Transition Planning and Declining Services

As a youth approaches launch from DCF, the team helps to develop a meaningful transition plan. This plan is developed with youth at age 16 and reviewed at each ACR conference. The plan will be reviewed for all youth leaving care after age 16. The ACR team also works in concert with regional staff and youth to complete an Omega Assessment process for youth 16 and up. These assessments should be valuable in assisting the regional office in transition planning and service provision. The Omega Assessment materials include a list of potential participants for the team meeting (i.e., the Catalyst Team) as well as a suggested format. The material can be accessed from the Transitional Supports and Success website.

The youth's transition plan and conference topics should include, but are not limited to safety (physical and psychological), permanency, well-being, housing, financial capability, supportive long term relationships, education, employment, youth satisfaction with treatment team, youth perception of equal or more say in decisions impacting their life, and expectations about continuation with services. The conference will also cover benefits or services that may be discontinued, ramifications of ending those benefits, and the re-entry options for young adults. For young adults 18 and up, a transition plan shall be updated, and reviewed at an ACR within 90 days prior to discharge. As age 18 young adults create their own individualized plan (i.e., a Passport). This Passport guides the Department's individualized work. A sample Passport template is included in this document. ACRs for young adults after age 18 are referred to as "Still Rising" conferences.

A referral for a career/interest and aptitude assessment should occur for young adults who need such an assessment as close to age 18 as possible. This assessment can provide a valuable roadmap that the team can use for future planning and service provision. Assessments can be completed by Sun Scholars, Inc. (Contact the Post-Secondary Education Team for a referral) or an alternative vendor (Contact the Post-Secondary Education Team or the Transitional Supports and Success Team for guidance if needed). Assessments do not have to be limited to youth enrolled in college. The **Youth Launch Inventory** can also be completed in preparation for exiting DCF care (this inventory is included in the "Additional V.I.T.A.L. Tools and Resources" supplemental materials). For assistance in completing this document, please feel free to contact the Transitional Supports and Success Division.

Any youth who is over 18 may choose to decline services following a transition conference. In these cases, a Summit Consultation is recommended. The suggested Summit Consultation is outlined in this document and the Omega Assessment is included in the V.I.T.A.L. practice guide on the Transitional Supports and Success Website (Section 3.1h). Despite DCF's best efforts to offer support to TAY in care, youth may still choose to leave. To ensure that a youth is making an informed decision and leaves with as much information and documentation as possible, youth should participate in their final conference. If after a Summit meeting, the youth still

wishes to leave care, he/she/they shall read and sign the DCF-800A, "Client's Agreement to Suspend, Reduce, or Terminate the Department of Children and Families Benefits."

DCF will not accept decision to decline services by committed youth who are younger than 18 unless a launch from DCF care has been sanctioned by a court order.

Throughout the life of the case, rigorous engagement efforts should be applied to serve DCF involved youth in care. Youth who are at risk of losing benefits shall be given a notice through the DCF-800 "Notice of Proposed Denial, Suspension, Reduction, or Discontinuance of the Department of Children and Families Benefits." It is recommended that this be issued only when the treatment team (including the Office Director) agrees that the Department has exhausted all attempts of engagement and every support available. It is also suggested that Service Agreements are developed and documented with the young adult. Opportunities for a Summit Conference should be offered to all youth requesting discharge or in circumstances when the team believes there is a risk for loss of benefits because expectations are not met. Any proposed denial, suspension, reduction, or discontinuance of benefit should be issued when the team agrees that the youth has exhausted engagement efforts, has had time to consult with others, and has had ample opportunity to reflect on the ramifications of the loss of options/benefits. Furthermore, notices should be issued only after the team has attempted adjustments and modifications to expectations and plans for the youth. It may be helpful to invite the young adult to bring a significant other to participate in conversations about this option. Youth Ambassadors are available to consult with young adults in order to assist in planning and participate in Summit conversations. At any time, the youth can outreach to the Office of Community Relations or the Transitional Supports and Success Division to access the Youth Ambassadors' counsel.

If the youth wishes to have a hearing to contest the proposed action, the youth completes the reverse side of the DCF-800 and mails it to the Administrative Hearings Unit at Central Office within 60 days from the date the notice was mailed. Youth who wish to have their benefits continue pending the hearing decision must submit the hearing request to the Administrative Hearings Unit postmarked within 10 days after the DCF-800 is mailed. The Department will not act on the benefit until after the 10 day period has expired, unless the youth has agreed to the proposed action. Upon request of the receipt for a hearing within the 10 day period, the Hearings Unit will notify the area office to continue benefits. The Department will continue to pay the expenses and subsidies until a final decision is issued by the Administrative Hearings Unit. All transition plans should be reviewed by the Program Supervisor to ensure the youth has been provided all legal documents. When a DCF-800 is issued a copy should be sent to the Transitional Supports and Success Division for statewide tracking.

