



# **A Practical Introduction to Children's Mental Health in Marion County, Indiana**

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# A Practical Introduction to Children’s Mental Health in Marion County, Indiana

Receiving a mental health diagnosis or going through a mental health crisis for your child can be a scary time. There are a lot of new terms and information, and you may not know where to turn next. This guide contains introductory information designed as a guide for parents of children with mental health concerns in Marion County, Indiana. This guide contains practical, introductory information and provides resources for where to obtain additional help and information.

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# Mental Healthcare for My Child—The Basics

## ***Where can I go to obtain mental health services for my child?***

Services can be obtained in many different settings including primary care physician's office, community mental health centers, private practices, and hospitals. The types of services available at each type of setting vary greatly.

### *Typical services provided through a community mental health center ("CMHC"):*

individual, group, and family therapy; individual and group skills training; case management; psychiatric and psychological evaluations; and ongoing medication management. These services can be available through an outpatient, home-based, or school-based program. CMHCs accept Medicaid, may accept commercial insurance, and many have sliding scale fees. CMHCs also can be the access and referral point for more intensive services, such as residential services.

*Typical services through a primary care provider:* medication management, and brief counseling. These settings may accept Medicaid, often commercial insurance, and some have sliding scale fees.

*Typical services through private practices:* individual, family, and group therapy; psychiatric and psychological evaluations, ongoing medication management, and more specific assessments and services not typically covered by commercial insurance (for example, parenting assessments, parenting coordination, adoption home studies, life coaching, etc.). Private practice settings do not often accept Medicaid and the acceptance of commercial insurance varies greatly.

## ***How much will services cost?***

This varies greatly depending upon the provider and types of services sought. If an individual has Medicaid, typically any mental health service required would be covered in full if provided at a CMHC, but the type of and frequency of services covered is determined based on diagnosis and level of need. If an individual has commercial insurance (i.e., Anthem, Aetna, Sagamore, etc.) the coverage of services would depend upon the specific policy. You should contact your insurance provider and review your plan to determine what mental health services are covered.

## ***Who are the providers? What do they do?***

### *Medical Doctor (MD, Primary Care Physician (PCP), Pediatrician, Family Doctor):*

A medical doctor can diagnose and provide medication for any psychiatric condition, though most will often provide basic medication management for diagnoses such as ADHD and depression. Many physicians refer patients to specialists for complicated psychiatric medication management.

### *Psychiatrist:*

This is a medical doctor who specializes in psychiatric care. They provide more intensive and comprehensive medication management for mental health concerns after an initial evaluation. They occasionally will provide ongoing therapy if in a private practice setting. Generally speaking, a psychiatric evaluation is for the purpose of diagnosis and to determine appropriate medication to manage symptoms.

Psychologist (PhD or PsyD):

Psychologists often complete psychological testing, mental health assessments, and occasionally therapy. Their state licensure will be Health Service Provider in Psychology ("HSPP"). A psychological evaluation is for the purpose of a more intensive and specific evaluation of a diagnosis.

Nurse Practitioner (NP, APRN):

A nurse practitioner is a master's level nurse with licensure to provide psychiatric assessments and ongoing medication management.

Therapist/Counselor:

There are several graduate degrees and licensures that provide qualifications to provide therapy in the state of Indiana, including Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist (LMFT), and Licensed Mental Health Counselor (LMHC). The terms therapist and counselor are often used interchangeably for these providers. Sometimes when parents hear the term "social worker," they make a connection to the child welfare system; however, it is rare that a case manager through the department of child welfare is actually a LCSW.

Case Manager/Skills Instructor/Life Skills Specialist/Care Coordinator:

Through a CMHC, a case manager is usually someone with a Bachelor's level of education (typically with a degree in social work or psychology) that provides additional supportive services deemed necessary by a therapist.

