the family</p>	
---	--

<p>be successful once child welfare services are no longer necessary.</p> <p>Also, emphasize that throughout any team meeting the social workers should check in to see if the process is working for the family. If it is not, then adjustments to the process needs to be made.</p>	
---	--

Transition to the next segment: Review of the After 18 eLearning, and 90-day Transition Plan

Segment 5: Review of After 18 eLearning and 90-Day Transition Planning

Segment Time:	45 minutes
Activity Time:	Activity 5A: Review of After 18 eLearning (10 minutes) Activity 5B: 90-Day Transition/Aftercare Plan (35 minutes)
Trainee Content:	Page 31
Materials:	None
Slides:	28-30

Description of Activity:

The trainer will review the post-test from the After 18 eLearning.

Before the Activity

- ☐ Review the eLearning, After 18.

During the Activity

Activity 5A: Review of After 18 eLearning

- ☐ The trainer should review the post-test from the eLearning After 18, found on page 65 of this guide.
- ☐ Review the following with the trainees:
- ☐ In 2010 California enacted the California Fostering Connections to Success Act, also known as AB 12. Today, young adults can opt to stay in foster care until the age of 21. They must meet one of the following criteria:
 - Enrolled in high school or equivalent
 - Enrolled in college, community college, or vocational education program
 - Employed 80 hours a month
 - Participating in a program designed to remove barriers to employment
 - Being unable to do any of the above because of a medical condition

After 18 Review

California Fostering Connections to Success Act, 2010, also known as AB 12 Criteria:

- Enrolled in high school or equivalent,
- Enrolled in college, community college, or vocational education program,
- Employed 80 hours a month,
- Participating in a program designed to remove barriers of employment
- Being unable to do any of the above because of medical conditions.

- ☐ Four goals of the California Fostering Connections to Success Act:

1. Shift in autonomy
2. Engaging in mutual agreements
3. Permanent connections
4. Development of independent living plans

AB 12 Goals

- Shift to autonomy
- Engage in mutual agreements
- Permanent connections
- Develop independent living plans

❑ If the foster youth wants to “opt out” of foster care, a 90-Day Transition Plan must be developed. If the youth is turning 21, an Aftercare plan is not mandatory, but can be created as well. The 90-Day Transition Plan as a minimum must cover the following topics as a minimum.

- Housing
- Education
- Health Insurance
- Mentor/Continued support services
- Workforce support/employment services
- Inform the youth about the power of attorney for health care

90-Day Transition Plan minimum items covered

- Housing
- Education
- Health Insurance
- Mentor/Continued Support Services
- Workforce Support/Employment Services
- Inform the youth about the power of attorney for health care

Transition to the next activity: Activity 5B: 90-Day Transition/Aftercare Plan

Activity 5B: 90-Day Transition/Aftercare Plan

Activity Time:	35 minutes
Trainee Content:	Pages 31, 32, 33, and 34
Materials:	90-Day Transition/Aftercare Plan, After 18 scripts found on page 66, Supplemental Handouts
Slides:	31

Description of Activity:

The trainer will review the importance of having an aftercare plan for young adults as they transition from the young adult from formal supports and services to informal supports. The trainees will role play the development of an aftercare plan.

Before the activity

- ❑ The scripts for the role play scripts can be found in the Supplemental Handouts, page 66. These scripts can be preprinted, cut into individual cards, and laminated. A set of cards would be needed for each table. The scripts are also available in the Trainee's Guide on page 32.
- ❑ Be familiar with the requirements for developing a 90-Day Transition Plan.
- ❑ Review ACL 10-45, 11-61, 11-69, 12-49, and 13-91; all can be found at: <http://www.dss.cahwnet.gov/lettersnotices/PG931.htm>

During the activity

- ❑ The trainer will break the trainees into groups of four. There will be four roles, 1) youth, 2) social worker, 3) foster parent, 4) Tribal social worker. Have the group self-select roles.
- ❑ In the Trainee's Guide on page 33, trainees will find a list of questions that can help start the conversation with the youth or young adults.
- ❑ Have the trainees read the vignette for their particular role. Ask the trainees to role play a realistic role, but not to be overly difficult. The goal is to practice working with youth or young adult who has decided to leave foster care to construct an aftercare plan to help the youth or young adult be prepared.
- ❑ The group will complete the aftercare plan in the Trainee's Guide on page 34.
- ❑ The groups will then report out on their aftercare plan.
- ❑ Trainer Note: Aftercare plans may be different based on additional items brought up in the role play. The goal of the activity is to have the trainees start to critically think about the working with youth and young adult, identifying potential risks for the youth or young adult, known services they need and anticipate services they could need, and developing a plan that will help them be successful once child welfare services are no longer present.

