Adolescent Behavioral Health, Complex Cases

Report to the Mental Health and Vulnerable Adult Task Force
May 2023

The Department of Family Services (DFS) has seen 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 meet their treatment needs. For example, a youth may have a dual diagnosis of a mental health disorder and intellectual disability with severe, violent behavioral outbursts. Many communities do not have the number of services to provide the appropriate treatment to meet their combined and complex needs.

While the numbers are small, 12 to 15 children at any given time, 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) - defined in statute as youth who are "habitually truant", disobedient, or "ungovernable and beyond control" often due to mental and behavioral health problems, but whose infractions do not rise to the level of breaking the law; and
3. Juvenile delinquency - youth who have broken the law and have been placed on probation by the court or committed to a facility. A youth can only be placed at the Wyoming Boys School (WBS) and Wyoming Girls School (WGS) if adjudicated as a delinquent under Title 14.

High needs youth may enter through any of these doors, transition from one to another (e.g., a CHINS youth commits a crime so the case is transitioned to a juvenile delinquency case), or exit the system and re-enter through another door.

Table 1. Three 'Doors' to DFS Involvement

	Abuse/Neglect	CHINS	Juvenile Delinquent
In DFS custody?	Maybe (prevention cases are voluntary)[1]	Yes	Yes
Eligible for WBS/WGS?	No	No	Yes
WDH/Medicaid pay source?	Yes (except prevention cases)	Yes	Yes[2]
Maximum age for DFS services	21 years	18 years	21 years

[1] DFS is working closely with the WDE and WDH to provide case management services to high needs youth prior to the court process. Families engage in these services voluntarily and there is no court oversight.
[2] Youth in DFS custody are usually eligible for WDH Medicaid so their medical services are paid for by WDH Medicaid. However, WBS and WGS are considered correctional facilities and therefore the medical services are not eligible for federal match. Providers will submit a claim using the WDH Medicaid claim process which is then paid with 100% state general funds.

Characteristics of high needs youth

At any given time, DFS, the Wyoming Department of Education (WDE), and the Wyoming Department of Health (WDH) are working collaboratively through the Interagency Children's Collaborative (ICC) Workgroup to coordinate care for 12-15 high need youth for whom access to appropriate placement and services cannot be secured, regardless of the state's ability to pay. The following is a snapshot of the characteristics of the 13 high need youth who required coordinated care as of March 31, 2023.

- Age: average 15 years, range 12-18+ years
- 70% male, 30% female
- Most common diagnoses
  - Attention-Deficit/Hyperactivity Disorder
  - Disruptive Mood Dysregulation Disorder
  - Post Traumatic Stress Disorder
  - Autism Spectrum Disorder
  - Reactive Attachment Disorder
- Entry into DFS custody
  - 3 of 13 through a CHINS petition
    - ★ 0 of those CHINS cases transitioned to juvenile delinquency
  - 7 of 13 for abuse/neglect
  - 3 of 13 as juvenile delinquents
  - 0 of 13 were voluntary prevention cases and not in state custody
- Placement need
  - 9 of 13 required an Residential Treatment Center (RTC) or Psychiatric Residential Treatment Facility (PRTF) level of care
  - 0 required acute psychiatric stabilization
  - 2 transitioned to a Board of Cooperative Education Services (BOCES) facility placement
  - 2 transitioned to long-term community-based housing
- Placement while awaiting appropriate care followed by number of youth in that placement
  - Acute hospitalization -1
  - BOCES facility - 2
  - WBS/WGS - 5
  - Detention - 2
  - Home - 2
  - Independent Living - 1 (Youth will transition to the system serving adults with intellectual disabilities)

Challenges to placement

In the majority of cases, youth are being 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 25 denials per youth, including in-state facilities and out-of-state facilities.
  - Average of 3 in-state denials and 23 out-of-state denials.
  - Facilities considered included crisis stabilization centers, RTCs, PRTFs, acute psychiatric hospitals, and BOCES.
- Denials primarily due to aggressive behaviors and low-IQ that the providers did not have the clinical capacity to treat or the physical plant to accommodate at their facility (1:1 observation, single rooms, etc.).

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 7 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. The outcomes below are for youth identified as high needs in 2020 and 2021.

- 9 of 23 are not currently in a placement that meets their current clinical need; and,
- 14 of 23 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;
    - 2 are now in juvenile detention;
    - 2 are now incarcerated as adults;
    - 2 are now at the WLRC;
    - 1 is now at a BOCES; and,
    - 6 are awaiting placement at an RTC or PRTF, and 1 of those has had further interactions with law enforcement.

26 high needs youth were identified in 2022. Eight (8) of these youth have not yet been able to access care. The outcomes below are for the 18 youth whose cases were resolved.

- 2 admitted to the Wyoming Girls' School
- 6 admitted to out-of-state RTCs
- 2 admitted to in-state RTCs
- 1 admitted to in-state B.O.C.E.S.
- 6 were placed with a relative
- 1 was placed with a foster-parent

Policy decisions

The complex cases observed by DFS and the ICC have involvement in multiple systems; several youth had prior private placements by the parents, educational placements from the school, prior court involvement under a Title 25 hold and/or time in a correctional setting. 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. Conversely, the WBS and WGS cannot deny an admission which then becomes an option for delinquent youth who are awaiting appropriate treatment.
    - 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?