	тос	S#	Slides (Publish Date 10-2024)
	Title	1	Unit 10 Section 1: Out-of-Home Introduction
			New Family Service Worker Training
	Mission	2	Recall the Agency's Mission.
			"Our mission is to keep children safe and help families.
			DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children.
			We will focus on the safety, permanency and well-being for all children and youth."
	Video 3 [VIDEO: Foster Care - From A Child's Perspective.mp4]		[VIDEO: Foster Care - From A Child's Perspective.mp4]
	Permanency	4	Remember
			We are going to cover many forms and a lot of documentation requirements. Underneath all that paper is a child needing security, stability, permanence, and a family.
			Every worker, no matter your official job duties, has a role to play in providing safety, permanency, and well-being for children entering out-of-home care.
	Hotline 5		Looking back
			Most cases begin with a call to the Child Abuse Hotline with the end goal for each case to ensure that children have a permanent, safe place to live.
Removal 6 Placing children outside of their homes i		6	Placing children outside of their homes is the necessary solution when:
			<ul> <li>An immediate safety threat has been identified,</li> <li>Options to keep them safe in their homes have been explored,</li> <li>AND there is no viable option to assure safety other than removal.</li> </ul>
$\bigcirc$	Knowledge Check	7	Every worker, no matter the official job duties, plays a role in providing for children.
			<ul><li>A) Safety, well-being, and shelter</li><li>B) Permanency, clothing, and transportation</li><li>C) Safety, permanency, and well-being</li></ul>
	Goals	8	The goals of out-of-home care are:
			• To enhance individual and family functioning so children can be reunited with their families.
			• To ensure that children who cannot return home have a safe and permanent family.

Language	9	Just a reminder
		In both policy and practice, out-of-home services and out-of-home placements are referred to as foster care, foster homes, foster parents, resource homes, resource parents, and resource families.
		The preferred language is out-of-home care, resource parent, and resource home.
Assessment	10	As you likely remember, when DCFS has a case open on a family, the caseworker must complete a thorough assessment.
		From that assessment, they will develop a plan to ensure that the children in the family are safe.
Case Planning	11	DCFS and the family will develop a collaborative family case plan. This plan identifies priority areas to address in order to ensure child safety when the child returns home.
		The plan usually identifies a primary and secondary (concurrent) premanency goal.
		Within the priority areas, the family case plan sets out objectives, services, and activities that address the identified harm/worry statements and safety threats.
		Goals and objectives in the plan need to be behaviorally specific and measurable.
Permanency Goals	12	When you enter the mutually developed family case plan in the Division information management system, you have the following permanency goals to choose from:
		<ul><li>Reunify with caregivers.</li><li>Placement with kin.</li></ul>
		• Adoption.
		<ul> <li>Emancipation.</li> <li>Guardianship.</li> <li>A RPL A (A nother Permanent Planned Living A grangement)</li> </ul>
Reunification	13	• APPLA (Another Permanent Planned Living Arrangement).  Reunification is always the preferred permanency goal except in the rare
		circumstance where a judge determines that DCFS does not need to make reasonable efforts to reunify and can proceed straight to termination of parental rights.
Concurrent Planning	14	Federal and state law requires that family case plans for children in out-of-home placement must also address concurrent planning.
		Concurrent planning involves identifying and working towards the child's primary permanency goal (such as reunification with the birth family) while simultaneously identifying and working on a secondary goal or goals (such as placement with kin, guardianship, or adoption).

Concurrent Planning	15	"Simultaneously" is the important part of concurrent planning. You do not work toward reunification for 12 months, figure out that it won't happen, and then start making a different plan.
		You work the two plans side by side. The idea is to help children achieve a safe, permanent home quickly.
Policy & Compliance	16	Agency policies stem from laws. Following policy = compliance with law. Compliance with laws = money to provide services.
Laws	17	Next, let's look at important laws that impact out-of-home placements.
Child Maltreatment Act	18	The law that defines child maltreatment and sets out investigative powers and responsibilities.
Arkansas Juvenile Code	19	The law that provides the courts with jurisdiction for the care, custody, and control over children
Title IV-E	20	Provides for the Federal Foster Care Program that is to provide safe and stable out-of-home care for children
John H. Chafee	21	John H. Chafee Foster Care Program for Successful Transition to Adulthood  Aims to assist youth aging out of out-of-home care to obtain and maintain independent living skills
САРТА	22	CAPTA (Child Abuse Prevention and Treatment Act)  The KEY federal law addressing child abuse and neglect; provides federal funding for prevention, assessment, investigation, prosecution, and treatment activities associated with child maltreatment.
ASFA	23	ASFA (The Adoptions and Safe Families Act)  Clarifies that the health and safety of children served by child welfare agencies must be the agency's paramount concern; aims to move children in out-of-home care more quickly into permanent homes
UCCJEA	24	Provides for jurisdiction for child custody in state courts
Fostering Connections	25	Fostering Connections to Success and Increasing Adoptions Act  The Federal Law to connect and support relative caregivers, improve outcomes for children in out-of-home care, provide for Tribal out-of-home care and adoption success, improve incentives for adoption
ICWA	26	Indian Child Welfare Act  The Federal Law that governs the removal and out-of-home placement of American Indian Children
Handout 10.1.1	27	Click the Handout button for a copy of the laws and their definitions.  Print this handout and keep it where you can review it.
		You may be tested on this in class.

	IV-E Eligibility	28	Funding to pay for out-of-home care is tied to the Title IV-E Program.
			For out-of-home services, establishing Title IV-E eligibility is CRITICALLY
			important.
	Income	29	Remember
			All Family Service Workers (regardless of whether they are investigators, case workers, resource workers, etc.) should gather income information on the family.
			Everyone must be attuned to all efforts made to keep the family together or be able to clearly explain why there were no reasonable efforts that could have kept the children safe.
	осс	30	It is OCC's responsibility to be sure that the "contrary to the welfare" language is in the first court order.
	IV-E Eligibility	31	The true importance of establishing IV-E eligibility is to ensure that there are sufficient funds to pay for the things that children in out-of-home care need.  If the state is going to remove them from their caregivers, it has a duty to
			If the state is going to remove them from their caregivers, it has a duty to provide the best care possible.
	Handout 10.1.2	32	Click the handout button for a copy of the IV-E eligibility material you just looked at.
			Print this handout and keep it where you can review it.
			You may be tested on this in class.
Ø	Knowledge Check	33	The Indian Child Welfare Act requires notification to tribal authorities if a Native American child who is a member of a recognized tribe is taken into custody.
			True/False
	Requirements	34	There are many requirements when you remove a child from their caregiver's custody and place them with a resource family.
			The sections that follow will address these requirements:
			• Legal
			<ul><li> Medical</li><li> Policies and time frames (1st 30 days)</li></ul>
			• Good practices in implementing policy
			• Family Time
			<ul><li>Contacts</li><li>Assessment and planning</li></ul>
	Congratulations	35	You have completed Unit 10 Section 1.
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			Click [Exit Activity] at the top of the page to exit the training.

	TOC	S#	Slides (Publish Date 10-2024)
	Title	1	Unit 10 Section 2: Legal Time Frames
			New Family Service Worker Training
	Welcome	2	Welcome back!
			During this training, you will work with an out-of-home case scenario. As you move through the lesson, a timeline of critical time frames and tasks will be built on a calendar.
	Handout 10.2.1	3	Meet Tamela Boyer, a youth who has just entered out-of-home care.
۱۱			<b>Handout 10.2.1</b> tells part of Tamela's story. It also has an April/May calendar.
			Use this to begin creating your timeline.
	DCFS Policy	4	You may find it helpful to have your policy open along with the calendars from your handout.
			Open a copy of DCFS policy by clicking the button below.
			Note: You may want to open the policy on your phone or tablet as you work through this lesson.
	Three Points	5	Remember these three crucial points when the situation demands that a child come into care:
			<ul> <li>The child's safety and well-being are paramount.</li> <li>All DCFS staff must ensure the legal requirements to remove a child from the caregiver's custody are met.</li> <li>The tasks set out in the rest of this section may be done by the investigator, the caseworker, or both. Find out how it's done in your office.</li> </ul>
	Time Frames	6	Now, let's do that very quick review of legal time frames in the first 30 days of an open out-of-home services case.
			Tamela was removed from the custody of her parents on a 72 hour hold after a disclosure of long-standing sexual abuse by her father.
Ø	Knowledge Check	7	Read the scenario and select the correct answer to the following question.
	CHECK		What is the date of removal?
			<b>A) April 6, 2017</b> B) April 9, 2017 C) April 11, 2017
	Calendar	8	Mark 04-06-2017 on the calendar ( <b>Handout 10.2.1</b> ).
			The rest of your tasks in the next 30 days spin off this date.

	72 Hours	9	April 6, 2017, the date Tamela came into protective custody, is a Thursday. Why is it important that it is a Thursday?  The 72 hours would expire on a Sunday!  Because time frames are written for "working" or "business" days. When a DUE date for a task falls on a weekend, it will be DUE the first working (or business) day after the weekend.				
	occ	10	Upon removal, the FSW must notify OCC immediately that the Division has removed a child from the caregiver's custody.  Usually, the investigator or worker assigned as secondary on a CACD case notifies OCC.				
	Handout 10.2.2 11		The Investigator prepared and submitted an affidavit to the OCC attorney setting out the facts that required the child to be removed from the caregiver's custody.  The affidavit supports why it is contrary to the welfare of the minor to remain in the caregiver's home.  Print or save this handout for class.				
	Ex-Parte Order	12	Remember, the first order of the court must include the language "contrary to the welfare" of the child to establish IV-E Eligibility. The OCC Attorney is responsible for ensuring this language is in the first order.  Using the affidavit, the OCC Attorney petitioned the court, and the Department was granted an ex-parte order for emergency custody to protect Tamela from severe maltreatment.  Ex-Parte Order Definition: Ex-parte means that only one side was present when the order was issued.				
Ø	Knowledge Check	13	The Emergency Order must be granted within three business days. Based on your handout and calendar, what date do you need to have the Emergency Order?  A) April 6, 2017 B) April 9, 2017 C) April 10, 2017				
	Emergency Order	14	STOP. Mark April 10, 2017, on your calendar. Write Emergency Order in the square.				
	Probable Cause	15	After issuing an Emergency Order, the next court hearing is the Probable Cause hearing within five business days of the ex-parte order being issued.  Probable Cause = reasonable grounds or basis				

Ø	Knowledge Check	16	The Probable Cause hearing should occur by:  A) April 6, 2017 B) April 10, 2017 C) April 17, 2017 D) May 6, 2017
	Calendar	17	Mark April 17, 2017 on your calendar. Write Probable Cause in the square.  You could also put this hearing on the 14th, the day before it is technically due.
$\varnothing$	Knowledge Check	18	The Probable Cause hearing for Tamela will happen five days after the Emergency Order. What is the purpose of the Probable Cause hearing in Tamela's case?  A) To determine if the allegations in the petition are substantiated.  B) To determine if there was enough concern of severe maltreatment to issue an emergency order at the time it was issued and whether the need to protect Tamela continues to exist.  C) To terminate parental rights.
	Probable Cause Hearing	19	<ul> <li>At the Probable Cause hearing, the court will answer:</li> <li>Can Tamela be safely returned home?</li> <li>If she cannot return home, what placement is in her best interest?</li> <li>When will she have family time sessions with her parent(s) and other family members?</li> <li>What services are needed now?</li> </ul>
	Adjudication	At the Probable Cause hearing, both the investigator and the casewed be able to provide an update on any changes to the information in the and any case actions such as placement, contacts, and services.  Let's say that the Probable Cause happened on April 17, 2017. The Adjudication should occur by May 17, 2017.  Adjudication Definition: whether the allegations in the petition are substantiated by proof and a preponderance of the evidence.	
	Calendar	21	Mark May 17, 2017 on your calendar. Write Adjudication in the square.
Ø	Knowledge Check	22	Look at Policy VI-G. The Adjudication can be continued for a maximum of how many days upon a motion for good cause?  A) 60 days past the Probable Cause hearing B) 90 days past the Probable Cause hearing C) 120 days past the Probable Cause hearing D) There can be no continuance

Disposition Hearing	23	A Disposition hearing may (and often does) occur during the Adjudication hearing.  It is very important for the Investigator to present clear, concise evidence that DCFS made reasonable efforts to prevent removal or that a situation existed where no reasonable efforts could be made to prevent removal.  There is more to preparing for this hearing in the next online section.
Reasonable Efforts	24	DCFS must examine not only the situation that brought Tamela into care but also any other time the Division was involved with this family.  In addition, FSWs need to document any services provided during the investigation when documenting reasonable efforts to prevent removal.
CASA	25	At the Adjudication, the judge will set the first review date and will order services designed to facilitate family reunification.  The judge may also appoint an attorney ad litem to represent Tamela and may appoint a CASA (Court Appointed Special Advocate)  Note: Some judges make these appointments at Probable Cause.
Calendar	26	By this point, your calendar should reflect:  • Date of Removal • Emergency Order • Probable Cause • Adjudication
Congratulations	27	You have completed Unit 10 Section 2.  Click [Exit Activity] at the top of the page to exit the training.