After 18, 90-Day Transition/Aftercare Plan

- Form groups of 4 trainees
- Each trainee will select a role
- Read the vignette of the role selected
- Complete the aftercare plan
- Report out on the aftercare plan developed

- | | |
|--|--|
| <ul style="list-style-type: none">❑ Trainer Note: The trainer should stress the importance of establishing permanent connections for the youth, and paying attention to the youth’s culture and specific needs.❑ Trainer Note: There are legally mandated items that must be covered in the Transition Plan, housing, education, health insurance, mentor/continued support, work force support/employment services, and the health care power of attorney. These are the basics. The long-term plan should also include topics such as psychotropic medication and how to obtain it, take it, or if they plan on not taking it a safe way to stop the medication. Plans for behavioral health treatment, substance abuse treatment, etc., if required. The plan should be comprehensive, should take into cultural considerations, and be developed specifically for the individual. | |
|--|--|

Transition to the next segment: Voices for Youth, and Closure

Segment 6: Voices for Youth, and Closure

Segment Time:	30 minutes
Activity Time:	Activity 6A: Voices for Youth Video and Satisfaction Survey (30 minutes)
Trainee Content:	Page 35
Materials:	Voices for Youth: Supporting Adolescents in Foster Care video (17-minute video), https://www.youtube.com/watch?v=vu_BAayToJA Participant Satisfaction Survey
Slides:	32-33


Description of Activity:

The trainer will play the video “Voices for Youth: Supporting Adolescents in Foster Care” and have the trainees share a word from the video that impacted them the most.

before the activity

- ☐ Make the video “Voice for Youth: Supporting Adolescents in Foster Care” is cued and ready to play.
- ☐ Have participant satisfaction surveys available.

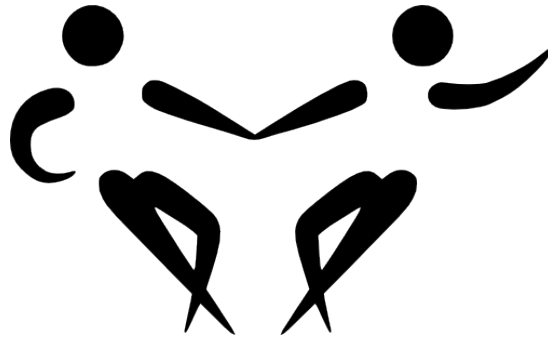
During the activity

<p>Activity 6A: Voices for Youth Video and Satisfaction Survey</p> <ul style="list-style-type: none"> <input type="checkbox"/> Play the video “Voices for Youth: Supporting Adolescents in Foster Care”. <input type="checkbox"/> Have the trainees turn to page 35 and circle the statement that most impacted them. <input type="checkbox"/> Ask one or two trainees to share which statement they circled and why. <input type="checkbox"/> Have the trainees journal about one item that they learned from the training today, and how they can use that item when working with children, youth, young adults, and families in transitions. <input type="checkbox"/> Ask the trainees if they any other questions. 	<p>Voices for Youth: Supporting Adolescents in Foster Care</p> <ul style="list-style-type: none"> • https://www.youtube.com/watch?v=vu_BAayToJA
<ul style="list-style-type: none"> <input type="checkbox"/> Pass out Participant Satisfaction Surveys for trainees to complete, and thank them for attending the training. 	<p>Closure</p> <ul style="list-style-type: none"> • Questions • Participant Satisfaction Survey 

Supplemental Handouts

Tips for Training This Curriculum

Co-Training Tango: It's a Dance with Your Partner(s)



TANGO TIPS: To dance well together, it takes.....

Synchronized movement, matching in pace and rhythm

Making sure you both dancing the same tune

Agreeing on then sticking with your planned choreography

At any given moment, someone is leading and the other is following

Avoiding stepping on your partner's toes

Understanding that you look good when you both look good

A love to dance

"It takes two to tango"

"Co-Training Tango – It's A Dance with Your Partner(s)"

Nora Gerber

Activity 1B: Stadium Capacities

Anaheim Ducks	18,336
Angel Stadium	45,050
Charger Stadium	70,561
Golden State Warriors	19,596
LA Galaxy	27,000
Lakers Stadium	18,997
Levi Stadium	68,500
Oakland Athletics	63,132
Oakland Raiders	63,132
Padres Stadium	40,162
Sacramento Kings	17,500
San Francisco Earthquakes	41,503
San Francisco Giants	41,503

