

Procedure Title: Older Youth Reviews

Applies To: DHS Older Youth Review Unit Staff
DHS Ongoing Social Work Services Staff
CUA Case Management Staff
DHS Teaming Staff
DHS Practice Coaches, DHSU Senior Learning Specialist and DHSU Administrators

OVERVIEW:

The Philadelphia Department of Human Services (DHS) holds Older Youth Reviews for older youth who do not have an appropriate transition plan. Referrals for these meetings come from a variety of sources. Referrals are screened by the DHS Older Youth Review Unit and meetings facilitated jointly by DHS and Community Behavioral Health (CBH). Meetings are scheduled, staffed, tracked, and followed-up by the Older Youth Review Unit. Assigned Community Umbrella Agency Case Management Team staff (CUA CM) and, where applicable, DHS Workers and Supervisors refer youth when appropriate, participate in the process when notified, and integrate and implement action steps. The goal of the meeting is to develop successful transition plans for the youth so that when they are discharged from the child welfare system, they experience a smooth transition to a safe and stable living situation where their needs are met. A plan and action steps will be generated from the meeting that all members of the team agree to implement.

PROCEDURES and PRACTICE CONSIDERATIONS

PROCEDURE SUMMARY

Youth appropriate for referral:

- Are placed through the Philadelphia Department of Human Services.
- Are at least 16 years old and have behavioral health, intellectual, or physical disabilities, or are 18 to 21 years old and do not have a strong, appropriate transition plan.
- Are confronting challenges related to transition or discharge planning or are facing challenges related to their current placement that are impacting their readiness for transition.

Older Youth Review Process:

- Referrals for Older Youth Reviews are made by CUAs and DHS using the Older Youth Review Referral form available on Forms_Word or DHS Connect. Completed forms are emailed to: DHSOlderYouthReviews@phila.gov.
 - Referrals can also be made by CBH, the Office of Intellectual disAbility Services (IDS), private Providers, attorneys, and Judges. The Older Youth Review Referral form can be requested from the Older Youth Review Unit.
- Referrals will be reviewed by the Older Youth Review Unit for screening and prioritizing.

Older Youth Review Referral Protocol

For questions about this policy or its related documents, please contact the Policy & Planning Helpline at (215) 683-4108 or DHSPolicy@phila.gov.

Protocol

- The DHS Older Youth Review Unit schedules meetings for accepted cases and notifies all team members.
- Older Youth Review Meetings are jointly facilitated by the Older Youth Review Unit Program Supervisor, or DHS designee staff, and Director of Integrated Clinical Consultation for DHS/CBH.
- Youth's strengths, challenges, main service needs, and existing and needed supports are discussed and a transition action plan is developed. The meeting is documented in the Older Youth Review Planning Documentation form.
- Transition action plan recommendations are distributed to all parties at the end of the meeting.
- The Older Youth Review Planning Documentation form is emailed to all parties within three to five business days after the meeting.
 - Distribution of the Older Youth Review Planning Documentation Form will include the assigned Practice Specialist, Team Coordinator, Teaming Administrator, DHSU Practice Coach, DHSU Senior Learning Specialist, and DHSU Administrator to ensure the plan is followed-up by CUA Team.
- The CUA CM team must upload a copy of the Older Youth Review Planning Documentation form to the electronic case record consistent with current time frames for uploading documents to the electronic case record.
- At the next Family Team Conference, the transition action plan steps are discussed and integrated into the revised Service Plan.
- All team members responsible for action plan steps implement them in a timely manner.
- The Older Youth Review Unit tracks the implementation of the transition action plan steps.

ROLES AND RESPONSIBILITIES (*what happens, who does it, what are the time frames, how is it documented*)

DHS Older Youth Review Unit Staff

- For youth who will be turning 18 or 21 years old:
 - A list of youth who will become 18 or 21 years old in six months will be generated on a monthly basis. Older Youth Review Unit staff will review this list when it is generated. This should be re-written as: A monthly report is generated, that lists youth who will be reaching the age of 18 to 21 within six months of their date of birth. This list is reviewed by the Older Youth Review Unit.
 - Contacts CUA case management staff for youth nearing 18 to 21 years old, or DHS SWSM, to discuss the current transition/discharge plan and determine whether a referral for an Older Youth Review meeting is needed.
- Gathers case-specific information such as:
 - Single Case Plan (SCP).
 - Independent Living or Transition Plan.
 - Achieving Independence Center (AIC) Member Development Plan.
 - Most recent educational records including any Individual Education Plan (IEP).
 - Current board extension agreement if applicable.
 - Recent evaluations and progress reports that illustrate the current services and needs of the youth.
- Schedules the meeting.
- Invites identified team members by email or telephone within seven days.

