



Report to the Committee Members of  
Select Committee on Children and Youth  
House Children and Families Affairs  
House Health and Human Resources  
Senate General Welfare, Health and Human Resources

Report Submitted by  
Public Chapter 415 Advisory Council

October 30, 2009



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October 30, 2009

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Dear Sirs:

At the completion of the 105th General Assembly, the Select Committee on Children and Youth was directed by Public Chapter 415 to establish a non-funded, voluntary post-custody services advisory council. This council shall be responsible for identifying strategies to assess and track the effectiveness of post-custody services of children that are aging out of the foster care system.

The Council is required to report no later than October 31st of each year to the Select Committee on Children and Youth, House Children and Family Affairs Committee, House Health and Human Resources Committee and Senate General Welfare, Health and Human Resources Committee--making recommendations for the continuing operation of the system of post-custody services and supports.

Attached you will find the first annual report and recommendations on this complex issue.

Respectfully,

Rep. Sherry Jones  
Chair, Select Committee on Children and Youth

c: Speaker Kent Williams; Lt. Gov. Ron Ramsey

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## Public Chapter 415 Advisory Council Report Executive Summary

- Public Chapter 415, codified at TCA 37-2-501 through 505, establishes an advisory council on post-custody services for youth in state custody who age out of the child welfare and juvenile justice systems. Other provisions include a requirement that state agencies identify clientele who have aged out of the state custody system and direct them to appropriate post-custody services. Additionally, statewide expansion of resource centers for foster teens and young adults who have aged out is directed.
- Aging out youth (AOY) experience the same challenges that all young people face as they transition to adulthood. But for AOY, those challenges are intensified and their chances of overcoming those challenges are mitigated by the impact the overall experience of state custody has on their lives.
- A disproportionately high percent of the nation's prison population were in state custody at some point in their childhood or adolescence.
- AOY are more likely than peers never in state custody to not complete high school. If youth in state custody turn 18 before they graduate, they must take affirmative steps to continue as a ward of the state, and they must be compliant with requirements set forth by the Department of Children's Services (DCS).
- Unemployment rates are higher among adults formerly in state custody than among the general population. Because of the likelihood that AOY will not finish a post-secondary education program, they are at a disadvantage to secure employment that will provide a living wage.
- AOY are at a much higher risk to experience homelessness than peers never in state custody. Priority for housing assistance is most often directed toward persons who have children, thus, creating an incentive for early child-bearing among AOY in order for them to increase chances for accessing housing assistance programs.
- AOY are more likely to have mental and behavioral health problems than peers never in custody. AOY are very likely not to seek preventive or acute health care or mental health services after leaving state custody, due in large part to lack of adequate health insurance coverage.
- Recent studies put the age of true self-sufficiency at about age 26, with parents and families providing significant degrees of support and assistance to their adult children well into their mid-twenties. AOY do not have that familial safety net; even if after age 18 they re-connect with their families, those parents and families do not generally have the means and/or intentions of supporting the AOY.

- There is demonstrable benefit to AOY and to governments when services and supports are in place and utilized by this target population. One cost-benefit analysis showed a \$1.85 benefit from transition support for AOY. Savings are realized from decreased prison admissions, decreased welfare payments, and increased revenue in the form of taxes paid and greater lifetime earning potential.
- Tennessee has approximately 600 youth who turn 18 years old in state custody each year but for reasons not verifiably known, there is a relatively low uptake of available post-custody services and supports.
- As is true with the total number of children and youth in state custody, young African American adults are over-represented among the AOY population.
- P.L. 110-351, Foster Connections to Success and Increasing Adoptions Act, offers several opportunities to states to increase services and supports for AOY. DCS and the PC 415 Advisory Council are currently examining the provisions of this new federal law to ascertain what benefits Tennessee could realize from and what requirements would be imposed on the state by the various options available.
- The PC 415 Advisory Council required by state law has been formed and is complying with its mandatory reporting requirement with the filing of this report. The advisory council will continue to work to fulfill the provisions of TCA 37-2-501 through 505. The advisory council will advise the General Assembly, the statutorily designated legislative committees, the Governor, DCS and other state agencies on ways to improve post-custody services to AOY in Tennessee and on ways to fund these services.

***Background:***

This report has been prepared and is submitted in compliance with TCA 37-2-501 through 37-2-505. Public Chapter 415 of the Public Acts of 2009 establishes an advisory council on post-custody services for foster youth who age out of the child welfare system at age 18. A copy of PC 415 is attached to this report as Appendix 1. Other key provisions of this Act include requiring state agencies that provide social, vocational and employment, educational, and health care services to Tennesseans to diligently attempt to identify clientele who have been in state custody and refer them to the Department of Children's Services for possible post-custody services. The Act also requires expansion across the state of resource centers patterned on the *Jim Casey Youth Opportunities Initiative* (JCYOI) model center currently operating in Nashville, subject to the availability of funds.

A study of the issues relevant to youth who age out of the foster care system was conducted by the Select Joint Committee on Children and Youth during the off-session of 2008 subsequent to the debate of legislation during that session that was not acted upon by the standing committees. Information garnered from that study indicated a high level of activity at both the state and national levels aimed at this population of youth. Federal legislation was pending and has since been enacted that allows states an option of extending foster care to age twenty-one and, thus, formalizing the provision of post-custody services beyond age eighteen. In hearings in both March and April, 2009, the Select Committee heard testimony about the provisions of P.L.110-351: The Fostering Connections to Success and Increasing Adoptions Act.

Since that time the Department of Children's Services (DCS) has engaged in work with a Washington, D.C.-based organization, The Finance Project, which is a partner of the JCYOI, to identify potential benefits Tennessee could realize within the parameters of the new federal law. That work will be available to inform decision-making on any potential legislation as well as executive agency management decisions.

Additionally, the advisory council has been formed and has held three meetings to date; August 25th, September 15th and October 13th. A roster of the PC 415 Advisory Council and minutes of those meetings are attached to this report as Appendix 2 and 3, respectively.

## ***Introduction:***

In terms of the joy and the anxiety, the courage and the fearfulness, the challenges and the fearlessness, aging out youth (AOY) are virtually indistinguishable from their cohorts who have never experienced foster care as they make the highly heralded leap from an age of minority to the age of majority. AOY have all the same challenges moving into adulthood that all youth experience. Here is how some of Tennessee's own AOY articulated their challenges.

*“At age 18, you just have to be ready to be kicked out!”*

*“Do they understand that we don't have any place to go?”*

*“If I were pregnant or a parenting foster youth, then I could get to the top-of-the-list for Section 8 housing, but because I'm not, I am on a waiting list for housing.”*

*“It's like it would be easier for me if I just got pregnant.”*

*“You have to be really motivated to want to go to work and stay in school without a car. I get up at 4:00 a.m. to get to school by 7:00 a.m.”*

*“School is hard enough, without having to worry about where you're going to sleep or how you are going to get there.”*

*“Jobs aren't always on the bus line.”*

*“What about the kids that live outside of the city? If you don't have a car, you can't get to the (resource) center.”*

*“How can we be expected to maintain a GPA in college if we are worried about finding housing every break and during the summer?”*

*“If I didn't have financial aid, there would be no way I could afford to go to college.”*

Indeed, the challenges of budding adulthood are great. For AOY, though, the intensity of the challenges is greater because of the milieu of experiences they have living within the foster care system. Simultaneously, the depth of their resource cache is exponentially diminished because the state just does not make a very good parent. It is impossible to have a caring, personal and nurturing relationship with a bureaucracy, and for AOY the Department of Children's Services has been their parent. An agency can legally stand *in loco parentis* for

foster children, but it can not maintain a personal relationship of care, nurturance and support in a familial way.

Most often AOY cannot get away from foster care and state involvement in their lives fast enough. The cumulative effects of damaged psyches, broken relationships and perpetual uncertainty can overwhelm any semblance of sound decision-making they may have.

Inadvertently but almost universally, AOY turn 18 with challenges and disadvantages that will go unmitigated as they otherwise are by intact families for their own children. The safety net of help and support just is not there for many AOY. This population of young people – AOY – needs creative support from system agents and forward thinking policies from the legislature and state agencies.

### ***Supportive Services for Aging Out Youth is Good Policy:***

If the old cliché, *pay me now or pay me later*, was ever applicable to any given human services population, it is to AOY. It is highly predictable these young people will become users of a milieu of costly public services at a disproportionately higher rate than their cohorts who have never experienced state custody for either maltreatment or delinquency. Consider the costs associated with the following facts and assertions:

- ❖ A disproportionately higher percentage of the nation's prison population is former foster youth as compared to the percentage of inmates who come from the general population. Transition-age youth from a child welfare sample were more than four times as likely as their general population peers to report being arrested in the previous twelve months. We know that children and youth who experience state custody are at a very high risk of traveling the *cradle to prison pipeline* over the course of their lifetimes.
- ❖ High school drop-out rates are believed to be higher among AOY than among their cohorts who were never in state custody. Just like their non-custody cohorts, many youth in custody who have progressed timely through high school will have their 18th birthday before or during their senior year. But foster youth must make a conscious and legally explicit decision to remain in state custody beyond 18 in order to continue receiving basic room and board resources and basic financial support that would allow them to continue and complete high school. Many AOY make the decision to leave state custody as soon as they are legally able, thus leading many of them to drop out of high school due to the pressures of surviving on their own. While similar proportions of AOY and non-custody youth eventually complete high school, state custody youth are almost six times as likely to do so through a general education diploma (GED). Youth who earn a high school diploma are almost four times more likely than those with a GED to complete a Bachelor's Degree, and they also have higher incomes than those with GEDs. Once again, AOY find themselves severely behind the curve.
- ❖ Unemployment rates are higher among adults formerly in state custody (20%) than among the general population (5%). They do not have the familial and personal relationships that assist many young adults in getting that first good job. AOY have

- serious limitations around transportation and housing that are hindrances to finding and maintaining employment. Lack of basic and post-secondary education and technical skills limits their employability. This can lead to dependence upon federal and state aid – AOY were five times more likely to receive TANF payments than the general population.
- ❖ AOY are at much higher risk of being homeless than their cohorts who never experienced state custody. More than one in five AOY (22.2%) experienced homelessness for one day or more within one year of leaving state custody compared to one percent of the general population. Parental and familial care, support and nurturance continue for most young adults beyond age 18. For youth leaving state custody there is just no guarantee that anyone will care at all.
  - ❖ Over one quarter (25.2%) of foster care alumni had Post Traumatic Stress Disorder (PTSD) in the past 12 months, compared to 4% of the general population. This rate is approximately twice the rate of U.S. war veterans of the Iraq conflict. AOY are also about twice as likely as their non-custody cohorts to experience major depression. Mental and behavioral health problems do not disappear just because someone turns 18.
  - ❖ Women who were formerly in state custody are more likely to begin child-bearing at an earlier age and outside of marriage than are their cohorts who never experienced foster care. Whether pregnancy is intentional or unplanned, reality is that having minor children is too often the only means they have to secure housing assistance and health insurance.

Consider also that prevailing wisdom in today's society is that children may become adults on their 18th birthday, but in today's world they are not ready to make it on their own. Today's typical young adult continues to get financial and in-kind support from their parents and family well into their twenties. Recent studies put the age of true self-sufficiency at about age 26. For young adults, family is their safety net when it comes to housing, basic necessities, and medical care. Family is where young adults typically turn for help, but for AOY that safety net is not there.

There is demonstrable benefit to individuals and to governments when policymaking reflects intentional efforts to off-set these highly predictable negative outcomes. A January 2007 cost-benefit analysis of a transitional program for former foster youth in California took into account three factors: (1) cost avoidance from fewer admissions to state prisons, (2) cost avoidance from fewer welfare payments through TANF, and (3) benefits to state and federal treasuries due to higher income taxes paid based on improved lifetime employment earnings through increased education. For every \$1 spent on this program, there was a \$1.85 benefit (in constant dollars) from these factors alone. This is a conservative estimate that does not take into account avoidance of mental health or substance abuse service use, homelessness, other welfare programs such as food stamps, and second generation foster care, or additional revenues due to increased lifetime earnings for youth, such as increased spending and additional sales and property taxes.