Activity 3A: Take a Stand

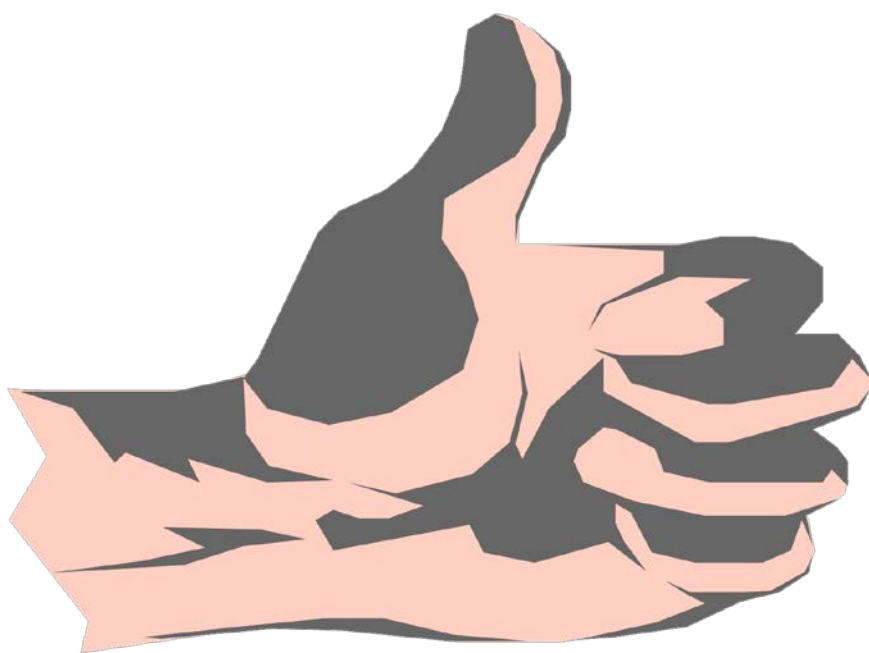
Trainer Note: Each of these statements should be preprinted on separate sheets of 8 x 11 paper and placed around the room with the thumbs up or down on each side.

Scenario:

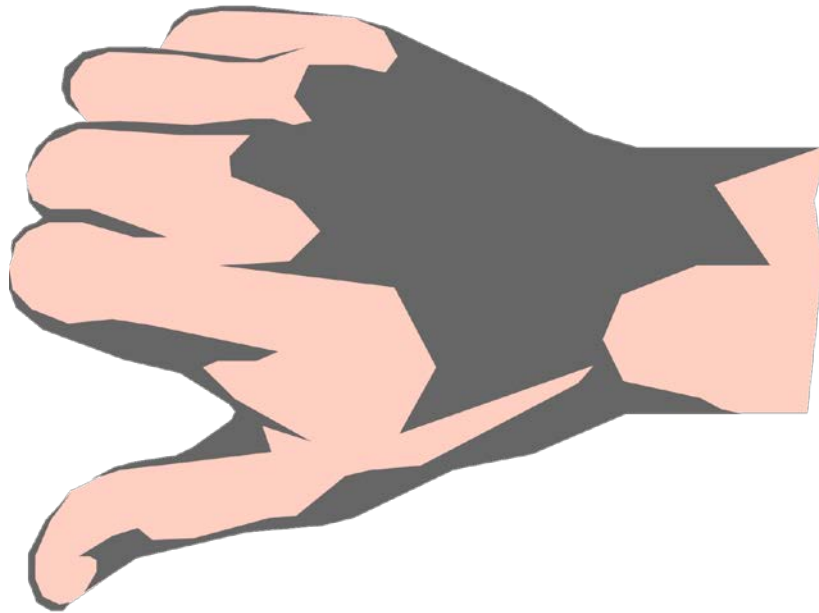
1. The mother, Cindi, has had a previous case, and she failed to reunify. The baby was adopted by an adoptive family. The mother has since had a baby and the child was removed for neglect issues. The mother initially was participating in all case plan activities; however, she now misses treatment and some testing. She has not finished her other case plan activities. The baby is placed with the paternal grandparents, and Cindi visits regularly. The baby is thriving in placement, is spoiled, and is treated like a princess by the paternal grandparents. They are willing to adopt. You are at the 12-month review hearing, and you have to make a recommendation to return to Cindi, or move to an adoptive plan with the paternal grandparents. Do you return to Cindi?
2. You have a 1-year-old Native American child placed with a foster parent while the maternal aunt's home is being assessed by the Relative Assessment Unit. The foster parents have fallen in love with the child, the child fits well with the other children in the home, and the child is thriving. The maternal aunt wants placement of the child, but feels strongly that legal guardianship is the best. You have to make a decision for permanency for this child. Should you place with the maternal aunt knowing she will only commit to legal guardianship?
3. You have an African American sibling set of three for whom you are looking for a forever home. You have been initially presented with a family. The family is a Caucasian couple who have three biological children, and their home is large enough for three more children. Do you place with this family?
4. You have a sibling set of four children. All four children are placed in a foster home together. The parent's services have been terminated and you need a permanent plan. Initially the foster parents said they would adopt all four; however, the oldest child's behaviors are increasing and they have given you a notice to remove that child. They are still committed to adopting the three other siblings. Do you keep the three siblings together in this home and find another plan for the fourth sibling?
5. You have a teenager on your caseload, and you are looking for a new placement for her. She has run away from placement several times and smokes marijuana, making her placement options difficult. The Placement Worker calls and has found a placement for her. The foster father is a single male who works but has family support to help supervise her after school. Do you place with this foster father?

