A Guide for Case Managers:

How to Transition a Youth from Ongoing Case Management to a Transition Resource Agency

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Division of Milwaukee Child Protective Services

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The Division of Milwaukee Child Protective Services (DMCPS) within the Department of Children and Families (DCF) has created this guide for Case Transition Staffing for eligible youth transitioning from placement in out-of-home (OHC) care to a Transitional Resource Agency (TRA). This guide is to be used by Case Managers from an Ongoing Case Management agency contracted by DMCPS. Questions about this guide can be directed to the DMCPS IL Coordinator at DCFDMCPSIndependentLiving@wisconsin.gov.

I. Case Transition Requirements

Wisconsin's Ongoing Services Standards require a Case Transition Staffing for youth who age out of the foster care system. It is imperative that youth be transitioned to the regional Transition Resource Agency (TRA) in a way that is meaningful to them and supports/encourages future engagement with the TRA moving forward.

Regional Transition Resource Agencies are responsible for providing Independent Living services for youth ages 18-21, who are no longer in out-of-home care.

For eligible youth in out-of-home care, the case transition staffing (CTS) should occur during the time of the development of the Independent Living Transition to Discharge Plan (ILTD) and no less than 90 days prior to a youth's aging out of care or turning 18 years of age. At a minimum, the CTS must include the CM, the TRA worker and the youth. The case transition requirements apply to youth aging out of care as well as those eligible youth who are no longer in out-of-home care and are under the age of 21 (or 23 if receiving the Brighter Star funding (ETV) Brighter Star).

II. Timeline

The following information is specific to referring a child to the TRA in Milwaukee County, otherwise known as Region 3. When a youth served by DMCPS is placed outside of the Milwaukee County area, the youth should be referred to the region of residence AND Region 3. The referral process is specific to each region. Contact the Independent Living Coordinator/Representative at the Ongoing Case Management Agency, or the DMPCS IL Coordinator, when you have a youth who will be residing outside of Region 3 and served by another Regional Agency.

NOTE: To better help the CM understand their responsibilities, DMPCS has developed a CTS Due Date Tracker. The IL Coordinator/Representative will provide each CM with the CTS Due Date Tracker for Transitioning a Youth from Ongoing Services to a TRA, found on form DCF-F-5332-E

Youth Age: 17 years, 5 months

- ☐ CM receives an email from Ongoing Case Management Agency's IL Coordinator alerting them of the need for a CTS for the youth
- ☐ CM begins to gather the following information to provide to the youth at the CTS:
  - ☐ Birth Certificate
  - ☐ Social Security Card
  - ☐ State ID Card
  - ☐ Credit Report
  - ☐ Foster Care Verification (for the purposes of financial aid) letter
  - ☐ Medical Card

  If applicable:
  - ☐ Tribal registration ID Card
  - ☐ Immigration Information
- ☐ CM should continue to have discussions with the youth about their plans for the future in preparation for transition and CTS
- ☐ Explain to the youth what the CTS is and what the youth should expect from the CTS
- ☐ Determine eligibility for extension in OHC and complete the form in eWiSACWIS

Youth Age: 17 years, 6 months

- ☐ Schedule Case Transition Staffing (CTS) with TRA.

Note: The request to schedule a meeting should be made at least two weeks prior to the requested meeting date.

CHWCS:

IL Coordinator at CHWCS sends a proposed meeting date/time for the CTS from CM using: YTAReferrals@sainta.org or appropriate contact information for the specific Region to schedule the CTS

SaintA:

CM sends a proposed meeting date/time for a CTS using: YTAReferrals@sainta.org or appropriate contact information for the specific Region to schedule the CTS

☐ CM schedules a phone conference with the TRA Case Manager before the scheduled Case Transition Staffing to discuss pertinent information about the youth

Youth Age: 17 years, 6 months - to - 17 years, 9 months

☐ Scheduling the Meeting:

- CM and youth should both identify who should be invited to the CTS
- CM invites applicable individuals to attend CTS (including the SIL placement if applicable)
- CM ensures all attendees understand their role during the meeting and as it relates to the youth's transition planning (i.e. will help youth find housing)

☐ Attend the CTS

Immediately after CTS

☐ CM check in with the youth to ensure understanding, answer questions related to the CTS and will debrief with the youth after the CTS

If applicable/necessary:

☐ CM and TRA Intake Case Manager will find a time without the youth to discuss any sensitive topics regarding the youth (i.e. pairing with certain workers, triggers, etc.)