In much the same way that having an incarcerated parent is highly predictive of children themselves engaging in criminal activity and experiencing incarceration, if you were in state custody and aged out of the system you are highly likely to experience the negative and costly outcomes articulated above. From a public policy perspective it is important to note that special populations like these are definable and solutions to their challenges can be orchestrated. Furthermore, it is well quite well known without support and assistance, bad outcomes are more likely than not for them.

Directing funds and services to the population of AOY that will bolster their education – both secondary and post-secondary – makes good common sense and very good economic sense. Assuring AOY have adequate housing and reliable transportation is going to greatly increase the likelihood of them working and furthering their education toward the goal of earning a living wage and truly becoming economically self-sufficient. Especially in constrained economic times such as now, it is not easy to be far-sighted and look to the future when making funding decisions – immediate systems’ needs can quickly trump longer term systemic solutions.

Again we say, though, *pay me now or pay me later*. AOY like all Tennessee's young adults are the state's foundation for the future – our citizens, our leaders, our workforce, our tax base. AOY are Tennessee's kids, and their success is very important to all of us.

### ***What Aging Out Youth Say They Need to Become Successful Adults:***

For purposes of this report, the needs of AOY are being categorized into the following domains, areas which have been identified in large part by Tennessee's own AOY:

- Functional inter-personal relationships;
- Housing and basic needs;
- Economic capacity – education and job readiness;
- Health care; and
- Transportation.

The categorization of needs may be a bit risky, inasmuch as policy solutions tend to be or can easily become singular, specific and directly focused on a particular need. Yet experience and best practice lead us to know that linking solutions across various categories is going to significantly increase the likelihood of better long term outcomes for AOY.

#### ***Functional Inter-personal Relationships***

*“Living interdependently... sometimes I need help making a decision or finding services.”*

The presence, or lack thereof, of functional inter-personal relationships is probably the single most important distinction between the two cohort groups as they transition into adulthood. AOY generally lack the presence and reasonable, unconditional support of caring adults to walk with and stand by them as they make the journey to self-sufficiency and independence – a role in our society that is normative to one's immediate and sometimes extended families. Almost by definition, AOY do not have parents and family members ready, willing or able to make the transition journey with them.

This assertion is corroborated by experts in the field and the young people themselves, all of whom identify the single most important thing the system can do for AOY is to make sure they reach their 18th birthday connected with a caring and committed adult who will guide, direct, assist and support them through the early years of adulthood. Seems so simple, sounds so doable, yet child welfare workers and former foster youth alike say this is an incredibly difficult feat to accomplish for the hundreds of foster youth in our state who age

out of foster care every year. In fact, AOY, especially juvenile justice youth with delinquency histories, not only lack positive relationships; they also have a greater burden involved in overcoming negative relationships and lifestyle habits they may likely have developed.

While systemic strategies for building and action plans for maintaining opportunities for supportive, long-term relationships are somewhat non-traditional child welfare work, it is strongly suggested that in Tennessee serious attention be given to strengthening both the DCS permanency planning process and the judicial oversight and monitoring of older youth in state custody.

*Recommendation 1: Focus the work of and provide guidance to DCS staff working with the AOY population; between ages 14 and 18 emphasize importance and foster development of positive, productive relationships for every youth with a caring, committed adult with the goal that that relationship will continue into early adulthood.*

*Recommendation 2: Judges and foster care review boards need to develop and implement strategies to provide specialized inquiry and monitoring of relationship development for older youth that can be executed through the periodic review process; judicial records need to record and documents these efforts.*

### ***Housing and Basic Necessities***

*“At age 18, you just have to be ready to be kicked out!”*

*“If I was pregnant or a parenting foster youth, then I could get to the top-of-the-list for Section 8 housing, but because I’m not, I am on a waiting list for housing.”*

*“It’s like it would be easier for me if I just got pregnant.”*

*“How can we be expected to maintain a GPA in college if we are worried about finding housing every break and during the summer?”*

Safe, affordable housing is a problem for vast numbers of American citizens, and that is dramatically intensified among AOY. In focus groups with Tennessee AOY during the spring of 2009, participants overall expressed significant fear of being homeless. Some AOY do not have information about what is available in terms of housing supports. Others are locked out by eligibility constraints. It has been astutely noted that pregnancy and having dependent children are generally criteria that expedite service by subsidized housing programs. This struck focus group participants as ironic inasmuch as they are routinely encouraged to delay child-bearing and parenting until they attain some level of economic stability.

Cost is a barrier, and AOY find that affordability correlates inversely to safety. Housing they can afford tends to be in areas of higher crime activity in neighborhoods that are generally considered unsafe. AOY living in college dorms have coined the phrase, “summer homelessness,” having no place to go during breaks from classes and holidays.

*Recommendation 1: Colleges and universities, especially publicly funded ones, should assess and address the unique housing needs of AOY, including availability for housing and storage during holidays and breaks when dormitories would otherwise be closed. Examine models of service for groups that have extraordinary housing needs during routine times when school is not in session such as international students and athletes.*

*Recommendation 2: Identify and modify eligibility criteria for subsidized housing programs that inadvertently create barriers to access for AOY.*

*Recommendation 3: Provide AOY with relevant financial management training and support that includes a specific focus on housing options, both short- and long-term.*

### ***Economic Capacity – Education and Job Readiness***

*“DCS should have jobs set aside within their offices for some of us that have done advocacy work for them, we know best what we need, who else is better suited for this?”*

*“If I didn’t have financial aid, there would be no way I could afford to go to college.”*

*“School is hard enough, without having to worry about where you’re going to sleep or how you are going to get there,”*

AOY do not believe they receive enough preparation for becoming economically stable and self-sufficient. Many have not completed secondary education and, thus, turn 18 and leave custody without a high school diploma. Furthermore, many lack confidence in their abilities to enter into and progress through post-secondary education; they just do not know where to start in a very complex and often intimidating process of ‘going to college.’

For those AOY who, for whatever reason, do not aspire to go to college, they report they do not have the resourcefulness and help they need to find and get jobs that will actually support them. Whether pursuing education or work, though, AOY say they need help with housing and transportation in order to be successful in college or on a job.

*Recommendation 1: The state should adopt an explicit goal that no child in state custody will leave state custody with less than a high school diploma or educational equivalent; progress toward this goal should be measured and reported annually.*

*Recommendation 2: The state should adopt an explicit goal that every youth who ages out of state custody will have the preparation and skills necessary for employment that will provide a living wage.*

*Recommendation 3: DCS, the Department of Labor and Workforce Development, higher education organizations, vocational and technical education organizations, and other state and federally funded agencies that work with post-secondary education, job training and career development should develop a strategic plan to engage all foster youth ages 14 to 18 years of age in action-oriented career planning.*

*Recommendation 4: The JCYOI Opportunity Passport Program model should be expanded and available to any AOY who chooses to enroll.*

*Recommendation 5: DCS should adopt a policy that continuity of school placement should be a top priority considered when making placement decisions for youth in high school.*

*Recommendation 6: The PC 415 Advisory Council should research and then engage all relevant parties in the design of a proposal for an employer tax credit program for training and hiring AOY.*

### *Health and Mental Health Care*

Within the population of AOY, there are a disproportionately high number who are uninsured. They do not have the safety net of remaining on a parent's insurance plan beyond age eighteen. While the vast majority of foster youth's health insurance is covered by TennCare, within thirty days of their 18th birthday they must go through the application process to establish continued coverage based on financial eligibility. Most will be financially eligible for continued TennCare coverage, but a significantly high proportion of them drop off the program due to lack of information on how to apply or failure to follow through with the application process. The reasons why AOY do not pursue continued coverage are not known or well understood; further exploration is definitely in order.

Young adults are not particularly high utilizers of the health care system for expensive treatment and management of chronic conditions. However, they do access care for accidents and injuries and, as such, are probably overly represented within the realm of uncompensated care. Pregnancy-related health care is a leading reason for females in young adulthood, both AOY and not, procure medical services

As the push moves on to improve health and well-being indicators among all Americans, establishing and maintaining wellness-focused health care is vitally important. While the debate about health care and how to pay for it is going on at the national and state levels all across our country, AOY could be cited as a flagship population exemplifying why resolutions need to be achieved. They are not particularly likely to engage in wellness-focused health care, but clearly their long-term health outcomes will be better if they do.

Mental health problems disproportionately affect young people in state custody in Tennessee. Youth in foster care made up four percent (4%) of all TennCare enrolled youth ages 14-17 years old in FY02-03, but 13 percent of TennCare enrolled youth with Serious Emotional Disturbance (SED) are in foster care [Heflinger and Hoffman, 2006]. Regarding mental health issues for foster youth in general, the Northwest Foster Care Alumni Study by the Casey Family Programs reports the following indicators of mental health for youth who were in foster care:

- ❖ Over half of foster care alumni (54.4%) had current mental health problems, compared to 22.1% of the general population with mental health problems, as measured by the National Comorbidity Study Replication Survey.
- ❖ Over one quarter (25.2%) of foster care alumni had Post Traumatic Stress Disorder (PTSD) in the past twelve months, compared to four percent of the general population. This rate is approximately twice the rate of U.S. war veterans of the Iraq conflict.
- ❖ Foster care alumni were twice as likely (20.1%) to have major depression in the past twelve months than the general population (10.2%).
- ❖ PTSD, depression, and social phobia are likely the mental health conditions that significantly affect foster care alumni.
- ❖ Recovery rates were significantly higher for the general population than for foster care alumni on five of the eight mental health outcomes tested.

*Recommendation 1: Increasing the number of AOY who complete the TennCare application process at age 18 needs to happen. The PC 415 Advisory Council should work with representatives of the TennCare Bureau to extend the re-application timeline from 30 days to six months. The feasibility of automatic re-enrollment for AOY should also be considered.*

*Recommendation 2: AOY should be educated through the permanency and transition planning processes of DCS about the life-long importance of wellness-focused, preventive health care, including the importance of maintaining health care insurance.*

*Recommendation 3: DCS and Department of Mental Health and Developmental Disabilities should continue collaborating around the transition of AOY with mental health diagnoses and therapeutic service needs so effective, evidence-based care is provided uninterrupted.*

## ***Transportation***

*“Jobs aren’t always on the bus line.”*

*“You have to be really motivated to want to go to work and stay in school without a car. I get up at 4:00 a.m. to get to school by 7:00 a.m.”*

*“What about the kids that live outside of the city? If you don’t have a car, you can’t get to the (resource) center.”*

Again, we have an area of need in transportation that affects a large number of citizens, but is especially problematic for AOY. Public transportation is not universally available in urban and suburban areas, but there is a better chance of at least a basic infrastructure there as compared to rural and remote areas, of which Tennessee has plenty. Even in the city, though, public transportation lines are not accessible to many job locations.

Regarding the attainment of a driver’s license, AOY indicate that the Tennessee requirement for a parent or legal guardian to sign a minor/teenage affidavit and financial responsibility form has been a barrier to them. For them, of course, the State holds that legal relationship; however, DCS representatives are not authorized to sign these Department of Safety forms. Not only do AOY have this legal barrier to obtaining the legal privilege to drive, they also typically do not have anyone teaching them to drive as their non-custody cohorts do by their parents and relatives. Driver’s education programs are sparse and costly, making that a less than satisfactory resolution, certainly considering teenagers in foster care rarely if ever have vehicles available to them for routine use.

However, if AOY are able to purchase a car, the costs associated with insurance, routine maintenance and periodic repairs are often prohibitive. Among Tennessee AOY participating in the spring focus groups, nearly all who had an automobile or regular access to one said they are employed and/or in school. They astutely observed that reliable transportation, whether it is a personal vehicle or public transportation services, is absolutely necessary in order to get and maintain all the other supports and services needed by transitioning youth and young adults.

