

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:

I. Guiding Principles

- A. DCF will serve youth in its care (committed or voluntary) until age 21 provided that the client was in DCF's care on his/her 18<sup>th</sup> birthday, remains in school or in a work-training program, and is willing to accept DCF services voluntarily. Youth who fail to meet any of these conditions will be referred to DMHAS and the DCF case will be closed after receipt by DMHAS of a referral as described in Section IVA below.
- B. DMHAS and DCF will, within statutory limits, complete each client's transition as close as possible to the date of the client's eighteenth birthday unless DCF determines that a client's educational or residential status require a later transition date or if it is mutually determined that it is in the client's best interest to move to DMHAS at a later point in time. In order for DCF to maintain an open case, the youth must meet criteria outlined in IA above.
- C. In those cases where it is mutually agreed that a DCF client between the ages of 18 and 21 would 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 youth who are open and active clients of DCF. If DCF decides to contract with an adult provider, DMHAS will be notified in advance if this occurs. Those services may be provided with DCF payment as long as the client remains in school or in a work-training program. DCF will contract with DMHAS at a rate of \$75,000 per person effective October 1, 2003. DMHAS, in conjunction with DCF, will identify levels of care and establish rates that correspond to these levels of care. These new rates will be incorporated in a revised Memorandum of Agreement.
- D. DMHAS and DCF agree to identify and designate liaisons to facilitate referral activities. DCF will designate a worker to serve as the Transition Coordinator to DMHAS; DMHAS will charge designated staff with the responsibility for coordinating with DCF.

- E. DMHAS and DCF agree to establish regular, on-going communication so that the referral process can be monitored and problems can be identified and resolved. Agency staff from the Offices of the Commissioners will meet at least monthly to review referral issues.
- F. For all DCF clients served by DMHAS under a subcontract as outlined above, DMHAS will provide standardized, client-specific documentation with the submission of each transfer invoice:
- The client's current living situation, housing status and condition of residence; with specification of any unmet needs (i.e. air conditioning, door locks, additional furnishings, etc.)
  - The educational, vocational and/or prevocational activities with which the client has been involved and the client's progress toward meeting specified goals
  - The frequency and actual number of case management and clinical contacts
  - All visits to emergency departments for clinically significant psychiatric emergencies
  - All inpatient admissions, including the location, date and duration
  - Any change in the client's level of care
  - Any critical incidents in which the client has been involved
  - Any criminal incidents in which the client has been involved
  - Copy of the treatment plan and the individual service plan that documents progress towards goals

All of the information cited above must be submitted as an attachment to all transfer invoices conveyed from DMHAS to DCF and in a standardized format to be agreed upon between the two agencies.

- G. DMHAS and DCF will identify potential transitioning clients as early as possible in order to develop the most appropriate plans. For clients in DCF's care, DCF will provide DMHAS with the names of potential transitioning clients at age 16. DCF will notify DMHAS of children who come into care at age 16 or older as soon as they are assessed as eligible for the program. Unless modified by mutual agreement, it is expected that the transition of clients will take not more than six months to complete contingent upon the proposed date of transition and age of the client at the time of transition.
- H. DMHAS and DCF agree to review the status of the Memorandum of Agreement to evaluate its impact and efficacy and to reauthorize it on an annual basis.
- I. DCF agrees to focus on Independent Living Skills and Activities of Daily Living (ADL) as a high priority component of service delivery. Such skill development 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 will work with DCF to identify the skills needed to be successful in community programs. DCF will specify the individual functional skill level at the time of the referral and DMHAS will continue skill training during and after transition.

- J. DMHAS and I agree to work cooperatively regarding pending issues, and to support each other's attempts to generate funds for the care of eligible clients.

**II. Early Identification and Joint Planning Efforts**

- A. DCF will make DMHAS aware of any client in DCF's care (committed and voluntary) age sixteen (16) years old and older who may be a potential referral to the DMHAS system. DCF will provide the following material, with periodic updates as needed or as requested:

1. Personal and family history
2. Summaries of treatment episodes
3. Psychiatric and psychological evaluations
4. Diagnoses and IQ scores
5. Medications
6. Treatment Setting
7. Dangerousness to self and/or others
8. Educational Status
9. Educational Nexus/Special Education Issues/ Current Individual Educational Plan (IEP)
10. Placement History
11. Status of application for entitlements and copy of SSI application

