

ROAD MAP to REFORM

Developing a Trauma-Sensitive Mental
Wellness Approach to Supporting
Youth and Families in Foster Care



PRESENTED BY
YOUTH FOSTERING CHANGE,
a program of JUVENILE LAW CENTER

ROAD MAP to REFORM

**A PUBLICATION OF
YOUTH FOSTERING CHANGE**
a program of **JUVENILE LAW CENTER**

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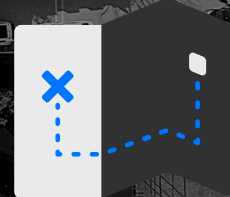
& OUR YOUTH ADVOCATES
**AMBER, MALIK, DUANE,
BRIT, STEVEN, DEZZY, LEXI,
DAISHA, JOHNNY, & MARK**

A publication of Juveniles for Justice, Youth Fostering Change, and Juvenile Law Center. Youth advocates in Juveniles for Justice and Youth Fostering Change created this publication during the 2019-2020 program year, in collaboration with Juvenile Law Center staff.

Juvenile Law Center advocates for rights, dignity, equity and opportunity for youth in the foster care and justice systems. Founded in 1975, Juvenile Law Center is the first nonprofit, public interest law firm for children in the country. We fight for youth through litigation, appellate advocacy and submission of amicus (friend-of-the-court) briefs, policy reform, public education, training, consulting, and strategic communications. Widely published and internationally recognized as leaders in the field, Juvenile Law Center has substantially shaped the development of law and policy on behalf of youth. We strive to ensure that laws, policies, and practices affecting youth advance racial and economic equity and are rooted in research, consistent with children's unique developmental characteristics, and reflective of international human rights values. For more information about Juvenile Law Center's work, visit www.jlc.org. © 2020 All rights reserved. Part or all of this publication may be reproduced if credited to Juvenile Law Center. This publication may also be downloaded at www.jlc.org.

ROAD MAP to REFORM

THE CHANGE WE NEED TO SEE :
YOUTH FOSTERING CHANGE'S
RECOMMENDATIONS FOR REFORM



1 THE REFORM WE DEMAND

Connect families to critical preventive services to keep youth with their families and connected with resources to sustain behavioral health care and well being.

More time needs to be spent preserving our families and uplifting our cultural differences instead of pushing us away from those we love. We must be provided the necessary supports and opportunity to stay with our family first even if this means we cannot remain with our biological parents. DHS should not punish our families for not having enough funds but should help provide supports so that families do not need to be split up. More time needs to be spent determining what services our family needs to maintain a healthy, supportive, safe environment. We are too quickly taken out of our homes and our families are not given the opportunity to use resources to make the home safe. Even when we are removed from our homes, we are not supposed to stay in the system forever; more support and less surveillance needs to be given to families, especially Black and Latinx families to accelerate safe reunification.









You'll find stories and perspectives from our youth advocates highlighted throughout the report.

"Services could have been provided to my mom before I was put back into care. My mom and my family could have been provided with therapy. DHS removal didn't have to be the first option. DHS also should have worked to place me with my biological family so I didn't have to keep moving from home to home."

MALIK

1a. Connect families to critical preventative services to keep youth with their families and connected with resources to sustain behavioral health care and wellbeing.

THE CHANGE WE NEED TO SEE

-  Identify other solutions for families that do not include immediate removal. This must include: Looking for another family member that can take the child in. Make all possible efforts to find extended, biological family members (aunts, uncles, cousins, etc.) if young people must be removed.
-  Provide potential solutions (resources) that already exist in the community. Connect families to supportive service options that include therapy or counseling, drug treatment programs and public benefits services for families so families can receive support, heal and stay together.
-  Utilize income assessments to better determine how and what resources need to be implemented for families.
-  Provide more education for families about accessing needed resources from the community.
-  Utilize the Youth Fostering Change Road Map to help identify what mental health supports and community-based supports are needed and how supports should be given.
-  Evaluate outcomes for families after they are connected to resources that did not require an open case with DHS.
-  Analyze data collected from ChildLine calls, including demographics of families and reasons for calls, to develop assessments to better address family and community needs.
-  Make all possible efforts to connect youth with adoptive families, preferably kin, and fictive kin, not just families who want to foster for shorter periods of time






“More services should have been provided to my mother; more programs, like an in-patient drug program, could have helped her. When I was eventually put in placement, I was really lonely - workers could have worked to find more of my family and connected me with them.”