*Recommendation 1: The PC 415 Advisory Council should develop a proposal for the public transportation systems across the state to provide free or reduced fares for AOY and for teenagers in state custody for employment and education purposes.*

*Recommendation 2: The PC 415 Advisory Council should research laws and policies of other states regarding issuance of driver's licenses. Creative solutions should be developed to provide foster teens and AOY an opportunity to learn to drive.*

*Recommendation 3: The PC 415 Advisory Council should develop a proposal for a no/low interest loan program targeted for AOY; the council should identify potential funders who would consider administering such a loan program.*

### ***Tennessee Demographics on Aging Out Youth:***

Heretofore when discussion about the AOY population has taken place in the legislative arena, data about the numbers of youth and their demographics have been less than precise. The DCS computer system does not track in any detail the circumstances of and outcomes for children who continue receiving services and supports beyond age 18. Going forward, however, provisions of the new federal Fostering Connections To Success Act, P.L. 110-351, require states to implement data-tracking systems for youth between ages 18 and 21 served by the child welfare system. Implementation of this requirement is realistically the earliest we can expect valid and reliable data on this population. Relevant demographic information we do know at this time is insightful, though.

- ❖ Currently, more than half the approximately 7,000 children in foster care in Tennessee are 14 years of age and older, making us a state with one of the highest percentages of older youth in state custody in the nation.
- ❖ Every year we have approximately 600 youth in state custody on their 18th birthday – these are our “Aging Outers”.
- ❖ Of those 600 AOY, DCS data shows yearly less than half opt to receive services and supports through either the department’s Transitional Living Services program (state funds only) or Voluntary Post-Custody Services (federally funded with Chafee Foster Care Independence Program and Chafee Educational and Training Voucher Program monies).
- ❖ According to data submitted by DCS to the Select Committee on Children and Youth in March 2009, for the time period of October 1, 2007 through September 30, 2008, 711 youth age 18 were emancipated; of these emancipated youth, 61 percent were Caucasian, 35 percent were African American, 4 percent were of other races.

From an administrative planning perspective, a means of calculating the size of the population eligible to be served is crucial. At this time in Tennessee, DCS policy provides that AOY can receive some level of assistance through that department up to their 24th birthday. The following simple formula is proposed for use to estimate the number of AOY:

$$\begin{array}{r} \text{Current eligible population (all 18-23 year olds)} \\ + \\ \text{All 17 year olds who will turn 18 in the target fiscal year} \\ - \\ \text{All 23 year olds in current eligible population who will reach 24}^{\text{th}} \text{ birthday} \\ \text{in the target fiscal year} \\ = \\ \text{Total number of population eligible to be served.} \end{array}$$

As the advisory council continues studying the utilization rates of the available services by AOY and determining factors that either add to or detract from the likelihood that youth will use and participate in post-custody services options, recommendations will be forthcoming as to how the formula can be modified to more accurately predict budget forecasts or estimates and actual costs. The advisory council will also work with other state departments such as Human Services, Labor and Workforce Development, and Tennessee Housing and Development Agency to track expenditures and become more precise in forecasting the funds needed to adequately serve the AOY population.

### ***Recommendations for Policy Action and Future Council Activities:***

The newly formed Public Chapter 415 Advisory Council is enthusiastically embarking on work to discern, describe and document the realities of Tennessee's AOY population. Spread throughout the preceding pages of this report are important recommendations to address specific areas of need known to exist among AOY, a recap of those recommendations follows.

#### ***Functional Inter-personal Relationships***

*Recommendation 1: Focus the work of and provide guidance to DCS staff working with the AOY population; between ages 14 and 18 emphasize importance and foster development of positive, productive relationships for every youth with a caring, committed adult with the goal that that relationship will continue into early adulthood.*

*Recommendation 2: Judges and their foster care review boards need to develop and implement strategies to provide specialized inquiry and monitoring of relationship development for older youth that can be executed through the periodic review process; judicial records need to record and document these efforts.*

#### ***Housing and Basic Necessities***

*Recommendation 1: Colleges and universities, especially publicly funded ones, should assess and address the unique housing needs of AOY, including availability for housing and storage during holidays and breaks when dormitories would otherwise be closed. Examine models of service for groups who have extraordinary housing needs during routine times when school is not in session such as international students and athletes.*

*Recommendation 2: Identify and modify eligibility criteria for subsidized housing programs that inadvertently create barriers to access for AOY.*

*Recommendation 3: Provide AOY with relevant financial management training and support that includes a specific focus on housing options, both short- and long-term.*

### ***Economic Capacity – Education and Job Readiness***

*Recommendation 1: The state should adopt an explicit goal that no child in state custody will leave state custody with less than a high school diploma or educational equivalent; progress toward this goal should be measured and reported annually.*

*Recommendation 2: The state should adopt an explicit goal that every youth who ages out of state custody will have the preparation and skills necessary for employment that will earn a living wage.*

*Recommendation 3: DCS, the Department of Labor and Workforce Development, higher education organizations, vocational and technical education organizations, and other state and federally funded agencies that work with post-secondary education, job training and career development should develop a strategic plan to engage all ages fourteen to eighteen years of age in action-oriented career planning.*

### ***Health and Mental Health Care***

*Recommendation 1: Increasing the number of AOY who complete the TennCare application process at age 18 needs to be accomplished. The PC 415 Advisory Council should work with representatives of the TennCare Bureau to extend the re-application timeline from 30 days to six months. The feasibility of automatic re-enrollment for AOY should also be studied.*

*Recommendation 2: AOY should be educated through the permanency and transition planning processes of DCS about the life-long importance of wellness-focused, preventive health care, including the importance of maintaining health care insurance.*

*Recommendation 3: DCS and Department of Mental Health and Developmental Disabilities should continue collaborating around the transition of AOY with mental health diagnoses and therapeutic service needs so that effective, evidence-based care is provided uninterrupted.*

## ***Transportation***

*Recommendation 1: The PC 415 Advisory Council should develop a proposal for the public transportation systems across the state to provide free or reduced fares for AOY and for teenagers in state custody for employment and education purposes.*

*Recommendation 2: The PC 415 Advisory Council should research laws and policies of other states regarding issuance of driver's licenses. Creative solutions to give foster teens and AOY an opportunity to learn to drive should be developed.*

*Recommendation 3: The PC 415 Advisory Council should develop a proposal for a no/low interest loan program targeted for AOY; the council should identify potential funders who would consider administering such a loan program.*

The advisory council offers these other important, over-arching recommendations at this time, as well. The council is hopefully these recommendations will be beneficial to the legislative and executive decision-makers in the up-coming session and over the next several years.

1. A long-range strategic plan needs to be developed. This plan should address strategies for addressing each of the five domains within which AOY's core needs fall – *Functional Inter-personal Relationships, Housing and Basic Necessities, Economic Capacity, Health and Mental Health Care, and Transportation*. The strategic plan should also address working with all departments of state government identified as appropriate to articulate how those departments' service milieu can be made available to AOY. Resource center development and expansion around the state should also be addressed in the strategic plan.
2. Strategies for improving information content and dissemination processes to AOY in a consistent and efficient manner regarding available services and supports need to be developed and implemented over the next year.
3. The council should utilize information and data forthcoming from the Tennessee Commission on Children and Youth's Resource Mapping Project to understand the breadth and depth of services and supports currently available throughout state agencies.

4. The state should use due diligence in hearing and considering options available through P.L. 110-351, Fostering Connections to Success Act, for expanding post-custody services by drawing down increased federal funds and re-allocating state funds as necessary currently used for this population.
5. The PC 415 Advisory Council should serve as a forum to discover and discuss replication of evidence-based practices, programs and policy approaches in Tennessee that will increase the potential for improving the short- and long-term well being indicators for AOY.

\* \* \*

## Appendix 1

**STATE OF TENNESSEE**  
**PUBLIC CHAPTER NO. 415**  
**HOUSE BILL NO. 686**

**By Representatives Richardson, Sherry Jones, Hardaway**

Substituted for: Senate Bill No. 638

By Senators Marrero, Harper, Ford

AN ACT to amend Tennessee Code Annotated, Title 37, relative to children 18 years of age and older who are aging out of custody of the department of children's services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 37, Chapter 2, is amended by adding the following as a new part:

37-2-501.

(a) The executive director of the select committee on children and youth shall establish a non-funded, voluntary, post-custody services advisory council, which shall be responsible for:

(1) Identifying strategies to assess and track effectiveness of post-custody services and the operation of resources centers authorized by this part;

(2) Identifying the following:

(A) strategies for maintaining accurate numbers of children served by post-custody services,

(B) the number of services provided by the department of children's services,

(C) the number of children who accept these services,

(D) reasons why children do not accept such services, and

(E) the number of children that continue their education and the number that do not; and

(3) The advisory council shall report no later than October 31st of each year to the select committee on children and youth,

house children and family affairs committee, house health and human resources committee and senate general welfare, health and human resources committee, making recommendations for the continuing operation of the system of post-custody services and supports;

(b) The department of children's services and other state agencies which provide services or supports to youth transitioning out of state custody shall participate fully in the council and shall respond to the recommendations put forth by the council as appropriate.

37-2-502.

(a) All state agencies which administer cash or in-kind assistance, or both, to youth age eighteen (18) to twenty-four (24), within the course of normal business, shall make reasonable effort to determine if an applicant for assistance has ever been in the custody of the state. If the applicant has been in state custody, the state agency shall share information with applicant regarding possible services to be provided by the department of children's services, other state agencies and community partners.

(b) State agencies shall modify agency forms to identify youth who have been in state custody as the agencies' forms are otherwise revised and updated.

(c) The department of children services may share services information for former foster youth and youth transitioning from state custody through already established models such as, but not limited to, websites, emails, verbal notifications, and or other printed material.

37-2-503.

(a) The private, non-profit community is urged to establish a network to provide information, assistance, services, and supports to persons from sixteen (16) to twenty-four (24) years of age who were in foster care on the person's eighteenth birthday and persons from sixteen (16) to twenty-four (24) years of age who have been in foster care at any time after the person's fourteenth birthday.

(b) The resource centers shall provide or facilitate the assistance necessary to:

(1) Deal with the challenges and barriers associated with the transition into adulthood and early adult years;

(2) Support post-secondary education, vocational training and job skills development for such person;

(3) Find and retain employment, housing, transportation, parenting and family support, health care, mental health care; and

(4) Navigate systems and procedures that impact the person's education, employment, health and mental welfare, and basic needs.

(c) Such services shall be available at any time until the person reaches twenty-four (24) years of age regardless of whether the youth elects to remain in a voluntary post-custody arrangement with the department or the youth chooses to terminate any relationship with the state.

(d) The resource centers shall be supported in part by the department in the community where the centers are located, subject to the availability of funds specifically appropriated for this purpose. The department is authorized and encouraged to share staff with the resource centers, as well as provide financial support .

37-2-504.

In preparing a foster child for independent living prior to the child reaching eighteen (18) years or age, the department shall provide information on the resource centers established pursuant to this part to all children over sixteen (16) years of age in foster care. The information shall include the address of the nearest resource center and services available from the center. Each child shall be encouraged to maintain periodic contact with resource center personnel and to provide current and accurate residence and contact information to the resource center. Ninety (90) days before a child leaves state custody the department of children's services shall notify the child of all information, services, web sites and assistance available for post-custody.

37-2-505.

Nothing in this part shall be construed to require a person to have maintained continuous contact with the resource centers or the department in order to be eligible to receive services from the resource centers or the department.

SECTION 2. This act shall take effect upon becoming law, the public welfare requiring it.