6. You have a father who wants placement of his two children. He has completed substance abuse treatment, and has tested clean for three months. He still has parenting classes and counseling to complete, and has started those. He lives in a studio apartment in a bad area of town. The children will need to change schools, and the school they will be going to is known for poor performance and gang activity. The father does not have the money to move into a bigger apartment or better neighborhood, and barely makes his rent. The children are currently placed with a NREFM in a nice neighborhood, they play sports afterschool, and they attend a great church. You are at the 18-month hearing, and need to decide to return or move to permanency. Do you return to the father?

Agree



Disagree



Activity 4A: Case Closure eLearning Guide Review

All of the answers have been provided; however, the focus of the review are questions 3, 5, 7, and 8.

1. Adoption and Safe Families Act (ASFA) 1997
 - Safety:
Principle: Children are, first and foremost, protected from abuse and neglect.
Practice: Children are safely maintained in their own homes whenever possible and appropriate.
 - Permanency:
Principle: Children have permanency and stability in their living situation.
Practice: The continuity of family relationships and connections is preserved for children.
 - Well-Being:
Principle: Families have enhanced capacity to provide for their children's needs.
Practice: Children receive appropriate services to meet their educational, physical and mental health needs.
2. Children and Family Services Review (CFSR) 3.0
 - Timely Permanency: The Federal Government has established the goal of permanency in 12 months for children entering foster care.
 - Re-Entry into Care: The Federal Government has established a goal of children and youth not re-entering care.
3. Strategies for Successful Case Closure:
 - Comprehensive Assessment: Initially completed when a case is opened, social workers update family assessments at key decision points in the life of a case, including case closure. Tools such as SDM are used to assist them and guide decision making.
 - Development and Adequate Network of Support: A network of support can provide a safety net for the parents to help prevent re-entry into the child welfare system. One way of developing networks of support is from teaming early and throughout the life of the case.
 - Provide Post-Reunification Services: Families can experience additional stressors when children and youth have health, mental health, and/or behavioral health issues. By providing individualized services to address the family and child's needs, they can achieve and maintain permanency within their home and coordinated services.
 - Complete a Plan for Aftercare: Plan for aftercare services to continue for at least 12 months after the child or children return to the family. Match individual needs of the family with appropriate community services. The plan should include the goals and outcomes that are necessary to achieve independence from the child welfare systems.
 - Social Worker/Child Visits: The Child and Family Services Improvement Act of 2006 used data gathered from the first Child and Family Services Review to determine that worker/child visits was one of the most critical activities we can do to reach the goals of ASFA: safety, permanency and well-being.
4. Reunification and In Home Risk Reassessment and Case Closure Safety Assessment: SDM does not replace clinical skills. Conducting a thorough assessment depends on good interviewing and observation skills. It depends on the worker's skill to recognize unique conditions specific to the family being assessed. Rather than

replacing clinical judgment, SDM becomes a strong partner for social workers. It provides a research basis for critical decisions related to risk and structure for increasing consistency and accuracy of other key decisions.