LEXI

1b.

The Department of Human Services must develop new policies and procedures to decrease the likelihood of racial bias in the investigative process before families enter into the child welfare system and in the assessment and delivery of mental and behavioral health services throughout their system involvement. This system must review and access each individual need of families in a way that truly addresses the cultural and specific needs of different families.

THE CHANGE WE NEED TO SEE








-  Make all efforts to eliminate racial and economic biases from investigative and assessment processes.
-  Utilize policy tools, research and new investigation processes that seek to address and decrease racial bias and other biases.
-  Conduct regular reviews and updating of policies and procedures to eliminate bias.
-  Provide more robust and ongoing training on racial and economic factors that impact why families may touch the child welfare system. These must include testimonials from families.
-  Require more robust and ongoing training that address' racial and economic bias in social/human services. These should include testimonials from families whenever possible.

“Children must not be removed from the home because of truancy.” **BRIT**



“DHS workers should and could have found other family members to take me in. During the time of the investigation, I was placed at the DHS building for hours until they found me a foster home to stay at.”

DUANE

-  Develop better screening and interview protocols for foster parents' homes not only for physical safety but to identify their capacity to support the emotional, and mental well-being of the child/youth.
-  Develop a truly youth friendly grievance policy and connect youth to independent advocates who can assist youth in navigating the process. This should include reviewing and assisting youth with the grievance procedure.
-  Require case workers/social workers to visit youth in home/group home every month if they are placed away from family and in a new foster home.
 -  This process must require a clear process of asking youth specific questions about their needs.
 -  Speak with youth separately from those in charge of the placement or foster home to ensure youth feel comfortable speaking and have privacy to discuss their wellbeing and safety.
-  Require DHS to assess ongoing if the child should have been placed in a group institution and developing a transition plan for placing the child in a more family like permanent setting. Children and youth thrive better in family environments and should not remain in group care for long extended periods of time and should never be identified as a placement due to a shortage of foster homes.
-  DHS should require social workers to complete at least two random pop-up visits every four months to check in on the progress, safety, and well-being of the child. These pop-ups must also be conducted with youth, separate from foster family members/staff of group home.

“Parents should receive therapeutic services and resources when a child’s case is opened. Before a youth gets put into the system, supports should be provided to foster positive changes in the household.”

DAISHA



2

THE REFORM WE DEMAND

Develop Concrete Policies and resources for kinship and foster families that increase placement stability and decrease placement disruption, dissolved adoptions and reliance on group care.

Youth need stability and safe and secure placements to thrive. Too often we were removed from our homes and not placed with family, but new families, or group homes where we faced more trauma, abuse, and other unsafe conditions. This should never happen when children and youth are placed in the state's care. Priority should be made for kinship care, with connections to resources and supports to support the transition. If youth must go into a new foster home, these resources should also be provided so we do not have to go through so many traumatizing transitions moving from new home to new home.

THE CHANGE WE NEED TO SEE



Develop policies and guidelines for placement stability, safe conditions and promoting permanency to reduce trauma and treatment disruption.

- Develop guidelines for social workers to complete safety planning with youth before each new placement setting.
- Include developing a placement protocol that engages youth and allows them to meet a potential caregiver before placement.
- Adopt policies like California which provide assistance to caregivers before a placement disrupts and provides advance notice to the young person before a placement disruption occurs.
- Provide foster parents and youth access to experts who can respond to immediate needs of youth and caregivers to prevent placement disruption.

“DHS, caseworkers and attorneys are always saying how they do background checks on the foster parents or any type of caregiver. However, I just do not believe that because I have been in homes where I or the other kids in the house dealt with sexual abuse or other forms of abuse, and it is not okay. When we mentioned it or tried to mention it, we were never heard out. I do not believe that it was also just starting to happen because if they did it once, they have definitely done it before. Some foster parents just randomly bring people over and lie to the workers and it leaves the child feeling unsafe because that person is doing stuff the workers don't know and they won't listen to the youth.”

