Common Core 3.0

Managing Transitions Knowledge and Skill Reinforcement Lab

Trainer Guide

CDSS

December 31, 2018

Use Transition End of Block Evaluation Materials Dated December 31, 2018

Table of Contents

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

2

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 membership 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:
https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf

FOR MORE INFORMATION on California's Core Curricula, contact California Social Work Education Center (CalSWEC) at calswec_rta_cc@berkeley.edu.
For the latest version of this curriculum, please visit the CalSWEC website:
http://calswec.berkeley.edu

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

3

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 CalSWEC at calswec_rta_cc@berkeley.edu.

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

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

4

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);

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

5

- 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.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

6

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 with in an agency.

TRAINING PREPARATION

It is *recommended* the trainer preview the following eLearning(s) and/or classroom training in preparation for delivery of this training.

1. Case Closure and After Care Plans eLearning
2. After 18 eLearning
3. Transition Practice Classroom
4. Introduction to Trauma-Informed Practice eLearning
5. Trauma-Informed Practice classroom
6. Concurrent Planning Introduction eLearning

It is *suggested* 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:
https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30

County Variations in Practice:

All counties have their own policies and procedures for transitioning cases. It is important 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.

In the trainer guide when you need to refer the trainees to an activity or section in the Trainee Guide, it is done by segment number and name. In the Trainee Guide, the segment name is in 18 font making it easier for the trainee to locate.

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

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

7

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 practice[1]
- Signs of Safety[2]
- Structured Decision making[3]
- Child and family engagement[4]
- Risk and safety assessment research
- Group Supervision and Interactional Supervision[5]
- Appreciative Inquiry[6]
- Motivational Interviewing[7]
- Consultation and Information Sharing Framework[8]
- 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.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

8

Evaluation

This curriculum uses a knowledge post-test evaluation to both promote learning and provide evaluative feedback on the curriculum. There must be a high level of standardization in both the content and delivery each time that training is delivered in order to utilize data collected to inform curriculum improvement. Trainers must follow the curriculum as it is written and include all activities that lead to the eventual evaluation segment.

To complete the evaluation activity trainers must follow the instructions found in the evaluation segment of this Guide. When conducting the evaluation activity and debrief please follow the instructions found in the evaluation segment and note that all trainer verbal directions are bolded.

Answer Sheets

Prior to beginning the testing make sure that you have enough post-test evaluations and are using an Answer Sheet supported by the teleform software utilized to process Answer Sheets at CalSWEC. In addition, check that you are administering the correct version of the Answer Sheet, i.e., the version noted at the bottom of the front page of this Guide.

If you are not sure whether the test version that you have printed is current please connect with the Regional Training Academy or University Consortium for Children and Families for which you are training.
If you have administered an old version of the Answer Sheet please make note of this on the cover sheet as a failure to do so could lead to lost testing data, as those answer sheets would have been phased out.

County and Training Site Code Information

Trainees must write their County and Training Site codes on the top of their Answer Sheets. For completion of the County and Training Site codes section of the Answer Sheet, please make sure that you supply the relevant documents to trainees. If you do not have a document with this information it should be made available from the Regional Training Academy or University Consortium for Children and Families.

Please note that evaluation instruments are subject to periodic revision. The relevant evaluation tool posted on the CalSWEC website is the most current version available.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

9

Agenda

Segment 1:	Welcome and Introduction to the Training	(30 minutes)
Segment 2:	Review	(20 minutes)
Segment 3:	Assessing Underlying Needs at Transitions: Getting to the HEART of why we are here	(115 minutes)
	3A: What's Trauma, Grief, and Loss Got to Do with It?	(40 minutes)
Break		(15 minutes)
	3B: Assessing Complex Needs and Cultural Humility	(35 minutes)
	3C: Complex Trauma and Its impact on Developmental Domains During Transition	(40 minutes)
Lunch		(60 minutes)
Segment 4A-B:	4A: Full Disclosure Skill Practice	(45 minutes)
	4B: Skill Practice, Discussing Permanency with Children, Youth, or Young Adults	(45 minutes)
Break		(15 minutes)
Segment 5:	Closure	(15 minutes)
Segment 6:	End of Block Evaluation and Debrief	(60 minutes)

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

10

Learning Objectives

Knowledge

K1. The trainee will recognize underlying needs of a child(ren), youth, and young adults evolves from the point of initial engagement, including all transitions, and through safe case closure.

K2. The trainee will recognize the importance of continuing assessments and to determine appropriate and timely service provision that are culturally congruent throughout the life of the case including all transitions and at case closure.

K3. The trainee will identify how trauma, grief, and loss may impact all transition points, and list strategies for early and on-going interventions at various transition points.

Skill

S.1 Using a vignette that includes a transition to a permanent plan of adoption or legal guardianship, the trainee will demonstrate having conversations that help children, youth, and birth parents understand the following concepts using age-appropriate language and culturally sensitive approaches to:
a. Explain the definition of permanency, adoption, and legal guardianship;
b. Explain the difference between adoption ad legal guardianship;
c. Explain the reasons (s) for termination of child welfare services, and what it means for all members of the family, and
d. Ensure that children, youth, and birth parents have an accurate understanding of these concepts.

Values

V1. The trainee will respect and support the culture of family, children, youth, and young adults by teaming in a manner that supports that culture.

V2. The trainee will collaborate with the family and their identified safety network, circle of support, and child and family teams as processes to address underlying needs of the children, youth, and young adults at all transitions.

V3. The trainee will advance practice behaviors to promote permanency and reduce recidivism at all transitions.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

11

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 **30 min** **9:00 – 9:30 am** Welcome and Introduction to the Training	**Activity 1A** Introductions and Group Agreements *PowerPoint slides: 1-6*
Segment 2 **20 min** **9:30 – 9:50 am** Review	**Activity 2A** Putting the Puzzle Together *PowerPoint sides: 7*
Segment 3 **115 min** **9:50 am – 10:30 am** Assessing Underlying Needs at Transitions: Getting to the HEART of why we are here	 **Activity 3A** What's Trauma, Grief, and Loss Got to Do with It?
10:30 – 10:45 am **15 minutes** **BREAK**	
10:45 am – 12:00 pm	**Activity 3B** Assessing Complex Needs and Cultural Humility **Activity 3C** Complex Trauma and Its impact on Developmental Domains During Transitions *PowerPoint slides: 8-19* *Learning Objectives: K1, K2, K3, V1, V2, V3*
12:00 – 1:00 pm **60 minutes** **LUNCH**	
Segment 4 **90 min** **1:00 pm - 2:30 pm** Courageous Conversations and Transitions	**Activity 4A** Full Disclosure Skill Practice **Activity 4B** Skill Practice, Discussing Permanency with Children, Youth, or Young Adults

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

12

PowerPoint slides: 20-25
Learning Objectives: K1, K2, K3, S1, V1, V2, V3

2:30 – 2:45 pm **15 minutes** **BREAK**

Segment 5　　　　　　　　　**Activity 5A**
15 min　　　　　　　　　　Closure
2:45 pm – 3:00 pm

Closure　　　　　　　　　　*PowerPoint slides: 26*

Segment 6　　　　　　　　　End of Block Exam
60 min
3:00 – 4:00

End of Block Evaluation and
Debrief

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

13

Segment 1: Welcome and Introduction to the Training

Segment Time:	30 minutes
Activity Time:	Activity 1A: Introductions and Group Agreements (30 minutes)
Trainee Content:	Segment 1
Materials:	Chart pad, markers, and tape
Slides:	1-6

Description of Activity:

The trainer will conduct an introductory activity including a review of the Agenda, learning objective, introductions, and Group Agreements.
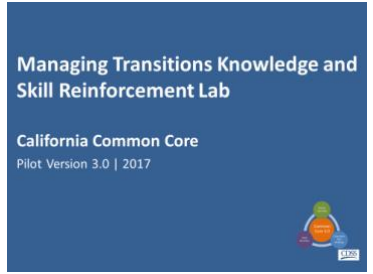
Before the activity

☐ Make sure you have enough five different color index cards, or white index cards with "ER", "Court", "Family Reunification/Family Maintenance", "Adoption", and "Specialized Programs" written on them. You will need enough of the card to be able to pass them out based on what program the trainee works in. If they are assigned to a unit that is responsible for multiple programs, have the worker pick the program in which they work the most. You will use these cards to create table groups with a **variety of programs at each table**.

☐ Develop Group Agreements, prepare your chart pad in advance with some initial agreements, collaboration, ask lots of questions, be open to trying new things, and confidentiality, make sure to leave space for the group to develop their own Group Agreements.

☐ On chart paper create a Scale 0-10, 0 is no support, and 10 is over the top support.

During the activity

☐ Welcome the trainees to the training and introduce yourself.

☐ You may wish to spend some time on logistics related to the training site (parking, bathrooms, etc.) and helping to set a productive tone through the development of Group Agreements (sharing the floor, being on time, etc.).

☐ As part of the introductions you will be establishing diverse program groups that the trainees will remain in for the remainder of the training. The goal of selecting groups versus having the trainees self-select is to ensure there is a wide range of experience in each group. This will be helpful throughout the day, and provide a system perspective to transitions and the impact transitions have on children, youth, families, and NMDs throughout the life of the case.

☐ Have the trainees introduce themselves to the classroom with their:

- Name

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

14

- Office - Program they work in - As they state their program hand them a color card that corresponds to the program they currently work in. ☐ Once all of the trainees have completed their introductions and have their color card, divide the trainees into table groups of five to seven trainees per table. The goal is to have a diverse group of trainees at each table, with a wide range of program experience from emergency response to adoptions, including specialized programs in each group. Once the table groups have been established you can collect the index cards to use again in the next training.	**Managing Transitions Knowledge and Skill Reinforcement Lab** **California Common Core** Pilot Version 3.0 | 2017
☐ Provide an overview of the Agenda. ☐ Let trainees know that there will be an End of Block evaluation at the end of the day. The evaluation is intended to capture if the training resulted in desired knowledge acquisition. ☐ Refer the trainees to the Learning Objectives in Segment 1 of the Trainee Guide. Have the trainees review the learning objectives, and star the one they feel they have solid knowledge about, and underline the one they want to know more about. Then solicit a couple of the ones the trainees have starred and underlined.	**Overview of the Day** • Welcome and Review of the Agenda • Learning Objectives • Break Approximately 10:20 AM • Lunch Approximately 12:00 PM • Break Approximately 2:30 PM • Evaluation 3:00 PM • End of Day 4:00 PM
☐ Establish Group Agreements. Refer trainees to the Trainee Guide Segment 1, Group Agreements, although the trainees will be familiar with Group Agreements, new ones may need to be established as this group may not have been in the 100 Level core together. Included the agreements on the on the slide and use chart pad paper to add agreements or modify the one provided. It is important that the group participate in the creating of the Group Agreements, so they can be approved by the group, and to demonstrate the parallel process of establishing Group Agreements with families. ☐ Offer the following brief explanations of the Group Agreements9 as needed (this will depend on whether or not this group has already worked to establish Group Agreements). This activity provides a model for the group work social workers will do with child and family teams, so you may wish to make that connection as well. - 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	**Group Agreements** • Be collaborative • Ask lots of questions – let us know what you think • Enjoy the experience – have fun • Have a "what the heck!" attitude and throw yourself into the experience • Make mistakes • Maintain confidentiality

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

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.
- 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…

☐ Activity: Refer trainees to the Trainee Guide, Segment 1, Transitions. Let the trainees know that all transition in life have pros and cons, whether in child welfare or in our own lives. Some help one to easily move into a new environment and some hinder the transition and make it difficult to fit into the environment.

