

# Children and Youth Served by DMH with Co-occurring Issues

## Stories

Following are stories about real kids we work with throughout DMH. The summary of common issues are:

- Diagnostic disagreements between psych services and DD
- Diagnostic disagreements between private providers of services and state providers
- Very slow movement between youth and adult teams in the CMHC
- Concerns over eligibility differences between, ADA, DD, and CPS
- Coordinating services becomes much more complicated when the child crosses DMH regional boundaries as well as divisions
- Youth often have multiple service providers across multiple service systems, like: family services, medical services, mental health services, substance abuse treatment services
- Gap in services with specialty in mental health and deaf services
- DD is not sure how to get Administrative Agents involved when they need to be and DD has trouble involving AAs when needed
- Administrative Agents not sure how to get DD involved. When DD does get involved it is perceived by AA that all they offer is case management
- CMHC may not accept referral if family has private insurance and not Medicaid
- Parental mental health issues effect ability to follow through with consequences and routines
- Waiting lists and backlogs for services delay placements and services
- Funding and eligibility complicates treatment (Medicaid, private insurance, residential placement costs not covered, etc.)
- Other child serving agencies/courts seeking services that differ from what DMH recommends or can provide

# Situations Encountered within Children's Services at DMH #1

## Demographic Info:

Male  Age 19 Home Region: East

## Caregiver status:

Single Parent

## Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute many DMH Facility 1 TFH        CD placement        Youth Services       

Private Residential Placement 4 Juvenile Detention        Day Treatment       

## At time of situation, who was involved?

DMH: CPS  DD  ADA        other agencies: CD        JJ        School District        Youth Services       

## Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse        Autism Spectrum        Trauma  other       

## Issue:

19 year old transitional age male identified with multiple MI/DD concerns. Parent very focused on having DD Medicaid Waiver services. CPS struggling with whether his needs fit adult or youth service programs. CMHC appears at times to be confused as to the appropriate clinical approach. Multiple meeting, lots of tears, some yelling, tons of CPS email, several DD eligibility appeals, inconsistent treatment planning, and some interesting debates over family choice verses clinical decisions. The youth had stays in hospitals and skilled nursing facility. The consumers voice is silent (parent is the legal guardian).

**Resolutions attempted:** Lots of people met to discuss the youth's needs. Attempts at cooperation between agencies but get held up by eligibility requirements. Case reviewed by Service Planning Team (SPT).

## **Unresolved/ongoing issues/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

- Very slow movement between youth and adult teams in the CMHC.
- Clear objectives /goals for youth.
- Concerns over consumer's eligibility within DD support network.
- Mother insists on DD Waiver Services.

## **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

There appears to have been some resolution to the situation. He is living in a CMHC group home receiving a mixture of CPS supports. There are some concerns about the overall cost of this program for this youth.

## Situations Encountered within Children's Services at DMH #2

### Demographic Info:

Female  Age 10 Home Region: East

### Caregiver status:

2 parents

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute 1 DMH Children's Facility 2 TFH \_\_\_\_\_ CD placement \_\_\_\_\_ Youth Services \_\_\_\_\_  
Private Residential Placement \_\_\_\_\_ Juvenile Detention \_\_\_\_\_ Day Treatment \_\_\_\_\_

### At time of situation, who was involved?

DMH: CPS  DD  ADA \_\_\_\_\_ other agencies: CD  JJ \_\_\_\_\_ School District \_\_\_\_\_ Youth Services \_\_\_\_\_

### Diagnostic Information available:

Psychiatric  DD  Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum \_\_\_\_\_ Trauma  other \_\_\_\_\_

### Issue:

A young girl from the St. Louis area was adopted from Bosnia and was involved with both DD and CPS systems for some time and had several problems. The family was told that she was much younger than she really was by quite a few years (4-5). She was small in stature and therefore the parents believed she was younger, but bone-age tests done at the University hospital revealed her true age. She was treated at Mid-Mo at one time and later went to the dual diagnosis unit. She had multiple developmental and psychiatric issues and both divisions tended to try to work together but neither really took the lead. She was a very complicated child with needs from adoption services, and both divisions. Her history and even her true age were uncertain because of the adoption records. She suffered from lack of stimulation and attachment in the orphanage and the parents received inaccurate information about her needs before adopting her. The family was very frustrated with DMH and so were staff because her needs were so complex and severe that she taxed both divisions.

