

You Are Not Alone

A Handbook About Mental Health for Youth in Foster Care in New York City

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Lawyers For Children is a nonprofit organization providing critically-needed, top-quality legal representation and social work services to over 4,000 children and young people in foster care in New York City every year. We advocate on behalf of our clients in foster care, abuse, neglect, termination of parental rights and custody proceedings. In addition, Lawyers For Children engages in policy and reform efforts to benefit all children in foster care throughout New York State. To learn more about LFC, visit our website at www.lawyersforchildren.org, call us at 212-966-6420, or write to Lawyers For Children at 110 Lafayette Street, 8th Floor, New York, NY 10013.

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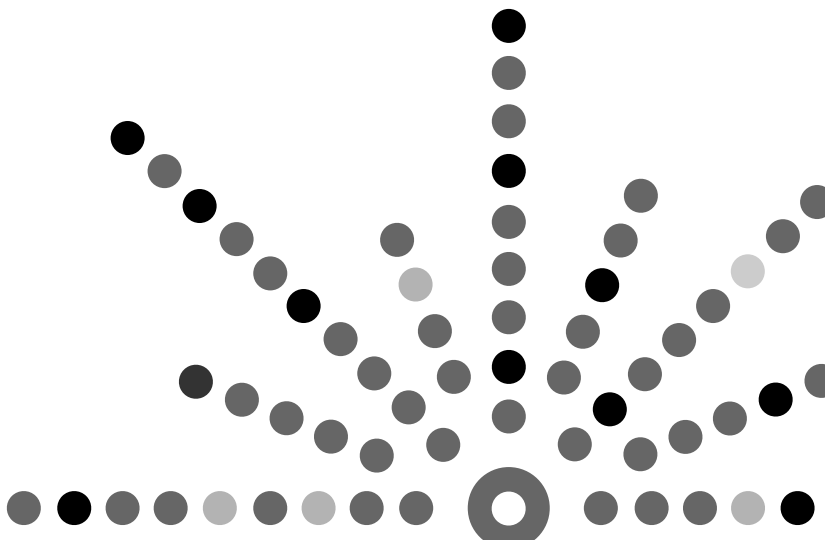
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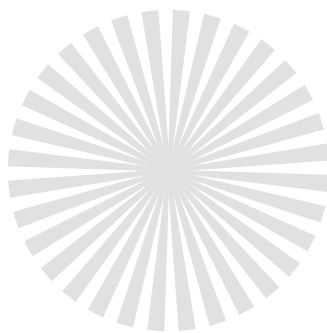
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**FOSTER
CARE
IS
OUR
RIGHT**



RIGHTS

**we
care**

1 INTRODUCTION

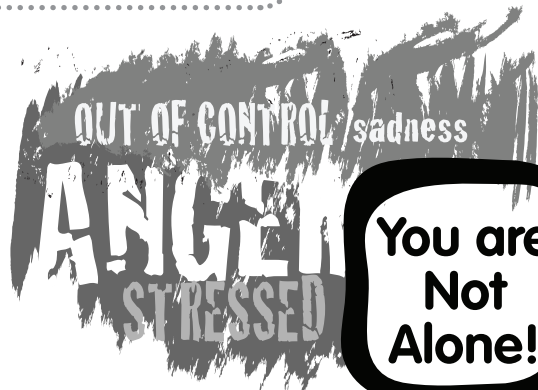
DO YOU HAVE QUESTIONS ABOUT YOUR MENTAL HEALTH? YOU ARE NOT ALONE!

Everyone feels sad, worried, stressed, or angry at times. But do you ever feel that your emotions are beyond your control?

If so, you are not alone! Many young people, including many of your friends, experience problems related to their mental health. In fact, recent statistics show that almost one in five children and adolescents around the world live with mental health disorders. Young people in foster care experience these types of problems at an even higher rate.

Being in foster care is difficult. You are separated from your family and must adjust to a new living situation. It is normal to feel depressed, anxious, or even angry during this time. But, if these emotions do not go away, if they become too overwhelming for you to handle on your own, or if they are causing problems for you at school or where you live, you may want some extra help, and you have a right to receive this help.

**Remember, you are NOT alone.
Seeking help for your mental health
is an important way of taking
control of your life.**





WHY SHOULD I READ THIS HANDBOOK?

This handbook was written to give you information about your rights as a young person in foster care with mental health needs and about the resources that may be available to help you. If you are already receiving services, this handbook should help you to find answers to questions you may have about your treatment, to understand why you are receiving certain services, and to make sure that you are receiving the right services to meet your needs.

If you come across words or phrases in this handbook that are not familiar to you, check the **Quick Reference Guide** in the back for short definitions of foster care, family court, and mental health terms.

WHY SHOULD I TAKE CARE OF MY MENTAL HEALTH?

There are many benefits to receiving treatment for mental health problems. Some of these may include:

- Feeling better!
- Getting better grades in school
- Improving your relationships with friends and family
- Experiencing fewer physical health problems
- Getting and keeping a job
- Moving into a less restrictive foster care placement
- Finding your own apartment

YOU HAVE A RIGHT TO MENTAL HEALTH CARE!

As a young person in foster care, you have a *right* to mental health care, and you should take advantage of it! The law requires Children's Services (ACS) and your foster care agency to make sure that you receive the mental health services you need in the least restrictive placement possible. Just as you must be taken to a medical doctor to protect your physical health and to treat physical illness, you must be taken to a mental health specialist or receive other services to protect and to treat your mental health.

But *you* are in the best position to make sure you receive the services you need in the right placement for you. Your mental health is a very important part of your overall health and deserves your attention. Just like the flu or a broken bone, mental health problems have specific causes, symptoms, and treatments. Just as it is important to get the right medicine for the flu or a cast for a broken bone, it is important to get the right help for your specific mental health needs. You know best how you feel, and you are in the best position to ask for help.

Remember, you can take control of your situation by asking for help. Be honest with yourself about how you are feeling. And reach out to the adults in your life whom you trust for help.

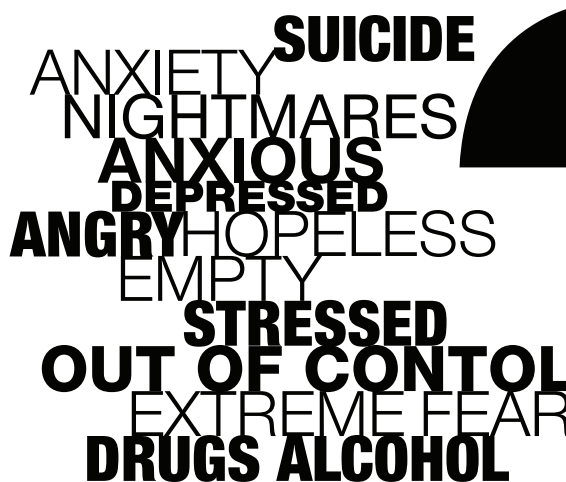
2

GETTING STARTED

HOW DO I KNOW IF I NEED HELP?

If you are struggling with your emotions and/or behavior, it is important to seek help for your mental health. If you answer “yes” to any of the following questions, or if you have any concerns at all about your mental health, you should speak with your caseworker or your lawyer as soon as possible.

- Do you often feel depressed, anxious, angry, irritable, or stressed out?
- Do you cut, burn, or injure yourself in any way?
- Do you ever think about suicide? Have you ever threatened or attempted suicide?
- Do you often feel hopeless, guilty, or empty?
- Have you experienced any changes in your appetite, sleep pattern, energy level, or enjoyment of activities?
- Do you experience flashbacks, nightmares, or hallucinations related to a past stressful or traumatic event?
- Do you have trouble paying attention in school or listening to others?
- Do you have trouble understanding what you are learning in school?
- Do you have trouble controlling your anger?
- Do you ever experience hallucinations, either seeing or hearing things that aren't there?
- Do you ever experience episodes of extreme fear or anxiety that come on suddenly and without warning?
- Do you regularly engage in impulsive or risky behavior?
- Do you use drugs or alcohol?