**PASSED: June 3, 2009**



KENT WILLIAMS, SPEAKER  
HOUSE OF REPRESENTATIVES



RON RAMSEY  
SPEAKER OF THE SENATE

**APPROVED** this 11th day of June 2009



PHIL BREDESEN, GOVERNOR

## Appendix 2

# ADVISORY COUNCIL FOR PUBLIC CHAPTER 415

LAST	FIRST	AGENCY	ADDRESS	CITY	ST	ZIP	PHONE	FAX	EMAIL
Bryant	Rokeisha	TN Youth Advisory Council/Oasis	1704 Charlotte Ave. Suite 200	Nashville	TN	37203	615-983-6905	615-329-1444	rbryant@oasiscenter.org
Bryson	Charlotte	TN Voices for Children	701 Bradford Ave	Nashville	TN	37204	615-269-7751	615-269-8914	cbryson@tnvoices.org
Campbell	Aaron	Dept. of Children's Services	7th Floor, Cordell Hull Building	Nashville	TN	37243	615-532-4801		aaron.campbell@state.tn.us
Cash	Pam	Monroe Harding, Inc.	1330 Foster Ave.	Nashville	TN	37210	615-664-1509		pamelacash@tnyouthconnections
Chevront	Tiffany	TN Alliance for Children and Families	2 International Plaza Dr./Suite 203	Nashville	TN	37215	615-366-7175	615-366-7179	tchevy@tnchildren.org
Conner	Josh	Foster Care Alumni of America	PO Box 150146	Nashville	TN	37215	615-294-0654		TNChapter@fostercarealumni.org
Cosbey	Jim	Department of Corrections		Nashville	TN	37243			jim.cosby@tn.gov
Crane-Mallory	Kim	Gov. Office of Child Care Coord.	2700 TN Tower, 312 Rosa Parks	Nashville	TN	37203	615-741-5220	615-741-5719	kim.crane.mallory@tn.gov
Douthat	Kathleen	Pellissippi State Comm. College	10915 Hardin Valley Road	Knoxville	TN	37933	865-804-4978	865-539-7277	kbdouthat@pstcc.edu
Durham	Cindy	TN Commission on Children/Youth	3921 Ivy Drive	Nashville	TN	37216	615-780-7125	615-244-6186	cdurham@las.org
Edgar	Richard	TN Dept. of Mental Health/Dev. Dis.	425 5th Ave. North	Nashville	TN	37243	615-253-4800	615-253-5080	richard.edgar@tn.gov
Ferguson	Deneise	Oasis Center	1704 Charlotte Ave. Suite 200	Nashville	TN	37203	615-983-6897	615-329-1444	dferguson@oasiscenter.org
Halfman	Darci	Monroe Harding, Inc.	1120 Glendale Lane	Nashville	TN	37204	615-298-5573	615-298-1281	darcihalfman@monroeharding.org
Hankins	Randy	TN Dept. of Labor and Workforce Dev.	220 French Landing Drive	Nashville	TN	37243	615-253-5868	615-741-3003	randy.hankins@tn.gov
Hayes	Melinda	Dept. of Children's Services	369 Glen Rich Drive	Parsons	TN	38363			melindab@tds.net
Hoffman	Cheri	Centerstone Research Institute	44 Vantage Way, Suite 280	Nashville	TN	37228	615-463-6256	615-463-6242	cheri.hoffman@centerstonereaseach.org
Hultman	Cheryl	TN CASA	1370 Hazelwood Drive, Suite 213B	Nashville	TN	37167	615-220-3990	615-220-3991	tncasa@bellsouth.net
Jenkins	Janet	Helen Ross McNabb		Knoxville	TN				janet.jenkins@mcnabb.org
Jones	Sherry	Tennessee General Assembly	4947 Sherman Oaks Road	Nashville	TN	37211	615-741-2035	615-253-0290	rep.sherry.jones@capitol.tn.gov
Jones	Amy	Madison County CASA	110 Irby Street	Jackson	TN	38301	731-427-5554	866-585-2272	director@madisoncountycasa.org
Lake	Ed	TN Dept. of Human Services	Citizens Plaza	Nashville	TN	37243	615-313-4703	615-313-4982	ed.lake@tn.gov
Lee	Mary	Youth Villages	3320 Brother Blvd.	Memphis	TN	38133	901-251-4934	901-251-5003	mary.lee@youthvillages.org
Marrero	Beverly	Tennessee General Assembly	243 Hawthorne Street	Memphis	TN	38112	901-726-6004		sen.beverly.marrero@capitol.tn.gov
Martinez	Dorsell	TN Foster Parent Advocacy Program					615-812-0948		dmartinez@tnadvocate.org
Millard	Stephanie	Child and Family Policy Center/Vbilt	1207 8th Ave. South	Nashville	TN	37212	615-343-9905	615-343-1761	stephanie.l.millard@vanderbilt.edu
Miller	Debbie	Child and Family Policy Center/Vbilt	1207 8th Ave. South	Nashville	TN	37212	615-343-9905	615-343-1761	debbie.miller@vanderbilt.edu
Montgomery	Christy	Department of Labor and Workforce	220 French Landing Drive	Nashville	TN	37243	615-741-3872	615-741-3003	christy.montgomery@tn.gov
Mortensen	Rob	TN Alliance for Children and Families	2 International Plaza Dr./Suite 203	Nashville	TN	37215	615-366-7175	615-366-7179	rmortensen@tnchildren.org
O'Neal	Linda	TN Commission on Children/Youth	710 James Roberston Pkway. 9th Fl.	Nashville	TN	37243	615-741-2633	615-741-5956	linda.oneal@tn.gov
Perry	Cindy	Select Committee on Children/Youth	7th Floor, Rachel Jackson Bldg.	Nashville	TN	37243	615-741-6239	615-741-5471	cindy.perry@capitol.tn.gov
Ray	Passion								
Richardson	Jeannie	Tennessee General Assembly	797 N. Evergreen	Memphis	TN	38017	901-725-2056	901-725-2056	rep.jeannie.richardson@captiol.tn.gov
Rolando	Mary	Gov. Office of Child Care Coord.	2700 TN Tower, 312 Rosa Parks	Nashville	TN	37203	615741-5220	615-741-5719	mary.rolando@tn.gov
Simpson	Lane	Dept. of Children's Services	8th Floor, Cordell Hull Building	Nashville	TN	37243	615-532-9644	615-532-9648	lane.simpson@tn.gov
Valesky	Katie	FCAA-TN	5655 Oakes Drive	Brentwood	TN	37027	65-828-0398		kvalesky@gmail.com
Invited:									
James	Jeanne	TennCare							
Opie	Bruce	Tennessee Dept. of Education							
Sharp	Tom	Tennessee Dept. of Health							
Banerjee	Sumita	TN Commission on Children/Youth	710 James Robertson Parkway	Nashville	TN	37243	615-741-2633	615-741-5956	sumita.banerjee@tn.gov
Bradfield	Cory	Tennessee General Assembly	312 War Memorial Building	Nashville	TN	37243	615-741-9128	615-253-0291	cory.bradfield@capitol.tn.gov
Brown	Roark	Tennessee General Assembly	8th Floor, Rachel Jackson Building	Nashville	TN	37243	615-741-110045011		roark.brown@capitol.tn.gov
Campbell	Anastasia	Tennessee General Assembly	G3 War Memorial Building	Nashville	TN	37243	615-741-1100 ext 45034		anastasia.campbell@captitol.tn.gov
Gazzaway	Debbie	Tennessee General Assembly	7th Floor, Rachel Jackson Building	Nashville	TN	37243	615-741-6239	615-741-5471	debbie.gazzaway@capitol.tn.gov
Insogna	Elizabeth	Tennessee General Assembly	G16 War Memorial Building	Nashville	TN	37243	615741-8755		elizabeth.insogna@capitol.tn.gov
Jones	Barbara	Tennessee General Assembly	26 Legislative Plaza	Nashville	TN	37243	615-741-2010	615-253-0195	barbara.jones@capitol.tn.gov
Peters	Sharon	Tennessee General Assembly	26 Legislative Plaza	Nashville	TN	37243	615-741-2035	615-253-0290	sharon.peters@capitol.tn.gov
Petty	Steve	TN Commission on Children/Youth	710 James Robertson Parkway	Nashville	TN	37243	615-741-2633	615-741-5956	steve.petty@tn.gov

## Appendix 3

## Advisory Council on Public Chapter 415

August 25, 2009

10:00 a.m. – 2:00 p.m.

Tennessee Alliance for Children and Families  
2 International Plaza, 3rd Floor Conference Room  
Nashville, TN

### Agenda

1. Welcome and Introductions  
*Cindy Perry, Executive Director, Select Committee on Children and Youth*
  
2. Overview of Public Chapter 415 and Strategizing How to Fulfill the Assigned Duties  
*Cindy Perry, Executive Director, Select Committee on Children and Youth*
  
3. Overview of May 2009 Department of Children's Services' Financial and Compliance Audit by Comptroller of the Treasury Division of State Audit  
*Aaron Jewell, Audit Manager, Comptroller of the Treasury*
  
4. Report from DCS on Resource Center Development  
*Lane Simpson, Director, Interdependent Living, Department of Children's Services*
  
5. Report from Juvenile Justice/Mental Health Workgroup and Youth Transition Group Task Force  
*Richard Edgar, Director of Office of Children and Youth, Department of Mental Health and Developmental Disabilities*

**Council on Public Chapter 415**  
**August 25, 2009**  
**10 a.m.-2 p.m.**  
**Tennessee Alliance for Children and Families**

**Meeting Summary**

**Participant List:**

Aaron Campbell	Mary Lee
Rokeisha Bryant	Sen. Beverly Marrero
Pam Cash	Stephanie Millard
Tiffany Chevront	Debbie Miller
Kathleen Douthat	Rob Mortensen
Cindy Durham	Linda O'Neal
Richard Edgar	Cindy Perry
Deneise Ferguson	Lane Simpson
Darci Halfman	Katie Valesky
Randy Hankins	Steve Petty
Cheri Hoffman	Sumita Banerjee
Rep. Sherry Jones	Debbie Gazzaway
Amy Jones	Elizabeth Insogna
Ed Lake	

**Welcome and Introductions (Cindy Perry).**

Thank you to Tennessee Alliance for Children and Families for hosting meeting and providing lunch.

**Overview of Public Chapter 415. Tasks of the Advisory Council. (Cindy Perry)**

- (1) Identifying strategies to assess and track effectiveness of post-custody services and the operation of resources centers
- (2) Identifying the following:
  - (A) strategies for maintaining accurate numbers of children served by post-custody services
  - (B) the number of services provided by DCS
  - (C) the number of children who accept these services
  - (D) reasons why children do not accept such services
  - (E) the number of children that continue their education and the number that do not
- (3) The advisory council shall report no later than October 31st of each year to SCCY., House Children and Family Affairs Committee, House Health and Human Resources Committee and Senate General Welfare, Health and Human Resources Committee--making recommendations for the continuing operation of the system of post-custody services and supports.

### **Additional Tasks of the Council (Cindy Perry):**

- The department of children's services and other state agencies which provide services or supports to youth transitioning out of state custody shall participate fully in the council and shall respond to the recommendations put forth by the council as appropriate.
- All state agencies which administer cash or in-kind assistance, or both, to youth age eighteen (18) to twenty-four (24), within the course of normal business, shall make reasonable effort to determine if an applicant for assistance has ever been in the custody of the state. If the applicant has been in state custody, the state agency shall share information with applicant regarding possible services to be provided by DCS, other state agencies and community partners.
- State agencies shall modify agency forms to identify youth who have been in state custody as the agencies' forms are otherwise revised and updated.
- DCS may share services information for former foster youth and youth transitioning from state custody through already established models such as, but not limited to, websites, emails, verbal notifications, and or other printed material.
- The private, non-profit community is urged to establish a network to provide information, assistance, services, and supports to persons from sixteen (16) to twenty-four (24) years of age who were in foster care on the person's eighteenth birthday and persons from sixteen (16) to twenty-four (24) years of age who have been in foster care at any time after the person's fourteenth birthday.
- The resource centers shall provide or facilitate the assistance necessary to:
  - (1) Deal with the challenges and barriers associated with the transition into adulthood and early adult years
  - (2) Support post-secondary education, vocational training and job skills development for such person
  - (3) Find and retain employment, housing, transportation, parenting and family support, health care, mental health care.
  - (4) Navigate systems and procedures that impact the person's education, employment, health and mental welfare, and basic needs.
- Such services shall be available at any time until the person reaches twenty-four (24) years of age regardless of whether the youth elects to remain in a voluntary post-custody arrangement with the department or the youth chooses to terminate any relationship with the state.
- The resource centers shall be supported in part by the department in the community where the centers are located, subject to the availability of funds specifically appropriated for this purpose. The department is authorized and encouraged to share staff with the resource centers, as well as provide financial support .
- In preparing a foster child for independent living prior to the child reaching eighteen (18) years or age, the department shall provide information on the resource centers established pursuant to this part to all children over sixteen (16) years of age in foster care. The information shall include the address of the nearest resource center and services available from the center. Each child shall be encouraged to maintain periodic contact with resource center personnel and to

provide current and accurate residence and contact information to the resource center. Ninety (90) days before a child leaves state custody the department of children's services shall notify the child of all information, services, web sites and assistance available for post-custody. Nothing in this part shall be construed to require a person to have maintained continuous contact with the resource centers or the department in order to be eligible to receive services from the resource centers or the department.