DEZZY



3

THE REFORM WE DEMAND

Connect Youth to Mental Health Professionals

We care about being connected to mental health professionals and supports while in foster care because when we are in care, we do not have many people we can confide in about what's going on in our lives. We have so much going on with our family, foster family, and constant transitions that we are sometimes overwhelmed with emotions including anger, frustration, depression, and fear. We need a trusted adult to talk to about our experiences to tell us that we are not alone and that our feelings are valid. We cannot be left to bottle up these emotions; mental health support cannot be held off. We also need professionals to understand that the support they refer us to must be individualized because every youth is different.

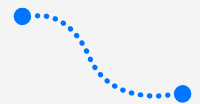
PHILADELPHIA:

3a

To address youth needs at initial foster system involvement, we recommend that a protocol be issued to the Community Umbrella Agencies (CUAs) that requires that a screening for behavioral health needs occur as soon as a youth enters the system, and that the results of this assessment are noted in the youth's case plan.

“My DHS worker was biased against me and never listened to me. If staff said anything that would give them a reason to keep me there longer, she would favor them over me; all the time and for anything. So, while actual conflicts that were harmful for me were happening, I was being mistreated and forced to endure more of it at the same time.”









JOHNNY



“Workers and mental health professionals should be better trained to talk with youth. When I was talking with counselors and evaluators, they never asked me my side of the story or listened to what I had to say. I felt like I was always treated like the ‘dumb kid.’ When I did try to share with my treatment team, they never listened to me when I said I didn’t feel safe.”

MARK

THE CHANGE WE NEED TO SEE

-  Connect the child and family to family therapy when the child first enters the system. This includes, asking the youth and family directly if they want to be connected to therapy and what they are looking for in a mental health provider.
-  Conduct mental health/psychological evaluations if needed, based on the mental health status of the child and the trauma associated with entering into foster care. Provide documentation to the youth and family regarding any diagnosis and offered supports, including an explanation of the diagnosis.
-  Philadelphia Department of Human Services (DHS) social worker must follow up with youth and families with referrals for the various types of therapeutic options like art, play therapies, etc. and assist with accessing these supports.
-  Designate a mental health point person at DHS who can:
 -  Discuss with youth their options and the benefits of therapies.
 -  Work directly with youth and families to connect them with agencies that will fit their needs – whether outpatient, partial, weekly, etc.
 -  This process must include discussing that various types of therapy are dependent on the age of the youth, and if there is an immediate mental health crisis taking place.
 -  If under 13, a guardian must be involved in the decision to support them to connect to therapy options if their parents are unable to participate and provide consent.

“When I was discharged, I went home without any information or resources about mental health support.”

BRIT



“I feel like when I was in DHS care, my caseworker never listened to me and they also never came to my meetings every month. If I had access to resources, my overdose never would have happened. I also think that if I had been provided resources outside of school, then I never would have had to go to partial mental health treatment program where you get services in the day and go home at night. Once I was discharged from residential, I also should have been connected directly to mental health services.”

AMBER



“After being homeless, a worker should have helped me reconnect with therapy and other supports I needed. Social workers/child advocates should have helped me with this. They told me I’d be in a shelter for over a year before I got housing. This was when I was 17. I got back in foster care at 19 and didn’t get help with anything until I was 20.”

LEXI









- 📍 Identify what services will be covered under a youth’s insurance.
- 📍 Review with youth how to access and request their medical insurance. Ask youth if they want to keep their insurance card or have someone they trust hold it until they need it.
- 📍 Discuss peer support groups, and other community supports with youth ongoing in their case planning.
- 📍 Work to build a relationship of trust with young people. Professionals must be mindful that communication is critical; youth might not want to be connected since they do not know what would benefit them.

“My caseworkers didn’t listen when I was telling them that I was scared of the people and didn’t feel safe in the household that I was placed in at the time. I feel as though the workers and mental health specialists should’ve listened to me and seen the signs before the damage was done and it was too late. Workers and mental health specialists should think of strategies or be trained better before meeting with the youth/child. I was jumping from home to home and I feel as though I should have been able to talk; however, when I would try to talk to my workers it wasn’t very helpful because they were not trying to listen. Growing up, I had a lot of behavioral or personal issues, like trauma. I got bullied and was looked down upon about the things I was going through. I just needed one person that would understand or not look at me in disgust or anything.”

