

Good Morning,

1/27/05

My name is Shawn Byrne, I am Director of Case Management for Yellowstone Boys and Girls Ranch in Billings Montana – It is my privilege to come before you today and provide brief supportive testimony concerning the Children's Mental Health Bureau.

I have chief responsibility in over seeing case management services for SED youth and their families in Region 3, as outlined by the state of Montana. Region 3 is an 11 county area with its hub in Yellowstone County.

Our regional youth case management program has served in excess of 550 youth and their families this last calendar year. Our collaborative work with the Children's Mental Health Bureau and with what is more commonly known as the KIDS Project, (Kids Management Authority) has been a treasured experience, an experience that is centered in partnership and best practices, both financial and clinical.

Allow me to briefly describe our experiences with the Children's Mental Health Bureau and the Kids Management Authority process.

The Children's Mental Health Bureau is committed and active in the ongoing development of the Kids Management Authority System of Care. The KMA system of care has a solid anchor in SB 94. This statute charges the State of Montana under the guidance of DPHHS with a creation of a system of care. This is a system that stresses appropriate levels of care for all youth. A system that focuses on unified planning and multi-agency collaboration. One that is outcome and results orientated. A system that is attuned to family, cultural, racial and ethnic differences. A system that is child centered and family focused. It is a community and statewide system of care. A system that is top down and bottom up.

With our colleges from CMHB in the field for problem solving, policy interpretation and providing that crucial link to mental health Medicaid program resources, we have an opportunity. Dovetail the benefits that come with local community input and service planning and the potentials that come with the SOC Grant. We have an opportunity to do it right, for young people, families and the state of Montana.

This last calendar year (2004) 93 multi-agency, youth with serious emotional disturbances were brought into the local Yellowstone County based KMA process. That is about 2 cases a week. As a pilot site for SB 454, the first multi-agency children's bill, we have been staffing complex multi-agency cases since about 2001.

According to First Health Services, in our region, there are 3 youth in out of state RTC's. This number is down from 7 youth just over 12 months ago. This is important information. It needs to be a goal, when possible and appropriate, to serve Montana young people in Montana. A young person who was brought back into the state of Montana last year told a youth case manager that she did not care where she went in Montana just as long as it was in the state. Montana is my home, she said. A powerful comment.

An estimate in January 2005, is that approximately 20 of the youth from our region, that are currently being served by in state service providers, meet all or some of the factors that pose a serious challenge to serve in state. These factors in the past would have lead us to look at out of state placements. These factors include:

- Chronic or severe emotional disturbance (SED) diagnosis as defined by CMHB criteria. (Schizophrenia, Psychosis, Bipolar w/ Psychosis, Personality Disorders, Autism, Dissociative Disorder, PDD, etc.)
- Cognitive Disorders (Mild, Moderate Mental Retardation, Borderline IQ, FAE, etc.)
- Sexually reactive or sexual offending behavior (Charges may or may not have occurred)
- Community safety risk due to aggressive or significant self-harming behavior.
- Medical difficulties that require placement consideration. (CP, deafness, diabetes, seizures, severe physical disabilities, chronic or severe medical issue, drug reactions that limit medication options, etc.)
- Parents of youth who also have a severe disabling mental illness (SDMI) as defined by AMDD criteria.
- Multiple Treatment failures and or placements.

This basic information suggests that we are making progress. We have a long way to go, but are headed in the right direction. I have enclosed, along with the text of my remarks, 10 vignettes from region 3 SED youth that pose a challenge to serve as a KMA. I would ask you to please note the number of times we have reviewed these 10 cases within the KMA process. For some cases, we have been to the table multiple times.

In summary, I encourage you to support our efforts.

Thank you for your time.

Vignettes

Region 3 SED youth that are most challenging to serve as a KMA

Factors for SED youth that pose a challenge to serve in state.

- Chronic or severe emotional disturbance (SED) diagnosis as defined by CMHB criteria. (Schizophrenia, Psychosis, Bipolar w/ Psychosis, Personality Disorders, Autism, Dissociative Disorder, PDD, etc.)
- Cognitive Disorders (Mild, Moderate Mental Retardation, Borderline IQ, FAE, etc.)
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Below are listed some of the more severe SED youth from Region 3 including Billings, Hardin, Red Lodge, Lewistown, Roundup, etc.

Case file 1

16 year Female Caucasian

Diagnosis: Pervasive Developmental Disorder, Bipolar, Tourettes, Oppositional Defiant Disorder (ODD), Moderate Mental Retardation

Behavior: Sexual reactive behavior, labile mood, aggression, poor boundaries, intrusive, impulsive, self-harm, poor insight and judgement, at risk of victimization, requires high supervision and 1:1 for safety of self and others.

Custody: CFS until 18 years

Current Level of Care: Therapeutic Group Home (TGH) w/ special accommodations for 1:1 aide, school and group home. In State

Number placements in last 4 years: 3 Acute, (2x for 18 months out of state), 2 TGH

Reviewed by KMA: 7 times.