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## School-Based Mental Health Services

***What are school-based mental and behavioral health services?***

These are services provided through a community mental health center ("CMHC") in a school setting. These are the same services provided at the CMHC, but the therapist is located in the school. They are paid for by Medicaid, commercial health insurance, or billed on a sliding scale. Every service provided must be billed for and therefore must be medically necessary based on the child's diagnosis.

***What issues do these services address?***

Services address many different types of needs and issues. They will be specific to the child's and family's needs. Issues addressed include but are not limited to: abuse/trauma, ADHD, adoption/attachment issues, anger management, anxiety, behavioral problems/social skills, bipolar disorder, communication skills, coping skills, death/dying/grief/loss, depression, divorce, and family conflict.

***What issues do these services not address?***

If a child has significant developmental delays or cognitive disabilities, they most likely will not be appropriate for services with a school based mental health provider.

***What types of services are available?***

Individual, group, and family therapy are all available.

### ***What is the goal of school-based mental health services?***

The goal is to help students learn to cope independently with stressors. Regardless of the diagnosis or circumstance, therapists are helping children and adolescents learn to cope on their own to be able to communicate so that their needs are met in a healthy way. School-based therapists do not envision themselves in a permanent role. Services could last for a few months or a few years.

### ***Which schools provide services?***

CMHC school-based services are provided in most Marion County public schools.

The following CMHCs provide services to the following schools (as of early 2015):

- ***Adult & Child ([www.adultandchild.org](http://www.adultandchild.org))***: Perry Township, Franklin Township, some IPS Schools, Lighthouse Monument Charter School
- ***Aspire ([www.aspireindiana.org](http://www.aspireindiana.org))***: KIPP Indianapolis College Preparatory
- ***Cummins ([www.cumminsbhs.com](http://www.cumminsbhs.com))***: Wayne Township, Pike Township, Decatur Township, part of Washington Township, Christel House Academy, Sense, Avondale Meadows, Paramount
- ***Gallahue ([www.ecommunity.com/s/behavioral-health/school-based-program](http://www.ecommunity.com/s/behavioral-health/school-based-program))***: Lawrence Township, Warren Township, part of Washington Township, some IPS schools
- ***Midtown ([www.eskenazihealth.edu/our-services/midtown-community-mental-health/youth-services](http://www.eskenazihealth.edu/our-services/midtown-community-mental-health/youth-services))***: Some IPS schools

### ***Is there a relationship between school-based mental and behavioral health services and special education?***

Any child receiving special education services will have an Individualized Education Plan (“IEP”), which at times could include accommodations for emotional and behavioral needs. Unless a school includes it as a service to be provided in the IEP, the school is not financially responsible for any mental health services provided by a CMHC in the school. See section on Special Education for more information.

### ***How does my child get services? What is the referral or assessment process?***

Each school system works a bit differently but the basic process is fairly similar. A school staff member, family physician, the department of child services, etc. can make a referral OR a child or parent can reach out directly to request the services. The therapist will explain the specifics to the family at the time of the referral. For more information you can contact your school or a CMHC directly to request services and figure out the process for your school.

Some basic information will need to be provided prior to an intake assessment. This includes insurance information and the reason for seeking services. Documentation of household income is required if you plan to pay out of pocket and want to apply for the sliding scale.

An intake will be completed, which includes parents/guardians signing legal consents, releases of certain information, financial paperwork, therapist assessment of treatment needs, preliminary diagnosis, and creation of a treatment plan. The frequency and types of services that will be provided will be determined during the intake process.

***Will my child miss class to obtain these services?***

Yes. But the frequency and type of services that will be provided will be discussed with both parent and child and will be based on medical necessity.

***Are these services confidential? What information from these services will be shared with my child's teacher?***

The same HIPAA and confidentiality standards that apply to any medical provider apply to school mental health providers as well. However, with appropriate releases signed by parents/guardians, a school-based mental health provider will collaborate with a child's school, teachers, and special education services if applicable. Only the information a parent/guardian chooses will be shared with the school or others. Typically if the services have to do with school – for example, grades, behavior, interaction with others—then it is often beneficial to have the child's teacher involved to some degree. But personal and family-related issues are typically off limits. If the fact that your child is receiving therapy is something you wish to keep private, you should not seek school-based services.

