

YOUTH AGING OUT SURVEY ISSUE: YOUTH WITH DISABILITIES

How does your state define “disabled”? What is included in this definition?

Alaska

The definitions differ between different programs. Senior and Disability Services defines disability as “have to be determined to be developmentally disabled.” An application for services would be completed and an inventory would be taken of seven major life areas.

Arizona

Arizona’s Medicaid Agency, the Arizona Health Care Cost Containment System (AHCCCS) defines disabled as:

SPECIAL HEALTH CARE NEEDS	Members with special health care needs are those members who have serious and chronic physical, developmental or behavioral conditions, and who also require medically necessary health and related services of a type or amount beyond that required by members generally.
----------------------------------	---

The Division of Developmental Disabilities (DDD) defines “Developmental Disability” as autism, cerebral palsy, epilepsy or cognitive disability.

For the purpose of the state Chafee Program, “disabled” is not defined, per se. It is defined, however, in relation to programs and services, such as Vocational Rehabilitation, Special Education, Developmental Disabilities, etc. The state recognizes a number of areas related to a person’s health and well-being where a disability may be identified, including physical (including sight), emotional, learning, vocational, employment or other functional disability.

Colorado

There are diverse programs in our state with different definitions to define their service populations and these definitions are often reflective of federal guidelines.

For Child Welfare Services (Developmental Disability): A disability that is manifested before the child reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to mental retardation. It includes children less than five years of age with slow or impaired development at risk of having a developmental disability.

Delaware

Anyone with a disorder diagnosed by a clinical professional; health and mental disorders are included.

Iowa

There are a number of different definitions in State Law.

- 2007 Code of Iowa Code Chapter 225C “Mental Illness, Mental Retardation, Developmental Disabilities, or Brain Injury.” This chapter defines “Person with a disability” as “a person with mental illness, mental retardation or other developmental disability, or brain injury.” It does not define person with mental illness or mental retardation or developmental disability.

- The Chapter does define brain injury under 225C.23 (2) as “the occurrence of injury to the head not primarily related to a degenerative disease or aging process that is documented in a medical record with one or more of the following conditions attributed to the head injury:
 - a. An observed or self-reported decreased level of consciousness
 - b. Amnesia
 - c. A skull fracture
 - d. An objective neurological or neuropsychological abnormality
 - e. A diagnosed intracranial lesion”
- The Chapter establishes the MHMRDDBI Commission, and regional mental health and developmental disabilities planning councils. It has a bill of rights. It establishes the state mental health and developmental disabilities community services fund. Counties receive money under this fund through “maintenance of effort” (225C.7)
- The Chapter contains a Bill of Rights. It contains the family support subsidy program. It contains authority for the state to prepare, implement, and operate housing projects. It provides for personal assistance and family support services. The definition of “disability” for purposes of the personal assistance and family support services section, is “Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.” It then lists exclusions
- Code of Iowa Chapter 222 “Persons with Mental Retardation.” Definition here is “mental retardation or mentally retarded means a term or terms to describe children and adults who as a result of inadequately developed intelligence are significantly impaired in ability to learn or to adapt to the demands of society.”
- Code of Iowa Chapter 225B “Prevention of Disabilities.” Definition of disability here is “a mental or physical impairment that results in significant functional limitation in one or more areas of major life activity and in the need for specialized care, treatment, or training services of extended duration”. Definition of developmental disability here is “ a disability that arises before age 22 and is of sufficient severity to affect an individual’s ability to participate as an independent, productive member of the community.”
- I am not aware of definitions of disability that may be in place for Departments of Education or Department of Human Rights, but I know that for purposes of discrimination law enforced by the Iowa Civil Rights Commission, there is either a state or Federal definition, or both, of what constitutes a disability that cannot be discriminated against by employers, public accommodations, and so on. I do not know where that is located in the Iowa Code, but could be found in index to Code of Iowa under “Civil Rights Commission”, I think. It is more expansive than the 225C definition, including things like alcoholism.

Maine

Has a physical handicap

Has a mental handicap

Is age 5 or over

Is of minority status

Is a member of sibling group to be placed together
Has been a victim of physical, emotional or sexual abuse, or neglect, that places the child at risk for future emotional difficulties.
Has factors in his/her background such as severe mental illness, substance abuse, prostitution, genetic or medical conditions or illnesses which place him/her at risk for future problems

Minnesota

The state defines disabled consistent with the 13 disability categories under the federal Individual Disabilities Education Act (IDEA) regulations.

Mississippi

“Disabled” is defined in the state of Mississippi based on the Youth Court Law. “A child in need of special care” means any child with any mental or physical illness that cannot be treated with the dispositional alternatives ordinarily available to the youth court. This is the definition for “disabled” in the state on Mississippi.

Missouri

A child is considered disabled if he or she has any Medically Determinable Physical or Mental impairment(s) which is expected to last 12 continuous months or result in death and causes marked and severe functional limitations. A developmental disability is a long-term condition that significantly delays or limits mental or physical development and substantially interferes with life activities such as self-care, communication, learning, decision making, capacity for independent living and mobility.

Nebraska

An individual is considered disabled if s/he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. A child through age 17 is considered disabled if s/he suffers from any medically determinable physical or mental impairment of comparable severity.

New York

New York State is a complex, diverse state that provides services and supports to approximately 3.5 million individuals with disabilities. Because of the nature of service delivery in New York no one definition of disability exists. Each state agency that provides supports and services to individuals with disabilities has its own unique definition and eligibility criteria.

