Supervised Independent Living - Contract Provider Manual -

South Carolina Department of Children's Services

Table of Contents

Background

On April 25, 2022, Governor McMaster signed Extension of Foster Care (H.3509) into law. This law enables South Carolina to operate a Title IV-E reimbursable extended foster care program (EFC) for young adults ages 18- 21. The purpose of the Extended Foster Care legislation is to provide a pathway for young adults who would otherwise leave the foster care system at age 18 to voluntarily remain in or return to the placement and care responsibility of SCDSS.

The South Carolina Department of Social Services (SCDSS) mission is to promote the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. DSS believes that Extension of Foster Care will improve the agency's approach to responding to the needs of teens and young adults and promote successful outcomes transitioning into adulthood.

DSS's goal is to provide a continuum of housing and training opportunities to young adults who are transitioning from foster care to Independent Living or who are in need of a living arrangement that supports their current level of independence.

Supervised Independent Living (SIL) is defined as the following: Any housing arrangement with an approved contracted provider and ongoing supervision by SCDSS designated staff. For the purpose of this manual accompanying solicitation 54000XXXXX , this includes placement services provided by SCDSS or contracted I by community-based housing arrangements.

SIL is a type of voluntary agreement where 18-, 19- and 20-year-old young adults can reside in a less restrictive, non-traditional living setting while continuing to receive case management and support services to help them become independent and self-sufficient. A shared living agreement provides guidelines regarding topics such as communication and household rules, responsibilities, and expectations.

SIL providers understand that the transition process challenges the safety, permanency, and well-being of young adults as they are intentionally given space to learn and grow, which trial and error learning and risk-taking actions and behaviors which are all in line with their peer group during adolescent development. SIL Providers ensure that all services provided are culturally relevant and linguistically appropriate to the population being served. SIL Providers ensures services are delivered in a manner that supports and enhances diversity, independence, self-esteem, mutual respect, values, and dignity, and incorporates the principles of positive teen and young adult development. SIL Providers will attempt to encourage, even those reluctant and/or with behavioral barriers, to participate in services and supports to achieve their goals.

SIL provides realistic living experience in which the young adults can take responsibility for themselves based on their level of self-sufficiency. A continuum of services will be available and provided in accordance with the developmental readiness of young adults served, in addition to their chronological age.

A young adult must participate in activities to obtain and maintain self-sufficiency:

- Allowing increased responsibilities with minimal supervision;
- Managing his/her own finances;
- Obtaining personal items;
- Ownership of the transition into self-sufficiency;
- Achieving identified education and employment goals;
- Accessing community resources;
- Engaging in needed life skills training via groups, on-line/virtual lessons, workbooks, or individual tutoring; and
- Establishing important healthy relationships.

SIL Program

The goal of an SIL program is to prepare young adults for successful adult living through the provision of services related to daily living, problem- solving, and other skills that maximize the young adult's potential to be a self-sufficient, productive adult. SIL encompasses the balance between independence and dependence that exists for most young adults in their late teens and early twenties, and it allows young adults to live independently within a shared living agreement offering a safety net, while taking responsibility for themselves.

South Carolina has adopted a model of casework practice for **Child Welfare Services** called **GPS (Guiding Principles and Standards).** The GPS practice model (insert link) explains the values, principles, and core practice skills used by staff to empower children and families to achieve the goals of safety, stability, permanency, and well-being. Inspired by GPS navigation technology, the model will serve as a road map to help practitioners arrive at desired practice model outcomes and to achieve uniform practice within the department.

Our agency's Guiding Principles and Standards (GPS) defines ***Teaming*** as "The process and practice of creating and sustaining working teams with families, their support systems, and professionals who share a common purpose, unity in effort, and demonstrated effectiveness in problem solving toward a safe case closure."

This approach focuses on alignment, partnership, and integrated support Utilizing an individualized approach to focus on improving a young person's successful transition into adulthood. Nurturing the strengths and abilities of young people and partnering them with relationships, opportunities, and support in their communities so they can reach their full potential. This approach aligns efforts to assure:

- Youth Centered
- Supporting normalcy
- Connection to resources
- Secure & stabilize housing
- Assessments & timely referrals

- Transition planning to self sufficiency
- Strengthening Permanent Connections
- Support developmentally appropriate milestones

Professional Development

Professional development training deliverables must align with concepts of authentically engaging and partnering with young adults while supporting their transitional growth journey. Positive Youth Development is not an event or an activity, but, rather an intentional process in which young people are being engaged in a manner that is productive and constructive over time. Just as the brain can become "wired" to expect a traumatic environment, it can be "re-wired" through trauma-informed services and positive relationships with caring adults to accept and expect safety and security. These relationships can serve as bridges for healing and growth and build the youth's social capital that supports them in adulthood. These supportive adults must be grounded in understanding trauma and the behavioral reactions to trauma.