## Special Education

***What is special education?***

Special education is known by many names now, depending on the school system, ranging from special education to exceptional learning. From a legal standpoint, special education involves the provision of education and related services to students with disabilities. Federal and State law guarantee all students ages 3-21 the right to a “free and appropriate education.” Pursuant to the Individuals with Disabilities Education Act (“IDEA”), public school students are evaluated for services, and if they qualify, an Individualized Education Program (“IEP”) is created for them to ensure an appropriate education with necessary related services. The law provides that this education shall be in the least restrictive environment for the student (for instance, where feasible depending upon the disability, intermixed with other students not receiving special education).

***What types of services are available?***

Beyond education itself, a broad range of “related services” are available, such as physical, speech, occupational, and psychological therapies, educational interpreter, transportation, and other such services necessary to allow the student to benefit from special education.

***What types of diagnoses, conditions, or issues can be addressed through special education?***

Children with a disability are eligible for special education. A “child with a disability” is defined as a:

1. “child... with an intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance..., orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; AND
2. who... [because of the condition] needs special education and related services.”

***What is the process for getting a child enrolled in special education? Does a parent or guardian request it? Does a teacher request it? Is the child's doctor involved?***

Special education starts with a referral for a special education evaluation. The parents/guardians can request this, or anyone in the school system can (teacher, counselor, etc. with parents/guardians consent). If written parental consent for evaluation is provided, a multidisciplinary team ("M-Team") conducts a comprehensive educational evaluation. When the educational evaluation is completed, school personnel and the parents/guardians meet (a process known as the CCC meeting) to review the evaluation results and determine if the student is eligible for special education and related services.

A child's doctor or other health care provider might be the one that suggests such an evaluation to parents/guardians, although more commonly the parents know of a disability or suspected disability. The child's doctor is not directly involved, typically, but can be a valuable information resource. Parents can also review the IEP with the child's mental health care provider (or others) before signing it.

***What is the assessment/evaluation process like? What information will parents/guardians need to provide?***

A multidisciplinary team from the school, sometimes called the M-Team, conducts the educational evaluation. This team is a group of qualified professionals that may include a general education teacher; a special education teacher; a school psychologist or speech language pathologist; or other qualified professional(s) based on the student's unique needs or suspected disability. Parent(s) play an important role with the M-Team by providing input and information about the student, which often includes prior medical history and records, and even diagnosis letters from physicians.

The M-Team reviews existing information, identifies the suspected disability or disabilities for which the student should be evaluated, and determines what, if any, additional information is needed to help the CCC determine whether the student is eligible for special education services. After this review, if additional data is needed to make an eligibility determination, the M-Team gathers the additional information identified. This process may include administering tests, conducting observations, and collecting information from a variety of sources.

***Will a child in special education be in a different classroom than other students? In a different school all together? What is mainstreaming?***

The law sets forth that special education shall be in the least restrictive environment. Where and how the student receives special education and related services varies based on the unique conditions of the student, and the desires of the parents/guardians.

Typically, the student remains in the same school, and often in the same classroom as others (for instance, if the student is cognitively able to handle the math course but has a hearing impairment that qualifies the student for special education and services, the student would be in the same math class with others). On the other hand, if the student is severely cognitively disabled and not taking typical curriculum, the student would more likely be in a special education or life skills class room, and integrated/mainstreamed with other students as appropriate (for instance gym, lunch, perhaps music, all depending upon what is best for the student).

**What if a parent/guardian does not want special education for the child but the school does? What if a parent/guardian wants special education for a child but the school says no? Can that happen?**

The parents/guardians must consent to special education; usually if the student needs special education and related services, parents/guardians consent as it is in their child's best interest. If the parents/guardians desire special education, the laws provides rights, procedures, and protections for them to request a referral for evaluation, to challenge that evaluation, to participate in IEP planning, and to challenge the IEP.

