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Chapter:	Working with Adolescents and Justice Involved Youth	
Subject:	Supporting Adolescents in DCF Custody	Page 1 of 14
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Purpose

To describe the principles and policy that guide adolescent practice and planning.

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Appendices

- Appendix 1: Adolescent Policy Requirements (grid)
- Appendix 2: Transition to Adulthood (90-Day) Plan (form)
- Appendix 3: List of Rights and Contact Information (form)
- Appendix 4: Appointing a Health Care Agent (practice guidance, brochure, form)
- Appendix 5: YDP/DCF Roles & Responsibilities

Related Policies

- Family Services Policy 74: Pregnant and Parenting Teens in Custody
- Family Services Policy 75: Normalcy and the Reasonable and Prudent Parenting Standard
- Family Services Policy 76: Supporting and Affirming LGBTQ Children and Youth
- Family Services Policy 125: Permanency Planning for Children and Youth in DCF Custody
- Family Services Policy 138: Credit Checks for Youth 14 and Older in DCF Custody

Introduction

The child welfare and juvenile justice system for adolescents in the custody of DCF Family Services must focus intentionally on a youth’s well-being. This takes into consideration not just to the youth’s safety and permanency, but also their social, emotional, behavioral, physical and spiritual health needs. It is important that our staff who interact with youth understand the youth’s hopes and aspirations. This way, social workers can assist youth in taking advantage of opportunities to pursue their interests and find support when challenges arise.

Adolescence is a unique developmental period. There is a tremendous amount of brain growth that takes place during adolescence and into adulthood. This is a pivotal time to provide positive opportunities and experiences that help the brain to create new neural pathways. Understanding adolescent development and using this knowledge to build opportunities designed to help youth acquire the knowledge, competencies, and attitudes will contribute to healthy outcomes in adulthood.

Supportive and nurturing adults, as well as positive peer relationships, play key roles in promoting the development of resilience, self-confidence and self-regulation, all essential components of well-being. These relationships also serve to guide youth when coping with stressful situations.

Although youth might at times be reluctant to seek help, self-advocacy is instrumental in building resilience.

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All youth should have both the tools and the opportunity to access:

- Basic necessities such as healthy food and a safe environment, and
- Individualized services, such as educational, legal, and mental and physical health when needed.

Excessive exposure to risk can negatively impact well-being. Actively building a framework for thinking about adolescent development that includes the Youth Thrive protective and promotive factors can help to reduce risk, build well-being, and increase the likelihood of positive and improved outcomes.

The Youth Thrive protective and promotive factors are:

- **Youth Resilience:** Managing stress and functioning well when faced with stressors, challenges or adversity. The outcome is personal growth and positive change.
- **Social Connections:** Having healthy, sustained relationships with people, institutions, the community and a force greater than oneself that promote a sense of trust, belonging and feeling that they matter.
- **Knowledge of Adolescent Development:** Understanding one's behavior and stage of maturation in the context of the unique aspects of adolescent development (e.g., brain development, the impact of trauma); services that are developmentally and contextually appropriate (e.g., positive youth development strategies).
- **Concrete Support in Times of Need:** Understanding the importance of asking for help and advocating for oneself; receiving quality services designed to preserve youth's dignity, providing opportunities for skill development and promoting healthy development (e.g., strengths-based, trauma informed practice).
- **Cognitive and Social-Emotional Competence:** Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible and satisfying adulthood (e.g., self-regulation, executive functioning and character strengths).

Policy

There are a series of requirements designed to support healthy adolescent development for youth involved with the child welfare and juvenile justice system in Vermont.

Case Planning & Documentation

All youth served by the division will be at the forefront of decision-making and case planning activities. No single approach, accommodation, or plan will apply in all circumstances. Social workers, with the support of supervisors, must bring recommendations for appropriate resources and supports for youth on a case-by-case basis, informed by the individual youth's

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needs. Social workers shall document all activities related to federal and state requirements outlined in this policy in a combination of the youth’s case notes and case plans.

It is required by law that youth age 14 and older are consulted in the development of their case plan. Youth are permitted to identify and invite at least two people of their choosing to be a part of their case planning team (other than a foster parent or a case manager). FSD is permitted to reject an individual selected by the youth if they have good reason to believe that they would not act in the best interest of the youth.

The case plan must include a description of:

- Where the youth will be living,
- What services the youth and their parents and foster parents will receive,
- The health and education records of the youth,
- A plan for education stability,
- Information relating to sexual health services,
- Resources to ensure youth are prepared to make healthy decisions about their lives,
- Steps the agency is taking in finding the youth an adoptive family, and
- Explanations as to why a youth cannot be reunified with their family if kinship care is determined to be the permanent placement.

List of Rights and Contact Information

Social workers are required to provide a written list of rights and updated team contact information to youth ages 14 and older annually outlining their rights in care as they pertain to education, health care, visitations, court hearings/participation, the right to stay safe, a free annual credit report and help resolving any inaccuracies. Youth must sign the document indicating that they received a list of rights and that they were explained in an age-appropriate way. This document must be provided to the youth and a copy must be retained for the file. See appendix 3 for the List of Rights and Contact Information template.