- Have the trainees take five minutes to share their experience transitioning from line worker core training to their office. Remind trainees to make sure that everyone has the opportunity to share.
  o What worked well with the transition?
  o In what ways did the preparation by your supervisor decrease your stress?
  o What were some worried they had about how they transitioned?
  o How did the lack of preparation impact your stress level?
- The trainer should solicit experiences transitioning from line worker

Transition: Trainee to Social Worker

- What worked well with the transition?
- In what ways did the preparation by your supervisor decrease your stress?
- What were some worried they had about how they transitioned?
- How did the lack of preparation impact your stress level?

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

16

core training to their office, on a scale from 0-10, from the trainees, and chart it on the prepared chart paper.

- Have trainees report out on what could have been done differently and what supports could have helped the transition.
- Summarize the report out focusing on the positive ways in which the workers felt supported during their transition. For some workers may have arrived at offices were completely prepared for them, all of the equipment needed was there, desk ready, and a welcoming team was waiting, you may have been contacted before you arrived to give you some helpful information such as how to get in the office and where to park. Some may have arrived at offices and no one even knew they were coming, or had not prepared for their arrival. You had to figure out where to park, how to get in the building, and then sat alone in the lobby for 15 minutes while they located someone to help you.
- Everyone experiences transitions on a continuum; the goal is to have all transitions planned, purposeful, and supported by a team. The more planned, purposeful, and support the child, youth, or young adult has, the better the outcomes. Setting up teams to help the transition, planning and communicating the plan for the transition to everyone, making sure the child, youth, and family has all they need in place for a successful transition.

Trainer Note: The goal of this activity is to have trainees get to know each other a little better, and to have trainees start to think about transitions, and how transitions (no matter what type) can impact outcomes.

The goal of the day will be to look at transitions with a trauma and loss lens, and to provide ideas that can help children youth, young adults, and families transition throughout the life of their case.

Scale Your Transition

Scale Your Transition

0 = No Support   10 = Over the Top Support

What Could have been done differently to help your transition be successful?
What supports could have helped?

Transition to the next segment: Review

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

17

Segment 2: Review

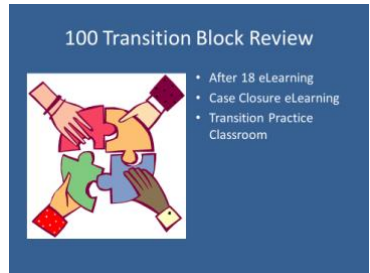|	
Segment Time:	20 minutes
Activity Time:	Activity 2A: Putting the Puzzle Together (20 minutes)
Materials:	Three sets of matching cards for each table, a puzzle for each table
Trainee Content:	None
Slides:	7

Description of Activity:
This activity will review the 100-Level Transition Block, eLearning After 18 and Case Closures, and the Transition Practice Classroom. Each table will be provided with a set of matching cards, once they have matched the cards together, the trainee will verify it is correct. If it is correct the trainer will give the table a piece of a puzzle and another set of matching cards. This will continue until each table has completed their puzzle, and has a full picture of a transition.

Before the Activity

☐ For the matching game, there will be three sets of cards needed for each table; 1) case closure eLearning review: The cards have a "CC" to indicate Case Closure eLearning cards 2) After 18 eLearning review: The cards have a "A18" to indicate After 18 eLearning cards 3) Transition Practice classroom: The cards have a "TP" to indicate Transition Practice classroom cards. For use in future training classes, you can laminate the matching cards found in the Supplemental Handout section, pages 43-46.

☐ Laminate and cut the pictures found on pages 48-55 of the Supplemental Handout, you will need one photo per table. This will be the puzzle they will put together.

☐ Print the answer sheets for the Matching Game found on pages 47−48 for each table.

During the activity

☐ Each table will be provided with the first set of matching cards, reviewing Case Closure eLearning. They will match the cards together, once they have matched the cards together, they will verify their answers, using the answer sheet on their table. Once they have verified that their answers are correct they will raise their hand and the trainer will give them a piece of the puzzle, and another set of cards. This is completed until all three sets of cards have been matched and each table has three pieces of the puzzle, completing the puzzle.	
☐ The puzzles represent families, communities and schools. When we initially engage the family, we are a piece of the puzzle, if we are culturally humble, together we may learn enough to mutually craft services and supports that will maintain the family wellness and connections to a larger supportive community. The families, social	

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

18

workers, service providers, court staff, etc., are all piece of the puzzle, and together we make a whole supportive community. We do this by providing culturally relevant services, think in terms of Trauma-Informed practice, engage families in a culturally relevant manner, use tools such as SDM, and always teaming/collaboration. Paying attention to transition points throughout the life of the case, and making sure the children, youth, families and NMDs are informed and prepared for transitions will help reduce the impact of transition. By using these best practices, we can help families heal, just like the puzzle, they become whole.

☐ There are multiple programs at each table, each of programs and the people that work within them hold a piece of the puzzle. Working together as a team with the family and across programs helps to lay the foundation for the family and builds on the success of the family.

Transition to the next segment: Assessing Underlying Needs at Transitions: Getting to the HEART of why we are here

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

19

Segment 3: Assessing Underlying Needs at Transitions: Getting to the HEART of why we are here

ACTIVITY 3A: What's Trauma, Grief, and Loss Got to Do with It?

Segment Time:	115 minutes
Activity Time	Activity 3A: What's Trauma, Grief, and Loss Go to Do with It? (40 minutes) Activity 3B: Assessing Complex Needs and Cultural Humility (35 minutes) Activity 3C: Complex Trauma and Its Impact on Developmental Domains During Transitions (40 minutes)
Materials:	Video "How Do We Stop Adversity from Becoming a Life Sentence?" TedTalk by Benjamin Perks 15:53 https://www.youtube.com/watch?v=qp0kV7JtWiE
Trainee Content:	Segment 3
Slides:	8-11

Description of Activity:

The trainer will summarize and review information from the Trauma-Informed Practice classroom as it is related to transitions once families enter the child welfare system. The trainees will take a closer look at a transition that they have experienced, and use that transition throughout our day as a point of reflection. The video "How do we stop adversity from Becoming a Life Sentence will be viewed and a group discussion will occur. This activity is meant to be the What's In It For Me (WIIFM) or what's in it for the child, youth, or young adult.
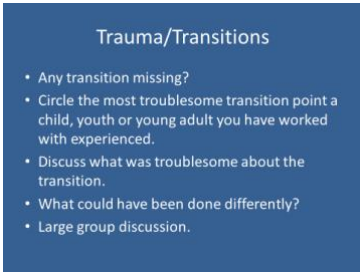
Before the Activity

☐ For additional information and understanding the ACEs study
http://www.cdc.gov/violenceprevention/acestudy/about.html

☐ Review Common Core 3.0 Trauma-Informed Practice eLearning or classroom

☐ Cue video "How to Stop Adversity from Becoming a Life Sentence."

Special Trainer Note: This TedTalk video includes a portion of the video ReMoved, from www.ReMoved.com. In the original short film from ReMoved, the female child's name is Zoey, in the TedTalk video the Mr. Perks refers to her as Mia. It should be noted to the trainees that under no circumstances can a foster parent change a child's name (exception: legal adoption), and changing a child's name can add to the trauma the child experiences. This should be included as they will have seen in the 100 level course the entire ReMoved video. We want to acknowledge the mistake in changing the child's name in the TedTalk video, and we will call her Zoey from the original video.

☐ Prepare chart paper with the Transition Points found in the Supplemental Handouts, page 56, in advance.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

20

During the Activity:

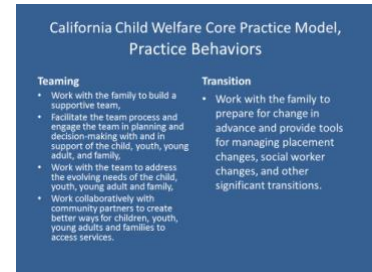|	
☐ To set the stage for the training day, review the following points: ● Complex trauma is psychological trauma in early childhood that has been chronic and interpersonal in nature. These are traumatic events that are usually experienced through the child's care-giving system. ● It can occur in many combinations, early or late in one's life, multiple traumatic events, usually personally impacting the individual. ● It can include exposure to repeated childhood sexual abuse, physical abuse, or emotional abuse. ● It can also include harmful social environments such as hunger, homelessness, racism, sexism, violent neighborhoods.	**Trauma** • Complex Trauma • Complex Trauma and Child welfare • Social Worker Role • Teaming
☐ 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 having such as food choices, soap, temperature, etc. The process itself is traumatic, separation from family and community of origin, multiple placements, social worker changes, and more. ☐ It is important that we understand how trauma experiences can be increased by child welfare interventions, and how child welfare workers need to be pro-active in helping children, youth, young adults, and families with transitions so that negative impacts can be minimized or eliminated. ☐ It is also important to note that the trainees are part of the team that helps mitigate the trauma; as social workers you are a central player, you are the coordinator of the team and between systems, such as the school, therapist and caregiver. Social workers have access to all of the documented case information, and can help use the information to help reduce the trauma experienced and to ensure appropriate services are in place. It is important to engage the team in sharing information with each other, as each person is likely to have unique information that is critical to understanding the bigger picture.	
☐ Activity: Refer trainees to Segment 3, What's Trauma, Grief, and Loss Go to Do with It? Preprint on chart paper the transitions found on page 56 of the Supplemental Handouts. Make sure to leave room for additional transitions that the trainees may want to add to the list. ● Remind the trainees the transitions on the chart paper are transitions that a typical case could have; however, each case is different. Ask the trainees if they can add any transitions to what is already listed, and add any that they may come up with. ● Have each trainee look at the list of transitions in the Trainee Guide, and have them think about a child, youth, or young adult whom they have worked with, where one of these transitions was the most	**Trauma/Transitions** • Any transition missing? • Circle the most troublesome transition point a child, youth or young adult you have worked with experienced. • Discuss what was troublesome about the transition. • What could have been done differently? • Large group discussion.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

21

troublesome or difficult for that children, youth, or young adult. Have the trainee circle the transition point that was most troublesome. If they are in a specialized program and do not work directly, have them think about a case they have heard about, consulted about, or just know about.