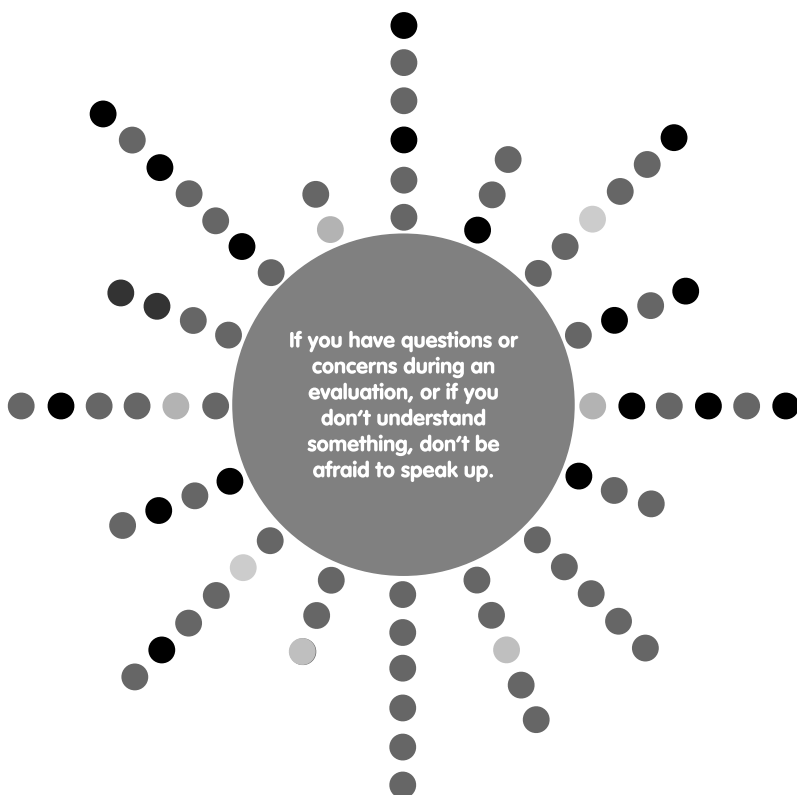


A word cloud of mental health symptoms and behaviors, with a large black question mark to the right. The words are arranged in a cluster, with some appearing more prominently than others. The words include: SUICIDE, ANXIETY, NIGHTMARES, ANXIOUS, DEPRESSED, ANGRY, HOPELESS, EMPTY, STRESSED, OUT OF CONTROL, EXTREME FEAR, DRUGS, and ALCOHOL.

SUICIDE
ANXIETY
NIGHTMARES
ANXIOUS
DEPRESSED
ANGRY
HOPELESS
EMPTY
STRESSED
OUT OF CONTROL
EXTREME FEAR
DRUGS
ALCOHOL

MENTAL HEALTH EVALUATIONS

No two people act the same way or have the same needs. Mental health evaluations are a way to find out what your needs are and how to handle them. If you are asked to have an evaluation, it does not mean you did anything wrong. Evaluations are used to find out what services and placements are best for you. For example, if you are between the ages of 17 and 21 and need housing, having a complete evaluation can help you get into a supportive housing program. Evaluations may also be used to figure out where you should go to school and what services you should get in school. It is important to have new evaluations at least once a year because your needs may change as you get older.





The evaluator
should try
to make the
experience as
comfortable for
you as possible.

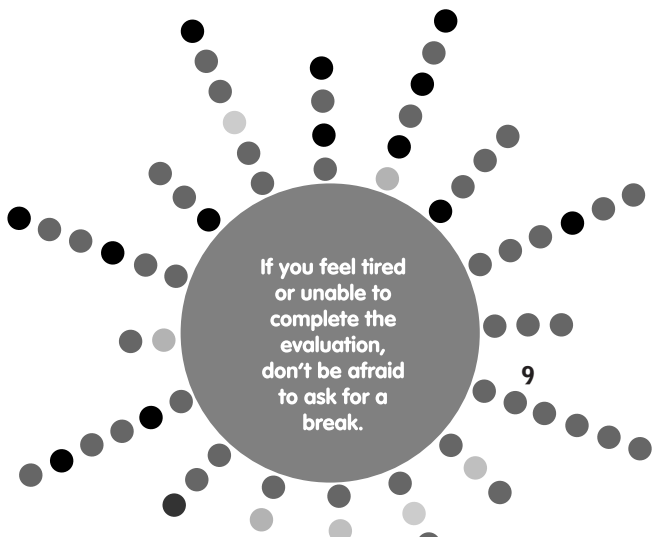
There are three types of evaluations you will most likely need:

A psychiatric evaluation is like a physical you get at your doctor's office, but it is done by a psychiatrist who examines your mental health.

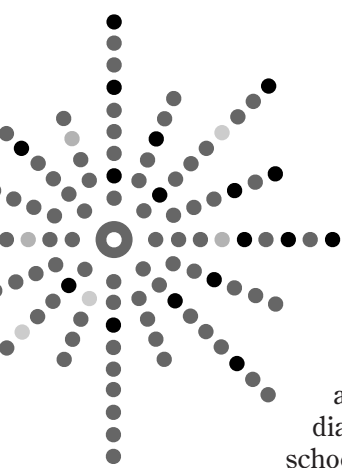
You may be asked about your past, about your relationships with your family and friends, about any hard times you have experienced, about any difficulties you currently have with your emotions or behavior, and about how you are feeling. A psychiatric evaluation may include a diagnosis and recommendations to help guide your treatment team.

A psychosocial assessment gathers information about your history as well as your current situation. It is usually completed by a social worker. You may be asked about your history, your family, your school, your hobbies, and other topics. You may also be asked about your time in foster care. The social worker may also speak with your parents or caregivers.

A psychological evaluation is usually completed by a psychologist. You may be asked to take tests that will assess your IQ and your academic level; your communication, daily living skills, and how you interact with others; and your personality and emotions.



If you feel tired
or unable to
complete the
evaluation,
don't be afraid
to ask for a
break.



TYPES OF DIAGNOSES

A **diagnosis** gives a name to the set of mental, emotional, and behavioral challenges you are experiencing. Knowing your diagnosis is an important step toward getting the treatment you need, and it may even be necessary to have a diagnosis to get into certain services, placements, schools, or housing programs.

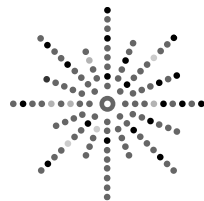
There are many different types of diagnoses. You may hear your caseworker, doctor, or lawyer using the words described below, and it is important for you to understand what they are saying.

Axis I diagnoses are what you probably think of when you think of psychiatric problems or mental health disorders. Some common Axis I diagnoses are Bipolar Disorder, Depression, Anxiety Disorders, Attention Deficit Hyperactivity Disorder (ADHD), Autism, Post-Traumatic Stress Disorder (PTSD), Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), and Schizophrenia.

Axis II diagnoses include Personality Disorders and Mental Retardation.

Questions to ask after an evaluation:

- What is my diagnosis? What does it mean exactly?
- Will I be taking medication? Why? What types and how often? What are the expected side effects of these medications?
- Will I be seeing a therapist or psychiatrist? How often? Where?
- Will I have to go to a different school? Is there another school that may be a better fit for me?
- Can I stay in my current placement? Is there another placement that may be a better fit for me?
- Am I receiving the right services? Are there services available to me that I am not yet receiving?