### Resolutions attempted:

She had multiple developmental and psychiatric issues and both divisions tended to try to work together but neither really took the lead.

### Unresolved/ongoing issues/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

The situation illustrates that coordinating services becomes much more complicated when the child crosses DMH regional boundaries as well as divisions.

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

The family was unhappy with the outcomes.

## Situations Encountered within Children's Services at DMH #3

### Demographic Info:

Female  Age 19 Home Region: East

### Caregiver status:

2 parents

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute , Hawthorn 2 DMH Children's Facility \_\_\_\_\_ TFH \_\_\_\_\_ CD placement \_\_\_\_\_ Youth Services \_\_\_\_\_ Private Residential Placement \_\_\_\_\_ Juvenile Detention \_\_\_\_\_ Day Treatment \_\_\_\_\_

### At time of situation, who was involved?

DMH: CPS  DD  ADA \_\_\_\_\_ other agencies: CD \_\_\_\_\_ JJ \_\_\_\_\_ School District  Youth Services

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum \_\_\_\_\_ Trauma \_\_\_\_\_ other \_\_\_\_\_

### Issue:

First contact with the family was when the consumer was 16 year of age. Parent contacted me concerned that youth was not receiving appropriate support and services. The parents express great concern regarding consumer's behaviors, looking at pornography, and heightened interest in boys, wearing inappropriate clothing, violence, taking knives to school and threatening students, hacking the computer pass codes at home and breaking into locked rooms. At the time the CMHC, the local school and the DD office were involved.

**Resolutions attempted:** CMHC offered in home supports and the DD office offered behavior modification supports.

**Unresolved/ongoing issue's/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc) Parents felt that out of home placement at Boy's and Girl's Town in Columbia was needed after talking with the staff with that agency. Other members of the team were not sure that we had reviewed or tried other community based supports. The parents stated that they would consider in home supports and behavior modification.

### **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

The team continued to work and several System of Care meetings were held. CMHC continued to provide supports which included two admissions to Hawthorn. The family and the DD office eventually agreed to independent supportive living arrangement in April of 2009.

## Situations Encountered within Children's Services at DMH #4

### Demographic Info:

Male  Age 12 Home Region: Southeast

### Caregiver status:

2 parents - Father/Step-mother \*Grandparent

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute (3 since Aug. 2010) DMH Children's Facility \_\_\_\_\_ TFH \_\_\_\_\_ CD placement \_\_\_\_\_  
Youth Services \_\_\_\_\_ Private Residential Placement \_\_\_\_\_ Juvenile Detention \_\_\_\_\_ Day Tx \_\_\_\_\_

### At time of situation, who was involved?

DMH: CPS  DD  ADA \_\_\_\_\_ other agencies: CD \_\_\_\_\_ JJ \_\_\_\_\_ School District \_\_\_\_\_ Youth Services \_\_\_\_\_

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum \_\_\_\_\_ Trauma \_\_\_\_\_ other SEMO Autism Center. This 12 year old youth is from the Southeast area and is in the custody of his Dad. He qualifies for services for CPS and DD.

**Issue:** #1 – Administrative Agent (AA) and Center Point Hospital diagnosis - PDD NOS, atypical autism & mood disorder. Regional Office diagnosis: mild to moderate MR (no autism diagnosis based on SEMO Autism Center's Aug. 2010 assessment). #2 – Family stressors: Dad/lost job and place of residence. \*Dad's mother contacted the Lt. Governor's Office in January inquiring about more services and possible long term care for her grandson. Due to her physical condition and plans for surgery, she has been unable to help care for him. #3 – When Center Point notified the AA and DD of their intent to discharge the youth from the hospital, he could not return home due to an insufficient family support system. He was transferred to Edgewood in February and a 6-month co-funding agreement was signed between the AA and Regional Office. His behavior continues to be a real challenge and it appears he will not be stable for discharge next month. Assessment of the level of support needed in the home and community: Intensive services and 24/7 supervision.

### Resolutions attempted:

The AA and Regional Office continue to schedule treatment team meetings. The Regional Office consulted with SEMO Autism Center regarding their August 2010 assessment to reaffirm no evidence of autism. At the request of the AA, the Dad completed a parenting class.