Trainer Note: We will refer back to this child, youth, or young adult and the troublesome transition throughout the training day.

- You will now have the trainees come up to the chart paper that has the transitions printed on it, and have each trainee place a checkmark next to the transition point that they felt was troublesome for the child, youth, or young adult. This will be used as a visual of how all transitions can be difficult throughout the day.

☐ The trainer should point out the various transition points that were troublesome, and facilitate a discussion about:

- Why it was troublesome?
- What made it troublesome?
- What could have been done to make it better?

Trainer Note: As the group answers the above questions, listen for places to talk about best practice, preparation, early assessment, teaming, support networks, and how using them could have potentially improved the transition.

☐ Trainees should be reminded that the Adoption and Safe Families Act not only requires that we keep children, youth, and young adults safe, but we also provide permanency and well-being to them as well. Permanency is not as easily achieved if the underlying needs of complex trauma are not addressed, and their well-being is at risk as well.

☐ Refer trainees to the Trainee Guide, Segment 3 video, "How Do We Stop Adversity from Becoming a Life Sentence?" The guide follows the video that will be played, and there are key point and places to take notes about the video.

☐ Show the video "How do we Stop Adversity from Becoming a Life Sentence?" TedTalk by Benjamin Perks.

☐ After the video ask the trainee what they thought about the statement made by Benjamin Perks, "When you get to safety you are able to feel your body calm down." Most of us know that feeling. Let's now look at Zoey's experience in the original video "Removed."

- After the trauma of the intimate partner violence in the home, law enforcement and the social worker come to the home.
- Zoey is removed from her home.
- Zoey is separated from her brother.
- Zoey is placed in a foster home, where she is abused.
- Zoey is moved to a new foster home.

☐ Although Zoey is removed because of the safety factors that impacted her family she is may not able to "feel her body calming down" because of the additional traumas she is experiencing such as

How do we Stop Adversity from Becoming a Life Sentence?
https://www.youtube.com/watch?v=qp0kV7JtWiE

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

22

transitioning into foster care. The trauma, grief, and loss continues throughout each transition. The trauma from being removed from her home and placed in an unfamiliar environment and/or community, loss and grief from the separation from her parents, her brother, further trauma from the abuse suffered in the foster home, and subsequent move to a new placement.

☐ Refer trainees to the Trainee Guide, Segment 3, California Child Welfare Core Practice Model, Practice Behaviors, Teaming and Transition Behaviors, they can refer to these practices throughout the training day.

☐ Teaming and preparation can help most child, youth, and young adults be prepared for even difficult transitions, and help to improve their outcomes.

California Child Welfare Core Practice Model, Practice Behaviors

Teaming
- Work with the family to build a supportive team,
- Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family,
- Work with the team to address the evolving needs of the child, youth, young adult and family,
- Work collaboratively with community partners to create better ways for children, youth, young adults and families to access services.

Transition
- Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

23

ACTIVITY 3B: Assessing Complex Needs and Cultural Humility

Activity Time:	35 minutes
Materials:	Video "Cultural Humility; People, Principles, and Practices", Part 1 of 4, by Vivian Chavez https://www.youtube.com/watch?v=_Mbu8bvKb_U&list=PLF450050903C62014
Trainee Content:	Segment 3
Slides:	12-14

Description of Activity:

The trainees will be provided with a five-step assessment of complex trauma that can be used throughout the life of a case to help ensure that relevant and culturally responsive information is gathered. By recognizing the need for continual culturally relevant assessments, the trainees will be able to ensure that trauma, grief, loss are considered at all transition points, and appropriate service plans are developed. The trainees will look at the child, youth, or young adult that they identified in Segment 3A, to see if culture may have positively or negatively impacted the troublesome transition.

Before the Activity

☐ Cue the video "Cultural Humility; People, Principles, and Practice" Part 1 of 4, by Vivian Chavez. There are four parts of the video; this class will only focus on Part 1. The trainer will need to stop the video after Part 1; otherwise, Part 2 will automatically start to play.

During the activity

The trainer should be prepared to summarize the following points:

☐ When assessing trauma, grief, and loss is culture, and the role that culture plays. The National Child Traumatic Stress Network (NCTSN), in their Culture and Trauma Brief, notes that children and adolescents from minority backgrounds are at increased risk for trauma exposure. For example, African American, American Indian, and Latin American children are overrepresented in reported case of child maltreatment and in foster care. Further, disasters pose particular burdens in behavioral health for ethnic minorities, and developing country populations, especially for children, due to social, economic, and political marginalization, deprivations, and powerlessness. Consequently, minority children fare worse in the aftermath of trauma, often experiencing more severe symptomatology for longer periods of time than their majority counterparts.

☐ A broad understanding of culture finds that ethnicity, gender identity and expression, spirituality, race, immigration status, and a host of other factors affect not just the experience of stress and trauma, but help-seeking behavior, treatment, and recovery. Understanding this foundational information will highlight the need for engaging families

Assessing Complex Needs and Culture

- African American, Native American and Latin American Children have an increased risk of trauma experiences.
- A broad understanding of culture is necessary.
- Cultural background of social worker can influence.
- Assessments should always take into consideration the culture and communication modes of the family and social worker.
- Teaming/Supervisors KEY

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

24

in a manner that is supportive.

☐ The cultural background of social workers can also influence their perceptions of traumatic stress, grief, and loss and how to intervene.

☐ Assessments and services should always take into account the cultural background and modes of communication of both the social worker and the family, by creating a safe place, gathering and considering information from many sources, understanding that a variety of assessment approaches and techniques are needed and advocate for those that are culturally relevant. Working with the family team to ensure that transitions are planned and that there is a continual assessment for trauma, grief, and loss at all transitions, thereby allowing for services that are congruent with each family.

☐ Refer trainees to the Trainee Guide, Segment 3, video "Cultural Humility; People, Principles, and Practice," where they can take notes.

☐ Play the video "Cultural Humility; People, Principles, and Practice" by Vivian Chavez, San Francisco State University professor. This video explains how we personally can act with cultural humility as we engage families, and why gathering information is important, and making assumptions can be harming in an assessment.

Trainer Note: Have the trainees think about social worker/parent/family members they work with whenever the video references clinician/clients.

☐ Activity: In the beginning of the video the trainees in the video were asked to give one word that defines what cultural humility is to them. The trainer will ask the trainees the one word that for them defines cultural humility. Just as in the video, there may be multiple answers, and all of the answers are correct. The trainer will chart each of the responses from the trainees. Leave the chart paper on the wall as a visual reminder of cultural humility.

☐ Debrief the video:

● Life-long learning and critical self-reflection, "identity is rooted in my history" – Does not make it bad, just makes it different than anyone else, and their history, it is your own history.
● Recognize and challenge power imbalance, the video speaks about the power balance between a clinician and a client, there is also a clear power imbalance between the social worker and the family that they serve as well.
● Institutional Accountability, the institutions must model culturally principles and practices. In other words, modeling of sharing of power throughout the organization, modeling inclusion throughout the organization etc.
● Lastly, the illustration of the Latino patient who was "over exaggerating her pain", the nurse having taken a class on cultural competence, and applying it blankly to this patient. The nurse did not have a clear understanding of this particular patient's needs. So

Video:
Cultural Humility; People, Principles, and Practices, by Vivian Chavez

https://www.youtube.com/watch?v=_Mbu8bv Kb_U&list=PLF450050903C62014

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

25

the difference between cultural competence and cultural humility is the relationship, process, and going much deeper than cultural competence.

☐ Sharing power is a deliberate approach to engagement with children, youth, young adults, and families. It seeks to combine the knowledge and training of the social worker, with the lived experiences of the family receiving services. The Substance Abuse and Mental Health Services Administration (SAMHSA) has included this concept "Importance is placed on partnering and the leveling of power differences….Healing happens in relationships and in the meaningful sharing of power and decision making." In other words, you get to be an expert in what you are trained to do, the art of social work. Families get to contribute lived expertise and claim their own journeys. "The sum of the combined expertise is greater than its parts." Child and Family Teams is a great place to bring all expertise together to help set the path of the new journey.

☐ In pairs, think back to the transition that you identified as troublesome, and solicit responses.

Trainer Note: Be prepared with your own example of how you did or did not take culture into consideration with a family you worked with, what the outcomes were, and what you could have done differently in hindsight.

● Do you think culture may have impacted the transition?
● Do you know?
● Did you ask?
● What did you do that made sure you had an understanding of the child, youth, or young adult's culture?
● What could you have done differently to ensure you understood the culture of the child, youth, or young adult?

Troublesome Transition & Culture

- In hindsight, do you think the child, youth, or young adults culture impacted the transition?
- Do you know? Did you ask?
- What did you do to ensure you took the child, youth, or young adult's culture into account during the transition?
- What could you have done differently?

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

26

ACTIVITY 3C: Complex Trauma and Its Impact on Developmental Domains During Transitions

Activity Time:	40 minutes
Materials:	Chart paper, pen, and tape
Trainee Content:	Segment 3
Slides:	15-19

Description of Activity:

The trainees will look at developmental domain in the Trainee Guide that are impacted by trauma, grief, and loss, particularly during transitions. The trainer will help the trainees with a large group scenario apply the developmental domains. The trainees will then look at the transition point that they personally identified in Segment 3A, and look at the developmental domains.

Before the Activity

☐ Prepare chart paper with three columns, labeled "Children's Behaviors", "Children's Feelings", and last, "Children's Experiences".

☐ Be familiar with ACIN I05-14, January 15, 2014, Sharing Information with Caregivers, http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2014/I-05_14.pdf
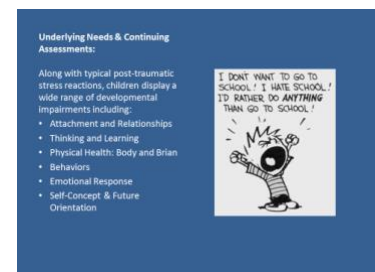
During the activity

☐ The National Child Traumatic Stress Network (NCTSN), suggests that a comprehensive framework for assessing both the exposure to, and impact of, complex trauma is vital. NCTSN further states that complex trauma can have such pervasive impact on developmental trajectories that children often end up with problems across many domains of functioning. A child's self-image is impacted, and often they feel like "bad kids" who just cannot change no matter what they try. These children may be diagnosed with a range of behavioral health disorders, and consequently treated with multiple medications and therapies that are ultimately ineffective because they fail to address the underlying needs/trauma.	