	тос	S#	Slides (Publish Date 10-2024)
	Title	1	Unit 10 Section 3: Medical Issues
			New Family Service Worker Training
	Welcome	2	Welcome back!  In the first two units, you reviewed important legislation and legal dates for the first 30 days of an out-of-home case. In this section, we look at medical issues focusing on the first 30 days.  You will need:  Tamela Boyers Handout The attached calendars
			Let's get started!
$\varnothing$	Knowledge Check	3	Tamela was removed from her family on:  A) April 1, 2017 B) April 3, 2017 C) April 4, 2017 D) April 6, 2017
Ø	Dates	4	This date is important because: (Pick the correct reason.)  It is the date the investigator turns everything over to a caseworker.  It is the date that the out-of-home services case was opened, and it determines other essential time frames in the case.  It is the date the investigator can close the investigation.  [Feedback: The investigator cannot close the investigation just because the child came into emergency custody. All investigative tasks must be completed.]
	Calendar	5	Reminder: Your calendar should have the following notations: [image of calendar]  April 6 — Date of Removal April 10 — Emergency Order April 17 — Probable Cause May 17 — Adjudication Hearing
Placement 6 Now, let's backtrack for a minute and look at the medical t		Now, let's backtrack for a minute and look at the medical time frames and the placement issues that happen in the first 30 days after the case is opened as an out-of-home case.	

Ø	Knowledge Check	7	Tamela was sexually abused, and sexual abuse is defined by law as severe maltreatment. According to Procedure II-D11 and Procedure VI-D1, when does Tamela have to be examined by a physician?  A) She must be examined by a physician (Initial Health Screen) within 24 hours of removal.  B) She can be examined anytime after she comes into care.  C) She will be examined within 60 days of removal.		
	Sexual Assault	The investigator (and possibly the case worker) will need to decide whether Tamela needs to be seen in a facility that can complete a sexual assault kit forensic evidence.  Contrary to popular belief, a child who has been sexually assaulted does not necessarily need to be seen in an emergency room on the day of disclosure. How do you decide?  A physician must see Tamela within 24 hours, but does Tamela need to go an emergency sexual assault exam and a rape kit?			
	Sexual Assault Exam	9	Here are things to consider:  Indicators for an immediate sexual assault exam  • Contact within 96 hours • Physical symptoms • Risk of flight/child made unavailable		
Ø	Knowledge Check	10	Based on Tamela's disclosure, does she need a sexual assault exam immediately?  A) Yes B) No		
	Exam Dates	11	Mark April 6, 2017 on your calendar as the date for the sexual assault exam and the initial health screening exam.		
	Handout 10.3.1	12	Handout 10.3.1 summarizes the information and provides additional detail about sexual abuse exams.  Print this for future reference.		
	Remember	13	<ul> <li>Take a change of clothes for Tamela.</li> <li>Tell her why they must keep her clothes.</li> <li>Answer any questions she has about the exam.</li> <li>See if the medical provider doing the forensic exam will also complete the needed paperwork for the medical passport (more to come on that issue).</li> </ul>		
<b>(</b>	Knowledge Check	14	For all other children brought into protective custody, if the allegation is NOT severe maltreatment:  They are to be examined by a physician within hours (72)		

	Medical Passport	15	Children who come into out-of-home care often have multiple, complex, and/or unmet health care needs.	
			A major responsibility of DCFS is assuring that the health care needs of children in out-of-home care are met.	
			Toward that end, each child will have an individual Medical Passport. The Medical Passport keeps all pertinent health care information in one place.	
	Handout 10.3.2	OK, let's look at all the forms that will eventually be completed and then less specifically at those that will be completed in the first 30 days or so of the case.		
			Handout 10.3.2 summarizes forms found in the Medical Passport.	
			CHRISNet also has helpful printable packets for frequently performed tasks. The Medical Passport Packet is one of these helpful resources.	
	Health Forms	17	So, based on Tamela's situation, you should add CFS-366 to your note about the initial health screening on April 6th.	
			You should also note that you provided the resource parent with the CFS-362 and the CFS-365.	
			April 6th is getting to be a pretty busy day!	
Ø	Knowledge Check	18	We discussed the initial health screening, but we need to look at a few things afterward.	
			According to Procedure VI-E1, when must the Comprehensive Health Assessment be completed?	
			A) 30 calendar days from the date of removal	
			B) 45 calendar days from the date of removal	
			C) 60 calendar days from the date of removal D) By the first review hearing after the adjudication hearing	
	Comprehensive	19	This would put the Comprehensive Health Assessment due on June 4, 2017.	
			Because that date falls on a Sunday, complete the assessment by June 2, 2017.	
			Mark that date on your calendar and note Comprehensive Health Assessment.	
	CFS-6012	20	Update the CFS 6012 by June 8, seven calendar days from the Comprehensive Health Assessment's completion.	
	Handout 10.3.3	21	The last thing we have in this section is a list of the places you must update health information in CHRIS in order to get the CFS-6012 to print correctly.	
	Congratulations	22	You have completed Unit 10 Section 3.	
			Click [Exit Activity] at the top of the page to exit the training.	

	TOC	S#	Slides (Publish Date 10-2024)	
	Title	1	Unit 10 Section 4: Out-of-Home Services — The First 30 Days — Placement Time Frames and Policies  New Femily Service Worker Training	
	Welcome	2	New Family Service Worker Training  In the first three units, you reviewed important legislation and legal dates for the first 30 days of an out-of-home case.	
			You also looked at the immediate medical issues with a sneak peek of some information that would also be needed in the medical passport later in the case. In this section, you will look at initial placement issues. You need your handout on Tamela Boyers (Handout 10.2.1) and the attached calendars.	
			Let's get started!	
	Review - Dates	3	First, let's do a quick review.	
			Tamela was removed from her family on April 6, 2017.	
			This date is important because it is the date that the out-of-home services case was opened, and it determines other essential time frames in the case.	
	Review - Medical	4	You also looked at these medical issues.	
	Wedicar		You ensured that Tamela had a sexual assault exam by a trained professional. Since she lives in Jefferson County, this exam could be performed at the same Child Advocacy Center (CAC) where the forensic interview occurred.	
	Review - Medical	5	This exam was also the initial health screening that had to be completed within 24 hours of Tamela coming into care.	
			You looked at the forms in the medical passport that you will have to give to the caregivers in the resource home selected for Tamela.	
	Tamela's Safety	6	Now, we are ready to look at placement issues that must be addressed.  After a doctor sees Tamela, you must ensure that she is in a safe environment.	
	Policy	7	Let's look at placement from a policy perspective first and then from a best practice perspective.	
			We will start with policy, so open your online policy manual to work through the next part of the training.	
	Consideration	8	Children coming into care deserve careful consideration.	
			We will examine policies that may reflect what it would be like if your children could not be with you	
$\bigcirc$	Knowledge Check	9	According to Arkansas Law AND Policy (VI-A), who is preferred when considering placements?	
			A) A relative is preferred over a nonrelated caregiver — if the relative caregiver meets all relevant child protection standards AND it is in the best interest of the child  B) Emergency Shelter C) Residential or group home D) Traditional resource home	
	Kin Placement	10	The Agency (Policy VI-A) also recognizes fictive kin (someone not related by blood or marriage who has a strong, positive emotional tie to the child) as an appropriate placement option for the child.	
			Note: During this training, you will notice "kin" or "kinship" used to describe relative and/or fictive kin.	
	Removal	11	Both research and practice experience tell us that:	
			Children who are removed from a caregiver do much better when they live with family members or someone they know well.	

Permanence	12	We have included the following video about a California program that promotes the work of finding families for children coming into care.	
		While watching the video, consider the practice information that encourages finding families for children in care to help create permanence and develop lifelong relationships.	
		Note: Please disregard the statistical information about children in California's foster care system.	
VIDEO	13	Watch this quick video emphasizing Family Finding for children separated from their caregivers.	
Collaboration	14	Immediately upon taking a 72-hour hold, Esther, Ernest, and Tamela should be allowed to voice who they believe is the best possible placement.	
		It may seem odd that we need to talk to Ernest. After all, he is the alleged offender. He is also the biological father though, and must be offered the opportunity to participate in planning for his daughter's safety.	
		Planning is a collaborative effort.	
Recruitment	15	State law requires that the search for kin begin immediately. Investigators, caseworkers, and resource workers need to team together. You may remember these three threads from previous trainings.	
		These are:	
		Recruitment is everybody's job. Good recruitment efforts facilitate effective concurrent planning. You do not know at the beginning how it will end.	
Concurrent	16	Remember concurrent planning?	
Planning		We need to consider not only immediate placement needs but also possible permanent placement resources if reunification between Tamela and her parents is impossible.	
		When Tamela is removed from her parents, you need to get the names, addresses, and phone numbers of any kin who may be an appropriate resource home for the child.	
Kinship	17	From the scenario, drag the names the family provided to the appropriate side of the bulletin board.	
		Shirley Owens (Relative Kin - Tamela's Grandmother) Melissa Rogers (Fictive Kin - Tamela's Art Teacher)	
Kinship	18	Now that you have identified them, what comes next?	
Procedure V1- A1	19	Look at Procedure VI-A1.	
		At the time Tamela comes into care, one of the FSWs working the case (investigator or caseworker) must get:	
		Names and ages of child removed.	
		Names of potential provisional placement. Relationship of potential provisional placement to the child.	
		Contact information for provisional placement to the child.	
		Any other information collected regarding potential provisional placement (see CFS-450: Prospective Provisional Resource Parent Information and Questionnaire for more details).	
		· · · · · · · · · · · · · · · · · · ·	

Putative Father 20 If you look at this procedure closely, you will note that one of the FSWs	
involved in the case must also get (or try to get) the names of any of the children's putative fathers.  Remember, from our legal training, you would also need this information for the affidavit. In Tamela's case, this is not an issue since you know who her legal father is.  Now that you have the demographic information on possible placements, what is the next step?	
You must provide the area Resource Worker Supervisor with this information to start the process of opening the provisional kinship home.  The notification is by email and must be done within 24 hours of removal at a minimum.  Mark April 7th on your calendar for notifying the Resource Worker Supervisor.  Reminder: In your work for Unit 4 Foundations, you explored how the process works in your county. If it is different from notifying the Resource Supervisor, follow your county expectations to be sure the process goes smoothly.	
Relative Placement  While policy says the notification must be within 24 hours, in reality, many relative placements can be completed on the same day.  It would be good practice to complete as much of the CFS-450 as possible and then call (as well as email) the Resource Supervisor so that the work on getting the relative approved can start.	
CFS-450  Now, look further down in Procedure VI-A1. The Investigator or the Caseworker needs to provide any information they may have that could be included on the CFS-450.  While the Resource Worker or Resource Worker Supervisor will ultimately be responsible for getting all the information on this form, you need to share what you know.	
CFS-450 Handout  Let's practice.  In real life, your information would be in your email. This exercise acquaints you with the CFS-450 so you will know what information the Resource Worker needs from you.  Print a copy of the CFS-450.  Using the Tamela scenario, complete as much of the form as you can based on what you know at this point in time.  Reminder: After you have completed the form, be prepared to bring it to class.	
Provisional Placements  The Resource Worker will conduct a review of the prospective provisional placements.	

Forms Requirements	26	Roll over each box to quickly review the essential elements that must be completed to open a	
		provisional resource home.	
		Expedited Central Registry Check: Resource Worker conducts an expedited Child Maltreatment Central Registry Check.	
		CFS-316: Request for Arkansas Child Maltreatment Central Registry Check	
		Expedited Criminal Record Check: Resource Worker conducts an expedited State Police Criminal Record Check.	
		CFS-342: State Police Criminal Record Check	
		Vehicle Safety Check: Resource Worker conducts a vehicle safety check.	
		VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business	
		VSP-2: Authorization to Obtain Traffic Violation Record from Department of Finance and Administration, Office of Driver Services	
		CFS-593: Arkansas Vehicle Safety Program Additional Requirements for DCFS Drivers	
		Submit FBI Check: Submit the FBI Criminal Record Check on each member of the household 18 1/2 years old or older. Results do NOT have to be received to open a provisional resource home.	
		Visual Inspection of Home: Resource worker must conduct a visual inspection of the home to ensure the placement is safe and appropriate.	
		CFS-446: In-Home Consultation Visit Report.	
Approval	28	Provisional Kinship Placements can be approved on the same day as the removal (so even though you have 24 hours, go ahead and notify the Resource Worker Supervisor as soon as you know there is a fit and willing relative).	
		Now, let's look at what happens if the approval can't be completed.	
What if?	29	What if all the steps necessary to open Shirley's home as a provisional placement cannot be completed today?	
		It is getting late in the day. You have been working on this since early afternoon. Tamela needs a safe, stable place to sleep tonight.	
Appropriate Placement	30	IF a kinship placement is not an option at this moment, then move to locating an appropriate resource home placement.	
		Tamela MUST be placed in a licensed or approved resource home until a kinship home is opened as a provisional or regular resource home (or the kin gains custody).	
Policy VI-A	31	Efforts to allow Tamela to go to her grandmother's home or other kin's home will continue, even when/if you arrange for a "regular" resource home placement.	
		Find Policy VI-A: Out-of-Home Placement Criteria in your policy.	
		There are a number of criteria that must be met when choosing or finding the best placement for Tamela.	