North Carolina

For youth aging out of foster care, we consider a disability to be any physical, developmental, or emotional/psychological condition which presents a significant barrier to the individual youth’s eventual ability to function as a self-sufficient adult.

Ohio

In Ohio disabled is defined as a physical or mental impairment that substantially limits one or more major life activities. Each State agency that provides services to youth with disabilities, who have aged out of care, have their own criteria for the specific services they provide (i.e. programs for specific impairments).

Tennessee

Tennessee defines “disabled” as any youth that has significant issues around mental health, developmental disabilities or emotional challenges preventing the youth from interacting normally with their environment.

Virginia

Virginia utilizes the federal definitions of “disabled” as defined by the Americans with Disabilities Act and the IDEA 2004.

Washington

RCW 74.39A.009

(8) "Functionally **disabled** person" is synonymous with chronic functionally **disabled** and means a person who because of a recognized chronic physical or mental condition or disease, including chemical dependency, is impaired to the extent of being dependent upon others for direct care, support, supervision, or monitoring to perform activities of daily living. "Activities of daily living", in this context, means self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living may also be used to assess a person's functional abilities as they are related to the mental capacity to perform activities in the home and the community such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.

What policy and practices does your state have in place that specifically target youth with disabilities?

Alaska

There are different programs that identify the very young (Infant Learning Program) and there are numerous communities where services provided to adults are separate from those that deal with children.

Arizona

All youth in care follow a schedule of health care screenings through the EPSDT as well as educational assessments through local schools with advocacy from surrogate parents. The Children's Services Policy Manual provides extensive information on meeting the medical and educational needs of children and youth in care. Case managers participate routinely in Child and Family Team (CFT) meetings where mental health and other needs and services are often identified. Children with an identified developmental disability are referred to the state office of Developmental Disabilities for assessment and services. If eligible, a child may be transferred to the Division of Developmental Disabilities for ongoing specialized foster care and case management services.

Children entering foster care have a number of risk factors for developmental and behavioral difficulties, thus making them vulnerable to special needs and high risk factors. Therefore, CMDP strives to identify all members who may have special health care needs.

The Comprehensive Medical and Dental Program (CMDP) is one of the Medicaid Acute Care Health Plans and serves children in the foster care system. CMDP has nurses and a Medical Director on staff that is accessible to Child Protective Services (CPS) field staff for any questions and concerns pertaining to specific diagnosis and/or conditions. CPS Case Managers are made aware that these resources are available to them. Arizona has a unique model, in that the Child Welfare System and the Medicaid Health Plan (CMDP) are all part of the same system, i.e., the Department of Economic Security (DES). We are able to share data regarding the healthcare service delivery for Arizona's children in foster care.

CMDP's medical case management/care coordination functions provide added support by assisting members with health risk factors or special care needs. In addition to the member's PCP, case management is available to help members use medical, social or community resources effectively with the aim of gaining self-management of their condition and optimizing medical and cost effectiveness. Medical Care Coordinators within the CMDP Medical Services Unit are responsible for carrying out the

case management functions with the custodial guardians under the direction of the Medical Services Manager and the Medical Director.

CMDP identifies and when necessary monitors members for certain categories of risk.

The “at risk” categories could include, but not be limited to:

- Any member entering out-of-home placement who is known to be under-immunized or lacking immediate medical or behavioral health services.
- Pregnant members
- Members with known HIV and/or STIs.
- Substance Exposed Newborns (SEN's)
- Neonatal Intensive Care Unit (NICU) Graduates
- Members with serious or chronic conditions, such as Asthma.

Colorado

Transition protocols to guide caseworkers through the process of referral to the Community Centered Board at or before age 14 all the way through transitions from the child welfare to the adult system.

For Employment and Education: Colorado Workforce Centers now have access to Youth Net on the www.e-Colorado.com website that is specifically for youth with disabilities looking for employment, education, and support resources.

For High School Education: Many of our schools have integrated SWAP (School To Work Programs) for youth who are seeking the employment track early in high school.

Connecticut

The DCF Bureau of Behavioral Health and Medicine oversees programming for youth with disabilities

Delaware

Youth who are diagnosed with a disability are referred to appropriate agencies to assist with supportive services. Youth who are enrolled in school and qualify for special education services have an Individual Educational Plan (IEP) that targets and addresses their special needs. The IEP is reviewed annually.

Indiana

The Family Case Manager within The Dept of Child Services would identify those individuals and initiate a referral to DDARS (Division of Disability and Rehabilitation Services) for consideration of additional services.

Iowa

- The Federal Administration for Developmental Disabilities (ADD) requires every state to have three agencies in place to assist persons with disabilities:
 - A University-based Center for Excellence to provide a research base for best practices for persons with disabilities within the state. Iowa’s Center for Excellence is the Center for Disabilities and Development at the University of Iowa (CDD)
 - An agency that is protective of the civil rights of persons that are institutionalized due to disability. Iowa’s protective agency is Iowa Protection and Advocacy (P & A)
 - A Council that provides information and outreach to citizens with disabilities. Iowa’s informational agency is the Governor’s Developmental Disability Council (DD Council)