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

27

☐ Large Group Activity:

- On chart paper, put a column for "behaviors", a column "feelings", and a column "experiences".
- Ask trainees to call out 5 challenging or maladaptive behaviors demonstrated by children they are working with. Chart their response. Remember that behaviors which may be challenging in their current environment likely served a purpose for them in their past when coping with traumatic events.
- Then ask them to call out a feeling that the child maybe experiences when displaying the challenging behavior. Chart their response.
- Lastly, have the trainee think about the child's past/present experiences such as abuse/neglect and trauma, which may not have been dealt with fully, that can be the underlying issue behind the behavior.
- An example of this is a child throwing a tantrum, and picks up a rock and throws it breaking a window. The challenging behavior is the act of throwing the rock, the feeling is one of anger or frustration, the child's trauma experience is coming from a home where intimate personal violence was present, and items were often broken and thrown.
- The goal is to move away from the focus on the challenging behavior (which is difficult), to a focus on the cause of that behavior, and assessing/addressing the underlying issues. By assessing and addressing the underlying issues, developing appropriate services and supports, over time it is hoped that the feelings behind the behavior will be resolved.

Mapping Behaviors

Underlying Needs

☐ Along with the typical the post-traumatic stress reactions, children display a wide range of developmental impairments including difficulty developing and sustaining relationships, behavioral issues, emotional problems, learning disabilities, and even chronic health problems. Often times these issues end up with multiple diagnoses, medications, treatment strategies, and the underlying complex trauma, grief, and loss go unassessed and unaddressed.

☐ Refer trainees to the Trainee Guide, Segment 3, Assessment of Complex Trauma Grief and Loss. These are the key developmental domains affected by complex trauma, grief and loss that are further impacted by on-going transitions that children, youth, and young adults experience. Trauma-Informed practice allows us to really look at the feelings and experiences, and not just the behavior.

☐ Review the scenario with the trainees as a large group: Celia is a Hispanic 12-year-old girl with a long history of trauma. She was first removed from her mother's home when she was 3 years old for neglect and substance abuse. After 10 months she was reunited with her mother who married her live in boyfriend. Celia remained in their care until she was 7 years old and was removed again when she disclosed that she had been sexually abused by her stepfather and had witnessed intimate partner violence. Following the second

Underlying Needs & Continuing Assessments:

Along with typical post-traumatic stress reactions, children display a wide range of developmental impairments including:
- Attachment and Relationships
- Thinking and Learning
- Physical Health: Body and Brian
- Behaviors
- Emotional Response
- Self-Concept & Future Orientation

I DONT WANT TO GO TO SCHOOL! I HATE SCHOOL! I'D RATHER DO ANYTHING THAN GO TO SCHOOL!

Celia

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

28

placement in foster care, Celia was experiencing academic problems, severe inattention, hyperactivity, oppositional behavior, as well as physically violent tantrums. She was diagnosed with oppositional defiant disorder and bipolar disorder. Her treatment plan included medication and therapy which was minimally successful. Her mood swings continue, she is noncompliant with her resource family, and is preoccupied with sexual ideas. She is at risk of needing a new placement, and finding her a forever home has been impacted because of her behaviors.	
☐ Activity: Have the trainees look at the Developmental Domains Affected by Complex Trauma in the Trainee Guide, and have them circle ones that may apply to Celia. ● Solicit from the group their ideas of which domains may be being impacted by the trauma, grief, loss, and transitions that Celia may have experienced? Potential responses can be found in the Supplemental Handouts, page 58, highlighted in yellow. ● What information would you want to know about her culture to help you understand Celia better? ● Are their underlying needs that may have led to a misdiagnosis or lack of understanding of the behaviors? ● If you were Celia's new worker, who would you want to make sure is part of her team?	
☐ Scenario continued: Fortunately, Celia has a social worker who is trained in trauma-informed practice, and has had her assessed by a clinician trained in trauma-informed practice. The clinician and social worker understood that complex trauma leaves a child mistrustful of others, transitioning foster homes continues to impact trust. They also understood that the sexual ideas may be a way of re-experiencing her sexual abuse. Her oppositional behaviors may be a result of needing to control her environment. Her mood instability was understood as emotional reactivity, and hyper-arousal is common to children who have been profoundly traumatized. ☐ Following the assessment, the social worker and clinician set up a child and family team meeting. The findings were discussed in a language that Celia understood. The social worker and clinician were careful to convey the message that Celia was not to blame for her "bad behaviors." Instead, the behaviors were framed as a typical response of children who experienced trauma, grief, and loss. Celia felt relief to hear that someone understood. ☐ A new treatment plan was developed by the team that took into considerations Celia's culture, trauma history, to help identify address underlying need to be safe and understood.	
☐ Activity: Have the trainees think back to the transition point that they circled as being particularly troublesome in Segment 3A. Trainer Note: The goal of this reflective activity is to have the trainee connect the behavior of the child, youth, or young adult's behaviors, to the feelings behind those behaviors, and the link to the	

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

29

abuse/neglect, trauma, grief, and loss that the child, youth, or young adult has experienced.

- Individually, think back to the transition point you identified earlier as troublesome. Use the Key Developmental Domains Affected by Complex Trauma chart, and circle the developmental domains that were present in the child, youth, or young adult identified in Segment 3A.
- Individually, have the trainee journal specific behaviors that the child, youth, or young adult was experiencing.
- As a table, discuss the behaviors and link to the trauma, grief, loss that the child, youth, or young adult may have experienced.
- How might transitions further impact the developmental domains?
- How can social workers work to mitigate the impact?
- Is there a team in place? Who do you want to make sure is part of the team if they are not already?
- What can you do to make sure they have had an assessment that address underlying needs?

☐ The trainer should summarize the following points:

- On-going assessment from the point of initial engagement, through all transitions, and case closure/aftercare planning is important for several reasons: Symptoms expressions often changes as children develop and have new experiences and exposures to new stressors.
- Monitoring change over time will reveal whether the current interventions are adequately addressing the child, youth, or young adults' needs.
- Children and families do not always disclose all relevant information during the first assessment; this may be especially true regarding traumatic events which children, and youth disclose over time. What families talk about and don't talk about can be very specific to a family, and be part of the family's culture. For some families, children may be told not to talk about family matters to people outside the family. It may take time for the child, youth, or young adult to develop enough trust to talk about the events.

☐ It is not just enough to assess and gather the information. It is important to share the information as well. Sharing the information with the clinician who is conducting the complex trauma assessment is important so they have a full understanding of the trauma that occurred in the home, and the trauma or stressors that have occurred since the child entered foster care. Details of events are important and should not be left out, they can be key to helping set up the right treatment to get at the underlying issues that are impacting the developmental domains, and not just the behaviors. It could help in setting up the right treatment that address the trauma and underlying issues, versus ineffective treatment and medications.

☐ The information should be shared with the resource parent as well, Handout 1: ACIN I05-14, January 15, 2014 (found in trainee guide),

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

30

Sharing Information with Caregivers: "Information Sharing is not only permitted under state and federal laws, it is required." Consult your supervisor and/or county policy for additional information.	

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

31

Segment 4: Courageous Conversations and Transitions

ACTIVITY 4A: Full Disclosure Skill Practice

Segment Time:	90 minutes
Activity Time:	Activity 4A: Full Disclosure Skill Practice (45 minutes) Activity 4B: Skill Practice, Discussing Permanency with Children, Youth, or Young Adults (45 minutes)
Materials:	None
Trainee Content:	Segment 4
Slides:	20-22

Description of Activity:
After a brief review of the principles of concurrent planning, Eight Tips for social workers working with parents and concurrent planning will be introduced. The trainer will complete a skill practice with a trainee having a courageous conversation when the plan is adoption.

Before the Activity

- ☐ Be familiar with Common Core 3.0 Concurrent Planning Introduction.
- ☐ Laminate the update Polk/Hernandez vignette on page 62 of the Supplemental Handouts.
- ☐ Find Genogram and Ecomaps in Trainee Guide.

During the activity

☐ In the 200 Level Managing Change Knowledge and Skill Reinforcement the trainees participated in a family team meeting in which children were re-removed from their parents. As we know, not every case closes with successful reunification, and an alternate permanency plan of adoption, legal guardianship, placement with a fit and willing relative, or an alternative permanent plan living arrangement must be established. When we transition from reunification to an alternative plan, conversations with the parent, caregivers, children, youth, and young adults must take place. The transition itself is difficult and having the crucial conversation with the parents, caregivers, children, youth, and young adults can be even more difficult. The remainder of the training will focus on the transition to the alternative permanency plan, and having these difficult conversations. These activities are designed to allow the trainee to have the opportunity to skill practice having these difficult, yet crucial conversations.

Be prepared to review and summarize the following concepts, from the

Concurrent Planning/Full Disclosure
- Adoption and Safe Families Act
- Concurrent Planning
- "Reaching Out"

A family's Love is forever

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

32

Concurrent Planning Introduction:

☐ Refer the trainees to the Trainee Guide, Segment 4, Full Disclosure Skill Practice. Legal permanency options were established in order of priority as part of the Adoptions and Safe Family Act. Reunification with birth parents is always the preferred legal permanency option if there is reason to believe that the parent is able and capable of providing a safe and stable home for their child, youth, or young adult. Adoption and Tribal Customary Adoption is more preferred, then legal guardianship.

☐ Permanency planning begins at the time of removal and considers all reasonable options for attaining permanent families for children, youth, and young adults in the foster care system. It is designed to ensure children, youth, and young adults exit temporary care as soon as possible.

☐ Developing a concurrent plan with a family using research-based strategies to identify connections will help children to have more successful outcomes and increased time in a permanent home.

● Genogram and eco maps can be used from the initial contact with the family, and throughout the case process with the family. These tools can be used with the parents, children, relatives, caregivers and during team meetings.

● Team meetings to develop a family's Circle of Support/Safety Networks that offers the family a way to look at their natural support system that can help care for children if they are unable to care for their children. Family team meetings offers opportunities for courageous conversations on difficult and sensitive topics such as concurrent planning.

☐ Refer to Segment 4, Concurrent Planning, and individually have them review the definitions of Permanency, Adoption, and Legal Guardianship and Full Disclosure.

● After they review the definition, as a table group have them discuss the four questions in the Trainee Guide.

☐ Refer the trainees to the Trainee Guide, Segment 4, article "Reaching Out", and give them 5 minutes to read the article. Once you have noticed that the majority of the trainees have completed reading the article, start the activity.