3

SERVICES

Once you have completed your evaluations, you will have a better idea of what your mental health needs are. Services can help you tackle the challenges you face and put you on the right track toward getting better. Your agency should work with you and your family to put together a service plan that meets your needs.

As a young person in foster care, you will have access to a number of services. Some of the services you can contact yourself. For others, your caseworker will have to complete an application. For help in getting any of these services, speak to your caseworker. If you are still having difficulty getting the services you need, talk to your lawyer right away.



1-800-LIFENET (or **1-877-AYUDESE**) is a toll-free helpline for anyone living in New York City. The helpline is staffed by trained mental health professionals, called “referral specialists.” Referral specialists have a directory of over 4,000 community resources, and they are available 24 hours a day, 7 days a week to answer your questions, provide referrals, and help you in case of an emergency. No problem or question is too small to call LIFENET.

LIFENET is also available online, where you can find a service directory to help you find mental health services in your neighborhood. The website is:

WEB

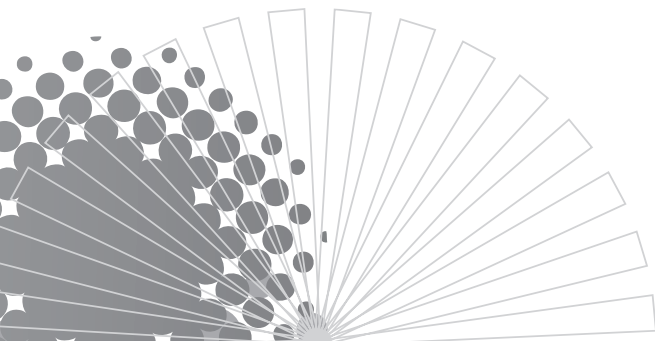
www.800lifenet.org

Other online resources that allow you to find specific mental health services in your community include the Office of Mental Health program list and the HITE Directory at:

WEB

biomh.state.ny.us/bridges/index and hitesite.org

The **National Alliance on Mental Illness of New York City (NAMI-NYC Metro)** keeps an up-to-date list of resources for children, adolescents, and young adults in all five boroughs. For more information, call the **NAMI-NYC Metro Helpline** at **212-684-3264**.



COUNSELING/THERAPY

Everyone needs to be able to talk to someone they can trust. As a young person in foster care, you may experience challenges that can be very scary if you feel you have to face them alone. A therapist's job is to listen to you and help you figure out how to deal with problems at home, in school, or in your foster care placement. You can talk to a therapist about anything that is bothering you, and what you share with that person should be private and confidential.

Speaking with a therapist can help you feel better; improve your relationships with important people in your life; succeed in school; and stay in a stable foster care placement, return home, or even live independently.

Therapy and counseling can come in many forms and can happen in many different places. You may receive therapy at a youth center, at an outpatient clinic, at a hospital, at your foster care agency, or at your school. You can receive therapy on your own (individual therapy) or with other young people (group therapy). You can also receive therapy with your parents, caregivers, or other family members (family therapy). Family therapy can help you and your family members communicate and work through problems.

Talk to your caseworker about finding a therapist or counselor in a setting that is right for you. If you are already seeing a therapist, but you do not feel comfortable, speak to your caseworker right away or contact your lawyer. They should be able to find someone else for you to see.





Your Care Should Be Confidential

Most young people in foster care receive medical and mental health services through agency health care providers.

When you see an agency mental health care provider, your conversations should be private and should not be shared with anyone.

You have a right to ask your therapist or psychiatrist if he or she will share information about your conversations with caseworkers, agency staff, prospective foster parents, or anyone else.

If you feel that you do not have a safe and private place to discuss your mental health concerns or that private conversations are being shared with others without your permission, call your lawyer right away.

SCHOOL-BASED SERVICES

Of all children who receive mental health services, 70-80 percent receive these services at school. If you are having problems in school, such as difficulty concentrating in class, keeping up with your work, controlling your behavior in the classroom, or even attending school, you may be able to receive the services described below. If you feel you want or need any of these services, speak with your guidance counselor about having an evaluation to find out if you are eligible.

School-Based Mental Health (SBMH) Programs: SBMH programs provide mental health services in a number of schools throughout the city. Each program is staffed by a licensed social worker, a psychiatrist, and a psychologist, and it's like a mental health office inside the school. If you attend a school with an SBMH program, some of the services you can get are assessment and evaluation; individual, group, and family therapy; and crisis intervention. If you are struggling in school due to emotional or behavioral challenges, these services may help you remain in general education or avoid being moved to a different school. The SBMH program will keep all of your treatment records separate from your school records, so any treatment you receive at the center will be private and confidential.

For more information on SBMH programs, and to find out if your school has one, speak with your guidance counselor or visit:

WEB

<http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm>

Special Education: If you have an evaluation and qualify for special education, you will receive an **Individualized Education Program (IEP)**, which describes the best learning environment for you. Your IEP may require your current school to provide you with additional services, such as counseling, or it may recommend that you move to a new school, such as a Day Treatment Program. If and when you no longer need special education services, you may be moved back into regular education.

Day Treatment Programs (DTPs): DTPs are schools that provide mental health services and special education services at the same time. They also provide supportive services to families.

HOME- AND COMMUNITY-BASED SERVICES

Mental health services are available in your community and can even be provided in your home. If you are struggling, these services can help to support you and your caregivers so that you do not have to go to the hospital or leave your home. If you are living in a group home, Residential Treatment Center (RTC), Residential Treatment Facility (RTF), or hospital, putting services in place may help you move to a foster home or return home to your family.

Children's Single Point of Access (CSPOA): You may be eligible for services or placement through CSPOA if you are between the ages of 5 and 18, are diagnosed with a Serious Emotional Disturbance (SED), and live in a foster home or with family. If you live in a therapeutic foster home or a group home, you cannot receive CSPOA services. If you think you would benefit from any of the programs described below, ask your caseworker or your lawyer about submitting the CSPOA application. The following services and placements are available through CSPOA:


- **Case Management (CM):** A case manager is a specialist who will work directly with you and your family. The case manager will identify your family's needs and coordinate services to help keep you in your home. Your CM will make 2-4 contacts with you and your family each month.
- **Home and Community Based Services Waiver:** This program (sometimes called "waiver services") offers services such as skill building, family support, crisis intervention, and case management. You will receive a service plan to meet the specific needs of you and your family. Waiver services will help you to remain safely in your home or foster home.
- **Children's Community Residences (CCRs):** CCRs are placements that are available through CSPOA. For more information on these placements, see Chapter 4.

Single Point of Access (SPOA) Case Management/ACT: If you are 18 or older and are diagnosed with a Serious Mental Illness (SMI), you may qualify for services through SPOA. SPOA provides access to **Case Management** and **Assertive Community Treatment (ACT)**. Case Management is similar to the case management offered by CSPOA. ACT Teams are mobile teams of mental health professionals, including a psychiatrist, nurse, social worker, and case manager. The ACT Team assigned to you will work with you to help you live successfully in the community. Some of the services you can receive include case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, and substance abuse services. The Team will meet with you on a regular basis and is available 24/7 in case of emergency.


Your caseworker can submit the SPOA application for you. For more information and to find a copy of the application, contact a Case Management/ACT Consultant at the **Center for Urban and Community Services (CUCS)** at (212) 801-3300 or visit their website at:

WEB

www.cucs.org



The treatment you receive from these various services can only help you if the service providers are doing their jobs. You should tell your lawyer or caseworker how you feel about your services.



Bridges to Health (B2H) Waiver Program: The B2H Waiver Program provides mental health services to young people in foster care who have a diagnosis of Serious Emotional Disturbance (SED) or Developmental Disability (DD) and who reside in placements with fewer than 13 beds (including group homes and therapeutic foster homes). You must be in foster care to apply, but once you are enrolled in the program, you can continue to receive services until you turn 21. You can even receive services after you are adopted or discharged from foster care. In fact, B2H services are often put in place to help your family care for you successfully after you leave foster care.

