

THE PHILADELPHIA DEPARTMENT OF HUMAN SERVICES
Children and Youth Division
Policy and Procedure Guide

Issue Date: October 21, 2009

TO: All CYD Social Work Staff and Provider Agency Staff

FROM: Dell Meriwether, Deputy Commissioner, CYD 
Pamela Mayo, Operations Director 

RE: Transition Planning For Older Youth 16 through 21 Years Old

EFFECTIVE: Immediately

Purpose

The purpose of this Policy and Procedure Guide is to implement the Department of Public Welfare's Special Transmittal dated February 24, 2009, regarding the Fostering Connections to Success and Increasing Adoptions Act of 2008. The Policy and Procedure Guide will inform Children and Youth Division (CYD) staff and provider agency staff, of the requirement to complete a personalized transition plan starting when a youth turns 16 and provide transition services to youth who will be discharged from care to independence at ages 18 through 21.

Discussion

As a result of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P. L. 110-351) (42 U.S.C. 675), state regulations at 55Pa Code 3130.67(b) (11), and the Department of Public Welfare Special Transmittal dated February 24, 2009, DHS has a responsibility to ensure a successful transition for older youth exiting care to independence.

Youth transitioning from placement to independence face many challenges as they attempt to secure housing, medical, education services, and employment. Youth will need to be engaged as early as possible and play a central role in preparing for independence, and will require the support of the CYD worker and provider worker in developing a comprehensive personalized transition plan that covers how their housing, medical, educational, and employment needs will be addressed.

CYD with its providers must provide a transition plan to facilitate youth discharging from care, leave fully prepared for adulthood with the information and skills to meet the responsibilities, and life decisions they will be making. The CYD Board Extension policy and Procedure Guide dated August 1, 2005 also requires youth 15 1/2 and older to have an assessment of their independent living skills. An older youth protocol for youth 16 and older was established by CYD 7/13/06 and provides a guideline for the questions CYD staff should use to obtain information to complete the transition plan. In addition the questions are also covered in the transition plan section that is being added to the Child Permanency Plan (CPP).

POLICY

For all children whose goal is Another Planned Permanent Living Arrangement (APPLA), or Placement with a Fit and Willing Relative, a personalized transition plan must be completed when the youth is 16 years old, and revised every FSP review thereafter, and on all youth who will be exiting care to independence at ages 18 through 21. Transitional

plans developed for youth should incorporate all prior existing plans (e.g. AIC (Achieving Independence Center) Members Development Plan, IL (Independent Living plans), and all other transition plans.

Transition plans completed during the FSP review cycle should incorporate information from previous plans, and reflect any changes or new information that has transpired since the date of the previous plan. The final version of the personalized transition plan must be completed on all youth exiting care to independence at ages 18 through 21 **at least 90 days** prior to the anticipated discharge date. The transition plan must be reviewed by the court before the youth is discharged from care.

Provider Worker Responsibilities

The provider worker is responsible for completing the transition plan on youth 16 years old with a goal of APPLA or Placement with a Fit and Willing Relative, and on youth who will be exiting care to independence at ages 18 through 21. The transition planning meeting and the ISP meeting should be held concurrently and scheduled based on the FSP review cycle. Participants of the transitional planning meeting must include at a minimum the provider worker, CYD worker, and the youth. If the provider worker or CYD worker can not attend the transitional planning meeting then their supervisors must attend. Other participants should include the youth's AIC life coach if applicable, parent(s)/caregivers, and/or relative(s) when feasible, if the youth chooses to invite them. Other interested persons such as therapists, teachers, and counselors may be invited at the youth's discretion.

At this meeting, the youth's educational interests shall be discussed, including options for college education, and the youth's need to develop skills and/or knowledge to enable him/her to live independently.

The plan must be submitted by the provider worker to the CYD worker 30 days prior to the FSP review that occurs after the youth's 16th birthday in accompaniment of the Individualized Service Plan (ISP). It is especially important that the provider worker submit a personalized transition plan to the CYD worker, **at least 90 days** prior to the youth (ages 18 through 21) exiting from care. The plan must be detailed and include specific options on housing, education, employment, health insurance, personal connections, financial plans, mentoring connections, and continuing support services.

The plan must also include notification to the youth of the option to request a Board Extension (e.g. request the court allow the youth to remain in care, provided the youth is engaged in a secondary or postsecondary educational or vocational program, or an alternate course of instruction or treatment).

If transition planning has not occurred in a previous meeting (such as a FSP), a transition planning meeting must be scheduled by the provider worker no later than 90 days prior to the anticipated discharge date.

The provider worker will base the transition tasks on a thorough assessment of the youth's strengths and needs. Tasks must be developed based on the input from the transition planning meeting and in collaboration with the youth. The transition-related permanency plan must contain the interventions and services that are to be provided, specific time frames for completion, and who will be responsible for specific tasks leading to the successful completion of a service or intervention.

If circumstances have changed since the last FSP/ISP, the provider worker in conjunction with the CYD worker must review and update the transition plan to reflect the changes. The provider worker must submit the plan to the CYD worker upon completion to ensure that the plan is documented in the CYD case file.

