

FACT SHEET: MENTAL HEALTH SERVICES AND RESOURCES AFTER AGING-OUT OF FOSTER CARE

One of the greatest challenges for youth aging-out of foster care is identifying appropriate resources for obtaining quality mental health services. This Fact Sheet and the attached pamphlet for clients "***Mental Health Services: Resources After Aging-Out of Foster Care,***" will serve as guides to help youth transitioning out of foster care, provide basic information about ways for youth to access mental health services (even for those without health insurance), and share tools for legal advocacy on the youth's behalf prior to emancipation.

ADVOCACY TOOLS

Attorneys and other professionals can help youth preparing for emancipation identify sources of mental health services available to them after they age-out of foster care. In addition, there are policies and procedures in place that require these issues to be addressed during a youth's transition out of foster care. The following steps will help you assist youth as they get ready for emancipation:

- **Review the case plan:**ⁱ Does the youth have an updated case plan? Does the case plan include the required planning for independence, including any necessary connections to community based mental health providers? If the case plan is non-existent, outdated, or inadequate, follow up with CFSA and consider filing a motion asking that CFSA be directed to create a legally sufficient case plan.ⁱⁱ
- **Does the social worker's court report provide information as to transition planning?:** For every permanency hearing where an independent living arrangement is recommended, the social worker's report is required to detail CFSA's plan to prepare the child for independent living.ⁱⁱⁱ If the report is inadequate, ask the Court to require CFSA to supply a legally sufficient court report.
- **Is CFSA complying with their own policy of creating an Individual Transitional Independent Living Plan (ITILP) or Transition Plan?:** CFSA's own internal policy^{iv} requires that they convene Youth Connections Conferences regularly starting at age 14, create an ITILP for youth starting at age 15 that is updated at least every 90 days and develop a Transition Plan when the child is 20.
- **Is CFSA doing what they should for the youth?:** If not, consider asking for a finding of no reasonable efforts during the permanency hearing.^v You can make this request orally during the hearing or in advance through a written motion.^{vi}

SPECIAL ISSUES FOR YOUTH WITH CAPACITY ISSUES

Youth with capacity issues have special circumstances that should also be addressed prior to emancipation. Keep the following in mind if you are working with youth in this category:

- **Consider guardianship:** If the young person has severe mental health needs and potentially lacks the capacity to make decisions for his or her own health, safety, and well-being, a motion can be filed pursuant to D.C. Code § 21-2041 to ask the Probate Division of DC Superior Court to appoint a guardian for the youth upon aging-out of foster care.

- **Ensure that youth act early to qualify for adult disability services:** If you think that youth will qualify for services through the Department of Disability Services (DDS), ensure that CFSA applies for DDS services. At the time of this writing, in order to qualify for DDS services, the youth must have an evaluation that states the youth has a diagnosis of mental retardation prior to the age of 18. It is CFSA and DDS' goal to ensure that CFSA applies for DDS services for the youth two years prior to the youth aging-out. At this time, the CFSA/DDS liaison is Melissa Eversley (202-715-7799). Her task is to ensure that CFSA wards get connected with DDS at the appropriate time.

NUTS & BOLTS: ACCESSING MENTAL HEALTH SERVICES AFTER AGING-OUT

The attached pamphlet, *“Mental Health Services: Resources After Aging-Out of Foster Care,”* contains important information about how youth can access mental health services after aging-out of foster care, including information about applying for and accessing medical insurance, private low-cost mental health services, and frequently asked questions. You are encouraged to review this pamphlet for this helpful information. Below we have provided some important background information for you to know as you begin to discuss these issues with youth and provide them with a copy of the pamphlet for their reference:

- **Who will be the youth’s insurance provider?:** Youth in foster care are eligible for Medicaid, typically Fee-for-Service Medicaid. However, that coverage will end upon emancipation. Youth living in DC and Maryland may be entitled to continued Medicaid or low-cost medical insurance such as DC Healthcare Alliance, subject to eligibility. Some of these programs provide coverage for mental health services. The attached pamphlet provides an overview of these programs (Medicaid or DC Health Care Alliance), including information about eligibility criteria, how to enroll, and what coverage they provide. It is important that attorneys and professionals work on transitioning youth to these programs *before* emancipation, so that youth do not have a gap in medical insurance coverage.
- **What if youth plan to live in Maryland?:** If youth plan to live in Maryland, there may be medical insurance programs available to them. The attached pamphlet includes information about these programs (Medicaid and the Primary Adult Care program), including eligibility criteria and enrollment information. Both the Primary Adult Care (PAC) program and Medicaid offer mental health services.

IN AN EMERGENCY...

Youth should know that ChAMPS mobile crisis team is available 24 hours a day for mental health emergencies. ChAMPS can be reached at 202-561-7000 or 202-481-1450. If a young person has a Core Service Agency already, that Core Service Agency may have an on-call system for emergencies that can also be utilized.

ⁱ D.C. Code § 4-1301.02, which defines a case plan, requires the case plan to include “for a child 16 years of age or over, a written description of the programs and services which will help the child prepare for the transition from being a committed child to independent living.”

ⁱⁱ Find a sample motion on www.ProBono.net/dc/family/library, or call CLC Helpline at 202-467-4900, option 4.

ⁱⁱⁱ Super. Ct. Neg. R. 33(i).

^{iv} CFSA Administrative Issuance CFSA-06-14, “Youth Connections Conferences,” available on CFSA’s website, www.cfsa.dc.gov under “About CFSA” and then “Policy.”

^v Super. Ct. Neg. R. 34 requires that the Court make findings as to whether CFSA has made reasonable efforts “to carry out the permanency goal established for the child.”

^{vi} Find a sample motion on www.ProBono.net/dc/family/library, or call CLC Helpline at 202-467-4900, option 4.