- **Partnership is:**
  - Doing with, not "for" or "to"
  - Intentionally sharing power
- **Partnership looks like:**
  - Asking for, listening to and incorporating feedback
  - Utilizing interpersonal skills for building trust and relationships
  - Integrating youth voice into all organizational decisions
- **Partnership requires:**
  - Self-reflection on personal beliefs and biases
  - Interdependent relationships between adults and young people

Contract provider staff must participate in ongoing training and maintain certification, at a minimum, must include trauma informed care, adolescent development, crisis intervention, motivational interviewing and youth thrive framework.

SCDSS embraces the Youth Thrive Theory of Change (insert link) to increase protective and promotive factors and reduce risk factors, to achieve dynamic outcomes for youth to grow into who they want to be:

- Physically and emotionally healthy
- Hopeful, optimistic, compassionate, and curious
- Able to form and sustain caring committed relationships
- Successful in school, at work, and able to serve their community and society.

It is the agency's belief that everyone who interacts with this population has the opportunity to step into core competencies of an adolescent worker and perform these roles:

COACH (teacher, role model, guide)

The five major functions of this role are to listen, plan, provide experience, practice and reflect)

Listen: Workers are there to listen, understand and help youth with finding their "voice" in order to be heard. All of which are essential to relationship building.

Plan: The worker assists the youth formally (using life skills & well-being assessment tools) and informally about achieving their personal hopes and dreams, focus on wants and needs and not compliance.

Provide Experience: Worker helps the youth experience "real life" through group and peer activities and experiential learning opportunities. Provide the youth the space necessary to try something firsthand, succeed, fail and try again.

Practice: Similar to provide experience but the process may be more formal/planful, Semi-Independent Living, career exploration, leadership opportunities.

Reflect: The worker assists the youth reflect, review, adapt and readjust based on their approach and decisions. Their own personal CQI process.

ADVOCATE: In the second role the worker acts as the youth advocate both within the child welfare system and the community at large. The worker acts as the youth's "lifeline" by going the distance, showing up when no one else does and acting in a way that expresses unconditional acceptance and patience.

NETWORKER: In the final role the worker acts as a resource or option broker. The worker knows where the resources (jobs, apartments, therapist, scholarships) and opportunities are. The worker is "networked" and often this role includes them guiding and assisting the youth in becoming networkers themselves.

Provider and DSS Collaboration

The DSS Case Manager contacts the DSS supervised independent living (SIL) provider at least once a month to collaborate on monitoring the young adult's on-going progress and Extension of Foster Care activity status updates. Within thirty (30) days of placement and on an ongoing basis, the DSS Case Manager ensures the SIL provider receives copies of any updated plans of service or transition plans. SIL Provider will maintain Monthly Documentation and share with DSS case managers any information and/or documentation regarding, but not limited to, any face-to-face contact with youth, any progress made towards the completion of transition plan goals, and any barriers to completion of transition plan goals.

In addition to what is required for monthly visits in Extended Foster Care Monthly face-to-face visits, the DSS caseworker has discussions about and documents the young adults:

- Access to community resources and services;
- Progress in achieving Transition Plan goals, to include supervised independent living (SIL) placement and personal goals;
- Adequacy of furnishings (such as necessary furniture, cooking utensils and lines);
- Ability to make good decisions;
- Use of available funds;
- Services provided by the SIL provider;
- Review of disaster and safety plans.

By nature of the programming model in the SIL settings of community-based housing arrangements., staff supervision is minimal and driven by the individual needs of the young adult.

- A young adult in SIL is not directly supervised 24 hours a day by Provider's staff.
- Provider staff offers young adult access to 24-hour support, defined office hours, and emergency on call staff.
- The Provider's case manager staff, at minimally, has face-to-face contact with young adults once a week and are available through email, text, or phone calls.
- The Provider's staff will establish, at minimally monthly, unannounced engagement with each young adult throughout the week to ensure young adult are conducting themselves in a manner consistent with the program's expectations.
- The Provider will conduct regular walk-throughs to identify unsafe conditions or damage, which could potentially pose a risk to residents and would require immediate attention.
- Young Adults agree to demonstrate the ability and willingness to meet personal goals with minimal supervision.
- Young adults are encouraged to independently schedule activities, be responsible to meet school and employment obligations, and other personal or social activities.