NYTD

DCF Family Services Division is required to comply with federal National Youth in Transition Database (NYTD) reporting expectations. Division staff are required to collect demographic and outcome information for certain youth in foster care within 45 days after their 17th birthday. Central office staff will provide a list of youth, the outcomes survey, and timelines to social workers and supervisors as surveys are required. Youth are surveyed regarding six outcomes: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance. Social workers must collect “participant locator forms/consents”

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from youth upon completion of the survey. This contact information is used to assist YDP with collecting additional required outcomes information for these same youth at ages 19 and 21.

Transition to Adulthood (90-Day) Plan

Federal law requires that 90 days prior to youth turning 18 in DCF custody, youth have a written transition plan outlining specific plans and information regarding educational, vocational, and employment, health care and insurance, transportation including, assistance in obtaining a driver's license, money management, housing, social and recreational skills, establishing and maintaining connections with family and community, and regular opportunities to engage in normal developmentally appropriate activities.

In creating this plan social workers shall:

- Work collaboratively with the youth, Youth Development Coordinator, other professionals, and individuals the youth has identified as supports.
- Complete the plan within 90 days prior to the youth's 18th birthday.
- Have the youth sign the document indicating it is their plan and they were involved in creating it.
- Retain the plan in the youth's file and provide a copy to the Youth Development Program.

The plan shall describe the services, supports, and rights available to youth upon age of majority, a description of how this information has been explained, and the signature of the youth acknowledging receipt of this information. See appendix 2 for the Transition to Adulthood (90-Day) Plan.

Providing Important Documents

Social workers are responsible for ensuring that prior to exiting foster care at 18, youth receive the following documents: a certified birth certificate, Social Security card, health insurance information, a driver's license or state identification card, and education and medical records held by DCF. These documents are essential to ensuring that youth aging out of foster care have the documentation needed to secure housing, apply to school or work, get appropriate health and mental health care, or access other forms of assistance. Social workers should discuss with youth ways in which they can keep these documents safe, such as using of a safe deposit box, a lock box, or asking a trusted person to hold them. Social workers must note in the file that these documents have been provided to youth prior to leaving care.

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Appointing a Health Care Agent

Federal law requires that youth in custody receive information on the importance of formally designating another individual to make health care treatment decisions on their behalf if they should be unable to make these decisions as an adult. Social workers shall provide the youth with a written explanation of how to Appoint a Health Care Agent. This discussion shall be noted in case notes, case plans, and in the youth’s final Transition to Adulthood Plan. See appendix 4 for additional guidance for sharing this information with youth.

Permanency Planning for Youth

Every child in custody deserves permanence. All efforts must be made to ensure youth have an identified permanency plan. When reunification, adoption, or permanent guardianship cannot be achieved, all of the youth's significant relationships should be evaluated to ensure continuity of connections and support of the youth into adulthood. Reinstatement of parental rights that were previously terminated should be considered. Adoption after the youth turns 18 should also be explored. Such adoptions do not require termination of parental rights. For additional information, see related policies section.

Normalcy

Division staff shall support a foster youth’s emotional and developmental growth by permitting them to participate in normal developmentally-appropriate activities or events. Foster youth require the same opportunities as other youth to explore healthy risk-taking, establish peer relationships, participate in extracurricular activities, engage in the community, and to explore culture and identity. Federal regulations require that we make efforts to provide these opportunities for youth in care. Participation in extracurricular and social activities has been found to be effective in changing the course for many youth and preparing them for a successful transition to adulthood and independence. The more youth are exposed to activities and individuals in the community, the more opportunities youth will have to form healthy, supportive relationships with peers and supportive adults who can facilitate permanency. These opportunities and efforts should be summarized in the youth’s case plan and documented in case notes. For additional information, see related policies section.

Health Care

Youth participation in regular preventative health, dental, and mental health care is correlated with increased well-being in adulthood including positive impacts on education, employment, and safe and stable housing. Helping foster youth establish these

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habits is an important task for division staff. Social workers are responsible for encouraging access to preventative health care with a primary care physician at least once per year, preventative dental health care every six-months, access to mental health care as appropriate, and to document these efforts in case plans and case notes. Social workers shall ensure that youth have information about reapplying for Medicaid before turning 18. The Affordable Care Act guarantees Medicaid eligibility for youth that leave foster care at age 18 until they turn 26, regardless of income.

Sexual Health Education

Research shows that youth with a history of foster care are more likely than their peers to experience early pregnancy and parenting. It is the role of social workers is to ensure proactive access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections. It is also the role of the social worker to support reproductive health treatment and intervention that is determined to be medically appropriate. These efforts should be summarized in the youth’s case plan and documented in case notes. Per Vermont law, youth of any age are permitted to seek reproductive health services without parent/guardian or partner permission. For additional information, see related policies section.

Financial Literacy and Credit Checks

Youth need opportunities to prepare for managing their finances in young adulthood. The Youth Development Program supports these activities, but social workers should also encourage youth to participate in part-time employment, open a bank account, and identify community financial education resources. These opportunities and efforts should be summarized in the youth’s case plan and documented in case notes.

The division has a centralized process for obtaining credit reports annually for youth ages 14 and older, initiating the remediation process when there are identified issues, and providing credit check information to social workers. Social workers will help youth to understand the report and to resolve any inaccuracies. For additional information, see related policies section.

