SELF-REFLECTION GUIDE

CLIENT NAME ____________________________________
CONTENTS

OVERVIEW ........................................................................................................... 2

TRANSITION PROCESS .......................................................................................... 3

STEPS OF THE TRANSITION PROCESS ............................................................ 5

SELF-REFLECTION .................................................................................................. 6
  PRIORITIES YOU HAVE FOR YOUR NEW HOME ............................................ 6

SITUATIONAL REFLECTIONS .............................................................................. 7
  WHAT WOULD YOU DO IF .............................................................................. 7

NOTES .................................................................................................................... 11

For additional copies please contact CCT Community Liaison at 303-866-2649 or send a request to CCT@hcpf.state.co.us

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OVERVIEW

Making the decision to move into the community can be exciting and with careful planning and support from your transition options team, making the move into your desired living setting is possible.

Colorado Choice Transitions (CCT) has created four guides for you to complete in phases to help you determine your desires and needs for community living.

Working closely with your transition options team to complete these guides will help you create a transition plan for a safe and successful move. Your transition options team will include, at a minimum, your transition coordinator and case manager. They will assist you through each step of the planning and transition process and after you move.

It will be helpful to have other people on your transition options team too, such as a family member(s), trusted friend, peer supporters, neighbor, social worker and/or nursing staff. Be sure to ask questions and voice your thoughts and concerns about your move throughout this process.

This is, in fact, your move!
TRANSITION PROCESS

Moving from a nursing facility, hospital or Intensive Care Facility – Intellectual Disability (ICF-ID) into the community will be an exciting and challenging change in your life. It will take time, planning and coordination to accomplish the move. CCT has created four guide books for you to complete in phases as you plan your move:

1. **Self-Reflection Guide**
2. **Plan for Community Living**
3. **Planning a Successful Move**
4. **Responsibilities and Emergency Planning**

By completing these guides you will be able to make an informed decision about where and how you want to live.

To begin the process you will have a face-to-face meeting with a person who will explain the community-based options available to you. In this meeting, you will discuss the following topics:

- Steps required for you to move into the community
- People you want involved in your “Transition Options Team”
- Possible risks for moving into the community
- Types of qualified housing available
- Your financial resources for community living

If you make the choice to continue exploring the option of moving to the community, the transition assessment process will begin. You will be asked to complete this **Self Reflection Guide** and will meet with your transition coordinator to discuss it, once completed.
In the next phase, you and your transition options team will complete a transition assessment and identify services and resources needed for a move to the community. You will be asked to complete the **Plan for Community Living guide** to help with this phase of the process.

Based on the information gathered in the transition assessment process described above, a transition plan will be created. This plan will explore the availability of needed services and resources in the living setting that you desire. Once the required community-based services, housing and funding are obtained, a moving date will be determined.

On the next page you will find a chart called Transition Assessment and Planning Steps. This chart shows the order of steps you will take as you explore your options for community living. This chart will appear in each of the guide books. The colors of each step on the chart correspond to the book you will use in that step. This book, **Self-Reflection Guide**, will help you with **Steps 1 and 2**.

The questions in this guide will help you determine whether or not you want to explore your option to return to the community. Completing the **Self-Reflection Guide** may also help you identify concerns that you want to discuss with your transition coordinator.
STEPS OF THE TRANSITION PROCESS

Step 1
- You will be given information about services and supports available in the community from a local contact agency.
- You will be given a "Self-Reflection Guide" to complete.

Step 2
- You choose to explore the option of moving into the community.
- A Transition Coordinator will be assigned to you.
- You will be asked to sign a CCT informed consent form.

Step 3
- You are given a "Plan for Community Living" guide to help you think about what you will need in the community.
- You and your transition coordinator will decide who will be on your transition team.

Step 4
- You and your transition options team will complete a transition assessment. This will involve you filling out a "General Assessment" with your transition coordinator and will also include assessments from your case manager and care providers. These assessments will identify the supports and services you are currently receiving in your facility and your needs.

Step 5
- You and your transition options team will create a transition plan. This plan will list all the supports and services that you will need when you move. The transition team members will arrange for these services and supports to be provided to you.

Step 6
- A discharge date will be set if the services you need and housing can be arranged in the community.
- You will be given a "Planning a Successful Move" guide to help you think about what you need to do before you move.
- You will fill out the "Responsibilities and Emergency Planning" guide with a member of your transition options team so that you have a record of who you need to call for different situations and emergencies.

Step 7
- Your transition coordinator will assist you on moving day and will visit you during the following few weeks.
- Your case manager will also visit you on the day of your move and for the rest of the time you are in the CCT program.

Figure 1. Steps of Transition Process
SELF-REFLECTION

PRIORITIES YOU HAVE FOR YOUR NEW HOME

What are the things you would most like to have in your new home?
What things would you not like to be without in your new home?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What are the things that you’d like to have, but could do without?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Is there anything you would not be able to tolerate in your new home? If yes, please list them here.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Do you have questions or concerns about moving?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
How can we (transition options team) work with you to make your goals and preferences possible given your particular situation and needs?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

SITUATIONAL REFLECTIONS

The following situations are not meant to scare you, but to help you think about what could happen after you move into the community. Thinking about these potential situations will help create a better transition plan.

Please consider how you might handle each of the situations below and discuss them with your transition coordinator or another person you trust.

WHAT WOULD YOU DO IF

Your attendant did not show up at the scheduled time?

________________________________________________________________
________________________________________________________________
________________________________________________________________

7
You forgot to order your medications?

________________________________________________________________

________________________________________________________________

________________________________________________________________

Your electrical power went out?

________________________________________________________________

________________________________________________________________

________________________________________________________________

A check of yours bounced?

________________________________________________________________

________________________________________________________________

________________________________________________________________

Your landlord did not renew your lease?

________________________________________________________________

________________________________________________________________

________________________________________________________________

You did not like your caregiver?

________________________________________________________________

________________________________________________________________

________________________________________________________________
You felt that you were being abused, neglected or exploited by your caregiver?
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
You were notified that a service you were receiving was being stopped?
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
You were afraid of losing your housing?
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
You did not like your housing?
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________

Someone in your support circle decided to move?

________________________________________________________________

________________________________________________________________

________________________________________________________________

Your telephone does not work?

________________________________________________________________

________________________________________________________________

________________________________________________________________

The work you have just done will help create an informed transition plan focused on your goals while also safeguarding your health, safety and welfare.

After thinking about these different situations and talking with your transition coordinator, do you want to take the next step in exploring the option of relocating to a new home with help from the transition coordinator and transition options team?

☐ Yes. Begin Plan for Community Living.

☐ No, not at this time. Revisit at a later time with your transition options team.

☐ Unsure. Continue speaking with your transition options team and ask questions and gather information until you feel you are certain about your choice.