DEZZY

3b To address youth mental health needs throughout their time in foster care, we recommend that DHS/CUAs continue to connect youth with therapeutic and community supports.

THE CHANGE WE NEED TO SEE

-  Provide all social workers working within the child welfare system with a series of trauma-informed and addiction-based professional development training sessions. The purpose of these sessions would be to better connect young people entering the child welfare system with resources including therapeutic supports.
-  Request referrals for therapeutic services as soon as a young person is about to move OR as soon as they move so the young person can be connected to services as soon as possible. Part of these connections and referrals should also include extra-curricular activities to help a young person achieve normalcy.
-  Include therapeutic support and community-based resources in a young person's transition plan. This means there must be a plan for how to continue these supports when a young person leaves care. Making these plans will help prevent young people from facing barriers like housing and accessing services alone.
-  Match therapeutic supports and community-based resources to the needs and interests of the young person.
 -  Young people should be given options including the type of therapy they want to receive.
 -  This could include peer support and family therapy.
-  Involve the caregiver in finding community support and setting up services for the young person. These can look like therapy, parenting classes, financial assistance, behavioral health (bh) care and insurance coverage and renewal.
-  Create a peer specialist position that dedicates their time to be supportive to youth. This means checking in on them daily or weekly to make sure they're okay. This person should try to build a relationship with the youth so that they don't feel alone.

“I was sent to another foster home. I tried to adjust to it but I was always worried that something would happen. I wish I had a better support system: one single person or a lot of people who could relate to me and my situation. There were a lot of people who judged me about having behavioral problems. I wanted someone who would always defend me.”

DUANE

4

THE REFORM WE DEMAND




Ensure the availability of age-appropriate, high-quality services that engage young people.

PHILADELPHIA


We need a variety of options beyond in-person therapy to receive therapeutic supports. There is a stigma associated with mental health services and therapy that prevents some of us from wanting to leave our homes to receive in-person therapy. We often feel stigmatized as youth in foster care for having mental health needs that are based on false perceptions of what our behaviors are in the system and not the circumstances surrounding our entry, or the trauma associated with being in foster care. We also often face many challenges to accessing treatment in-person and needing transportation to participate. We would greatly benefit from easily accessible therapeutic services like mobile therapy in our homes or virtual therapy that we can receive at our fingertips. This type of support can help reduce the number of hoops we often have to jump through to access the help we really need right now. Being able to receive support that meets us where we are and addresses our direct needs would ease our minds and keep us at peace without others judging who we are and why we are going to therapy.

To ensure consistency of mental health support for youth in care, we recommend that youth be offered the option to connect with mobile and/or virtual therapeutic services not only when they enter the foster system, but throughout their time in care.

THE CHANGE WE NEED TO SEE

-  Work with Community Behavioral Health (CBH) to create an inventory of all mobile and virtual treatment options.
-  Require that all staff at all CUAs receive training in identifying and matching youth with therapeutic options when they first enter foster care, including options for mobile or virtual therapeutic services.
-  Issue CUA guidelines that require that case plans include discussing types of treatment with youth and arranging virtual or mobile options if the youth wishes.

This must include staff working directly with youth establish mobile care or virtual care as soon as possible, including setting up time for the youth to meet with the therapist first to develop a plan.

-  Develop CUA guidelines that insure that plans for the delivery of these services and the plan for continuing services are included in the transition plan and discharge planning for all youth.