**III. Centralized Identification and Tracking**

- A. DCF Area Offices will identify all clients in their care age 16 years of age or older who may require adult mental health services and will forward all referral information to the designated DCF Central Office Transition Coordinator, who in turn will provide referrals at least monthly to DMHAS at the DMHAS Office of the Commissioner.
- B. Upon receipt of a referral package, DMHAS will send acknowledgment to the referent and the DCF Central Office Transition Coordinator that it has received a referral package.
- C. DMHAS will then assign the referral to one of the designated staff for review, summarization, eligibility determination, and recommendations (which may include a request to DCF for additional information).
- D. The DMHAS designated staff person will contact the DCF worker to coordinate transition and service planning activities, which may include, when necessary, a clinical interview with the youth for both diagnostic and program planning purposes. If there are complex clinical or transition issues, the DMHAS designated staff person will facilitate the scheduling of a Referral Response Meeting (RRM) to discuss the issues.
- E. The referral will be assigned to an appropriate DMHAS program, which may subsequently request additional information from the DCF Office for purposes of

assessment and service planning. The provision of this information will be a requirement for completing the transition to DMHAS.

**IV. Referral Procedures**

- A. At age 16 (unless the youth has entered DCF care subsequent to age 16), the DCF Office shall send a referral to the DCF Central Office Transition Coordinator who in turn will provide the 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, parent residence;
  2. Diagnoses (all axes) as indicated in the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) and date of diagnoses;
  3. Education history and school status;
  4. Current psychiatric or psychological assessment including mental status and behavioral symptomatology (within past six months);
  5. Course of treatment, including current level of care and details of discharge plan;
  6. Psychosocial history;
  7. History of behavioral problems;
  8. History of substance abuse;
  9. History of medication and current medication regime;
  10. History of hospitalizations;
  11. History of psychosexual behavior problems;
  12. Medical history, including specification of any developmental disabilities and/or organic deficits;
  13. Where available, Activities of Daily Living (ADL) assessment (Functional Assessment);
  14. Education-related information including current educational status, Local Education Authority (LEA) which has jurisdiction for the client, and if eligible for special education, copy of the current IEP;
  15. Level of care requested/recommended, including a rationale and a prognosis for future functioning;
  16. Full Scale IQ before age eighteen;
  17. A copy of the DMR eligibility determination letter if the individual was referred to DMR;
  18. Identification of the DCF staff representative who will assist in coordination efforts.
- B. Prior to making a referral to DMHAS, DCF shall obtain a written release of information from the client and/or parent/guardian indicating the nature of the referral and providing consent for information to be released.
- C. DCF clients being referred for hospitalization through the court system will continue to be referred to DCF hospitals/facilities until their eighteenth birthday; clients aged 18-21 who are referred for hospitalization through the court system may be referred to DMHAS. DCF clients who are admitted to DMHAS inpatient facilities for acute

care will remain the responsibility of DCF post-discharge until such time as standard referral and transition procedures as outlined herein are operationalized. In any case where the individual remains in the inpatient setting beyond the point of requiring an inpatient level of care, DCF and DMHAS will hold a Commissioner (or designee) level case conference to develop a clinically appropriate and timely discharge and transition plan.

- D. If a DCF client is involved in a court process (including probate hearings), or has a pending court involvement, advance notice will be given to DMHAS to the degree that DCF has knowledge of such proceedings.

V. Determination of Eligibility

- A. Criteria for eligibility and procedures for reviewing denial of eligibility will be provided by DMHAS to DCF. It is understood that eligibility for DMHAS services is a discretionary decision residing solely with DMHAS [Connecticut General Statutes 17a-451].
- B. Upon receipt of a complete referral, DMHAS will either formally certify that the client is eligible for DMHAS services, will indicate what additional information is necessary to make an eligibility determination, or will provide DCF with the reason(s) for which DMHAS has determined the client to be ineligible for DMHAS services. In the event that eligibility is denied, DMHAS will detail the procedure for reviewing such denial.
- C. When DMHAS determines a client to be eligible for services, the term eligibility does not imply that DMHAS assumes custodial responsibility for the client.
- D. When DMHAS determines a client to be eligible for services this does not imply that DMHAS assumes funding responsibility for services not provided on a sustained basis within its system. The responsibility for funding such services will be determined by agreement between each Agency's Commissioner (or their designees) and the Secretary of the Office of Policy and Management on a case-by-case basis.