**Overview of May 2009 DCS Financial and Compliance Audit by Comptroller's Office (Aaron Jewell)**

\*See Attached Power Point

Lane Simpson, DCS, discussed the audit findings:

- Lack of record keeping
- Provided computer update
- Procedure Code Changes

Group Discussion:

Does the Council need to look at policies with DCS to improve the process?  
Mandatory training in Policies need to happen across the Dept and the Region.  
Providers need to be trained.

All policy changes are to be submitted to SCCY for review as of 7/1/2009, pursuant to Public Chapter 415.

DCS reviewing how policies are distributed, changed and communicated out.  
Need to have only staff directed to a certain age only instead of working with lots of different cases.

Best practice currently changing and is 'infancy'.

Currently there are only 6 Policies focused on Independent Living (Policy Number 16.5.2)

Needs to be a better way to get info out and help them understand it.

Is 6 mos. too late to get info to youth? Should it be a year?

Medium to get info out. MySpace/Facebook. They access all the time.

What does 'policy' actually mean? It is hard to understand.

Need to be a marketing plan for services. Where do we target people?

- ER's/Jails
- Post Offices
- Mental Health
- Colleges
- TennCare

What is the #1-800 number? Is it live or disconnected?

There will be unique identifier number process by DOE.

Other departments need to connect and gather those youth that didn't get services directly out of care.

Needs to be simplicity and repetition

What needs and wants should we actually be providing?  
Other state departments need to be invited to sit at table in meetings.  
How many 'systems' are tracking this information now?

**Juvenile Justice/Mental Health Workgroup and Youth Transition Group Task Force. (Richard Edgar)**

Richard is to provide written recommendations to the Youth Advisory Council of these groups by the next meeting .

**Strategies and Areas for Further Attention**

Achieving a system of accurately counting youth served by which services will be addressed by the department when the new database, TFACS, goes live in May 2010; baseline counting/surveying will be of all 17 year olds, with follow up at age 19. Each 17 year old cohort will be surveyed on this schedule. State is developing a "unique identifier number" process, DOE is taking the lead, further information is needed to see relevance to transitioning youth.

Effectiveness will have to be determined based on the agreed upon outcomes desired – group needs to determine "What is success?" Important to hear from youth in deciding upon the desired outcomes; the focus groups that VIPPS/Casey/DCS did in spring 2009 will be utilized here.

Brief discussion about possible advocacy effort to encourage Congress to change Chafee funding formula, i.e. to fund on a formula based on older youth in care not entire state custody population. Also, brief discussion about need for state to identify and draw down all federal dollars possible.

Extending Medicaid/TennCare coverage beyond age 18 was discussed, Cindy reminded the group this was provision of initial legislation in 2009 session but was amended out due to fiscal constraints. Need to examine and make changes to re-application process when youth turns 18 was also discussed.

Rob, Mary, and Lane will lead effort to produce services and providers lists for council's consideration as to how to make available to transitioning youth.

**Next Meeting Dates**

Tuesday, September 15<sup>th</sup> and Tuesday, October 13<sup>th</sup> are the next meeting dates. Times and locations will be announced later.

Financial and Compliance Audit  
of Selected Programs and  
Activities of the Department of  
Children's Services Released in  
May 2009

August 25, 2009

# Introduction

- Audit period was April 1, 2006 through October 31, 2008
- Two findings from previous audit were corrected
- Two findings were repeated from the prior audit
- Total of six findings reported

# Topics to be Discussed

- Independent Living Program
- Youth Savings Accounts

# Independent Living Program Background

- Voluntary Post-Custody Services to eligible young adults exiting custody at 18, and requesting to receive such services prior to their 19th birthday
- Services may be provided up to the 21<sup>st</sup> birthday and in some cases may be extended up to the 23rd birthday based on a young adult's status and continued eligibility
- Eligible individuals receive a full array of developmentally appropriate services to prepare them for Independent Living or to assist them with normalizing their life experience
- Services include educational progress, employment, maintenance of physical and mental health care, housing opportunities, the formation of supportive adult relationships, knowledge of and access to community resources, the acquisition of skills to increase financial viability, and daily life skills

# Independent Living Finding Issues

- Policy violations
- System edits rendered ineffective
- Disbursements were not associated with specific individuals and were not recorded properly
- Unallowable services

# Repeated Issues

- In the current audit, problems continued to exist concerning
  - Youth who were ineligible because they were no enrolled full-time in school
  - Missing transcripts
  - Missing face-to-face and telephone contacts
- The prior audit covered the period March 1, 2004 through March 31, 2006

# Policy Violations

- Case files for twenty-five youth receiving IL services enrolled in post-secondary schools during the spring 2008 semester were audited
- We reported:
  - Five youth were, according to their documentation, enrolled as part-time students, but these youth did not have justification and approval for their part-time status
  - Fifteen young adults failed to receive from one to three required face-to-face contacts, and/or one to six telephone contacts
  - Fourteen youth had no documentation to show their IL Plan had been updated every six months.
  - Six youth did not have an IL Allowance Agreement in their file

# System Edits Rendered Ineffective

- Combined procedure codes into either previously existing procedure codes or new procedure codes
- This change resulted in system edits that could no longer be used to effectively monitor for service costs that exceeded the established dollar limits
- Later management separated the procedure codes again

# Disbursements Were Not Associated With Specific Individuals and Were Not Recorded Properly

- \$96,046 was not associated with specific individuals
- The failure to associate payments with children increases the risk that payments are made for individuals not eligible for the program or which exceed allowable limits without being detected
- Disbursements totaling \$153,322 were inappropriately recorded making it more difficult for management to monitor the program and an additional \$34,000 was likely not recorded correctly

# Unallowable Services

- \$3,675 charged to services that are unallowable for the IL program

# Youth Savings Accounts

- Department of Children's Services Policy 3.19(A)(2) (in effect during the audit period) states:
  - Youth that work or for other reasons obtain a balance in their trust fund account sufficient to establish a savings account must be allowed to establish an interest-bearing savings account. Interest earned must accrue directly to the youth.
  - The DCS group home supervisor or designee must establish a youth's savings account in the name and social security number of the youth and the DCS group home supervisor.
  - The DCS group home supervisor or his/her designee must maintain passbooks for each savings account in an officially designated and secure location.

# Problems Reported to Us Resulting from Youth Savings Account Policy

- Employee theft of the youth's money
- Interest earnings being reported to the IRS for the adult instead of the youth
- Employees who do not want to be custodian of the youth's accounts

Thank You

Advisory Council on Public Chapter 415  
September 15, 2009  
Ed Jones Auditorium at Ellington Agricultural Center  
10 a.m.-2:00 p.m. (CDT)

## Agenda

**Welcome**

**Approval of Minutes**

**Youth Voice: Review of Focus Groups**

Melinda Hays, DCS

**Unique Identifier Number Process: Relevance for Tracking and Service  
Post-Custody Youth**

Mary Rolondo, Governor's Office for Children Care Coordination

**Fostering Connections to Success and Increasing Adoptions Act of 2008**

Debbie Miller, VIPPS

**Discussion of Recommendations for Oct. 31 Report**

**Next Meeting**

**Council on Public Chapter 415  
September 15, 2009  
10 a.m.-2 p.m.  
Ellington Ag Center, Nashville**

**Meeting Summary**

**Participant List:**

Cindy Perry  
Debbie Gazzaway  
Mary Rolondo  
Charlotte Bryson  
Deneise Ferguson  
Steve Petty  
Cindy Durham  
Sumita Banerjee  
Randy Hankins  
Pam Cash  
Stephanie Millard  
Lane Simpson  
Melinda Hayes  
Aaron Campbell  
Katie Valesky  
Cheri Hoffman  
Dorsell Martinez  
Sen. Beverly Marrero

**Welcome and Introductions (Cindy Perry).**

**Approval of Minutes**

**Youth Voice: Review of Focus Groups (Melinda Hays)**

Focus groups were conducted in Memphis, Nashville and Knoxville during March and April 2009. 23 youth participated in the groups. Melinda presented Power Point on the findings and recommendations.

South Memphis Alliance has been selected to be the location for Jim Casey Expansion. The cost benefit to provide services to youth aging out can be substantial down the road. Only a small population at any time for the data count but this is not reflective because the numbers change and people come in and out of custody.

Youth reported needing caring person in their lives more than anything. PR is needed around this area to find more people willing to commit to a youth.

Memphis/Youth Villages: LIFT Program provides mentoring for teens.

Around 5000-5500 DCS kids in the catchment net.

Placements need to be youth driven.

**Unique Identifier Number Process: (Mary Rolondo)**

See Handout.

Group to provide letter of support for project.

## **Overview of Fostering Connections (Cindy Perry and Lane Simpson)**

The major provisions of the new Fostering Connections federal law were reviewed. States can opt-in to extending foster care up to any age up to 21. Law is intended to provide a safety net for aging out youth who lack resourcefulness and preparation to be successful entering adulthood; states that opt-in must provide for 're-entry into the system', i.e. eligibility for services and supports at any time youth needs assistance. Challenge is maintaining them as an open, yet dormant, case when they aren't actively receiving services; if the foster care case is closed, then youth will no longer be IV-E eligible, and eligibility can not be re-established.

Federal rules and regulations are not yet published for Fostering Connections. One requirement that is expected, though, is judicial oversight similar to permanency and review hearings (foster care review boards) currently required under ASFA. Creative means to accomplish judicial oversight were discussed, including involving former foster youth as the reviewers of the 18+ year olds cases.

DCS has requested technical assistance from Jim Casey Youth Opportunities Initiative to determine what cost/benefits would be for Tennessee to opt-in. Negotiations are underway to determine if/how that technical assistance will proceed.

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Age to opt-in? What is a good time frame?

Safety net provision...re-enter at anytime? No longer IV-E Eligible if they leave and want to come back in. Mandates of the Fostering Connections Program.

Recommendations to have categories with specific domains as key areas.

Employment:	Priority given to transitioning youth
Housing:	Habitat for humanity. Linkage to Homeless Commission Urban Housing Solutions
Caring Relationships:	Connection with caring adult or mentor
Transportation:	Can't get DL prior to 18. Ridership cards. What about rurals?
Health:	Prior automatic TennCare enrollment at 18. Extend coverage.
Education:	Complete secondary education.

Are we using evidenced-based IL Program?

## **Discussion of October 31<sup>st</sup> Report Preparation**

Brief discussion about preparation of the first report to the legislature. Organizing the report around the various "need" domains youth have identified was talked about. The domains would be Housing, Employment, Education, Transportation, Health Care, and Caring Relationships.

Cindy will prepare a first draft and disseminate it to members by October 9<sup>th</sup>. Time at the next meeting will be devoted to working on the report.

Also, mention was made of whether the Independent Living programs and practice currently used in Tennessee are evidence-based. Further discussion of this will take place at future meetings.

Next meeting date/time was discussed. Previously set date of October 13<sup>th</sup> was tentatively re-set to October.

(\*Date was subsequently changed back to October 13<sup>th</sup>.)