Provider must establish individual protocols that promote normalcy, enhance safety and accountability for young adults who no longer require 24-hour supervision, no longer require point system for privileges, nor removal of privileges as punishment (including but not limited to removal of personal phone). To support the young adult journey to achieve self-sufficiency, such protocols may address the following, but are not limited to:

- Accommodating support for social activities, work, and school
- Available Transportation services
- Internet/Computer access
- Guidelines for overnight visits
- Guidelines for day visit guests
- Guidelines for pets
- Grievance procedures
- Staffing and Supervision

- Access to after hour's emergency assistance

Providers must educate young adults on the standard safety procedures, such procedures are listed below, but are not limited to:

- Basic Safety orientation training topics include, but not limited to, kitchen fires, emergency numbers and resources, smoke and Co2 detectors, using household tools, etc.
- Guidelines for use of tobacco and smoking areas
- Standards to Report a young adult Missing
- Assess for Risk Factors and report to DSS case manager such as Sex Trafficking Experiences, depression and suicide prevention, substance abuse
- Zero-Tolerance Standards and Guidelines for Sexual Abuse, Assault, Harassment or Rape Incidents
- Educate Medication management
- Guns/weapons policy
- Gang involvement
- Overnight visitors/unauthorized people moving in
- Drug/alcohol on property and/or in the apartment

Buildings, Ground, and Equipment

Any buildings used to serve SIL participants must meet sanitation inspection and comply with zoning compliance and building codes. Routine maintenance must be performed as needed to ensure buildings and equipment are safe and in good working order.

- A building will be kept clean, orderly, and free of debris and trash, both indoors and out
- A building will be effectively safeguarded against insects and rodents.
- Fences will be in good repair.

Setting must meet fire safety standards.

- There will be an annual inspection by the State Fire Marshal's Office or by a legally authorized local fire authority.
- Based on the recommendations of the fire authorities, the Agency will make a determination as to whether or not the building meets standards of fire safety for young adult caring purposes.
- Structure will comply with building codes.
- The provider is responsible for any fees or related expenses for any recommendations made by the inspection.

- A fire escape plan will be posted in the building in areas accessible to young adults.

Payment Mechanisms

2. Providers will receive the board rate directly through CAPSS payment system. Providers receive approved SIL rate for all outlined deliverables in the SIL solicitation 54000XXXXX
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Eligibility Specifications

1. In order for the young adult to be eligible for SCDSS SIL Program:
   a. Former foster youth who reached age of majority while in care and custody of South Carolina Department of Social Service child welfare agency, and
   b. At least the age of 18 and have not reached 21st birthday, and
   c. Enrolled in SCDSS Extension of Foster Care Program.

2. The young adult must also meet at least one (1) of the following participation requirements:
   a. Completing secondary education or a program leading to an equivalent credential, e.g. a young adult aged 18 or older is finishing high school or taking classes in preparation for the GED exam; or
   b. Enrolling in or already enrolled in an institution that provides post-secondary or vocational education, e.g., a young adult may be enrolled full-time or part-time in a university or college, or enrolled in a vocational or trade school; or
   c. Employed part time or full time or actively seeking employment; or,
   d. Participating in a program or an activity designed to promote or remove barriers to enrollment or employment; or
   e. Neither enrolled nor employed, and young adult can identify a goal of education and/or employment, and agrees to partner with SIL program to receive additional resources and support; or
   f. Demonstrate ability and willingness to explore the opportunity to develop transitional skills to meet personal goals and be able to apply them to "readiness" situations in a less restrictive setting.