Driving and Independent Transportation

Transportation is one of the largest barriers foster youth face in their transition to adulthood. It impacts every aspect of well-being, and is often an impediment to meeting education and employment goals. Public transportation options are not available for all

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youth. For youth who do not have access to safe and reliable public transportation options, obtaining a driver's license is critical to their future success.

DCF shall support youth in care, when appropriate to age and other circumstances, to receive assistance, knowledge, and skills related to preparing to drive. Obtaining a driver's license is a normal and healthy experience for foster youth. Active efforts to support this goal should include identification of appropriate car insurance plans, ensuring that youth are able to engage in the required number of driving practice hours, and that youth will have access to a vehicle for the required driving test.

Youth in the custody of the Department should be encouraged to obtain their drivers' permit when they have reached 15 years of age. Youth that are in the custody of the Department will need guardian permission to take the drivers' permit and drivers' license exams. The social worker, or another DCF representative, must sign the applications before youth take the required tests. Youth should be encouraged to complete a driver training course after age 15 and upon obtaining a drivers' permit. Most high schools offer drivers' education classes but oftentimes, these opportunities may not be available. For youth engaged in services, the Youth Development Program may contribute to the costs of drivers' permits, licenses, private drivers' education courses, and car insurance premiums.

Youth Development Program (YDP)

In Vermont, federally required Chafee Foster Care Independence Program (CFCIP) services are administered through the Youth Development Program (YDP). In coordination with each DCF Family Services district office, Youth Development Coordinators (YDCs) assist youth to achieve safety, well-being, permanency, and self-sufficiency skills as they transition from custody to young adulthood and independent community settings.

The Youth Development Program supports current and former foster youth with:

- Transitioning to self-sufficiency by providing services;
- Receiving the education, training, and services necessary to obtain employment;
- Preparing for and entering post-secondary training and educational institutions;
- Providing personal and emotional support through mentors and the promotion of interactions with dedicated adults;
- Providing financial, housing, counseling, employment, education, and other appropriate support and services;
- Ensuring that youth have regular, on-going opportunities to engage in developmentally-appropriate activities.

Social workers are required to refer all youth in custody to the Youth Development Program

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at age 15. Where capacity exists, social workers may refer youth to the program at age 14. Referral forms should be complete and provide sufficient information for delivery of services. Social workers should promote active participation of all youth who have reached their 17th birthday. These youth are at a critical stage of preparing for their future, and will be prioritized for services by the program.

Youth are eligible for services from the Youth Development Program from ages 14 to 22. Social workers should encourage youth to access this resource as needed. More information about the roles and responsibilities of Youth Development Coordinators can be found in Appendix 5.

At times, DCF may be required to place a youth in custody out-of-state and it may be challenging for YDP to sufficiently serve these youth. In these cases, it is the responsibility of the social worker to ensure that these same transitional services are provided to the youth. Chafee Foster Care Independence Program (CFCIP) services are provided in all states. Contact information for Independent Living Coordinators by state can be found [here](#).

Youth Investment Grants

Youth investment grants are intended to provide opportunities for youth ages 14-22 to explore identity and interests and to build strengths, resources, skills, and positive connections to peers, adults, and communities. These concrete supports are also available for youth in times of need, with a goal of helping youth to maintain stability, build assets, eliminate barriers to achieving goals, and crisis prevention and recovery. Funding is available for youth engaged with the Youth Development Program. Funding requests are described in VSAs and grants are tied directly to youth goals. VSAs are developed by the Youth Development Program, in coordination with youth, social workers, placement providers, and other team members.

Extended Care

The Vermont Youth in Transition Law provides financial resources for youth in or formerly in foster care. This funding supports youth to have safe and stable housing and to access experiences important for development and successful transitions to adulthood. More information about Extended Care can be found through the Youth Development Program. The rules that direct this program can be found here: <http://dcf.vermont.gov/sites/dcf/files/FSD/Rules/Rule-Bo8-1.pdf>.

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EXTENDED CARE			
	Case Manager	Eligibility	Description
Completion of Secondary Education	DCF	Youth 18-22, who “age out” of DCF custody	DCF case remains open for up to six months following high school graduation (some exceptions to extension for residential school settings)
Adult Living Program	YDP	Youth 18-22, who leave custody after age 16	DCF case is closed, YDP manages the case, DCF provides stipend to caring adult to support room and board costs
Independent Living	YDP	Youth 18-22, who leave custody after age 16	Monthly rental subsidy for youth engaged in productive activities

Completion of Secondary Education

High school graduation is an important outcome for youth exiting foster care. For many reasons, including placement changes while in foster care, many youth are not able to graduate high school prior to age 18. A Completion of Secondary Education Agreement supports youth to remain in care while completing high school and achieving the goals of the case plan. Social workers, in collaboration with youth, licensed placement providers, and YDP, must complete and submit a Voluntary Services Agreement (VSA) for approval. The social worker maintains an open case, monthly face-to-face visits, and continues to work with the youth, YDP, the placement provider, and other team members to ensure high school completion and a smooth transition to young adulthood. DCF shall provide substitute care payments for the youth in approved living arrangements at the same rate paid before the youth turned 18. Youth that are over 18 are legal adults and no longer in DCF custody, but voluntarily choosing to remain in care while pursuing their high school diploma. Participating youth that are over 18 are adults and do not require DCF permission for medical treatment. Releases of information should be revisited and youth should provide consent for provider communication. If youth choose to stop attending school or following through with other parts of the case plan, social workers shall convene a meeting with the youth and team members to determine if the agreement can continue as written, needs modification, or should be terminated. Per regulations, youth who withdraw or are terminated from this program may apply for re-entry up to the age of 22. No residential programming established after the individual turns 18 is eligible for reimbursement.