	Placement Criteria	32	Drag the four criteria to be considered when choosing the best resource placement.  Least restrictive Resource home with no other children  Matched to the child's physical and therapeutic needs Residence in a nice neighborhood  Close proximity Resource placement who is interested in adopting  Best interest of the child  Criteria are unimportant instanced a had	
	Community	33	Criteria are unimportant, just need a bed  Finding a resource home placement in Tamela's community, where her friends and school are located, is ALWAYS the priority.  If a resource home placement in Tamela's community is not located, search for a home in a county close by.	
	Emergency Shelter	34	An Emergency Shelter should ALWAYS be the last option for placement.	
	Foster Home Search	35	There is a resource that can help you match a child or youth with an appropriate home. This is the Foster Home Matching Tool available on the DHS Shared webpage and on CHRIS Net.	
			Take a quick look at these handy instructions to get started.	
	Siblings	36	The 5th need when considering a potential placement must be for siblings to be placed together, if it is in the best interests of the child(ren).  In Tamela's case, you do not have to worry about placing a sibling.  Soon, you WILL have to think about scheduling family time sessions between Tamela and her sister, Angelina.	
	Provisional Placement	37	For this online training, let's say that you find a family in the same county where Tamela lives.  The resource parents are good with teens, and you can identify no reason why this home is not in Tamela's best interests while her grandmother's home is being opened as a provisional kinship home.	
	Provisional Placement	38	You contact the resource family, and they agree to provide a safe place for Tamela, with the understanding that a provisional kinship placement is being pursued.  You provide adequate and thorough information regarding the reason that Tamela is in protective custody and relate any concerns you may have about Tamela.	
	Medical Information	39	Upon arrival at the resource home, help Tamela get settled in.  Ensure that the resource family has ALL PERTINENT medical information.	
Ø	Knowledge Check	40	What two forms MUST be provided to the resource family (regular resource home or kinship resource home) at the time a child comes into the resource family's home according to <b>Procedure</b> VI-D1 and VI-D4?  A) CANS and FAST B) Family Case Plan and Family Time Schedule C) CFS-362 (Medi-Alert) and CFS-365 (Receipt of Medical Passport)	
	Congratulations	41	You have completed Unit 10 Section 4.  Click [Exit Activity] at the top of the page to exit the training.	

TOC	S#	Slides (Publish Date 10-2024)
Title	1	Unit 10 Section 5: Out-of-Home Services — The First 30 Days — Good Placement Practices
		New Family Service Worker Training
Welcome	2	In Unit 10, Sections 2-4, you started a timeline of important dates in the first 30 days of an out-of-home case.
		It can seem overwhelming trying to keep up with it all.
		Slow down and focus on best practices as you try to meet all the compliance elements.
		Let's get started.
Practice Considerations	3	Out-of-home care is extensive.
Considerations		And we are still in the first 30 days.
		In this section, we are going to look at practice considerations.
		You still need your handout on Tamela Boyers and the attached calendars.
Recruitment	4	Key practice considerations are:
		Recruitment is everybody's job. Good recruitment efforts facilitate effective concurrent planning. You do not know at the beginning how it will end.
		As we move through this section, keep these in mind.
Caregivers	5	Let's look at some practice issues that happen before you take Tamela to a placement.
		We'll start with some things that pertain to the child or youth's caregivers.
		Some of these are going to vary from case to case.
		Many potential issues depend on where you are when the caregivers are informed that you are taking custody and the caregivers' reactions to the removal.
Medical History	6	When Tamela came into care, someone (the investigator or caseworker) needed to ask her mother and father about Tamela's medical history.
Information Gathering	7	You may want to talk to Tamela's parents separately when getting information about her medical history.
		For example, considering the long history of abuse, Ernest may have taken Tamela for medical treatment that her mother does not know about.

Information Gathering	8	You also want to talk to the parents about Tamela's school, mental health, and family relationships, as well as her medical history.
		Why do you do this in the investigation and the very early stages of a case?
Information Gathering	9	You do it because even conversations in the early stages of the case may be the last time someone can talk to these parents.
		Keep in mind that they may either flee or "lawyer up" and refuse to provide any information or any number of other things.
		You do not know at the beginning how it will end.
Packing Considerations	10	Now, let's look at Tamela and some things to consider at the time of placement.
		As you help prepare Tamela to leave her home, she will need to pack some personal items.  What can she take that will help her with this transition?  What is she packing her belongings in?
Packing Considerations	11	Give Tamela time to pack her belongings. Give her some privacy if possible. Do not rush her.
		Allow Esther to say goodbye and help Tamela pack if she can do so without becoming hostile or overly distraught.
		Remember, Tamela has been living with the abuse for years
Handout 10.5.1	12	This situation may vary depending on whether the removal occurs at home, at a CAC, at school, or some other place.
		Look over handout 10.5.1.
		Type your responses. Save the document. Print the form. Bring it to class.
		There are no right or wrong answers. We want your thoughts on how you would handle this situation.
Trashbag	13	Help Tamela not become one of the "trashbag" kids.
		Would you pack your clothes and toiletries in one of these?
		Would you send your child on a trip with their "stuff" in a garbage bag?
Handout 10.5.2	14	There is one more difficult conversation with Tamela at the time of placement.
		She has identified her art teacher, Melissa Rogers, as a placement resource. You must decide whether to pass this name on to the Resource Worker Supervisor as possible kin.
		Look at Handout 10.5.2, type in the answers, print, and prepare to discuss this when you come to class.

Ø	Knowledge Check	15	Fictive Kin are defined as persons who have a strong, positive emotional tie to the child and a positive role in the child's life but are not related by blood, adoption, or marriage. <b>A) True</b> B) False
	Separation Trauma	16	Think back to the training on trauma, especially how separation from a caregiver and placement into out-of-home care can impact a child or adolescent.
			The trauma of separation and placement into the home of someone who is a stranger to Tamela can cause overwhelming emotions, leading to behaviors of concern (maladaptive coping strategies).
			BEFORE leaving Tamela, make sure that she has your contact information.
			Let her know you will be back the next day to check on her and, if possible, help her transition to her grandmother's home.
	Planned Transfer	17	For the purposes of this training, Shirley's home appears to be an appropriate placement.
			After the Resource Worker completes all of the steps to open the grandmother's home as a provisional, you will make a non-emergency, planned transfer.
	Policy VII-L	18	Read over Policy VII-L: Changes in Out-of-Home Placement.
			Note: The advance notice requirements do not apply in our scenario since placement in the 'regular' resource home was intended as temporary.
	OCC Attorney	19	Notify the OCC Attorney that Tamela is being moved to Shirley's home.
			Depending on the length of time it took and what happened in court, notify the attorney ad litem and CASA if these roles have been appointed.
	CHRIS	20	Update Tamela's placement information in CHRIS.
	PUB-15	21	Provide Shirley with PUB-15, A Relative's Guide to the Arkansas Child Welfare System.  You will need to become familiar with the PUB.
	Parent Contact	22	It contains a great deal of information.  Ensure Shirley knows and understands that she must not allow Ernest or
	Parent Contact	22	Ensure Shirley knows and understands that she must not allow Ernest or Esther to see (or have access to) Tamela during the investigation or allow any other contact not approved or authorized by the Division or Court after the investigation is complete.
	Shirley's Home	23	As you help Tamela settle in at Shirley's home, give Shirley the same medical passport forms you gave the temporary placement providers the day before.
			Since she is the grandmother, you will also talk to her about Tamela's medical, school, and emotional health history.

Congratulations	24	You have completed Unit 10 Section 5.
		Click [Exit Activity] at the top of the page to exit the training.

тос	S#	Slides (Publish Date 10-2024)
Title	1	Unit 10 Section 6: Family Time
		New Family Service Worker Training
Welcome	2	This section addresses family time.
		We will look at both good practices and policy requirements around family time.
		Let's get started!
Separation Trauma	3	Separating children from their caregivers is traumatic, regardless of the reason for the separation.
		One way to minimize this trauma is to maintain family ties by encouraging family time.
Outcomes	4	Research and practice show that children who maintain positive family ties
		while in out-of-home placement have better short and long-term outcomes.
		Family time is linked to positive outcomes, including:
		Improved child well-being.
		Less time in out-of-home care.
		Possible faster reunification when it is in the best interest of the child.
Family Time	5	Let's talk about Family Time:
		Family time is essential for healthy child development, especially for children in out-of-home care.
		Family time sessions help:
		Maintain parent-child attachment.
		Reduce a child's sense of abandonment.
Family Time	6	Preserve a sense of belonging as part of a family and community.  Children who frequently interact with their caregivers are more likely to have
Family Time	6	higher well-being ratings and adjust better to their placements than children who have less frequent or no family time.
		In addition, children in regular contact with their caregivers have lower levels of depression and "acting out" behavior.
		Next is a video about family time.
		Jot down some notes as you watch.
VIDEO	7	VIDEO

Family Time	8	Family time helps maintain bonds. Family time provides opportunities for the family to demonstrate positive interactive skills. Family time requires a shared commitment from all members of the team. It is DCFS's responsibility to update the other team members about family time goals within the family. Always keep reunification in mind. If you're not moving toward reunification, you're moving toward termination.
Quality Family Time	9	In the videos, we talked about the importance and benefits of family time. It's not enough to just let a family have time together.  Each family time opportunity should be meaningful, quality time together.
Quality Family Time	10	Quality Family time  Quality family time is a planned and purposeful observation and assessment of multiple variables during interactions between a parent and their children in the least restrictive setting possible.  Click on the button below to access the Quality Family Time Suggestions tool. This tool provides suggestions to help you when you are planning family time.
Quality Family Time	11	Quality Family Time Resources  Now that you have had the opportunity to review the suggestions, click on the button below for additional resources.  These resources are also available on CHRIS Net under the "SOP" link.
Quality Family Time	12	Since the first family time session after removal should occur within two business days, several big decisions must be made quickly.  These tools will help you identify three questions to consider when creating your family time plan.  What are we worried about?  What is working well?  What needs to happen next?  By answering these three questions, you are well on your way to planning quality family time between Tamela and her family.
Handout 10.6.1	13	Print Handout 10.6.1.  Then, using what you know about Tamela and her family, answer the questions on the handout.  Remember, you will bring this handout to class.
Family Time Plan	14	When you come to classroom training, be prepared to discuss your recommendations for family time between all family members; i.e., your family time plan.

Supervised Family Time	15	There is a legal presumption that family time may be unsupervised unless evidence has been provided to the court, and the court has ruled that it is not in the best interest of the child.
		The burden is upon Division staff to provide evidence regarding why family time must be supervised or may be unsupervised.
		This means that if you recommend that Tamela's family time with her mother must be supervised, it is the Agency's responsibility to provide specific reasons why supervised family time is preferred or indicated.
		Note: If the sessions are supervised, there must be a minimum of four hours of family time per week.
Policy VI-C	16	We have looked at some practice issues concerning family time between family members.
		Now, let's look at supporting policy.
		Find VI-C in your policy manual.
Procedure VI-C1	17	Procedure VI-C1: Parent-Child Contact for Children in Out-of-Home Placements requires you to assess and determine the frequency and length of caregiver-child family time (including non-custodial and putative parents when applicable) to develop a family time plan to recommend to the court.
		Even if Tamela goes directly to a kinship home, the Agency is mandated by law to help maintain Tamela's family ties.
Policy VI-C	18	Family time (and other forms of contact) between caregivers and their children needs to happen at least weekly (based on the child's best interest).
Knowledge Check	19	Can you schedule family time sessions between caregivers and children in care more often than weekly?
		A) Yes B) No
		[Feedback: If appropriate, more frequent family time between children and their caregivers is encouraged.]
Procedure VI-C2	20	Now, look at Procedure VI-C2.
		Angelina is not in placement, so you don't have to address the issues around placing the sisters together, but you do have to address scheduling family time.
		• How frequently did you recommend that Tamela and Angelina have family time?
		<ul><li> What other types of contact might they have?</li><li> Does your initial plan ensure regular and meaningful contact?</li></ul>
		Take a moment to update your handout if needed.

	Family Time Frequency	21	<ul> <li>How frequently did you recommend that Tamela and Angelina have family time?</li> <li>What other types of contact might they have?</li> <li>Do you think your initial plan ensures regular and meaningful contact?</li> </ul> Update your handout if needed.
	Internal Procedure 125.3	22	Take a minute and get out your calendars. Pick a date within Tamela's first week in care and mark mom/youth family time.  Per DCFS Internal Procedure 125.3, the first family time session after removal should occur within two (2) business days. Mark the rest of the scheduled family time between Tamela and Esther through the Adjudication hearing.
	Family Time Dates	23	Based on your plan (but no less than every other week for face—to-face) mark the dates of family time between Tamela and Angelina on your calendar through Adjudication.
Ø	Knowledge Check	24	Quality family time is a planned and purposeful observation and assessment of multiple variables during interactions between caregivers and their children in the least restrictive setting possible.  A) True B) False
	No-contact	25	Remember that Ernest has a no-contact order that prohibits him from having any contact with Tamela.  Since he has made bail and is living at home with Esther, this will affect whether Tamela and Esther can have family time in the family home.  Note: When it's in the best interest of the child, the Prosecuting Attorney may conditionally lift a no-contact order to allow supervised family time.
	Upcoming	26	In this section, we looked at family time requirements and practices.  In the next section, we will look at contacts with:  Tamela Shirley (grandmother and provisional kinship resource home provider) Esther Ernest
	Congratulations	27	You have completed Unit 10 Section 6.  Click [Exit Activity] at the top of the page to exit the training.