● To help guide this activity, discuss tip number 8: That all parents even those who are not involved in child welfare services need to consider who would raise their child(ren) if they were not able to. As child welfare social workers this conversation is very difficult to have with parents because of the complicating factors that have brought them to the attention of child welfare, yet they are necessary conversations. This tip can be used to help guide the conversation with the parent.

☐ Activity: Trainer Role Play, using the Polk/Hernandez vignette, "Update with a Twist" in the Trainee Guide, Segment 4. Pass out Handout 2, Genogram, and Handout 3, Ecomap. The trainer will role play having a

Trainer Demonstration

✓ What worked well?
✓ What were worries?
✓ What could be upgraded?

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33

full disclosure conversation with the mother. The trainer will ask for a volunteer to play the role of the mother, the trainer will provide the volunteer with the vignette in the Supplemental Handouts, Segment 4, A Full Disclosure Skill Practice vignette in this guide. The volunteers use the vignette to help guide their role. During the demonstration, the trainer should be culturally humble, empathetic, and compassionate. As a reminder, these conversations are difficult for the social worker to have, and even more difficult for the family to hear. So ensuring that we understand the families' culture and having this discussion keeping in mind the family's perspective are critical to the success of the conversation.

- Explain the termination of child welfare services to the mother, and what it means for the family.

- Explain what permanency, adoption, and legal guardianship are..

- Explain the difference between adoption and legal guardianship.

- The trainer will follow up with the mother, and make sure she has a clear and accurate understanding of these concepts.

☐ Ask the trainees to provide strength-based feedback on how the trainer did.

- What worked well?

- What were worries did they have?

- What could be upgraded?

☐ Activity continued: Have the trainees pick a partner. Each trainee will use the vignette Update with a Twist, and practice being a social worker having the conversation with the mother. There will be two rounds so each trainee will have the opportunity to skill practice being the social worker, and each trainee will also play the mother. Each round will be 4 minutes of skill practice, and 2 minutes of strength-based feedback, using the observer checklist.

- During the skill practice. the trainer should walk around the room and look for examples of good "courageous conversations" and help those trainees who may need assistance.

Activity
4A: Full Disclosure Skill Practice
- Read the Polk/Hernandez vignette, "Update with a Twist" and the questions in the chart below the vignette
- Form pairs
- There are two roles, social worker and mother
- Four minute full disclosure skill practice
- Two minutes feedback
- Switch roles
- Debrief the activity

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

34

ACTIVITY 4B: Skill Practice, Discussing Permanency with Children, Youth or Young Adults.

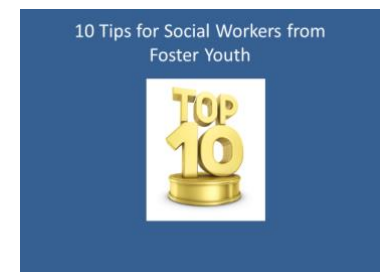|	
Activity Time:	45 minutes
Materials:	None
Trainee Content:	Segment 4
Slides:	23-25

Description of Activity:

After reviewing the 10 Tips for Social workers, the trainees will participate in a skill practice speaking to a child or youth about what permanency is, permanency options, and updating an ecomap.

Before the Activity

☐ Be familiar with the article from Child Welfare Information Gateway, "Helping Your Foster Child Transition to Your Adopted Child." The full text of the article can be found at: https://www.childwelfare.gov/pubPDFs/f_transition.pdf

☐ Be familiar with the article from Project LIFE,"10 Tips for Social Workers," found at: https://humanservices.ucdavis.edu/sites/default/files/091_252_ro.pdf

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During the activity

☐ Having courageous conversations will adults, although difficult, is less complicated than the same conversation with a child, or youth. When initiating conversations about permanency with children or youth, make sure to use words that they understand, and have a discussion that is developmentally appropriate. These discussions will be different based on the child's chronological age, developmental level, trauma, grief, and loss.

☐ Refer trainees to the Trainee Guide, Segment 4, Helping Your Foster Child Transition to Your Adopted Child. The full text of the article can be found at: https://www.childwelfare.gov/pubPDFs/f_transition.pdf
  - These principles should be understood and reinforced by the social worker and the foster parent, and can be used to help reduce the impact of additional trauma, grief, and loss in the transition to permanency.

☐ Refer trainees to the Trainee Guide, Segment 4, Ten Things that Youth Want Child Welfare Professionals to Know: Talking to Youth in Foster Care about Permanency, Project LIFE, a partnership of United Methodist Family Services with and funded by Virginia Department of Social Services, held a statewide conference on permanency in October

Helping Your Foster Child Transition to Your Adopted Child
- Create an accurate reconstruction of the child's placement history.
- Identify the important attachment figures in the child's life.
- Gain the cooperation of the most significant attachment figures available.
- Clarify "the permission message."
- Communicate that permission to the child.

10 Tips for Social Workers from Foster Youth

TOP 10

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

35

2013, found at:

https://humanservices.ucdavis.edu/sites/default/files/091_252_ro.pdf

During the conference, adopted youth and youth in foster care shared their experiences and developed their ideas into tips for child welfare workers. This NRCPFC resource highlights their recommendations for workers when engaging youth in foster care. Be prepared to summarize the following points:

1. Identify and choosing a lifelong connection may be scary for me. Lift up the role of the parents, and that adoption or legal guardianship does not necessarily mean that the children, youth, and young adults will not have a relationship with or contact with their parents. This can happen if it is safe in a post adoptive agreement (see your supervisor or county counsel).
2. Permanency is a new concept for me.
3. Communication about permanency is so important.
4. Remember that young people process and share information in different ways.
5. Your support, constructive criticism, exploration, and feedback are essential for me to make good informed choices.
6. Stay open-minded and understanding regarding my ideas and suggestions about permanency options that you may have not considered.
7. Consider my foster parents as an option for permanency when we have a positive relationship and work with everyone involved to explore that possibility and provide support.
8. Stay proactive when addressing concerns I bring up.
9. Be patient with me! I may need time to make up my mind about permanency, don't expect me to make an immediate decision.
10. Adoption is a great choice for a lot of youth, but I may not think at first it is the right fit for me.

☐ Activity: Refer trainees to the Trainee Guide, Segment 4, Willy and Samantha Polk Vignette Update. Have the trainee's form Triads. Using the vignette, update with a Twist, the genogram and ecomap (previously passed out), and Willy and Samantha's update vignette, trainees will participate in a skill practice explaining permanency, and permanency options of adoption and legal guardianship to Samantha and Willy.

☐ There are two vignettes, one for Willy, and one for Samantha. Each trainee in the triad will role play the role of the social worker, having the conversation with Willy or Samantha based on their developmental level, being culturally humble, and understanding the grief and loss that can occur. For round one, the scenario for Willy will be used. For round two, the scenario for Samantha will be used. For round three the triad can decide which scenario Willie or Samantha they use. Each trainee will have five minutes to role play, and the observer will have two

Activity
4B: Discussing Permanency with Children and Youth

• Read the Willy and Samantha Polk Vignette Update
• Form Triads, three roles, social worker, Willy or Samantha, and observer
• Using the Willy and Samantha Polk vignette update, the developmental considerations, the Polk/Hernandez vignette with a twist, the genogram and ecomap trainees will skill practice having a permanency discussion with Willy and Samantha
• Observer use the questions to help guide your strength based feedback
• Five minute skill practice, two minute feedback

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

36

minutes to provide strength based feedback.

☐ During the skill practice the trainer should walk around the room and look for examples of good "courageous conversations" and help those trainees who may need assistance.

☐ Debrief the activity with the group specifically:

● What worked well?

● Does anyone have an excellent example of someone who did an amazing job? If no one does, then use an example you heard.

Transition to the next segment: Closure

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

37

Segment 5: Closure

Segment Time:	15 minutes
Activity Time:	Activity 5A: Commitments and Closure (15 minutes)
Materials:	Satisfaction Survey
Trainee Content:	Segment 5
Slides:	26

Description of Activity:

The trainees will journal what they can commit to, to help to improve outcomes for children, youth, young adults, and families they work with.

Before the Activity

☐ Ensure that there are Trainee Satisfaction Surveys available.

During the activity

☐ Have them think about the child, youth, or young adult that they thought of at the beginning of the day, and what they have learned throughout the day. Have them Journal a commitment of what they will commit to so that they can improve the impact of trauma as a result of the grief and loss experienced in transitions for the children, youth, or young adult that they serve. ● Trainer should solicit examples of the commitments. ● Thank the trainees for their participation in the training. ☐ Pass out the Satisfaction Survey.	

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

38
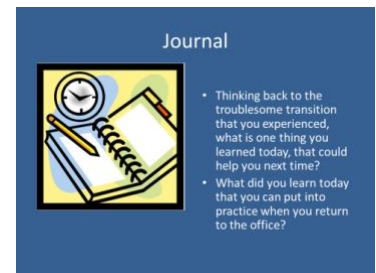
Segment 6: End of Block Evaluation and Debrief

Segment Time:	60 minutes
Materials:	End of Block Exam
Slides:	29 – 31

Description of activity
The trainer will proxy the end of block evaluation with trainees.

Before the activity

Ensure that there are enough copies for all trainees of the respective materials noted below. The documents and all up-to-date evaluation materials are located in the CalSWEC website under the password protected link, "RTA Evaluation – Training Evaluation Materials for Common Core". **Contact** your **respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.** The materials are subject to change, so check in frequently.

During the activity

☐ **End-of-Block post-evaluation instructions FOR TRAINERS**

To complete the end-of-block post-evaluation activity you should have the following materials:
- Informed Consent Document
- Document with County and Training Site Codes
- Answer Sheet(s)
- End-of-Block Post-Evaluation Tool(s)

Hand out the Informed Consent form, County and Training Site Codes document, and Answer Sheet to Trainees.

Disclaimer: Trainees who do not wish to participate in the research study do not have to submit their test forms (electronic or paper) and there is no penalty for non-participation. To avoid disruption during the evaluation activity for those trainees who wish to participate, the end-of-block post-evaluation can be administered to non-participants as a paper-based learning activity that does not need to be submitted.

Begin Verbal Directions –
We are preparing to initiate the end-of-block post-evaluation. This evaluation is not used to assess your performance, but rather to inform our continued improvement of the curriculum. Please take a few minutes to review the Informed Consent form and to complete your Answer Sheet. If you do not have an Informed Consent form, County and Training Site Codes document, or Answer Sheet, or if you have questions, please raise your hand.