### Unresolved/ongoing issues/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

- There is still the diagnosis disagreement between psych services and DD. (?Autism)
- Plans for community based services after discharge from Edgewood remain unresolved, i.e. who should take the lead in engaging the family?
- What will be the alternative plan of care if the youth is unable to return home and/or back to the community at the planned time of discharge?

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

Not resolved

## Situations Encountered within Children's Services at DMH #5

### **Demographic Info:**

Female  Age - 16 Home Region: Central

### **Caregiver status:**

Single Parent  mother/father not mentioned

### **Out of Home Placements:**

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility  TFH \_\_\_\_\_ CD placement  Youth Services \_\_\_\_\_

Private Residential Placement \_\_\_\_\_ Juvenile Detention  Day Treatment \_recommended out-patient treatment after she was discharged due to non-compliance and running away

### **At time of situation, who was involved?**

DMH: CPS  DD \_\_\_ ADA  other agencies: CD  JJ  Custody at some point School District  Youth Services

### **Diagnostic Information available:** (list even if disputed by one or more agencies/divisions)

Psychiatric  Bipolar unspecified DD \_\_\_\_\_ Alcohol/Drug abuse  Autism Spectrum \_\_\_\_\_ Trauma \_

### **Issue:**

Call from parent (mom) whose daughter was "kicked out" of Pathways program in Clinton, MO.

Mom wanted information on how to get assistance for her child. The mother reported that daughter is receiving treatment for both MI and substance abuse. She was placed in Pathways/Clinton Residential ADA Program May 6 after admission to Royal Oaks Hospital. Discharged May 24<sup>th</sup> due to non-compliance and running away from unit on the weekend. The discharge plan as recorded in Pathways record indicates she was referred back to Outpatient Services, i.e. ADA follow-up and community services, CPRC, outpatient therapy and follow-up with her private psychiatrist. She has a history of substance abuse (alcohol and marijuana) and has been in Juvenile court custody.

(multiple service providers across multiple service systems: family services, medical services, mental health services, substance abuse treatment services)

**Resolutions attempted:** ADA and family resides in Brumley, MO (Miller County). Case referred to Central Area C30 by Southeastern C30 since family and services are in central region.

**Unresolved/ongoing issues/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

**Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

Not resolved

## Situations Encountered within Children's Services at DMH #6

### Demographic Info:

Female  Age 21 Home Region: Southeast

### Caregiver status:

Single Parent

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute 5 DMH Children's Facility  TFH 1 CD placement  Youth Services

Private Residential Placement 2 Juvenile Detention  Day Treatment

(Multiple placements: Hawthorn Acute/Residential & Pvt. StL Hosp/ (5), MSD/ (3), Residential/ (2), TFH/ (1), ISL/ (2))

### At time of situation, who was involved?

DMH: CPS  DD  ADA  other agencies: CD  JJ  School District  Youth Services

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse  Autism Spectrum  Trauma  other

Received services from (6) AA's across (4) service areas, (2) hospitals, (3) private placements (including Missouri School for the Deaf)

### Issue:

This transitional youth turned 21 this month. She entered the mental health system at age 11 with a diagnosis of Cerebral Palsy, (deafness) hearing impaired both ears, disruptive behavior disorder, reactive attachment disorder and history of abuse/neglect. There were no accommodating mental health services for this youth in 2000 at the time she entered our system. After ruling out placement in a habilitation center, a possible transfer to a facility in Florida and another facility in Chicago with specialty in mental health and deaf services, a "strong" treatment team was formed to address the special needs of the youth here in Missouri.

### Resolutions attempted:

The youth was placed in Hawthorn acute and later transferred to their residential. She was transferred to Burrell Residential after the AA hired a deaf therapist who worked with the youth consistently. While she was in this residential facility, the AA in the southeast located a family in Houston, MO who could sign. The family was trained and became certified TFH parents. A step-down plan was put in place and the youth was discharged from residential and placed in the TFH. The placement was successful even with a couple of crisis episodes at which time the crisis plan was initiated (transfer back to Hawthorn for stabilization). The treatment team continued to meet in an effort to prepare for transition to adult services. The Regional Office and AA's worked with a private provider who was willing to set up an ISL. A contract for the ISL was worked up between the RO and AA of origin and the youth was transitioned to an apartment. The treatment team worked to secure mental health services from the AA in StL. The private therapist from Burrell continued to see the transitional youth until services could be handed off to a therapist in StL. This transitional youth still resides in an ISL in StL.