	тос	S#	Slides (Publish Date 10-2024)
	Title	1	Unit 10 Section 7: Contacts
			New Family Service Worker Training
	Welcome	2	This online training will continue the overview of important laws, policies, and forms in out-of-home services that you began in other sections.  Let's get started!
	Calendars	3	Looking at your calendars reveals how much there is to do when a child or youth enters out-of-home care.  Now, let's look at the next layer and consider the contacts required in the first
			30 days the case is open.
	Scenario	4	In the scenario, you visit the next day after bringing Tamela into protective custody. This is April 7, 2017.  You are bringing her to her grandmother's home, which is now a provisional kinship placement.
	Policy VII-I	5	This is where the language gets tricky. Remember, your "visit" with Tamela is considered a contact and documented as such.  By policy, you must visit Tamela within the first week and continue weekly visits during the first month of placement.  If you cannot make these regular visits, another FSW or an FSW Supervisor may make the visit.
	Contacts	6	These weekly contacts are in addition to the other ways you may contact Tamela, for example, during family time sessions, family team meetings, hearings, etc.  OK, mark that calendar!  The first contact between the worker and Tamela was on April 7, 2017.  Mark the rest of the contact dates on the calendar through the date of the adjudication.
S	Knowledge Check	7	According to policy, the face-to-face and other contacts between Tamela and the worker are for which of the following purposes? Check all that apply.  A) Assess the quality of the care being provided B) Assess the child's adjustment to the out-of-home placement, resource parents, other persons in the home, and school C) Provide the child with accurate information about their case at an age and developmentally appropriate level D) Answer questions the child may have

	Parental Contact	8	We have looked at the required minimum contacts with Tamela and the purposes of the contacts.  Now, let's look at contacts with Tamela's parents.  Early engagement with caregivers is a first step to the overall success of the case.  During contacts with Esther and Ernest, you will update them on the case status and begin completing the CANS assessment and family case planning process.
Ø	Knowledge Check	9	Per Policy VII-J, the primary caseworker must make contact with Tamela's parents Esther and Ernest within (enter a number) days of April 6, 2017 (the date Tamela entered into care).  [5, five]
	Calendar	10	You will need to meet with Esther at her home at least weekly during the first month the case is opened.  You must also involve Tamela's father.  Mark April 11, 2017 on your calendar and note contact with parents.
	Child Information	11	During this first visit with the caregiver, if you do not have this information, be sure to find out about:  • Child's allergies (this should be done at the time of removal) • Child's medications • Child's school and/or other educational information • Behavioral information regarding the child • Support items for the child, such as stuffed animals • Child's likes and dislikes • Names and contact information for potential kinship placements
Ø	Knowledge Check	12	Which of the following is not a purpose of the weekly contact with Esther and Ernest? Check Policy VII-J for help.  A) Assess their strengths and needs.  B) Encourage Ernest to confess and move out of the home.  C) Develop the preliminary family case plan.  D) Answer questions the parents have about out-of-home care.
Ø	Knowledge Check	13	Your face-to-face visit is all the contact that you are required by policy to complete.  A) True B) False  [Feedback: Even if your visit schedule is reduced to less than weekly, you are still responsible for maintaining some form of weekly contact through phone, text, contacts to appointments or family team meetings, or by email to update the family on the status of the case.]

Policy VII-I	14	Review policy VII-I, but this time look at the required contacts with the placement provider.  Note that the weekly contacts with the child/youth occur in the resource home. So, you should already have these dates on your calendar for weekly contacts with Tamela.  Add a note that these are in the resource home. In this case, these visits would be in Shirley's home.
Contact Timing	15	So, we have contacts with the child/youth in care, contacts with the parents, and contacts with the placement provider.  After the first month, you and your supervisor will need to decide if the contacts need to continue on a weekly basis.
Congratulations	16	You have completed Unit 10 Section 7.  Click [Exit Activity] at the top of the page to exit the training.

	тос	S#	Slides (Publish Date 10-2024)
	Title	1	Unit 10 Section 8: Assessment and Case Planning
			New Family Service Worker Training
	Welcome	2	As you complete this section, keep Tamela Boyers' situation in mind.
			After an initial assessment of immediate safety threats and an initial assessment of risk, DCFS determined that Tamela could not safely remain in her parents' home.
			Now Tamela, her parents, her grandmother, her sister, and other supportive members of her support network will work collaboratively to assess the family's strengths and needs, and determine what needs to change in order for Tamela to safely return home.
	Child Age Considerations	3	As you work through this process, Tamela is old enough to provide a great deal of information about herself.
			What if the child you are working with is much younger?
			Think about your answer.
			When assessing a younger child, where do you get your information?
	Policy IV-A	4	During those visits and contacts in the first 30 days, you are gathering information for the first assessment and first family case plan.
			Find and review Policy IV-A: Family Assessments
			This policy and its set of procedures will serve as your reference for the rest of the assessment questions.
	Assessment Tools	5	Currently, DCFS uses the CANS (Child and Adolescent Needs and Strengths) to gather information on Tamela and her family to inform the family case plan.
			However, the Division is transitioning to an SDM Family Plan Tool. This tool includes an assessment of the caregiver(s) and child(ren) 's strengths and needs and a method for prioritizing needs that must be addressed in the family case plan.
			Policy is being revised to reflect this change. However, time frames for completing the initial family case plan instrument will remain the same as currently set out in policy.
<b>(V)</b>	Knowledge Check	6	Which assessment tool will you complete for Tamela and her family?
			A) CANS B) FAST
			C) FSNRA
			[Feedback: The CANS assessment is the instrument used in all out-of-home placement cases.]

	CANS	7	The information you gather when you complete the CANS (and FAST if it is an in-home case) helps to develop the family case plan.
	CUDICN:	_	However, completing the CANS does not "write" the family case plan.
	CHRISNet	8	Remember to use the tools at your fingertips on CHRISNet.  There are CANS and FAST information gathering and assessment tools and practice guides that give excellent guidelines and suggestions to help you gather information in these assessments.
	Rigorous & Balanced	9	A rigorous and balanced collaborative assessment is essential to a quality family case plan.  The details discovered in your assessment process (including completing the CANS) will become critical components of your family case plan.  To complete the CANS for Tamela, you will need to get family involvement and receive input from caregivers, children, service providers, and extended family members over the course of several meetings.
$\bigcirc$	Knowledge Check	10	How long do you have to complete the CANS on Tamela?  A) Within five working days of Tamela coming into care B) Within two weeks of Tamela coming into care C) Within 30 days of Tamela coming into care  [Feedback: Complete, at minimum, the CANS within 30 days of the child entering out-of-home placement or within 30 days of case opening, whichever comes first, every three months thereafter; and prior to case closure.]
	Handaut 10.0.1	11	Print Handout 10.8.1.
	Handout 10.8.1	11	This handout contains some questions for further assessment of Tamela Boyers.  Be prepared to answer these questions in class. Keep in mind that there is not necessarily a right or wrong answer to these questions. It is more an exercise to think about the significance of information you get during the course of a case.
	Calendar	12	The CANS for Tamela is due 30 days from the date of removal. Mark this date on your calendar. (May 5, 2017) Since you opened the out-of-home services case for Tamela on the date that she came into care, the dates for all case activities will be based on the date she came into care.
Ø	Knowledge Check	13	How long do you have to complete the family case plan in the CHRIS database for Tamela and her family?  A) Five working days of case opening B) Two weeks of Tamela coming into care C) Within 30 days of Tamela entering an out-of-home placement

Family Case Plan	14	Other than the CANS assessment, you will use information from these other sources to develop the family case plan:  • Investigation allegation • Findings from the investigation • Reason for removal • Permanency Safety Consultations
Safety	15	Permanency Safety Consultations: Keeping Safety at the Forefront of Decision-Making  It is essential that decisions are made based on safety throughout a child's stay in out-of-home care.  Safety should not only be discussed when a child is removed from a home; it should be discussed throughout the case, at staffings, family team meetings, and in court.  Safety should be the centerpiece of all decision-making.
Safety	16	Permanency Safety Consultations: Keeping Safety at the Forefront of Decision Making  To ensure child safety while in out-of-home care, the Permanency Safety Consultations (PSCs) have been expanded to help reinforce the decisions that staff make about children and their families.  These consultations are designed to facilitate timely permanency for children and youth in out-of-home care. They utilize a Collaborative Assessment and Planning (CAP) Facilitation Framework.  During the PSC, staff will be given an opportunity to update harm and worry statements for families and to establish the next steps needed to achieve safety and permanency.
Safety	17	Permanency Safety Consultations: Keeping Safety at the Forefront of Decision Making  Permanency Safety Consultations are internal consultations, seperate from the Family Team Meeting. They do not include the family or the family's network.  PSCs provide staff an opportunity to discuss the case with case experts/supervisory input around the issues of safety.  This includes assessing safety threats versus risk factors (worry statements and complicating factors) that affect safety.

		,
Safety	18	Permanency Safety Consultations: Keeping Safety at the Forefront of Decision-Making
		The Permanency Safety Consultation:
		Evaluate the caregivers' and network's protective capacities Identifies if the caregiver has corrected the original safety threat Allows DCFS to determine Safe or Unsafe. Helps staff identify and outline behaviorally specific steps to move toward safe reunification.
		Provides an opportunity to identify the Division's non-negotiables
Safety	19	Permanency Safety Consultations: Keeping Safety at the Forefront of Decision-Making
		The PSCs are held at 3-month, 6-month, and 9-month intervals for all children and youth in out-of-home care with a primary goal of reunification.
		PSCs are scheduled by the area Program Administrator. They are also facilitated by the area Program Administrator and include the FSW and FSW's supervisor.
		The PSC is held before the regularly scheduled Family Team Meeting.
Handout 10.8.2	20	Permanency Safety Consultations: Keeping Safety at the Forefront of Decision Making
		The PSC Permanency Action Plan form used to document the consultation and desk guides specific to each of the three consultations are located on CHRIS Net under the Resources link.
		To view/print a handout on Permanency Safety Consultations, please click the button below. [Handout 10.8.2Permanency Safety Consultations]
Policy IV-B	21	Family Case Plan
		The family case plan is a written document that outlines the behavioral changes that Tamela's parents need to make and maintain in order for Tamela to be safe.
		The family case plan will include both a permanency goal and a concurrent family case plan goal.
		Note: Policy IV-B: Services Case Plan is an important reference for this section.

	Policy IV-C	22	Family Team Meetings
			Before you complete the assessment and the family case plan, there should be an initial family team meeting where all people involved in Tamela's case can have input.
			The Initial family team meeting is a meeting of all the people involved in Tamela's case. It is used to continue developing and finalizing the family case plan for Tamela and her family.
			The family team meeting addresses the primary and secondary (concurrent) family case plan goals.
			Note: Policy IV-C: Case Staffings is an important resource for family team meetings.
	Knowledge	23	When does the initial family team meeting take place?
	Check		A) 10 days from case opening or child entering OOH placement, whichever is first B) Two weeks from case opening or child entering OOH placement, whichever is first C) Within 30 days of case opening or child entering OOH placement, whichever is first
	CFS-590	24	So, the assessment (CANS), initial family team meeting, and family case plan are all due on the same date. Be sure this date is reflected on your calendar.  Note: The CFS–590: Invitation to Family-Centered Meeting is the form used
C	Knowledge	25	to provide written notice of the family team meeting to all participants.  Who is invited to the family team meeting?
	Check	23	Drag and drop onto the invitation.
			All Attorneys. Caregivers. Supervisors. Resource Parents. Child, if old enough. Any other party involved in the family case plan, if appropriate.
			[Feedback: All of these people are invited to the family team meeting.]
$\bigcirc$	Knowledge Check	26	When do you provide written notice of the family team meeting to all participants?
			A) 10 days prior to the family team meeting  B) At least 2 weeks prior to the family team meeting  C) A month prior to the family team meeting

Adjudication Hearing	27	Your next hearing is the Adjudication hearing.
<b>3</b>		You should already have this date marked on your calendar from previous training sections.
		Issues addressed at the Adjudication hearing include:
		<ul> <li>Tamela's placement</li> <li>Services to Tamela and her family</li> <li>Family time sessions</li> <li>Reasonable efforts</li> <li>What behavioral changes need to happen for Tamela to be safe</li> <li>Who is responsible for what</li> </ul>
Procedure IV-B1	28	Remember, the family case plan is submitted to the court at the Adjudication.  When preparing your family case plan packet, carefully review all information in Procedure IV-B1: Case Plan, AND consult with your supervisor to ensure that you include all required elements.
		More items are required than those listed under the section Case Plan Packet for Court Involved Cases.
Resources	29	Remember that you have multiple resources to help you learn the requirements of working with families receiving out-of-home Services.  • Policy & Procedures Manual • Supervisor • Field Trainer • CHRIS Trainer • Classroom Trainer
Congratulations	30	You have completed Unit 10 Section 8.  Click [Exit Activity] at the top of the page to exit the training.