UNIQUE IDENTIFIER PROPOSAL  
REPORT TO THE ADMINISTRATION  
June 2009

Following the meeting of Commissioners and department IT Administrators, an interdepartmental workgroup focused on the potential to extend use of the Unique Identifier in the Department of Education's existing Longitudinal Data System to other child-serving departments, plus Corrections and Labor and Workforce Development. The purpose would be to contribute to the "360° view of the child" needed by DOE to improve student achievement and to improve interdepartmental service delivery and resource management.

Title VIII of the ARRA designates \$250M to the Institute of Education Sciences (IES) for competitive grants for development or expansion of Statewide Longitudinal Data Systems (SLDSs) to comply with federal education laws, facilitate analyses and research, improve student academic achievement and close achievement gaps. An assumption of this report is that the upcoming RFA will be the same as or very similar to the prior RFA issued last year.

The resulting focus of the SLDS grant application is based on a number of variables including a priority on completion of DOE's P-20 system, concurrent efforts to develop health-related Master Person Indices (MPI), linkage of child-serving departments and other considerations:

Completion of DOE's P-20 system: Tennessee's SLDS is considered to be top tier, following only slightly behind Florida whose intention in developing their SLDS was to serve as a model for other states. DOE and THEC are at the mid-point in completing this system through undergraduate studies, P-16. Finishing that phase and completing the state's system through P-20 (4 yrs post-graduate and into the workforce) is the logical priority for which the grant funds are specifically intended.

Development of Master Person Indices: There are four sets of activities—and perhaps more—directed toward establishing or sustaining Master Person Indices—1) eHealth Initiative involving private providers; 2) eHealth State system of payers, hospitals and providers; 3) State Health Planning Data Warehouse initiative; and 4) DMHDD's Master Person Index in Regional Mental Health Institutes. Establishing an MPI achieves the objective to assign a unique identifier to facilitate transfer of records for designated purposes, but an MPI alone does not support longitudinal policy analyses. A major consideration for overcoming this limitation is implementation of Business Intelligence capacity that can draw relevant information from unrelated databases, permitting both real-time use for administrative and other purposes and longitudinal analyses for policy development.

Linkage of child-serving departments and information sharing: The principle criterion for information sharing in this proposal is to provide systemic data that enhances DOE and LEA capacity to perform functions electronically and automatically, which contribute to students' academic achievement and/or that may currently require paper or duplicate submissions by a family or student for program participation.

Other considerations: (1) The State is prepared to address two functions specified in the earlier RFA: Interoperability—the capacity to exchange data between DOE and LEAs, among LEAs, or with other appropriate state agencies or educational entities, supporting interdepartmental efforts to improve services to all children, and Enterprise-wide Architecture—linkage of records across information systems and data elements across time that allows for longitudinal analyses of dropout and graduation rates and student achievement growth. (2) Clearly there are obstacles to overcome, such as issues with privacy protection and data. The technology is the

easy part. Reconciling these issues and getting agreements among the departments is more difficult and will be time-consuming.

## PROPOSED SLDS GRANT FOCUS

The focus of the SLDS grant application will be to support the completion of DOE's P-20 SLDS. The purpose will be to facilitate effective integration of system applications that can improve students' learning potential, streamline transfer of information among related agencies about student performance, and inform policy development and financial planning.

To achieve the policy outcomes and DOE's goal to have a 360° view of a student, identified departments will (1) commit to establishing the technical readiness and authorizations to share agreed upon systemic information; (2) identify data elements that permit recovery of department records that inform best practices and close achievement gaps, (3) support the DOE SLDS as a potential foundation for a statewide MPI and (4) identify how departments can benefit long-term from an MPI system. Key Performance Indicator (KPI) for collaboration and coordination: Project Charter.

Examples of relevant interdepartmental functions to be established through an IES grant and KPIs include the following:

Integration of system applications would include but not be limited to

- Automatic enrollment in Free and Reduced Lunch programs for students whose families are certified for Food Stamps by DHS.  
KPI: # of students receiving free/reduced lunches.
- Linkage with the DOH Immunization Registry, alleviating the need for parents to take paper copies of immunization records to LEAs.  
KPI: # of students entering school w/ complete immunization records.

Streamlined transfer of information would include but not be limited to

- Transfer of student GPAs from the LEA source to THEC for pre-qualification for Lottery scholarships.  
KPI: # of students pre-qualified for scholarships.
- Potentially eliminating Xap for the purposes of sending high school transcripts, the current intermediary between high school students and specific colleges about their application/entry processes, by direct transmission of transcripts to THEC.  
KPI: Streamlined high school transcript process.
- Education history of students who drop out to adult education/GED programs.  
KPI: # of dropout students who enroll in non-traditional programs and receive completion graduation documentation.
- Transitioning youth from Special Education Services to DHS Vocational Education and L&WD Career Readiness Centers.  
KPI: # of students who make the transition to adult services.
- Mental Health System of Care projects for youth served by multiple agencies.  
KPI: # of students in public schools served in SOC projects.

Informed policy development and financial planning would include but not be limited to

- Enhanced ability to make education-based policy changes regarding the Tennessee Lottery Scholarships.  
KPI: Increased knowledge about academic needs of students.
- Identification of school systems which generate greatest number of persons who get GEDs.  
KPI: Adoption of strategies to retain students through H.S. graduation.

## FRAMEWORK FOR ACHIEVING OBJECTIVES OF THE PROJECT

DOE is eligible to apply for the IES grant. It will do that in collaboration with and support from THEC, DCS, DHS, DOH, DMHDD, DMRS, L&WD, Corrections, TennCare and TCCY.

The focus of the application will be as described above. The process will include

- Establishing strategies to complete the SLDS through P-20
- Prioritizing the order in which participating agencies will be linked with DOE and for what purposes. This can be conceptualized as incorporating the links which are easiest to accomplish, would have the greatest policy impact and/or lay a foundation for other components of departments' data to be added.
- Establishing a governance structure that involves both state and local stakeholders in the system's design and implementation (RFA requirement).
- Creating incentives for departments to share information as a cost to the grant.
- Operationalizing other requirements for
  - Federal reporting
  - Privacy protection and data accessibility
  - Data quality
  - Institutional support
  - Sustainability

Requisite information will include

- Data source systems
- Technology criteria for Business Intelligence capacity
- Estimated costs and cost savings
- Description of phases and timelines

Summary: The project proposal has evolved from that of extending DOE's Unique Identifier to use by other departments to one of facilitating effective integration of system applications that can improve students' learning potential; streamline transfer of information among related agencies about student performance; and inform policy development and financial planning. This is no small undertaking. Additional linkages will emerge for useful integration of systems as a grant proposal is developed, so the examples enumerated above can be considered a starting point for building on a foundation of greater interdepartmental information sharing. We are confident the state can move forward cooperatively to develop a successful application for grant funds in this context.

The IES RFA is to be released in August. Applications are due November 19 and awards will be made effective May 2010.

Advisory Council on Public Chapter 415  
October 13, 2009  
Tennessee Alliance for Children and Families  
10 a.m.-2:00 p.m. (CDT)

Agenda

Welcome, Introductions

Approval of Minutes

Knoxville System of Care Grant Award – Charlotte Bryson

CASA' Initiative with Aging Out Foster Youth – Cheryl Hultman

Review of DCS' Work with The Finance Project – Lane Simpson and Debbie Miller

Work on DRAFT Report to the Select Committee on Children and Youth – Everyone

**Council on Public Chapter 415**  
**October 13, 2009**  
**10 a.m.-2 p.m.**  
**Tennessee Alliance for Children and Families, Nashville**

**Meeting Summary**

*Minutes Pending Approval of Council on December 7, 2009 meeting*

**Participant List:**

Cindy Perry  
Debbie Gazzaway  
Debbie Miller  
Rep. Sherry Jones  
Kathy Douthat  
Charlotte Bryson  
Cheryl Hultman  
Elizabeth Insogna  
Linda O'Neal  
Rob Mortensen  
Richard Edgar  
Sumita Banerjee  
Steve Petty  
Randy Hankins  
Christy Montgomery  
Rokeisha Bryant  
Katy Valesky  
Pam Cash  
Darci Halfman  
Deneise Ferguson  
Melinda Hays  
Stephanie Millard  
Cheri Hoffman  
Lane Simpson

**Welcome and Introductions (Cindy Perry).**

**Approval of Minutes**

**Update on K-Town (Charlotte Bryson)**

Knoxville Youth in Transition has been awarded a 9 million dollars SAMHSA grant to develop a system of care.

There are evaluations in place in prior grants that will help inform with the start-up of project. Mental Health, TVC, McNabb and Centerstone will partner on project. There will be a MOU with all providers. 14-21 transition age focus. They will hire parents of children that have been through the system. Also hiring 'youth' that have been in care. Criteria for youth hired will be that they have mental health diagnosis.

75% of youth aging out have mental health diagnosis.

### **Update from CASA (Cheryl Hultman)**

National CASA has received a large grant from Walmart and has launched the Fostering Futures Program to expand their existing work with older youth, who are aging out or at risk of aging out of the system. National CASA will convene a culturally diverse group of adult and youth to serve as the FFP Advisory Committee and Katy Valesky is a nominee. There will be 15 pilot sites around the country. Program sites will be selected from throughout the CASA network, based on their ability to effectively recruit, match and engage CASA/GAL volunteers with older youth. TN CASA is hopeful that that at least one program site will be selected within the TN CASA Network.

### **DCS Update (Lane Simpson)**

Part of data has been provided to Finance Group however there were some questions that still needed to be expanded upon. They will get to FG asap. Problem has been with the way data had to be extracted from TNKIDS.

14+ numbers increasing due to adoptions of younger children. There needs to be an increase in the those aging out having a 'legal' connection when they turn 18.

Cost saving will be long term for help at aging out time.  
DCS is working to update its website.

### **Update on Youth Transition Task Force (Richard Edgar)**

Richard shared the recommendations of the Task Force and handed out "White Paper on Transitioning Youth". (Attachments)

### **Small Groups for Recommendations**

Groups were broken down into different sections to work on the following topics:

Relationships  
Housing/Basic Needs  
Economic Capacity  
Health Care  
Transportation

\*\*See Attachment for notes/recommendations

## Recommendations of the Youth Transition Task Force For Transition to Adulthood Needs

- Develop a comprehensive plan addressing the needs of youth transitioning to adulthood using System of Care principles.
- Address transition-age youth needs including: continuing education, housing, and employment/training.
- Develop an interactive internet web page for youth on transition issues, information on current initiatives, and resources.
- Develop youth transition age resource directories (for both youth and staff).
- Develop a current position paper, or update the previous transition "White Paper".
- Survey departments/agencies to determine how they now address transition issues and identify gaps in services.
- Sponsor a youth advisory group for youth to identify their own transition needs.
- Plan conferences on youth transition or present at other conferences.
- Have representation (both youth and staff) on the Council on Children's Mental Health's workgroups to include and address youth transition issues in the workgroups agendas.
- Assess possible legislation to assure effective transition planning (look at other states' existing legislation).

**“White Paper on Transitioning Youth”**

**Transitioning Youth Work Group  
Tennessee Statewide System of Care Coordinating Council  
June 2004**

**Contact person:  
Tennessee Department of Mental Health and Developmental Disabilities  
(original) Sandy Heath  
(current) Lygia Williams**

### Introduction (REVISED 6-15-04)

The legal age of emancipation in Tennessee is age 18. However, age alone and legal status as an adult do not ensure the developmental capacity of youth to take care of themselves and to assume adult responsibilities. This is especially true of youth who have emotional and/or cognitive disabilities, many of whom need on-going support and guidance so they may live safely and productively. Likewise, the service system is not a "developmental" system, i.e., one that is flexible enough to adapt to the changing needs of consumers at various ages and stages of life.

### Youth in Transition Workgroup

From December 2003 to February 2004 an interagency group of the state System of Care Council<sup>1</sup> met to discuss how to improve the service system to meet the needs of youth in transition from child to adult services. This Youth in Transition Workgroup was composed of representatives from the Tennessee Departments of Health, Children's Services, Education, Mental Health and Developmental Disabilities, the Tennessee Commission on Children and Youth and the Legislature's Select Committee on Children and Youth. Participating advocacy and provider agencies were Tennessee Voices for Children, Middle Tennessee Council on Alcohol and Substance Abuse and Genesis Learning Centers.