### Unresolved/ongoing issues/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

Unaware of ongoing issues/barriers at this time; adult funds support the current placement.

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

While everything did not flow smoothly and there were often "turf issues" between the divisions which disrupted the effectiveness of meeting the special needs of the youth; overall it was a learning experience for all players at the table. Her mother assumed guardianship and according to the last update, continues to remain close to her daughter. It took a lot of creativity ... "thinking out of the box" to try and keep the system from failing this youth. The downside is that this child was placed at Hawthorn for over a year because it took so long to develop an alternate plan.

## Situations Encountered within Children's Services at DMH #7

### Demographic Info:

Male  Age 12 Home Region Central

### Caregiver status:

2 parents

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility  TFH  CD placement  Youth Services

Private Residential Placement  Juvenile Detention  Day Treatment

### At time of situation, who was involved?

MH: CPS  DD  ADA  other agencies: CD  JJ  School District  Youth Services

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse  Autism Spectrum  Trauma  other

### Issue:

The story continues to this day, of a young man who was initially identified by Children's Division as being in need of CPS services. His behaviors were such that he was picked up by CPS, but it became apparent in working with he and his family that his mental health issues also included a diagnosis of an autism spectrum disorder. The family in itself is quite complicated and very secretive about events in their lives and the life of their son. So, this also makes it difficult to work with the family. He has been served in residential, and was discharged in order to attend the Dual Program in Marshall until it closed. He returned home and continued to have similar behavior problems. He was again placed in a residential program in Kansas City, and from there he was placed by KCRO in an ISL.

### Resolutions attempted:

He has been served in residential, and was discharged in order to attend the Dual Program in Marshall until it closed. He returned home and continued to have similar behavior problems. He was again placed in a residential program in Kansas City, and from there he was placed by KCRO in an ISL.

### Unresolved/ongoing issues/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

The mother continues to have the same questions of DMH that she was asking years ago. It appears that CPS and DD are not communicating and DD is not sure how to get Administrative Agents involved when they need to be. It appears to be one of those situations where a good communicating internal team would be advantageous for this child and family.

### **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

The mother continues to have the same questions of DMH that she was asking years ago.

## Situations Encountered within Children's Services at DMH #8

### **Demographic Info:**

Male  Age 16 Home Region: Central

### **Caregiver status:**

Other  CD custody

### **Out of Home Placements:**

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility  TFH  CD placement  Youth Services 1

Private Residential Placement 4 Juvenile Detention  Day Treatment

### **At time of situation, who was involved?**

DMH: CPS  DD  ADA  other agencies: CD  JJ  School District  Youth Services

### **Diagnostic Information available:** (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse  Autism Spectrum  Trauma  other

### **Issue:**

CD wants child to be placed near family. Child has been in multiple placements across the state involving multiple ROs and CMHCs. DJO is angry that no single DMH agency is involved, wants only one RO/CMHC involved. Policy of ROs and CMHCs call for transfer of case. Current RO (not in family's area) expected to find placement despite significant psychiatric treatment needs, psychosis, with Mild ID. Providers in DD reluctant to be involved, CMHC claims no resources.

### **Resolutions attempted:**

Missouri Alliance invited to participate to assist in finding placement though, so far, no provider has been willing to accept referral.

### **Unresolved/ongoing issues/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

Issue of DD automatically stops psychiatric involvement when psychiatric services are needed, lack of provider with co-occurring expertise, state agencies in disagreement with who should provide service coordination.

### **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

NO

## Situations Encountered within Children's Services at DMH #9

### Demographic Info:

Male  Age 9 Home Region: Northwest

### Caregiver status:

2 parents

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility  TFH  CD placement  Youth Services

Private Residential Placement 1 Juvenile Detention  Day Treatment

### At time of situation, who was involved?

DMH: CPS  DD  ADA  other agencies: CD  JJ  School District  Youth Services

Legislature X

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse  Autism Spectrum  Trauma  other

### Issue:

Child placed in private psychiatric residential through private insurance at \$700/ day. Child is extremely aggressive, violent. Insurance company does not want to continue placement despite minimal progress. CMHC may not accept referral as family has private insurance and not Medicaid.