Enrollment Process

In preparation for a young adult reaching age of majority while in SCDSS care and custody, designated SCDSS staff will provide information about continuing partnership with SCDSS and a SIL Provider. Information will be shared in the following settings, but not limited to:

- The Transition Plan Meeting (TPM) occurring 90 days prior to turning age 17 and once again 90 days prior to turning age 18
- Child Family Team Meetings (CFTM), to include but not limited to Placement (P-CFTM), Transitional (T-CFTM), and Young Adult Transitional Teaming (YATT)
- Monthly face to face
- Family Permanency Court Hearing
- Child Adult Needs Strengths (CANS) Independent Living Module assessment

SCDSS and Provider must utilize a Strength-Based Referral Process:

- SCDSS and Provider must utilize a Comprehensive Application to include transitional goals, permanent connections, behavioral, health, clinical, and other psychosocial information.
- Comprehensive application must include most recent transition plan or self-identified transition goals, and if applicable, school enrollment status and employment schedule.
- Comprehensive application must include a list of identified permanent or supportive connections, including but not limited to any siblings that remain in care and scheduled visitations.
- Comprehensive application must include a list of identified permanent or supportive connections, including but not limited to any siblings that remain in care and scheduled visitations.
- Comprehensive application must include behavioral patterns, performance for 6 months prior, additional relevant behavior incidents of earlier months if needed to better assess supportive needs and resources.
- Comprehensive application must include behavioral patterns, performance for 6 months prior, additional relevant behavior incidents of earlier months if needed to better assess supportive needs and resources.
- Comprehensive Application must also include clinical information such as suicide attempts, self-harming behaviors, sexual offenses, psychotropic medications, hospitalizations, etc.
- SCDSS will provide most recent CANS, CANS IL Module, Transition Plan Meeting, and YATT (if applicable).

- Provider is able to conduct their own interview with the young adult to assess readiness for their SIL program. Interview may be conducted by phone, in person, or on virtual platforms.
- Provider must accommodate same day interview request for cases of homelessness, at risk of homelessness, and pregnant, parenting young adults in need of housing stability.

- The young adult may also be subject to criminal background checks. Any records containing violent and/or sexual offenses may prevent approval to participate in SIL program.
- Provider must conduct an intake assessment after admission and must assist client with arranging therapy if mental health services are recommended by provider, or SCDSS, or requested by client, or court ordered.

Discharge from SIL

A young adult violating the agreed upon participation expectations will initiate a Placement meeting with young adult, Provider, and SCDSS designated staff. The desired outcome of the meeting is to identify barriers to engagement and commitment, create an intervention plan decreasing crisis and/or disruptions, and reestablish the commitments to achieving identified goals with an agreed upon time frame of progression. Failure in goal progression identified during the Placement meeting will prompt the closure process.

Actions to Prevent Unplanned Discharge from SIL may include:

- Increasing the supportive resources
- Increasing the level of SIL program staff engagement
- Helping the young adult commit to short term goals and develop short term plans
- Reviewing options and consequences with the young adult
- Revisiting the SIL Agreement
- Helping the young adult visualize what happens as he or she leaves care and/or SIL program
- Updating any assessments to gain a better understanding of strengths and needs
- Holding frequent check in meetings to discuss the concerns and how these concerns may be alleviated
- Identifying other programs or supportive individuals that might be more appropriate

Discharge from SIL can occur when the young adult:

- Reaches 21st birthday;
- Loses eligibility to be in SCDSS Extension of Foster Care;
- Fails to make satisfactory progress toward a successful transition to adulthood as demonstrated by a pattern of failure to comply with program agreements, violations of the shared living agreements, unexcused cancellations of meeting with case manager, and/or achieve transition plan goals within established time frames;
- Leaves the program and does not return within the terms of the offsite leave policy;
- At the request of the young adult;

- Provider submits ten (10) business day notice requesting client to be removed from SIL program; Provider is responsible to continue providing agreed upon services until official discharge on the 10th day
- Commits a serious threat or act of violence against another resident;
- Commits a crime or is involved in ongoing dangerous/illegal activities;
- Assessment of mental health issues or alcohol/drug problems that need additional level of care; or
- Assessment of impairments and needs to be involved with the adult Development disabilities system.

Upon the incident of a young adult refusing to vacate the property, providers will first utilize a non-legal eviction proceeding which would allow providers to discharge without going through the eviction and housing court process.

Upon discharge, the young adult will be provided a copy of all transitional planning, essential documents that might be in the provider's file, such as but not limited to, birth records, essential education and employment documents, health and medical records, and contact information for community resources.

If applicable, a former foster youth between ages 18 until 26th birthday, no longer enrolled in Extension of Foster Care, and discharged from the SIL program, will be provided a referral to the State Provider Contract holder delivering ongoing transitional support.