	тос	S#	Slides (Published 08/2024)
	Title	1	Unit 10 Section 9: Introduction — Transitional Youth Services
			New Family Service Worker Training
	Welcome	2	In this section, you will learn more about some services offered to teens in out-of-home care.  As you may have already noticed, during the training, we use the phrase "out-of-home care" instead of "foster care."  However, "foster care" is still used in many places (including some of the
			outside resources we share in this section), and this may be the language most familiar to caregivers and resource parents.
	Transitioning Youth	3	Working with Transitioning Youth  Get to know the TYS Coordinators.  Attend a Life Skills Class.
			Find out about the Youth Advisory Board (YAB).  Remember that youth may be skeptical when we ask for their input.  Opt for lots of small coaching sessions vs. one "BIG" transition meeting.  Break the big, long-term vision into smaller, shorter-term tasks.
	Introductory Questions	4	The next few slides pose some questions about TYS  Because this section is an introduction, you are not expected to know all the answers. However, some of the information will probably be familiar, as you' ve went through training related to child development and DCFS roles.
Ø	Knowledge Check	5	At age 18, brain development is complete, and older youth can function effectively as adults.  A) Yes B) No  [Feedback: Essential brain development continues to age 25 and beyond. Older youth are developing coping and decision making skills, improving impulse control, and seeking more independence well into their 20s.]
Ø	Knowledge Check	6	In Arkansas, youth can begin receiving Transitional Youth Services at what age?  A) 13 B) 14 C) 16 D) 17
Ø	Knowledge Check	7	In Arkansas, young people can remain in extended out-of-home care up to the age of? <b>A) 21</b> B) 23 C) 25 D) 26
Ø	Knowledge Check	8	Even a small amount of time spent in extended out-of-home care (staying in care after age 18) can improve outcomes in various areas. <b>A) Yes</b> B) No  [Feedback: Extended out-of-home care is associated with increased access to services and positive outcomes for older youth ages 18 to 21.]

Ø	Knowledge Check	9	Young people who have been in out-of-home care are times more likely to experience homelessness than their peers who have never been in out-of-home care.
			A) 10 B) 5 C) 3 D) 2
Ø	Knowledge Check	10	Older youth in care at age 19 are LESS likely to be disconnected (i.e., neither employed nor enrolled in school), be homeless, and have a child compared to their peers who leave care before their 19th birthday. <b>A) Yes</b> B) No
			[Feedback: There is a significant difference among young people who are in extended care at 19 in the areas of school, employment, homelessness, and early parenthood versus those who exit care before age 19.]
	Data Resource	11	Data for these knowledge check questions comes from:
			www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care
			For years, we have known about negative outcomes for youth aging out of out-of-home care who are unprepared for the next phase of their lives.
	Chances & Hope	12	Youth aging out of out-of-home care who do not have a safe, stable, and permanent family/connection have a greater chance of:  • Not finishing school.
			<ul><li>Not going on for more school.</li><li>Becoming homeless.</li></ul>
			<ul><li>Being incarcerated.</li><li>Becoming very young parents.</li></ul>
			Having poorer physical health.
			<ul><li> Having poorer mental health.</li><li> Risk of substance abuse.</li></ul>
			However, there is hope.
	Positive Outcomes	13	Numerous studies and years of practice experience highlight the significant difference in positive outcomes for young people participating in Independent Living or Transitional Youth Services.
			AND the outcomes improve significantly for the young people who remain in out-of-home care after age 18 and continue to receive transitional services.
			Even a short time in extended care can mean a big difference.
	Chafee Program	14	Funding for Transitional Youth Services comes from the John H. Chafee Foster Care Program for Successful Transition to Adulthood (or Chafee program).
			The Chafee program was established by the Foster Care Independence Act of 1999 and has been amended five times to expand services to better serve our youth residing in out-of-home care.
	'		

<b>Transitional Process</b>	15	Some staff may sometimes refer to Transitional Youth Services as Independent Living Services or the IL Program.
		Arkansas uses the term "Transitional" for these services to reflect the process of learning to step out into the world and function for youth, which includes more than just living independently of a caregiver.
Transitional Goals	16	The Transitional Youth Services Program of DCFS is focused on these Goals:
		Better prepare youth (14-21) in DCFS custody to successfully transition to adulthood.
		Ensure that youth have access to an array of resources. Ensure that youth take an ACTIVE role in planning for their future.
Key Practice Areas	17	Key Practice Areas for those working with youth in Transitional Youth Services The following slides will explain each component in more detail.
Premanency Planning	18	Attain permanency through innovative Permanency Planning (maintain youth within their families of origin or place them with another legal, permanent family).
Legal	19	Understand Legal issues they may face.
Education	20	Achieve success in Education, for example, more youth getting a HS diploma, GED, and/or going on to college/trade school.
Employment	21	Adequately prepare for Employment by having skills they need to get and keep work.
Housing	22	Ensure they have stable and adequate Housing.
Physical & Mental	23	Ensure they are able to meet their own Physical and Mental Health care needs.
Financial	24	Ensure they have the Financial knowledge needed to navigate every day.
Connected	25	Ensure they are Connected to others for support and relationships.
Teamwork	26	You may wonder, "How am I supposed to help my youth in all of these areas?" Thankfully, it is not solely your responsibility.  You can and will make a difference, particularly when you remember that
		You can and will make a difference, particularly when you remember that serving youth in transition requires a TEAM approach.
Teamwork	27	Meet the team of people who are responsible for working with youth in transition.
		<ul> <li>Family Service Worker</li> <li>Transitional Youth Services Coordinator</li> <li>Program Assistants</li> <li>Health Service Workers</li> <li>Financial Coordinators</li> <li>Resource Workers and Adoption Specialists</li> </ul>
		TYS Program Specialist

Teamwork	28	In addition to the people who are part of the "system," other people can and should be considered part of the young person's team.
		Other people the teen may need OR want to have involved in transition planning include:
		• Siblings • Kinship
		<ul><li>School Counselor/Teacher/Coach</li><li>Therapist</li><li>Adults who the TEEN identifies as important</li></ul>
Permanency Planning	29	One way to foster normalcy for youth in care is to actively involve people THEY want in their permanency planning.
		Another way is for resource parents and caregivers to "let kids be kids."
Reasonable & Prudent	30	You may have heard of the "Reasonable and Prudent Parent Standard."
		Resource Parents and/or Congregate Care Providers use this standard when determining whether to allow youth in care to participate in extracurricular, enrichment, and social activities.
		The caregiver makes careful and sensible decisions that maintain a young person's health and safety while encouraging their emotional and developmental growth.
Normalcy	31	Remember
		We want youth to participate in sports, music, drama, youth groups, etc.
		We want youth to interact with peers at birthday parties and other typical youth events to support normalcy for young people in care.
		Learning how to "adult" can include learning leadership and advocacy skills.
Youth Advisory Board	32	Youth Advisory Board
		The Arkansas Youth Advisory Board advocates on behalf of young adults served by DCFS by assuring that services incorporate youths' voices.
		The YAB members provide peer-to-peer support and guidance to youth in care while advising DCFS on policy, normalcy, and authentic youth engagement.
Preparing for Parenthood	33	Before we move on to TYS referrals in the upcoming online section, we'll discuss the best ways to support pregnant and/or parenting youth.
		It's already hard enough to experience trauma (whether from neglect and/or abuse, family separation, etc.), and going through pregnancy can feel even more isolating for youth in out-of-home care.
		The following slides will introduce you to some resources available to expecting youth.

Preparing for Parenthood	34	The Division is charged with helping young adults in out-of-home care transition to adulthood.
		While we hope that youth in the custody of DCFS will delay pregnancy and fatherhood until adulthood, we know this will not always be the case. As such, helping these young adults transition to adulthood will include preparing them for parenthood.
Childbirth Classes	35	For young women in out-of-home care who are pregnant, the FSW in collaboration with the TYS Coordinator, will search out a childbirth class as well as an infant CPR/First Aid class within close proximity to the youth's placement and enroll her in the classes preferably between twenty-four and thirty-two weeks of pregnancy.
Doula Services	36	If the youth is interested in doula services, the Division can also cover the costs of those services to a certified doula. If the youth is interested in breastfeeding, the FSW and TYS Coordinator will also try to locate a breastfeeding class in the area for the youth to attend.
		The Division will cover all costs for these classes.
		The FSW and TYS Coordinator will also share and review safe sleep materials with the youth before the infant's arrival.
Safety Baby Showers	37	The TYS Unit in Central Office conducts Safety Baby Showers (using the Arkansas Children's Hospital Injury Prevention Center curriculum) for all youth in out-of-home care before the arrival of the infant.
		The youth's FSW or TYS Coordinator will contact the TYS Unit when the pregnant youth is approximately six to seven months along to schedule a Safety Baby Shower.
		The TYS Unit will work with local staff to schedule a Safety Baby Shower for that youth in the youth's placement county.
Safety Baby Showers	38	The TYS Unit will facilitate the Safety Baby Shower and provide the decorations but will need assistance from local staff in finding a location in that community (preferably not the DHS office) to hold the baby shower.
		The TYS Unit will need assistance purchasing the refreshments and working with the youth to identify invitees. The infant's father is encouraged to participate in the Safety Baby Showers unless there are documented safety concerns or other extraordinary circumstances. A Safety Baby Shower can also be provided if the child's father is in out-of-home care.
Home Visiting	39	Pregnant young women in out-of-home care are also highly encouraged to participate in a home visiting program that meets their specific needs if available in their county.
		The Nurse-Family Partnership and Healthy Families America are programs geared toward expectant mothers who continue to support moms and babies after the babies' arrival.
		More information about home visiting can be found on the Arkansas Home Visiting Network website (www.arhomevisiting.org).

Home Visiting	40	Please note that for Healthy Families America, enrollment may occur up to the age of twenty-four months at the time of intake as long as there is documentation to show the referral was made by DCFS, which is an exception for this population and not reflected on the website listed above.  In addition, if a home visiting program is unavailable to the youth and her child, the Triple P Program offered through MidSOUTH will accept referrals for mothers in out-of-home care and their infants and toddlers.
Additional Resources	41	It is important to ensure that the youth is as prepared as possible for the infant's arrival.  In addition to providing the education resources, the Division will also ensure certain items are purchased generally between twenty-four and thirty-two weeks of pregnancy and are provided to the youth (if they are not already available in the youth's current placement).
Purchasing Guidelines	42	See Internal Procedure 355: Supporting Pregnant and Parenting Youth in Foster Care for more information on the guidelines for purchasing.  The youth's FSW or TYS Coordinator will also assist the youth in working with her local Women, Infants, and Children (WIC) office to provide access to a free breast pump and/or formula, as applicable, once her infant arrives.
Board Rates	43	Once the infant arrives, if the mother and baby are placed together in a resource home, the teen mother's board rate may be increased by \$451 to provide additional financial support to help meet the infant's ongoing needs.  When increasing the board amount for this reason, the special board justification reason of "minor parent" will be selected (if, for whatever reason, the infant comes into the department's custody, then at that point, the infant would receive their own board payment).  Note: Always check the policy for the current board rates.
Board Rates	44	If the mother resides in her own apartment or home, her board rate may increase by up to \$451 (special board rate justification: minor parent).  Still, if she has other income from a job, her additional income may also be considered when determining the special minor parent board rate and revising her TYS budget.
Safe Sleep Requirements	45	After the infant's arrival, if the mother and infant are placed together, the FSW will ensure the infant's sleeping environment meets all safe sleep requirements at each visit to the youth in her placement.  The FSW will also review safe sleep protocols with the young mother at each visit for at least six months after the infant's birth.

Breastfeeding Helplines	46	If the youth has opted to breastfeed, the FSW and/or TYS Coordinator will ensure the mother has been provided with the breastfeeding helplines.
		Arkansas WIC Breastfeeding Helpline: 1-800-445-6175
		Baptist Health Breastfeeding Warm Line: 1-501-202-7378
		Both lines answer calls from across the state 24/7 (the youth may need to leave a voicemail, but calls are generally returned within one hour).
Breastfeeding Support	47	The FSW and/or TYS Coordinator will also help the youth research information about local breastfeeding supports, such as Breastfeeding Peer Counselors through the local WIC Program or La Leche League if the youth is interested.
		DCFS will assist with transportation as available and appropriate.
Breastfeeding Support	48	After the baby's arrival, the FSW and/or TYS Coordinator will determine if there are parenting classes and/or home visiting programs available that are geared toward the care of infants and toddlers and strengthening the parent-child bond and enroll the youth and her baby as appropriate.
		See previous references for the Arkansas Home Visiting Network and Triple P referrals for mothers in out-of-home care and their children.
Daycare Vouchers	49	Finally, the Division will also help the mother access daycare vouchers as appropriate for her infant or other young children.  Daycare vouchers may be keyed for the infant or young child of a mother in
		out-of-home care by unselecting the "participating as child" button on the mother's Client Information Screen in the Division's information management system, keying the daycare vouchers for her child, and then re-selecting the "participating as child" button on the mother's Client Information Screen immediately after the daycare vouchers have been keyed.
Updated Information	50	Although the online training is continuously updated to reflect current policy and procedures, always check with your supervisor and the Internal Procedures on CHRISNet for the most up-to-date information.
		Although pregnant and parenting youth will face unique challenges, all youth aging out of out-of-home care must be prepared for this next phase.
		Thankfully, they have a dedicated team of people (including you!) ready with resources and support.
<b>Desired Outcomes</b>	51	There are many desired outcomes in the work of transition planning. It really is about helping our youth to be ready to care for themselves and others.
		Transition planning happens gradually and requires lots of small conversations covering a large variety of topics and occurring over time!
Congratulations	52	You have completed Unit 10 Section 9.
		Click [Exit Activity] at the top of the page to exit the training.