1 week after CTS

NOTE: There are no actions required for the CM in this section

- TRA will assign a TRA Case Manager to work with the youth long-term and notify the CM and youth of the assignment

CTS – to – CHIPS/JIPS Order Expiration

☐ CM invites TRA Case Manager to required face-to-face monthly meetings until youth exits OHC to ensure a positive transition

NOTE: It's recommended that there are 2-3 joint home visits between the CM and TRA Case Manager to ensure continuity of care (requirement for Ongoing Case Management Agency to invite the TRA, not mandatory for the TRA to attend)

CHIPS Order Expires

☐ CM completes the final face-to-face home visit with the youth (as required by Ongoing Standards) and provides the youth with the Resource Packet

☐ CM sends email to assigned TRA Case Manager informing them that the youth is no longer in OHC and their CHIPS Order is closed

III. Case Transition Staffing Guidelines

Use the following guidelines to structure the CTS and allow for the most effective collaboration with the TRA and the youth. The CM is responsible for facilitating the meeting, however, there may be sections where the TRA has the expertise. This should be an open dialogue and conversation between all parties.

Role of the Transition Resource Agency

In order to encourage engagement of the youth, an introduction to services and programming of the TRA is essential. Regardless of meeting location, the following should still be discussed:

1. Introduction to staff at the TRA, including their roles, availability and contact information
2. Overview of the space availability and how it may be used

Independent Living Transition to Discharge (ILTD) Planning

Under Wisconsin State Statute §48.385(1), the ILTD Plan is required to be completed at least 90 days prior to the youth's 18th birthday and/or prior to discharge from out-of-home care, in compliance with the Wisconsin Ongoing Services Standards, it is essential that discussions with the TRA and youth are structured to meet the requirements for planning and supporting the youth transitioning to independence.

Purpose of ILTD Planning

The ILTD plan should establish a solid foundation for the youth that helps ensure the youth has:

1. Safe and stable housing
2. Health insurance
3. Means to reach educational goals
4. Financial resources
5. Supportive, non-paid, adult connections
6. Continued support through IL programming
7. Employment, or opportunities for employment

Plans should be detailed and specific:

1. The youth should know exactly who is helping him/her tackle a goal, what all is involved and when certain things will be done (specific dates are helpful)
2. Include contact information for all helpers (or potential helpers) whenever possible
3. If something is "To Be Determined", note the date that the CM and youth must follow up

Helpful Tips when Facilitating the Meeting

1. The plan does not need to be completed in the following order. Choose a strategy you think will work best for the youth
2. More than one meeting may be necessary to complete the plan and transition process
3. Think about how the plan should be documented – it may not be best to complete the plan on your computer during the meeting while engaging the youth in the planning process
4. Do not take on every task yourself – use the TRA and the youth's network to delegate responsibilities

Eligibility for Extension of Out-of-Home Care

Note: Determination of eligibility must be completed at least 120 days prior to the youth's 18th birthday. This section will likely be completed prior to the CTS, but discussions with the youth should still occur.

Purpose: This section discusses if the youth is eligible to extend their CHIPS/JIPS Order past their 18th birthday, or if they are eligible for extended care. ***If a youth pursues extended care, the ILTD must still be completed at this time, and subsequently updated every 6 months.***

1. Discuss with the youth:
    a. Individualized Education Plan (IEP) status
        i. Determine if the youth has ever had an IEP
        ii. Current IEP status
        iii. Last IEP update
    b. Expected graduation date
        i. How many credits does the youth currently have?
        ii. What is the likelihood of graduation by a current date?
    c. Options for extension of out-of-home care, if youth is eligible
2. Determination of Eligibility
    a. Provide youth with 'Extension of Out of Home Care Placements' information (Extension of Out-of-Home Care Policy Memo)

Transition Planning

Note: While this is the first discussion section in the ILTD Plan, it is recommended that this discussion occur with the youth and the TRA after the completion of the subsequent sections.

Purpose: This section is to be used to guide discussion around discharging from OHC.

1. Discuss the youth's anticipated discharge date
    a. Enter the youth's discharge date, factoring in whether they will remain in extended care
    b. Discuss with the youth regarding how they would like to be contacted by the TRA
    c. Meeting after discharge date – conversation with TRA about when and how the youth should be contacted after discharge

Housing

Purpose: This section focuses on ensuring the youth has safe, stable and viable housing options upon discharge from OHC.

