

19.7 Transitioning DCS Youth with Serious Psychiatric Disorders into Adult Behavioral/Mental Health Services	
Application: To All Department of Children's Services Employees	
Authority: TCA 33-9-102; 37-5-105(3); 37-5-106	Standards: COA: PA-CFS-21.07
Commissioner:	Date:
Original Effective Date: 08/01/07 Current Effective Date: 04/11/24	Supersedes: DSC 19.7 01/17/20 Last Review Date: 04/11/24
<p>Glossary:</p> <ul style="list-style-type: none"> ◆ Family Service Worker: <ul style="list-style-type: none"> ○ This is a DCS term used to identify the position previously known as the DCS case manager. This person is principally responsible for the case and has the primary responsibility of building, preparing, supporting, and maintaining the Child and Family Team as the child and family move to permanence. ◆ Child and Family Team Meeting: <ul style="list-style-type: none"> ○ The Child and Family team is a collection of family members, professionals and community supports with a shared commitment to helping a family involved with DCS. Working with Child and Family Teams is a philosophy that supports making the best possible decisions in child-welfare cases. The quality of decision-making is improved because all of the parties are actively involved in a child's case (child-if age appropriate, birth parents and their support system, resource parents, DCS staff, community partners and other involved parties). This model respects the expertise that each party brings to the table. Child and Family Team Meetings are convened throughout the life of a case and members of the team support the child and family on an ongoing basis between meetings. Work with Child and Family Teams should be characterized by respect, honesty, and inclusiveness. 	

Policy Statement:

All youth in Department of Children's Services (DCS) custody with serious psychiatric disorders approaching adulthood are referred for prescribed adult behavioral/mental health services prior to their mandated release from custody.

Purpose:

To ensure continuity of behavioral/mental health treatment services into adulthood.

Procedures:

A. Conference with DCS Regional Psychologist

The DCS FSW/JSW schedules a conference with their Regional Child Health Unit Psychologist before adult transition discussion begins, to review treatment needs and alert the psychologist that adult behavioral/mental health transition planning is beginning for a particular youth. This conference will offer the FSW/JSW an opportunity to express clinical treatment concerns or pose clinical questions. The psychologist may ask to participate in adult transition Child and Family Team Meetings (CFTMs) or to be contacted only if a problem arises in the adult transition process.

B. Overview of Behavioral Health Transition Process

Prior to pursuing Behavioral Health Transitions, the DCS Family Service Worker (FSW)/Juvenile Service Worker (JSW) ensures the option of utilizing Employment and Community First (ECF) Choices Program has been ruled out since ECF has higher benefit allotments available for youth who qualify. Refer to Policy [19.8, Transitioning Youth to the Employment and Community First \(ECF\) Choices Program for Adult Services.](#)

1. Qualifications for Behavioral Health Transitions

- a) Youth who have a diagnosis of schizophrenia, major depressive disorder, bipolar disorder or other serious adult mental health diagnosis, and
- b) Youth must have TennCare/BlueCare insurance.

Note: This program is a voluntary service that the youth consents to for services and supportive housing.

2. Initial Pre-Screening

- a) If an FSW/JSW believes a youth in custody may be appropriate for this program, based on the above qualifications, the following information is sent to the Office of Child Health/Health Advocacy Unit, in order to complete an initial pre-screening for qualification for a behavioral health transition:
 - ◆ A brief summary of the current case status;
 - ◆ A copy of the current mental health treatment records the youth is receiving; and
 - ◆ Documentation of any SSI benefits the youth is receiving (or details of an in-process SSI application) from the regional Maximization Specialist in order for room and board to be covered.
- b) Within forty-eight (48) hours of receiving the above documentation, the Health Advocacy Unit communicates to the FSW/JSW whether a youth is appropriate for

a behavioral health transition. If the youth meets prescreening qualifications, the following documents are collected from the FSW/JSW and/or current placement by the Office of Child Health/Health Advocacy Unit at least **ninety (90) days** prior to the youth's 18th birthday:

- ◆ Copy of Birth Certificate;
- ◆ Copy of Social Security Card;
- ◆ Copy of TennCare Card and any other insurance cards;
- ◆ Documentation of SSI Eligibility (or of application);
- ◆ Current EPSDT Physical (completed within last 6 months);
- ◆ Most recent Psychological and/or Psychosexual and/or COE Evaluation;

Additional documents, if applicable:

- ◆ Current Provider Treatment Plan;
- ◆ Discharge Summaries from Previous Providers;
- ◆ Written Provider Summaries/Reports;
- ◆ Psychiatric Admission/Discharge Summaries;
- ◆ Supportive Decision Making Decision/Documents;
- ◆ Medical Records related to serious medical conditions; and
- ◆ Release of Information (**Form-0559**) –only if over 18 at time of referral.

C. Supplemental Security Income Applications (for youth under age 18)

1. The FSW/JSW makes an application for Supplemental Security Income (SSI) financial benefits for youth with a disability not already receiving SSI benefits within thirty (30) days of entering custody. The assigned Maximization Specialist provides technical support.
2. The FSW/JSW must complete the online SSI application at: <https://www.ssa.gov/benefits/disability/apply-child.html> and provide the reentry number to the Maximization Specialist. (This starts the SSI application process. The FSW/JSW should **not** submit the application. DCS has sixty **(60) days** from the date the re-entry number is generated to provide all information to SSA. After reviewing the disability report, the Maximization Specialist submits the electronic document to SSA).
3. The Maximization Specialist contacts the Social Security Administration office to schedule a new referral appointment.
4. During the initial interview with the Social Security representative, the FSW/JSW and Maximization Specialists are informed of the records needed to support the SSI application.

5. The FSW/JSW gathers and submits these records with the formal written application to the Social Security Administration. SSI application approval generally takes from four (4) to six (6) months.

D. Designating a Medical Decision Maker, if Applicable

1. When the Child and Family Team (CFT) completes the required transition planning, pursuant to DCS Policy [*16.51 Independent Living and Transition Planning*](#), the team also determines if the youth requires support in decision making once they turn eighteen (18).
2. For details on this process and who is required to be involved, refer to DCS Policy [*19.10, Designating a Medical Decision Maker for Youth with Disabilities Aging Out of DCS Custody*](#). If a conservatorship is being completed for the youth, the Family Case in TFACTS remains open until conservatorship is complete.

E. Ninety (90) Days Before the Youth Exits Custody

1. Once the Office of Child Health/Health Advocacy Unit has obtained all requested documents in Section B, a referral is made to a treatment-based program for review and consideration.
2. A preadmission packet for the identified treatment-based program is sent to the FSW/JSW. The FSW/JSW completes the preadmission packet within in two (2) weeks and returns it to the Office of Child Health/Health Advocacy Unit at least thirty (30) days prior to the youth's 18th birthday.
3. Upon notification the preadmission packet is received and the youth qualifies for the identified program, the FSW/JSW coordinates a call between the proposed program and the youth for verbal consent of interest.

Note: A BlueCare Behavioral Health Case Manager can be contacted for additional support with any ongoing outpatient needs. BlueCare can also assist in making supportive housing referrals, as long as the youth's Adult SSI is in place.

F. Behavioral Health Transition

1. The FSW/JSW convenes Child and Family Team Meetings, as necessary, to accomplish the transition of the youth into adult behavioral health/mental health services.
2. On the date of the youth's transition, the FSW/JSW notifies DCS Placement staff to terminate DCS placement and assists in coordinating transportation for the youth.

3. After successful transition is confirmed and if conservatorship is identified as either not needed or completed, the FSW/JSW closes the youth's case in TFACTS.
4. Throughout the transition process the FSW/JSW documents the transition work that is done, according to this policy, in the TFACTS database.

Forms:

None

Collateral Documents:

[*CANS Case Protocol*](#)

[*19.8. Transitioning Youth to the Employment and Community Frist \(ECF\) Choices Program for Adult Services*](#)

[*19.10. Designating a Medical Decision Maker for Youth with Disabilities Aging Out of DCS Custody*](#)