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Adult Living Program

The Adult Living Program Agreement provides some financial support for caring adults to provide room and board to youth ages 18-22 that are no longer in DCF custody. These caring adults are often the same foster parents that youth live with prior to 18. “Adult Living Partners” can also be kin or other individuals identified by the youth as supportive to them. These agreements are developed by Youth Development Coordinators, with youth and the identified caring adults. Although participating youth no longer have an open case with DCF, social workers should assist youth with identifying natural supports and housing resources prior to leaving care and ensure that youth and families have information about the Adult Living Program.

Independent Living

Rental subsidies are available to youth ages 18-22 that are engaged in YDP services, living in appropriate, affordable independent living settings, and having regular, sustained income. These agreements are developed by Youth Development Coordinators with youth and their teams and are based on a youth’s budget and plan for incremental self-sufficiency.

Special Case Circumstances

Another Planned Permanent Placement (APPLA)

Another Planned Permanent Living Arrangement (APPLA) describes exceptional case circumstances where DCF maintains care and custody of a youth and arranges a living situation in which a youth is expected to remain until adulthood. By federal law, the case plan goal of APPLA may not be used for youth under the age of 16. The APPLA goal should **only** be used (1) for youth over the age of 16 and (2) when other options have been evaluated and are found not be in the youth’s best interest. For youth with an APPLA goal, the division is still focused on achieving permanence.

For each youth who has an APPLA case plan goal, it is required that, for each permanency hearing, the division provide written documentation of intensive and continuing efforts to place a youth permanently with a parent, relative (including adult siblings), or in a guardianship or adoptive placement. This includes attempts to locate and engage relatives not previously involved in the youth’s case plan, including the use of search technologies. Operations should be consulted on cases with an APPLA case plan goal.

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Preparation for Independent Living

The Independent Living case plan goal is rarely appropriate as it does not achieve permanency or life-long connections for youth. This goal may only be used at the request of the youth and after the social worker has explored all other options. This goal must be approved by the District Director and Operations should also be consulted. The team members or District Director may consult at a District Permanency Meeting to discuss how a higher level of permanency may be achieved for a youth with an independent living case plan goal. Youth living independently or preparing to should be assisted in developing relationships with a network of caring adults to provide assistance into early adulthood.

Pregnant and Parenting Youth

Pregnant or parenting youth transitioning from DCF custody need the same things that all youth need – safe and stable housing, health care, transportation, and educational and employment resources. However, this type of transition planning should complement and not replace permanency goals. It is critical that when pregnant and parenting youth exit care, they have achieved the highest level of permanency available for themselves and their child. Permanency planning efforts and timelines for permanency must be designed to address the needs of the young parent and child without one being at the expense of the other. If legal permanency cannot be achieved, older youth who are pregnant or parenting should be helped to identify a network of caring and reliable adults who are committed to providing long-term emotional support. For additional information, see related policies section.

Social Security Insurance Review

If youth are currently receiving Social Security (SSA) or Social Security Income (SSI), or they may be eligible as adults, social workers may contact the Child Benefits Specialist and ask for assistance: Ahs.dffsdchildbenefitsunit@vermont.gov. There are two different types of benefits for youth: SSA is a benefit from a family member and SSI is for a person with a disability.

SSA: For youth that are receiving an SSA benefit and approaching their 18th birthday, the Child Benefits Specialist will receive a student statement from Social Security. This form verifies whether a youth will continue to be in high school and if youth are disabled and receiving SSI. This form needs to be returned one month prior to youth turning 18. This will continue the SSA benefit through the month prior to the 19th birthday. The Child Benefits Specialist will contact social workers to complete this process.

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SSI: For youth that are disabled, currently receiving an SSI benefit, and approaching their 18th birthday, they will need to do the Continued Disability Review (CDR). The Child Benefits Specialist will receive these documents from SSI and will contact the social worker with required next steps. The social worker will need to provide the appropriate medical evaluations and assist the youth with completing the remaining questionnaires. All documentation should be returned to the Child Benefits Specialist at Ahs.dcffsdchildbenefitsunit@vermont.gov. Youth will continue to receive their SSI until the review has been processed.

For youth that are receiving **both SSA and SSI:** They will need to submit a Disabled Adult Child Application (DACA). The Child Benefits Specialist will notify the social worker when a DACA needs to be completed. The social worker will need to provide the appropriate documentation and assist the youth with completing the application. All documentation should be returned to the Child Benefits Specialist at: ahs.dcffsdchildbenefitsunit@vermont.gov.

For youth that are **not receiving SSI or SSA** in custody, but could be eligible (for example, previously eligible for SSI benefits but were suspended due to receiving Title IV-E funds), they will need to submit a new application for benefits 180 days prior to the youth's 18th birthday. Social workers need to assist youth with completing the application and gathering the Disability report, Function report, and the authorization to communicate with Social Security. This does not need to be submitted through the Child Benefits Specialist, but the staff can assist social workers with this process.