CYD Worker Responsibilities

The CYD worker must ensure that a personalized transition plan is completed on youth starting when the youth is 16 years old with a goal of APPLA or Placement with a Fit and Willing Relative, and all youth exiting care to independence at ages 18 through 21. If the provider worker has not completed the plan the CYD worker is responsible for completing the plan and must schedule a meeting to ensure the **final transition** plan is completed **at least 90 days** prior to the youth's discharge from care.

Where appropriate the CYD worker may refer the youth to the Statewide Adoption and Permanency Network (SWAN) services to help the youth to identify permanency connections or other services to aid the youth's transition to adulthood.

The CYD worker must document the transitional plan in the case file, and attach the plan as an addendum to the Child Permanency Plan (CPP). The CYD worker must incorporate transition-related objectives and tasks into the CPP.

The CYD worker must ensure that the plan is reviewed by court prior to the youth's discharge from care. Essential documents that the youth will need (please refer to procedure section of this guide) should be obtained, and the CYD worker should assist the youth and provider worker with this task if needed.

Procedure

The Child Permanency Plan has been amended to delineate services provided to youth preparing for independence. The "Preparation for Independence" section of the CPP has been deleted and will be replaced by the Personalized Transition Plan.

Provider Agency Worker Responsibilities:

*The provider worker shall be responsible for completing the transition plan. The provider worker shall ensure that the plan is submitted to the CYD worker **30** days prior to the FSP review that will be occurring once the child turns 16 years **old with a goal of APPLA or Placement with a Fit and Willing Relative**, in accompaniment of the ISP (Individualized Service Plan), and revised every FSP review thereafter. A **final** transition plan **must** be submitted to the CYD worker at least **90** days prior to youth (18-21) exiting care. If circumstances have changed since the last FSP/ISP review, these changes must be reflected in the transition plan. The provider worker will ensure that the following information is covered in the transition plan:*

- *Detail what housing plans are in place for the youth*
- *What is the source of future medical coverage for the youth*
- *What behavioral health, mental retardation, or drug/alcohol, if necessary are in place for the youth*
- *What medical services are in place for the youth*
- *What is the source of current and future income (e.g. job training, educational program) including the source of income and stable employment after discharge*
- *What is the youth's plan for post- secondary education or training*
- *What stable adults are identified as a support resource for the youth*
- *Educational planning around money management (e.g. opening up a checking/savings account)*

The plan must also include notification to the youth of the option to request a Board Extension and notice of the youth's potential eligibility for benefits under the Chafee Foster Care Independence Program (CFCIP) and /or the Education and Training Grant (ETG) Program through the Achieving Independence center.

Provider Agency Supervisor Responsibilities:

The Provider Agency Supervisor shall review the transitional plan prior to the provider worker submitting it to the CYD worker to ensure the individual needs of the youth are addressed (please refer to provider agency worker responsibilities above). The Provider Agency Supervisor must attend the transitional planning meeting if the provider worker is not available to attend.

CYD Worker Responsibilities:

The CYD worker shall work with the provider worker and youth as needed to ensure that the attached Personalized Transition Plan is completed to document all transition planning and services. If the plan is not completed by the provider worker the CYD worker must complete the plan. Where appropriate, the CYD worker may refer the youth to SWAN services in accordance with the Policy and Procedure Guide for referring children to SWAN Services dated September 18,2008.

A final transition plan must be completed at least 90 days prior to the youth's discharge from care. If circumstances have changed since the last FSP/ISP the CYD worker in conjunction with the provider worker must review and update the transition plan to reflect the changes.

The CYD worker should support the provider worker to secure the following documents prior to discharge from CYD care:

- *original/official copy of Birth Certificate*
- *original/official social security card **or** youth's legal residency/citizenship (e.g. immigration status document) is established and is current; youth has records (as applicable)*
- *State Non-Drivers Photo ID or Drivers License*
- *updated resume*
- *three employment references with contact information*
- *school transcripts*
- *medical records*
- *medical history*
- *high school diploma or GED (as applicable)*

The plan must be attached to the Child Permanency Plan (CPP) and include notification to the youth of the option to request a Board Extension. The CYD worker will ensure that the plan is reviewed by the court prior to discharge.

CYD Supervisor Responsibilities:

The CYD Supervisor shall review the transitional plan with the CYD worker to ensure the individual needs of the youth are addressed (e.g. housing, education, employment, health insurance, personal connections, financial plan, mentoring connection, life skills, and continuing support services) to achieve independence, and that the youth has been notified of the option of requesting a board extension. All plans must be signed by the CYD supervisor. The CYD Supervisor must attend the transitional planning meeting if the CYD worker is not available to attend.