The desired outcome of the Youth in Transition Workgroup is to develop a formal interagency process that will improve access to and coordination of quality services for youth with special needs in transition from the child service system to the adult service system. This process may be formalized via several mechanisms: written plan, interagency agreements, agency policies and procedures, or legislation.

### Mandates

During the first meeting of Youth in Transition group, it was acknowledged that there are several existing mandates that provide a basis for the group's discussion. They are as follows:

- T.C.A. § 37-1-102(b)(4)(C)  
Restricts persons 18 or older being committed to or remaining in the custody of DCS.<sup>2</sup>
- T.C.A. § 33-8-102  
Responsibilities of MHDD with regard to children.<sup>3</sup>
- T.C.A. § 33-8-105  
DMHDD responsibilities for interagency plans for transition from child to adult services.<sup>4</sup>
- System Change Transition Grants (DOE)
- John B. settlement (DCS & DOH)
- Brian A. settlement (DCS)
- EPSDT (TennCare)
- State System of Care Funding (DMHDD/Nashville Connection grant)
- School to Work Case Manager Grant Program (DOE, DHS - Vocational Rehabilitation)
- Interagency Agreement to Implement IDEA (DOE, DCS, DFA, DOH, DHS, and DMHDD).

## Questions

To facilitate any recommendation that the Youth in Transition workgroup would make, it was agreed that we needed to have some common assumptions. These were voiced as questions that would guide the discussion.

- Do we agree on the definition of "youth in transition?"
- Do we have an estimate of the number of these youth who require special planning and services? If not, how can we get this information?
- Do we have a common understanding of the issues that are related to serving this group?
- Are we knowledgeable about and are we using the resources we have to identify needed services for these youth, e.g., EPSDT?
- Do we have a common understanding of the services that youth in transition need?
- How can we address "eligibility" issues related to service access for these youth, e.g., SED vs. SPMI?
- How can we address accountability?
- Who needs to be involved in our planning efforts?
- How can we manage the complexity of interagency service planning and delivery?
- How can we ensure planning efforts on this task will achieve positive outcomes?

## Target Population

To ensure a seamless transition path for all special needs youth who require the services of two or more agencies and to secure interagency commitment from this planning process, a target population of youth in transition was identified as follows:

"Youth who have serious emotional disturbance (SED), mental retardation, developmental disabilities, physical health problems or a combination of these such that without transition services they are likely to be a danger to self or others, to become homeless, or to require periodic or long-term care in hospital or institutional settings, including correctional facilities."

As a beginning, it was agreed that the priority age range for services is 17 through 21 years of age, although planning may need to begin as early as age 14 and may continue beyond age 21 as needed.

## Issues

- Although existing mechanisms exist for transition planning, e.g., Individual Educational Plans (school system) and Permanency Plans (DCS), as well as the other state and federal mandates listed on page one, they exist independently of each other.

Discussion: It is understood that service agencies need a transition planning process of their own for those youth who need only that service. However, the transition service path for youth who need services from two or more agencies is complicated and fragmented by differing policies and procedures among the agencies. If there is no lead agency, each may look to the others to accomplish the transition planning task. Or, they may all produce a plan with varying expectations and timelines. As a result, the youth may get no transition planning or multiple plans that are not coordinated.

- There are young adults still being cared for by DCS because they are unable to care for themselves and are awaiting transfer to services under the authority of the Division of Mental

Retardation Services of the Tennessee Department of Mental Health and Developmental Disabilities .

- Discussion: Once they reach the age of 18, youths cannot be committed to or remain in the legal custody of DCS if they were adjudicated and committed to DCS as dependent and neglected, unruly, or in need of care, training, or treatment for mental illness pursuant to T.C.A. § 37-1-175. Delinquent youths cannot remain in custody past the age of 19 pursuant to T.C.A. § 37-1-102.

For some youths who “age out” of DCS custody, DCS may offer them the option of voluntarily receiving services pursuant to T.C.A. § 37-1-173. Those who choose this option may remain in “the care of” DCS until age 21; however, they are not in the legal custody of DCS. The purpose of allowing some youth to remain in care is to assist them in meeting their educational and employment goals.

In order to voluntarily receive services from DCS, youths aging out of custody must sign an agreement with DCS that lays out the youth’s responsibilities and the services DCS will provide if the young adult meets their responsibilities under the agreement. A complicating factor regarding the youths referenced in the first paragraph under this bullet is that they lack the cognitive capacity to sign the agreement to voluntarily receive services from DCS as they age out of custody. Furthermore, they may not have the capacity to continue with educational services or obtain employment.

Although DCS has a process to refer youth aging out of the DCS system to the Division of Mental Retardation Services, other barriers usually prevent the transfer of the referred person. The “waiting list” seems to be the final resting-place for many of these referrals, especially those in the moderate range of mental retardation.

- Conservators are much needed throughout the service system. They are difficult to find, and the service is difficult to fund.

Discussion: In addition to state agencies voicing a need for conservators, we are told Probate Court judges and their staff feel overwhelmed because court petitioners frequently expect the court to be the resource for obtaining a conservator and for reimbursement of associated costs.

Even when the legal criteria are met for having a conservator appointed, it is difficult to find persons willing to be conservators. Also, there is a lack of funding to pay conservators for their work.

There is a need for public education about the need for conservators. Church members and other community organization members might be willing to be conservators if they were educated about the purpose and need for them.

- The need for a conservator must be determined by the court (T.C.A. § 34-3-107) and is subject to appeal. When a conservator is appointed, civil rights are removed from the individual and transferred to the conservator.<sup>5</sup> Rights that may be removed from the individual and transferred to a conservator include, but are not limited to: the right to vote, dispose of property, execute instruments, make purchases, enter into contractual relationships, hold a valid Tennessee driver license, give or refuse consent to medical and

mental exams, treatment, or hospitalization or do any other act of legal significance the court deems necessary or advisable.<sup>6</sup>

Due to the significance of removing an individual's rights, there is a high threshold for meeting the criteria of having a conservator appointed. Some young adults who are mentally ill or disabled may need significant support services but may not be so disabled they meet the criteria for having a conservator appointed.

- There is a common misperception that youth transitioning from child to adult services may become ineligible for some services beyond the 18<sup>th</sup> birthday because they no longer meet priority population definition. Under age 18 the priority population is defined as having serious emotional disturbance or SED.<sup>7</sup> The adult priority population, age 18 or older, is defined as having serious and persistent mental illness or SPMI.<sup>8</sup> The definitions for SED and SPMI are not the same, hence the priority population is not the same.

Discussion: According to the staff of the managed care section of the Tennessee Department of Mental Health and Developmental Disabilities, neither definition of SED or SPMI is related to eligibility for services. Eligibility for TennCare covered services for both children and adults is based upon medical necessity.<sup>9</sup>

- Despite the availability of some mechanisms for transition planning, there is little or no accountability to ensure that a) transition plans are actually developed or, b) once developed, are actually implemented.

Discussion: There are several points at which existing planning mechanisms may break down. The following are some examples.

- One, the MR waiting list, was already mentioned.
- Another is a lack of a joint collaborative planning process that includes both the child and adult service sectors.
- Sometimes transition planning does not occur because those responsible are unaware of this responsibility, caregivers are ignorant of a planning mandate, or caregivers are not included in the process.
- Insufficient or inflexible funding is yet another barrier. Often funding is tied to age related criteria, or to specific services to the exclusion of other needed services. Insufficient funds are related to the lack of adequate MR services to meet the needs in the community and to recruiting, training and retaining conservators for those who need them.

#### **Estimate of Need**

The interagency workgroup collected data from several sources: DOE, DCS, TCCY, DOH, and DMHDD. There were some limitations to the data that warrant further investigation. For example, the DOE data is by disability but is not broken out by age. In addition, there is some overlap in the DCS figures because reporting categories may duplicate some children. Nevertheless, there are variables that are constant enough that we can make some reliable estimates of need.

Department of Children's Services (includes data from DCS and TCCY CPORT study)

- Currently there are 245 youth and young adults who are in DCS custody or are being cared for by DCS who need and qualify for mental health, developmental and mental retardation services.<sup>10</sup> Their diagnoses include: developmental disability, mental retardation, educational disability, attention deficit hyperactivity disorder, and medically fragile. All 245 are on the waiting list for transfer to mental retardation services.
- In October 2003, 1,024 (10%) of the youth in DCS custody were placed either in residential (9%) or hospital (1%) placements. The majority of these youth were in the age range of 13 to 18.9 years old.<sup>11</sup>
- In October 2003, 12% of those who left the care of DCS were emancipated, i.e., living on their own.<sup>12</sup> In 2003, approximately 16% of the youth in DCS custody who were ages 13-17 and not making progress in custody had a serious mental health diagnosis.<sup>13</sup> This percentage increases to 24% with the addition of youth identified with mental health/developmental needs who would require a high level of care into adulthood.<sup>14</sup>
- In 2003 approximately 2,457 DCS children and youth were served in Level 3, Level 3 Continuum and Level 3 Special Needs Continuum placements. Two hundred sixty-three (263) children were served in Level 4, Level 4 Special Needs, and Unique Care Levels 3 and 4 contract placements.<sup>15</sup> By current level of service need, it can be predicted they will need adult mental health, mental retardation or developmental disability services or a combination of these.
- Thirty-six percent (36%), or 623 of 1,741 students attending DCS in-house schools, are special education students. Handicaps breakout as follows: 251 (language deficiency), 145 (mental retardation), 159 (serious emotional disturbance), 50 (other health impairment), 11 (speech and language), 3 (autism), 2 (multiple disabilities), 1 (developmental delay), 1 (traumatic brain injury).

Statewide Provider Survey: October 1998 – February 1999<sup>16</sup>

The data reported below are the results of a document entitled *Dually Diagnosed Children and Youth in the Custody of the State of Tennessee, A Demographic Snapshot, Results from a Statewide Provider Survey* conducted by the Dual Diagnosis Study Group. Fifty-six provider surveys were returned. The number of youth with dual diagnoses that were served per this survey was 313.

- Two hundred forty-seven (79%) of the dually diagnosed (MH/MR/DD) youth served by these providers were ages 13 to 19. Thirteen (4%) were aged 19 or above.
- At admission to services, one hundred twenty-two (39%) of the youth were in level 2 programs, one hundred fifty-six (50%) were in level 3 programs.
- Eighty-eight (28%) of the youth served were in state custody 1-2 years, sixty-nine (22%) 3-4 years, ninety-four (30%) 5+ years.
- The number of dually diagnosed youth who will require adult services by service is projected as follows: residential care: thirty-eight (12%); supported living: one hundred twenty-eight (41%); sheltered employment thirty-eight: (12%); supported employment: ninety-seven (31%); case management: (55%).

Department of Education (DOE)

The DOE provided numbers of Tennessee children and youth with special needs in public schools in FY 2001-2002.<sup>17</sup> Although the disabilities are not broken down by age in the following chart, nationally it is known that the population with SED comprises the largest percentage of high school dropouts.<sup>18</sup> Furthermore, as cited in the Tennessee Comptrollers Report, "Teaching to Empty Desks: the effects of truancy in Tennessee schools"(January, 2004), truancy and dropping out of school are often a precursor of other problems such as delinquency that might result in a youth's commitment to state custody.

