

## When In Doubt ...

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### (A Retrospective Look from the Edge of the Cliff)

#### \*\*\* Dare to imagine the possibilities

What is your dream?

What is your child's dream?

Set high expectations and identify the supports needed to reach the goal.

#### \*\*\* Where are you now?

Assess your needs and resources

Assess your child's skills and needs

What are the risks of change?

What are the risks of *status quo*?

#### \*\*\* Make a plan

Prioritize skills to teach

Identify friends who can help

Identify resources

Plan for success

"Hope for the best, be prepared for the worst!"

#### \*\*\* Start small

Celebrate the little things

Look for the "good" in every step

Watch for readiness / Seize the moment

#### \*\*\* Re-group, readjust, revisit old ideas, reassess .... constantly!

What's working?

What's not working?

Add supports to reach the goal

## Checklist for Transition from *Child and Family* to *Adult Services*

The following steps are recommended when assisting families with the transition process from CDC's services to adult DD services. It is a guide to review with families and implement as it meets their needs. The transition process can be complicated and FSS's may coordinate with schools and other service providers to support a comprehensive transition process.

### Introduction to Adult Services (between ages 12-16)

- Review Council outcomes and their application for young adults
- Conduct Person Centered Planning meeting(s) to identify long-range hopes, dreams and needs
- Coordinate with other providers to conduct assessments addressing long range planning needs, may include some or all of the following:
  - ✓ Developmental domains
  - ✓ Vulnerability/safety
  - ✓ Motivation
  - ✓ Interests, Likes/Dislikes
  - ✓ Functional behavior
  - ✓ Vocational profile
- Coordinate with family and school to discuss needs for balancing academic needs with vocational and community skill development
- Discuss current services available through DDP for adults with disabilities
- Discuss current status of the waiting list for adult services ( see "IES" box, below)
- Discuss eligibility and application process for adult services with parents
- Begin developing transition outcomes and objectives in the IFSP
- Provide family (and school staff, if necessary) with a copy of "IDEA Transition Requirements"
- At age 16, complete TREC paperwork

### Planning for Entry into Adult Services (from age 16 through graduation from high school)

IES While it is a family's legal right to begin the process of referring their child to Adult Services at the age of 16, it may not be the most meaningful time to complete the Adult Services Referral / Application Packet due to the lengthy waiting list. Chances are high that the child will not get picked up before high school graduation and he/she will go through many changes in abilities and needs. Therefore, the application will likely require a complete revision. DDP suggests that the most effective timing for making a referral is one year prior to the child's high school graduation.

- With parents, discuss long term legal planning issues and give related handouts
  - ✓ PLUK's "MSST Handbook"
  - ✓ "Montana Legal Guide to Long Term Care Planning"
  - ✓ "Guardianship and Trust Issues" handout from Jack R. Tuholske
- When child is 16 and with family's permission, coordinate with school to invite DDP case manager to IEP meeting focusing on the transition process into adulthood
- With family's permission, contact DDP case manager to discuss coordination of responsibilities...
  - ✓ If child receives IFES, FSS will continue to provide case management
  - ✓ If child receives FES, FSS will coordinate with DDP case manager for specific needs of family
  - ✓ Discuss family's transition needs...simply identify a contact person at the DDP office, visit in depth about Adult Services with a case manager at the DDP office, visit with DDP case manager at IEP or begin application process for Adult Services

- Determine timing for referral to DDP Adult Services that best meets the child's and family's needs
  - If child's needs are best met in high school and there is more than one year before the child will likely graduate, explore any benefits to beginning the application process at age 16. The family may choose to wait to do so until one year prior to graduation ( see "☞" box above).
  - If child is in immediate need of supports from Adult Services (group home placement or adult day program) AND with family's permission, begin referral process.
- To refer to DDP Adult Services, send letter to DDP QIS requesting determination of eligibility for Adult Services. Include a current ICAP, current psychological test results, social history and, if applicable, behavioral assessments.
- Once eligibility is determined, coordinate the completion of the application packet for Adult Services, specifying services for which individual wishes to be considered and identifying whether the application is for local or statewide service openings.
- Continue to conduct long range planning discussions regarding
  - ✓ Daily living skills
  - ✓ Community connections
  - ✓ Recreational interests and opportunities
  - ✓ Personal preferences
  - ✓ Vocational supports
  - ✓ Behavioral supports
  - ✓ Medical needs, etc.
- At age 17 ½, apply for SSI or notify SSI office that the individual will be turning 18 and status of guardianship
- After individual turns 18, encourage application for assistance programs such as Food Stamps and Section VIII Housing
- Discuss natural supports available to address long range needs
  - ✓ Family members
  - ✓ Neighbors
  - ✓ Friends
  - ✓ Church
  - ✓ Recreational organizations, etc.