Together you and your family will work with an agency to design a service plan—called an **Individualized Health Plan (IHP)**—that best meets your needs. You may change your service plan at any time.

Every young person enrolled in B2H receives a service called **Health Care Integration (HCI)**. You will choose a Health Care Integrator (HCI), who will work with you and your family to design your service plan and to help you get necessary medical, vocational, educational, and other services.

The B2H Waiver Program offers 13 services, in addition to HCI. Remember, you and your family get to choose which of these services you will receive. These services will be included in your IHP, and most of them will be provided by someone different from your HCI. This worker is called your **Waiver Service Provider (WSP)**. Some of the services you will be able to choose from include skill building, vocational services, crisis intervention and avoidance, and respite.

If you are interested in the services offered by B2H, ask your caseworker to submit an application. For more information about B2H, a complete list of services, and the application, see:

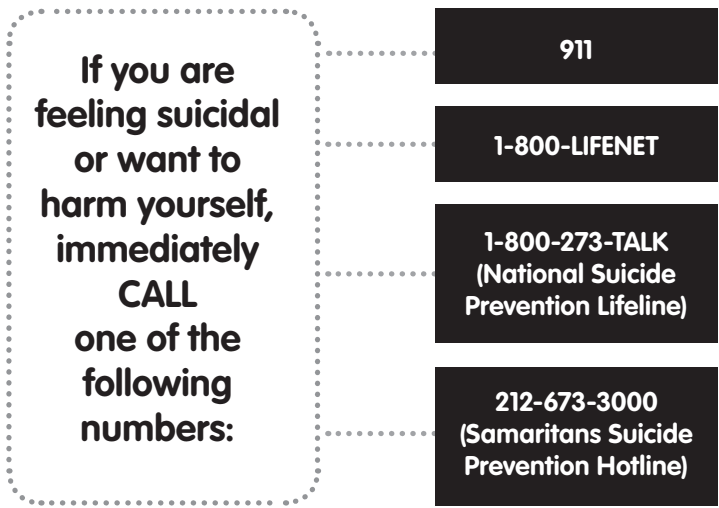
WEB

<http://www.nyc.gov/html/acs/html/staff/bridges2health.shtml>

EMERGENCY/CRISIS SERVICES

If you ever feel out of control or have thoughts of hurting yourself, you must get help immediately. **Crisis intervention** services are available to help you right away. Never keep these feelings to yourself. You should always tell someone you trust how you are feeling. If you reach out to crisis services, you can get the help you need and may be able to avoid having to go to the hospital.

Mobile Crisis Teams (MCTs) respond immediately to psychiatric emergencies and can be reached by calling **1-800-LIFENET**. Other crisis intervention services can be put in place before a crisis occurs and are available to help you if you are in crisis. The goal is to help you stay out of the hospital. Two of these programs include **Home-Based Crisis Intervention (HBCI)** and **Intensive Crisis Stabilization and Treatment (ICST)**. For more information about these programs, speak with your caseworker or your lawyer.



4

PLACEMENTS

YOUR PLACEMENT SHOULD BE SAFE AND WELCOMING

It is important to feel comfortable in your foster care placement. For many people, it takes time to get used to a new setting. Talk regularly with your lawyer and caseworker about where you are living. No concern is too small to raise.

YOUR PLACEMENT IS AN IMPORTANT PART OF YOUR MENTAL HEALTH CARE

There are many different types of foster care placements. Some are less restrictive and structured (fewer rules and regulations) than others. Each type of placement is a different level of care and provides different services. Where you are placed should be determined by your needs.



KNOW YOUR RIGHTS!
You have a right to
be placed in the least
restrictive, most home-
like placement that meets
your needs.

TYPES OF PLACEMENTS

Foster Home: There are several types of foster homes, including foster family homes, kinship foster homes, and therapeutic foster homes. In all of these homes, you will be placed with foster parents and, possibly, with other children. In a kinship foster home, your foster parents are family members (such as aunts, uncles, grandparents, or older siblings) who have been certified to care for you. In a therapeutic foster home, your foster parents have received special training to help them understand and address your emotional and behavioral needs.

Group Home: A group home is a family-style home for 7 to 12 young people.

Children's Community Residence (CCR): A CCR is a small therapeutic group home for 6 to 8 young people. The staff receives special training to work with young people with mental health challenges. You will get some services on-site, like workshops. You will most likely get therapy and other mental health services through programs in the community.

Diagnostic Reception Center (DRC): A DRC is a temporary placement where you live with other young people while you have mental health evaluations. These evaluations will be used to figure out where you should be placed next and what services you will need. Placement in a DRC usually lasts about 30 days, and you should not stay in a DRC longer than about 3 months. During your stay at a DRC, you will receive some services on-site, but DRCs may not provide intensive mental health treatment. If you need treatment (like therapy or medication), and you are not getting it at your DRC, speak with your caseworker or lawyer immediately.

Residential Treatment Center (RTC): An RTC is a residential placement for young people with special needs. If you are placed in an RTC, you will live in a small house (or “cottage”), attend a school on campus, and receive mental health services, supervision, and recreation on-site.

Residential Treatment Facility (RTF): An RTF is similar to an RTC, but it provides more intense treatment and more services. RTFs are also generally smaller placements with more staff and mental health professionals on-site. If you are in a psychiatric hospital, you may be able to “step down” to an RTF when you are ready for discharge. If you are in a lower level of care, placement in an RTF may help you avoid hospitalization.

Psychiatric Hospital: A hospital is not a foster care placement, but some young people may need to spend time in one at some point while they are in foster care. Hospital stays should be used to stabilize your emotions or behavior so that you can return to your placement in the community as quickly as possible. If you need long-term, inpatient treatment, you may be placed in a state psychiatric hospital.



CHANGING PLACEMENTS

You have a right to be safe, stable, and comfortable while you are in foster care. The law requires ACS to move you as little as possible. However, your needs may change over time, and you may have to change placements to meet your needs. If you feel like your placement is not right for you, speak with your caseworker or lawyer about finding a new placement. You should also contact your lawyer if ACS or your foster care agency wants to move you but you want to stay where you are.

Before moving you to a different placement, your agency must hold a conference with you and other important people in your life. Your social worker from your lawyer's office should be invited to the meeting, but if you want to make sure he or she can attend, you should call him or her yourself. This conference is your chance to ask questions about why you are being moved and to offer ideas that you think would make things better. Don't be afraid to speak up!

**If you have any concerns about
your placement, talk to your
caseworker or lawyer right away.**

me



5

MEDICATION

WHAT IS A PSYCHOTROPIC MEDICATION?

A **psychotropic medication**, sometimes referred to as a “psychiatric” or “psychoactive” medication, is any medicine that affects your mind, emotions, and behavior. Psychotropic medications are used to treat mental health problems, just as other medications are used to treat physical health problems.

Psychotropic medications are divided into types or classes. Different types of medications are used to treat different types of mental health problems.

YOUR TREATMENT PLAN

Not all mental health problems must be treated with medication, and medication should never be the first or only form of treatment you receive. Every person is different, and it is up to your psychiatrist, with you and your caregiver, to decide if medication is right for you. Don’t be afraid to talk with your therapist and psychiatrist about how you are feeling and about any concerns you have about taking medication.

If you are taking medication, your treatment plan should always include individual therapy. Research shows that many medications are not fully effective unless used in combination with therapy. If you ever feel like you are not receiving all the services you need, speak to your caseworker, therapist, psychiatrist, or lawyer right away.

Medication should NEVER be the only treatment you receive. It should be just one part of your mental health treatment plan.