- Each of these agencies has policies, programs, and activities specific to youth. For instance, the Governor’s DD Council runs “ID Action” which helps youth with disabilities learn how to vote and participate in government. More information is available on the agencies’ websites.
- Federal law defines which youth with disabilities attending school must have an IEP, an Individual Educational Plan, to obtain maximum benefit from their educational experience. There are approximately 27,000 Iowa students that have IEPs. Iowa policy and programs that assist these youth include:
 - Parent Educator Connection, a program that trains youth on how to participate meaningfully in their own IEP process
 - ASK Resource, an umbrella non-profit agency that answers youth questions about the IEP process, supports them with preparation and presence at IEP meetings if necessary, and provides legal advice to youth with disabilities
- Iowa SALYD, (Self-Advocacy and Leadership for Youth with Disabilities) a membership organization of youth with disabilities that provides peer support, information, and advocacy to youth with disabilities.
- Iowa Vocational Rehabilitation provides specific programming and initiatives to assist youth with disabilities in transitioning from school to employment opportunities.
- The Iowa Division of Persons with Disabilities, a division of the Iowa Department of Human Rights, offers week-long seminars to both high-school age and college-age youth with disabilities to learn leadership and self-awareness skills.
- Iowa has 13 Child Health Specialty Clinics across the state that offer special needs youth (a category that includes all “youth with disability” definitions mentioned above) free or low cost health services
- Iowa has 36 Community Mental Health Centers in the State that offer mental health treatment services to youth with mental health and behavioral needs.
- Four Mental Health Institutes provide services to persons with mental illness and substance abuse problems. Two State Resource Centers provide services to persons with mental retardation and disabilities. Two juvenile facilities serve youth adjudicated as Child In Need of Assistance (CINA) or delinquent.
- Youth aging out of state paid foster care are eligible for support services through the Iowa Aftercare Services Network. IASN is a network of private agencies across the state, contracted by Iowa Department of Human Services to assist youth as they leave foster care and enter adulthood. Aftercare is a voluntary support system, which offers case management, guidance, and when certain criteria are met such as working full time or going to school, a monthly stipend. This stipend is referred to as PAL. Those in Aftercare and PAL work with a “self sufficiency advocate”(SSA) to develop a “self sufficiency plan”. This plan addressed the young person’s needs in areas of housing, mental health, relationships, education, and employment. The youth remains eligible for Aftercare only if they are meeting with the SSA and working on their goals.
- Additionally, youth in foster care have access to RSP (Remedial Services Program), which is funded via Medicaid, for those youth who are diagnosed through a LPHA (licensed practitioner of the healing arts) who develops a treatment plan and monitors said plan.
- All youth in foster care have Medicaid coverage; youth who leave state paid foster care at 18 years of age or older have continuing Medicaid coverage, known as the MIYA coverage group, up to their 21st birthday as long as they are under 200% of the federal poverty guidelines.

Maine

A specific protocol for transfer of our older youth in care who have significant mental health diagnoses and those youth with mental retardation to the adult services of the Department of Behavioral and Developmental Services and the Adult Protective Services of the Department of Human Services was

finalized in the fall of 2002. The Chafee Independent Living Program Manager wrote the draft protocol with the assistance of staff from the former Department of Behavioral and Developmental Services and worked with Bureau of Child and Family Services management and Department of Behavioral and Developmental Services Management to finalize the protocol and begin implementation throughout the state. The new protocol has improved the timeliness and effectiveness of transition for our older youth in care with special needs to the appropriate adult service programs. District management teams from both Departments are meeting quarterly to discuss specific transition cases. The Department of Behavioral and Developmental Services and Department of Human Services were combined into one Department two years ago into one department called the Department of Health and Human Services. Top management people from the Office of Child & Family Services have been meeting regularly with top management people from the DHHS Children's Behavioral Health Services to address the needs of youth with these special needs. The Office of Child & Family Services also collaborated within the past year with CBHS management to develop a protocol for making referrals for various kinds of professional evaluations. Part of the development of this protocol was to use evaluators who were using evidence based practice models.

Minnesota

Minnesota has an ongoing interagency team called the Minnesota State Interagency Collaboration and staff and the Minnesota Department of Education and Department of Human Services that provide training and technical assistance on IDEA including parts B and C (early childhood).

Mississippi

Youth with disabilities are included in the service population for the services available through the Independent Living Plan. The Independent Living Specialists provide skills group to a variety of foster youth placed in various type of settings, which includes disabled youth. The Mississippi MDHS/DFCS does not discriminate on the bases of race, age, sex, religion, national origin, or disability. All services are equally available to be accessible to youth with disabilities.

Missouri

The treatment and habilitation of persons with mental retardation and other developmental disabilities are the responsibility of the Division of Mental Retardation and Developmental Disabilities (MRDD). Each individual eligible for MRDD services is assigned a case manager. The case manager is responsible for developing and monitoring the habilitation and treatment plan designed to meet the individual needs of the client. Eligibility for services is determined through an assessment process. Cost for services to the individual is based on his/her ability to pay. School aged children (ages 5 to 21) receive primary services through the public school system. However, MRDD can assist with evaluation, behavior management or provide referrals at the request of the school system and the guardian. The Department of Mental Health - Division of Comprehensive Psychiatric Services serves children with an emotional or behavioral disorder or mental illness/disorder (other than mental retardation or developmental disabilities). The program goal is to treat children as close to their home as possible and help them function at their optimal level. Children are provided a wide-range of services to meet the child's physical, psychological, social, education, vocational and recreational needs. Services provided for children are through a combination of programs at DMH CPS operated facilities and an administrative agent system. The administrative agent system is comprised of DMH CPS facilities and not-for-profit community mental health centers operating under state contracts. Families, children and referral sources (CD, courts, schools, doctors, etc.) can access the services through the DMH CPS administrative agent within their geographic area. The intake worker for the administrative agent will arrange for a child to be evaluated to determine what services may be appropriate and assist in accessing the system. The Department of Mental Health - Division of Alcohol and Drug Abuse provides comprehensive treatment and rehabilitation services for adults and children to promote recovery from drug and alcohol abuse and rehabilitation. Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is designed to promote recovery from alcohol and other

drug abuse. The goal of CSTAR is to strengthen family relationships, involve family members in the treatment process and integrate community resources to meet the client's housing, education, employment, health and other needs. The program provides a continuum of care that includes three levels designed to provide varying amounts of structure and service. Adolescent Program - Treatment and rehabilitation for adolescents age 13 through 17. Services emphasize recovery and address the adolescent's development, education, and recreational needs. Adolescents participate in the program while living at home or other locations such as group homes and foster homes. The program joins with other agencies, i.e., CD, courts and schools to provide a coordinated treatment plan for adolescents.