1. Goal A: Safe and secure living environment upon leaving care
    a. CM should discuss the following with youth:
        i. Where does the youth plan on living when they exit OHC? Is this a viable option? (if it's not viable, that should be a part of the discussion)
            1. If the youth is planning to live with someone, that person must be part of the discussion
        ii. What resources will be needed to secure this housing option?
        iii. What is the address of the proposed housing option?
        iv. How will the youth obtain housing necessities?
        v. If applicable, where can the youth live during school breaks (i.e. campus housing, etc.)?
    b. Example:
        i. **Anticipated location youth will transition to**: *Joe would like to rent his own apartment.*
        ii. **Address**: *This section will be completed once an apartment is obtained.*
        iii. **Housing Resource**: *The IL Regional Coordinator (Mary) has identified ABC Property Management and Safe Home Corps as housing partners that may have options for Joe.*
        iv. **Description of Activities to Achieve Goal**: *Joe will work with the IL Regional Coordinator in November to get meetings set up to tour the apartments available. Case Manager (Jenny) or foster parent (Sue) is responsible for taking Joe for tours and any interviews the housing partners want. Joe is currently working but may need financial assistance or a roommate. Sue will work with Joe to create a budget to determine what he can afford for housing. Joe will discuss the pros and cons of having a roommate with his school counselor.*
        v. **Name – Helper**: *Mary, Jenny, Sue and Counselor*
        vi. **Date to be completed**: *12.1.2017*
    c. TRA can discuss the following with the youth:
        i. Rent assistance
        ii. Housing orientation from YTA
2. Goal B: Alternative Housing
    a. The purpose of a Goal B is to provide an alternative for the youth in case Goal A does not work out or is viable. This section should be as descriptive as Goal A and should include the necessary stakeholders. The goal is to have safe, stable and viable housing options for the youth.

Note: A homeless shelter or staying short-term with friends/family is not considered safe, stable or viable housing.

Health

Purpose: This section focuses on ensuring the youth has the means and knowledge to access physical, dental and mental health services upon discharge from OHC.

1. Information about Badger Care Plus (BC+)

   Note: The following are to generate self-awareness for the youth to be able to identify symptoms, social supports they can turn to, and professional services they can access.

2. CM should have ongoing discussions with the youth about:
   a. The youth's current health provider or how to locate a new primary care physician, if necessary, including telephone number, address, etc.
   b. The different types of medical services (i.e. emergency room, urgent care, routine medical care) and the situations where the youth would use each one
   c. How the youth can access their dental history, make an appointment, pay for the appointment, etc.
   d. How the youth can access formal services for mental health and who the youth can reach out to if/when the youth needs additional support
   e. What does it look like then the youth does not feel their best (i.e. do not get out of bed, skip school or work, etc.)
   f. Where the youth can access their prescriptions (i.e. enter in addresses and phone numbers)
   g. Where the youth can access information regarding birth control, contraceptives, sexually transmitted infections (STI) testing, etc.
3. CM should have a discussion about power of attorney, including the following:
   a. A power of attorney for health care is utilized for adults in Wisconsin to authorize other individuals (called health care agents) to make health care decision on their behalf should they become incapacitated. It may also be used to make or refuse to make anatomical gift (donation of all or part of the human body to take effect upon the death of the donor).

   Additional information is available in the DHS Power of Attorney Instructions or the DCF Badger Care+ Brochure.

Education

Purpose: This section focuses on completion of high school (or equivalent) and post-secondary planning (trade, technical, college, etc.) upon discharge from OHC.

1. CM should have ongoing discussion discussions with the youth about the following:
    a. Goal 1: Completion of high school (GED / HSED).

        Note: this goal may be repetitive for youth who are on an Extended Care Order, as this is in a previous section; however, this conversation may still be essential for the youth. This section should be completed in its entirety.

        i. What is the plan for the youth to complete their high-school education, including courses that need to be completed, credit recovery options, etc.
        ii. What are the alternative programming options for this youth, if necessary
        iii. Example:
            1. **Description of Activities to Achieve Goal**: *Joe is not on track to graduate by age 18, but wants to obtain his diploma rather than an equivalency degree. Joe does not want to continue his CHIPS/JIPS order beyond the age of 18 and this was approved by all legal parties at the last court hearing. Joe and Sue will request a meeting with Joe's guidance counselor to review his current credit status and the options available to him.*
            2. **Name – Helper**: *Sue and Guidance Counselor*
            3. **Anticipated Date of High School Diploma**: *TBD; this will be discussed and finalized on the next home visit two weeks from today (DATE).*

    b. Goal 2: Exploration / enrollment in post-secondary education program.
        i. What is the best post-secondary option specifically for the youth
        ii. What are for-profit educational institutions
        iii. Example:
            1. **Description of Activities to Achieve Goal**: *Joe wants to become an engineer, which will require a bachelor's degree. Mary will explore schooling options with Joe and determine which schools Joe will apply to by January 1st.*
            2. **Name – Helper**: *Mary*
            3. **Anticipated Date of Post-secondary Enrollmen**t: *N/A; this will be addressed once a date of high school graduation has been identified.*

    c. Goal 3: Financial assistance explored and / or obtained.
        i. The youth's eligibility for post-secondary education/training funding
        ii. How to complete the free application for Federal Student Aid (FAFSA) and DCF resources
        iii. How to access Brighter Star funds (ETV funds)

iv. What is the difference between private and public student loans, subsidized vs. unsubsidized student loans, etc.

v. Example:

1. **Description of Activities to Achieve Goal:** *Joe received information regarding the DCF Scholarship and is aware that he can claim independent status on his FAFSA. Joe is a high achieving student and will likely qualify for additional support through scholarships or grants. By January: Mary will research grants through the employment sector, given Joe's proposed area of study; Joe and Sue will research other options that may be available through private foundations; Jenny will contact the Department of Children and Families and the Department of Public Instruction to see if there are other scholarships available to youth with foster care experience. Based on the information found, scholarship/grant applications will be completed following Joe's acceptance (Sue and Tom – foster dad – will assist)*
2. **Name – Helper:** *Sue, Tom, Mary and Jenny*
3. **Date to be Completed:** *Exploration done by January; grant applications submitted based on Joe's acceptance and the specific deadlines*

Mentors and/or Other Supportive Adults Identified

Purpose: This section focuses on ensuring that youth have supportive individuals whose relationships with the youth will continue upon discharge from OHC.

1. Identify at least 3 supports outside of formal systems in the youth's life *(i.e. Aunt, community member, church member, etc.)*
2. Discuss who the youth identifies as a supportive adult in their life, including how they will continue to build more positive supports
3. Discuss with the youth who they would rely on for guidance or support in the following areas:
    a. Financial *(budgeting, financial emergencies, credit card debt, scams, high interest payments, etc.)*
    b. Physical health *(i.e. healthy eating, physical activity, dental, etc.)*
    c. Housing *(i.e. moving, utilities, roommate dynamics, etc.)*
    d. Employment *(i.e. post-secondary options, soft skills, benefits, maintaining employment, professionalism, etc.)*
    e. Education *(i.e. post-secondary options, campus visits, etc.)*
    f. Mental health *(i.e. routine care, support in crisis, prescriptions, follow up appointments, etc.)*
    g. Social Media (*i.e. bullying, privacy, scams, body image, status, setting boundaries and reaching out, etc.)*
    h. Relationships *(i.e. romantic, familial, friends, etc.)*

Income

Purpose: This section focuses on ensuring youth have a reliable and legal source of income to pursue their goals upon discharge from OHC. This includes the youth's income immediately upon discharge, and also ensuring the youth has a foundation to increase their earning potential in the future.

1. Discuss with the youth their short and long-term goals to obtain or maintain income
2. Discuss with the youth the importance of having a bank account and saving money
3. Discuss with the youth savings accounts and the potential future need (i.e. emergency funds, saving for recreation, paying yourself back, future goals, etc.)
4. Discuss with the youth what check cashing is and how a checking account may make more financial sense
5. If the youth is receiving SSI/SSDI, discuss how they can continue to receive those benefits. The CM may need to develop a plan and outline steps/tasks that the youth will need to do
6. Discuss the youth's current Credit Reports, what they mean, how the youth can continue to receive a free credit report, credit scams, how to remediate credit, and how to build a strong credit history, etc.
7. Discuss W-2 and other social supports, how to access these services, and the limitations to such services https://www.dhs.wisconsin.gov/forwardhealth/apply.htm
8. Discuss with the youth the importance of necessities vs. luxuries (i.e. what is necessary to survive and thrive vs. cable and Wi-Fi)

Employment Services and Workforce Support

Purpose: This section focuses on the youth's current employment status and steps necessary to reach career goals upon discharge from OHC.

1. Discuss with the youth their short and long-term goals to obtain or maintain employment
2. Discuss with the youth the needed skills, and how the youth will continue to grow their skills (i.e. what to wear on job interview, professional introduction, and interview follow up, how to call in sick, report an absence or request time off, etc.)
3. Discuss with the youth how to increase their earning power, professional growth and development

Other Areas of Focus

Purpose: This section focuses on the youth's self-identified needs and concerns, which may not have been captured in other sections.

1. Examples:
    a. Driver's license
    b. Hobbies
    c. Car/transportation
    d. Body modification (tattoos, piercings, etc.)
    e. Expecting or parenting
    f. Sexual orientation or gender identity
    g. AODA
    h. Legal issues (i.e. municipal tickets)

IV. Glossary of Terms

AODA: Alcohol and Other Drugs Assessment

BC+: Badger Care Plus

CTS: Case Transition Staffing

CHIPS: Child in Need of Protection and Services Petition

CHWCS: Children's Hospital of WI: Community Services

DCF: Department of Children and Families

DMCPS: Division of Milwaukee Child Protective Services

ETV: Education Training Vouchers

FAFSA: Free Application for Federal Student Aid

IEP: Individualized Education Plan

IL: Independent Living

ILTD: Independent Living Transition to Discharge Plan

JIPS: Juvenile in Need of Protection and Services Petition

CM: Ongoing Case Manager

OHC: Out-of-Home Care

SSI: Social Security Income

SSDI: Social Security Disability Income

TRA: Transition Resource Agency