- Notify and work with the foster parents, kinship families, and other family-based settings to set up the best supports needed to address the youth/family needs and identifying if youth may want/need mobile or virtual therapy.
- Staff must also set up a meeting for youth and foster parents to discuss the process, roles and responsibilities for reaching out and setting up sessions, space available in the home for sessions, and anything else that might make the youth comfortable in the process. Discuss privacy and ensure that no one is around when these sessions are occurring. Youth should discuss an appropriate plan and/or find a private place for sessions. This must be a PRIORITY! This must include identifying with youth if they feel comfortable in their placement setting to receive this service.
- Work with CBH to develop a Request for Proposals (RFP) for the following services: mobile therapy; art therapy; virtual therapy; and other forms of therapeutic services for youth in care. DHS must ensure that all services follow children and youth regardless of whether they move to another placement setting. If youth cannot continue with any option, RFP's must require identification of the process to ensure a transfer of services before the previous service ends.
- Include in CUA guidelines that all CUAs have are individuals who willingly self-identify with a behavioral health disorder (mental health or co-occurring disorder) with lived experiences.



5 THE REFORM WE DEMAND

Therapeutic services and medication must be provided after individualized assessments by qualified professionals and following full consideration of alternatives to pharmaceuticals.

We are not all the same; please do not give services and medication as if we are all the same. Not everyone handles their experiences the same way, so we need diverse and creative responses to our mental health needs. For examples, some of us express our thoughts differently than talking; sometimes music or art enables youth to express themselves more fully or more comfortably. We are resilient but that does not mean that these life transitions or trauma don't hurt and don't need to be properly addressed. It is normal for us to express anger, sadness, even grief from the huge changes and losses in our lives. We do not always need medication for those feelings. We need more creative ways to talk about and express the emotions we have from the traumas we faced.

In order to ensure that youth receive appropriate mental health and medical care while in the foster system, we recommend that caseworkers identify other alternatives to medications to support youth's emotional needs.





"It's important that youth be taught how to appropriately manage their medication."

LEXI

"While I was at Belmont, I was taken from my room and strapped to a table so I couldn't move. I was drugged for about two weeks and was not allowed any outside contact."

SPEEDY

THE CHANGE WE NEED TO SEE

-  Young people are involved in the discussion about medication with their doctor and team. The case worker or team should also look for other alternatives to medications that could help the youth channel their emotions like music or sports or provide opportunities for community engagement.
-  Young people are made aware of confidentiality agreements with counselors, therapists, and psychiatrists.
-  Young people are offered a private location to speak candidly to all these mh/bh support people.
-  Youth are informed about where to file a grievance about each member of their team including their therapist.

“In placement, I was receiving medication with no counseling or ever meeting with a professional. For them to go so far as to put me on medication because they thought I had bipolar disorder and not continue the meds after or even provide therapy shows how incompetent they are. If I was a youth that actually needed those resources I would have been in shambles after care. With that, all youth should have a transition plan that includes therapy and continuing any meds youth needed at the time, as well as having an actual doctor diagnose the youth to be sure that’s what they actually needed. When I did have counseling when I was discharged into a group home, the caseworker sat in on my sessions and answered for me.”

BRIT

6 THE REFORM WE DEMAND

Implement School-Based Support

Schools are often a safe haven for many of us who are in foster care. School is sometimes the only time we can feel 'normal' or are allowed to leave our group homes or foster homes. Therefore, school staff are an important resource to us and can ask us questions about what's going on in our lives - why we are unengaged at school or skipping school - to help find a community-based solution. Talk to us before reaching out to DHS.

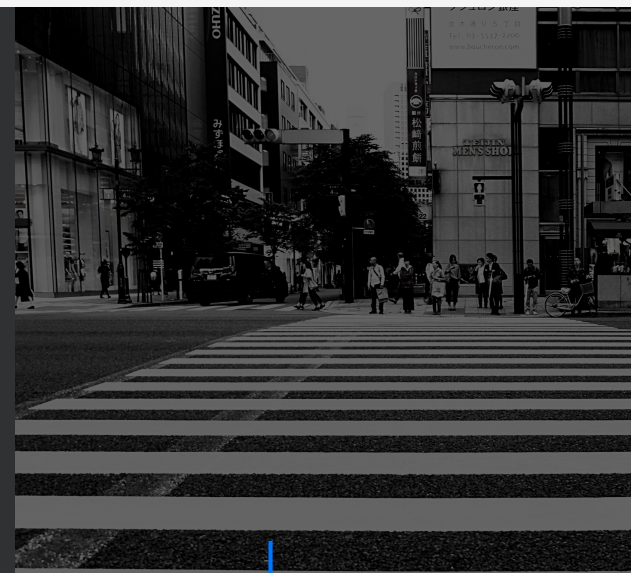
To reduce the potential of trauma imposed on youth and families and to reduce the impact of racial bias in the foster care system, we recommend that school-based supports and protocols be implemented to prevent DHS removal from the home.