**DOE Data on Students with Special Needs  
July 1, 2001-June 30, 2002**

	Public Schools	Special Schools	Total
SED	4,767	625	5,392
Autistic	1,505	2	1,507
MR	16,353	319	16,672
TBI	322	2	324
Physical Disabilities	1,345	1	1,346
Blind	182	23	205
Deaf	169	213	382
Deaf & Blind	3	3	6
Multiple disabilities	1,971	157	2,128
Developmental delay	NA	NA	6,241
<b>Total</b>	<b>26,617</b>	<b>1,345</b>	<b>34,203</b>

Of the categories listed in the chart, the number of students identified with a particular handicap stayed relatively stable from 1998-1999 to 2001-2002. The exceptions were mental retardation (down 12%), autism (up 55%), and developmental delay (up 86%).<sup>19</sup>

Department of Mental Health and Developmental Disabilities 2003 Block Grant Plan

- Tennessee's under 18 population according to the 2000 Census: 1,399,564
- Estimated prevalence rate of SED among children under age 18: 7% (97,969)<sup>20</sup>
- Children with SED enrolled in TennCare with an assessment code of TPG 2 (priority population) who are not in state custody: 65,552
- Children with SED enrolled in TennCare who received mental health services: 27,607
- Five percent (5%) or 4,608 of the total SPMI population enrolled in TennCare are under the age of 21.<sup>21</sup> (We are assuming that this range starts at age 18 since children's services are from birth to age 18.)
- Forty-nine percent (49%) or 15,064 of the SED TennCare Eligibles are ages 13-18.<sup>22</sup>

## RECOMMENDATIONS

Although there are many indicators in these data regarding the population that should be targeted for interagency service planning, for initial planning purposes the transitional workgroup recommends starting with the following:

1. 245 young adults currently in DCS care who need services through and/or transfer to other state agencies.
2. 80% of those DCS youth in Level 3 and Level 4 who are age 17+. The total for all ages would be 2176 which is 80% of 2720, the number given for levels 3 & 4.<sup>23</sup>
3. 10% each of the youth/young adults in TennCare Partners who are currently designated as SPMI (46) and under the age of 21 or those that are SED (150) and ages 13 to 19.
4. The youth with SED in the public schools because they have the highest impact on dropout rates.
5. Continue the work of the transitional youth workgroup with a charge to develop an interagency agreement that will facilitate transitional plans for youth aging out of DCS custody but still needing on-going services and for those priority youth designated by agreement partners. Agencies that must be included but have not yet attended include: Department of Finance and Administration, Division of Mental Retardation Services and the Department of Human Services. Should the Children's Cabinet support this endeavor, it is believed that this agreement will become a model for state government for interagency service planning and coordination. This agreement needs to include mechanisms for implementation and accountability.
6. Establish a conservator service through the interagency agreement that can be utilized by agencies that participate in the agreement. The conservators would be part of the transitional planning for youth. Each agency would contribute funding, participate in recruitment and provide coordinated training of conservators.
7. The departments of Health, Education and Children's Services all have procedures in place for addressing the service needs of youth in transition. In fashioning an integrated transitional planning process, we need to capitalize on the work that has been done in these departments. It is recommended that the group charged with developing an interagency agreement become well versed in the work that has already been done by these agencies so that relevant and compatible features of this work can become a foundation for such an agreement.

After reviewing the data and subsequent discussions, the transitional workgroup acknowledged five categories of youth who need transition services. The attached Transitional Needs Rating Assessment (TNRA) is the creation of Terry Adams, Executive Director of Genesis Learning Centers, and a workgroup member. Together, Terry and a small sub-committee of the workgroup developed the final version of the TNRA.

The TNRA categories are rated according to level of service need across seven domains: living status, employment status, community status, health status, mental health status, family status, and CALOCUS status. The Child and Adolescent Level of Care Utilization System was developed by the American Academy of Child and Adolescent Psychiatry (AACAP) to assist clinicians in making decisions regarding level of care placement, continuation of stay and outcomes in treatment for children and adolescents. The CALOCUS is a detailed instrument

with six dimensions of child status measured across six levels of care. The TNRA is designed as a quick measurement for field workers and can be used with or without the CALOCUS.

Each TNRA domain lists services needed at the five different levels. Please see the attached document: Transition Needs Rating Assessment (TNRA). The workgroup suggests that a standard rating sheet such as the TNRA be used by all agencies to score level of need when engaging in transitional planning for youth. It would be especially helpful if all agencies used the same form.

### **Fiscal Considerations**

A report was issued in November 2000 entitled "Community-Based Services Planning Commission Report and Recommendations, Meeting the Needs of People with Mental Retardation and Developmental Disabilities." However, this report did not include DCS young adults in the count of those needing services (pg. 22 of the report). Included in the report is a five year projected budget. If the state pursues federal and state funding to serve the population included in this report, then the DCS young adults that meet MR/DD criteria need to be included in the budget.

Assuming that the Children's Cabinet endorses the development of the recommended interagency agreement, a fiscal note would need to be a part of this process. Although some new funding would be needed for non-existent or insufficient services, the only other funding need that is anticipated is for the time and space to facilitate the training and interagency collaboration process which could be the child and family team process.

### **Next Steps**

- Individual commissioner review of this position paper by those agencies represented on the Youth In Transition Workgroup.
- If approved by individual commissioner review, presentation to the Children's Cabinet and to the Governor's newly established Office of Children's Care for further action.

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<sup>1</sup> The State System of Care Council is an interagency group that includes representatives from state agencies that serve families and children, service providers, advocates and parents/caregivers of children with serious emotional disturbance. This council was formed in 1999 to identify and address service gaps in the state system to enable the development of local systems of care.

<sup>2</sup> T.C.A. § 37-1-102(b)(4)(C) "In no event shall a person eighteen (18) years of age or older be committed to or remain in the custody of the department of children's services by virtue of being adjudicated dependent and neglected, unruly or in need of services pursuant to 37-1-175 except as provided in 37-1-173."

<sup>3</sup> T.C.A. § 33-8-102 "The department shall promote effective advocacy for services and supports for all children with serious emotional disturbance, mental illness, or developmental disabilities. The department's responsibilities for children shall include, but not be limited to [(1-8) omitted]  
(9) "Assisting youth who have been in the public system of care with transition to adult services."

<sup>4</sup> T.C.A. § 33-8-105 "Mental health and developmental disabilities providers shall prepare interagency plans to assure that persons seventeen (17) years of age in state custody who will continue to need services and supports in adulthood can make a smooth transition to adult services. The plan should take into account the requirements of other state and federal laws with respect to services. If necessary to avoid delays in service during the transition to adult services, plans shall be prepared before the persons become seventeen (17) years of age."

<sup>5</sup> T.C.A. § 34-3-104

<sup>6</sup> T.C.A. § 34-3-104(8)

<sup>7</sup> SED: Children and adolescents from birth up to age eighteen years who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM), that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. A Global Assessment of Functioning (GAF) of 50 or below (current or last 6 months) is used to determine functional impairment.

Children and youth receive a Targeted Population Group (TPG) designation to specify level of severity and legal status, i.e., in state custody or not.

A TPG 2 designation specifies a child with serious emotional disturbance who is not in state custody.

<sup>8</sup> SPMI: An individual age eighteen and over who currently has, or at any time during the past year has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current DSM that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Severity and duration of impairment is measured by a CRG assessment. CRG 1 designates a person with serious and persistent mental illness (SPMI), i.e., a impairment lasting longer than six months; CRG 2 designates a person with severe mental illness (SMI), an impairment lasting less than six months.

<sup>9</sup> Section 2 and Attachment B of the contractor risk agreements between TBH/Premier and the State of Tennessee

<sup>10</sup> We have requested the age range of the 245 from DCS.

<sup>11</sup> According to a DCS report to the Transition Workgroup in December 2003, on any given day there are 10,245 children and youth in DCS custody with the number of children entering and leaving care at approximately 450-500 each per month. Per the average daily census of 10,245, 54% are in the age range of 13-18.9.

<sup>12</sup> We have requested clarification of this number, i.e., whether this is the number that left care that month or the year to date number and, if YTD, if it is calendar or fiscal year.

<sup>13</sup> 2003 CPORT review of a representative sample of 90 case summaries of youth ages 13-17 years. Youth with formal mental health diagnosis numbered 16 out of 90 case summaries. Data presented to Transitional Workgroup at meeting on January 21, 2004.

<sup>14</sup> Ibid. The dually diagnosed youth number 6 of 90 case summaries.

<sup>15</sup> DCS report to the Transitional Workgroup December, 2003. Note that the 245 children in the preceding bullet are included in these numbers describing the Level 3 and 4 type placements. Also note that the numbers of youth in Level 3 and 4 placements are not broken out by age.

<sup>16</sup> Dually Diagnosed Children and Youth in the Custody of the State of Tennessee, A Demographic Snapshot, Results from a statewide Provider Survey conducted by the Dual Diagnosis Study Group.

<sup>17</sup> Data obtained from TDOE annual reports and from the annual report of the Tennessee Advisory Council for the Education of Students with Disabilities, July 2001-June 2002. The IDEA requires that transitional planning for special needs youth begin at age 14. Tennessee State Transition Manual, TDOE, Division of Special Education, 2000-2001.

<sup>18</sup> DOE confirms that an age breakdown can be done. It has been requested.

<sup>19</sup> Annual report of the Tennessee Advisory Council for the Education of Students with Disabilities, July 2001-June 2002, page 7.

<sup>20</sup> 2004 Block Grant Application, Criterion 2, Children & Youth Services, pg. 88-89

<sup>21</sup> TennCare Partners Progress Report Fiscal Year 2003, pg. 13.

<sup>22</sup> Ibid. pg. 20.

<sup>23</sup> The total for all ages would be 2176 which is 80% of 2720, the number given for level 3 & 4. An age breakout has been requested]

## **RELATIONSHIPS:**

- Expand definitions of positive relationships. Youth defined. Add this question to Foster Care Review Board or to judge. Part of Independent Living Permanency Plan.
- Identify all agencies providing relationships:
  - Big Brother/Big Sister
  - Lift (300/4400 kids currently served)
  - CASA
- Lack of relationship (long-term) is key issue
- Long term relationship with caring adult is #1 thing ALL youth need for success.
- Very difficult thing to provide in a system
- Existing negative relationship hard to overcome

### Recommendations:

1. Create a system to ID, monitor and report on. Foster Care Review Board contacts on exit interview. (defined by youth)
2. Relationships with caring adults.

## **HOUSING/BASIC NEEDS:**

- Start with quotes
- Lack of housing makes it difficult to address all other issues (receiving mail)
- Ask Youth with they need
- Youth asking for what they need
- Central location for information: setting up Facebook account as a part of exit interview; renter information, credit information
- No “Foster Town”
- Immediate Needs
- Partnering with CAB for resources (storage, etc)

### Recommendations:

1. Inform all RA’s of foster care issues” specifically state schools
2. Look at models of international students, athletes, storage
3. Resource manuals
4. Mandate financial management training for all youth (Opportunity Passport)

## **ECONOMIC CAPACITY:**

- Changing schools, esp. high schoolers need to stay in same school.
- Barriers to readmitting kids over 18 to high school
- Barriers to getting back into services
- Start talking about options earlier (middle school) about college, grants, and job skills
- Need for support—job application, college application, financial responsibility. Need of mentor
- Non-traditional post-secondary education options. Stigma attached to trade schools. Apprenticeships opportunity. Create relationships with higher education, trade schools and labor and work force development.
- Expand focus to career, not just immediate job.
- Involve teachers in CFTM.
- Bridge programs in higher education

### Recommendations:

1. Expand Opportunity Passport Program
2. Focus on schools for placement decisions—LEAs
3. Tax credit for employment/apprenticeships
4. Support JCYOI

## **HEALTH CARE:**

- Mental health needs
- Data on DCS mental health needs
- 50% of DCS youth have made it to adult TennCare services
- Incentives for pregnancy
- Youth are not worried about health care but this population is in more need
- Data on what services cost for this age group. Catastrophic costs vs. long term
- Uninsured kids \
- Preventive Care

### Recommendations:

1. Prioritize foster care youth with priority for TennCare Eligibility—automatic enrollment
2. Extend time limit for reapplication from 30 days to 6 months
3. Opt in to extending medical

## **TRANSPORTATION:**

- Driver's License difficulty. Who signs off on permit/license?  
School attendance benefit?
- Costs of Driver's Education
- Public Transportation
- Vehicle Ownership
- Maintaining insurance

### Recommendations:

1. MTA fares reduced or free for Foster Care Youth
2. Establishing a loan account for car purchase (housing could be included as well)