Nebraska

As soon as a Protection and Safety Worker has documented evidence of Mental Retardation or Developmental Disabilities (DD) they check our data system to see whether the youth has had eligibility for DD funding determined. If eligibility has not been determined, a referral is made to DD Service Coordination for eligibility determination and to gather documentation needed. If eligible, a determination is made with the DD service coordinator to determine if the child needs Active Service Coordination now or if the child's name should be placed on the Registry requesting services at a future date.

At the time of an out-of-home placement but no later than the month following the 18th birthday an application is made for Social Security Income (SSI). If SSI eligibility is determined prior to age 18, eligibility will need to be re-determined at age 18.

An application is also made for Medicaid and AABD at the same time as applying for SSI. (If eligible, this can be used to help fund services and will be in place prior to age 19.) At age 18 the need for continued guardianship following age 19 is reviewed. If needed, a guardian is recruited and guardianship finalized so that the order goes into effect on the 19th birthday.

Guardianship, SSI, Medicaid, and AADB benefits, as appropriate, should be in place by the individual's 19th birthday so that there are no delays in meeting medical needs and board and room payments.

New York

Each state agency that serves youth with disabilities creates policies and procedures that govern the services and supports provided to these individuals. Specifically addressing the needs of youth with disabilities in foster care are two new programs, Bridges to Health, a Medicaid Waiver program that provides a variety of supports and services to youth with disabilities and their caretakers, and Person Centered Planning for Youth in Foster Care, a initiative that empowers youth to be in charge of the direction of their lives.

North Carolina

All LINKS Services are designed with the youth and take into account the specific strengths and needs of that individual, including any disability issues. All services and resources are targeted to help youth achieve 7 outcomes: sufficient income, safe and stable housing, at least basic academic or vocational training, having a personal support network of at least 5 non-system responsible adults; postponing parenthood; avoiding high risk behaviors, and having access to health care.

Policy and practice support referral of youth with extraordinary needs to area providers that specialize in the area of disability. Examples include:

- Vocational Rehabilitation
- Area Mental Health services
- Individual therapy

- Easter Seals
- DSS Adult Services
- Specialized programs for Developmentally Disabled
- Health Department
- County extension programs
- Workforce Investment programs
- Goodwill
- Community support Services
- Private behavioral health providers

Counties adapt their LINKS services to include as many youth with disabilities as possible. Some examples are:

- Using computer software for youth with learning disabilities;
- Incorporating youth into group activities so long as their behavior is not excessively disruptive;
- Using written materials that are written on a lower grade level or are written specifically for work with youth with disabilities
- Using a lower level Ansell Casey Life Skills Assessment;
- Using flash cards, pictograms, videos, oral discussions
- Providing services 1:1
- Pairing youth with disabilities with youth who are not disabled.

North Dakota

Our Child Welfare System uses the Child and Family Team Process. If a child has a disability, the appropriate individuals are invited to join the team to address the youth's needs.

Ohio

State agencies have promulgated administrative rules that govern their systems statewide. The following agencies have programs that target youth with disabilities that have aged out of care. These programs serve the age population of 18-21:

Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD)

Responsible for supporting and overseeing services and supports for individuals with mental retardation and developmental disabilities through 88 county board programs. County board programs provide direct service programs and handle waiver programs.

Ohio Rehabilitation Services Commission (ORSC)

RSC is Ohio's state agency that provides vocational rehabilitation services to help people with disabilities become employed and independent. We also offer a variety of services to Ohio businesses, resulting in quality jobs for individuals who have disabilities.

The ARC of Ohio

An advocacy and information resource for individuals with mental retardation and developmental disabilities.

NAMI of Ohio

A grassroots organization that advocates for the mental health services for children, youth and adults.

Autism Society of Ohio

An advocacy and information resource for families dealing with autism spectrum disorders.

Governor's Council on People with Disabilities

- Advise the Governor and General Assembly on statewide disability issues.
- Educate and advocate for partnerships at the local, state and national level, promotion of equality, access and independence, and development of employment opportunities.
- Promote the value of diversity, dignity and the quality of life for people with disabilities.
- Be a catalyst to create systemic change promoting awareness of disability-related issues that will ultimately benefit all citizens of Ohio.

The Ohio Governor's Council also sponsors The Ohio Youth Leadership Forum which is a week-long conference that provides selected high school juniors and seniors with disabilities the opportunity to develop and enhance leadership skills.

Tennessee

Tennessee has a working agreement with the Department of Mental Retardation Services giving youth aging out of care the ability to be moved up the list of those waiting for services. We are also able to work in conjunction with DMRS to maneuver the conservator system jointly for maximum effectiveness for these young adults.

Tennessee has not been able to achieve the same results for those with mental health conditions that prevent success. However, we are currently involved in two inter-agency work groups to achieve this same system of services. We are also including Vocational Rehabilitation Services in this workgroup to access all available services.