Questions regarding this Policy and Procedural Guide may be addressed to:
Patricia Ripoll, Policy and Planning Administrator x4112
Janice E. Jervay, Policy and Planning Program Supervisor x 4115
Monique Brown, Policy and Planning Program Analyst x 4107

**Child Permanency Plan Addendum/
Personalized Transition Plan**

Interim Final

Youth's Name: _____ DOB: _____ Case #: _____ Date Youth Entered Care: _____
Agency: _____ Anticipated date of discharge from DHS care: _____
Agency Contact Information: _____ Date Documentation sent to DHS: _____

Achieving Reunification Center/Life Skill Preparation

Youth has been referred to the Adolescent Services Program/Life Skills in their area. In Philadelphia, it is the Achieving Independence Center: Yes No Referred → Date: _____ Attended Orientation → Date: _____

Youth is an active member of the AIC: Yes No

Name of the agency and contact information if the youth was referred for services other than the AIC: _____

Ansill Casey Life Skills Assessment completed: Yes No

Essential Documents/Records Obtained for Youth:

- Original/official copy of Birth Certificate Original/official Social Security Card
- School Transcripts Diploma State Non-Driver Photo ID/Drivers License
- Medical Records Medical History Youth's Legal Residency/Citizenship established/has records (as applicable)
- Resume Three employment references with contact information

Please indicate if youth needs assistance in obtaining any of the essential documents: _____

Housing

Current Living Situation:

- Foster Care/Kinship Care Group Home/Institutional Facility Mother/Baby Placement
- SIL/Independent Living Shelter/Emergency Housing Other: _____

Anticipated address after leaving placement (only complete within 90 days of exit date)

Street: _____ Apt. #: _____
City: _____ State: _____ ZipCode: _____

Education/Vocational Training

Current Grade Level: _____ Describe youth's progress in school: _____

Is youth receiving special education services? Yes No → If "Yes", when was last IEP: _____

If applicable, is the youth preparing for requisite test (e.g. PSAT, SAT, ACT): Yes No →

If "No", explain action to be taken: _____ N/A – Explain: _____

High School Diploma: Yes No Enrolled Name of School: _____ Date obtained: _____

GED Certificate: Yes No Enrolled Name of School: _____ Date obtained: _____

Approved vocational/technical school: Yes No Enrolled Name of School: _____ Date obtained: _____

Post high school education/vocation program:

- * Two (2) year program Yes No Enrolled Name of School: _____
- * Four (4) year program Yes No Enrolled Name of School: _____
- * Post-graduate Yes No Enrolled Name of School: _____
- * Vocational/technical school Yes No Enrolled Name of School: _____
- * Job Corps Yes No Enrolled Name of School: _____
- * Bureau of Rehabilitation Yes No Enrolled Name of School: _____

Financial Aid Yes No Applied → Date: _____

Describe the plan to meet youth's short and long term educational goals: _____

Employment

Has youth identified career of interest? Yes No

Has youth received educational counseling/training necessary to achieve career goals? Yes No
 If "No", explain action to be taken:

Has youth developed skills to maintain employment (e.g. behaviors, proper workplace attitudes)? Yes No
 If "No", explain action to be taken:

Currently employed: Full-time Part-time Current employer:
 Previously employed: Full-time Part-time Previous employer:

Has youth identified support to help complete a resume? Yes No
 If "No", explain action to be taken:

Has youth the clothes necessary for a job interview: Yes No
 If "No", explain action to be taken:

Health Care

Provider	Address	Apt	City	State	ZipCode	Telephone
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Medical:

Dental:

Medical Coverage:

Date of last physical exam: Are there any health concerns: Yes No

If "Yes", describe and explain action to be taken:

	Yes	No	Referred	Date	Program
Enrolled in prenatal or parenting classes (as applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Completed prenatal or parenting classes (as applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Identified a financially feasible child care option:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has youth received information on Family Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If "No", explain action to be taken:

Complete below section within 90 days prior to exit date

Application for Medicaid or private health insurance submitted: Yes No Date:

If "No", provide information about how health needs will be met:

Youth has behavioral health needs that require ongoing treatment: Yes No Date:

If "Yes", has youth submitted an application for Dept. of Behavioral Health case management (CIM/TGM)?
 Yes No Date:

Youth has registered with the Office of Mental Retardation (if appl): Yes No Date:

If "Yes", provide contact information for the supports coordinator assigned:

Personal Connections/Supportive Adults/Mentors

List three significant adults in the youth's life: (supports such as advice, emergency housing, career guidance, spiritual, place to go for holidays, help with finances)

Name	Address (Street)	Apt.	City	State	ZipCode	Telephone
1.						
2.						
3.						

Financial Plan

Has youth received educational planning around money management (e.g. opening up savings/checking account)

Yes No

If "No", explain action to be taken:

If applicable, please provide the following information:

Estimated monthly expenses:

Monthly source(s) of income:

Amount:

Continuing Support Services

Describe any specific support services required after exiting care and the resources identified:

Youth has been notified of the option to request a Board Extension (e.g. request the court allow the youth to remain in care, provided the youth is engaged in a secondary or post-secondary educational or vocational program, or an alternate course of instruction or treatment. Yes No

Youth has been notified that they may be eligible for benefits under the Chafee Foster Care Independence Program (CFCIP) and/or the Education and Training Grant (ETG) Program through the Achieving Independence Center. Yes No

Signatures

Youth:	Date:
Provider Worker:	Date:
DHS Worker:	Date:
DHS Supervisor:	Date: