Older Youth Services
Provider Training
7/16/12
Who’s in the room?

• OYI Team
  – IL Team
  – CC Team
  – NYTD Coordinator

• OYS providers
<table>
<thead>
<tr>
<th>Service Area/Regions</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area 1 (regions 1&amp;2)</td>
<td>SAFY</td>
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<tr>
<td>Service Area 2 (regions 3&amp;4)</td>
<td>SAFY</td>
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<tr>
<td>Service Area 3 (regions 5&amp;6)</td>
<td>Damar</td>
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<tr>
<td>Service Area 4 (regions 8&amp;9)</td>
<td>The Villages</td>
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<tr>
<td>Service Area 5 (regions 10&amp;11)</td>
<td>Children’s Bureau</td>
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<tr>
<td>Service Area 6 (regions 7&amp;12)</td>
<td>Children’s Bureau</td>
</tr>
<tr>
<td>Service Area 7 (regions 13&amp;14)</td>
<td>George Junior Republic</td>
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<tr>
<td>Service Area 8 (regions 16&amp;17)</td>
<td>Lifeline</td>
</tr>
<tr>
<td>Service Area 9 (regions 15&amp;18)</td>
<td>George Junior Republic</td>
</tr>
</tbody>
</table>
1. Overview of OYS continuum
2. Philosophy Shift/Foundations
3. Specifics of: IL Services/CC/Voluntary Services
4. Roles/Reporting
5. Transition period
6. Q&A
Older youth services exist on a continuum comprised of:

– Chafee Independent Living Services;
– Collaborative Care Placement, Supervision & Services;
– Chafee Voluntary Independent Living Services

Where a youth falls on the service continuum depends on a variety of factors which may include: the youth’s current age, the youth’s age when the youth entered foster care, the youth’s placement, and/or how the youth chooses to engage in offered services. The service continuum may be organized into four possible service pathways.
Possible Pathways to Interdependence

- Chafee IL Ward Services
- Collaborative Care
- Chafee Voluntary IL Services

Path 1
Path 2
Path 3
Path 4
Foundations of OYS

- Philosophy Shift - doing things differently
  - approach
- Foster Care at age 18 should NOT look like foster care at age 8
  - Youth Voice
    - Authentic Youth Engagement
  - Relational Permanency
    - Building Social Capitol
  - Increased freedom/responsibility
    - Healthy risk taking/teachable moments
    - Adolescent Brain Development
  - Trauma Informed Services
    - Social & Emotional Well-Being
Research

• Midwest Study (Courtney, 2005-2011)
• Relational Permanency (Samuels, 2008)
• Benefits and Costs of Extending Foster Care (Peters et al, 2009)
• The Adolescent Brain (Jim Casey Youth Opportunities Initiative, 2011)
• Authentic Youth Engagement (Jim Casey Youth Opportunities Initiative, 2011)
• Social Capital (Jim Casey Youth Opportunities Initiative, 2011)
• Foster Care to 21 (Jim Casey Youth Opportunities Initiative, 2011)
• Stop...and...Listen

• Building Youth’s Team
  – Transition planning

• Authentic Youth Engagement
  – Youth as Partners
    • Adults respect young people as having something significant to offer, supporting & encouraging their full involvement

• RESULT=greater willingness of young people to accept services & messages of the program
Relational Permanence

• Moving beyond legal/federal/system definition
• Allowing youth to define...
• Interdependence vs. independence
• Building Social Capitol

I am my own hero
• Key Lessons to apply to child welfare services for young adults:
  – Gradual development of the prefrontal cortex
    • manages reasoning, decision making, judgment, and impulse control
  – Shifting levels of dopamine
    • Dopamine links action to pleasure
    • Redistribution can raise the threshold of a stimulus that is needed to feel pleasure
    • Helps to explain the challenges that adolescents have regarding impulse control, maintaining relationships and engage in long term planning
    • Provide for opportunities to “learn from experience”
  – Pruning and Myelination
    • “Use It or Lose It” - Unused synapses are pruned away while frequently used synapses grow stronger
• One more....
• Impact of Trauma/Ambiguous Loss
  – Early trauma may impact an individual's ability to self-regulate and to relate to others
  – Adolescents who have experienced early trauma have essentially been “wired” to expect a non-supportive environment
  – Adolescence is a time when individuals may react to earlier traumatic events
    • STOP asking, “what’s wrong with you”
    • Replace with “what’s happened to you”
    • NOT a medical model—Youth do NOT need to be fixed
Adolescent Brain Development

• New period of development begins at puberty and continues through the mid-20s.

• Support during this developmental period can help lead to a healthy and constructive adulthood.

• Adolescence is a time of increased:
  – Vulnerability
  – Opportunity

• Developmentally, adolescence is as critical as the first few years of life.
• Increased Freedom/Responsibilities
• Youth in Collaborative Care/Voluntary Services are ADULTS
• Teachable moments:
  – Start at birth/happen in everyday life
  – Need to develop awareness of teachable moments and use them
• Healthy Risk Taking
  • Discuss risk taking with teenagers and help them learn how to evaluate risks and anticipate the consequences of their choices.
  • Model good risk taking patterns.
  • Help youth find opportunities to take healthy risks by encouraging them in constructive pursuits.
• Teachable Moments & Healthy Risk Taking support positive youth development. We must allow youth to learn from experiences and mistakes. These experiences and mistakes promote positive brain development allowing the youth to gain self-confidence, coping skills, self-regulation, and resiliency skills.
OYS Service Continuum
IL Service Specifics

• Service Delivery remains the SAME
• Way to approach services is different
  – Based upon OYS foundations
• Continue with Broker of Resources
  – Interdependence...NOT continued dependence
  – Building relationships OUTSIDE the system
• Eligibility for Chafee IL Services
  – SAME
  – Services start depending upon age and placement
• Responsibilities=placement chart
  – OYS/LCPA/residential/group home
• SERVICES ONLY (Budget 1)
  – Youth NOT in Collaborative Care
  – Youth NOT in Voluntary IL Services
  – Youth can be between the ages of 16-21...depending upon placement, etc.
  – Continue with IL Timeline
  – Services should be Hands on
  – Same Service Standard Matrix across continuum
## OUTCOME AREA: EDUCATION

### Result:
- Young people acquire sufficient education, advocacy skills and training to enable them to achieve their career and life goals.
- Educational and other institutions and agencies provide opportunities, encouragement and advocacy to increase youth’s achievement of educational goals.

**NYTD: reportable service elements are identified in bold font after service in “provider responsibilities”. Please refer to these when submitting monthly reports through the web portal. Any questions regarding reportable service elements should be directed to the email box: dcsnytd@dcs.in.gov**

<table>
<thead>
<tr>
<th>CORE COMPETENCIES</th>
<th>YOUTH OUTCOMES</th>
<th>PROVIDER RESPONSIBILITIES</th>
</tr>
</thead>
</table>
| Ability to succeed in school | Young people attain their educational goals and are knowledgeable about and understand the importance of:  
  - Participating in educational activities including, but not limited to: tutoring, mentoring, extracurricular activities, support programs, voluntary office hours with educational supports  
  - Identifying when and if they require support services and how to seek out assistance that meets their needs  
  - Resources for youth-specific connections for transitions (either in the educational and social community) | Assist youth in understanding different opportunities and support services and how to access those support services to aid in successful completion of educational goals. Specific activities that the provider may conduct include:  
  - Working with the youth to identify connections for transitions between grade levels and school systems (academic support). If applicable, helping the youth transition from high school to post-secondary education and/or training (post-secondary educational support)  
  - Advocating to keep youth in school and in the school district that is familiar to the youth  
  - Advocating for youth to graduate from high school, unless high school graduation is not possible  
  - Assist youth in assessing and sustaining tutoring services (academic support) |
Collaborative Care (Budget 2): The Details
The Independent Living Services associated with Collaborative Care should mirror and follow the Chafee Independent Living Service Standards.

Placement supervision services start once the youth enters an Older Youth placement. Supervision responsibilities of Older Youth Services provider are outlined OYS Service Standards.

All services continue until the youth ages out of foster care or until the youth’s 20th birthday.