Virginia

VDSS utilizes the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program to provide assessments, services and diagnostic screening for youth in the custody of local departments.

Washington

- SSI Facilitation for children/youth in Children's Administration foster care
- Voluntary Placement Program for children with developmental disabilities and no child abuse/neglect concerns
- Medicaid Personal Care
- Completion of the Child Information/Placement Referral Form (DSHS 15-300) within 72 hour of a child/youth being placed into out-of-home care
- Child Health and Education Tracking (CHET) program to identify and address the needs of children/youth with special health care needs
- Foster Care Public Health Nurses gather comprehensive medical histories in order to compile a Comprehensive Health Report for caregivers and health providers

What funding is available specifically for youth with disabilities?

Alaska

Waiver funding

Grants-mini grants through DD agencies

Respite available to families

MEDICAID programs

TEFRA

Arizona

Funding and services are dependent on the specific disability identified and related service need(s). The Departments of Behavioral Health Services, Education, and Health Services all provide an array of services to youth with identified and diagnosed/confirmed disabilities.

Arizona has a carve-out for children with certain severe and chronic medical conditions and funding for this program is provided through the federal government's Social Security Act and Title V funds. In Arizona, these services are delivered through the Children's Rehabilitative Services (CRS). Title V is the section that established programs for children and pregnant women and as part of this; recognition was made of the special health care needs of many children. The mission of CRS is to improve the quality of life for children by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions.

DDD has a more restrictive definition of handicaps, as you can see based on their definition above. Their mission is to support the choices of individuals with disabilities and their families by promoting and providing, within communities, flexible, quality, consumer-driven services and supports.

Otherwise, any child who does not meet the CRS or DDD criteria will receive his/her services through the State and Federal Funding sources.

Colorado

For youth with Developmental Disabilities, child welfare operates the Children's Habilitation Residential Program (CHRP) waiver to provide residential supports to children in out of home care.

The Children's Extensive Support Services (CES) waiver is operated by the Division of Developmental Disabilities (DDD) to serve children with developmental disabilities in the family home.

Colorado also operates an Autism waiver for children 0-6 years with a diagnosis of an autism spectrum disorder and the HCBS Children's waiver for children with physical disabilities.

Connecticut

See answer to question #2.

Delaware

Some former foster youth with mental disabilities receive housing through HUD funding.

Indiana

All youth aging out of foster care and making a transition to a group home can be referred to the Independent Living Program and be able to use the Emancipation Goods and Services of up to \$1000.

Iowa

- Part of DHS Mental Health Performance Block grant is awarded to Community Mental health Centers specifically to provide services to children (not specific to youth) with mental health and behavioral needs
- Vocational Rehab has Federal grant that specifically supports youth with disability transition from school to work
- A grant from Federal Administration for Developmental Disability that specifically supports leadership and resources for youth with disabilities (See SALYD below)

- A portion of the State appropriation to Iowa Department of Human Rights, Division of Persons with Disabilities, is specifically for their week-long leadership seminars, as described above
- Funding for the Aftercare program (IASN) is from a combination of CFCIP funds and Mental Health Block Grant funds that the state receives. While funding for successive years is dependent upon Iowa's future allocation of CFCIP and receipt of MH block grant funds, it is hoped that funding for aftercare services will remain the same or increase. In order to utilize the MH block grant funds, youth must have been diagnosed with a Serious Emotional Disorder while in care.
- Recently Vocational Rehabilitation received a federal grant to assist youth with disabilities in their transitioning needs. The TPP has met with grant staff, sharing program information in order to link efforts.

MIYA: Medicaid for Young Adults: While not specifically for youth with disabilities, youth who age out of state paid foster care after May 1, 2006, reside in Iowa, and are beneath 200% of the federal poverty line are eligible for Medicaid health coverage until 21. Initiated July 2006.

Maine

Department of Behavioral and Developmental Services provides guardianship and care at or shortly after the age of 18.

The Maine Bureau of Rehabilitation Services (BRS) works to bring about full access to employment, independence and community integration for people with disabilities.

Adoption Assistance subsidy and Permanency guardianship subsidy are available to youth with disabilities up to age 21.

Minnesota

State funding to assist disabled persons in transition that is specific to work-base learning programs and career and technical education programs.

Mississippi

Title IV-E

Chafee

Missouri

Services are funded through a combination of general revenue, the Social Services Block Grant, Federal Alcohol and Drug Abuse and Mental Health Block Grant, as well as Medicaid and/or private insurance payments for eligible children. The child's family pays for services based on their ability to pay as determined by a standard means test. Services may also be funded through contracts with other agencies, i.e., Children's Division.

Nebraska

Nebraska Department of Health and Human Services has a Real Choice System Change Grant awarded by Centers for Medicare & Medicaid Services (CMS). The title of grant is "Portals from EPSDT (Early Periodic Screening, Diagnosis, and Treatment) to Adult Supports". Objectives of the grant include: 1) Establish the feasibility and protocol for a transition workshop/clinic specifically designed for youth with disabilities transitioning to adult services, 2) Provide training for general practitioners so they are ready to serve young adults on the Waiver, 3) Develop an amendment to the A&D Waiver to modify the assessment process used for persons transferring from children's services to adult services to include a medical transition component.

Relevant grant activity involves our monthly transition workshops for youth with disabilities, staffed by an interdisciplinary team of physicians and specialists from University of Nebraska Medical Center. The

Transition Planning Workshop offers help to youth and families as they prepare for adult health care, paid employment and independent living. Age of youth attending the workshops has varied from 15 - 21 years. Medications, health insurance, and access/referrals to local physicians during transition to adulthood are addressed during the workshop.