- Risk Reassessment for In-Home Cases: Social workers use this tool to assess progress towards objectives and long-term goals including reduction of the risk and needs. The tool is designed to be used, at a minimum and in conjunction with, each review hearing when children are placed in the home. If there are no safety threats the case can close, if safety threats remain the case must remain open until the safety threats are resolved. The Reunification Reassessment and Family Strength and Needs Assessment should be completed to help inform this decision making.
 - Safety Assessment: If the Risk Reassessment for In-Home Cases leads to the decision to close, complete a new safety assessment.
5. Teaming to Support Aftercare Plans:
- Collaborate throughout the life of a case.
 - Unified in service planning, evaluating results and planning for case closure.
 - Right mix is key to define strengths and needs.
 - Help children and family transition to life after the child welfare system.
 - Flexible and supportive.
6. Circle of Support and Network of Support:
- Circle of Support: This is a support system led by the parent/caregiver. Its focus is to provide support for the parent/caregiver so that recidivism does not occur. The parent is the center of attention.
 - Safety Network/Child and Family Teams: A safety Network is a formal team designed to support the safety and well-being of the children or youth who have been involved in the child welfare system. The focus is on the child so that re-abuse does not occur and the child or youth is protected from future danger.
 - Teaming: Teaming can take many forms. The name and format of the meeting is not the important piece to remember. What is important is that teams should be developed from the first date of contact throughout the life of the case. And it is never too late to develop a team.
7. Aftercare Plans and Case Closure: Developing circles of support and safety networks can help families prepare for their transition and case closure. The use of these teams in developing an aftercare plan is essential for success. The goal of developing aftercare plans is to help prevent re-entry and set the family up for success.

Engaging parents, caregivers, children, youth, young adults, and their supports in developing aftercare plans or transition plans. It is important that the plans are specifically tailored to their needs. It is also advised to have the parents, caregivers or young adults co-facilitate the team meeting. During the team meeting it is important to check in with the family to make sure the process is working for them.

Always keep the reason that the family entered the child welfare system in mind when developing the aftercare plan. Develop specific plans to prevent the re-entry that will last at least 12 months after the child or youth returns home, or the cases is closed.

8. Developing Aftercare Plans:
- Soft Services: Aftercare plans should include “soft services” such as family counseling to support the family in the reunification process and as they continue learning to live together again. Additionally, services that continue to enhance parenting skills such as Parent-Child Interaction Therapy, Shared

Family Care, Parent Mentoring Programs, etc., may be of value in deepening and strengthening these skills.

- **Complicating Factors:** Developing after care plans is also a time that you want to look at complicating factors that were not safety factors or that caused harm to the child, but still affect family functioning. At this point, look at factors that cause stress within the family that can potentially lead to a re-entry of the child/youth back into foster care.
- **Concrete Services:** We often provide “concrete services” for complicating factors, such as lack of food, housing, financial support, transportation, child care, respite care, education support and medical insurances. Planning for these services, and providing families with community resources to help mitigate these needs, should also be included in the plan.
- **Child/Youth Needs:** The aftercare plan should include plans for children and youth such as educational, mental health, behavioral, and medical needs. Children who have health and behavioral issues are at increased risk to re-enter into foster care within 12 to 24 months after reunification. Aftercare plans for children and youth should include these risk factors and should have “soft services” and “concrete services” in place that not only support the child and youth, but the parent/caregiver as well. While the case was open, social workers were responsible for setting up services. Similarly, social workers should make sure that the family knows who to call when the child or youth needs assistance once the case is closed.
- **Adoption/Legal Guardianship:** Aftercare plans for adoptive homes and legal guardianship homes have similar goals to those families that have reunified with no re-entry into foster care. Often, children who have been adopted or in legal guardianship return to care because the caregivers believe they cannot handle the special needs and behaviors of the child, but with a circle of support they may be able to do so. The aftercare plan should address the youth’s special needs, be specific for each child, and include a circle of support for the caregiver. With a support network in place, the adoptive or legal guardian may be able to address the special needs of the child/youth and prevent re-entry into care. The aftercare plan should also address needs of the entire family. Build safety networks and support networks for the adoptive/legal guardianship caregivers. Give special consideration to respite care and to providing support to the entire family including any biological children.

9. 90-Day Transition Plan/Aftercare for After 18:

- **Transition Plan Meeting:** During the transition planning meeting, the social worker and/or probation officer should explain the benefits of remaining in care and inform the young adults of the right to re-enter foster care
- **Transition Plan:** The 90-day transition plan should specifically cover these area: housing, education, health insurance, mentors/continuing support services, and workforce support/employment services You should also inform the youth about a power of attorney for health care. It would be ideal if the youth/young adult was supported by the social worker during this planning session, but that the youth themselves facilitate the meeting.
- **Health Care POA:** The power of attorney for health care or health care agent is an individual who is designated to make medical decisions on behalf of an adult if they are incapable of making those decisions. Absent of a designated person in time of a medical emergency where the adult is unable to communicate with hospital staff, the parents or other relative will be asked to make decisions about medical treatment for the individual. If they do not want their parents or relative to make these decisions, they can designate a trusted person to become a “health care agent.”
- **Extended Benefits:** The young adults who “opts out” is still entitled to extended MediCal until the age 26, ILP services until age 21, Non-Federally funded THP-Plus to age 24, and Cal Fresh.