END OF BLOCK EXAM
EXAM

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

39
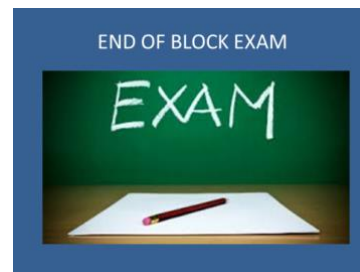
- ☐ **45 minutes for exam** – Taking the end-of-block evaluation provides data on how the curriculum can be improved.

  When trainees have completed their Answer Sheets, provide them with the end-of-block evaluation.

  Verbal Directions (Continued) –
  We are now ready to begin the end-of-block evaluation. The purpose of this end-of-block post-evaluation is to help us identify areas within the curriculum that can be improved. The end-of-block evaluation is composed of 45 knowledge items which will cover content from eLearning, 100-level and today's 200-level classroom.

  When answering a question please make sure you completely fill in the circle with heavy, dark marks. Any stray marks can affect processing. Are there any questions? If there are no (additional) questions, please begin.

  NOTE TO TRAINERS: If you have trainees present who you think qualify for ESL accommodations, please be attentive to their progression throughout the evaluation activity so to provide any assistance that they may need.

  - ☐ **At the end of 45 minutes (or when all trainees appear to have completed the evaluation)**, walk around and collect the Answer Sheets and end-of-block post-evaluations. Check trainees' Answer Sheets to make sure that they were completed correctly.
  - ☐ Place the Answer Sheets in the provided envelope and complete the Cover Sheet provided for submission to CalSWEC.
  - ☐ Move on to the debrief activity.

- ☐ **15 minutes for debrief** - Taking an end-of-block post-evaluation is a learning opportunity. Now that trainees have completed the end-of-block evaluation the debrief activity should be initiated to provide an opportunity for trainee reflection. For the debrief activity, **please refer to the Knowledge Post-Evaluation Debrief Protocol document**, at this time.

- ☐ Chart responses from the debrief activity and share feedback (i.e., notes, pictures of chart pads, etc.) via our Web-Form: (https://app.smartsheet.com/b/form?EQBCT=9552be804ddd480ea8458a8f63d6a0f7). This information will be used to track themes in concerns, issues, or topics raised for future evaluation and curriculum improvement.

- ☐ Have trainees complete the participant satisfaction survey before leaving.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

40

Supplemental Handouts

Activity 2: Review of 100 Level Transition Block

There will be three sets of matching cards for each table. If the classroom is set up for six tables, you will need four sets for each table.

Set 1: Case Closure eLearning = CC
Set 2: After 18 eLearning = A18
Set 3: Transition Practice = TP

On the sets of cards in the bottom right hand corner there will be a CC, A18, or TP. This will help with sorting and keeping the right cards together.

May want to print the matching cards on different colors so each table has their own color and therefore is easier for the trainer to sort in preparation for the training.

There are seven pictures. You can laminate the photos and then cut them along the lines, to create a puzzle for each table.

MATCHING CARDS AND PUZZLE PIECES FOUND ON THE FOLLOWING PAGES:

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

41

Adoption and Safety Families Act 1997	Safety – Children are, first and foremost, protected from abuse and neglect. Permanency – Children have permanency and stability in their living situation. Well-Being – Families have enhanced capacity to provide for their children's needs.
CC	CC
CFSR 3.0	Measures timely reunification, and re-entry into care. It is not enough to reunify, it's important for families to reunify and achieve independence and long lasting behavioral change that leads to safe case closure.
CC	CC
Pathways to Mental Health Services Standards of Practice	Transition planning must reflect the child and family's voice and choice and must ultimately delineate actions plans that they have identified as working for them.
CC	CC
Aftercare Services	Plan for 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. This plan should include the goals and outcomes that are necessary to achieve independence from child welfare services.
CC	CC
Support Network Safety Network, Circle of Support, Child and Family Team	Provides a safety new to prevent re-entry, can be used throughout the case, is a collaborative process, ensures services are culturally relevant for the family.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

42

CC	CC
Who leads or co-leads the family meetings and aftercare planning? CC	Parents, youth, or young adults. CC

Transition Plan A18	States must assist and support NMDs in developing a transition plan, it must be personalized, as detailed as the NMD chooses, must include housing, health insurance, health care proxy, education, and local opportunities for mentors, continuing support services, work for supports, and employment services. A18
Case Plan Goals A18	Identify and develop permanent connections. Making the transition to independent living. Assuming incremental responsibility. Identify services that will help the NMD meet one of the participation criteria for eligibility for extended foster care. A18

Permanent Connections A18	Help foster youth establish and maintain connections, finds the right people for success, and builds teams early. Helps to manage transitions, and can be birth family, community, and those who the NMD identify. A18

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

43

SILP A18	Before being approved the NMD should participate in a readiness assessment with the social worker. The purpose of the readiness assessment is to assess where the NM has a feasible financial plan, financial skills, and stable income, and assessing the NMDs developmental ability to handle independence. A18
AB 2418 A18	Extended the definition of "Indian Child" for the purpose of child custody proceedings to include an unmarried person who is 18 years of age or over but under 21 years of age, who is a member of a tribe or is eligible for membership of the tribe. It allows standards to continue if the NMD requests to continue under the provisions. All provision of ICWA continue to apply including active efforts and noticing. A18

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

44

Termination Tips TP	Understand the process, bring it up early, let it out, anger and anxiety are normal, allow for questions, know when a family is ready, its done face to face, there is a final session, and termination is not the end. TP
Transition Points TP	Entry into care, placement changes, social worker changes, therapist changes, school changes, team changes. TP

SDM Tools used for Case Closure TP	Risk Reassessment In-Home Safety Assessment TP
Practices that help remove biases TP	Teaming, consultation, SDM, SOP, Trauma-Informed Practice, Engagement, Solution Focused Practice, Appreciative Inquiry, and Cultural Humility. TP

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45

Answer Sheet

Word/Phrase	Definition
Case Closure (CC)	
Adoption and Safe Families Act 1997	Safety – Children are, first and foremost, protected from abuse and neglect. Permanency – Children have permanency and stability in their living situation. Well-Being – Families have enhanced capacity to provide for their children's needs.
CFSR 3.0	Measures timely reunification, and re-entry into care. It is not enough to reunify, it's important for families to reunify and achieve independence and long lasting behavioral change that leads to safe case closure.
Pathways to Mental Health Services Standards of Practice	Transition planning must reflect the child and family's voice and choice and must ultimately delineate actions plans that they have identified as working for them.
Aftercare Services	Plan for 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. This plan should include the goals and outcomes that are necessary to achieve independence from child welfare services.
Support Network, Safety Network, Circle of Support, Child and Family Team	Provides a safety new to prevent re-entry, can be used throughout the case, is a collaborative process, ensures services are culturally relevant for the family.
Who leads or co-leads the family meetings and aftercare planning?	Parents, youth, or young adults.
After 18 (A18)	
Transition Plan	States must assist and support NMDs in developing a transition plan, it must be personalized, as detailed as the NMD chooses, must include housing, health insurance, health care proxy, education, and local opportunities for mentors, continuing support services, work for supports, and employment services.
Case Plan Goals	Identify and develop permanent connections. Making the transition to independent living. Assuming incremental responsibility. Identify services that will help the NMD meet one of the participation criteria for eligibility for

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

46

	extended foster care.
Permanent Connections	Help foster youth establish and maintain connections, finds the right people for success, and builds teams early. Helps to manage transitions, and can be birth family, community, and those who the NMD identify.
SILP	Before being approved the NMD should participate in a readiness assessment with the social worker. The purpose of the readiness assessment is to assess where the NM has a feasible financial plan, financial skills, and stable income, and assessing the NMDs developmental ability to handle independence.
AB 2418	Extended the definition of "Indian Child" for the purpose of child custody proceedings to include an unmarried person who is 18 years of age or over but under 21 years of age, who is a member of a tribe or is eligible for membership of the tribe. It allows standards to continue if the NMD requests to continue under the provisions. All provision of ICWA continue to apply including active efforts and noticing.
Transition Practice (TP)	
Termination Tips	Understand the process, bring it up early, let it out, anger and anxiety are normal, allow for questions, know when a family is ready, its done face to face, there is a final session, and termination is not the end.
Transition Points	Entry into care, placement changes, social worker changes, therapist changes, school changes, team changes.
SDM Tools used for Case Closure	Risk Reassessment In-Home, Safety Assessment
Practices that help remove biases	Teaming, consultation, SDM, SOP, Trauma-Informed Practice, Engagement, Solution Focused Practice, Appreciative Inquiry, and Cultural Humility.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

47

Each of the following pictures can be laminated for use in each class. Once laminated each picture should be cut into three pieces, to create a puzzle that the trainees will put together.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

48

The Great Big Mejia Family!

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December 31, 2018 | Trainer Guide

49

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December 31, 2018 | Trainer Guide

50

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December 31, 2018 | Trainer Guide

51

A COMMUNITY OF COMMUNITIES

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December 31, 2018 | Trainer Guide

52

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53

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December 31, 2018 | Trainer Guide

54

Activity 3A: Transition Points

- ☐ Preprint these transition points on three sheets of chart papers, trying to keep them in order:
  - Hotline to Community-Based Services
  - Hotline to emergency response
  - Emergency response to close
  - Emergency response to family maintenance voluntary
  - Emergency response to court dependency case
  - Court dependency to family maintenance to family reunification
  - Family reunification to family maintenance
  - Family maintenance to case closure
  - 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

  With each of the following transitions listed above, there are often additional, more personal transitions as well:
  - Placement changes
  - Social worker changes
  - Therapist changes
  - School changes
  - Team changes

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December 31, 2018 | Trainer Guide

55

Adapted from:

The National Child Traumatic Stress Network

Assessment of Complex Trauma, Grief, and Loss

http://www.nctsn.org/trauma-types/complex-trauma/assessment

Key Developmental Domains Affected by Complex Trauma, Grief and Loss.