SIL Service Components

The Provider is responsible for the following SIL components: Case management services, Life Skills Planning, Health and Well-being Coordination. Details of these components are as described below:

Case Management Services

a. Develop, monitor, and implement individualized transition and support plans to promote independence and self-sufficiency, with hands on life skill development, utilizing a person and strength centered approach.
b. Conduct home visits, weekly check-ins, and assessments to ensure safe and supportive living environments
c. At minimally, has face-to-face contact with young adults once a week and are available through email, text, or phone calls. Meets weekly with client monitoring for demonstrating learned skills and assists with reaching IL goals; ensuring they are complying with program expectations, and intervening when issues arise;

d. Crisis intervention for stabilization and onwards growth towards stability and maintenance, life coaching, advocating for best interest, service navigation, and transportation.
e. Coordination of resources and services, and establishing connections with various community organizations, ensuring clients have access to academic success, employment services, healthcare, mental health support, and other necessary resources.
f. Fully engage and partner with the SCDSS Case Manager to coordinate monthly visits and monitor the young adult's on-going progress and/or concerns. Contractor shall inform SCDSS Case Manager timely regarding any mental health issues or alcohol/drug problems..

Life Skills Planning and Development

a. The Contractor will administer an individual **life skills assessment** which identifies strengths and needs for successful transition into adulthood within 30 business days of the young adult entering the SIL program.
b. The Contractor will utilize the DSS CANS IL summary and/or conduct in-depth evaluations of client needs, including mental health, employment status, housing stability, and family dynamics that will be used to establish baselines, to develop learning plans, and mark progress.
c. Contractor will have access to utilize the free resources of Casey Life Skills Assessment (CLSA) www.casey.org/casey-life-skills, or other approved assessment
d. The individualized assessment must be signed by the Contractor staff and the young adult and placed in client's file.
e. The completed assessment should guide the discussion and development of the individual transition plan of the young adult while participating in the SIL program.
f. A copy of all completed assessments must be provided to the client and the SCDSS Case Manager.

- ***Transition Planning***

a. The Contractor will assess and develop, in collaboration with the young adult, an individualized **transition plan** within 30 business days of the young adult entering the SIL program.
b. This transition plan will outline the young adult's strengths, goals and the services/supports that will be provided to assist them to remove any barriers in achieving their goals. Activities must be tailored to the individual's age, development, interests, and address various life domains. At minimum, the various life domains shall include, but are not limited to the following:
    i. Education
    ii. Employment

iii. Financial management
iv. Housing education and home management skills
v. Life skills development
vi. Health education
vii. Permanent connections
viii. Transportation (resources and ownership)
ix. Risk prevention
x. If applicable, parenting education

c. Contractor will also be able to incorporate summary from the most recent Transition Plan Meeting and Young Adult Transitional Teaming Summary provided by DSS.
d. Contractor will complete monthly summaries identifying any progress made towards the completion of transition plan goals, and any barriers to completion of transition plan goals. Providers will also collaborate with the young adult and the SCDSS case manager in the assessment of monthly progress.
e. The individualized transition plan must be signed by the provider staff and the young adult, placed in clients file, and a copy given to the young adult and to the SCDSS case manager.
f. The Contractor will connect the young adult with community resources to support progression of goals.
g. The Contractor will help the young adult navigate services to obtain timely, essential, and appropriate support resources based on the young adult's assessment and plan.
h. The Contractor will identify community resources, assist with referral or application processes, follow up with received services, and ensure connection is solidified to the support services.
i. Provide assistance with identifying needed Chafee/ETV-funded services and helping the young adult provide all required documentation to SCDSS case manager to submit Chafee/ETV funding requests. Please see exhibit 30258 Chafee guidelines booklet.

The Contractor must offer **transitional workshops** that supports life skills development and opportunities for teaching in the moment maximizing opportunity for learning and growth.

a. The activities must occur monthly;
b. The activities must be delivered by staff or outsourced by community partners, providers, non-profit organizations, etc.;
c. The activities must consist of at least one of the support services identified in the various categories outlined by the National Young Adult Transition Database (NYTD). Please refer to **Exhibit C: National Young Adult Transition Database (NYTD) Booklet**;

i. Independent living needs assessment; academic support; post-secondary educational support; career preparation; employment programs or

vocational training; budget and financial management; housing education and home management training; health education and risk prevention; family support and healthy marriage education; mentoring; and supervised independent living.

d. Attendance records must be kept for all transition workshops/ events for cross referencing of participation and transitional growth measurement; and
e. Contractor must record the monthly received transition services (funded and non-funded) documented on the DSS Monthly NYTD Tracking Form (DSS Form 30254). The completed form must be placed in the young adult's file and provided to the DSS Case Manager monthly.
f. The Provider must utilize engagement tools and strategies to maximize participation in transitional workshops and activities.