10. Termination of Juvenile Court Jurisdiction: California Welfare and Institutions Code 391 establishes the

minimum information that the court needs in order to terminate jurisdiction of a youth who is turning 18 or a young adult who is exiting care. The JV365 must be filled out completely and submitted to the court for the Termination of Juvenile Court Jurisdiction - Nonminor. Please see your supervisor or county policy for further assistance in developing a 90-Day Transition Plan and completing the JV365 when a youth/young adult is requesting to have their court case closed and will be exiting care. It is critical for this population's success that we do not forget their circle of support/safety network.

11. **Documentation:** Aftercare and 90-Day transition plans should be documented in CWS/CMS contact section and in the court report. Please see your supervisor and county policy for further documentation guidelines.

Segment 4D: Case Closure Aftercare Plan Scripts

Roles:

Social Worker - The social worker has worked with Tom and his family for the past year. She considers this family one of her greatest successes. She feels confident that Tom will remain sober and be successful, however, she also knows that Tom's trauma history and substance abuse are closely linked together so she is worried that if not completely resolved Tom could relapse. She has watched Tom reach out to his Tribal Community more and more, and has now built a strong community of support. She also knows that Tom has really worked hard to resolve a lot of these issues, and is doing great. Her primary purpose of the aftercare planning meeting is having a plan in place should Tom need assistance once the case is close. Her long term and most important goal is not having Joshua re-enter care. She knows development of an aftercare plan with Tom, the circle of support and safety network is very important. She will be very sad when the case is closed because she has grown close to Joshua, and has watched him develop.

Tom Baxter – Tom is proud of himself and is feeling great about his progress. He is ready for his case to close, but is worried about his sobriety. He has been sober, but has also been sober in the past, and relapsed when things got stressful. He knows drugs and alcohol has had control over his life in the past and is committed to being sober, but the thought is still in the back of his mind. Tom has been managing his feelings of depression and self-esteem issues by practicing Native American 12 step prevention tools, where spirituality as well as physical fitness is highly encouraged. He is attending a sobriety/wellness circle. Tom is going to miss the support of the social worker, as she has been here when he has called. He is also ready to be on his own, and not have to report to anyone.

Girl Friend Carol – She is committed to Tom and Joshua, and will function in the circle of support and safety network. She does not live with Joshua and Tom, but is hoping one day to get married and move in together.

Aunt Sheila Baxter – Sheila is very proud of her brother, and loves Joshua. She continues to see both Tom and Joshua on a regular basis, and helps with daycare or transportation as needed. She likes Carol and sees that she is a good support for Tom. Sheila has watched her brother relapse over the years and she continues to be concerned about what would happen if this occurred again. She is committed to Joshua, and would be willing to take him long term should Tom relapse.

Tribal social worker, Jack – He has worked with Tom during his Positive Indian Parenting classes. He is sure that Tom will be successful and that the Tribe will continue to be a support for Tom.

AA/NA Sponsor Bill Smith – Bill is Tom's NA Sponsor and Spiritual Leader, he states that Tom has demonstrated good insight and plans on attending his sobriety/wellness circle and spiritual gathers for maintaining sobriety. He stated that when Tom gets stressed he now practices singing Native American prayer songs. He has also noted that Tom has made new friends, not of which are from the Native American Sobriety/Wellness Circle group, Bill believed that this group of new friends will help Tom remain sober and provide long term support.