**What laws do I need to know about? What is the Individuals with Disabilities Act?**

The Individuals with Disabilities Education Act is the over-arching law that regulates this subject. It is a federal law, and in Indiana it is implemented through Indiana Administrative Code, Title 511, Article 7, Special Education (often referred to by educators simply as Article 7). These are complex laws, but there are reference sources such as the Indiana Department of Education's Companion Guide to Article 7:  
[www.doe.in.gov/sites/default/files/specialed/navigatingthecourse.pdf](http://www.doe.in.gov/sites/default/files/specialed/navigatingthecourse.pdf)

**What are some common terms and acronyms I should know?**

There are many, but core ones include:

- IDEA: the Individuals with Disabilities Education Act
- Article 7: the Indiana law implementing IDEA
- Referral: the referral for an evaluation of a student for possible special education services
- IEP: Individualized Education Program
- CCC: Case Conference Committee
- Free Appropriate Education: what students are entitled to
- LRE: Least Restrictive Environment; students should be educated in the least restrictive environment

**Where else can I go for more information on special education in Indianapolis/central Indiana?**

- Indiana Department of Education, Office of Special Education: [www.doe.in.gov/specialed](http://www.doe.in.gov/specialed)
- Indiana IEP Resource Center: [www.indianaieprc.org](http://www.indianaieprc.org)
- US Department of Education, Individuals with Disabilities Education Act: [idea.ed.gov](http://idea.ed.gov)
- Joseph Maley Foundation: [www.josephmaley.org](http://www.josephmaley.org)

## Contacting Law Enforcement

**Before needing police involvement...**

It is most important that your child be assessed or evaluated to know if therapy, counseling, or medication can be used to cope with or reduce a child's troubling behaviors. The parent or caregiver should also try to establish a relationship with mental health providers prior to needing law enforcement. Waiting until the child has another outburst could put family members, others, or the child in danger of being harmed. Also, law enforcement intervention will not itself solve the problem, it likely will only help a situation with out of control behaviors by keeping everyone safe and helping to de-escalate the situation.

***Is it appropriate to contact law enforcement before any crime has been committed?***

Yes. There are times when calling the police is necessary. A parent should call the police when, (1) the child is in danger of hurting himself or others such as a parent, siblings, or others in the neighborhood; or (2) the parent can't calm the child down and keep the child from behaving dangerously, and the child will not calm down when the parent tries to calm him/her.

***What should be expected when law enforcement is called?***

Some officers have a basic understanding of mental disorders and its effects on individuals and their families. It is important to know, however, that they are not mental health professionals and will likely have different objectives. There are specially trained officers that may respond to a mental health crisis involving children. They are called "CIT officers," which stands for Crisis Intervention Team. Parents should know that police often come to these situations in a spirit of working with parents to help the child. Police should not assume that "it must be the parent's fault," or be judgmental. Police will determine if there are any threats to the safety of everyone present. If the police determine that the child is not a danger to himself or others, and that the child has not potentially committed a delinquent act, it is likely the police will not make an arrest or detain the child. A parent should be as prepared as possible and able to provide the officer with the following:

- child's diagnosis
- child's medications
- child's medical provider (doctor's name)
- describe the events leading up to the current situation, preferably in writing, in detail, and limited to the last seven days.

***When will the police detain the child?***

If law enforcement detains a child due to mental illness, it is called an "Immediate Detention." An "Immediate Detention" (also called an ID) is based on an Indiana law that gives law enforcement the authority to detain and transport a person for medical and mental health treatment if the officer has reason to believe the person is

- mentally ill (which could involve substance addiction or intellectual disability),
- poses a risk to themselves or others, and
- is in need of an immediate evaluation

***What happens after an Immediate Detention?***

The Immediate Detention (or ID) allows the mental health facility or hospital that receives the child to conduct an assessment, evaluate risk factors, and determine what type of help is needed. Some people on an ID are admitted to the hospital, but most are referred to outpatient therapy and programs. Although an ID allows for an evaluation of up to 24 hours, it does not require the person be held for the entire 24 hours or inpatient admission to a hospital.