### Resolutions attempted:

Referral to CMHC is being attempted to see if they will accept family's private insurance in order to obtain follow up and coordinated services.

### Unresolved/ongoing issue's/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

Medicaid requirement by CMHCs limited coordinated care for children with co-occurring disorders.

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

NO

## Situations Encountered within Children's Services at DMH #10

### Demographic Info:

Male  Age 13 Home Region: Southeast

### **Caregiver status:**

Single Parent

### **Out of Home Placements:**

(Check all that apply, if multiple placements of one type put approximate number)

Acute 2 DMH Children's Facility 5 TFH \_\_\_\_\_ CD placement \_\_\_\_\_ Youth Services \_\_\_\_\_

Private Residential Placement \_\_\_\_\_ Juvenile Detention \_\_\_\_\_ Day Treatment \_\_\_\_\_

### **At time of situation, who was involved?**

DMH: CPS  DD  ADA \_\_\_\_\_ other agencies: CD \_\_\_\_\_ JJ \_\_\_\_\_ School District  Youth Services \_\_\_\_\_

### **Diagnostic Information available:** (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum  Trauma \_\_\_\_\_ other \_\_\_\_\_

### **Issue:**

Multiple placements at Cottonwood (5) and 2 hospitalizations at Hawthorn from 2008 – 2011. Dual diagnosed (Autistic Spectrum Disorder + Mood Disorder, NOS and ADHD) complicating placement referrals and options. Unsafe to return home.

### **Resolutions attempted:**

Multiple placements at Cottonwood. SOC involved and recommended alternative placement to home be pursued. Family Focused Program (Epworth) referral made. Also referred to Every Child's Hope.

### **Unresolved/ongoing issues/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

Was accepted by Every Child's Hope but no openings for 2+ Months.

### **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

Discharged home to father with ICPR-JR Services through COMTREA. Regional Center and Festus School District also actively involved in plan.

## Situations Encountered within Children's Services at DMH #11

### **Demographic Info:**

Male  Age 14 Home Region: Southeast

### **Caregiver status:**

Single Parent  other **X Stepfather**

### **Out of Home Placements:**

(Check all that apply, if multiple placements of one type put approximate number)

Acute 6 DMH Children's Facility  TFH \_\_\_\_\_ CD placement \_\_\_\_\_ Youth Services \_\_\_\_\_  
Private Residential Placement Multiple Juvenile Detention \_\_\_\_\_ Day Treatment \_\_\_\_\_

### **At time of situation, who was involved?**

DMH: CPS  DD  ADA \_\_\_\_\_ other agencies: CD \_\_\_\_\_ JJ \_\_\_\_\_ School District  Youth Services \_\_\_\_\_

### **Diagnostic Information available:** (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum \_\_\_\_\_ Trauma \_\_\_\_\_ other \_\_\_\_\_

### **Issue:**

This consumer was identified as being in need of an ISL Placement in the state of Missouri due to the complexity of his diagnoses, ongoing instability with dangerous, impulsive acting out physically towards others, and multiple placement disruptions. He remained hospitalized at Hawthorn for approximately 1 year during the most recent of 6 admissions from 2005 – 2010 while placement was being pursued.

### **Resolutions attempted:**

Multiple hospitalizations and residential placements; In-Home Services; In-Home ISL Services, and an out of state specialized Residential Treatment Program was pursued but funding could not be secured.

### **Unresolved/ongoing issues/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

Hawthorn added the diagnosis of Pervasive Developmental Disorder which necessitated active DD involvement.

### **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

Eventually (again approximately 1 yr of In-patient hospitalization) consumer was placed into Boone Supported Living, LLC in Columbia Missouri with continued CPS/DD involvement.