Developmental Services Review

Youth with developmental disabilities (including a diagnosis on the Autism Spectrum and/or an IQ lower than 70 points) may be eligible for Developmental Services as adults. If a youth may be eligible, at 17 years old, the social worker must contact the local Designated Agency for evaluation and coordination. If a youth qualifies for developmental services as a child, social workers may still need to contact the Designated Agency to determine eligibility for adult developmental services. Contact the Division's Residential Services Manager for assistance with this process. These efforts should be summarized in the youth's case plan and documented in case notes.

Adult Mental Health

Youth with the most serious mental illnesses such as schizophrenia, bipolar disorder, and major depression may be eligible for Community Rehabilitation Services (CRT) which can provide case management, psychiatry, employment, and counseling. If a youth may be eligible for adult mental health services, social workers must contact the local Designated

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Agency for evaluation and coordination when the youth is 17 years old. Contact the Division’s Residential Services Manager for assistance with this process. Youth that are not eligible for CRT services may still benefit from mental health services and should be made aware of local resources. These efforts should be summarized in the youth’s case plan and documented in case notes.

Adult/Public Guardianship

With the youth’s team, determine if there is a need for adult guardian. The social worker may contact the Division’s Residential Services Manager for assistance with this process.

If the youth has a developmental disability diagnosis and there is no identified person that can act as guardian, the social worker must begin coordinating with the local State’s Attorney to apply for a public guardian when the youth is 16.5 years old. The form can be found here: <http://ddsd.vermont.gov/content/petition-guardianship-services-adult-dd>. The **family** court will order a psychological evaluation to determine eligibility.

When there is an identified person that can act as an adult youth’s guardian, a petition must be submitted to **probate** court when a youth is 17.5 years old.

If a youth is eligible for an adult guardian and is still in high school, the social worker should notify the Educational Surrogate Coordinator with the Agency of Education to maintain the current Educational Surrogate Parent or to transfer the role to the adult guardian. These efforts should be summarized in the youth’s case plan and documented in case notes.

Appendices

- Appendix 1: Adolescent Policy Requirements (grid)
- Appendix 2: Transition to Adulthood (90-Day) Plan (form)
- Appendix 3: List of Rights
- Appendix 4: Appointing a Health Care Agent (guidance and form)
- Appendix 5: YDP/DCF Roles & Responsibilities

Supporting Adolescents in DCF Custody Policy Requirements

Requirement	Form	Age	Additional Information
Promote “normalcy” and healthy development through extracurricular, enrichment, social, cultural activities		All children and youth	See Family Services Policy 75. YDP can assist youth engaged in services to access activities that promote normalcy and achieve goals set in transition plans.
Important contact information sheet		All children upon entering care	Provide child and youth this form as soon as the important members of their team and their contact information are known. The annual review is to ensure that youth still have a copy of the form with current contact information.
List of Rights	List of Rights, Case Plan, and Transition to Adulthood Plan (Acknowledgments)	14 and older	Beginning at age 14, provide list of rights. The annual review is to ensure that youth still have a copy of their rights and understand how to obtain important documents or items for their transition to adulthood.
Credit Report		14 and older	The Department has a centralized process for obtaining annual credit reports for youth ages 14 and older. Social workers will help youth to understand the report and to resolve any inaccuracies.
Referral to the Youth Development Program	YDP Referral	14 or 15	Services are voluntary and youth may decline services. Youth are eligible for services from age 14 to 22.
Adult/Public Guardianship	http://ddsd.vermont.gov/content/petition-guardianship-services-adult-dd	16.5	With the youth’s team, determine if there is a need for adult guardian. Contact the Residential Services Manager for assistance with this process.
NYTD Survey +Participant Consent/Locator	NYTD Survey + Consent/Locator	17	For selected youth, the survey is due within 45 days following the youth’s 17 th birthday. YDP may be able to assist with collecting these surveys. YDP is required to obtain follow-up surveys from these youth at ages 19 and 21.
SSI Review		17	If youth are currently receiving SSI, or they may be eligible as adults, contact the Child Benefits Specialist and ask for assistance.
Developmental Services/Adult Mental Health Review		17	If youth may be eligible for Developmental Services or Adult Mental Health, contact the local Designated Agency for evaluation and coordination.
Transition to Adulthood Plan	Transition to Adulthood (90-Day) Plan	17.75	This plan must be completed 90 days prior to a youth turning 18 in DCF custody. The Youth Development Program (YDP) will assist with this requirement if youth is engaged in services.
Completion of Secondary Education Agreement	Voluntary Services Agreement	17.75	If turning 18 in care, youth may remain in current placement while completing high school. Must attend full-time and be under age 22.
Health Care Agent	Appointment of a Health Care Agent	17.75	Social workers shall provide youth with the brochure and form describing the purpose and process for designating a health care agent.
Medicaid re-application	http://info.healthconnect.vermont.gov/Medicaid	17.75	Assist youth with re-applying for Medicaid insurance prior to exiting DCF custody. Youth that leave DCF custody at age 18 or older are eligible for Medicaid coverage until their 26 th birthday. Youth must reapply annually.
Important Documents	Youth Transition to Adulthood Plan (Acknowledgments)	Upon discharge	Ensure the youth has all essential documents: certified birth certificate, Social Security card, health insurance information, and a driver’s license or state identification card. Also provide copies of education and medical records that are held by DCF.