UNDERSTANDING YOUR MEDICATION

It is your psychiatrist's responsibility to explain to you and your parent your diagnosis and ways to treat it. Your parent's permission—or **consent**—is needed before you can be prescribed psychotropic medication. Your psychiatrist should also ask you for your consent. Before asking you to agree to take a medication, your psychiatrist should explain, in a way that you can understand:

- Why he or she is prescribing the medication
- How he or she thinks the medication will help you
- What might happen if you do not take the medication
- What side effects you may experience from the medication
- How long you may need to take the medication
- Whether other treatments are available

Before you begin taking a medication, your psychiatrist should also explain how to take it and what to do if problems arise.

Name _____

Address _____ Date _____

R_x

Prescriptions for your medication should **ONLY** come from a psychiatrist, and you should never get medication without a prescription.

MD _____

Signature _____

You should always be given the opportunity to ask questions about your medications. Some questions you might want to ask your psychiatrist include:

- What is this medication called?
- Why do I need to take this medication?
- (If you are prescribed more than one medication) Why do I need to take more than one medication? What does each medication do?
- Is there anything else I should try first, like therapy, physical exercise, or dietary changes?
- What are the common side effects? Are there any side effects that are so serious that I will need to see a doctor right away if they happen?
- Are there any side effects that might be made worse by combining this medication with others?
- Will I need blood tests to monitor the effects of this medication?
- How long will I have to take this medication?
- Should I take this medication in a certain way, like with food, or at a certain time of day?
- Are there any other medications I shouldn't take with this medication?
- How often will I see you?
- How can I reach you if I have an emergency? What should I do if I cannot get in touch with you?

If you ever feel that you are being forced to take a medication that you do not want to take, or that you are being asked to take more medication than you feel you need, contact your lawyer right away.



SIDE EFFECTS

Medications do not affect all people in the same way. Almost all medications have some undesired effects, called **side effects**. Side effects can be mild, serious, or somewhere in between. You should always be told about possible side effects before you begin taking a medication, and you should let your doctor know about any side effects you notice during your treatment. If the side effects are serious, you should contact your doctor or go to the emergency room right away.

No matter what, never stop taking a medication suddenly, and never try to make changes to your medication on your own. This can be very dangerous. Always speak with your doctor first.



MEDICATION MONITORING

If you take a psychotropic medication, in most cases, you should meet with your psychiatrist at least once a month to discuss your treatment. If you are seeing your psychiatrist less than once a month, or if you would like to see your psychiatrist more often, tell your caseworker or lawyer.

It is important to see your psychiatrist regularly so you can tell him or her how you are doing and how your medications are making you feel. Your mental health needs may change over time, so your psychiatrist may need to make changes to your medication. *Remember, only you know how you feel.* Psychiatrists are experts, but the more honest and descriptive you are about how you feel, the better your psychiatrist can tell if your medication is working well for you.

Always take your medication as directed by your doctor and according to the instructions on the package. Come up with a schedule for yourself so you will never forget to take your medication. If your caregiver is not giving you your medication on time or at all, make sure you tell your psychiatrist, lawyer, or caseworker.



MY MEDICATION RECORD

This chart can help you keep track of your medications, how they are making you feel, and any question you may have for your doctor.

[illegible]

QUESTIONS TO ASK MY PSYCHIATRIST:

6

HOSPITALS

If you need to spend time in a psychiatric hospital, it does not mean you are crazy or sick. It just means you need some help to stabilize and to stay safe. It may also be a good time to have important evaluations that can help your treatment team figure out the best placement and services for you. However, hospital stays should be temporary, and the goal should always be returning you to your placement. When you are ready, the hospital and your foster care agency should help you return to your everyday life with support and services that will help you feel better, stay safe, and stay out of the hospital.

If you need to spend time in a psychiatric hospital, you are not alone! Many young people need a little extra help at times staying safe and stable. The hospital should work with your foster care agency to help you get the treatment you need and return you to your placement in the community as quickly as possible.

YOUR RIGHTS IN THE HOSPITAL

Your rights while you are in a psychiatric hospital are ruled by the **Mental Hygiene Law (MHL)**. Under the MHL, the hospital must tell you about your rights. Some of these rights include:

- Personal clothing
- A safe and sanitary environment
- Adequate grooming and personal hygiene supplies
- Reasonable privacy while sleeping and bathing
- Visitation at reasonable times
- Freedom from abuse or mistreatment by staff or other patients

For a full list of your rights, see:

WEB

www.omh.state.ny.us/omh-web/patientrights/inpatient_rts.htm

If you have any questions at all about the Mental Hygiene Law or your rights in the hospital, call your lawyer. If you feel you are being mistreated in the hospital, call the State Commission on Quality of Care and Advocacy for Persons with Disabilities at 1-800-342-3720 AND call your lawyer right away.

KNOW YOUR RIGHTS

MHL

MENTAL HYGIENE LEGAL SERVICE (MHLS)

MHLS is an agency that provides legal services to patients in psychiatric hospitals. Many hospitals have MHLS offices. If there is no office at the hospital, an MHLS lawyer should visit the hospital regularly. You can ask the hospital staff to set up a meeting for you with a lawyer from MHLS. They are required to provide the name, address, and phone number of this person. This information should also be posted at the hospital. If you have trouble reaching MHLS, contact your LFC lawyer. Even though he or she cannot represent you regarding your treatment in the hospital, he or she may be able to help you reach your MHLS attorney.

You should contact MHLS if:

- You think you have been in the hospital for too long and want to be released immediately
- You are being forced to leave the hospital when you feel you need to stay
- You feel an appropriate discharge plan has not been put in place
- You are being abused or neglected by the staff
- You are being forced to take medication that you do not feel is helping you
- No one is explaining why you are in the hospital or what your treatment plan is

If you are hospitalized, you have a right to help from MHLS. The numbers for MHLS are 646-386-5891

(for the Bronx and Manhattan) and 516-746-4545

(for Brooklyn, Queens, Staten Island, Long Island, and Westchester).

Remember, you can always call your attorney at LFC or Legal Aid if you have any questions or concerns while you are hospitalized.

RESPONSIBILITIES OF ACS AND YOUR FOSTER CARE AGENCY

Within 24 hours of your admission to a hospital for psychiatric care, your agency must:

- Notify ACS
- Notify your outpatient treatment team
- Contact the hospital staff and request information on how you are doing

ACS and your foster care agency are still responsible for planning for you during your stay in the hospital.

On an ongoing basis, your agency must:

- Maintain daily phone contact with your treatment team at the hospital for the first 3 days and then maintain at least weekly phone contact
- Make weekly visits to the hospital
- Participate in both ongoing and discharge planning
- Keep in contact with you and your family and make arrangements for family visits
- Provide clothing, shoes, glasses, and other necessities
- Make sure your educational needs are met throughout your hospital stay
- Get information requested by the hospital
- Go with you if you are moved to a state psychiatric hospital and make sure that the new hospital has all of your records

In planning for your discharge from the hospital, your agency must:

- Attend discharge planning conferences
- Work with the hospital to make sure you will receive mental health services in the community after you are discharged
- Locate an appropriate placement for you

If you are hospitalized and feel like your agency is not planning for you or has forgotten about you, speak to your lawyer right away.

ADMISSION

Emergency Room

If you have to go to the Emergency Room (ER), your caseworker should go with you and should stay with you until you are discharged or admitted into the hospital. Your caseworker should never leave you alone in the ER.

If the ER doctors decide you do not need to be admitted to the hospital, you will be discharged. Your agency may put in place additional mental health services to help you succeed in your placement and stay out of the hospital. Remember, you can always call your lawyer if you feel that your agency is not providing you with the services that you need.



healing
therapeutic
treatment

Inpatient Admission

There are several ways to be admitted to a psychiatric hospital. If you are 16 or older, you can ask to be admitted to the hospital. If you are under 18, your parent, legal guardian, or others may also make this request on your behalf. In this case you will be on **Voluntary Status**.