## Situations Encountered within Children's Services at DMH #12

### Demographic Info:

Male  Age 9 Home Region: Northwest

### Caregiver status:

Single Parent

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility \_\_\_\_\_ TFH 2 CD placement \_\_\_\_\_ Youth Services \_\_\_\_\_  
Private Residential Placement \_\_\_\_\_ Juvenile Detention  Day Treatment

### At time of situation, who was involved?

DMH: CPS  DD  ADA \_\_\_\_\_ other agencies: CD \_\_\_\_\_ JJ \_\_\_\_\_ School District \_\_\_\_\_ Youth Services \_\_\_\_\_

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum  Trauma \_\_\_\_\_ other \_\_\_\_\_

### Issue:

This child was first admitted into services at a CMHC when he was three. He has difficulty understanding and following rules and becomes physically and verbally aggressive when he is disappointed or doesn't get what he wants. He has limited impulse control but has been doing better. He has a history of abusing animals and people. As the CEP team has become more consistent (including his mother) his aggression has increased in frequency and intensity as it takes more to achieve his goal. Residential care has been recommended several times but because of the services put in place by his CMHC, he has been able to remain at home.

### Resolutions attempted:

This child has been in acute care numerous times. He has been in a Treatment Family home twice. He seems to see acute care as a vacation and does seem to respond positively to the structure of a Treatment Family Home. At one point, he had support workers and case managers in the home with him for most of his waking hours. A functional assessment has been completed and the team is in the process of implementing the recommendations from this plan. They have determined the function of his aggressive behavior to be attention and control. The plan will put in place a motivational system where he will learn appropriate ways to obtain the things that he wants and a secure way to remove attention and control when he escalates.

### Unresolved/ongoing issue's/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

Mother's mental health issues effect her ability to follow through with consequences and routines. She struggles with her own abuse issues so the child's threats and now actions have been very effective in getting the child the attention and control he wants.

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

The team continues to work to teach the child appropriate behaviors and coping skills while extinguishing the aggression.

## Situations Encountered within Children's Services at DMH #13

### **Demographic Info:**

Male  Age 9 Home Region: Northwest

### **Caregiver status:**

2 parents  Single Parent  Grandparent  other

### **Out of Home Placements:**

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility  TFH  CD placement  Youth Services

Private Residential Placement  Juvenile Detention  Day Treatment

### **At time of situation, who was involved?**

DMH: CPS  DD  ADA  other agencies: CD  JJ  School District  Youth Services

### **Diagnostic Information available:** (list even if disputed by one or more agencies/divisions)

Psychiatric  DD  Alcohol/Drug abuse  Autism Spectrum  Trauma  other

### **Issue:**

This young man was the youngest child in a family with five children, all of whom were clients of the CMHC. Two of the siblings were still in out of home placements and another had been. Residential care had been recommended for this youth due to defiance, and verbal and physical aggression both at home and at school.

### **Resolutions attempted:**

The child was accepted into CEP and placed in a Professional Parent Home for just under six months. Techniques and routines were outlined by the team to help the child learn appropriate ways to obtain the things he wants, to help him develop self control, and to learn coping mechanisms. The Enhanced Behavior Specialist and Professional Parent worked to help the mother establish a stable living environment, and to learn the positive behavioral techniques that were proving successful for the child in both the Professional Parent Home and at school. He also attended family counseling.

The youth had the most difficulty with his autistic brother. The brother's CSS joined the team and plans were set in place to help the mother better handle the situations between the two boys. She developed insight as to the problems and was able to put structure in place that did a great deal to prevent problems from occurring.

### **Unresolved/ongoing issues/barriers:** (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

As with many of the children the CEP works with, the mother also had significant mental health issues that made following through difficult. Her ability to work with her children consistently was greatly affected by her own emotional and financial issues.

### **Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)**

The child successfully transitioned from his Professional Parent Home to his own home. The team was able to show the mother some physical changes she could make in her home that allowed the children to have space to de-escalate on their own or go to when they were aware of building stress. This has had a very positive effect on the entire household. The child continues to have success at home with his mother and siblings. His educational plans include transitioning from his alternative school to a regular classroom with supports and resources.

