MEMORANDUM OF AGREEMENT
CLIENT TRANSITION
FROM
THE DEPARTMENT OF CHILDREN AND FAMILIES
TO
THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

The purpose of this Memorandum of Agreement is to facilitate the coordination of services between the Connecticut Department of Children and Families (DCF) and the Connecticut Department of Mental Health and Addiction Services (DMHAS) for clients who are within the care of DCF (committed or voluntary) and who are eligible for services through DMHAS. This Agreement establishes protocols for the referral of each eligible client from DCF to DMHAS. The existing Memorandum of Agreement is hereby terminated by mutual agreement of the parties and replaced in its entirety by this new Memorandum of Agreement as follows:

A. DMHAS and DCF will identify potential transitioning clients as early as possible in order to develop the most appropriate plans. DCF will make referrals of adolescents to DMHAS within 30 days of their 16th birthday. For those adolescents who come into DCF care at age 16 or older, the referral will be made within eight weeks of being identified as potentially eligible for DMHAS services.

B. At age 16, (unless the youth has entered DCF care subsequent to age 16), DCF will provide a referral to the DMHAS designated staff person. The referral package shall include the following information:

    1. demographic information, including but not limited to guardianship status, entitlement status, health insurance information, parent's residence, and adoption information and documents, if applicable and available;
    2. education history; school status; current IEP, 504 plan or vocational plan;
    3. the most recent psychiatric or psychological assessment including mental status and behavioral symptomatology, diagnoses and full scale IQ if applicable;
    4. treatment and placement records describing previous and current treatment episodes and/or placements at all levels of care including but not limited to inpatient, partial hospital, outpatient, residential, group home and foster care;
    5. psychosocial history;
    6. history of substance abuse;
    7. history of medication and current medication regimen;
    8. medical history, including specification of any developmental disabilities and/or organic deficits, most recent history/physical and immunization records if available;
    9. recent assessment of independent living skills and a plan which addresses identified strengths and deficits when available (the assessment should include an activity of daily living/functional assessment such as the Ansell-Casey Life Skills Assessment);
    10. a copy of the DDS eligibility determination letter if the individual was referred to DDS; and
    11. identification of the DCF staff representative who will assist in coordination efforts.

12. criminal and juvenile justice system histories.

C. Referrals to DMHAS from DCF will be prepared in a mutually-agreed format, with a specified referral form, release of information and supporting psychosocial, clinical and educational information included.

D. DMHAS will make every effort to make an eligibility determination within 6 months of receiving a completed referral from DCF. All DMHAS eligibility determinations for DCF referrals will be made within one year of receipt of the referral, except in those cases where the Departments come to a mutual agreement for an alternative time frame.

E. Criteria for eligibility to DMHAS and procedures for reviewing denial of eligibility by DMHAS will be provided by DMHAS to DCF. It is understood that the decision to provide DMHAS services is a discretionary decision residing solely with DMHAS (Connecticut General Statutes §17a-451). When DMHAS determines a client to be eligible for services, the term "eligibility" does not imply that DMHAS assumes custodial responsibility or funding for the client while the client is in DCF's care. The responsibility for funding such services will be determined by agreement between each agency's Commissioner or their designees.

F. DCF will continue to serve youth in its care and custody and who have been referred to DMHAS until age 21 provided that the client was in DCF's care on his/her 18th birthday; remains in high school, college or vocational school; and, for those who have reached their 18th birthday, are willing to accept DCF services voluntarily. For high school, the youth must participate in course work approved by his/her IEP or participate in alternative educational programming that meets his/her educational goals, including a GED when such a program represents the best educational option. For college, vocational school or a work training program, the youth must have an approved Post Secondary Education Plan. To be considered "in DCF care and custody," the youth must have been committed to DCF prior to age 18 as an abused, neglected or uncared for child. Youth who fail to meet any of these conditions will be referred directly to DMHAS community-based programs and the DCF case will be closed unless such closure would prevent the client from completing a program course or training currently in place. When DCF is closing the case, this transition to DMHAS YAS shall continue with an agreement between DCF and DMHAS.

G. DCF will continue to serve youth who have been involved with DCF through an in-home treatment case (not committed) or the Voluntary Services Program and who have been referred to DMHAS up to the age of 18 unless mutually agreed upon between DCF and DMHAS that the youth remain with DCF beyond age 18. DCF will keep Voluntary Services and in-home cases open up to age 18 as long as the youth and parent/guardian continue to meet criteria for DCF services as set forth in the Voluntary Services Regulations, cooperate with the case plan and request to continue services.

H. The age for transitioning youth to DMHAS who are involved with DCF as committed delinquents, who have no other legal status with DCF and who have been referred to DMHAS will be determined based on the length of their commitments, but no later than age 21.

I. In order for DCF to maintain an open case during the transition process, the youth must meet criteria outlined in F, G or H above.

J. A DCF client who is admitted to a DMHAS inpatient facility for acute care will remain the responsibility of DCF post-discharge provided that the client voluntarily agrees to remain a client of DCF until such time as standard referral and transition procedures as outlined herein are operationalized.