After 18 eLearning
Review

1. The intent of the Fostering Connections After 18/AB 12 is to: Provide young adults in the foster care system with a safety net as they transition into self-sufficient adulthood.
2. The Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351 requires the states to have a transition plan, facilitate permanent connections, education stability, and health care oversight and coordination. True
3. There are five different participation requirements that a youth can meet o to qualify for extended foster care, they are: Being in high school or GED equivalent program, or enrolled in college, community college or vocational education program at least ½ time as defined by the program they are enrolled in, or paid employment at least 80 hours a month, participating in a program to remove barriers to employment, or unable to do one of the above requirement based on a medical condition.
4. When a young adults chooses to remain in foster care they sign a Mutual Agreement in which they agree to, remain a dependent of the court, keep the social worker informed, agree to be supervised by the agency, and agrees to reside in a licensed or approved facility.
5. Case plan goals for a young adult should include, developing permanent connections, transition to independent living, and incremental responsibility for adult decisions.
6. Transitional Independent Living Planning should include anyone that the young adult determines is appropriate. True.
7. There are many types of placement options available to the young adult, one of which is a SILP, which is the most restrictive placement and should only be used a last resort. False.
8. NMS can choose to enter and exit foster care how many times? As many times as needed until the age 21.
9. LGBTQ youth experience a decrease in housing options. True.
10. AB2418 extended the definition of “Indian Child” for the purpose of Indian Custody proceedings to include unmarried person who is 18 years of age, but not over 21, who is a member of a Tribe, and allows the Indian young adult to determine if the ICWA Act applies to them or not. True.

Segment 5B: After 18 Aftercare Plan Scripts

Vignette:

Social Worker:

The social worker has worked with Ashlee for over a year. Ashlee has not graduated high school and has not found employment. The social worker has contacted the school, and if Ashlee stays in school for another year she should be able to graduate. The social worker does not feel that Ashlee is prepared to leave foster care. She believes that when Ashlee turns 18 she will move in with her on again off again boyfriend. The social worker has spoken to the foster mother who has expressed frustration with Ashlee as she continues to stay out late or not come home. The foster mother stated that Ashlee has stopped taking her medication for depression, and since then Ashlee has been out going with more energy. The social worker has been in contact with the Tribal social worker, who has been able to get Ashlee to attend some services, but Ashlee is resistant to services from them as well. The social worker feels sorry for Ashlee and worries that Ashlee will continue to make poor choices when she leaves foster care.

Ms. Jones, Foster Mother:

Ms. Jones has cared for Ashlee for two years. Ashlee has ran away several times, and is normally found with her boyfriend. Ms. Jones feels that the boyfriend is “no good” for Ashlee, and that he is 20 years old. Ms. Jones has tried to talk Ashlee into staying in school or getting a job, but Ashlee is only interested in her boyfriend. Ms. Jones stated that Ashlee cannot stay in her home if she is not in foster care. Ms. Jones feels that if the social worker is not present she will not have support and Ashlee barely listens to her now.

Ashlee:

Ashlee is turning 18 in 3 months, and is very excited. She has been in foster care since she was 11, and has moved six times. She has been with Ms. Jones for two years and really likes Ms. Jones, but feels she has too many rules. Ashlee has not seen her mother in years. Ashlee’s father passed away when Ashlee was younger, and both he and she are enrolled members of local federally recognized Tribe. She is tired of being told what to do, and cannot wait to have her freedom. Ashlee plans on living with her boyfriend, and having him take care of her. If her boyfriend does not work out she has other friends she can stay with on the reservation.

Tribal Social Worker:

The Tribal social worker continues to be committed to Ashlee, although Ashlee is resistant to services. Ashlee has called her in the past for help when she and her boyfriend have argued or when Ashlee had no place to go. Both the Tribal social worker and Ashlee feel that the medication she was taking was too strong and made Ashlee sleep a lot. Although Ashlee continues to leave placement the Tribal social worker feels she is better off not on the medication, and will continue to work with Ashlee to get her into services on the reservation.