	тос	S#	Slides (Published 08/2024)
	Title	1	Unit 10 Section 10: Referral to Transitional Youth Services
			New Family Service Worker Training
	Welcome	2	Who Gets Transitional Youth Services?
	Referral	3	Since we know that youth do better when they get these transitional services, how do we make sure that those who need the services actually get them?  We will go over what different services are available as we move through the training.  Let's start with a referral.
	Policy	4	Open your policy in another tab or on another device to help you choose the best answers on the following questions.
$\bigcirc$	Knowledge Check	5	Who is referred to Transitional Youth Services?  A) Any teenager B) Youth who are unlikely to be reunified with family C) Youth in out-of-home care between the ages of 14-18 D) Only youth aged 16 and over
Ø	Knowledge Check	6	Zack entered care at 13 and turned 14 three weeks ago. Is he still eligible for TYS?  A) Yes B) No
$\bigcirc$	Knowledge Check	7	If Twyla, who is 16, enters care and has a guardianship or adoption finalized before her 18th birthday, is she eligible for TYS?  A) Yes B) No
	Policy	8	You, the FSW, make the referral to ensure these young people get services they are eligible for.
Ø	Knowledge Check	9	FSW will make the referral to TYS using the  A) CFS-099 B) CFS-088 C) CFS-077 D) CFS-001
	CFS-001	10	Refer youth using the CFS-001: Referral for Transitional Services and Supports.
Ø	Knowledge Check	11	What is the time frame for making this referral?  A) Within 24 hours of entering care or turning 14 B) Within 10 days of entering care or turning 14 C) Within 30 days of entering care or turning 14 D) Within 3 months of entering care or turning 14

Ø	Knowledge Check	12	Once the FSW makes the referral to the Transitional Youth Services Coordinator, the FSW's work with that youth is done.
			A) True B) False
	Participation	13	It is important to note here that participation in TYS is voluntary. This comes from federal regulations associated with Chafee funding.
			The responsibility the agency has is to continually discuss the benefits of participating in some of the components under the Chafee program and encourage the teen to participate as much as possible.
			Keep in mind that developmentally a teen may not be able to think about the long-term positive benefits that come with participation.
			We will touch on this more later.
	Publications	14	There are two publications that need to be shared with your teens when they are referred to TYS.
	PUB-49	15	This Pub should be given within 30 days of entering care if a youth is 14 or older or within 30 days of 14th birthday if already in care.
	CFS-007	16	After giving and going over PUB-49, the FSW will also go over the CFS-007: Youth Acknowledgement of Rights in Foster Care.
			Giving and going over the Pub is not just a good practice idea. It is required by law.
			Act 1038 of 2015 mandates that youth must be given information about their rights while in out-of-home care.
	PUB-50	17	At the time of referral, PUB-50 is also given to your teen.
			PUB-50 is long and contains LOTS of information.
	Explaining Policy	18	Sierra turned 14 and is being referred to TYS. She has an identified learning disability and has difficulties reading and understanding written materials.
			How would you explain the PUB-49 and the CFS-007 to Sierra? And how would you make sure she understands what you have explained?
			Spend a few minutes going over PUB-49 and the CFS-007. Be able to summarize both in your own words.
	Practice	19	Demonstrate the skill:
			Practice saying out loud a brief summary of the PUB-49 and the CFS-007.
			Find a coworker or family member and do a short practice demo of how you would explain these documents.
			Using your phone, record and listen to yourself summarizing the documents.

	Resources	20	You need to be familiar with the highlights of PUB-49 and CFS-007 so that you can share this information with the youth you serve.  Remember, the more they know, the better they will be able to advocate for themselves.
			Youth need to be able to advocate for themselves as they mature and become more independent.
Ø	Knowledge Check	21	What services are available to teens in TYS?  A) Life Skills Classes B) Help with expenses for college or trade school C) Help with fees for testing and extracurricular activities D) All of the above
	TYS Focus	22	<ul> <li>Transitional Youth Services</li> <li>Teaches basic life skills.</li> <li>Encourages youth to remain in school until graduation.</li> <li>Helps youth focus on transition planning in: <ul> <li>Education</li> <li>Employment</li> <li>Health</li> <li>Housing</li> <li>Lifelong Connections</li> <li>Provides support for youth to remain in care until the age of 21.</li> </ul> </li> </ul>
	Conditions Met	23	TYS (Chafee) provides support for three groups of youth served by out-of-home care:  Youth in out-of-home care, beginning at age 14 and continuing until the youth completes high school or other secondary educational program, may receive services such as life skills assessment, basic life skills training, and other services such as tutoring that can be approved on a case-by-case basis.  Youth may choose to remain in care until the age of 21 and are eligible for Chafee services if they meet any of the following conditions.
	Criteria	24	Youth is:  1) Completing secondary education or a program leading to an equivalent credential.  2) Enrolled in an institution which provides post-secondary or vocational education.
	Criteria	25	Youth is:  3) Participating in a program to promote or remove barriers to employment (like job readiness or career training).  4) Working at least 80 hours per month.

	Criteria	26	Youth is:
			5) Incapable of doing any of the above described activities due to a medical condition, which inability is supported by regularly updated information in the family case plan.
	Eligibility	27	If a youth was in out-of-home care on their 18th birthday, and the out-of-home care case is closed, they will be eligible for After Care services and support until age 21.
			Chafee also provides support for youth whose adoption or guardianship is finalized at age 16 or after. Such youth are eligible for ETV (Education Training Voucher) and may attend youth development activities and life skills classes.
Ø	Knowledge Check	28	The TYS Coordinator handles everything related to TYS after the FSW completes the referral.  A) Yes
			B) No  [Feedback: The TYS Coordinators and the FSWS are BOTH key members of the youth's team and are involved throughout.]
	Upcoming	29	In the next section, we will cover more information to ensure your youth gets the services that will improve their long-term outcomes.
	Congratulations	30	You have completed Unit 10 Section 10.
			Click "Exit Activity" at the top of the page to exit the training.

	тос	S#	Slides (Published 08/2024)
	Title	1	Unit 10 Section 11  Transitional Youth Services: Life Skills Classes and Transitional Team Meetings  New Family Service Worker Training
	Welcome	2	New Family Service Worker Training  We're beginning this online section with Bria, who came into care last week. She is 15 years and ten months old.  Use your policy to help you walk through the steps you'll take to ensure that Bria will receive the transitional services that we know will improve Bria's outcomes.
	TYS Steps	3	Make a Referral to Transitional Youth Services (TYS). Complete CFS-001. Go over PUB-49 and CFS-007. Make sure Bria understands the PUB and her rights.  When? Within 30 days of entering care if 14+ or within 30 days of 14th birthday if youth turns 14 while in care.
Ø	Knowledge Check	4	When does Bria need to complete the Casey Life Skills Assessment?  A) 90 days of entering care/14th birthday B) 14 days of entering care/14th birthday C) 60 days of entering care/14th birthday D) 30 days of entering care/14th birthday
	Casey Life Skills	5	What is the Casey Life Skills Assessment?  The Casey Life Skills Assessment is a free online self-report tool that assesses behaviors and competencies that youth need to achieve their long-term goals.  Although it is a self-report tool, some youth may need assistance completing it.
	Casey Life Skills	6	Access the Casey Life Skills Assessment here:  [button]
	Casey Life Skills	7	How long will it take to complete this Assessment?  It usually takes about 30-40 minutes for youth to complete the CLS Assessment.  Their answers are available instantly for review with the youth in a strengths-based conversation that actively engages them in the process of developing their goals.
$\bigcirc$	Knowledge Check	8	According to Policy, is the Casey Life Skills a one time only assessment?  A) Yes B) No

Casey Life Skills	9	The CLS is completed annually.
		BUT at each Transitional Team meeting, there should be an informal assessment of progress made on identified areas for development.
Bria	10	Figure out what skills Bria needs to work on to improve her chances of success
		using information obtained in the CLS Assessment.
		Review the results of the Casey Life Skills Assessment with Bria. Look at skills needed based on Bria's age, maturity, goals, and disabilities.
Life Skills Training	11	Policy says to assist the youth or arrange for Life Skills Training.
		Q: How does the agency do Life Skills Training?
		A: Through Life Skills Classes offered in each area by TYS Coordinators.
Life Skills Training	12	Youth may also get similar life skills training from a placement provider.
		Youth can gain life skills in more than one place.In fact, for many skills, youth may get more out of "real life" experiences.For example, skills like cooking dinner once a week at the resource home or changing a tire with a resource parent. Remember to document this kind of information as a Transitional Life Skills Class.
Life Skills Training	13	Life Skills Classes teach practical skills like: shopping and meal prep, money management, personal care and wellness, healthy relationships, job interviewing skills, and getting into college and trade school
Life Skills Training	14	Life Skills Classes provide opportunities to:  Come together with other teens residing in out-of-home care for support and networking, while improving communication and interpersonal skills.  Fill out job applications, create a resume, and develop important interviewing skills.  Learn about dealing with stress.
Life Skills Training	15	Life Skills Classes provide opportunities to:
		Learn about caring for themselves physically, mentally, and behaviorally.  Learn about strategies to help plan for the future.  Have fun with other teens who share in the experience of out-of-home care.
Life Skills Training	16	Life Skills Classes can help youth to learn skills they will use within their Transitional Team Meetings.
Youth Voice	17	Transitional Team Meetings need to be youth-driven and youth-friendly.
		When asked what THEY want, youth in out-of-home care say they want their voices to be heard about:

	Youth Voice	18	Families Permanency options Family time Problems in their resource home or with their caseworker Plans Hopes and dreams and fears Wants and needs
	CFS-002	19	Using the areas for development determined from the Casey Life Skills Assessment and your conversations with Bria, develop the initial Transitional Plan CFS-002: Life Plan & Agreement for Youth in Transition.
	Life Plan Focus	20	Transitional or Life Plan focuses on these areas: Education. Employment. Health. Housing. Lifelong Connections
	Life Plan Focus	21	Although the area called Lifelong Connections appears at the bottom of the list on the previous screen, it may well be the MOST important area for planning.
	Bria's Plan	22	Decide which components of Bria's transitional plan to focus on based on her: Age. Goals. Maturity/Development. Disabilities.
	Bria's Transitional Team	23	All areas of planning must be included in Transition Plans by the time Bria turns 17.  Talk with Bria about who she would like to serve on her Transitional Team.  Who should be on this team?
	Transitional Team	24	DCFS Team Members + others to include are: Caseworker. TYS Coordinator. Supervisor. Resource Parent. Attorney ad Litem. Court Appointed Special Advocate.
$\bigcirc$	Knowledge Check	25	Other than paid staff, who else? [short answer space]
	Transitional Team	26	Bria might choose to invite:  Biological parent, if appropriate Grandparent/Aunt/Uncle Therapist Teacher Sport coach Minister/Youth minister Friend
$\bigcirc$	Knowledge Check	27	How would you discover who Bria might like to include in HER Transitional Team?  Bria about the important people in her life. [Ask or Tell]
	Confidentiality	28	But what about confidentiality?  Case-sensitive or specific information does not have to be shared with "non-staff" team members.  Also, Transitional Team meetings can be structured so someone could attend a portion of the meeting where the content is targeted to their input.