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Protocol

- Distributes case-specific information to team members in advance for their review and preparation for the meeting
- Attends the meetings and document the action steps that result from the review.
- Prepares and distributes to team members the Older Youth Review Planning Documentation form resulting from the meeting.
- Follows up as needed or requested, including follow-up meetings, to track progress in implementing the transition plan until action steps are completed or the youth or young adult is no longer committed to DHS.

Assigned CUA CM TEAM or DHS SW TEAM

- Refer youth who do not have an appropriate transition plan for an Older Youth Review meeting.
 - Referrals are submitted within three business days after it is determined that youth meet the criteria.
 - Referrals are mandatory if a referral is recommended by the Older Youth Review Unit. This should be first.
- Provide the Older Youth Review Unit with case-specific information as requested.
- Attending the Older Youth Review meeting when notified, be knowledgeable about and prepared to discuss the case.
 - CUA CM Supervisors or DHS Supervisors, as part of supervision, must review and discuss the youth's transition plan and referral for an Older Youth Review meeting. Supervisors should also ensure, in the course of supervision, that their staff are prepared for the Older Youth Review meeting and should attend if their staff is unavailable.
- Integrating action steps from the resulting Older Youth Review Planning Documentation form into the next scheduled review and revision of the Service Plan.
 - For CUA cases, the Single Case Plan must be revised within 30 calendar days after the meeting if the plan needs to be revised due to the addition of new information.
 - Implementing the action steps from the Older Youth Review Planning Documentation form in a timely way and as agreed upon during the Older Youth Review.
 - During review of the revised SCP or FSP and during regular supervision, CUA CM Supervisors and DHS Supervisors should ensure that the actions steps from the Older Youth Review meeting are incorporated in the SCP or FSP, if appropriate, and are being implemented.
- Responding to follow-up inquiries.
- Documenting the above in Structured Progress Notes (SPN) and, upon receipt, uploading the Older Youth Planning Documentation form to the youth's case file in the electronic case record.

Assigned CBH Staff

- Assigned Care Managers, including support staff from CBH, provide a summary of authorized services.
- Provide support in referring to treatment services identified in the transition plan.
- Assist CUA or DHS in transitioning youth to adult service systems of care as agreed upon during the Older Youth Review.

Assigned IDS Staff

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- The assigned Supports Coordinator attends all Older Youth Review meetings for youth registered with IDS.
- Submits a copy of the youth's IDS Individual Service Plan, where applicable, if referrals originate from this office for youth in DHS placements.
- Assists CUA or DHS in transitioning youth to adult service systems of care as agreed upon during the Older Youth Review.

DHS Housing Staff

- Assists with determining additional housing options. Works with AIC Housing Counselor, OHS, and existing DHS Contracted Housing Providers to determine possible housing matches.

Additional participants invited to share their expertise and inform the development of a strong transition action plan may include, among others:

- The youth's child advocate attorney and social worker.
- Court Appointed Special Advocate.
- Achieving Independence Center coach.
- Resource home parent, residential placement staff, Supervised Independent Living worker.
- Social Security Administration representative.
- Other supportive adults identified by the youth.

Policy and Procedure Guide

**RELATED DOCUMENTS AND
RESOURCES:**

Attachments:

Forms: Older Youth Review Referral form
Older Youth Review Meeting Invitation
Older Youth Review Planning Documentation form

Related Policies or
Procedures:

Other Resources: Older Youth Review Meeting FAQ

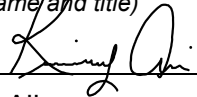
PROTOCOL REVIEW AND APPROVAL

APPROVED BY: Kimberly Ali, Commissioner

REVIEWED BY: Katherine Garzon, Chief of Staff, Commissioner's Office
Gary D. Williams, Deputy Commissioner, Policy Development and System
Enhancement
Staci Boyd, Operations Director
Luis A. Santiago, Policy and Planning Administrator

APPROVAL SIGNATURE

(Authorizing Leadership Name and title)

Signature: 
Name: Kimberly Ali Title: Commissioner

Date: 10/19/2020

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OLDER YOUTH REVIEW REFERRAL FORM

THIS FORM MUST BE COMPLETED BEFORE A REFERRAL CAN BE SCREENED

REFERRAL SOURCE:

Today's Date:

Name:

Agency or Organization:

Telephone:

Email:

Address:

IDENTIFY THE NEED FOR AN OLDER YOUTH REVIEW MEETING *(Please describe the current transitional plan and what discharge efforts have been made:***INFORMATION ABOUT THE YOUTH:**

Name:

Will Youth Be Attending? Yes No

Date of Birth:

DHS # and suffix:

PLACEMENT:

Current Placement Agency Name:

Current Placement Resource Parent Name (if applicable):

Current Placement Address (Youth's residence):

Placement Type:

 Shelter Regular foster home Hospital Therapeutic foster home Residential Treatment Center Transitional Living placement Group home Supervised Independent Living Other (explain):

Youth/Placement Phone #:

BOARD EXTENSION:

Does youth have a current board extension?

