



YTP

**YOUTH
TRANSITIONING
PROTOCOL**

KINGSTON • FRONTENAC
LENNOX & ADDINGTON (KFL&A)

Youth Transitioning in KFL&A: Youth Toolkit

Kingston, Frontenac, Lennox & Addington | October 2015
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KFL&A Youth Transitioning Initiative:
Transitioning Youth into Adult Mental Health and Addictions Services
System Improvement through Service Collaboratives

Introduction

To the youth,

You are at an important time of your life when you are making the transition away from the professionals that supported you as a youth, and now seeking new services from adult-serving organizations, programs, and professionals.

This transition isn't always easy. Many things are changing and new responsibilities and routines are emerging.

One of those responsibilities for you is to contribute to the team that will help you make the transition into adult services. You can do this by choosing members of your transition team and participating in the discussions and planning with your team.

This Youth Toolkit is part of the transition process, as outlined in the Youth Transitioning in KFL&A Initiative. It is one of three documents used to help you make a smooth transition into adult services. The three documents are:

- 1) Protocol for Youth Transitioning into Adult Mental Health and Addictions Services
- 2) Youth Toolkit
- 3) Member Agency Overview of Services for Transition-Aged Youth

Your transition team members can show you these documents at any time.

The Youth Toolkit is specifically designed to help you communicate with your transition team. Your youth worker will help guide you as to what sections are necessary for your transition, and what sections are not mandatory, but may be helpful tools to help you communicate your thoughts and concerns.

Read over the information and worksheets in this Toolkit and let your transition team know if you have any questions, concerns or need extra copies of the worksheets.

Best wishes as you enter into this next phase!

To the Service Provider,

This toolkit contains seven worksheets to help youth communicate with their transition team. Each worksheet ranges in length from 1-3 pages. Each can be easily photocopied or printed for use with youth. All worksheets are to be completed by hand and serve as easy to use tools for communication and discovery.

The Youth Transitioning Protocol and the companion documents were developed as a part of the *Systems Improvement through Service Collaboratives* initiative, a project sponsored by the Centre for Addiction and Mental Health (CAMH). For updates and current information on the Youth Transitioning in KFL&A Initiative, please visit www.servicecollaboratives.ca.

For electronic copies of this protocol and the companion documents, or other inquiries, please contact Chris Sullivan, Regional Implementation Coordinator, Centre for Addiction and Mental Health, at Chris.Sullivan@camh.ca or call 613.546.4266.

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Worksheet #1 Authorization to Release/Obtain Information



In support of youth transitioning into adult mental health or addictions services.

Youth Name:

Date:

Agency/agencies currently serving youth: **Adult-serving agency/agencies:**

I _____, born _____, hereby authorize _____ to release to, and/or obtain from _____, information from relevant client records, in accordance with the policies of the organization, regarding me and my care.

The information to be disclosed/obtained can include:

The information to be disclosed/obtained cannot include:

I, _____, understand the specific purpose of this Authorization to Release/Obtain Information is to help the transition team members to plan for supports and services for me based on information given by the agencies above.

This authorization shall be valid for the duration of my involvement in adult services from the date of signing and does not permit further disclosure to other parties without specific written consent.

Youth Signature:

Date:

Adult/Parent Signature (if applicable):

Date:

Witness Signature:

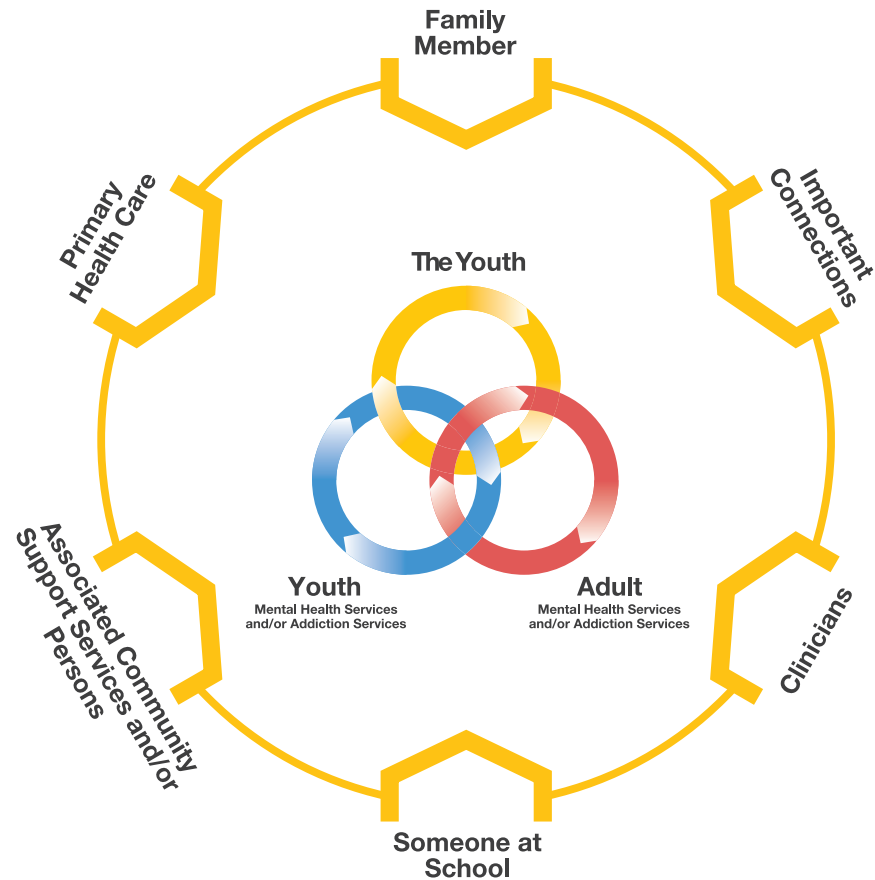
Date:

Worksheet #2

My Transition Team

I use my own voice, or I have another person to speak for me as I go from youth services into adult services. I decide who is on my transition team and I take part in the discussions about me.