When is Bria's FIRST Transitional Team Meeting scheduled?   A) within 30 days of TYS referral   B) by age 17 years, 6 months   C) within 90 days of entering care/14th birthday   D) within 72 hours of entering care/14th birthday   D) within 72 hours of entering care/14th birthday   D) within 72 hours of entering care/14th birthday   When is Bria's last transitional team meeting scheduled?   A) Within 30 days of youth's planned exit from out-of-home care   B) Within 90 days of youth's planned exit from out-of-home care   C) Within 6 months of youth's planned exit from out-of-home care   D) At age 17 years. 6 months				
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B) by age 17 years, 6 months		- Circon		A) within 30 days of TYS referral
C) within 90 days of entering care/14th birthday D) within 72 hours of entering care/14th birthday  When is Bria's last transitional team meeting scheduled?  A) Within 30 days of youth's planned exit from out-of-home care B) Within 90 days of youth's planned exit from out-of-home care C) Within 6 months of youth's planned exit from out-of-home care D) At age 17 years. 6 months  When we want someone to actively participate, we MUST get them involved EARLY and often. Look for innovative strategies to get youth involved. Increase planning success by getting Bria involved in the process.  Survey  32 Check each youth engagement activity you have used or seen in the past six months.  Allow youth to help plan and prepare for a Transitional Team Staffing. Ask youth to invite and lead their own Transitional Team Meeting. Brainstorming session to generate options. I have not worked a TYS case.  Survey  33 Check each youth engagement activity you have used or seen in the past six months.  Ask youth to describe in detail the future she sees for herself. Ask youth to describe dreams and hopes for the future. Take notes and genuinely consider the youth's dreams and hopes. I have not worked a TYS case.  Survey  34 Check each youth engagement activity you have used or seen in the past six months.  Have youth make a video about what he sees his future to be. Have teen write a letter to their future self. Ask youth to draw pictures of what he'll be doing in 3, 6, 12 months. I have not worked at TYS case.  Bria's Voice  35 Including Bria's voice in the conversation increases the likelihood that she will follow through and work the plan developed.  Including Bria's voice in the conversation increases the likelihood that she will follow through and work the plan developed.  Including Bria's voice in the conversation increases the likelihood of follow-through?  Work the plan developed?  Sounds good in theory, right?				
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114411		Truth	37	The truth is a little more nuanced than that.

Ideas & Engagement	38	Just like adults, some teens are better at planning, goal setting, action steps, and follow-through than others.
		Some teens will come up with lots of ideas. Some teens will be easier to engage than others.
Enagement Strategies	39	Many websites and resources have good information on strategies to engage youth. Do a search on Engagement Strategies for more ideas.
		Here is a resource with ideas to help you engage youth.
CFS-002	40	Review the Transitional Plan or Life Plan to discover what areas should be covered in the Transitional Team Meeting.
		The goals set out in the Plan can be thought of as the steps that your youth will need to take in order to eventually become independent and successful.
		Think in terms of 1-3-6 months.
Education	41	For example, for the Transition Plan focus on Education, what does your youth need to accomplish in the next 1-3-6 months to pass algebra?
		Or to pass 10th grade? Or to apply to college?
Employment	42	For the Transition Plan focus on Employment, what does your youth need to accomplish in the next 1-3-6 months to get/keep a job?
		Learn how to arrive at commitments on time? Help with filling out applications? Balancing school/work obligations?
Transportation	43	For the Transition Plan focus on Transportation, what does your youth need to understand?
		Is public transportation a viable option?
		If saving for a vehicle, what's the conservative estimate?
		Are they familiar with auto insurance policies?  Do they know where to go for auto maintenance?
Housing	44	For the Transition Plan focus on Housing, what does your youth need to accomplish in the next 1-3-6 months to be able to live more independently?
		Clean the kitchen thoroughly? Wash, dry, fold, and put up their own clothes?
Health	45	For the Transition Plan focus on Health, what does your youth need to accomplish in the next 1-3-6 months to care for her health needs?
		Increase responsibility for skin/acne care?
		Feminine hygiene? Being responsible for taking their own medications, with supervision, if
		possible?  Make their own doctor and dentist appointments?
		make their own doctor and dentist appointments:

Life Connections	46	For the Transition Plan focus on Life Connections, what does your youth need to accomplish in the next 1-3-6 months to take care of her relationship needs?  Learning about healthy boundaries?  Keeping in touch with caring adults?  Making pays healthy connections through participation in church, civic, or
		Making new, healthy connections through participation in church, civic, or extracurricular activities?
Small Moments	47	Consider transitional work in terms of many small coaching moments rather than one big "Transitional Meeting."
Ongoing Lessons	48	Learning what you need to be out on your own is a gradual process.
		It takes years of ongoing lessons and conversations to learn 'adulting.'
Maturing	49	And remember
		The process of maturing goes through a lot of starts and stops.
		Teens may really want one thing one month and then change their minds the next month.
		That's normal!
<b>Key Tasks</b>	50	Other key tasks to remember:
		Review and update CANS every three months.  Make sure Bria understands what is in the CANS, Family Case Plan, and Transitional Plan.  Update Bria's photo in CHRIS at least each year or preferably more often.  Teens change quickly in a short time.  Review and update the Transitional Plan every 6 months.
CHRIS	51	CHRIS reminder:
		Read through the CHRIS Help feature for guidance on which values to select for the Transitional Youth Service Category under the purpose types of Transitional Skills Classes, Transitional Team Meetings, and Transitional Services.  Read the definitions carefully to make sure you are picking the most accurate category.
Transitional Service	52	When you document a Transitional Team Meeting or Life Skills Class in CHRIS, choose the Transitional Service Category that was the focus of the meeting or class.
		It will be rare to select every single Transitional Service Category!
		Again, remember that transitional work is about small coaching moments rather than one big "Transitional Meeting."
Success	53	Take Away Ideas: Enhance the likelihood of success by helping youth create a support network and safety net.  Help your youth to create opportunities for success.

Congratulations	54	You have completed Unit 10 Section 11.
		Click "Exit Activity" at the top of the page to exit the training.

	тос	S#	Slides (Published 08/2024)
	Title	1	Unit 10 Section 12  TYS Extended Care, After Care, and ETV  New Family Service Worker Training
	Options	2	What options do youth in out-of-home care have after they turn 18?
	Informed Decisions	3	Youth can choose to leave care and have no further contact or involvement with DCFS.  However, they need to make informed decisions. Be sure they know what resources are available to them after they turn 18.
Ø	Knowledge Check	4	When a youth plans to exit out-of-home care, you must hold a final Transitional Team Meeting within how many days?  A) 30 days of planned exit B) 60 days of planned exit C) 90 days of planned exit
	Trial Run	5	FINAL TRANSITIONAL TEAM MEETING  Have a "trial run" final Transitional Team Meeting at approximately 90 days before the youth exits care to come up with tangible next steps for prepping for exit.  The "true" final Transitional Team Meeting will be just prior to the court date to exit youth from care.
	CFS-003	6	FINAL TRANSITIONAL TEAM MEETING  Review CFS-003: Checklist for Youth Exiting Care Many items on this list should be discussed and actively pursued throughout the youth's time in care. The final Transitional Team Meeting (whether the trial run or the true meeting) should not be the first time this checklist is reviewed.
	CFS-003	7	A Note about the CFS-003: Checklist for Youth Exiting Care  When a youth identifies someone as a life connection  That person should be documented as a 'Life Connection' on the Relationship screen if they are a client or as a 'Life Connection' on the Collateral screen in the Relationship to Family field.

	Exiting Care	8	Exiting Care
			Before closing a case, provide:
			<ul> <li>Social Security card</li> <li>Certified birth certificate or verification of birth record</li> <li>Family photos in possession of DHS</li> <li>Juvenile's health and educational records</li> <li>Driver's license or state-issued official ID card</li> <li>Information on Former Foster Care Medicaid (up to age 26 for youth who had Medicaid at the time they aged out of foster care)</li> </ul>
			Mandated by law (§ 9-27-363 and 9-28-114: Foster youth transition)
	Exiting Care	9	Within 30 days after youth leaves care, provide a full accounting of funds held by DHS to which youth is entitled, information on how to access the funds, and when the funds will be available.
	<b>Exiting Care</b>	10	Cannot close a case on an over-18-year-old without a hearing:
			Must ensure youth knowingly and voluntarily requested to leave.
			OR
			Must determine whether the youth failed to meet extended care requirements.
			Closing a child's case in CHRIS alone does not exit the child from care. There must be a court order ending the court's jurisdiction.
	CFS-003	11	CFS-003: Checklist for Youth Exiting Care
۱۱			This form must be completed and signed by the youth and their Attorney ad Litem confirming completion of all requirements.
	Mistake	12	So, the youth decides to leave care. So, the youth decides to leave care.
	Re-entering Care	13	Youth CAN re-enter out-of-home care between the ages of 18-21. Make sure the youth you're working with knows this.
	Re-entering Care	14	Re-entering Care
			Youth can submit a request in writing or in person to DCFS for their return to out-of-home care. This is enough to re-open the case in CHRIS.
			Review hearings for youth who re-enter care are not required but may be requested by youth or other stakeholders. This would require a petition to be filed by the previous Attorney ad Litem to have the youth return to the court's jurisdiction.
			Youth may be discharged from extended out-of-home care after re-entry if the youth fails to engage in or have a viable plan to meet the extended out-of-home care requirements for more than sixty (60) days.

	TYS Statute	15	Some Highlights of the TYS Statute
			DCFS must:
			<ul> <li>Help the teen to find the security of a permanent family.</li> <li>Include the teen in the planning process.</li> <li>Empower the teen with information about all options and services available.</li> <li>Provide the teen with essential information and documentation about their biological family and personal history.</li> </ul>
	Legal Requirement	16	Within 30 days after youth leaves care, DCFS must provide a full accounting of funds held by DHS to which youth is entitled, information on how to access the funds, and when the funds will be available.  Before a teen leaves out-of-home care, they need to know ALL their options.
	Options	17	Help them know their options: After Care & Extended Care
	Extended Care	18	Teens may choose to remain in out-of-home care through twenty one years of age if they meet education or employment requirements (or are incapable of meeting the school/work due to a medical condition.)
			Youth who elect to participate in Extended Care are not in DHS custody, but, rather, under the care and responsibility of the Division.
			Youth aged 18-21 in Extended Care can consent to medical treatment and enter into contracts.
	Policy VIII-A	19	What are the education or employment requirements?  What does policy (Policy VIII-A) say?
Ø	Knowledge Check	20	Laci is in high school (or similar program) to earn her HS diploma (or equivalent high school credential). Is she eligible for Extended Care?
	Ka ayyla da a	21	A) Yes B) No [Laci IS eligible for Extended Care. Check Policy VIII-B.]  Particles are allege and will begin in the fall. He turns 18 this
$\bigcirc$	Knowledge Check	21	Bernie has enrolled in college and will begin in the fall. He turns 18 this summer. Is he eligible for Extended Care?
			A) Yes B) No [Bernie IS eligible for Extended Care. Check Policy VIII-B.]
$\bigcirc$	Knowledge Check	22	Joe is going to vo-tech to learn welding. Is he eligible for Extended Care? <b>A) Yes</b> B) No
$\bigcirc$	Knowledge Check	23	Mia is going to continue to a job readiness training program after she earns her equivalent high school degree. Will she be able to continue in Extended Care? <b>A) Yes</b> B) No
	Knowledge	24	If Iris works part-time only, would she be eligible for Extended Care?
$\bigcirc$	Check	24	A) No B) Yes. She must work for at least 80 hours per month.
			C) Yes. It doesn't matter how many hours she works.

Extended Care	25	Jerica has a medical condition that prevents her from going to college, vo-tech, job readiness training, or working part time.
		HOWEVER, she is STILL eligible for Extended Out-of-Home Care.
Extended Care	26	Generally, Extended Care pays for costs associated with being on your own like setting up a house or apartment, phone, or car repairs.
Extended Care	27	You can find detailed information about the costs that Extended Care pays for on this document provided by the TYS program.  Extended Care pays a monthly board payment to the youth's sponsor to help with living expenses.
Youth Sponsor	28	A potential sponsor must: Have an existing, positive connection with the youth. Clear State-Police and Child-Maltreatment-Central-Registry background checks.
<b>Youth Sponsor</b>	29	A sponsor is responsible for:
		Serving as a member of youth's Transitional Team.  Providing support and guidance to youth (e.g., assisting with decision-making regarding education, employment, housing, etc.).  Assisting youth with budgeting.  Helping to ensure youth meets at least one extended out-of-home care requirement or has a viable to plan in place to do so.
Youth Sponsor	30	<ul> <li>Under certain conditions youth who are 18 or older can live with their sponsor:</li> <li>State-Police and Child-Maltreatment-Central-Registry checks are clear and up to date.</li> <li>Visual inspection of sponsor's home is conducted by FSW caseworker prior to youth living there.</li> <li>Ad litem is consulted.</li> <li>Area Director approves living arrangement with sponsor.</li> </ul>
Youth Sponsor	31	Staffing/Transitional Team Meeting is held to ensure sponsor understands their role and that individualized guidelines and expectations are established. FSW caseworker continues to make monthly visits.  Sponsor is on TYS Supervisor OR Resource Supervisor workload.  The FSW must maintain monthly contact with a youth's sponsor.
Youth Sponsor	32	Click on the button to download a handout titled "Transitional Youth Sponsors Guidelines."
ETV Eligibility	33	What about Education and Training Vouchers (ETVs)?  Through the Chafee Program, youth who are in care or have been in care may be eligible for ETVs.  ETVs are grants to help pay for college and training.  Students can receive up to \$5000 a year if they are meeting the criteria for program eligibility.