 Yes No

If yes, date current board extension was granted:

Will current board extension be renewed?

 Yes No

If no, why not?

Does youth need assistance obtaining supporting documents?

 Yes No

If yes, what documents?

MEDICAL/DENTAL:Is youth up-to-date on routine medical care? Yes No

Date of last visit:

Is youth up-to-date on routine dental care? Yes No

Date of last visit:

Describe any outstanding medical or dental issues?

EDUCATION:

Youth's Name:

Current School Address:

Does the Youth have an IEP?

Does the Youth have an Educational Decision Maker?

 Yes No Yes No

Name, if applicable:

EMPLOYMENT:						
Is the Youth employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of employer:				
		Address:				
Does the youth have savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, amount of savings: \$				
YOUTH'S BEHAVIORAL HEALTH NEEDS <i>(Briefly describe youth's MH history, diagnosis and current treatment, if any):</i>						
INTELLECTUAL DISABILITY SERVICES:						
Does youth currently receive Intellectual disAbility Services? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If not, does youth require Intellectual disAbility Services? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has youth been registered with DBHIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?						
SUPPORTIVE SERVICES:						
SWAN Services:						
Child Profile	Referred:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Child Prep	Referred:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Child Specific Recruitment	Referred:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Family Finding:						
Referred:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
AIC:			YVLifeset:			
Active Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			Referred: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date referred:			
Date referred:						
ESSENTIAL DOCUMENTS:						
Document (Check if youth has the document)				Does youth need help obtaining the document?		
<input type="checkbox"/> Original / official copy of Birth Certificate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Original / official Social Security Card				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> State Driver's License / Non-Drive Photo ID				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Health Insurance Card and/or CHIP/MA card and/or Adult Basic card				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Checking / Savings Account Statements from bank or credit union				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Annual credit report obtained and given to youth 14 years or older				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Youth's Legal Residency / Citizenship established/has records (as applicable)				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> School Transcripts				<input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> HS Diploma or GED and/or certification of completion of vocational / trade school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Medical Records/History	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Immunizations/Inoculation records from physician's office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Three employment / character references with contact information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Enrollment / roster / transcripts in post-secondary education program OR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Letter from employer, pay stub, work ID or W2 (to verify youth is employed in a manner sufficient to support the other requirements of a successful transition to independence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FAMILY MEMBERS AND OTHER SUPPORTIVE ADULTS WHO SHOULD BE INVITED:

Name: Telephone: Email: Relationship:	Name: Telephone: Email: Relationship:
Name: Telephone: Email: Relationship:	Name: Telephone: Email: Relationship:
Name: Telephone: Email: Relationship:	Name: Telephone: Email: Relationship:

YOUTH AND PROFESSIONALS WHO SHOULD BE INVITED TO ATTEND THIS MEETING:

Youth:	Name: Telephone: Email:	Child Advocate Attorney:	Name: Telephone: Email:
CUA CM or DHS Worker:	Name: Telephone: Email:	Child Advocate Social Worker:	Name: Telephone: Email:
CUA CM Supervisor or DHS Supervisor:	Name: Telephone: Email:	OVR Contact:	Name: Telephone: Email:
DHS Administrator, if applicable:	Name: Telephone: Email:	IDS Support Coordinator, if applicable:	Name: Telephone: Email:
CUA CM Director or DHS Director:	Name: Telephone: Email:	AIC Coach, if applicable:	Name: Telephone: Email:

Provider Case Manager, if applicable:	Name: Telephone: Email:	Other:	Name: Telephone: Email: Relationship:
Other:	Name: Telephone: Email: Relationship:	Other:	Name: Telephone: Email: Relationship:
Does the youth or any family member need an interpreter to participate in the meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what language is needed?			
Please describe any additional accommodations needed for youth to participate in the meeting:			

*****Please submit completed referral_form to DHSOlderYouthReviews@phila.gov.