Youth who aged out of foster care and meet the eligibility criteria are able to re-enter foster care after the age of 18. Service delivery will be the same.
Candidates for Collaborative Care are youth who are CHINS or probation youth who are at least 18 years of age, that meets at least one of the below listed conditions:

– Enrolled in a secondary education institution or a program leading to an equivalent credential, e.g., a youth age 18 and older is finishing high school or taking classes in preparation for a general equivalency diploma (GED) exam. OR enrolled in an institution which provides post-secondary or vocational education, e.g., a youth could be enrolled full-time or part-time in a university or college, or enrolled in a vocational or trade school.

– Employed for at least 80 hours per month, e.g., a youth could be employed part time or full time, at one or more places of employment.

– Participating in a program or activity designed to promote, or remove barriers to employment, e.g., a youth could be in Job Corps or attending classes on resume writing and interview skills or working with a Collaborative Care provider on Independent Living skills.

– Incapable of performing any of the activities described above due to a medical condition documented in the youth’s case plan.
Candidates for Collaborative Care must sign a Voluntary Collaborative Care Agreement

- DCS Local Office Attorney files the Agreement and a Petition with the local court
  - CASA may be appointed if the youth requests such an appointment
  - This is done after the CHINS/JD case is closed.
- Court retains jurisdiction over the Collaborative Care case pursuant to IC 31-30-1-1, 31-30-2-1, and 31-30-2-4
- CHINS case may not always close
• Specialized Case Managers
  – Called Collaborative Care Case Managers (3CMs)
  – Receive specialized training and handle a caseload of youth 17.5 years of age and older only

• Placement Types

• Re-entry
  – Youth who were in foster care one month prior to turning 18 years of age OR
  – Youth who turned 18 years of age in foster care
  – Must meet eligibility requirements and sign Voluntary Collaborative Care Agreement
Process for CHINS

• Age 17-OYI team member attends CFTM
  – Complete NYTD survey & introduce CC
• Age 17.5-case transfers to 3CM
• Youth remains in current placement until age 18 or high school graduation/obtains GED
  – unless stepping down from a restrictive placement
• Step down to a CC Supervised IL placement once the youth turns 18 OR graduates HS/obtain GED (if appropriate)
• Youth, 3CM and team will make this decision
Process for Probation

- Probation Officers will receive educational material about Collaborative Care
- If PO identifies interested youth, PO contacts a member of the Older Youth Team
- Youth may enter Collaborative Care at age 18
- Probation case will close and a Collaborative Care will open
- Youth remains in current placement until age 18 or high school graduation/obtains GED
  - unless stepping down from a restrictive placement
- Step down to a CC Supervised IL placement once the youth turns 18 OR graduates HS/obtain GED (if appropriate)
- Youth, 3CM and team will make this decision
• Process
  – Youth calls hotline
  – If not an emergency...
    • Information and Referral email sent to CC Supervisors
    • CC Supervisor will assign to 3CM to verify eligibility, ensure the youth is participating in Voluntary IL Services
  – If an emergency...
    • Call is routed to the CC Supervisor on call
    • The call gets routed to 3CM, who calls youth to verify they have a safe place to go
    • Ensure participating in Voluntary IL Services, while verifying CC eligibility, getting VCCA signed, attorney files CC petition with the court, where the youth resides...wants to live
• **Age Matters**
  - 17.5 what changes???
    - New Case Manager
  - 18 what changes???
    - New placement options
    - Sign Voluntary Collaborative Care Agreement
    - Majority will petition the court to enter Collaborative Care

• **CHINS case vs. C.Care case**
  - Can keep CHINS case open and youth be in Collaborative Care

• **Probation vs. CHINS**
  - Age matters (18)
  - Probation case will ALWAYS close to allow C.Care case to open
• But First...
  – Language
  • Supervised Independent Living – federal
  • Collaborative Care Placements
  • Older Youth Placements
• New placement types=Not Licensed
• Youth should not enter C.Care placement until age 18
• Youth in residential/gp homes should be stepped down as soon as they are ready
  – Stepped down to a group home, foster home, host home (not until 18)
  – Exception can be made for shared housing/apartment-staff with CC Supervisor (not until 18)
## Placements: DCS/Provider Responsibilities

