

Crosswalk: Maryland’s Integrated Practice Model and Youth Transition Planning

This document illustrates the alignment between The Maryland Department of Human Services/Social Services Administration’s (DHS/SSA) Integrated Practice Model (IPM) and its Youth Transition Planning Process. As seen below, the Youth Transition Planning Process serves to operationalize the IPM for older youth in foster care in the 19 jurisdictions that are not implementing Enhanced- Youth Transition Planning (E-YTP) model on the Mid-Shore. The IPM is Maryland’s effort to create an integrated, individualized, and standardized approach to the work DHS does in both child welfare and adult services, and is rooted in the values of empowerment, collaboration, advocacy, and respect across all areas.

	IPM Practice Profile	Youth Transition Planning Process Elements
Engage	<p>Engagement serves as the foundation to building trust and maintaining strong partnerships with our families.</p> <p>Successful partnership occurs when our verbal and non-verbal communication and interactions with individuals and families are receptive to change, non-judgmental, compassionate, and empathic.</p>	<ul style="list-style-type: none"> • Worker has frequent and consistent contact (face-to-face, text, email, or virtual) with youth prior to the initial Youth Transition Planning (YTP) Facilitated Meeting • Worker protects intentional time to develop authentic relationship with youth and the youth’s team • Worker and youth meet in a location where the youth is most comfortable, to partner in planning and preparation for their meeting • Worker partners with youth and their team and supports to introduce and orient them to the Youth Transition Planning Process • Youth-driven transition planning meetings occur every 6 months or more frequently as directed by youth • Informed facilitation occurs at every transition planning meeting • Worker and team uses youth’s language throughout the transition planning process
Team	<p>Family Team Meetings (e.g., Family Team Decision Meetings, Client Team Collaborations) create opportunities to bring children, youth, vulnerable adults, their families, and support systems to a common table to discuss their goals, identify concerns, assess progress, make decisions, and create a plan that meets their identified needs and builds upon their strengths, resiliency, and other protective factors.</p>	<ul style="list-style-type: none"> • Worker discusses the teaming process with youth to identify potential team members and supports • Worker reaches out to identified team members and supports to broaden their understanding of the transition planning process, the teaming process and how this will look different from traditional youth transition Family Involvement Meetings (FIMs) • Worker focuses on developing active partnerships with natural supports • Worker meets with family to specifically orient them to the youth transition planning process • Tasks and next steps are divided among all team members based on their strengths and skills, with a plan for follow up

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Assess	<p>Assessments are used to organize our collective knowledge and understanding of individuals and families, and to support clear communication and sound recommendations.</p> <p>The process of collaborative assessment is designed to get to know the individual, hear the family's story, and develop an understanding across the team, as opposed to asking a series of prescribed questions. The gathering of accurate information hinges upon our ability to build trusting relationships with youth, vulnerable adults, families, and our professional partners.</p>	<ul style="list-style-type: none"> • Worker focuses on building authentic relationship with youth as the method to the most accurate, and collaborative assessment process • Worker listens to the youth's story, reflects story back to youth to confirm accuracy, and have conversations to address differing perspectives while still honoring a youth identified decision. • Worker partners and collaborates with youth to complete specific assessments and track progress • Assessment tools are used to inform the transition planning process • Worker engages in the meaningful and intentional incorporation of assessment findings to inform a youth's entire transition planning process, not just their youth transition planning document.
Plan	<p>Partnering with individuals and families to develop plans for their care is critical to achieving their participation and increases their likelihood for success.</p> <p>When individuals and families actively lead the development of their plan, they are more likely to feel a sense of understanding and ownership, have greater motivation in accomplishing their goals and experience increased satisfaction with themselves and their worker.</p>	<ul style="list-style-type: none"> • Worker schedules consistent and frequent check-ins (weekly) with youth to prepare for upcoming meetings • During meeting preparation sessions, youth and worker collaborate to develop a transition planning meeting invitation list, comprised of team members, supports, and youth-identified gatekeepers, and a meeting agenda • Worker, team, and youth share decision-making in planning and supporting the development, monitoring, and continued adaptation of a comprehensive Youth Transition Plan (YTP) • A comprehensive YTP is consistently revised by worker to include tasks and timelines within each Ready by 21 domain and is used to track progress in meeting goals over time • The Youth Transition Plan is written using the youth's language and is regularly shared with youth and their team • Tasks and next steps are divided among all team members based on their strengths and skills, with a plan to follow up • Worker schedules next Youth Transition Planning meeting with youth, and their team. Choose a date, time, and location that is comfortable and convenient for youth, knowing this may need to be updated if schedules change

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Intervene	<p>Identifying interventions is one of the keys to building and sustaining a collaborative partnership with youth, families, and vulnerable adults.</p> <p>Effective intervening improves engagement, increases likelihood of individual and family participation in services and results in greater likelihood of achieving success related to placement stability, reduced length of stay, improved well-being, and timely permanence/independence.</p>	<ul style="list-style-type: none"> • Workforce incorporates individualized, trauma-informed practices and understands the impact of adolescent brain development in transition planning as well as works to identify trauma-informed interventions and services for youth • Creative adaptation of Youth Transition Planning Process guidelines to meet youth's unique and changing goals • Worker engages in meaningful use of comprehensive YTP with youth and team • Worker and team explicitly share and model specific self-determination skills • Worker collaborates with youth around plan progression and addressing any concerns they have with their transition planning process • Worker and Independent Living Coordinator create ample opportunities for youth to experience real world efficacy activities and learning, and support youth in engaging in those activities
Monitor & Adapt	<p>Workers partner with the youth, vulnerable adults, and families to evaluate the:</p> <ul style="list-style-type: none"> • Youth, vulnerable adults, and family's satisfaction with the services and the provider • Any changes or new needs • Progress made to allow for celebrating successes and areas of growth to problem-solve solutions to any barriers inhibiting success <p>Workers also monitor to ensure that individual and family's strengths are being utilized to enhance protective capacities, trauma symptoms are being addressed, barriers to participation and progress are resolved timely and plans and recommendations are adapted to meet the individual and family's progress and ever-changing needs.</p>	<ul style="list-style-type: none"> • Youth Transition Planning Meetings occur at a minimum of every 6 months, or more frequently as requested by youth • Workers guide youth in using their team to support them in measuring progress towards achieving their goals and addressing challenges as they arise • The team celebrates youth's individualized successes and accomplishments • Workers use YTP as a tool that is continually updated to reflect real time individualized adaptations identified by youth and team • Intentional use of youth voice and choice in all planning and communication, both written and verbal

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Transition	<p>Transitions occur not only when we are moving out of direct care, but also when individuals and families experience changes in workers, caregivers, family members, interventions, and achievement of developmental milestones.</p> <p>Successful transitions occur when children, youth, families, vulnerable adults, as well as their chosen supports, are involved early and consistently in the planning for and implementation of transitions.</p> <p>Active partnering during transition planning promotes healing from trauma, prevents or reduces re-traumatization, and supports timely progress to achieving the individual and family's goals of safety, permanency, and well-being.</p>	<ul style="list-style-type: none"> • Active transition planning begins at 14 years old for all youth in foster care • Worker and team support youth in identifying resources and compiling them in a manner that meets their personal preference • Worker provides opportunities for youth to practice how they will execute their plan when they exit care • Team creates frequent and consistent opportunities for youth to practice self-determination skills • Worker collaborates with youth and team to create a plan for accessing supports once youth is no longer involved with foster care • Worker actively partners with youth in compiling a comprehensive Aftercare Plan