New York

Funding services and supports for youth with disabilities varies greatly among the state agencies that support youth with disabilities. Two internet resources provide comprehensive information on NYS resources for children with disabilities.

<http://www.nichcy.org/stateshe/ny.htm> - A comprehensive listing of New York State Disability Related Resources

http://www.health.state.ny.us/community/special_needs/resource_directory.htm - Resource Directory for Children with Special Health Care Needs

North Carolina

Funding through Vocational Rehabilitation, Mental Health, Medicaid, NC Health Choice, and private insurance helps to pay the cost of supplemental services for disabled youth.

North Dakota

Youth with disabilities may qualify for an Individual Education Plan (IEP) or 504 Plan. Youth with developmental disabilities receive case management services and related-funding. Children with emotional disabilities receive services and funding from Partnerships for Mental Health. Vocational Rehabilitation Services and Workforce Investment Programs are available to eligible youth.

Ohio

Funding is available in various forms depending on the agency and service provided to the recipient. There are different federal funding sources as well as state and local dollars that can be used. Medicaid Waivers are available which allow people to live in their homes or other community settings and receive healthcare assistance and training.

The Ohio Developmental Disabilities council funds direct service programs in Ohio through local grant funded programs. They are responsible for planning and advocating for change that improves independence, productivity and inclusion for people with developmental disabilities and their families in community life.

Tennessee

Youth with these obstacles can receive ongoing case management through adult services and are funded through Chafee monies during any necessary transition periods.

Virginia

Youth with disabilities are able to access Medicaid funds, Independent Living funds, and pool funds from the Comprehensive Services Act.

Washington

SSI

Services and funding through the Division of Developmental Disabilities (DDD)

What agency partnerships have you established to address the needs of youth with disabilities?

Alaska

All disability programs work with each other whether DD, Public Assistance, and Education.
Work with hospitals for discharge plans.
Star project works with families to help the address the needs of disabled youth

Arizona

The Child and Family Team process has been an effective method of identifying disabilities and supportive services to assist the youth manage the disability. The co-location of Vocational Rehabilitation counselors at two sites in the state has also been an effective method of ensuring youth with disabilities in need of rehabilitative services are identified and engaged in services.

The health care responsibility for children or youth in foster care is a shared responsibility among the parent(s), custodial agency (e.g., the CPS case manager who is the legal guardian), foster parent or out-of-home caregiver, medical providers (especially the PCP), the Court, attorney, CASA (Court Appointed Special Advocate) and the child or youth (i.e., member). Therefore, it is not difficult to understand why collaboration is critical among custodial agency representatives, medical case managers, behavioral health coordinators, and community agencies to ensure that the health care issues of CMDP children are met.

In addition to CRS and DDD, all other referrals (subspecialty, oral health, Behavioral Health, AzEIP, Head Start, etc.) made by providers are monitored, until completion of the referral. In order to ensure optimum child health and development, CMDP has put in place effective processes for ensuring coordination for its members with other critical health and human services programs including but not limited to:

Arizona Early Intervention Program (AzEIP). (Child Abuse Prevention & Treatment Act (P.L. 104-235), as amended by the Keeping Children and Families Safe Act (P.L. 108-36) As required by federal laws and regulations and DCYF policy, CPS refers all children under the age of three, who are the subject of a substantiated report of child abuse or neglect, for early intervention services available through AzEIP (i.e., Individuals with Disabilities Education Act, Part C). AzEIP evaluations, which are conducted through contracted vendors in the community, are sent to CMDP who in turn forwards the recommendations to the child's CPS case manager, so that services may begin in an expedited fashion.

Woman, Infants and Children Supplemental Nutrition (WIC) Program. CMDP ensures, through the custodial agency representative, that all of its members younger than five years of age are referred to WIC in order to support good health outcomes.

Children's Rehabilitative Services (CRS). Providers or CMDP, through the custodial agency representative, may make CRS referrals, as medically indicated. CMDP ensures continuity of care for members referred to CRS.

Head Start Program. CMDP assists custodial agency representatives with identifying members of the appropriate age to refer to Head Start. CMDP sends targeted e-mails to the custodial

agencies to encourage Head Start referrals of age-eligible members. Representatives from CMDP Medical Services Unit and Program Development meet monthly with new case managers training on pursuing Head Start referrals. The custodial agency representatives are ultimately responsible for referring to Head Start where this program fits with the child and family's case plan; however CMDP continues to provide all services for children who are enrolled in Head Start, and in addition provides care coordination in conjunction with the other members of the child's treatment team, including Head Start where applicable, particularly for such children identified as having special health care needs.

The CMDP Medical Care Coordinators communicate closely with the CPS case managers/custodial guardians to refer high-risk members to DDD, Arizona Long Term Care System (ALTCS) and CRS as necessary and monitor their outcomes. Beyond the medical implications of this high-risk member, the societal impact affects many facets of our communities. Successful identification and intervention may result in substantial cost savings in health care, foster care and special education and services, with subsequent interventions greatly enhancing developmental outcomes.

Colorado

CHRP provider network of Child Placement Agencies that serve youth with developmental disabilities whether through the CHRP waiver or through regular foster care placement.

Counties and Community Centered Boards (CCB's) meet quarterly to discuss cross systems issues; transition planning and establishing relationships to more effectively work with youth and parents with developmental disabilities.