<table>
<thead>
<tr>
<th>CHINS/Probation Placement</th>
<th>Agency Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCS FCM</td>
<td>Older Youth Service Provider</td>
</tr>
<tr>
<td>Foster Home</td>
<td>DCS case management</td>
</tr>
<tr>
<td>• DCS</td>
<td>Placement supervision</td>
</tr>
<tr>
<td>• Relative</td>
<td>Service referral and oversight</td>
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<tr>
<td>• Unlicensed Court</td>
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<tr>
<td>Approved Placement</td>
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</tr>
<tr>
<td>Foster Home</td>
<td>DCS case management</td>
</tr>
<tr>
<td>• Licensed Child Placing</td>
<td>Placement supervision</td>
</tr>
<tr>
<td>Agency (LCPA)</td>
<td>Service referral and oversight</td>
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<td></td>
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<tr>
<td>Group Home</td>
<td>DCS case management</td>
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<td></td>
<td>Placement supervision</td>
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<tr>
<td>Residential/Child</td>
<td>DCS case management</td>
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<tr>
<td>Caring Institution</td>
<td>Placement supervision</td>
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<tr>
<td>(CCI)</td>
<td>Service referral and oversight</td>
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<tr>
<td>Collaborative Care CC Program Placement (youth age 17.5 or older with a CC agreement)</td>
<td>Agency Responsibilities</td>
</tr>
<tr>
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<tr>
<td><strong>Traditional Foster Care</strong></td>
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</tbody>
</table>
| Foster Home  
- County  
- Relative  
- Unlicensed Court Approved Placement | DCS case management  
Placement supervision  
Service referral and oversight | Independent Living Services | | Other services as referred |
| Foster Home  
- Licensed Child Placing Agency (LCPA) | DCS case management  
Service referral and oversight | Independent Living Services | | Other services as referred |
| Group Home | DCS case management  
Service referral and oversight | Independent Living Services | | Other services as referred |
| Residential/Child Caring Institution (CCI) | DCS case management  
Service referral and oversight | Independent Living Services | | Other services as referred |
| **Older Youth Placements** | | | | |
| Host Home | DCS case management  
Placement supervision  
Service referral and oversight | Independent Living Services (only as referred) | | Other services as referred |
| Shared Apartment/Housing | DCS case management  
Service referral and oversight | Independent Living Services  
Placement supervision and fiscal responsibility | | Other services as referred |
| College Dorm | DCS case management  
Placement supervision  
Service referral and oversight | Independent Living Services (only as referred) | | Other services as referred |
| Own Apartment/Housing | DCS case management  
Service referral and oversight | Independent Living Services  
Placement supervision and fiscal responsibility | | Other services as referred |
| Staff Supported Housing- | DCS case management  
Service referral and oversight | Staff Supported Housing provider will provide:  
- Independent Living Services  
- Placement supervision  
- Internal case management | | Other services as referred |
<table>
<thead>
<tr>
<th>Voluntary IL Services</th>
<th>Agency Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DCS IL Specialist or 3CM</td>
</tr>
<tr>
<td></td>
<td>VSA referral IL service monitoring Approval of Chafee funding for Room and Board and Emancipation Goods and Services</td>
</tr>
</tbody>
</table>
Things for keep in mind...

• Foster Home OR Host Home=should not be and
  – Creating a Foster Home/Host Home Agreement-outlining expectations of caregiver/youth

• Voluntary IL Services=not a placement

• Youth can remain in traditional foster care setting and be in C.Care
## Collaborative Care: Placement Supervision

<table>
<thead>
<tr>
<th>Placement</th>
<th>Supervision provided by...</th>
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<tbody>
<tr>
<td>Traditional Foster Care placements</td>
<td>3CM</td>
</tr>
<tr>
<td>LCPA Foster Home</td>
<td>LCPA</td>
</tr>
<tr>
<td>College Dorm</td>
<td>3CM</td>
</tr>
<tr>
<td>Host Home</td>
<td>3CM</td>
</tr>
<tr>
<td>Apartments/Shared Housing</td>
<td>OYS Provider</td>
</tr>
<tr>
<td>Staff Supported Housing</td>
<td>SSH provider</td>
</tr>
</tbody>
</table>
Placement, Supervision & Services Expectations