The following are suggestions for various domains:

- ***Academic Success***

  a. The Contractor will support the young adult in achieving **academic** success by administering or arranging career assessment and supporting identified path and needed services for success.
  b. Assisting the young adult with enrolling in post-secondary education or vocational programming, including, but not limited to FASA form admissions, College tours, and College orientation;
  c. Host, arrange, or identify College Fairs;
  d. Monitor school progression;
  e. Provides education support, including, but not limited to tutoring, technology, computer/ resource lab;
  f. Transportation to and from school/college;
  g. Work with the SCDSS Education and Training Voucher (ETV) program coordinator to deploy education success strategies, funds, and supports needed to pursue post-secondary education are acquired and completed.

- ***Employment***

  a. The Contractor will support the young adult with achieving **employment** goals by Employment/Career planning, and bridging Certification and Credential acquisition.
  b. Conducting career assessment for skills and interest, identifying clients' strengths and career goals to find suitable and gainful employment;
  c. Supports employment eligibility criteria with job, volunteer service hours, or vocational/trade program enrollment;
  d. Provide employment readiness activities such as resume building, job interviewing skills, communication skills, obtaining appropriate clothing, maintaining proper hygiene;

e. Provides employability support by building relationships with employers to partner with working with young person instead of immediate termination;
f. Facilitate job placement opportunities within the community; and

- ***Financial Literacy***

a. The Contractor will support the young adult with achieving **financial literacy** goals establishing economic stability.
b. Provide financial literacy courses, such as ***Keys to your Financial Future*** (https://www.aecf.org/resources/keys-to-your-financial-future-facilitator-guides) to learn money management skills to include, but not limited to, Budgeting, Credit Counseling, Money Management, and Banking; and
c. Ensure young adult has access to opening a bank account with either checking and/or savings account. The financial institution must be able to provide a routing number and account number.

- ***Housing Education and Home Management*** training are services used to assist youth with maintaining a safe and secure place to live. Home Management training includes instruction in

a. Grocery shopping, Meal planning, Food preparation,

b. Housekeeping, Laundry,

c. Living cooperatively with others,

d. Basic maintenance and repairs, etc.

- ***Health education and risk prevention*** are services that assist youth in maintaining a healthy lifestyle. *Health education and risk prevention ***does not*** include the youth's actual receipt of direct medical care or substance abuse treatment.* These services may include providing information about:
  a. Hygiene
  b. Nutrition, fitness and exercise
  c. First aid
  d. Medical and dental care benefits
  e. Health care resources and insurance
  f. Prenatal care
  g. Maintaining personal medical records

5. The Provider must provide **Food allotment** for nutritional goods.

a. Provider must provide food allotment card/stipends/vouchers in amount of $150 every 30 days.
b. Provider ensure participants have balanced grocery items, arrange bi-weekly grocery shopping trips, and access to food pantry for additional nutritional items.

c. Provider is responsible for maintaining a community pantry with a range of nutritious food staples as an additional resource for participants.
d. Provide Home Management skill building opportunities such as budgeting, grocery shopping, cooking, food preparation and cleaning.

6. Providers must support participants in accessing independent transportation options, such as obtaining bus passes, arranging carpools, exploring purchase of their own vehicles, etc

a. In instances where public transportation or other independent solutions are not an option, providers must offer direct transportation services to meet key needs such as employment, community services, education, grocery shopping, and medical appointments.
b. Direct transportation services may be directly provided either by a staff member or contractor driving the youth, or by providing a rideshare voucher.
c. Assist and/or arrange scheduled days and time slots for exploration of future school enrollment, employment, and housing.
d. Transportation ownership readiness

Health and Well-being Coordination

Permanent Connections

a. The Contractor will help the young adult navigate building lifelong **connections** to family and community (family of origin, mentors, community, kin, etc.).
b. The Contractor will support and advocate for permanent "Healthy" Connections, including but not limited to, sibling visitation, permitting visitors on site, connecting client to additional family strengthening resources.