Case file 2

15 year Male Caucasian

Diagnosis: Reactive Attachment Disorder (RAD), Post Traumatic Stress Disorder (PTSD), Mood Disorder NOS, Borderline IQ, Chronic complicating medical disorder

Behavior: High sexual acting out (no legal charges), aggression, impulsive, poor insight and judgement, limited understanding, verbal aggression, poor boundaries, requires high SV for safety of others.

Custody: CFS

Current Level of Care: Out of state RTC ~ 2 ½ years

Number placements in last 4 years: 1 RTC, 1 TGH

Reviewed by KMA: 6 times

Case file 3

17 year Male Caucasian

Diagnosis: Bipolar Disorder, attention deficit hyperactivity disorder (ADHD), PTSD, lower cognitive functioning

Behavior: High sexual acting out (no legal charges), impulsive, poor insight and judgement, poor peer interaction, requires high SV for safety of others.

Custody: CFS

Current Level of Care: TGH in state

Number placements in last 4 years: 1 (out of state for 4 ½ years) RTC, 2 TGH

Reviewed by KMA: 3 times.

Case file 4

17 year Male Caucasian

Diagnosis: Major Depression, Oppositional Defiant Disorder (ODD), PTSD (Reactive Attachment DO by history)

Behavior: Multiple failed placements, aggression, run risk, risk of developing conduct disorder, impulsive, supervision for risk of safety to others.

Custody: CFS

Current Level of Care: TGH in state specialized

Number placements in last 4 years: 6 Acute, 9 RTC, 4 TGH

Reviewed by KMA: 2 times

Case file 5

14 year Male Native American

Diagnosis: Schizophrenia undifferentiated type (early and rapid onset), mild or moderate Mental Retardation (MR)

Behavior: Tangential, scattered, tics, off task, impulsive, aggressive, flat affect, cursing, poor peer interactions, psychosis, responds to internal voices/ stimuli, requires high supervision for safety of self and others, occasional restraints for out of control behavior that puts peers at risk questionable boundaries and sexual behavior on occasion.

Custody: parent

Current Level of Care: RTC in state

Number placements: 4 Acute, 3 RTC (one out of state)

Reviewed by KMA: 2 times

Case file 6

15 year Male Caucasian

Diagnosis: Schizoaffective DO, ADHD, ODD, significant chronic medical conditions

Behavior: Sever threats to harm sister and self, aggressive, multiple medication trials, verbal aggression with threats to harm peers require high supervision for safety of self and others.

Custody: parent

Current Level of Care: TGH with room and board assistance

Number placements in last 4 years: 2 Acute, 1 RTC (for 18 months), 2 TGH with CSCT

Reviewed by KMA: 3 times

Case file 7

10 year Male Caucasian

Diagnosis: Reactive Attachment Disorder (RAD), Major Depression, ADHD, and PTSD (question exposure to methamphetamine during pregnancy) Reaction to some medications.

Behavior: Aggression, out of control, needing restraints and staff interventions to manage and keep patient and peers safe, self-harming, highly sexually reactive due to significant sexual abuse and neglect, primitive and regressive behaviors, tantrums.

Custody: CFS

Current Level of Care: In State RTC for almost 3 years with limited d/c due to danger to self and others.

Number placements in last 4 years: 1 Acute, 1 RTC, 1 TGH, 1 TFC

Reviewed by KMA: 2 times

Case file 8

17 year Female Caucasian

Diagnosis: PTSD, Adjustment Disorder (DO), Reading DO, Borderline Intellectual Functioning, Personality DO not otherwise specified, deafness

Behavior: Manipulative, suicidal ideation, superficial suicide attempts, attention seeking, emotionally needy, competes with peers, demanding and anger outbursts.

Custody: CFS

Current Level of Care: RTC

Number placements: 3 Acute, 3 RTC, 3 TGH

Reviewed by KMA: 2 times

Case file 9

16 year Female Native American

Diagnosis: Bipolar I, ODD, PTSD, Poly Substance Abuse, and victim of recent rape

Behavior: Manipulative, suicidal ideation and serious attempts, self-harming behavior flat affect, impulsive with out insight to harm, anger, aggression and outbursts. High degree of supervision due to danger to herself, attempts to run away, and aggression toward peers and staff.

Custody: CFS

Current Level of Care: RTC out of state

Number placements: 4 Acute, 7 RTC, 2 Chemical Dependency Programs

Case file 10

15 year Male Caucasian

Diagnosis: Schizoaffective DO, ODD, ADHD, Borderline Intellectual Functioning, (history of Seizure disorder)

Behavior: Impulsive, poor insight and judgement, obsessive behavior, poor anger management, verbal and occasional physical aggression when angry with property destruction, immaturity, irritable, tangential thinking.

Custody: parent

Current Level of Care: TFC with room and board assistance

Number placements in last 4 years: 3 Acute, 2 RTC, 1 TGH, 2 YPHP