The child will be evaluated by a behavioral health professional trained in mental health and substance use disorders. Along with a psychiatrist, they will determine how best to keep the child safe and address the problem the child is facing. The goal of the assessment is to make sure everyone is safe, is connected to appropriate services, and feels more hopeful for the future. If inpatient hospitalization is not recommended, services for outpatient counseling or community resources for mental health or substance use issues will be referred.

***What if the assessment shows the child is dangerous or gravely disabled?***

If the assessment shows that there is a danger of imminent risk for harm to self or others, or a “grave disability” (unable to handle basic human needs in an age-appropriate level due to a lack of reasoning or judgment), the child may be referred for inpatient hospitalization. A psychiatrist will decide if inpatient treatment is necessary, if the parent consents to having the child be voluntarily admitted, or if the parent does not consent, whether admission will be made involuntarily. If a parent does not consent, there is a possibility that the Department of Child Services may be called to determine if the parent is making the best decision for the child’s health and safety. Inpatient treatment is used to help stabilize the crisis. Most admissions are short term, lasting 3-7 days.

Contact information for behavioral health crisis facilities in Central Indiana:

- *Aspire*: (317) 574-1252 or (800) 560-4038
- *Cummins Mental Health*: (888) 244-6083
- *Community Behavioral Health/Gallahue Mental Health Center*: (317) 621-5700
- *IU Health Methodist*: (317) 962-2622 x1
- *Midtown/Eskenazi Mental Health Services*: (317) 880-8485
- *Options Behavioral Health*: (855) 805-1403
- *St. Francis Behavioral Health*: (317) 782-6495
- *St. Vincent Stress Center*: (317) 338-4800
- *Valle Vista Health System*: (800) 447-1348

## Q&A with Marion County Juvenile Public Defender’s Office

***What are the general differences between the juvenile and adult criminal systems?***

In general, children are presumed to be less competent than adults, and the juvenile justice system is a reflection of this distinction. The goal of the juvenile justice system is rehabilitation, as opposed to punishment or deterrence. Children are not declared “guilty” or “innocent,” but rather “adjudged” to be juvenile delinquents. Absent extraordinary circumstances, a child cannot be sentenced to any kind of detention past their 21st birthday.

***A child is arrested in Marion County—what happens next?***

When a child is arrested in Marion County, he or she is brought to the Receiving/ Screening/Release (“RSR”) center, and can be held until the initial court hearing. A child cannot be held without a preliminary hearing for more than 48 hours, including weekends. This means that there are preliminary hearings held 6 days a week, including Saturday.

While at the RSR center, and before the preliminary hearing, the child and his/her parents will be interviewed by probation officers, in order to generate a preliminary report for the judge. These interviews cover a wide-range of topics, and can often be very intense and personal—examining the child’s home life, school life, mental health, and general well-being.

These interviews are used to generate a preliminary report, which will be used by the Judge to determine if the child is to be released or detained. This report is introduced at the initial hearing. This is the point at which a child is assigned a public defender.

If the child wants and is qualified for a public defender, the initial consults only cover the process, not the facts of the case.

Depending on the risk factors detailed in the preliminary report, and child will either be released (usually with conditions) or detained in the Juvenile Detention Center, until the first hearing in this case. The Juvenile Detention center facility contains an IPS school, and limited mental health and counseling services. Crucially, parents must bring any medications that the child needs, or they risk having children go without the medication.

***In your experience, how prevalent are mental health issues amongst your client population?***

It is a huge issue! I would estimate that about 2/3 of my kids have some sort of mental illness issue. About half of the kids have Individual Education Plans (“IEP”) due to their issues. Unfortunately, the majority of these children have not received any sort of mental health treatment.