**DEPARTMENT FOR CHILDREN & FAMILIES/FAMILY SERVICES DIVISION
TRANSITION TO ADULTHOOD (90-DAY) PLAN**

Date plan completed:		Youth date of birth:		Youth Age:	
Youth name:			Family/Child #:		
Physical and mailing address:					
Phone numbers:					
E-mail address:					

DCF Social Worker:	
Youth Development Coordinator:	

My Family Information: (family is defined as people youth considers to be family)			
Name	Relationship	Support Provided	I Plan to Stay Connected By

Other Important People, Mentors, Caring Adults, Friends, and Peers:

My Strengths, Interests, Hobbies, and Recreational/Enrichment Activities:

My Spiritual and Cultural Connections or Affiliations:

Housing:	
Current living situation:	
Short-term and long-term housing goals:	
Steps to achieving my housing goals:	
People that will help me achieve my housing goals:	

Education:					
Currently enrolled?		Expected graduation/ current grade:		IEP/504 Plan:	
School name and address:					
Academic supports (tutor, school counselor, VSAC, advisor, etc.):					

**DEPARTMENT FOR CHILDREN & FAMILIES/FAMILY SERVICES DIVISION
TRANSITION TO ADULTHOOD (90-DAY) PLAN**

Short-term and long-term education goals:	
Steps to achieving my education goals:	
People that will help me achieve my education goals:	

Employment:					
Currently employed?		Location:		Do you have a resumé?	
Career preparation services (JOBS, VR, DOL, etc.):					
Post-secondary education or vocational training:					
Short-term and long-term employment goals:					
Steps to achieving my employment goals:					
People that will help me achieve my employment goals:					

Financial	
Do you have a bank account?	
Do you have a budget?	
Do you currently receive any financial assistance?	
Do you receive Social Security payments?	
Do you have any debt?	
Do you have your credit report? Are there issues that need to be resolved?	

Medical Information:	
Health insurance:	
Doctor and last routine visit:	
Dentist and last routine visit:	
Special health needs:	
Currently in mental health/substance abuse treatment? Or in the past? If so, counselor/therapist:	
Past mental health diagnosis:	
Current mental health symptoms:	
Current medication:	

**DEPARTMENT FOR CHILDREN & FAMILIES/FAMILY SERVICES DIVISION
TRANSITION TO ADULTHOOD (90-DAY) PLAN**

ACKNOWLEDGEMENTS:

I have participated in the development of this plan.

_____ Youth's initials

I have been told that I can access the Youth Development Program for case management and financial services from age 14 to 22. I am aware of the Extended Care resources for which I may be eligible.

_____ Youth's initials

I have received the list of rights for children and youth in DCF custody and they were explained to me in an understandable way.

_____ Youth's initials

I have received a certified birth certificate, Social Security card, state-issued identification card, and education and medical records held by DCF.

_____ Youth's initials

I know that I must re-apply to continue Medicaid health insurance benefits when I exit DCF custody, and again each year. I am aware that when I move I must submit a verification form with my new address.

_____ Youth's initials

I have been told that when I am 18, I can choose a "health care agent" that can make medical choices for me if I am not able. I have received information and a form that I can fill out if I want to choose a health care agent.

_____ Youth's initials

I know that 30 days prior to leaving foster care, I am eligible to apply for 3Squares (food stamps).

_____ Youth's initials

By signing below, this means we will all work to complete the steps necessary to help the youth complete their transition plan.

	Signature	Date
Youth:		
DCF Social Worker:		
Youth Development Coordinator:		
Other Caregiver/Advocate:		
Other Caregiver/Advocate:		

LEGISLATIVE & REGULATORY REFERENCES:

- Public Law (P.L.) 110-351, which states that a Transition Plan must be developed at the direction of the youth during the 90-day period prior to the youth aging out. The plan must contain specific options on housing, health insurance, education, local opportunities for mentors/continuing support services and workforce support/employment services. P.L. 111-148 requires providing foster youth with the information about a Power of Attorney for Health Care.

Copies to: Youth - DCF Case File - YDP – Others identified by the youth

**DEPARTMENT FOR CHILDREN & FAMILIES/FAMILY SERVICES DIVISION
TRANSITION TO ADULTHOOD (90-DAY) PLAN**

PARTICIPANT LOCATOR FORM

How do we keep in touch with you?

Youth Name:		
Address:		
Email:		
Social Networks:		
Phone Numbers:	Home:	
	Cell:	
	Work:	

Significant people who always know how to reach you (parents, relatives, friends, mentors):

1. Name:		2. Name:	
Relationship:		Relationship:	
Address:		Address:	
Email:		Email:	
Phone Numbers:		Phone Numbers:	
Home:		Home:	
Cell:		Cell:	
Work:		Work:	
3. Name:		4. Name:	
Relationship:		Relationship:	
Address:		Address:	
Email:		Email:	
Phone Numbers:		Phone Numbers:	
Home:		Home:	
Cell:		Cell:	
Work:		Work:	

Signatures:

By signing this, I give YDP permission to contact the people I have listed here for the purpose of getting in touch with me for activities related to the Youth Development Program. I understand that they will ask for me and that I gave them permission to call. They will leave messages for me if needed. They will not release any personal information about me other than I agreed to work with YDP. This information may be used to contact me as part of a study for foster care outcomes over time, also known as the National Youth in Transition Database (NYTD).	
Youth Signature:	Date:
Signature of Guardian (as needed):	Date:

Rights of Children and Youth in DCF Custody in Vermont

The Department for Children and Families (DCF), Family Services Division (FSD) recognizes the following rights of children and youth in their custody. This list is intended to help youth to understand their rights and to guide the division and its providers in the delivery of care and services to youth with the commitment to safety, permanency, and well-being. This list of rights must be reviewed with youth in custody annually, beginning at age 14. Social workers must provide the list to youth and retain a signed copy for the DCF record.