• Detailed in OYS SS
  – Most updated version to be posted on website soon

• Shared Housing & Apartments
  – Youth stepping down from a residential/group home setting may receive an exception for this type of placement
Shared Housing

• May be shared with relative or non-relative
• May be shared with another DCS or non-DCS youth
• Can be a sibling
• All tenants should be on lease
  – Seek permission for expectations
• Youth stepping down from a residential/group home setting may receive an exception for this type of placement
Apartments

• Only youth lives in this setting
  – No roommates
• Intensive case management will be allowed for the first month of placement.

• Expectation is to have a minimum of 3 face to face mtgs with Youth, per week for the first four weeks after a placement transition
  – Unless otherwise directed by the referring 3CM

• At least 2 of these face to face mtgs must take place in the youth’s residence.

• Supplementing the face to face mtgs will consist of a daily phone call between the OYS Provider & Youth.
• Decreased supervision over time is expected
  – In efforts to build IL skills & strengthen the youth’s social network resulting in increased social capital.
• The intensity of supervision will depend upon the youth’s needs and will be decided upon by the youth and his/her team.
• Before transitioning to Shared Housing, CFTM will occur to discuss specifics and details-see Service Standards
• Youth must be able to reach the Older Youth Service Provider 24/7 in the event of an emergency
Services Expectations
Shared Housing & Apartments

- IL Services will be delivered by the broker of resources model
- OYS Provider is responsible for assisting youth in locating safe and affordable housing that will meet the youth’s needs.
- The youth should be able to maintain this housing once services are no longer provided and DCS placement and care has ended.
- The Older Youth Service Provider will be responsible for ensuring that the youth has:
  - a bed
  - basic kitchen supplies
  - access to a phone
  - Food
  - personal hygiene items upon entering the placement
  - additional furnishings may be obtained by the youth and/or Older Youth Service Provider during case progression
• Payment passed to youth for Apartment/Shared Housing
  – Provider ensures all bills are paid/needs are met
    • Provider continues education
  – Within a few months, providers shall pass funding to youth to manage bills/budget
    • Continue education/monitoring
The OYS provider for Collaborative Care youth shall negotiate with each landlord the following arrangements:

– The provider shall co-sign the youth’s lease. If the youth moves out of the housing, their name will be removed from the lease and the provider shall be solely liable to the landlord after the youth moves out.

– The youth shall have the right to renew the lease, without the need for a co-signor, after his/her participation in Collaborative Care ceases.

DCS shall not be responsible for rent accruing during any period of time (including partial months) beyond the last day of the month during which the youth vacates the space. Such amounts are not reimbursable.

The provider shall not arrange for a youth to obtain housing in which the youth will not be able to remain after his/her participation in Collaborative Care ceases. Exceptions may be granted by the Collaborative Care Supervisor assigned to the case.
Background Checks

• For Collaborative Care Youth:
  – No placement change=no background check
  – Placement change, no gap in CM=no background check
• For Shared Housing:
  – Roommates=provide education on public records search
  – DCS will not be doing background checks on roommates
• For C.C. Youth who are parents:
  – Roommates=provide education on public records search
• For Re-Entry Youth:
  – No background check unless
  – Gap in known whereabouts=limited criminal history check
• New NYTD Reporting procedures
• Demo
Voluntary IL Services

**Budget 4**

- Voluntary IL Services start once the youth’s foster care or Collaborative Care case closes and the youth meets the eligibility criteria as outlined in DCS policy.
- Older Youth Services providers will receive a Voluntary Services Agreement prior to the initiation of services.
- Voluntary IL Services administered must follow the OYS Service Standard.
- Services may continue until one day before the youth’s 21st birthday.
- Includes providing voluntary IL services to youth wishing to reenter care until such youth have been accepted into the CC program.
Eligibility SAME