The DCF-MA1-"Medical Assistance Form" shall be completed and forwarded to the DCF Medical Assistance Unit when the youth leaves care. Youth are to contact DSS when they leave care and will be responsible for continuing their medical insurance coverage and eligibility.

The V.I.T.A.L. Summit

The goal of the V.I.T.A.L. Summit is to offer a young person the opportunity to present a plan to launch from the Department with treatment team members (e.g., transitional support specialist, supervisors, office director). The conversation can include significant others, team members, the Youth Ambassadors, and providers. The conversation includes developing a possible launch plan with the young adult, listening to plans the youth have already developed, apprising the young adult of services available in the Department, and reviewing the Youth Launch Inventory (this document can be accessed under the "Additional V.I.T.A.L Tools and Resources," 3.1j). Participants can be included virtually or face to face. The discussion is grounded in authentic youth engagement with an assessment of strengths and needs and involves listening without bias. Once this meeting is arranged by the team, a copy of this note will go to the Independent Living Coordinator through Transitional Supports and Success Division at Central Office for tracking purposes. This note will also include the date, the youth's demographic information (i.e., age, race, ethnicity, gender) and the outcome of the Summit.

While young people are developing skills to think critically and regulate emotions, they can often make sound decisions when they can consult with others, are given time and information, and are in calm environment. Setting the stage for a calm and informed dialogue may result in steadier decision-making.

Select the reason for the Summit:

| Youth requesting to exit care | Successful completion of service |
|-------------------------------|----------------------------------|
| Other | |

Conversation prompts include:

- What is the young person's plan for the short-term future and for the long term?
- Does the youth have a realistic understanding of the short-term challenges ahead?
- What supports for the youth are needed to ensure the plans are successful?
- Do caregivers have what they need so they can be healthy and strong supports to the young adults?
- Does the young adult have stable housing? Where will they live and who will they live with?
- Does the youth have income? If not, how will the youth earn income?
- Does the youth have necessary documents, contact information?
- What service agreements have been in place? What has the progress been and how can these be adjusted?
- Does the young adult have reliable transportation to school, work, activities?
- Discuss with the young adult the services and supports that would continue with Department involvement.

- Are there any safety issues to assess?
- Does the youth appear to understand any potential issues with the plan? Do they know who to contact if a problem arises?
- Discuss the re-entry process in case the plan for transition doesn't work as the young adult hopes.
- Was the youth satisfied with the treatment team? (yes/no?) If no, what could have been done differently in service of the young adult?
- Review the young adult's emergency contact list
- Ensure the young adult knows how to access the Department in the future if assistance is needed.
- Does the youth appear to understand the ramifications of losing benefits from the state? If not, how can the youth be assisted?
- Does the youth need any more time to consider options?
- If the youth wants to transition from the Department, ensure that all forms are signed and that a Youth Inventory is completed.
- Are the expectations for the youth realistic? Do they need to be adjusted in any way?
- Make sure the young adult knows that the Department's independent living coordinator through the Transitional Supports and Success Division will make contact post discharge. What's the best way to reach him/her/them (text, phone, etc.)?

What are the next steps?

Passport Template Individual Plan Created by Young Adults 18 and up This plan will help guide the team's interventions in support of the young adult

| Destination | Steps | Date of Anticipated Arrival at |
|---|-------|--------------------------------|
| | | Destination (Completion) |
| | | |
| Ensure positive social | | |
| supports and relationships | | |
| Address educational | | |
| challenges | | |
| Secure safe and stable | | |
| housing | | |
| Develop long term and short | | |
| term goals | | |
| term Bould | | |
| Plan for future income and | | |
| employment | | |
| | | |
| Maintain support for | | |
| behavioral health | | |
| needs/substance misuse | | |
| Maintain support for health | | |
| and wellness | | |
| Onen hank account | | |
| Open bank account Obtain driver's license and | | |
| have adequate insurance | | |
| Obtain support for parenting | | |
| (if needed) | | |
| Other Destinations outlined | | |
| by youth: | | |
| 2,,,200 | | |
| Other: | | |
| | | |
| Other: | | |
| Other: | | |
| Othor | | |
| Other: | | |