“My ‘team’ could’ve found a suitable school for me. They could’ve talked to me and listened to the reasons why I was missing school. They could’ve asked: Why are you not going to school? What is your school like? Do you have any trouble or concerns in school? Where is your school, what is the commute like? Is your school safe? Are you learning in school? Is your school engaging? Are you getting appropriate credits?”

JOHNNY

“As early as the 6th grade, stuff that was going on at home impacted me at school. I went from being an A+ student to C’s and D’s. In high school I started skipping school and getting suspended. School staff, teachers and administrators did not reach out to me to see what was going on with me. They should have tried to learn about me and my situation and provided support.”

DEZZY



THE CHANGE WE NEED TO SEE

- 📍 Contact the parent or guardian directly to check in if their student is out of school for several consecutive days without a call or note from a parent/guardian.
- 📍 Exhaust all resources to get a hold of the parent or guardian before involving DHS.
- 📍 Sit down and engage with the student to talk about why they have been absent and make a plan with the student to connect with the appropriate resources if needed to re-engage.

“Teachers should be provided with better training to identify when DHS should be called. I could have stayed with my mom if existing supports, like therapy, had been provided to her.”

SPEEDY

“Some schools have make-up work policies. Growing up in the system, dealing with frequent moving can be a big interference with school. Workers must set up a meeting with the principal and discuss make-up work and a proper school plan for the youth/student.”

DAISHA

A YOUTH-DRIVEN ROAD MAP

ACHIEVING INDIVIDUALIZED SUPPORTS FOR YOUTH IN THE CHILD WELFARE SYSTEM

The Purpose of this Tool and How it Should be Used

This road map is a strengths-based approach to problem-solving that is led by youth in their own cases. It is meant to serve as an unbiased review of needs and resources between the youth and their case worker. The main purpose of the road map tool is to provide youth with the space to lead the discussion on the mental health resources they may need, particularly to talk more about alternatives to therapy. Although we know therapy can be supportive to some youth, we do not think that mental health support is a one-size fits all model. The road map can assist youth and their case worker in exploring what types of resources would best fit the individualized needs of each youth. This tool should not be used for any mental health or medical diagnoses; case workers should refer to medical professionals for those purposes. Housing recommendations for youth should not come from this document. Information documented in the road map cannot be negatively used against a young person's case. This document cannot negatively impact the way in which case workers or attorneys represent their client.



DIRECTIONS



FOR EVERYONE

Fill out the road map with your own personal experiences. Identify when resources could have been given to better support you and your mental wellbeing in that time of your life and now. Think of the supports as “off ramps” to a highway where you could have gotten the support you needed. Be specific about these supports and who would provide them. This activity serves two purposes: 1) To have the young people in care be in the driver’s seat and pick their support and safety net and 2) To provide a cathartic or therapeutic experience for a young person who may think all of the bad things that happened to them is their fault- it is not.



FOR YOUNG PEOPLE

Think about major events in your life specifically around your experience in care (right before you entered care, when you had to leave your home, various placements). Write down the events in order on the road. Only write down what you are comfortable sharing. Your experience is your own and you do not need to share the details! Once you complete the road, think about all the times that better support could have helped you transition through these major events or even prevented some bad things from happening. On the off-ramps, write down what resources you could have been given to better support your journey in care AND who should be providing the support (case worker, foster parent, family member, other supportive adult, counselor). Think of these supports as helping your mental, physical, and social wellbeing. Remember to be specific about your needs!