Juvenile Sex Offender Management Board (SOMB)-DD committee members include various therapists and agencies serving the developmental disability community, schools, DA's office, and various state agencies to discuss appropriate standards of care for youth with developmental disabilities.

Colorado Interagency Coordinating Council (CICC) works with parents of parent of young children with disabilities and representatives of state agencies, local programs and higher education and members to implement the requirements of Part C of IDEA.

Chafee services in Adams County Department of Human Services has a new "College for Life" program for DD youth using Chafee services.

Connecticut

See answer to question #2.

Delaware

The Division of Family Services and contracted service providers partner with various agencies based on the individual's disability and unique needs. Some agencies are Division of Vocational Rehabilitation, Division of Developmental Disabilities, Division of Child Mental Health and/or Adult Mental Health, school professionals and treatment facilities.

Indiana

DDARS (Division of Disability and Rehabilitation Services)

Iowa

- Adult mental health services may be voluntary or involuntary. Involvement of the adult system in planning for these services is mandated beginning at age 16. Payment for services is county-based and determined by county of legal settlement. The Central Point of Coordination Administrator (CPC) will establish the referral process for their county.
- Various public and private programs and agencies are represented on the statewide local transition committees, including Division of Vocational Rehabilitation, Workforce Investment Act, juvenile court services staff, and local school district staff. These partnerships are invaluable in the combined input and partnering of services/supports in best meeting the transition needs of youth. Additionally, state workers called Transition Planning Specialists are employed by DHS to assist youth in foster care over the age of 16 with transition, particularly in Polk County are regularly involved with the Court Improvement project specifically with how best to meet the court related needs of adolescents, especially around the issues of youth input and transition. The IDHS transition committees continue to refine committee membership to ensure various public and private programs and agencies are represented. Collaboration with Iowa Vocational Rehabilitation Services (VRS) is under way to better understand the services available to youth in care and the referral process.
- Children's mental health is represented on the work group developing Memorandum of Agreement with the Dept. of Education and Dept. of Public Health, the two other state agencies that provide mental health services to children in Iowa. Such agreements include continuous efforts for the DHS, DPH, and DE to better serve many of the children in Iowa who are served by multiple systems and agencies.
- Also underway is a redesign of the children's mental health system in Iowa. The child welfare system is represented in that effort and the mental health redesign will be building on parts of the child welfare redesign. While challenging, it is hoped that the outcome of the two redesign processes will be a much more integrated system of care for all children in Iowa.
- Another effort being made to link children's mental health services with child welfare services is the distribution of funding from the Mental Health Block Grant to local DHS areas to begin planning for wraparound services for children with serious emotional disturbances (SEDs) and their families.
- To further assist youth in meeting medical needs once they have aged out, the IDHS continued with the expansion of the SSI for children in foster care advocacy project to include review of case files for youth in foster care, ages 17 and older, for potential SSI/SSA eligibility. Additionally, if deemed appropriate, the contractor will complete SSI and/or SSA applications for these youth, will assist in appeals of denied disability, and will complete continuing disability reviews for this population of youth.

Maine

The Committee on Transition (COT) is an interagency committee established by the Maine Legislature that supports youth with disabilities in the transition to adult life. Committee members include Dept of Education, Dept of Labor, Dept of Behavioral & Developmental Services, Dept of Human Services, University of Maine System, Maine Community College System, Parents, local Councils, Maine Administrators of Services for Children with Disabilities (MADSEC), Maine Association for Community Service Providers (MACSP), Learning Disabilities Association of Maine (LDA), and

Maine Parent Federation (MPF). The Maine Committee on Transition supports youth with disabilities in making meaningful choices as they transition to adulthood by promoting collaboration within communities.

THRIVE is building a seamless 'system of care' that is family-driven, youth-guided, culturally and linguistically competent, and trauma-informed. A system of care is a network of local services and supports for children and youth in our community. <http://thriveinitiative.org/>

Minnesota

Partnerships have been established between the following agencies:

- Minnesota Department of Education
- Minnesota Department of Human Services
- Minnesota Department of Employment and Economic Development
- PACER Center
- Minnesota State Colleges and Universities (MNSCSU)
- Governors Workforce and Development Council
- University of Minnesota

See link to Project C-3 below.

<http://www.c3online.org/aboutUs.htm>

Mississippi

Southern Christian Services for Children and Youth, Inc.

Mississippi Department of Employment Security.

Mississippi Department of Mental Health

Statewide Independent Living Council for individuals with disabilities.

There are various other agency partners who provide services and address the needs of youth in care with disabilities.

Missouri

Mental Retardation and Developmental Disabilities have an interagency agreement to provide assistance for children with a dual diagnosis of mental retardation or other developmental disability and a behavior/conduct disorder. The major requirements of the interagency agreement are as follows: CD and DMH-MRDD will have joint case manager responsibilities and work together in permanency planning when appropriate; CD will retain legal custody of the child for a minimum of 12 months. At the end of the initial 12 month period CD and DMH-MRDD case managers will conduct a case review and make recommendations regarding the legal custody of the child; During the initial 12 months, payments for the child's care will be made by CD directly to the placement provider. Beyond the first year, payments will be dependent upon which agency has custody of the child, i.e., if custody is awarded to DMH, DMH will assume cost of child's care. The Child and Adolescent Service System Project (CASSP) is an interagency effort to coordinate and develop policy around (Wrap-Around Services) services to children. The project has also developed a parent support and advocacy system. A state level assistance team has been created to oversee the efforts of CASSP to coordinate and develop policy around the services. Team members include representatives of each of the three Department of Mental Health Divisions, Juvenile Justice Association, Elementary and Secondary Education, Division of Youth Services and Children's Division.

