



Administrative Policies and Procedures: 19.7

Subject:	Transitioning DCS Youth with Serious Psychiatric Disorders into Adult Behavioral/Mental Health Services
Authority:	TCA 33-9-102; 37-5-105(3); 37-5-106
Standards:	DCS Practice Standards: 5-401, 6-300-302, 7-100A-101A; COA: PA-FC 10.05, PA-FC 13.01, PA-FC 13.02, PA-FC 13.03, PA-FC 13.04, PA-FC 13.05, PA-FC 13.06, PA-FC 15.01
Application:	To All Department of Children's Services Employees
Policy Statement:	
All youth in Department of Children's Services (DCS) custody with serious psychiatric disorders, who are approaching adulthood, is referred for prescribed adult behavioral/mental health services prior to adult age.	
Purpose:	
To ensure continuity of behavioral/mental health treatment services into adulthood.	
Procedures:	
A. Supplemental Security Income at age 17	<ol style="list-style-type: none"> 1. The Family Service Worker (FSW) will make application for Supplemental Security Income (SSI) financial benefits for a child 17 years old with a handicapping condition, who is not already receiving SSI benefits. The assigned Child Welfare Benefits Coordinator (CWBC) will provide technical support. 2. The FSW will contact the Social Security Administration office by telephone to schedule a new referral appointment. 3. During the initial interview with the Social Security representative, the FSW is informed of the records needed to support the SSI application. 4. The FSW will gather and submit these records with the formal written application to the Social Security Administration. SSI application approval generally takes from four (4) to six (6) months.
B. Conference with DCS Regional Psychologist	The DCS FSW will schedule a conference with their Regional Well Being Unit Psychologist before adult transition discussion begins, to discuss treatment needs and alert the psychologist that adult behavioral/mental health transition planning is beginning 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>C. Ninety (90) days before the youth exits custody</p>	<ol style="list-style-type: none"> 1. The FSW will request a behavioral/mental health care manager assignment for the youth from <i>TennCare Select Behavioral Health Services (Value Options)</i> ninety (90) days before the youth exits custody. The behavioral/mental health care manager will assist DCS with transition into adult behavioral/mental health supported housing residential services and will continue to serve the youth into adulthood. Once assigned, DCS will invite the care manager to participate by teleconference to all staffings relating to adult transition. 2. The FSW will confer with the assigned Select Behavioral Health care manager to determine if an adult Mental Health Case Manager (MHCM) assignment is needed. If so, <i>TennCare Select Behavioral Health Services</i> will facilitate the adult case manager assignment for DCS. When assigned, DCS will also include the MHCM in adult transition staffing invitations. Adult MHCMs are responsible for assisting DCS in transitioning youth into adult behavioral/mental health services. MHCMs are not considered a duplicate TennCare service because it is a different type of case management than what DCS offers. 3. A request for adult transition behavioral/mental health services through <i>TennCare Select Behavioral Health Services</i> cannot be made without a prescription (treatment recommendations) from a credentialed behavioral/mental health clinician. In most cases, the treating provider will make adult transition behavioral/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 behavioral/mental health assessment with the Center of Excellence (COE) to obtain adult transition treatment recommendations. 4. The FSW will schedule a CFTM for adult behavioral/mental health transition planning once a behavioral/mental health care manager is assigned and the adult behavioral/mental health transition recommendations become available.
<p>D. Thirty (30) days before the youth exits custody</p>	<p>The FSW will make a behavioral health service request by submitting a current (<u>within 14 to 30 days</u>) clinical prescription and related records to the DCS designated contact at <i>TennCare Select Behavioral Health Services</i>. The DCS Regional Well Being Unit will provide technical support.</p>
<p>E. Denial or delay in requested service</p>	<p>The FSW will contact the DCS Regional Health Care Advocacy Representative for assistance if a prescribed adult behavioral/mental health service is denied or delayed.</p>

<p>Forms:</p>	<p>None</p>
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Collateral documents:	<u>Steps for Transitioning Youth with Serious Psychiatric Disorders into Adult Behavioral/Mental Health Services</u>
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Glossary:	
Term	Definition
Family Service Worker:	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.
Child and Family Team Meeting:	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.