Health and Psychosocial Services

a. The Contractor must support participants in accessing appropriate physical, mental, and behavioral health services.
b. Assessing areas of need upon program entry and updating periodically through ongoing case management
c. Providing education and support to participants regarding navigation of health care systems, including Medicaid benefits
d. Providing participants assistance in locating providers and initiating care
e. Coordinating transportation options as needed
f. Provide education and support to participants to appropriately manage their own medications
g. Ensures the young adult obtain Health and Essential Documents such as state identification, birth certificate, and social security card;
h. Provide training on how to use Medicaid transportation and scheduling own appointments;

i. Identify medical providers, including but not limited to primary dentist and other health care providers (physical and behavioral health) within reasonable distance;
j. Identify the need for social security benefits due to disabilities and help them apply;
k. Provide training on medication management, to strengthen young adult's understanding of their prescriptions and side effects of misuse; and
l. Either provide or connect a young adult to resources supporting personal cultural and personal identity.

Pregnant and Parenting

a. When applicable, the Provider will offer services tailored for **pregnant and parenting young adults** that supports acclimating to parenting and promote long-term, economic independence to ensure the well-being of the young adult and their child(ren).
    a. Contractor will accommodate the needs and safety of the dependent children to include facility safety standards for infants and children on the premises.Contractor and the DSS case manager shall coordinate acquiring required items for a dependent. Such as, but not limited to, car seat, age/weight appropriate bassinet/crib, bedding, diapers, wipes, clothes, bottles, formula, bathing tub and bathing essentials,
    b. Contractor should assist young adults with securing all other desired items through community resources.
b.
c. Additional services include, but are not limited to, prenatal care, parenting skills and classes, child development, family budgeting, and health and nutrition education.
d. Referral and service navigation for government assistance programs, including but not limited to, Women, Infant and Children (WIC) Nutrition Program, Childcare Scholarship Program (ABC Voucher), and Supplemental Nutrition Assistance Program (SNAP).

Youth Advocacy

a. The Contractor shall offer opportunities for young adults to participate in **advocacy, civic engagement, and leadership activities.**
b. Establish a component of the SIL program that offers youth input as part of their program development, evaluation, and activity planning. Each program is able to determine how to engage with youth voice and gather youth input and information.
c. Connect with SCDSS Youth Engagement State Coordinator to learn about advocacy and leadership opportunities such as participating in activities and events sponsored by SCDSS Youth Engagement Advocates (YEA!) state advisory council. https://www.scyea.org/

d. Create a sense of community by arranging, hosting, or identifying monthly Social/Cultural activities;
e. Supporting SCNYTD outreach to encourage young adults to complete National Youth Transition Database (NYTD) federal survey that is completed at age 17, again at age 19, and once more at age 21;
f. Participate in one of the regional Youth Engagement Advocates YEA! chapters:
    i. Trent Hill (PeeDee)
    ii. Landmarks (LowCountry)
    iii. Pendleton (Upstate)
    iv. Palmetto (Midlands)

Glossary

Adolescent Teaming: an approach where young people are centered and supported by staff and partners as they prepare for their transition to adulthood. This approach emphasizes the importance of alignment, partnership, and integrated support for transition age youth. It demonstrates the continuum of care. It is everyone's responsibility including the community, care providers and family of origin to prepare and support youth into young adulthood and their departure from foster care.

Child and Adolescent Needs and Strengths (CANS): a multipurpose information integration tool which best exemplifies strength-based, culturally responsive, and family focused casework practice. The CANS produces the least stigma or label for the children, youth, and families served. It provides a collaborative communication means for understanding the treatment needs of youth and making decisions about care and services. The CANS assesses the needs of children and youth to assist with matching services to needs.

Child and Adolescent Needs and Strengths Independent Living (IL-CANS) Module is an assessment tool that was created and is used to further identify, develop, and support transition planning of clients who are 14 years of age and older. The IL-CANS should be completed through a teaming approach with the client to reflect their current independent living (IL) functioning levels as well as their personal goals. The identified levels and goals will be utilized to monitor and support the client with their transitional plan and guide the monthly delivery of National Youth in Transition Database (NYTD) and IL services to prepare them for their 21st birthday, their transition into adulthood, and exit from the VSSA program.

Child and Family Team Meeting (CFTM): a family-centered, trauma-informed, individualized, strengths-based, and culturally responsive meeting. The meetings are a goal oriented and problem-solving processes that brings together the Child and Family Team to make decisions about the safety, permanency, and well-being of a child through the development of an individualized Family Permanency Plan. CFTMs are planned ahead of time to provide more opportunity for meaningful participation by all members. Interpreter services and other accommodations are scheduled as needed.