You have the right:

- To be treated with respect by FSD staff, foster parents, and providers without regard to race, ethnicity, sexual orientation, gender identity or expression, religion and/or disability.
- To be informed in an understandable manner of the reasons FSD became involved with your family and why you are in care.
- To have family and relatives explored first as potential placement providers.
- To be provided with information about a foster family or program and, whenever possible, have an opportunity to meet the foster parent or program staff before placement occurs.
- To live in family and placement settings that provide a safe, affirming, and nurturing environment while supporting your physical and emotional safety, permanency and well-being, including encouraging your goals, interests, social and school activities. You will have access to personal possessions and privacy, with allowance for safety.
- To have reasonable access to a social worker or supervisor who makes case plan decisions. Reasonable access includes being informed of the social worker and supervisor's office telephone numbers and email addresses as well as a monthly visit by the social worker. You will have the opportunity to have private conversations with your social worker on a regular basis. You will also be made aware of the process for contacting the supervisor and attorney regarding any questions or concerns. You will be informed of the names and phone numbers of your assigned attorney and Guardian ad Litem.
- To participate in the development and review of your case plan and have input into changes made to the plan. If you are age 14 or older, you will be presented with your case plan for review and signature. You will be included in case plan reviews and permanency hearings unless you chose not to or it has been determined that participation would not be safe for you. If you are unable to attend in person, you have the right to submit a written statement to be considered at the meeting.
- To be involved as appropriate with family members and siblings and to participate in the development of family time plans. You will receive support from your social worker and foster family/placement provider in maintaining positive and meaningful contact with significant people (relatives, teachers, friends, and community supports).
- To be supported to access medical, dental, vision, mental, and behavioral health services regularly and as needed.
- To have access to information contained in medical and educational records held by FSD as well as personal documents (your social security card, original birth certificate, green card, etc.). When you leave care, you will be given these personal documents and copies of medical and educational records held by FSD.
- To receive assistance in acquiring life skills, education, training, and career guidance to accomplish personal goals and prepare for the future. You will be informed of resources and case management supports available to youth ages 14-22 through the Youth Development Program.

This list has been provided to me and explained in an understandable manner.

Youth signature:	Date:
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My Contact List

Team Members:	Phone number:	Email:
Your Social Worker:		
Your Social Worker's Supervisor:		
Your Caregiver(s):		
Your Youth Development Coordinator:		
Your Guardian ad Litem:		
Your Lawyer:		
Your Counselor:		
Important Person:		
Important Person:		
Important Person:		

Appointing a Health Care Agent Practice Guidance

DCF Family Services Policy:

Federal law requires that youth in custody receive information on the importance of formally designating another individual to make health care treatment decisions on their behalf if they are unable to make these decisions as an adult. Social workers shall provide the youth with a written explanation of how to appoint a health care agent. This discussion shall be noted in case notes, case plans, and in the youth's Transition to Adulthood Plan.

Background:

- All adults are presumed to have capacity to make medical decisions for themselves.
- Only adults (18 years of age and over) with decisional capacity can complete advance directives. An advance directive is a legal document that allows a capacitated person to appoint a decision maker (*health care agent*) to speak on their behalf if they become unable to speak for themselves. Advance directives also provide a way for a person to communicate their goals and priorities regarding health care decision and end-of-life treatments in advance of a serious illness should they become incapacitated.
- In Vermont, there is no default person legally authorized to make medical decisions for someone who is unable to do so for themselves. It is not automatically an individual's spouse or next of kin who will make these decisions if an individual becomes incapacitated.
- Adults who have guardians (with authority to make medical decisions) are not able to complete advance directives.
- Health care agents can make any medical decision that a patient with capacity would make for themselves. In doing so the agent must consider any instructions written in an advance directive (if applicable) and/or the wishes of the person (if known). If the agent does not know what the person would want, then decisions shall be made based on what is in the person's best interest.

Guidance:

- Review and provide these tools:
 - Brochure: *Appointing a Health Care Agent: Take the First Step*
 - Form: *Appointment of a Health Care Agent, Vermont Advance Directive for Health Care Decisions*
- Everyone 18 years of age or older should be supported in appointing a health care agent. Sudden accident or illness can happen to anyone at any time. A person doesn't need to be dying to need a health care agent.
- Advance care planning conversations should be framed as an empowering process that helps a person plan for the unexpected, take control of future decisions, and identify the person(s) most trusted to make health care decisions.
- Advance Directive forms should be reviewed from time to time and updated or modified as needed. Goals and values change as people age, so too do an individual's circle of friends and/or family. If a relationship changes or an individual becomes married, divorced, etc., a new health care agent can be identified. Similarly, if health care status changes, new priorities can be described.
- When making changes to an advance directive, a new advance directive must be completed and properly signed and witnessed.

