



**Administrative Policies and Procedures: 19.7**

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| <b>Subject:</b>     | <b>Transitioning DCS Youth into Adult Behavioral/Mental Health Services</b> |
| <b>Authority:</b>   | TCA 33-9-102, 37-5-106  |
| <b>Standards:</b>   | DCS 5-401, 6-300-302, 7-100A-101A   |
| <b>Application:</b> | All DCS Staff.  |

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| <b>Policy Statement:</b>  |  |
| All youth with serious psychiatric disorders in DCS custody nearing adulthood shall be referred for prescribed adult mental health services prior to adult age. |  |
| <b>Purpose:</b>   |  |
| To ensure continuity of behavioral/mental health treatment services into adulthood.   |  |
| <b>Procedures:</b>  |  |
| <b>A. Supplemental Security Income</b>  | The DCS Family Service Worker (FSW) will make application for Supplemental Security Income (SSI) financial benefits at the age of 16½ years for a child with a handicapping condition who is not already receiving SSI benefits. The FSW will telephone the Social Security Administration office to schedule a new referral appointment. During the initial interview with the Social Security representative, the FSW will be informed of the records needed to support the SSI application. The FSW will gather and submit these records along with the formal written application to the Social Security Administration. SSI application approval generally takes from four to six months. |
| <b>B. Conference with DCS Regional Psychologist</b>   | Before adult transition discussion begins, the DCS FSW will schedule a conference with their Regional Well-Being Unit Psychologist to discuss treatment needs and alert the psychologist that adult mental health transition planning is commencing for a particular youth. This conference will offer the FSW an opportunity to express clinical treatment concerns or pose clinical questions. The psychologist may ask to participate in adult transition Child and Family Team Meetings (CFTMs) or to be contacted only if a problem arises in the adult transition process.   |

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| <p><b>C. 90 Days before the Youth is to exit custody</b></p> | <ol style="list-style-type: none"> <li>1. The FSW will request an adult mental health case manager assignment for the youth from the community mental health center (CMHC). Once a Mental Health Case Manager (MHCM) is assigned, DCS should involve the MHCM in all CFTM's relating to adult transition.             <ol style="list-style-type: none"> <li>a) Adult Mental Health Case Managers are responsible for assisting DCS in transitioning youth into adult behavioral/mental health services. <i>Mental Health Case Management is not considered a duplicate TennCare service because it is a different type of case management than that provided by DCS.</i></li> <li>b) For community mental health center contact information, refer to the DCS intranet for the Tennessee Association of Mental Health Organizations Children and Youth Services Directory (TAMHO).<br/><a href="http://www.tennessee.gov/mental/reslinksabc.html">http://www.tennessee.gov/mental/reslinksabc.html</a></li> <li>c) Ordinarily, the FSW will contact the local mental health center where the youth entered custody or where the youth will be placed after custodial release. However, if the youth is currently placed a great distance from either location, the mental health center serving the county of the current placement should be contacted due to logistical considerations.</li> </ol> </li> <li>2. A request for adult transition behavioral/mental health services through the Behavioral Health Organization (BHO) cannot be made without a prescription (treatment recommendations) from a credentialed mental health clinician. In most cases, the treating provider will make adult transition mental health treatment recommendations. If no credentialed treating provider is available or willing to recommend or prescribe adult transition behavioral/mental health services, the FSW will schedule a mental health assessment with the Center of Excellence (COE) to obtain adult transition treatment recommendations.</li> <li>3. The FSW will schedule a CFTM for adult mental health transition planning once a MHCM is assigned and adult mental health/behavioral transition recommendations become available.</li> <li>4. If there is difficulty in getting a mental health case manager assignment, the MHCM is unresponsive or there is a delay in obtaining adult transition mental health services, the FSW will contact the DCS Regional Well-Being Unit for assistance.</li> </ol> |
| <p><b>D. 30 Days Before the Youth Is to Exit Custody</b></p> | <p>The FSW, in coordination with the DCS Regional Well-Being Unit, will make a BHO service request by faxing a current (<u>within 14 to 30 days</u>) clinical prescription and related records to the DCS designated contact at the BHO.</p>   |
| <p><b>E. Denial or Delay in Requested Service</b></p>        | <p>The FSW will contact the DCS Regional Health Care Advocacy Representative for assistance if a prescribed adult mental health service is denied or delayed.</p>  |

**Subject: TRANSITIONING DCS YOUTH INTO ADULT BEHAVIORAL/MENTAL HEALTH SERVICES**

**19.7**

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| <b>Forms:</b>                | None   |
| <b>Collateral Documents:</b> | <a href="#"><u>Steps To Transitioning DCS Youth Into Adult Behavioral/Mental Health Services</u></a> |

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| <b>Glossary:</b>                      |   |
| <b>Family Service Worker:</b>         | This is a DCS term used to identify the position previously known as the DCS case manager or home county case manager. This person is principally responsible for the case and has the primary responsibility of building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence.  |
| <b>Child and Family Team Meeting:</b> | The Child and Family team is a collection of family members, professionals and community supports with a shared commitment to helping a family involved with DCS. Working with Child and Family Teams is a philosophy that supports making the best possible decisions in child-welfare cases. The quality of decision-making is improved because all of the parties are actively involved in a child's case (child-if age appropriate, birth parents and their support system, resource parents, DCS staff, community partners and other involved parties). This model respects the expertise that each party brings to the table. Child and Family Team Meetings are convened throughout the life of a case and members of the team support the child and family on an ongoing basis between meetings. Work with Child and Family Teams should be characterized by respect, honesty, and inclusiveness. |