**Ongoing Planning for Adult Needs  
(high school graduation through age 22)**

- Provide DDP with annual updates for waiting list review, including current status of
  - ✓ Residence
  - ✓ Custody
  - ✓ Medication
  - ✓ Behavior
  - ✓ Vocational supports
  - ✓ Agencies and programs providing supports
  - ✓ Changes in eligibility for current supports
- Continue to assess needs and interests
- Continue to identify natural supports
- Continue to conduct long range planning discussions
- Prior to receiving Adult Services and/or turning 22, hold a "Farewell Celebration"

## Personalizing Adult Transition Plans

### Parents:

- Analyze daily tasks and amount of support needed
- Discuss "letting go" with someone close to you
- Expand circle of natural supports...ask friends and family to do more
- Expand your child's awareness of lifestyle changes
- Expand your child's awareness of community
- Verbalize *all* the steps of preparing and participating
- Be prepared for your child to surprise you
- Set high hopes
- Be prepared for many adjustments (plans B, C, D, ... Z)
- Explore guardianship decisions
- Use the language of safety in describing actions/behaviors
- Establish regular meeting times with caregivers

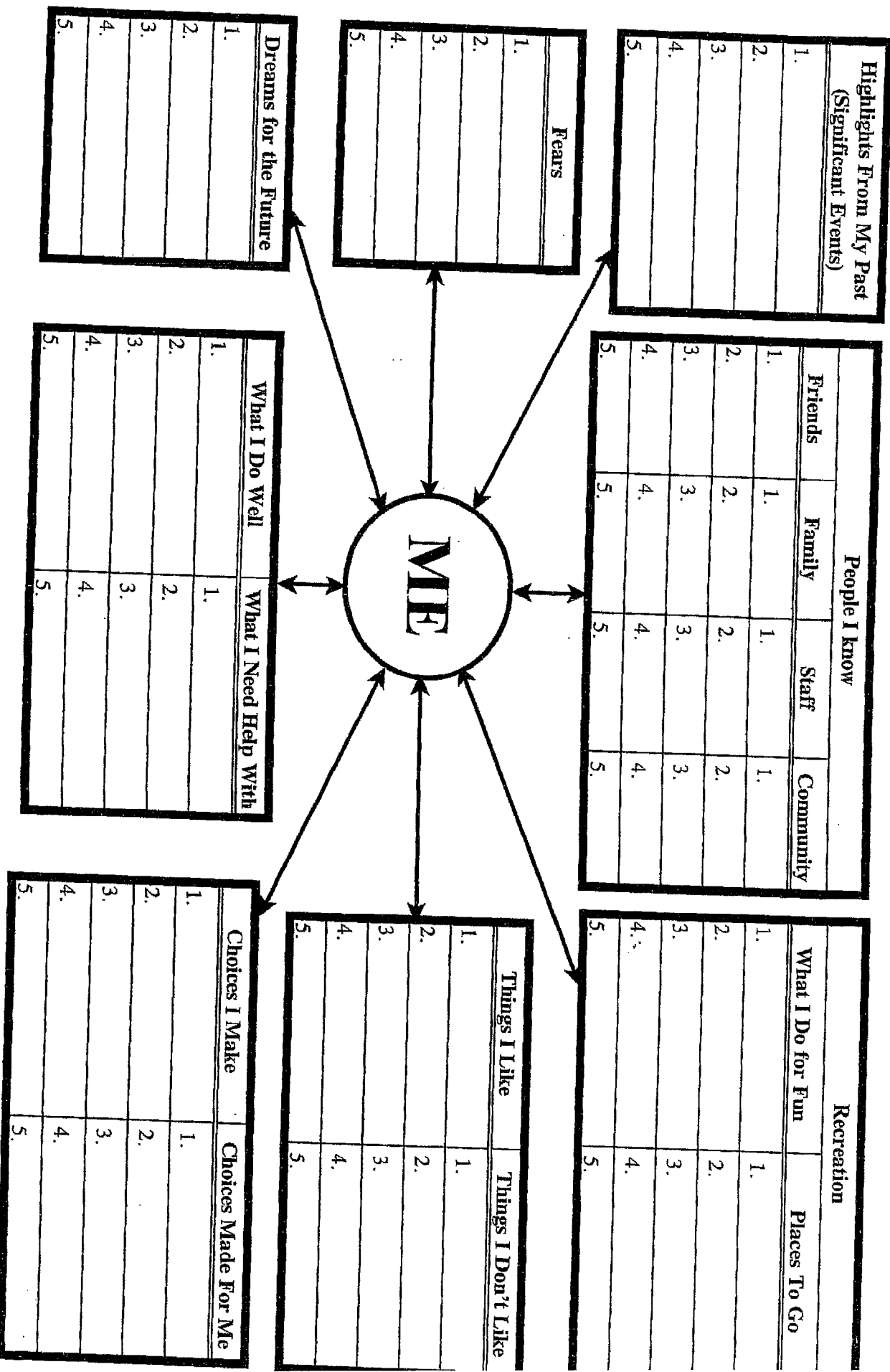
### Providers:

- Listen to parents' fears
- Help family prioritize goals ... focus
- Give the "child" a voice
- Advocate for "child" rights *and* parent rights
- Analyze a typical day for the family and identify little tasks "child" can learn to do for him/herself
- Connect family to all agencies that may be able to support needs
- Discuss and assist in application to Adult Services
- Help family set reasonable standards for caregiver interactions/responsibilities
- Assist family with writing a guide for working with their "child"
- Assist family with writing expectations/responsibilities of caregivers
- Facilitate a person-centered planning meeting
- Don't accept defeat... find another way...try, try again

### Individual:

- Apply for SSI, Foodstamps, housing assistance, energy assistance
- Learn to call friends and family on the phone
- Learn the route to go to your favorite places
- Learn basic safety rules for walking, riding a bike or riding the bus
- Ask for help when you need it, be polite and report things that don't feel safe
- Learn how to get emergency help

# Person Centered Planning Preparation Sheet



Highlights From My Past (Significant Events)	
1.	
2.	
3.	
4.	
5.	