	ETV Eligibility	34	You can find out more about ETV eligibility on the Transitional Services Supports Table.
			Or, contact your TYS Coordinator and find out more about ETV eligibility.
	After Care	35	Let's talk about After Care.
	After Care	36	Click on the button below to open a copy of PUB-53 Shedding Light on After Care Services.
	Policy VIII-C	37	After Care is only for youth who exit care at 18 and elect not to participate in Extended Care.
			If Chaz leaves care at 18, he can access After Care anytime prior to the age of 21.
			Use your TYS Policy VIII-C to answer the questions on the following screens to help Chaz.
$\bigcirc$	Knowledge Check	38	Additionally, what does policy say that Chaz needs in order to be eligible for After Care?
	After Care	39	Additionally, Chaz will need to have a BUDGET and a PLAN that includes participation in at least one of the following:  • Education. • Employment. • Training.
			• A medical condition that does not allow the youth to participate in other Extended Care requirements.
	After Care	40	<ul> <li>After Care support may include money for things like:</li> <li>Education or training programs.</li> <li>Housing and housing set up.</li> <li>Utility deposits and bills.</li> <li>Insurance.</li> <li>Transportation.</li> <li>NOTE: After Care support is paid to the provider, not the youth.</li> <li>Reimbursement may be made to the youth (with documentation of the</li> </ul>
			After Care support does not include amounts available through the Education and Trainer Voucher (ETV) Program.
$\bigcirc$	Knowledge Check	41	After Care is NOT available to Chaz once he leaves care.  A) True  B) False

	After Care	42	After Care and Follow-Up
			If Chaz has already left out-of-home care, who can he contact to make a request for Out-of-Home Care After Care?
			Chaz can contact his last:
			<ul> <li>Caseworker</li> <li>TYS Coordinator</li> <li>CASA</li> <li>Attorney ad Litem</li> </ul>
	CFS-004	43	The TYS Coordinator will:
۰۰			Work with the youth requesting After Care support. CFS-004: Request for After Care Support.
			Request Supervisor to reopen the youth's closed child protective service case, and assign the TSC as the primary worker.
	After Care Expenses	44	Eligible After Care expenses include:  • Education/Training • Housing • Housing set-up • Groceries
			These expenses are paid directly to an approved vendor.
	After Care	45	After Care support does not include amounts available through ETV. Youth eligible for After Care can also participate in Life Skills Classes. The FSW must maintain monthly contact with youth receiving After Care services.
	Procedure VIII-A3	46	To ensure and promote continuity of care for youth with disabilities, DCFS has interagency agreements with:
			<ul> <li>Adult Protective Services.</li> <li>Division of Youth Services.</li> <li>Division of Disability Services.</li> <li>Division of Behavioral Health Services.</li> </ul>
			Consult Procedure VIII-A3, your supervisor, and the Transitional Youth Services Coordinator for more information about planning for youth with disabilities exiting out-of-home care.
	NYTD	47	Have you heard of NYTD? (pronounced knighted)
	NYTD	48	[image of NYTD National Youth in Transition Database logo]

NYTD Survey	49	The NYTD survey is a federal mandate to track and keep outcomes data on youth who leave care.  You will learn more about this in Unit 10 Section 14.  NYTD data will help Arkansas and the federal government create better programs and policies.
Funding Requirements	50	Arkansas loses money if we fail to comply with reporting requirements.
NYTD Survey	51	<ul> <li>What information is collected?</li> <li>Financial self-sufficiency</li> <li>Experience with homelessness</li> <li>Educational attainment</li> <li>Positive connections with adults</li> <li>High-risk behaviors</li> <li>Access to health insurance</li> </ul>
NYTD Survey	52	When is it collected? Ages: 17 - 19 - 21  Youth who complete the survey between their 17th birthday and 45 days after the birthday will be contacted to retake the survey at 19 and 21, even if they are not still in care. Youth who complete the survey at 19 and 21 will receive a gift card.
Teen Autonomy	53	Working with teens can be a rollercoaster of emotions (for you and them). Both you and the teens have a lot on your shoulders, and often you won't see eye-to-eye on the next step.  Remember, with youth, adults have to balance the youth's desire for autonomy with our desire to guide the way.
Congratulations	54	You have completed Unit 10 Section 12.  Click [Exit Activity] at the top of the page to exit the training.

	тос	S#	Slides (Published 08/2024)
	Title	1	Unit 10 Section 13
			Transitional Youth Services: Brain Development
			N. E. H.C. I. W. I. T. I.
	_		New Family Service Worker Training
	Teens	2	I want to work with teens. I really do!
			But WHY do they act this way?
	Experiences	3	Working with teens can be challenging, but being patient and open-minded will help as you navigate this journey alongside them.
			As you continue through this section, take a moment to reflect on your experiences working with teens.
	Short Answer	4	Write at least three words that describe teenagers.
	Survey	5	Are the words you wrote primarily positive and strengths-focused?
	Survey	6	Are the words you wrote more problem-focused?
	Natural	7	Kudos if your words tended toward the positive!
			And don't worry if your words were more problem-focused.
			This don't worly if your words were more problem focused.
			That is very natural.
	Teen Years	8	The teenage years can be:
			awkward - difficult - confusing - frustrating - terrifying - complex - lonely -
			delightful - lively - playful - experimental - energetic - adventurous - competitive - reckless - disorganized - unmotivated - rebellious - passionate -
			sensitive - curious
	Teen Choices	9	The next time you are working with a teen
			Who makes a seemingly near choice
			Who makes a seemingly poor choice. Who "should be smarter than that."
			Who is on an emotional rollercoaster.
			Who seems to act 20 years old one minute and two years old the next.
	Teen Brain	10	Will you be able to remember
	Decisions	11	that the teen brain is still under construction?  Teens do not think and make decisions like adults. Why?
	Decizions	11	reens do not unink and make decisions like adults. Why!
			Click to watch this quick video!
	Video	12	[VIDEO]
Q	Knowledge Check	13	The last part of the brain that develops is the prefrontal cortex.
	C. /COR		A) True B) False
	Prefrontal Cortex	14	The prefrontal cortex is responsible for making choices, governing social control, and predicting future events.

$\bigcirc$	Knowledge Check	15	The limbic system deals with emotions, memories, and arousal/stimulation. <b>A) True</b> B) False
$\bigcirc$	Knowledge Check	16	During the teenage years, the limbic system develops
			A) very slowly <b>B) very quickly</b>
Ø	Knowledge Check	17	The limbic system is critical in the generation of our own emotions as well as the perception of emotions and feelings in others.
			A) Yes B) No
			[Feedback: In addition to helping modulate our own emotions, the limbic system helps us to perceive emotions in others and read cues.]
	Prefrontal Cortex	18	The LAST part of the brain to develop is the part here in the front.
			That prefrontal cortex is responsible for:
			• Attention • Planning
			Decision making
	Serotonin	19	Levels of serotonin (a neurotransmitter that helps with sleep and relaxation) decline in adolescence.
			This decline increases impulsive behavior.
	Dopamine	20	Dopamine (the neurotransmitter related to mood and pleasure) decreases, so teens may engage in risk-taking behaviors to stimulate themselves.
			Remember, though, there is more than biology impacting teens' development. Environmental, social, and cultural factors all play a role in brain development.
	Trauma	21	Youth in out-of-home care have likely experienced trauma within their lifetimes.
			What kinds of traumatic stress have the teens you work with experienced?
	Trauma	22	Trauma Types
			physical abuse, sexual abuse, emotional abuse, neglect, interpersonal violence, victimization, community violence, school shootings, traumatic loss of a parent, sibling, or other significant person, ambiguous loss, medical injury or illness
	Trauma	23	According to the National Child Traumatic Stress Network:
			We KNOW trauma adversely affects many of the neurobiological systems responsible for cognitive development and the regulation of emotions/behavior.

Trauma	24	So, adolescents who have experienced trauma may be even MORE likely to engage in:  • Risk-taking behavior.  • Living for today.  • Underachievement.
		Making bad choices.
Trauma	25	AND adolescents who have been exposed to trauma expend an enormous amount of emotional and mental energy responding to, coping with, and coming to terms with the event(s).  This can reduce their capacity to master other age-appropriate developmental tasks.
Questions	26	So, the next time you find yourself asking:
Questions		What is wrong with this kid? Why won't they take the help we are offering? When are they going to get serious about the future?
Understanding	27	Take a moment to remember the many ways in which childhood trauma impacts people  Not only are the youth you work with going through many changes developmentally, but they are more than likely silently dealing with other issues.  As difficult as it may be, practice patience, and work to understand their point of view.
Impact Infographic	28	[image of impact of childhood trauma infograph - cognition, physical health, emotions, relationships, mental health, behavior, and brain development
Trauma Impact	29	Think about it.  Teens living in out-of-home care have multiple factors impacting their thoughts, behaviors, and feelings.  Trauma of abuse/neglect, separation from their families and communities, and ongoing brain development
Brain Development	30	The teenage brain is still developing and will continue to do so until the mid-20s.  The teenage brain is actually "wired" differently than an adult brain.  They are not just mini-adults.
Congratulations	31	You have completed Unit 10 Section 13.
<b>5</b>		Click "Exit Activity" at the top of the page to exit the training.

тос	S#	Slides (Published 08/2024)
Title	1	Unit 10 Section 14  Transitional Youth Services: National Youth in Transition Database (NYTD)  New Family Service Worker Training
NYTD Introduction	2	In Unit 10 Section 12, you were introduced to NYTD (pronounced knighted).
NYTD Survey	3	The NYTD survey is a federal mandate to track and keep outcomes data on youth who leave care.  NYTD data will help Arkansas and the federal government create better programs and policies.
Information Collected	4	What information is collected?  • Financial self-sufficiency • Experience with homelessness • Educational attainment • Positive connections with adults • High-risk behaviors • Access to health insurance
Collection Dates	5	When is it collected? Ages: 17 - 19 - 21  Youth who complete the survey between their 17th birthday and 45 days from the birthday will be contacted to retake the survey at 19 and 21, even if they are not still in care.  Arkansas has to collect this data through surveys twice each year.October 1-March 31 and April 1- September 30
NYTD Tracking	6	Who is NYTD tracking?  YOUTH SERVED.  Any youth receiving at least ONE service paid for by the TYS program.
NYTD Tracking	7	BASELINE  All youth in out-of-home care any time between their 17th birthday and 45 days following their birthday.
NYTD Tracking	8	FOLLOW-UP  A sample of the baseline population when they turn 19 and again at age 21.

NYTD Survey	9	The NYTD Survey can be done:
		• Online
		• In Person
		• Over the Phone
		If the youth has an email address in CHRIS, the youth will receive an email (automatically generated) explaining the survey and encouraging participation
		This email contains a unique link that the youth clicks to complete the survey. The primary worker, supervisor, and NYTD Support Center are copied on the email.
Emails	10	Click on the buttons below to see an example of the Initial Request and the Follow-up Request emails.
Emails	11	The youth's primary worker and the worker's supervisor will be copied on this email. The youth and worker will receive periodic reminder emails until the survey is completed.
		If the youth does not have an email address in CHRIS, the Initial Request and reminder emails will go to the primary worker and the worker's supervisor.
Paper Survey	12	What about the option to complete the survey on paper? The paper copy can be found on the CHRIS Net Forms page. It does not have a form number, it is listed as "NYTD Survey".
<b>Best Practice</b>	13	Best Practice Reminders:
		Talk with youth about the NYTD Survey.
		• Enter youth email addresses in CHRIS.
		• Update email addresses regularly.
		• Provide the NYTD Survey Link to the youth.
		• Remind youth to take the Survey.
		• Pull up the email on a home visit and have the youth take the survey in the
		moment.
		• Be diligent about reaching out to and educating youth about the survey.
Link	14	What if a worker accidentally deletes the email?
		The worker can still access the email and the youth-specific link by contacting the TYS Unit in Central Office.
Survey Requirement	15	Surveys of 19 and 21-year-olds MUST be done regardless of their out-of-home care status or whether they are still receiving TYS services from the state.

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	Goals	16	GOALS
			Age 17: 100% of youth receiving services surveyed
			Age 19: 80% still in care/receiving services and 60% not still receiving services
			Age 21: 80% of those receiving services surveyed at 19 if still receiving services and 60% not still receiving services
Ø	Knowledge Check	17	What does NYTD stand for?
	Circuit		A) New York Train District B) National Youth Training Day C) National Youth in Transition Database
	Runaway Status	18	What about youth who run away?
			These youth are still considered part of the baseline population IF they are still under the placement and care of the state.
			Reported as 'on runaway status' in the outcomes element.
	Maintaining Contact	19	<ul> <li>Use email to keep in touch.</li> <li>Let youth know there are incentive gift cards for completing the survey.</li> <li>Send them a reminder text or email.</li> <li>Ask how youth prefer to take the survey. If in-person, meet for a meal or coffee.</li> <li>Make sure youth leaving out-of-home care understand how important their information is.</li> <li>Reach out by phone, text, or social media.</li> </ul>
$\bigcirc$	Knowledge Check	20	How can the NYTD survey be completed?  A) Online, in person, or over the phone B) Online only D) Only in person at a DCFS office
	Engagement	21	A proactive approach to keeping youth engaged up to and even beyond age 21 can mean significant improvements in outcomes for your youth AND for all youth in Arkansas.
	Congratulations	22	You have completed Unit 10 Section 14.  Click [Exit Activity] at the top of the page to exit the training.