K. DCF and DMHAS shall hold at least one joint transition planning meeting at which a Transition Action Plan (TAP) shall be completed. Participants in the meeting may include the client, any person(s) the youth requests to attend, the youth's attorney, DCF staff, youth's guardian/guardian ad litem if applicable, current providers, foster parents if applicable and staff from the receiving community agency or program. The TAP will address, at a minimum, all of the items listed below and will be approved in writing by all meeting participants. The transition plan will be individualized and will address the following elements:

1. identification of the Local Mental Health Authority (LMHA) liaison;
2. treatment and/or other services to be provided by DCF for clients in DCF's care until the client's transition date.
3. if inpatient care will likely be required upon the client's transition date, DMHAS will identify the appropriate inpatient service; concurrently, timely notification to the anticipated inpatient service provider will be made by DMHAS;
4. identification of the DMHAS level of care, community support, and other comprehensive services to be provided to the client following transfer, and an opportunity for the client to visit the program prior to finalizing the service plan;
5. consideration of whether the client meets the legal standards for a conservator;
6. specification of clinical, personal and financial information to be provided, including copy of an original birth certificate, social security card and immunization records if available;
7. confirmation that the youth has a valid photo identification or an agreed-upon plan to obtain this prior to transition;
8. identification of any issues with regard to eligibility for entitlements:

    - DCF is responsible for assuring that an SSI application has been submitted prior to transfer and that DMHAS has a copy of the application;
    - DMHAS is responsible for assuring that the Social Security payee change is made, if applicable, and that Title XIX is transferred to the adult Medicaid system;
    - DCF will supply all necessary insurance information to DMHAS at transition and DCF and DMHAS will work together to ensure that there is no interruption or discontinuation of the youth's medical coverage;
    - DCF may request an extension of HUSKY benefits for an agreed-upon time frame on a case-by-case basis;

9. identification of the Local Education Authority (LEA) which will have responsibility for the client at the time of the transfer, and designation of the DMHAS and/or DCF staff member(s) who will interact with that LEA to ensure that appropriate educational planning occurs for the client;
10. establishment of a process for updating and amending the TAP so that all of the service providers may collaborate to ensure a smooth transition; and
11. establishment of a specific time frame for the transfer of responsibility consistent with the parameters outlined in this Agreement.

L. All youth transitioning from DCF to DMHAS and who have an IEP, will have a PPT involving relevant DCF and DMHAS staff and the youth's educational surrogate prior to transfer to address ongoing educational needs.

M. DMHAS and DCF agree to identify and designate liaisons to facilitate referral and transition activities and to develop a protocol to establish consistency of practice at the local and regional levels. At a minimum, the protocol will include processes to guide individual care planning and coordination as well as defined methods of dispute resolution when agreement cannot be obtained at the local or regional level.

N. DMHAS and DCF agree to establish regular, on-going communication so that the referral and transition process can be monitored and problems can be identified and resolved. Agency staff from the Offices of the Commissioners will meet as needed, but at least quarterly, to review referral and transition issues.

O. Data on the timeliness and completeness of referrals and the timeliness of eligibility will be reviewed regularly at interagency meetings.

P. DMHAS will maintain a centralized process for referral receipt, eligibility determination and transition planning.

Q. DCF will maintain a centralized referral monitoring and tracking process. Individual transition planning will be done at the Regional and Area Office level.

R. Notwithstanding paragraphs F, G and H, in any case in which DCF determines that a client in its care between the ages of 18 and 21 will be better served by the adult service system, DCF may contract directly with appropriate adult providers or DCF may agree to contract with DMHAS for programs or services provided to young adults. If DCF decides to contract with an adult provider, DMHAS will be notified in advance. DCF and DMHAS will work collaboratively to develop service and support plans for youth aged 18-21 with continuing eligibility for DCF but for whom DCF does not have the appropriate services to meet his or her needs. In those cases where existing capacity within DMHAS is not available, appropriate or adequate to meet the needs of a youth, DCF and DMHAS will work collaboratively to develop an individualized plan which may be funded by DCF, within available resources, as long as the youth meets criteria for continued DCF involvement.

S. In those cases involving youth over the age of 18, accepted to DMHAS and in the process of transitioning, who disrupt from a placement but for whom DCF does not have an appropriate short-term respite or other alternative, DMHAS will assist in identifying a short-term option within the DMHAS system. DCF youth will be given priority access whenever possible in these situations.

T. Youth who turn 18 while inpatient at the Albert J. Solnit Center South Campus (formerly Riverview Hospital) who continue to need an inpatient level of care will be referred to DMHAS for inpatient services via the Superintendent's Transfer process. DMHAS will make every effort to transfer youth as close to their 18th birthday as possible and within 60 days of the transfer request. If the youth is in the process of an active transition out of the hospital, with an identified and available placement and discharge date, he or she may remain at the Solnit Center South Campus to complete that transition. The Solnit Center South Campus does not accept for admission any youth who has reached his or her 18th birthday.

U. DCF and DMHAS agree to focus on Independent Living Skills and Activities of Daily Living (ADL) as a high priority component of service delivery and to identify and implement best practices in this area. Such skill acquisition is a critical component for the clients' development, and is crucial to facilitate a young adult's transition into DMHAS and its local service system. DMHAS and DCF will work jointly with youth and providers to identify and develop the skills needed to be successful in community programs. This will be done at both the systems level and as part of joint individualized transition planning activities through the development of the Transition Action Plan (TAP).

V. DMHAS and DCF agree to work cooperatively regarding funding issues and to support each other's attempts to generate funds for the care of eligible clients.

W. DMHAS and DCF agree to review the status of this Memorandum of Agreement to evaluate its impact and efficacy and to reauthorize it on an annual basis.

Patricia A. Rehmer

Patricia Rehmer
Commissioner
Department of Mental Health and Addiction Services

Date 2/14/2012

Joette Katz

Joette Katz
Commissioner
Department of Children and Families

Date 2/22/12