

# Adolescent Behavioral Health, Complex Cases

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The Department of Family Services (DFS) is seeing an increase in children with high behavioral health needs entering the child welfare system because families are asking for treatment or placement assistance, or because community out-patient systems cannot appropriately serve the child. While the numbers are small, ten (10) to twelve (12) children a year, the needs are great and often touch on multiple service systems, including healthcare, education, child welfare, and corrections. This document provides a brief summary of the entry points to the child welfare system and the characteristics of the complex cases observed by DFS.

## Wyoming’s Child Welfare System

Under Title 14 of the Wyoming Statutes, there are three ‘doors’ to involvement in the child welfare system and placement into DFS custody.

1. Abuse/neglect cases - youth who are at-risk of or have experienced maltreatment;
2. Children in need of supervision (CHINS) - youth who are “habitually truant”, disobedient, or “ungovernable and beyond control”, but whose infractions do not rise to the level of breaking the law; and,
3. Juvenile delinquency - youth who have broken the law and been placed on probation by the court.

Youth may transition between these three involvement statuses, or exit the system and re-enter through another door.

**Table 1.** Three ‘Doors’ to DFS Involvement

	<b>Abuse/Neglect</b>	<b>Juvenile Delinquent</b>	<b>CHINS</b>
<b>In DFS custody?</b>	Maybe (prevention cases are voluntary)	Yes	Yes
<b>Eligible for WBS/WGS?</b>	No	Yes	No
<b>Medicaid pay source?</b>	Yes (except prevention cases)	Yes (100% SGF if in a detention facility)	Yes
<b>Maximum age for DFS services</b>	21 years	21 years	18 years

## Characteristics of Complex Cases

Each year, DFS encounters a small number of high need youth for whom access to appropriate placement and services cannot be secured, regardless of the state's ability to pay. The fourteen (14) cases included in this review had the following characteristics.

- Age: average 15 years, range 10-18+ years
- Diagnoses
  - 9 of 14 exhibit aggressive behaviors and violence towards self or others;
  - 6 of 14 have a dual ID/DD diagnosis; and,
  - 5 have diagnoses of serious mental illness.
- Entry into DFS custody
  - 7 of 14 through a CHINS petition;
    - 4 of those CHINS cases transitioned to juvenile delinquency;
  - 3 of 14 for abuse/neglect;
  - 2 of 14 as juvenile delinquents; and,
  - 2 of 14 were voluntary prevention cases and not in state custody.
- Placement need
  - 10 of 14 required an RTC or PRTF level of care;
  - 3 required acute psychiatric stabilization; and,
  - 1 required a BOCES placement due to age.

## Challenges to Placement

In the majority of cases, youth were denied admission due to a lack of service availability, rather than a lack of pay source. Providers cited aggressive behaviors, intellectual disability, age, and the specific milieu of their programs as being unsuitable for the placement.

- Average of eight (8) denials per youth, including in-state facilities and out-of-state facilities.
  - Average of four (4) in-state denials and six (6) out-of-state denials.
  - Facilities considered included crisis stabilization centers, residential treatment centers (RTCs), psychiatric residential treatment facilities (PRTFs), acute psychiatric hospitals, and Boards of Cooperative Educational Services (BOCES).
- Denials primarily due to aggressive behaviors and low-IQ that the facilities did not have the clinical capacity to treat or the physical plant to accommodate at their facility (1:1 observation, single rooms, etc.).
- Some denials were due to a lack of pay source, primarily from specialty facilities out-of-state which would not accept Wyoming Medicaid, or due to a medical necessity denial from Medicaid.

It is important to keep in mind that programming varies within levels of care. For example, a PRTF may specialize in certain disorders or treatment models that may or may not be appropriate to the youth seeking placement. In two (2) cases, the youth was ineligible for all in-state facilities due to the ages served or programming being inappropriate for the youth's diagnosis and treatment needs.

## Outcomes

Without adequate and timely treatment, these youth and their families have experienced poor outcomes.

- 9 of 14 are not currently in a placement that meets their current clinical need; and,
- 8 of 14 were discharged from a facility to home with a safety plan in place. Several later decompensated, where they entered the Title 25 and/or the corrections systems.
  - 1 admitted to the Wyoming State Hospital, discharged, and is now incarcerated;
  - 1 is now in juvenile detention;
  - 1 is now at the WLRC;
  - 1 is now at a BOCES; and,
  - 4 are awaiting placement at an RTC or PRTF, and 1 of those has had further interactions with law enforcement.

## Policy Decisions

The complex cases observed by DFS have involvement in multiple systems; several youth had prior private placements by the parents, educational placements from the school, and/or spillover into Title 25 and correctional systems as they age out of the child welfare system, or because there is simply no other safe place to hold the youth. This population presents two policy challenges:

- **Establishing a clearly defined safety net.** Currently, no inpatient safety net exists for pediatric psychiatric patients in Wyoming. Unlike the adult system, which provides for placement at the Wyoming State Hospital under a Title 25 order, there is no state facility obligated to accept clients for treatment. All providers of acute psychiatric stabilization and psychiatric residential treatment are private and have the ability to decline an admission.
  - What services are needed, and in what quantity?
  - Who can provide those services?
  - What is the role of the state in ensuring service availability?
- **Identifying and measuring outcomes.**
  - What happens to these youth?
  - Where is the overlap between systems?