My transition team:



My transition team:

Me:

The person who will help me the most in my transition is: (Usually a staff from youth-serving agency)

Worksheet #2

My Transition Team

My youth service provider:

The adult service provider (if known):

Family member:

- Parent(s):
- Legal guardian:
- Sibling(s):
- Kin:
- Extended family member(s):
- Other:

Family doctor or someone in my doctor's office:

- My family doctor:
- Nurse practitioner:
- Other:

Clinicians:

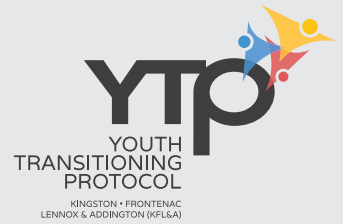
- Psychologist:
- Psychiatrist:
- Neurologist:
- Social worker:
- Counsellor:
- Other:

Someone who helps me with my education:

- Someone at my high school:
- Someone at my college:
- Someone at my university:
- My private tutor:
- Other:

Worksheet #2

My Transition Team



Community support services or people:

- Independent living specialist:
- Developmental services:
- Child protection worker:
- Employer:
- Landlord:
- Religious leader:
- Spiritual elder:
- Other:

Other important connections:

- Friend:
- Neighbour:
- Substitute decision maker:
- Other:

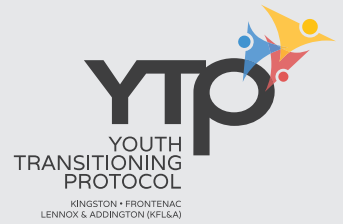
My family doctor is:

Phone number:

Address:

Worksheet #3

My Transition Team Members



My Transition Team

My team member's name:

How _____ fits into my transition team:

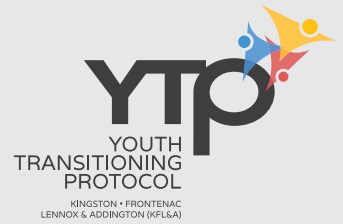
My Transition Team

My team member's name:

How _____ fits into my transition team:

Worksheet #4

My First Transition Meeting



Youth:

Meeting Leader:

Other participants:

Date:

Location:

1) My transition team includes . . .

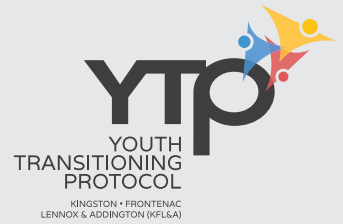
2) My priorities: What's important to me is . . .

3) Youth goals: I want to . . .

4) Sometimes I struggle with . . .

Worksheet #4

My First Transition Meeting



5) My team can help me in the following ways . . .

6) Things that might get in the way of me reaching my goals or using new services are . . .

7) I want to share the following written information from my file with my transition team . . .

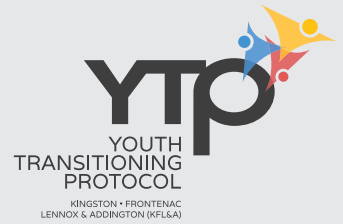
8) Staying in touch: The best way to reach me is:

9) When is the next meeting of my transition team? What has to be done before the next meeting?

Worksheet #5

My Transition Meeting

Agenda # _____



Youth:

Meeting leader:

Other participants:

Date:

Location:

My Meeting Agenda

1)

2)

3)

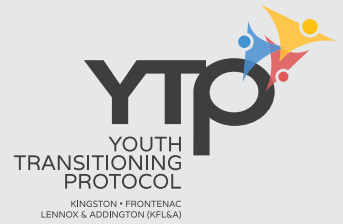
4)

5)

6) When is the next meeting of my transition team? What has to be done before the next meeting?

Worksheet #6

Check In Chart



Fill this out and give to any member of your transition team when you have something to talk about or something that you need during your transition into new services:

Name:

I want to talk to:

Circle what is important for me to talk about:

my improvements

my care plan

medication

transition team members

service I need

drugs

how I feel

my worry

my challenges

money

a new situation

someone I care about

who I am

my relationships

my future plans

my contact information

where I live

something else:

Please tell _____ about this check-in as well.

My initials:

Date:

Worksheet #7

My Culture, Language and Identity

My mother tongue is:

If mother tongue is neither French nor English, I am most comfortable in

French / English
(circle one)

My cultural group that best represents my identity, or a portion of my identity:
(Please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> German |
| <input type="checkbox"/> American | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> British | <input type="checkbox"/> Hungarian |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Inuit: Region/Community: |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Irish |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Métis—Community: |
| <input type="checkbox"/> First Nations—Community: | <input type="checkbox"/> Norwegian |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Algonquin | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Mohawk | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mi'kmaq | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Ojibway | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> French | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> French Canadian | <input type="checkbox"/> Welsh |
| | <input type="checkbox"/> Other (please specify): |

What do you want your transitional team to know about your culture and identity?