Generally, children with mental illness are treated the same as those without in the juvenile justice system. It is still very important to let detention center personnel, your lawyer, or the judge know about your child’s mental illness for several reasons:

- Judges have wide latitude in the terms, conditions, and nature of sentencing. If the Judge finds that the child’s behavior is caused primarily by an undertreated mental illness, she may order counseling and therapy as a part of the sentence.
- In the preliminary interview, it is important to disclose an existing IEP or mental health treatment to the probation officer, as these may factor into the decision to release or detain the child.
- Most importantly, mental illness can play a big role in the “waiver” process. This is the process by which children who are charged with serious crimes can be “waived” into the adult system and tried as adults. Evidence of mental illness and treatment is important evidence in these cases and may lessen the likelihood of being waived into the adult system.

***Do you have any advice for kids with mental illness and their parents who find themselves in the system?***

- Advocate! You are your child’s strongest ally in this system. The more informed and persistent you are, the better chances your child has of making it through this process.
- Enlist therapists/family members/teachers/clergy and anyone else who knows about your child and his/her issues to advocate to the court. The juvenile system processes a huge volume of children every day, so take every opportunity you have to personalize your child.

## Childhood SSI

### **What is Childhood SSI?**

Supplemental Security Income ("SSI") is administered by the Social Security Administration. SSI makes monthly payments to people with low income and limited resources who are 65 or older, or blind or disabled. A child younger than age 18 can qualify if he or she meets Social Security's definition of disability for children, and if his or her income and resources fall within the eligibility limits. The amount of the SSI payments varies, depending on the state. In Indiana, the amount is currently \$733/month.

### **How does our family's income affect childhood SSI?**

Generally, a household's earned income will reduce the amount of SSI a child can receive. Disability payments received by adults do not count as earned income, and will not be considered.

### **What is Social Security's definition of disability for children?**

A child is considered disabled if they are (1) under age 18, (2) with medically determinable physical or mental impairments, (3) which result in marked and severe functional limitations, (4) which are expected last more than 12 months.

Key terms in that definition:

- "Medically Determinable": There must be medical evidence to support the diagnosis. Usually these are medical records, but they can also include testimony from the child's caregivers.
- "Marked and Severe": This refers to how bad the difficulties the child faces are. The difficulties must be more than just slight abnormalities
- "Functional Limitations": there must be evidence presented to show how the child's diagnosis causes problems in everyday life
- "Expected to last more than 12 months": SSI is not for temporary issues

### **What are the "domains" of functioning?**

SSA evaluates children's functioning in the following six "domains." An eligible child must have "severe" limitations in one domain, or "marked" limitations in two domains.

1. Acquiring and using information: Child's ability to learn in an age appropriate manner. Includes evidence of IQ score, standardized tests, and ability to communicate
2. Attending and completing tasks: Child's ability to maintain attention and concentration necessary to complete age appropriate tasks in a timely manner. Includes evidence of any accommodations a child receives at school to help complete schoolwork
3. Interacting and relating with others: Child's ability to interact appropriately with peers, parents, and other authority figures. Includes evidence of behavior/disciplinary problems, and evidence that shows a child is shy and/or socially isolated
4. Moving about and manipulating objects: Fine and Gross Motor skills
5. Caring for yourself: Includes ability to avoid dangerous situations or behaviors
6. Health and physical well-being

***Is SSI available for children with mental illness? What kinds of evidence will the SSA need to find a child eligible due to mental illness?***

There are significant differences between mental illness diagnosis and treatment for adults versus for children. Mental illness in children, particularly very young children, can be subtle and much different from the signs and symptoms found in adults.

Symptoms to look for include:

- separation anxiety
- failure to mold or bond with the parents
- withdrawal
- failure to demonstrate proper development in activities appropriate to children of the same age, such as learning, growing, playing, maturing, and school adjustment

***What are some problems I may encounter in trying to get SSI for my child with mental illness?***

In general, many of the problems caused by a child's mental illness will not be reflected in medical records. Parents must gather information from other sources, including teachers, caregivers, family members, and narrative statements from medical professionals.