DIRECTIONS



TIPS FOR FILLING OUT YOUR ROAD MAP

- » List all your experience first before putting them on the road map to organize your thoughts.
- » Find a place (a safe haven) you feel most comfortable filling out the form. It is okay if you do not feel comfortable filling it out in front of your case worker in their office: at home, at school, at a park, or at a friend's house.
- » Find someone you feel most comfortable with to fill out the form: a friend, a trusted adult, a therapist, or by yourself.
- » Don't feel rushed to fill out the road map!
- » Think outside the box for resources (therapy is awesome, but so is mural painting, peer mentorship, internships, and pick-up basketball).
- » Take a photo of your road map on your phone when you are finished in case you lose it!



PLEASE NOTE

Case workers are mandated reporters! To ensure your safety, if they hear about the possibility of abuse or neglect to a minor, they have an obligation to report it. If you have questions about how the information you are sharing will be used, you can stop and talk to your attorney.

DIRECTIONS



FOR SYSTEM PROFESSIONALS

Before having your client fill out this road map, please be sure to inform them about safe ways to discuss concerns when describing personal experiences and support they need. Be transparent about your role as a mandated reporter and offer ways for your client to talk about the needs they have without worrying that they or someone they love will be reported. This tool should be used when a young person enters into care or any changes happen in their life like a placement change, being assigned to a new agency or service provider, or when they go through a challenging situation. This tool can help establish a trusting relationship with your clients if used correctly. It can also provide a clear description of what your client knows they need to feel safe and supported. When you have decided to share the road map tool with your client, offer them the example, show the accompanying videos, and fully explain the "General Directions" and "Directions for Young People" to fill out the form. Allow your client to take their time filling out the document. You can offer to have them fill it out on-the-spot with your support or you can offer that they fill it out in a location that feels most comfortable to them (alone or with a trusted friend or adult). Be sure that each support has someone accountable for administering that support (yourself, the foster parent, a family member, the attorney, a school support, a counselor, etc.).



DIRECTIONS

TIPS FOR COMPLETING THIS DOCUMENT

- » Do not use this tool during the first interaction you have with your client.
- » Explain to your client what this tool is and how it will be used.
- » Prepare them for when they will be expected to fill out this tool.
- » Continue to remind your client that they do NOT need to share experiences they are not willing or ready to talk about.
- » Provide an alternative way to complete the document if your client is uneasy about writing down their experiences.
Example: "Write down your experiences for only you to see and just share your suggested prevention supports to me."
- » Listen to your client! Hear what they know they need. If your client is struggling to identify the types of support they need, offer options and examples that are diverse and inclusive.
- » Think outside the box for resources (therapy is awesome, but so is mural painting, peer mentorship, internships, and pick-up basketball.)
- » Save a digital copy of the roadmap or the part of the roadmap your client wants to share in case it gets lost.

IMPORTANT INFORMATION

This tool should empower your client and encourage a trusting, open relationship between you and them. It should NOT be used as a way to punish your client if they fill it out in a way that you disagree with or if they struggle to fill it out at all. Make sure your client knows that you will not be sharing their roadmap with others.



MY ROADMAP:

an exercise for youth who have interacted with the foster care system.

FICTITIOUS EXAMPLE

NAME: Jordan

1 A DHS case was open regarding my family.

Additional resources could have been provided to my family.

Myself and my two siblings could have seen a clinical social worker when we first entered the group home, and every week after that.

An accountability system could have been discussed with regards to consequences and disciplinary actions.

3 While I was in the group home I received medication but not counseling.

5 The punishment for me sneaking out at night is that I have to come straight home after school. This means I miss out on spending time with my friends and afterschool activities.

7 My siblings and I are released from placement and are struggling to readjust to day to day life outside of the group home and additional mental health concerns arise.

2 After an investigation, me and my two siblings were removed from our house. We were all placed in the same group home.

4 The rules of the group home are too strict so I start sneaking out at night.

6 Tensions continue to rise at home and finally I am seen by a counselor.

Additional resources could have been provided to me and my family so we could stay in the home.

A mental health professional could have come with DHS to assess the situation. Could I have stayed at home? Or with a family member?

There could have been team meetings between the permanency team and the group home to come up with a plan.

I should not have had to wait until things escalated in order to see a mental health professional. Before leaving placement, I am connected to mental health and other resources in my community in order to have a smoother transition.



MY ROADMAP:

an exercise for youth who have interacted with the foster care system.



NAME