Voluntary Status

If you are a voluntary patient, you have a right to ask for your own discharge. You must give notice to the hospital staff that you want to leave. Within 72 hours of this notice, the hospital must either release you or apply for a court order to keep you hospitalized involuntarily. Your lawyer at MHLS can help you with this process.

There may be times when the decision to go to the hospital is not your own. This will usually happen when there is a crisis, and an adult responsible for your care feels that you present a danger to yourself or others. If you are admitted to the hospital on **Emergency Status**, you will be evaluated by a psychiatrist within 48 hours and may be held up to 15 days. At the end of 15 days, you can only be held in the hospital if you consent (Voluntary Status) or if the doctors feel that you remain a danger to yourself or others. This is called **Involuntary Status**. You can be held involuntarily for up to 60 days, but you can contact your MHLS lawyer to request a court hearing for release at any time.



Emergency Status



Involuntary Status

DISCHARGE

Your Placement

ACS and your foster care agency must make sure that you have a placement before you leave the hospital. The agency must accept you back into care as soon as you are cleared for discharge. You may be able to return to the placement you were in before you were hospitalized, and you may be offered additional services to help keep you out of the hospital in the future. However, if you were hospitalized for a long time, or if the hospital recommends a different level of care, your agency or ACS may have to find you a new placement. In this case, your agency must hold a conference at the hospital to figure out the best place for you to go.



It is NEVER ok for you to remain in the hospital longer than you have to.

If you are ready for discharge and find out that your agency does not have a placement for you, call your lawyer immediately.

Your Discharge Plan

Before you are released from the hospital, hospital staff should work with you and your foster care agency to develop a written **discharge plan**. The goal of the discharge plan is to provide you with the treatment and services you need so you do not have to return to the hospital. Hospital staff must actively involve you and your caregiver in developing the plan.

Your written discharge plan must include:

- A statement of your need for supervision, medication, and services
- A specific recommendation of the type of placement you should live in and a list of available services in that type of placement
- A list of service providers that are available to you

Your discharge plan will also include information about outpatient treatment and other mental health services in your community. You should receive a medication plan and prescriptions so that you have enough medication to last until your first outpatient appointment. It is important to follow your discharge plan closely. Take your medication as prescribed and attend all appointments with doctors and therapists. Your discharge plan is designed to keep you *out* of the hospital and help you live successfully in the community.



7

PLANNING FOR YOUR FUTURE AND AGING OUT OF FOSTER CARE

Getting older and aging out of foster care is exciting, but it can also be scary. Leaving a system that has been caring for you can be overwhelming. There is a lot to do to prepare, especially when you are leaving foster care to live on your own. You may need to find housing, get a job, continue school, apply to college, and/or locate new mental health service providers. The more you plan in advance, the better prepared you will be to leave foster care and live independently.

You have the right to remain in foster care until you turn 21. You also have the right to leave foster care at any point after you turn 18. How long you stay in foster care after you turn 18 is an important decision that you should always discuss with your lawyer. You should *never* be forced to sign yourself out of foster care, and you *always* have the right to discuss this decision with your lawyer. Even if you eventually want to leave foster care to live on your own, it is a good idea to stay in care as long as possible to make sure you receive all of the benefits and services you are entitled to. This can help you live successfully and independently when you do leave the system.

**YOUR AGENCY
CAN NEVER
FORCE YOU TO
LEAVE FOSTER
CARE AND LIVE
IN A HOMELESS
SHELTER.**

**If you fear that
this is happening
to you, call your
lawyer right away.**

Whatever decision you make about staying in care, it is important to remember that some of the mental health services you receive may end when you turn 18. The good news is that you may be able to receive additional or different services after you turn 18. In fact, there are a variety of services—from vocational and educational services to supportive housing—specifically for young people over 18 who have mental health challenges. Your agency and ACS *must* make sure that you have the services you need to live independently *before* you leave foster care. Begin speaking with your caseworker and your lawyer about your options before your 18th birthday, and use your remaining time in foster care to get as much help as you can from your agency. If your agency is not providing you with the help you need, tell your lawyer right away.

EVALUATIONS

It is important to get new evaluations when you turn 18. Your mental health needs may change as you get older, and some mental illnesses are only diagnosed in children. Also, eligibility for many services is different for adults and children. For more information about evaluations, see Chapter 2.



MENTAL HEALTH SERVICES

Therapy and Medication Monitoring: If you receive therapy and/or medication monitoring outside of your agency, you may be able to continue receiving these services at the same location after you leave care. However, if your therapist and psychiatrist only work with children, your agency will need to locate a new service provider for you. It is very important that you continue to get these services after you leave care. If you are having difficulty finding service providers in your area, you or your caseworker should call 1-800-LIFENET for help.

B2H Waiver Program: Remember, you can receive services through the B2H Waiver Program until you turn 21, even if you leave foster care before that time. In order to receive these services, you must be enrolled before you leave foster care and before you turn 19. If your 19th birthday is approaching and you think B2H services would help you, speak with your caseworker immediately about submitting an application. For more information on the B2H Waiver Program, see Chapter 3.

SPOA Case Management/ACT: If you were receiving services through CSPOA before you turned 18, you may qualify for services through Single Point of Access (SPOA) after you turn 18. These services include Case Management (CM) and Assertive Community Treatment (ACT). For more information on these services, see Chapter 3.

Continuing Day Treatment (CDT) Programs: CDT programs provide daily services in a structured environment to help you live successfully in the community. You will attend the program every day, and you will receive services such as assessment, medication monitoring, case management, symptom management, and rehabilitation.



Self-Help
Programs

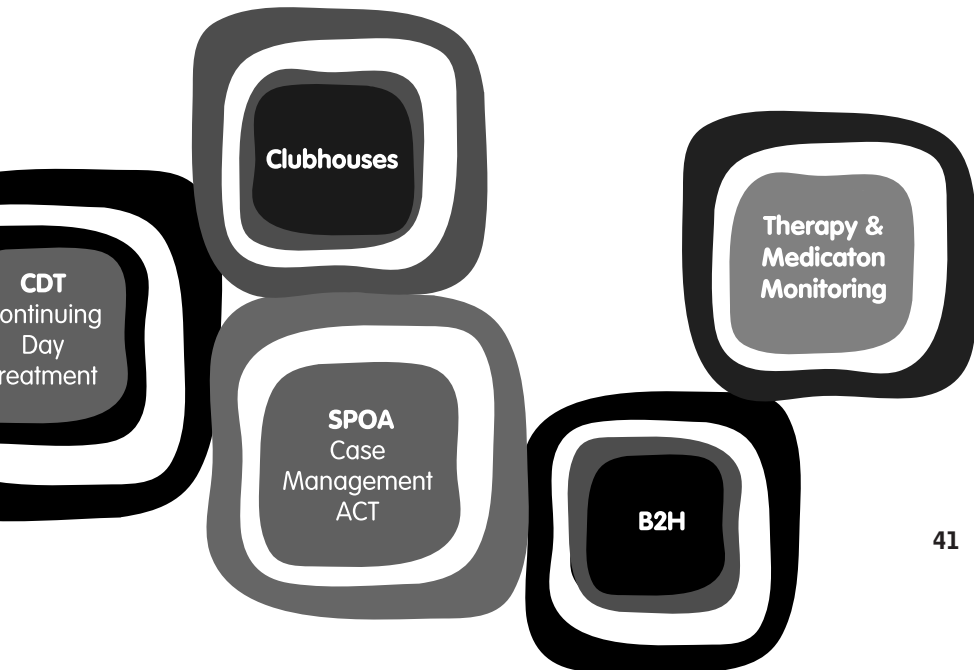
Self-Help Programs: Self-help programs are based on the idea that people with common mental health experiences or diagnoses can help themselves by helping each other. These programs may provide support groups, as well as educational, recreational, and/or social programs.