People I Know			
Friends	Family	Staff	Community
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Recreation	
What I Do for Fun	Places To Go
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Fears	
1.	
2.	
3.	
4.	
5.	

Things I Like	Things I Don't Like
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

What I Do Well	What I Need Help With
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Choices I Make	Choices Made For Me
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Dreams for the Future	
1.	
2.	
3.	
4.	
5.	

## **PART C TO PART B TRANSITION CHECKLIST**

### **Introduction of Part B services (to be initiated no later than age 2 years, 6 months)**

- Begin talking with the family about transition and Part B services as part of the child's IFSP preceding age 2 years, 6 months.
- Give the family a copy of "First Steps" booklet.
- Review and discuss similarities and differences between Part C and Part B services.
- Explain the Transition Planning Conference (including who are core team members).
- Discuss eligibility process and how placement decisions are made for preschool services.
- Inform families of preschool options used by the school district and other community options.
- Begin developing transition outcomes and objectives in the IFSP (i.e., skills child may need in new setting and/or supports family may need to ease the transition).

### **Planning for the Transition Planning Conference (to be completed between 2 years, 6 months and 2 years, 9 months)**

- Identify family's roles and responsibilities in the transition process.
- Contact school or special education co-op personnel if you are unsure of preferred process for referral.
- Complete Parent Agreement form for scheduling a Transition Planning Conference.
- Schedule a Transition Planning Conference with the school at least 90 days prior to the child's third birthday.
- Identify and invite other team members to the Transition Planning Conference.
- \*\* With written consent, provide the school with child information (referral or intake form, IFSP, assessment, evaluations, etc.).

\*\* Note:

A formal referral to the school district does not need to take place prior to the Transition Planning Conference. However, schools like to be provided with some information prior to the conference if at all possible and if parents give their consent.



•T-214 Fort Missoula, Missoula, MT 59804 (406) 549-6413 or 1-800-914-4779  
 •945 4<sup>th</sup> Avenue East, Kallispell, MT 59901 (406) 755-2425  
 •P.O. Box 236, Polson, MT 59860 (406) 883-2636

## Assessment Planning

<b>Individual's Name:</b>	<b>FSS:</b>
<p>Assessments are used to gather information about a child's developmental skills, identifying strengths as well as possible areas of concern. Assessments are helpful to parents and Family Support Specialists when prioritizing concerns and planning outcomes. After an assessment is completed on a child, parents and FSS's have a better idea of the areas where progress has been made, as well as what steps to take next.</p>	
<p>What information would parents like to gather from this assessment?</p>	
<p>What information would the Family Support Specialist like to gather from this assessment?</p>	
<p>What information would other people like to gather from this assessment?</p>	
<p>What role would the family like to play in the assessment?</p>	
<p>Where would the family like the assessment to take place?</p>	
<p><input type="checkbox"/> I give permission for my child to be assessed.  <input type="checkbox"/> I give permission for CDC to gather assessment information from the following people:</p> <ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> <li>4)</li> </ol>	
<b>Parent Signature:</b>	<b>Date:</b>
<b>Parent Signature:</b>	<b>Date:</b>

### CDC SERVICES TRANSITION

Date: \_\_\_\_\_ Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Age \_\_\_\_\_ Your Name \_\_\_\_\_

Your Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

#### FAMILY STRENGTHS/RESOURCES

Please indicate by circling the appropriate number if you agree (1), or disagree (2) with the statements below.

Agree    Disagree

- 1        2        I have the knowledge and skills to relate to my child's needs and abilities at home without the guidance from a Child Development Specialist from CDC.
- 1        2        I am familiar with the resources available (OT, PT, speech, preschool, public school, childcare/respite, etc.) to my child.
- 1        2        I have financial resources to meet my child's needs (insurance, Medicaid, Department of Family Services, personal funds, etc.).
- 1        2        The only service I need from CDC is Respite.
- 1        2        I value and need the personal support I receive from a Child Development Specialist visiting my home.
- 1        2        I feel comfortable with my knowledge and/or know how to access information about the upcoming stages of development my child may experience.
- 1        2        I feel I've been committed and actively participated in services (i.e., prepared and present for home visits, follow through with IFSP objectives and outcomes, etc.).
- 1        2        Within the next year, my child will transition to preschool, kindergarten, or a full-day school program.
- 1        2        I would like CDC services to continue.