Reference/Bibliography

- California Child Welfare Indicators Project, University of California at Berkeley California Child Welfare Indicators Project website. Retrieved from : <http://cssr.berkeley.edu/cwscmsreports/presentations/>
- California Department of Social Services. (2015, June 15). *All County Letter (ACL) 48-15: Monthly Caseworker Visits with Children*. Retrieved from <http://www.dss.cahwnet.gov/lettersnotices/PG3679.htm>
- California Department of Social Services. (2012, September 20). *All County Letter (ACL) 12-48: Extended Benefits for Non-Minors Living with Current or Former Non-Related Legal Guardians*. Retrieved from <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2012/12-48.pdf>
- California Department of Social Services. (2011, November 4). *All County Letter (ACL) 11-61: Extended Foster Care*. Retrieved from <http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-61.pdf>
- California Department of Social Services. (2011, October 13). *All County Letter (ACL) 11-69: Extension of Foster Care Beyond Age 18: Part One*. Retrieved from <http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-69.pdf>
- California Department of Social Services. (2013, November 1). *All County Letter (ACL) 13-91: After 18 Program (AB 12 Extended Foster Care) and Indian Non-Minor Dependents (NMD) Covered by the Indian Child Welfare Act (ICWA)*. Retrieved from <http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2013/13-91.pdf>
- California Department of Social Services. (2011, November 4). *All County Letter (ACL) 11-61: Extended Foster Care*. Retrieved from <http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-61.pdf>
- California Department of Social Services. (2011, October 13). *All County Letter (ACL) 11-69: Extension of Foster Care Beyond Age 18: Part One*. Retrieved from <http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-69.pdf>
- California Department of Social Services. (2010, October 14). *All County Letter (ACL) 10-45: New Federal Requirements Added to the 90-Day Transition Plan*. Retrieved from <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2010/10-45.pdf>
- California Department of Social Services. (2008, July 18). *All County Letter (ACL) 08-31: New Transitional Independent Living Plan (TILP) Agreement for Foster Youth*. Retrieved from <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl08/08-31.pdf>
- Child Welfare Information Gateway. (2012). Supporting reunification and Preventing Reentry Into Out-of-Home Care. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved From: www.childsworld.ca.gov/res/pdf/PreventingRe-entry.pdf
- Child Welfare Information Gateway. (2012). Helping Youth Transition to Adulthood: Guidance for Foster Parents. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved From: https://www.childwelfare.gov/pubPDFs/youth_transition.pdf
- Child Welfare Information Gateway. (2012). Working with Youth to Develop a Transition Plan. Washington, D.C.: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubPDFs/transitional_plan.pdf
- Child Welfare Information Gateway. (2012). Helping Your Foster Child Transition to Your Adopted Child. Washington, D.C.: U.S. Department of Health and Human Services, Children's Bureau. Retrieved From: <https://www.childwelfare.gov/pubs/f-transition/>
- Grohol, J. Termination: 10 Tips When Ending Psychotherapy. Retrieved September 10, 2015, from <http://psychcentral.com/blog/archives/2009/05/27/termination-10-tips-when-ending-psychotherapy/>

- Hatton, H., Brooks, S. (2008). Promising Practices for preventing reentry into the child welfare system. Northern California Training Academy. Funded by the California Department of Social Services. Retrieved June 2015 from <http://www.childsworld.ca.gov/res/pdf/PreventingRe-entry.pdf>.
- Honomichl, R., Brooks, S., & Hatton, H. (2009). Issues and challenges in aftercare services: A literature review. Northern California Training Academy. Retrieved from <http://academy.extensiondlc.net/file.php/1/resources/LR-AftercareServices.pdf> Retrieved June 2015
- Jones, A., & LaLiberte T. (2010) *Re-entry to Foster Care Report* Center for Advanced Studies in Child Welfare, College of Education and Human Development, University of Minnesota. Available at <http://cascw.umn.edu/portfolio-items/re-entry-to-foster-care-report/>
- Kimberlin, S., Anthony, E., & Austin M. (2008) *Re-entering Foster Care: Trends, Evidence, and Implications* Child Abuse and Neglect 31 471-481.
- National Council on Crime and Delinquency (NCCD) (July 2015), *Structured Decision Making System, Policy and Procedure Manual 3.0*. Children's Research Center.
- National Resource Center for Family-Centered Practice and Permanency Planning, (NRCPFC) (May, 2008). *Promoting Placement Stability and Permanency through Worker/Parent Visits*. New York, NY: Hunter College School of Social Work. Available at: <http://www.nrcpfc.org/is/caseworker-visiting.html>
- Northern California Training Academy. (2009) *Issues and Challenges in Aftercare Services, A Literature Review* UC Davis Extension, Center for Human Services. Retrieved from www.humanservices.usdavis.edu/academy
- Northern California Training Academy. (2008) *Preventing Re-entry into the Child Welfare System, A Literature Review of Promising Practices* UC Davis Extension, Center for Human Services. Retrieved from www.humanservices.usdavis.edu/academy
- Pathways to Mental Health Services, Core Practice Guide www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf
- Wohl, M. (2015) *Youth Engagement Strategies*. Academy for Professional Excellence Public Child Welfare Training Academy (PCWTA), San Diego, CA.

Materials Checklist

- ☐ Chart paper, preferably with self-adhesive
- ☐ Markers
- ☐ Tape
- ☐ Trainer's Guide
- ☐ Trainee's Guide
- ☐ PowerPoint slides
- ☐ Six sets of the Thumbs Up Thumbs Down graphic
- ☐ SDM 3.0 Policy and Procedure Manual
- ☐ Consider laminating the roles for the Aftercare Plan Activity 5B