VI. Transition Planning

- A. Once DMHAS has determined that a client is eligible for services, DMHAS Young Adult Services (YAS) staff will contact the DCF worker to discuss transition-planning activities. Unless a client's educational status or other circumstances dictate otherwise (as mutually agreed between DCF and DMHAS), the DCF case will be closed upon the client's attainment of age 18. In order to avoid any interruption in services, DMHAS services should commence following closure of the DCF case.
- B. If there are complex clinical or transition issues, the designated DMHAS staff person will facilitate the scheduling of a Referral Response Meeting (RRM) to discuss the issues. Other individuals invited to this meeting may include the client, the client's parent/advocate, the client's surrogate parent, a representative of the client's

educational nexus, the current DCF funded provider who is responsible for service delivery, the DMHAS Special Education Liaison, if appropriate, a representative from the DMHAS inpatient service, Local Mental Health Authorities (LMHA) Private Non-Profit (PNP) and other individuals who the DMHAS staff person or the DCF worker believe will be of assistance in planning for the client.

- C. The outcome of the meeting will be a written plan for addressing the client's needs. This plan will be copied and shared with all participants.
- D. Prior to the anticipated date of entry into DMHAS YAS, the designated DMHAS staff person will schedule a Transition Action Plan (TAP) meeting. The DCF worker, current treatment provider, DCF Transition Coordinator, and representatives from the Young Adult Services (YAS) or other DMHAS program to which the client is assigned will be invited to this meeting. Other individuals who may be invited to this meeting include the client, the client's parent/advocate, the client's surrogate parent, a representative of the client's educational nexus, the current DCF funded provider who is responsible for service delivery, the DMHAS and/or DCF Special Education Liaison, if appropriate, a representative from the DMHAS inpatient service, DCF mental health staff, and others who the designated DMHAS staff person or DCF worker believe will be of assistance in planning for the client.
- E. The outcome of this meeting will be a written Transition Action Plan (TAP). The plan will be individualized and will address the following elements:
1. Identification of the LMHA liaison;
  2. Treatment and/or other services to be provided by DCF until the client's transition date which will minimize the need for inpatient care;
  3. If inpatient care will likely be required upon the client's transition date, identification of the appropriate inpatient service; concurrently, timely notification to the anticipated inpatient service provider will be made;
  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 need for a conservator for the client when DCF guardianship status terminates at age 18;
  6. Specification of clinical, personal and financial information to be provided, including copy of an original birth certificate, if available;
  7. Confirmation that the youth has valid photo identification or an agreed upon plan to obtain this prior to transition;
  8. Identification of any issues with regard to transfer of entitlements:
    - DCF is responsible for assuring that an SSI application has been done prior to transfer and that DMHAS has a copy of the application
    - DMHAS is responsible for assuring that social security payee changes are made, if applicable, and that Title 19 is transferred to the adult Medicaid system.

9. Identification of the Local Education Authority ( A ) which will have jurisdiction 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 school district to ensure that appropriate educational planning occurs for the client;
10. Establishment of a process for updating and amending the plan of transition so that all of the service providers will be able to collaborate to ensure a smooth transition; and
11. Establishment of a specific time frame for the transfer of responsibility consistent with the parameters outlined above.

#### **VII. Review of Denial of Eligibility**

In the event that DMHAS has denied eligibility, DCF or an advocate for the client may request that DMHAS review its decision. A DCF Deputy Commissioner or designee shall make such request for reconsideration to the DMHAS Deputy Commissioner or designee. If this review results in a second denial of eligibility and the client, a family member or an advocate wishes reconsideration, she/he may submit a written request to the DMHAS Commissioner. In the event that DMHAS again denies eligibility, DCF will receive a copy of the DMHAS notice of denial and confirm that such notice has been provided to the client and to the client's parent/guardian/advocate.

#### **VIII. Summary of Referral Activities: Sequence of Events**

- A. The DCF Office identifies clients in their care at age 16 (or as soon as possible if the client has come into care at 16 or older), completes all required referral information, and forwards the referral to the DCF Central Office Transition Coordinator who in turn provides the referral to the designated DMHAS staff person. DCF shall also obtain a written release of information from the client and/or his/her parent/guardian pertaining to information to be released.
- B. DMHAS will send an acknowledgement of receipt of the referral to the DCF worker and the DCF Transition Coordinator. A designated DMHAS staff person will review, summarize, determine eligibility (if possible), and make recommendations regarding the referral, which will be communicated in writing to the DCF worker and DCF Transition Coordinator. In the event that there is insufficient information to make an eligibility determination, additional information will be requested and DCF will forward the requested information to the designated DMHAS staff person.
- C. Once DMHAS is in receipt of all of the information necessary to make a determination of eligibility, the designated DMHAS staff person will respond to the DCF Transition Coordinator. This response will either formally certify that the client is eligible for DMHAS services or will identify the reason(s) for which DMHAS has determined the client to be ineligible. Denials may be subject to review consistent with Section VII.