R&B payments for youth accessing Voluntary IL Services ONLY

Host Home DIFFERENT from CC Host Home
  - Room for rent
  - No expectations of Host Home Adult
  - Cap on monthly amount
  - Limit to length of time R&B can be used for HH
# Roles

<table>
<thead>
<tr>
<th>Case Type</th>
<th>The FCM</th>
<th>The 3CM</th>
<th>The ILS</th>
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<tbody>
<tr>
<td>Case Transfer</td>
<td>• Must invite a member of the OYI team to explain the CC program to the youth’s 17 year old IL/Transition planning conference. Ensure that the case records go with the 3CM when the case transfers.</td>
<td>• May attend CFTMs to explain the CC program. • Must ensure that the youth signs the CC agreement, at age 18. • Must attend the transfer CFTM. • Must work with FCM to get case records. • Responsible for continuity of services.</td>
<td>• May attend CFTMs to explain the CC program. • Assist 3CM with CC youth. • Monitor Voluntary IL Youth cases/services.</td>
</tr>
</tbody>
</table>

| Court           | Responsible for “traditional” wards          | Responsible for filing court reports for all youth on caseload | No court for voluntary youth. |
Case Transfer between providers

- Remember OYS continuum
- Current IL contract holders should be continuing to accept new IL referrals
  - Current IL contract extended until 12/31/12
- Gave date of 9/1 to stop accepting new IL referrals
  - If OYS contracts are pushed back, will need to push this back as well
- Transfers have already started in some parts of the state
- As you are ramping up, start taking on additional IL referrals under current IL contract
  - Can do this in new coverage areas
  - Will modify current IL contracts
Case Transfer between providers

- Transfer of youth currently being served will start once contract is effective
- OYS referrals will begin with effective contract date
- The expectation is that all referrals will be transferred to new OYS provider by end of September.
- If it is in youth’s best interest not to transition by September, these should be examined on a case by case basis with the ILS/3CM.
  - Example, youth turns 21 in November
Case Transfer between providers

• Process:
  – Current provider should hold at least 1, no more than 2 transitional face to face mtgs with new provider and youth.
  – Current IL referral will end once transitional mtg occur.

• 3CM ensuring Continuity of Services
  – Supportive adults/connections
  – Sibling visitation
  – Referrals
    • Notifying 3CM when transition has occurred
OYS provider mtgs

• Will have monthly OYS provider mtgs
• Will be at Central Office
• Will have the option to call in
Will eligibility be affected by employment or savings by the youth? What about a car?
- Does not effect eligibility for Collaborative Care
- Does effect eligibility for Chafee funding (EG&S, R&B)
  - Assets $10,000 or more

Medicaid
- Continue to be in care, thus continue current Medicaid type
Submitted Questions

• Will CC youth be allowed to apply for food stamps?
  – Not for themselves, in care, thus basic needs must be provided for
  – If a parent, can apply for their child

• Will youth be given money for cable/internet?
  – Can pay using own money
  – If in college, can add internet costs in their budget for ETV
Submitted Questions

• Staffing Qualifications: With the large number of staff needing to be hired, we anticipate that we will need to discuss candidates with DCS. What procedure would you like us to follow?
  – If you have questions regarding qualifications, please send an email to the ILS, who will staff with alishea/OYS team.

• Do “scattered site apartments” still exist?
  – Transitional Living Placements (including scattered site apartments) as they exist now are being phased out.  
  – Apartments/Shared Housing are now covered under CC
Submitted Questions

- Collaborative Care Leases, Liability and Risk Management: In general, we would like to review expectations, responsibilities, etc. at the meeting.

- Can we bill for moving youth from college to host home and back?
  - Should be assisting youth utilize their social network/capitol
  - If youth does not have a team yet, then OYS staff can assist
Submitted Questions

• Do we need to contact DCS prior to an award media release? If so, who is the contact person?
  • Yes, send to Alishea Hawkins

• Section 18: Discusses the right of the State to hire provider employees and the release of any non-compete agreements. Is the State willing to reciprocate? If so, what would be the process?
  • Any employee that gains employment with a provider, we will review for conflict of interest
Other Questions