- If an individual feels that they have no one to appoint as their health care agent, they can describe quality of life values, situations or circumstances to be considered when making medical treatment decisions in the future.
- Professionals that provide youth with assistance in this area are encouraged to complete advance directives for themselves.
- Division staff are prohibited from acting as a health care agent for individuals currently or formerly involved with the Department.
- Copies of completed forms should be given to the identified health care agent(s), the individual's primary care provider, the hospital where they are most likely to receive their care, and the Vermont Advance Directive Registry (with the required completed Registry Agreement). The original should be retained by the individual.

Resources:

- [Vermont Statutes Title 18, Chapter 231: Advance Directives for Health Care](#)
- Vermont Ethics Network
- Office of the Public Guardian
- Adult Services Division
- Vermont Legal Aid
- Disability Rights Vermont
- DAIL Ethics Committee

DCF and YDP Roles and Responsibilities

DCF Social Workers collaborate with the Youth Development Program (YDP) to provide coordinated and complimentary case management services that best meet the needs of youth and families with an emphasis on:

- Engaging youth ages 15-16 in normalcy, career exploration, education, and community connection activities
- Engaging with **all youth** 17-18 in making and implementing plans for their futures as young adults
- Supporting youth ages 18-21 in achieving their plans for education, employment, safe and stable housing, connections to caring adults and community, and access to health care.

The purpose of this document is to clarify the respective roles and responsibilities of DCF and the Youth Development Program on cases where they are jointly serving the youth.

Contact and Engagement with Youth and Family

- DCF meets monthly face-to-face contact requirements.
- YDP meets at least once per month in-person with the youth and their family. (Family is included if appropriate.) If the needs of the youth and family require additional contact, DCF and YDP discuss the circumstances and plan to meet the needs.
- DCF ensures that there is a monthly team meeting with the youth, family, YDP and other service providers to review progress made toward meeting case plan goals and additional services/supports that may be needed to achieve success.
- YDP attends and participates in team meetings.
- DCF and YDP discuss who arranges and facilitates meetings.

Communication and Documentation

- DCF meets documentation requirements of the case (Disposition Report, Case Plans, Case Notes, Violation of Probation, etc.) DCF obtains necessary information from YDP to inform development of reports.
- YDP provides a monthly progress note to DCF Social Workers for each youth served by the program. DCF will file the monthly progress note in the youth's file.
- YDP notifies DCF immediately of any behaviors or circumstances that may require a response from DCF.
- DCF notifies YDP immediately of any change in circumstances that may impact the work with the youth and family (custody changes, probation violation, placement change, etc.).
- DCF and YDP obtain releases of information from the youth and family for each other and other service providers involved with the family to monitor progress in treatment and in reaching case plan goals.
- DCF District Directors (and other staff they deem appropriate) and YDP meet quarterly to conduct a utilization review, including capacity to meet the need; if necessary triaging cases based on need/priority; and review of eligible caseload to maximize participation.
- DCF provides input for the annual reviews of YDP services in their district.

Case Plan Reviews and Transition Plans

- DCF writes the case plans and convenes the case plan review meetings. DCF requests any additional information from YDP necessary to complete the case plan.
- YDP provides youth-specific information to the DCF Social Worker in preparation for the case plan review.
- DCF invites YDP to the case plan review.
- YDP attends and participates in the case plan review.
- YDP and DCF meet to complete the 90-Day Transition Plans.

NYTD and Screening and Assessment

- YDP completes an Intake Assessment and Youth Connections Scale annually. YDP provides a copy of the Youth Connections Scale to DCF.
- When requested DCF completes NYTD surveys and Locator forms with 17-year-old youth in custody. YDP assists DCF with collecting this information as needed.
- YDP completes NYTD surveys and Locator forms with 19 and 21-year-old youth as needed.

Referral and Intake

- DCF may make a referral to YDP when a youth turns 14 years old, however, they must make a referral when the youth turns 15 years old. Youth who are 17 years old are prioritized by DCF and YDP for engagement in the program.
- DCF completes the referral form and provides it to YDP.
- The specific roles of DCF and YDP are discussed with the youth and family at the start of YDP services.
- DCF and YDP review the responsibilities of the agencies in meeting the needs of the youth and family on a regular basis. Necessary changes, based on staffing availability and status of the case are noted and discussed with the family.
- If there is disagreement around services to be provided by DCF and/or YDP, the supervisors of each program discuss further and make necessary decisions.

Voluntary Services Agreements (VSAs) and Extended Care

- DCF develops VSAs with youth in DCF custody that opt to extend DCF services beyond the 18th birthday through high school graduation (Completion of Secondary Education – Category A).
- YDP develops VSAs for youth that are over 18 and chose to live in extended foster care or independently (Adult Living Program – Category B and Housing Support Program – Category C).
- YDP develops VSAs that outline youth goals, services, and requests for youth investment grants.
- YDP and DCF provide VSAs to each other and collect signatures within 10 days of the start date of the VSA.
- DCF will file a copy of all signed VSA's in the youth's file.