If deemed eligible for DMHAS service, the designated DMHAS staff person will contact the DCF worker to discuss transition planning. If there are complex clinical or

transition issues. The DMHAS staff person will facilitate the scheduling of a Referral Response Meeting (RRM) to discuss the issues. The outcome of the meeting will be a written plan for addressing the referral issues.

- D. Prior to the anticipated date of entry into DMHAS, the DMHAS staff person will schedule a TAP meeting. The DCF worker, current treatment provider, DCF Transitional Coordinator, and representatives from the DMHAS program to which the client is assigned will be invited to this meeting. Other individuals who may be invited to this meeting include the client, the client's parent/advocate, the client's surrogate parent, a representative of the client's educational nexus, the current DCF funded provider who is responsible for service delivery, the DMHAS and/or DCF Special Education Liaison, if appropriate, a representative from the DMHAS inpatient service, and others who the DMHAS staff person or DCF worker believe will be of assistance in planning for the client. The outcome of this meeting will be a written TAP.
- E. DMHAS and DCF Central Office liaisons will then monitor and track the Transition Action Plans to determine if goals are achieved or to assist in the resolution of any problems that occur.

#### **IX. Acceleration of the Referral and Joint Planning Process**

It is assumed that advance notification of transition should be possible for all referrals including those clients residing in community-based placement, in an in-state residential facility, in an out-of-state residential facility, or in a DCF-operated facility. Special arrangements should only have to be made for those clients who enter the DCF system after age seventeen (or in the case of unexpectedly changed circumstances or the availability of the youth). In such situations, DCF will immediately notify the designated DMHAS staff person at OOC and the DCF Transition Coordinator. As feasible, acceleration of the referral and joint planning process will occur given the client's clinical needs and the availability of system resources.

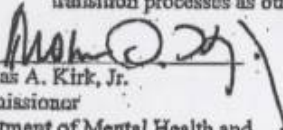
#### **X. Transfer of Educational Services**

In the event that it is determined that inpatient care at a DMHAS facility will likely be required upon the client's transfer date, the Unified School District II (USD II) where applicable, and DMHAS staff will take at least the following action to ensure a smooth transition of educational services for the client:

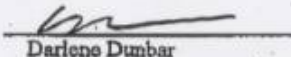
- A. USD II will forward a copy of the client's educational record, including available transcripts, to the DMHAS Special-Education Director;
- B. Prior to the date of the planned transfer, USD II will convene a Planning and Placement Team (PPT) meeting with appropriate notices. The client, the client's parent or surrogate parent, and as appropriate, the DMHAS Special Education Director will be invited by USD II to participate in the meeting which will be held at a mutually convenient time and place; if the client is eligible for, or would benefit from services from other state agencies, representatives from those agencies will be invited;



- C. Prior to the date of planned transfer DMHAS will convene a PPT meeting with appropriate notices to develop the IEP to be implemented upon the transfer. In the absence of such a meeting, DMHAS will convene a PPT meeting with appropriate notices. The client, the client's parent or surrogate parent, and as appropriate, a designated USD II staff member will be invited by DMHAS to participate in the meeting which will be held at a mutually convenient time and place;
- D. Upon request a designated USD II staff member will attend PPT meeting(s) convened by DMHAS to discuss the client after the date of the transfer, and
- E. In the unlikely event that DMHAS has not updated the client's IEP prior to the transfer, DMHAS will implement the client's current IEP upon the individual's transfer to a DMHAS facility.
- F. In the unlikely event that DCF has failed to notify the DMHAS single point of entry of the proposed transfer of an adolescent served by USD II, DCF shall continue to provide services for that individual pending completion of the normal referral and transition processes as outlined earlier.

  
Thomas A. Kirk, Jr.  
Commissioner  
Department of Mental Health and  
Addiction Services

Date 5/29/06

  
Darlene Dunbar  
Commissioner  
Department of Children and Families

Date 5/16/06