Educational and Training Vouchers (ETV): Grants, funded by the federal government and administered by the states, awarded for youth or young adults who experienced foster care after age 14 and who are pursuing post-secondary education in an approved educational program. ETV awards of up to $5000 per year to cover the unmet needs of the students cost of attendance at a post-secondary educational institution are available for up to five (5) years or until the young adult's 26th birthday, whichever comes first.

Extension of Foster Care (EFC) Services: Assistance provided to an eligible young adult who ages out of foster care at age 18, and who is between 18-21 years of age during service delivery, to obtain education, housing, employment, well-being, health services, and to establish permanent supportive relationships. The young adult receives a foster care board payment, paid through a foster parent, group home, or supervised independent living setting, unless the young adult is living independently. If the young adult is living independently all or a part of the foster care maintenance pay.

Family Permanency Plan (FPP): the sole case plan developed collaboratively with the family to describe the reasons for SCDSS involvement, and the actions and services required to change behaviors and eliminate safety concerns, reduce risks, and promote the safety, permanency, and well-being of the child and family.

Independent Living (IL): refers to programs and services designed to assist young people who have transitioned from foster care in achieving self-sufficiency and independence. These programs aim to help youth develop essential life skills, build stable relationships, and access resources that support their successful transition into adulthood.

The John H. Chafee Foster Care Independence Program (Chafee): Provides funds to assist current and former foster care youth or young adults in achieving self-sufficiency. Funds assist youth or young adults in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support, and maintaining connections to caring adults.

The National Youth in Transition Database (NYTD): a national database that surveys youth about their thoughts and experiences related to foster care services and tracks the Chafee services that youth receive Transition Plan: a case plan that is personalized, as detailed as the youth or young

adult may elect, and that includes specific options on housing, health insurance, education, local opportunities for mentors, and for continuing support services, work force supports, and employment services . A Transition Plan also must include information about the importance of designating another individual to make health care treatment decisions on behalf of a young adult if the young adult becomes unable to participate in such decisions and the young adult does not have, or does not want, a relative who would otherwise be authorized to make such decision and provides the young adult with the option to execute a health care power of attorney or health care proxy.

Placement and care responsibility: The authority conveyed through the court, through written authorization prior to the child's eighteenth birthday, or through a Voluntary Services and Support Agreement to provide supervision of the young adult and the young adult's placement.

Supportive Adult: an individual who is at least 18 years old, contributes to the wellbeing and personal development of a young adult and may provide emotional, educational, moral, and physical support to a young adult. Supportive adults can be in various roles including friend, mentor, sibling, family, caregiver, parent, and foster parent.

Transitional Planning: ongoing process beginning at age 14, the goal of which is to develop a Transition Plan as defined in this policy, identifying skills, services, and supports needed in several life domains, to promote successful transition into adulthood.

Transition Plan Meeting: A meeting that is youth/young adult- centered, culturally responsive, goal-orientated, and problem-solving processes that bring together the youth/young adult and identified support transitional Team to support decisions about safety, permanency, and well-being through the development of an individualized permanency and Transition Plan. TPM are planned so that meaningful participation and preparation for all members is possible.

Voluntary Services and Support Agreement/Voluntary Placement Agreement: a written agreement, binding on the young adult and DSS, which describes at a minimum, the legal status of the young adult, as well as the rights and obligations of the young adult and the department while the young adult is under the placement and care responsibility of the department.

Young Adult Transitional Teaming (YATT): a periodic administrative case review for young adults ages 18-21 in extended foster care. The YATT must occur every 6 months provided the young adult is in extended foster care. Once the young adult has signed the VSSA they are assigned to the TSS Division with a Transitional Youth Advocate and no longer assigned to a Foster Care case manager or adoption case manager. However, they will still require placement services and supports. The YATT is intended to integrate permanency and transition planning. The meeting is young adult-centered, culturally responsive, goal-orientated, and problem-solving processes that bring together the Team to support decisions about safety, permanency, and well-being through the development of an individualized permanency and Transition Plan. YATTs are planned in advance so that meaningful participation and preparation for all members is possible.

Young Adult: for the purpose of extended foster care, a person who is at least 18 and no older than 21 years of age.

Supervised Independent Living setting (SIL): Any housing arrangement that is licensed or approved by the DSS and which makes support services for a successful transition to adulthood available to the young adult. Case management for the young adult must be provided by the department or a contracted provider. The young adult must reside in the setting voluntarily and the setting does not include wilderness camps or training schools, nor does it include any facility that exists primarily for the detention or correction of youth or young adults.