Nebraska

We have an arrangement with Developmental Disabilities, a separate division within Health and Human Services, which pays from Child Welfare funds for the cost of DD service coordination.

New York

A number of interagency partnerships exist to support youth with disabilities in foster care. These include:

- NYS Children’s Cabinet
- Coordinated Children’s Services Initiative
- Bridges to Health Advisory Council
- Out of State Placement Committee

North Carolina

North Carolina has a county-administered system of social services. Counties partner with resources in their geographic area. The state is a member of the North Carolina Collaborative for Youth in Transition, which focuses on services to youth transitioning from a variety of public systems.

North Dakota

Our system partners with the Education, Mental Health, Development Disabilities, and Vocational Rehabilitation Systems.

Ohio

Child serving state agencies, such as the Department of Job and Family Services, Department of Education, Department of Health, Department of Mental Retardation and Developmental Disability, Department of Mental Health, Department of Alcohol and Drug Services, and Department of Youth Services partner together through the Family and Children First Interagency Agreement. Other individual interagency agreements that target specific issues related to children with disabilities are made as well with other various agencies

Tennessee

Tennessee DCS works collaboratively with the Departments of Mental Retardation Services, Mental Health and Developmental Disabilities, Workforce Development and Vocational Rehabilitation Services to address these needs.

Virginia

Department of Medicaid Services, Department of Rehabilitation Services, Office of Comprehensive Services, and the Community Service Boards.

Washington

- Division of Alcohol and Substance Abuse
- Division of Developmental Disabilities
- Mental Health Division
- Social Security Administration

Name and contact information of state individual regarding youth with disabilities issues

Alaska

Hamm, Terry Public Assist Analyst II	(907)269-7854 Health & Social Services	terry_hamm@health.state.ak.us DPA-FIELD SERVICES COFO	PO Box 240249 Anchorage, AK 99524- 0249
---	--	--	---

Arizona

DES/DCYF Independent Living Coordinator
Beverlee Kroll at bkroll@azdes.gov or 480-545-1901 ext. 15886

Susan M. Stephens, M.D., CMDP Medical Director – SusanStephens@azdes.gov
Mary Ferrero, R.N., CMDP Medical Services Manager – MFerrero@azdes.gov

Colorado

Bob Coulson, Adolescent Services Administrator/Indian Child Welfare, 303-866-4706
Todd Hyman, CHRP (DD) Services Administrator, 303-866-4393
Shirley Dodd Chafee Administrator, 303-866-4539

Connecticut

Dr. Peter Mendelson 860-550-6528

Delaware

Truman Bolden, Independent Living Program Manager;
Phone: 302 633-2638
E mail: truman.bolden@state.de.us

Indiana

Iowa

Mental Health and Disability Services, of the Department of Human Services, is seeking to establish itself as THE key state agency dealing with youth with disabilities, and is seeking to hire a bureau chief whose title will be Bureau Chief for Children and Youth Disability Services, Division of Mental Health and Disability Services.

Maine

Virginia Marriner
Acting Director of Policy & Practice
Office of Child & Family Services
Department of Health & Human Services
221 State Street
Augusta, ME 04333
207-287-5060

Minnesota

Steve Vonderharr
Tel: 651-431-4666
Email: steve.vonderharr@state.mn.us

Mississippi

For the Department of Human Services/ Division of Family and Children's Services,
Independent Living Program please contact:
Sergio A. Trejo, Program Administrator, Sr.
Mississippi DHS-Division of Family & Children's Services
State Independent Living Coordinator
750 North State Street
Jackson, MS 39202
601-359-4983
(f)601-359-2570

strejo@mdhs.state.ms.us

Missouri

Tricia L. Phillips or Sally A. Gaines
Missouri Children's Division
PO Box 88
Jefferson City, MO 65103-0088
Phone: (573) 526-5408 or (573)522-6279
Fax: (573) 526-3971

Nebraska

Mark Mitchell
Health and Human Services
P.O. Box 95044
Lincoln Nebraska 68509
401 471-9211
mark.mitchell@hhss.ne.gov

New York

Robin H. Worobey
Program Planner
NYS Developmental Disabilities Planning Council
155 Washington Avenue, 2nd Floor
Albany, NY 12210-2329
Phone 518-486-7505, Fax 518-402-3505
rworobey@ddpc.state.ny.us

North Carolina

There is no one person who deals with these issues.

Governor's Advocacy Council on Persons With Disabilities: Trishana McKendall
Trishana.McKendall@ncmail.net

North Carolina Department of Mental Health, Best Practice Children's Services: Rhoda Miller
Rhoda.Miller@ncmail.net

Court Improvement Project: Lana Dial
Lana.T.Dial@nccourts.org

North Dakota

Due to the various disabilities, and various systems involved, there is not one specific individual to contact regarding youth with disabilities.

Ohio

Office for Children and Families Help Desk
50 W. Town Street
Columbus, Ohio 43215
Help-desk-ocf@odjfs.state.oh.us
1-866-886-3537

Tennessee

Diana Yelton, CMSW, MA – Program Coordinator, Adult Transition, DCS Appeals, BHO issues, Custody Prevention.

8th Floor Cordell Hull,

436 6th Avenue North, Nashville, Tn 37243,

615-532-1530.

Diana.Yelton@state.tn.us

Virginia

N/A

Washington

For youth in foster care: Michelle Bogart, Foster Care Health Issues Program Manager –

bogm300@dshs.wa.gov – 360-902-8006.