Attachment and Relationships:	Thinking and Learning:
● Relationship problems with family members, adults and peers ● Problems with attachments and separation from caregivers ● Problems with boundaries ● Distrust and suspiciousness ● Social isolation ● Difficulty attuning to others and relating to other people's perspective	● Difficulties with executive functioning and attention ● Lack of sustained curiosity ● Problems with information processing ● Problems with focusing on and completing tasks ● Difficult planning and problem solving ● Learning difficulties ● Problems with language development
Physical Health: Body and Brain:	**Behaviors:**
● Sensorimotor development problems, example sensitivity to taste, touch, smell, light; ● Analgesia (inability to feel pain) ● Problems with coordination, balance, body tone ● Somatization (reoccurring medical symptoms with no known medical cause) ● Increased medical needs across a wide span ● Developmental delays/regressive behaviors	● Difficulty with impulse control ● Risk taking behaviors (self-destructive behavior, aggression toward others etc.) ● Problems with externalizing behaviors ● Sleep disturbance ● Eating disturbance ● Substance abuse ● Oppositional behaviors/difficulties complying with rules or respecting authority ● Reenactment of trauma in behavior or play
Emotional Response:	**Self-Concept & Future Orientation:**
● Difficulty with emotional self-regulation ● Difficulty labeling and expressing feelings ● Problems knowing and describing internal states ● Difficulty communicating wishes and needs ● Internalizing symptoms such as anxiety, depression etc.	● Lack of continuous, predictable sense of self ● Poor sense of separateness ● Disturbances of body image ● Low self-esteem ● Shame and guilt ● Negative expectations

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56

Segment 4A: Concurrent Planning Vignette

This vignette is for the skill practice between the trainer and a trainee. You can laminate this vignette to use in each class.

Ms. Hernandez

Ms. Hernandez knew Mr. Polk had started drinking, and his drinking had gotten worse over time. She knew Mr. Polk had been drinking when she left for work, but she needed to work. She was embarrassed to meet with Aunt Leann and the family team. Ms. Hernandez was at the court hearing and knows that services were terminated, but is not sure what they meant by permanency plan.

When they moved Willy had a best friend Mitchell. Mitchell and he played baseball together, and Mitchell's dad Jim was the coach. Willy has become very close to Jim. Willy had spent the night at their home on several occasions.

Samantha continued in Madison High School and Coach Rebecca continued to mentor her, and to make sure her educational needs were being met.

Amelia continued in daycare with Ms. Lacey, even after placement with Aunt Leann.

Since the previous genogram had been completed you had reconnected with your brother Jose and his wife Becky. If the children could not stay with Aunt Leann, you would like your brother Jose considered for placement.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

57

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58

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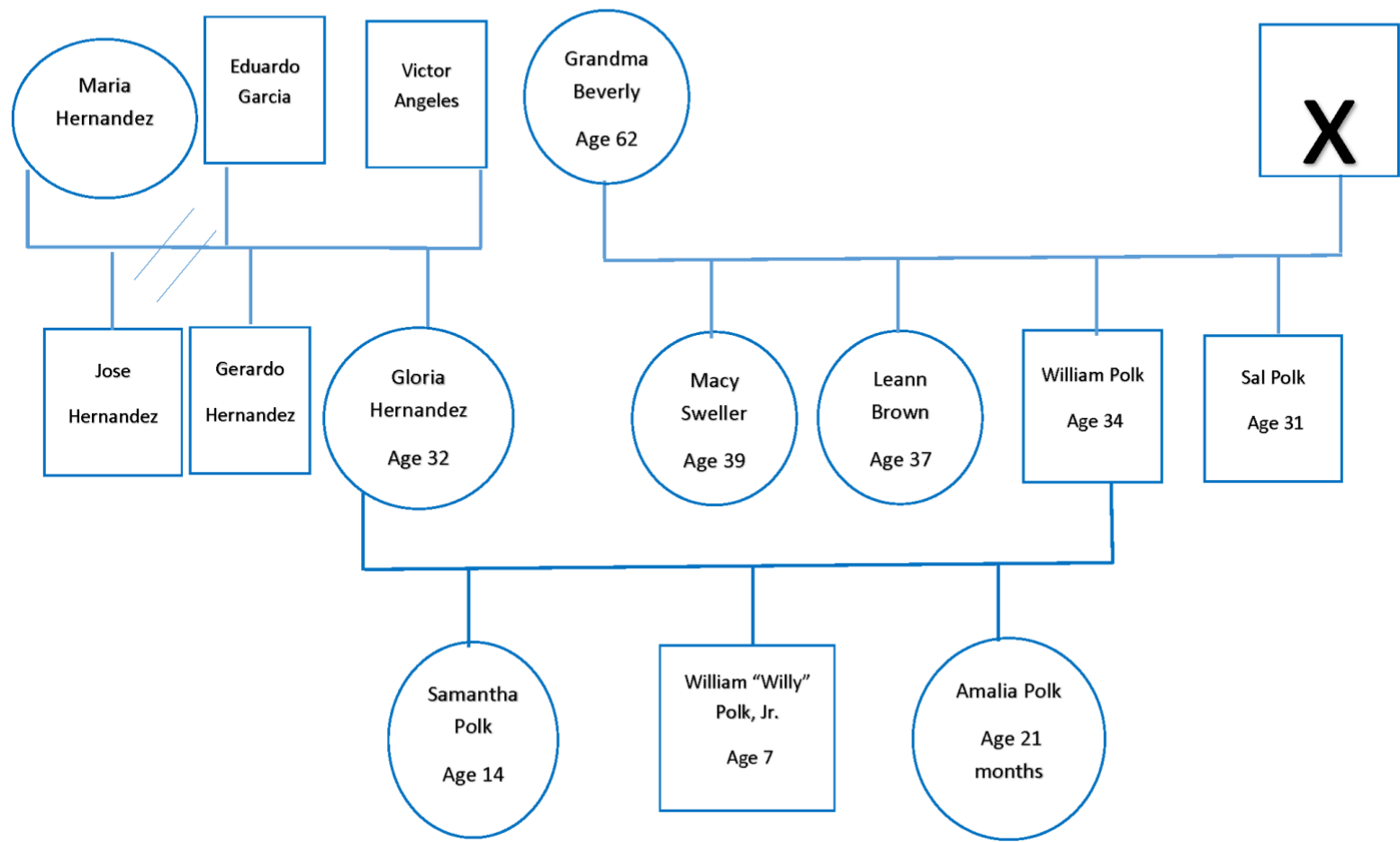
59

Materials Check List:

- ☐ Chart Paper
- ☐ Markers
- ☐ Tape
- ☐ Matching Cards (1 Set per table)
- ☐ Puzzle (1 per table)
- ☐ Matching Cards Answer Sheet (1 per table)
- ☐ Handout 1: ACIN I05-14, January 15, 2014, Sharing Information with Caregivers: Information Sharing is not only permitted under state and federal laws; it is required.
- ☐ Handout 2: Polk/Hernandez Family Genogram
- ☐ Handout 3: Polk/Hernandez Family Ecomap

Videos:

- ☐ Cultural Humility; People, Principles, and Practices [Video File].
  Retrieved from: https://www.youtube.com/watch?v=_Mbu8bvKb_U
- ☐ How do we stop adversity from becoming a life sentence? [Video File].
  Retrieved from: https://www.youtube.com/watch?v=qp0kV7JtWiE

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December 31, 2018 | Trainer Guide

60

Appendix

Polk/Hernandez Family Genogram

Polk/Hernandez Ecomap

Daycare
Ms. Lacey

Neighbor
Taylor
Ms. Powell

Madison High School
Coach Rebecca
Lyanna - friend
Kyra - friend

Polk/Hernandez Family

Church
Pastor John Dunbar
Ms. Lakota

AA
Sponsor Steve
Gary

Parker Elementary
Juan - friend

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63

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

CDSS

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

January 15, 2014

ALL COUNTY INFORMATION NOTICE NO: I-05-14

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

TO: ALL CHILD WELFARE DIRECTORS
                    ALL CHIEF PROBATION OFFICERS
                    ALL FOSTER FAMILY HOMES
                    ALL FOSTER FAMILY AGENCIES
                    ALL TITLE IV-E TRIBES
                    ALL CDSS ADOPTIONS DISTRICT OFFICES

SUBJECT: SHARING INFORMATION WITH CAREGIVERS

REFERENCE: COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM
                    PREVENTION, TREATMENT, AND REHABILITATION ACT
                    (CAAPTR) 42 USC 209dd-2; CIVIL CODE SECTIONS 56.10,
                    56.103, 56.13; HEALTH AND SAFETY CODE SECTIONS 11845.5,
                    123110 AND 123115; WELFARE AND INSTITUTIONS CODE
                    (W&IC) SECTIONS 317(f), 362.04, 16010, 16010.4, 16010.5, AND
                    16501.1; MANUAL OF POLICIES AND PROCEDURES
                    (MPP) 31- 405(s) AND (t); 22 CCR SECTIONS 83068.1(b)(1) AND
                    (2), 89468(a), 89468(b)(1)-(10), 89468(d), 89372(a)(10)(A)-(B),
                    AND 89378(a)(1)(B)(4)(a) AND (b).

The California Department of Social Services (CDSS) wishes to remind counties of the importance of sharing information with caregivers in child welfare cases. **Information sharing is not only permitted under state and federal law, it is required.** Giving caregivers such information better enables them to meet the needs of children and youth living in their homes.

This All County Information Notice (ACIN) addresses information about the parents and the minor dependent child that should be shared with the caregiver as well as limitations on information sharing. Additionally, this ACIN describes approaches to sharing information in situations where the law appears to create barriers. This ACIN does *not* address sharing of information regarding nonminor dependents (NMDs), as NMDs are legal adults and have more control over what personal medical, mental health, and educational information is shared with others.

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64

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December 31, 2018 | Trainer Guide

65

QUALITY PARENTING INITIATIVE (QPI)

The QPI is a collaborative effort of the Youth Law Center, the County Welfare Directors Association (CWDA) and the CDSS. The goal of the QPI is to develop a statewide approach to recruiting and retaining high-quality caregivers for children and youth in foster care. Attracting and retaining quality caregivers is critical to achieving positive outcomes for children and families and to ensuring the success of child welfare improvement efforts. The QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child's goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships. The QPI sites have also reported measurable improvement in outcomes, such as reduced unplanned placement changes, reduced use of group care, reduced numbers of sibling separation and more successful improvements in reunification. Currently, eighteen counties are participating in the initiative.

Counties engaging in the QPI have discussed the importance of sharing information with caregivers in order to make the caregiver a partner in the child's case. Because the CDSS recognizes that the subject of sharing information with caregivers is of statewide concern, the CDSS is issuing this ACIN.

INFORMATION SHARING BY SOCIAL WORKERS, PROBATION OFFICERS AND TRIBAL SOCIAL WORKERS

SHARING INFORMATION ABOUT THE CHILD OR YOUTH WITH THE CAREGIVER
California law requires the social worker to share information regarding the child with the caregiver. In fact, many sections of the W&IC require the social worker to provide specific information to the caregiver or potential caregiver within a specific time frame. Attachment A lists specific information and documents that must be provided to the caregiver pursuant to federal and state law, as well as relevant citations.