***How do I apply for childhood SSI for my child?***

The easiest way to apply is online at [www.ssa.gov](http://www.ssa.gov). If you prefer, you can submit a paper application at your local Social Security office. Once you apply, the SSA may request more documentation from your medical providers and/or send your child to be evaluated by an "independent" evaluator. If your initial application is rejected, you have the right to appeal that decision and present your case to an Administrative Law Judge. You must appeal within the time specified on the rejection letter from SSA.

You have the right to an attorney to help you through the appeal process. Many attorneys will take SSI cases for no up-front fee, and will instead take a portion of the lump-sum "back award" that accompanies a successful appeal.

***My child is on SSI? What now?***

If your child is on SSI, there are two primary things to watch for:

1. You will receive notices of periodic reviews of your child's eligibility. The SSA will ask for updated medical records and possibly send your child for another evaluation. Be sure to comply with all these requests.
2. When your child turns 18, he or she will undergo an automatic review to see if they qualify for SSI under the adult standard, which is significantly different than the childhood standard. You should note that, unless you have a legal guardianship or power of attorney over your now-adult child, you must become your child's "representative payee" to deal with the SSA on his/her behalf. More information about that process can be found here: [www.ssa.gov/payee](http://www.ssa.gov/payee).

## Transition from Childhood to Adulthood

### **Overview**

Many things change when a child turns 18. Legally speaking, an 18 year old is an adult, and able to assume the rights and responsibilities of adulthood—regardless of their actual capacity to handle those rights and responsibilities. Here are some of the most important changes, and information about how parents and children can be prepared for them.

### ***Do I need to obtain Guardianship and/or Power of Attorney?***

In general, an 18 year old person is presumed to be the sole decision maker in his or her life. This includes interactions with schools, government agencies, courts, and any other entities adults must interact with periodically. If you feel as though your child will continue to need your assistance or representation in these dealings, you should plan ahead for this transition.

Many places, including schools, medical professionals, and banks have forms that your adult child can sign that will enable you to have some involvement. For example, medical professionals have HIPAA releases that can enable you to still speak with medical professionals about your adult child's care. Many of these forms expire and will need to be renewed on a regular, typically annual, basis.

In addition, there are two other options for a higher level of control. Each of these has different requirements and processes.

1. **Power of Attorney:** A power of attorney is a document executed by a competent adult, granting another person (called the "attorney-in fact") the authority. A power of attorney can only be granted by a competent adult, who retains full decision making authority and can revoke the power of attorney at any time. No court process is required for a power of attorney.
2. **Guardianship:** An adult Guardianship is granted by a court upon a showing that the adult child ("ward") is incapacitated and unable to govern their own affairs. A Petition for Guardianship must include a statement from a physician demonstrating the ward's incapacity. Once a Guardianship is granted, the court retains jurisdiction, and may require the Guardian to make periodic accountings and reports.

### **SSI Benefits**

When a child turns 18, his or her case is automatically reviewed by the Social Security Administration to see if they still qualify for benefits under the adult standard. There are many differences between the adult standard and children's standard. The major difference is that a child's functioning is evaluated as compared to other children of the same age, whereas an adult's functioning is evaluated to see if they are able to work.

The SSA will begin the review by requesting documentation from Childhood SSI recipients and Medical providers. Once they review that information, they will issue an initial determination. Recipients may appeal an unfavorable determination AND may elect to continue receiving benefits until the appeal is completed.

***Child Support***

Generally, in Indiana, child support ends when a child (1) turns 19; (2) has joined the United States armed services (2) gets married; (3) is not under the care or control of either parent or someone else approved by the court; or (4) is at least 18 years old, has not gone to school for the last 4 months, is not enrolled in school, and is or is capable of supporting himself or herself through employment.

This does not apply, however, if the child is incapacitated (mentally or physically disabled). The duty to support an incapacitated child will continue for as long as the child remains incapacitated or until the court otherwise issues an order terminating support.

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