## Situations Encountered within Children's Services at DMH #14

### Demographic Info:

Male  Age  19 Home Region: Northwest

### Caregiver status:

Grandparent

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility  TFH \_\_\_\_\_ CD placement  Youth Services \_\_\_\_\_

Private Residential Placement  Juvenile Detention  Day Treatment \_\_\_\_\_

### At time of situation, who was involved?

DMH: CPS  DD \_\_\_\_\_ ADA \_\_\_\_\_ other agencies: CD  JJ  School District \_\_\_\_\_ Youth Services \_\_\_\_\_

### Diagnostic Information available: (list even if disputed by one or more agencies/divisions)

Psychiatric  DD \_\_\_\_\_ Alcohol/Drug abuse  Autism Spectrum \_\_\_\_\_ Trauma  other \_\_\_\_\_

### Issue:

This young man came to the CEP project after almost 10 years in residential care. He had been in numerous residential placements. It appeared that when he was unhappy with a placement, he was well aware that aggression would prompt another placement. He did not have any family that was capable of managing his extreme aggression. CEP is a client-driven project and the young man simply wanted to live on his own and to finish school.

### Resolutions attempted:

The CEP provided the young man with a Transitional Living Program apartment and one on one staff to help him learn independent living skills. He was involved in groups at his community mental health center and was working with his psychiatrist on trauma issues. During his time in the apartment at Synergy Services, he was able to work with their staff, his groups at Truman and his psychiatrist and made significant gains in social skills and independent living.

### Unresolved/ongoing issues/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

This young man continued to attempt to make connections with his family as a support system and these connections were at times successful but also at times difficult for him. He also was a 19 year old who thought he was invincible and didn't see the need for the one on one support, causing that to be not as successful as it could have been. He ended up running because he wanted his freedom but didn't have the insight to understand what all is involved with freedom.

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

This young man has now been transferred to the adult system. The last report I had, he was maintaining his contact with his psychiatrist with the hope that now that services are his choice, he will go back to some of the positive connections he made while in the CEP. While all the goals of CEP and this young man were not reached, he was definitely more prepared for "freedom" than he was when he came to us.

## Situations Encountered within Children's Services at DMH #15

### Demographic Info:

Male  Age 11 Home Region: Northwest

### Caregiver status:

Single Parent

### Out of Home Placements:

(Check all that apply, if multiple placements of one type put approximate number)

Acute  DMH Children's Facility \_\_\_\_\_ TFH \_\_\_\_\_ CD placement  Youth Services \_\_\_\_\_

Private Residential Placement  Juvenile Detention \_\_\_\_\_ Day Treatment \_\_\_\_\_

### At time of situation, who was involved?

DMH: CPS  DD \_\_\_\_\_ ADA \_\_\_\_\_ other agencies: CD  JJ  School District  Youth Services

### Diagnostic Information available:

Psychiatric  DD \_\_\_\_\_ Alcohol/Drug abuse \_\_\_\_\_ Autism Spectrum \_\_\_\_\_ Trauma \_\_\_\_\_ other \_\_\_\_\_

### Issue:

This young man was accepted to the CEP following his second residential placement. He had also had numerous acute stays. He was verbally and physically aggressive at both home and school. He was frequently defiant and property destruction was also an issue. His mother felt that he was beyond her control, although she really wanted him home with her.

### Resolutions attempted:

The youth was placed in a Professional Parent Home for about six months. During that time the team worked on coping techniques for the youth, addressing underlying problems at school, and on helping the mother learn behavioral techniques that the youth would respond to positively. The youth is now maintaining more appropriate behavior at his home and in school. In the two months that he has been living with his mother, she has experienced some defiance and verbal aggression but has not had the situation escalate to the point of physical aggression and in most cases, he follows the rules without problem. The mother now has the confidence to parent this child and the knowledge of where to go to get help, if it becomes necessary. The Professional Parent was key in helping the mother implement routines and techniques that had been effective in the Professional Parent Home.

### Unresolved/ongoing issues/barriers: (Eligibility, diagnostic, Parent Disagreement w/outcome, etc)

The mother continues to have a limited natural support system and struggles to manage her own mental health needs as she meets those of her child.

### Was situation resolved and/or did transition take place to the adult MH system? (Brief explanation)

The youth has been living in his mother's home for over two months now with no significant incidences reported. One of the most positive outcomes I have seen with CEP is that she was initially very skeptical of the project, admitting her fears that we would work with the child for awhile and then simply walk out and leave her with no support and still not able to handle her son's behaviors. Before the child transitioned back to her care, she stated that she was confident in her ability to work with her son, and that the team would be there to back her up and not walk out simply because some preset time limit had expired.