Sharing information regarding the child with the caregiver is a critical component of effective service delivery. A well-informed caregiver or potential caregiver is better able to meet the needs of a child in care and is better prepared to handle challenges particular to the child. In addition to improving the quality of care, a well-informed caregiver becomes a partner with the social worker in the child welfare case. Information regarding the child's educational, medical, dental and mental health history and current needs must be shared so that the caregiver can appropriately care for the child and fulfill his or her obligation to cooperate with the child's case plan. Information about relatives, including siblings, with whom the child may have contact or visits should be provided to the caregiver, especially when the caregiver is participating in scheduling

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66

or supervising visitation between the child and the family. The CDSS regulations require the social worker to provide the caregiver with information regarding the child's family background, which is also essential to assist the caregiver in providing quality care to the child.

Under statute, the social worker must provide the child's Health and Education Passport (HEP) to the caregiver. In addition to historical information, the HEP includes information such as the names and addresses of the child's health, dental and educational providers. If the social worker has failed to provide the HEP, the CDSS regulations require that a caregiver request the HEP and a written plan identifying the needs and services of a child or youth in care from the placement social worker when the child or youth is placed in the home. If a caregiver in a certified family home of a foster family agency or licensed foster family home does not receive this information from the placement social worker, he or she is required to ask the placement social worker specified questions to help the caregiver determine if he or she can meet the child's or youth's needs prior to placement in the caregiver's home.

Finally, California law requires the child welfare agency to provide the caregiver with contact information for important individuals involved in the case, such as the social worker and his or her supervisor, the child's attorney and any assigned Court Appointed Special Advocate (CASA). Making the caregiver aware of upcoming court hearings, the recommendations at those hearings and the manner in which the caregiver can provide information to the court and/or participate in those hearings increases the caregiver's ability to be a partner in the child's case.

SHARING INFORMATION ABOUT THE CHILD'S PARENTS WITH THE CAREGIVER
While California law is explicit in describing the variety of information that can be shared with the caregiver regarding the child, the law does not provide for the same level of sharing of information about the parent. Recognizing that some information about family history is necessary to provide appropriate care to the child, the CDSS regulations require the social worker to share relevant family background with the foster parent when making a placement. However, the social worker should gain the consent of the parent prior to disclosing other sensitive information, such as any medical or mental health condition of the parent. For information regarding the sharing of this type of information, please see the section titled "Addressing Barriers to Sharing Information" on page five of this document.

SHARING INFORMATION ABOUT THE CHILD OR THE FAMILY WITH FORMER CAREGIVERS
A child or youth in foster care often forms a meaningful and significant bond with his or her caregiver. When that child moves from the caregiver's home, either to reunify with a parent or to be placed in another foster care placement, the child may desire and benefit from a continued relationship with the former caregiver. Adults in the child's life should make appropriate efforts to recognize both the importance of the child's relationship with the former caregiver and the role the former caregiver could continue

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

67

to play in the life of the child. Nothing prohibits the caregiver from continuing a relationship with the child and/or the child's family after the placement episode ends, if such a relationship is consistent with the desires of the child and the family and the needs of the child.

Creating a team of people who support the child and family within the child welfare case is increasingly common within counties. From multidisciplinary teams to Team Decision Making meetings to the Child and Family Team, many counties have used a teaming approach in child welfare cases in order to identify both professionals and nonprofessionals who provide critical services and supports to the child and family. The current caregiver is often a valuable member of the team, as he or she is familiar with the immediate, day-to-day needs of the child. Nothing prevents a former caregiver from continuing to be part of the family's support team in counties that are using a teaming approach. Including a former caregiver in the ongoing team permits the social worker to share updates on the child with former caregivers as long as consents to exchange information are kept current. For more information on teaming and sharing information within a team, please see pages 12-16 of Pathways to Mental Health Services: Core Practice Model Guide, *available at* http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf. Although this document was released to assist with the implementation of the *Katie A.* Core Practice Model, the discussion regarding teaming is relevant to any teaming activities.

INFORMATION SHARING BY CAREGIVERS

SHARING INFORMATION ABOUT THE CHILD OR YOUTH
A caregiver will encounter a variety of circumstances where he or she needs to share otherwise confidential information about the child or youth. For example, the foster parent may need to disclose the child's status as a foster child and provide other confidential information to enroll the child in school, secure priority mental health treatment, or obtain other services as identified in the child's case plan. The CDSS regulations permit a caregiver to provide information regarding the child or youth to others in order to secure care, supervision or education of the child, unless prohibited by court order. Additionally, California law expressly permits the caregiver or education rights holder to provide the contact information for the child's attorney to the child's local educational agency.

When a certified foster parent, a licensed foster parent, a relative caregiver and a nonrelative extended family member arranges for occasional short-term babysitter for a child in his or her care, the caregiver is encouraged to provide comprehensive information that the babysitter will need to care for the child. This includes information about the child's emotional, physical, medical and behavioral health necessary to provide care to the child. The babysitter should be provided any medications the child may need while the caregiver is gone. Finally, the caregiver must ensure that the babysitter knows how to contact the caregiver in case of an emergency.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

68

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

69

If a caregiver anticipates being absent from the home for longer than 24 hours, the caregiver is permitted to arrange for an alternative caregiver to provide care and supervision to a child, unless certain restrictions apply. When a certified foster parent, a licensed foster parent, a relative caregiver and a nonrelative extended family member arranges for an alternative caregiver, the caregiver must ensure that the alternative caregiver has information that includes the child's emotional, physical, medical or behavioral conditions; any medications the child may need while the caregiver is away; the name and telephone number of the social worker for the child; and contact information for the caregiver in case of an emergency.

LIMITATIONS ON SHARING INFORMATION

Although many laws permit the broad sharing of information regarding the child within the child welfare context, the sharing of some information in the possession of the child welfare agency is limited and requires specific authorization. Some records, such as child welfare petitions and court reports, substance abuse treatment records, and certain medical records, have limitations on sharing based on state and federal law. Documents that are part of the juvenile case file, such as the petition, court reports, delivered service logs, etc., are permitted to be released only when consistent with W&IC section 827. Unless inspection is permitted under that section, a court order is required to share these documents.

Please see Attachment B for a non-exhaustive list of documents and information that generally cannot be shared without explicit consent or a prior court order. If there is any question regarding whether a particular document or piece of information not addressed in this ACIN can be shared with the caregiver or others, social workers are encouraged to consult with their county counsel prior to disclosing the information to the caregiver.

ADDRESSING BARRIERS TO SHARING INFORMATION

As discussed above, there may be some information in the possession of the child welfare agency that cannot be shared without the express consent of the individual or a court order. The agency may also have information that falls into a "gray area," meaning that the child welfare agency is uncertain whether it can share the information or is uncomfortable sharing the information without consent. When sharing the information would benefit the child and the family, the child welfare agency is encouraged to find a method to share the information within the parameters of the law.

Generally, obtaining the written, informed consent of the individual about whom the information pertains is sufficient in order to share the information. Consistent with a "teaming" approach, counties may consider having affected individuals execute a consent early in the case in order to share all necessary information as soon as possible to provide better service to the child and the family. The child welfare agency should be explicit about the type of information to be shared, the persons with whom the

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

70

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

71

information will be shared, and the purpose of sharing the information. If the agency cannot obtain the consent of an affected individual, seeking an order from the juvenile court is another acceptable method to gain authorization to share confidential information.

Counties and caregivers are reminded that the flow of information between the social worker and the caregiver is critical to meet the needs of the child and the family in the child welfare setting. The CDSS encourages open communication between the caregiver and the social worker throughout the placement of a child in the caregiver's home.

If you have any questions regarding the ACIN, please contact Tracy Doan of the Children and Family Services Division, at (916) 657-2614.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

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72

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

73

Attachment A

The child welfare agency is required to share the following information with the caregiver when initially placing the child and within 48 hours after each subsequent placement[1]:

- Prescribed medications for the child that are in the possession of the agency, with instructions for the use of the medication.
- All information regarding any treatments that are known to the agency that are in effect at the time of the placement.

As soon as possible, but not more than thirty (30) days after placement, the social worker must provide the child's health and education summary to the caregiver. This can take the form of a health and education passport. The information that must be provided to the caregiver is[2]:

- Names and addresses of the child's heath care providers (including medical care, mental health care and dental providers)
- Names of the child's educational providers
- School documentation, including any documentation or poof of the child's age that may be required for enrollment in school or activities that require proof of age.
- Records indicating grade level performance
- Assurances that the child's placement takes into account the proximity to the child's school of origin
- The number of school transfers the child has already experienced
- The child's educational progress
- Immunizations and known allergies
- All known medical problems
- The child's past health problems and hospitalizations known to the agency
- The child's relevant mental health history
- Known mental health conditions and medications

Additional information to be provided to the caregiver upon placement:

- Child's case plan[3]
- Child's family and behavioral background[4]
- Any known or suspected dangerous behavior on the part of the child[5]
- Child's transitional independent living plan, when applicable

Other basic information that should be provided to the caregiver in order to assist the caregiver with meeting the needs of the child[6]:

- Contact information for the social worker
- Contact information for the child's attorney and CASA
- Child's birth certificate or passport
- Child's juvenile court case number
- Child's State Department of Social Services ID number
- Medi-Cal number or other health insurance number
- Plan outlining the child's needs and services, including information on the family and sibling visitation.

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[1] Welf. & Inst. Code section 16010.5(a).
[2] Welf. & Inst. Code section 16010.
[3] MPP 31-405(r).
[4] MPP 31-405(s).
[5] MPP 31-405(t).
[6] Welf. & Inst. Code section 16010.4(e).

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

74

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab |
December 31, 2018 | Trainer Guide

75

Attachment B

The following is a non-exhaustive list of documents or information that cannot be shared absent a court order or consent from the affected individual. If there is any question regarding whether particular information may be shared with a caregiver, CDSS recommends that the child welfare agency consult with county counsel.

Type of information or record	Authorization needed to share information
WIC 300 Petition and court reports	Court order[7]
Medical or mental health treatment where the minor has a right to consent to the care	If the minor consents to mental health services or could have consented to such services under Family Code § 6924 or Health & Safety Code § 124260, information may be shared only with the signed authorization of the minor or court order.[8]
Substance abuse treatment records of the parent	Parent's consent or court order[9]
Substance abuse treatment records of the child	Child's consent, child and parental consent or court order, depending on the circumstances[10]
HIV antibody test results related to the child	Consent of parent or child (if over 12) or court order[11]
Prevention or treatment of pregnancy	Child's consent[12]

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[7] Welf. & Inst. Code § 827.

[8] Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.106; 56.11.

[9] 42 C.F.R. §2.14

[10] 42 C.F.R. §2.14

[11] Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11.

[12] Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11.

California Common Core Curriculum | Managing Transitions Knowledge and Skill Reinforcement Lab | December 31, 2018 | Trainer Guide

76