Clubhouses: Clubhouses are community centers that provide opportunities to meet and develop relationships with others who experience similar challenges. As a “member” of the clubhouse, you will spend time working and socializing with other members. You will work in and for the clubhouse or will receive help finding a job in the community. There are no psychiatrists or therapists on staff, and the focus is on building your strengths and abilities. **Fountainhouse** is a clubhouse with a special program for young adults between the ages of 16 and 30. For more information, you can visit the website at:

WEB <http://www.fountainhouse.org/content/young-adults>

For a complete list of adult mental health services, you can visit the New York City Department of Health and Mental Hygiene website at:

WEB <http://home2.nyc.gov/html/doh/html/dmh/oas.shtml>



SUPPORTIVE HOUSING

Supportive housing combines affordable housing with services that will help you to function independently in the community. Supportive housing is a term used to describe a range of housing options, from congregate care settings with 24/7 support and services available on-site to individual apartments with services available when you need them. Supportive housing is available through two different programs: the SPOA Housing Program and NY/NY III.

Single Point of Access (SPOA) Housing Program: New York City provides subsidized housing for adults with mental illness through the SPOA Housing Program. Housing ranges from single and shared apartments with a few supportive services to congregate care facilities with on-site services. On your application you can say whether you want to share a room or apartment and how much staff support you want. You can also give your borough preference. The housing may be transitional (18-24 months), extended (2-5 years), or permanent. If you enter transitional housing, the housing provider will help you move to extended or permanent housing when you are ready.

NY/NY III Housing: Housing through NY/NY III is available for 18-25 year olds who are diagnosed with Serious Mental Illness (SMI) and who are being treated in RTFs, psychiatric hospitals, or who are leaving foster care. If you are in NY/NYIII housing, the housing provider will help you move to another form of housing when you are ready to leave your NY/NY III placement.

If you have children and are diagnosed with SMI, you may be eligible for other types of NY/NY III housing. For more information, contact CUCS at **212-801-3300**.

The **HRA 2010(e) application** is used to apply for both SPOA and NY/NY III housing. Talk to your caseworker to find out who at your agency is responsible for completing this application and speak with this person directly. This will be the person who will help you throughout the housing application process. If your agency is not providing you with the help you need, call your lawyer immediately.

It is important to start this process early. It may take several months to get a placement. You will most likely need updated psychiatric and psychosocial evaluations and a TB test in order to submit the application. Follow up with your caseworker about arranging these evaluations. Make sure to attend all of your appointments so that the process can be completed as quickly as possible. If you start the process well before your 21st birthday, you can be confident that you will have a place to live before you age out of foster care.



If you are found eligible for supportive housing, you will have interviews with a number of housing providers. The interviews are a chance for you to decide whether a certain placement is a good fit for you *and* for the housing provider to decide if you would be a good match for their program. You should also have an opportunity to see the actual place where you will be living. Before your interview, ask your caseworker what questions you might be asked, what questions you should ask, and what you can do to prepare for these interviews. Think about the things that are most important to you as far as your housing and make sure all of your questions are answered at your interview.

For more tips on preparing for interviews speak with your caseworker or your lawyer or see “Preparing for a Housing Interview” at:

WEB

<http://www.cucs.org/storage/cucs/documents/preparingapplicantsforinterviews.pdf>

MEDICAID

When you are in foster care, you are covered by a form of health insurance called **Medicaid**. About three months before you leave foster care, your agency should apply for “transitional” Medicaid for you. *Transitional Medicaid will last three months after you are discharged.* Before your transitional Medicaid runs out, you should receive a package in the mail to apply for your own Medicaid coverage. Make sure you complete these forms immediately and mail the back, so that you don’t have any gaps in your health insurance coverage. If you have any questions or need help, contact your caseworker or lawyer.

About three months before you leave foster care, talk to your caseworker about applying for transitional Medicaid. If you will be discharged soon and are worried that your agency has not applied, call your lawyer right away.

EMPLOYMENT

Your mental health challenges should not stop you from working. There are services that can help you find a job and train you so that you are prepared to work. If you take advantage of the services offered and make a commitment to finding work, you will be able to find and keep a paying job that is right for you.

It is important to have some training or education before you begin working. Being prepared may make you a more attractive candidate at job interviews and may also make your work more enjoyable and less stressful. You may want to ask your caseworker about enrolling in a vocational program while you are still in foster care. Vocational training can include skill-training courses, job-seeking skill workshops, and internships.

“The WORKbook: A Guide to New York City’s Mental Health Employment Programs” is a great place to start preparing for your job search. The WORKbook explains different types of employment programs, the services these programs provide, types of jobs that are available, and other resources. It also contains a directory of employment programs throughout the five boroughs. You can find the WORKbook online at:

WEB

http://www.coalitionny.org/the_center/workbook/

Vocational and Educational Services for Individuals with Disabilities (VESID): VESID can help you obtain the vocational and educational services you need to find and keep a job. Some of the services you can receive through VESID include vocational rehabilitation, job placement assistance, independent living services, and transitional services. A VESID counselor will help you understand and apply for these services and will help you reach your employment goals. Contact information for VESID offices in NYC can be found at:

WEB

<http://www.vesid.nysed.gov/do/locations.htm>

VESID also funds 39 **Independent Living Centers (ILCs)** around the state. ILCs are run primarily by individuals with disabilities and offer peer assistance with independent living services. For more information about Independent Living Centers and to locate one in your area, see:

WEB

<http://www.vesid.nysed.gov/lsn/ilc/about.htm>

Supported Employment (SE): Supported Employment will help you find and keep a paying job that meets your individual preferences and abilities. Employment specialists will help you create a resume, prepare for interviews, and search for and apply for jobs. Once you have a job, SE will provide you with the ongoing support and assistance you need to be successful in that job. SE generally includes mental health treatment in your service plan, and employment specialists will work closely with your treatment providers. If you are in supportive housing, you may be able to enter an SE program through CUCS. For more information, you can visit:

WEB

<http://www.cucs.org>



Adolescent Skills Centers: Adolescent Skills Centers provide services such as educational assistance, GED prep, vocational training and placement, life-management skills, and internship and job opportunities to 15-21 year olds. The **YES Adolescent Skills Center** at The International Center for the Disabled (ICD) offers a program that combines educational and vocational services with mental health treatment. You can get job readiness training, educational services (including GED prep), health education, and/or placement into jobs, training programs, or college. To participate in the YES Adolescent Skills Center, you must be receiving mental health treatment. If you are not, you may be able to receive treatment at ICD, or ICD may refer you to another program. For more information about ICD and the YES Adolescent Skills Center, call **212-585-6043** or visit:

WEB

www.icdnyc.org



FINANCIAL ASSISTANCE

Job Centers: While you are working toward getting a permanent job, you may need additional financial assistance. Job Centers offer temporary financial assistance, food stamps, and Medicaid to individuals who qualify for Public Assistance. **The Union Square Job Center** (109 E. 16th Street, Manhattan) specializes in helping individuals with special needs. For a complete list of Job Center locations throughout New York City and contact information, see:

WEB

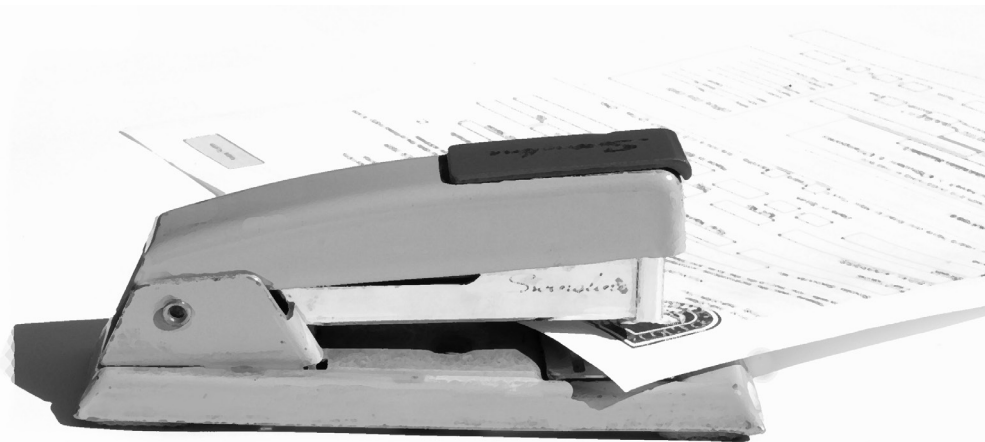
http://www.nyc.gov/html/hra/html/directory/job_centers.shtml

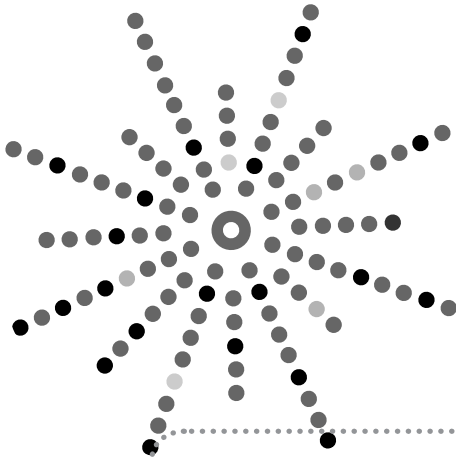
Supplemental Security Income (SSI): Supplemental Security Income (SSI) is a federal program that provides monthly cash payments to people with disabilities for basic needs such as food, clothing, and shelter. You may be eligible for SSI if you have a disability and receive limited income. A disability is defined as any physical or mental impairment that results in the inability to do any substantial, paid work and that has lasted or can be expected to last for over 12 months.

Your parents may have received SSI on your behalf before you entered foster care. If you are 18 or older, you may qualify to receive SSI yourself. You will need to be reassessed for eligibility when you turn 18 because the definition of disability is different for children and adults. Under most circumstances, you will not be able to receive SSI until you leave foster care. For more information on SSI, speak with your caseworker or call **1-800-772-1213** to speak with a Social Security representative. You can also visit the Social Security website at:

WEB

<http://www.ssa.gov>





**Remember, if you have any
questions call your attorney
or social worker at
Lawyers for Children at
212-966-6420 or 1-800-244-2540.
If you have to leave a message, we
will always call you back.**

QUICK REFERENCE GUIDE

ACS or Children's Services – The New York City agency responsible for overseeing and providing services to children and youth in foster care. ACS explains that its mission is “to ensure the safety and well-being of New York City children.”

Aging out – A term used to refer to young people who have reached or are about to reach the age of 21, when they will, except in rare circumstances, be discharged from foster care.

Confidential – Private, not to be disclosed. What you tell your lawyer or therapist is confidential.

Congregate Care – A shared living space with staff on-site and access to services.

Consent – Agreement or permission.

Crisis Intervention – A service that is provided if a psychiatric emergency occurs and someone needs immediate help.

CUCS or Center for Urban Community Services – An agency that provides services to adults in need of supportive housing, Case Management, Assertive Community Treatment (ACT), or Supported Employment. For more information, call 212-801-3300 or visit www.cucs.org.

Diagnosis – A term used to describe the set of mental, emotional, and behavioral challenges a person is experiencing. See pp. 5-6.

Evaluation – An assessment completed by a professional for the purpose of recommending services. The three main types of evaluations are psychiatric, psychosocial, and psychological. See p. 5.

Foster Care Agency – Any agency that has a contract with ACS (Children's Services) to provide foster care services to children and young adults in New York City. The term foster care agency is used interchangeably with “contract agency,” “provider agency,” or sometimes simply “the agency.”

Home-Based Crisis Intervention or HBCI – A crisis intervention service that is put in place *before* a crisis occurs. The goal is to help young people stay out of the hospital. A mental health counselor is available 24 hours a day, 7 days a week, and someone will visit the home each week to make sure everything is ok. HBCI can be provided for up to 8 weeks.

Intensive Crisis Stabilization and Treatment or ICST – A crisis intervention service that is similar to HBCI but that lasts for 12 weeks and provides both individual and family therapy and case management services up to 3 times a week. It is only available in Brooklyn and the Bronx.

IQ or Intelligence Quotient – A measure of intelligence. Testing is required to determine one's IQ. This testing may be part of a psychological evaluation.

Least Restrictive Placement – The lowest level of care available to meet one's needs within the foster care system.

Level of Care – This refers to your placement in foster care, specifically, how structured or restrictive the placement is.

Mental Health – A level of emotional or psychological well-being in which an individual is able to use his or her mental abilities, function in society, and meet the requirements of everyday life.

Mobile Crisis Team or MCT – Teams of mental health professionals that respond immediately to psychiatric emergencies. MCTs serve people of all ages and can be reached by calling 1-800-LIFENET.

OMH or New York State Office of Mental Health – The New York State agency that is responsible for providing and coordinating services for children, youth, and adults with mental health diagnoses. For more information, see <http://www.omh.state.ny.us/>.

OPWDD or Office for People With Developmental Disabilities – The New York State agency responsible for providing and coordinating services for children, youth, and adults with developmental disabilities. For more information, see <http://www.opwdd.ny.gov>.

PA or Public Assistance – The cash assistance grant to low income individuals or families that may include Food Stamps and other benefits. PA is often referred to as welfare.

Psychiatrist – A doctor who specializes in the diagnosis and treatment of mental health disorders.

Psychologist – A clinical professional who works with patients in a therapeutic way. Psychologists may provide therapy and/or conduct evaluations.

Psychotropic Medication – Any medication that is used to treat a mental health problem and that affects a person's mind, emotions, and behavior. Psychotropic medications may also be referred to as "psychiatric" or "psychoactive" medications. See pp. 15-17.

Serious Emotional Disturbance or SED – A psychiatric diagnosis *plus* either ongoing problems functioning *or* recent self-harming behavior, psychotic symptoms, behavior that has led to a risk of injury or property damage, or behavior that puts one at risk of being removed from one's placement. SED only applies to young people under the age of 18.

Serious Mental Illness or SMI – A psychiatric diagnosis *plus* receiving SSI or SSDI, experiencing ongoing problems functioning, or relying on psychiatric treatment. SMI applies to adults over the age of 18.

Side Effect – An undesired effect resulting from a psychotropic medication. See p. 16.

SSI or Supplemental Security Income – A cash grant for food, clothing, and housing that assists people with certain mental health diagnoses or other disabilities.

State Psychiatric Hospital – A hospital that can provide long-term, intensive mental health treatment. There are three state psychiatric hospitals for children and youth in New York City—Bronx Children’s Psychiatric Center (BCPC), Queens Children’s Psychiatric Center (QCPC), and Brooklyn Children’s Center (BCC).

Supportive Housing – Affordable housing provided by the government and other organizations for people with mental or physical disabilities. Supportive housing is linked to social and/or medical services that are often provided at the housing site. See pp. 24-25.

Treatment Team – A team of professionals working together to create and carry out a service plan to help an individual with mental health needs. This service plan may be referred to as a “treatment plan.”

Vocational Training – Any career or technical education that is specifically geared toward obtaining a job.