Raeesha

12 yo female:

In DHS custody. CW in assessment

History of Inpatient Behavioral Health (dates/facility): OP 2007 to current. IP 2007, 5/2008-8/2008 OP started prior to first IP admission. No medications currently

Depressive feelings AEB: feelings of hopelessness, worthlessness, on daily basis, Anxious daily : racing thoughts, constant worry and tensions, intense anger. Client went into rage lasting 2 hours today, per CW. Ran away today as well. Found by police. Use marijuana daily, per client, but none x 3 days. HX of methamphetamine use, none in past year. Denies current SI. CW says pt made homicidal threats against aunt, but client denies. Anger outbursts are yelling, screaming. Upset by others talking about parents. Difficulty falling asleep, no eating issues.

NO AVH, hygiene issues, no self harm, no medical issues. No bio family involvement. Has been in kinship placement with aunt, losing placement, which led to rage and running away today.

Results- Raeesha

- Level of Care Recommendation: (Before CALOCUS): 5
- Dimension I: Risk of Harm Score=3
- Dimension II: Functional Status Score=3
- Dimension III: Co morbidity: Score=3
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=5
  - Environmental Support: Score=2
- Dimension V: Resiliency and Treatment History: Score=5
- Dimension VI: Acceptance and Engagement: Score=4

- Total: 24
- Level of Care: 5

Casey

6 yo male:

Meds: Clonidine 0.10mg mood stabilizer. In May 2007 at 28 months old, Casey was taken into DHS custody due to neglect, physical abuse, and emotional abuse by bio-mom. Reportedly had grab marks on his arms and abrasions, bruises, & scabs on lower back and buttocks. There was lack of supervision by the mom and educational needs were not being met. Was in custody until August 2008 when reunified with mom. Casey was again taken into DHS custody in February 2009 after reunification failed due to neglect by bio-mother. Bio-mom has been diagnosed with bi-polar and schizophrenia. Mom uses both illegal substances and alcohol. Casey has a sister who is 2 years older. Casey has been in 8 different placements in the last 2 years. Pt was IP from 10/06/09 to 12/15/09 for extreme anger and aggression outbursts. Over the last 6 weeks Casey has been throwing 15 - 60 min temper tantrums multiple times per day. While inpt, the tantrums have decreased in intensity and frequency and currently happen 3 to 5 times per week. When escalated, he has violent anger rages where he is verbally and physically aggressive and uncontrollable. Bxs include hitting, kicking, biting, and throwing items. He would also refuse to follow directions, rolls on floor, and flail around. He fights sleeps even when tired. He reports having nightmare. Pt sucks his thumb to self-sooth. He does not accept limits, angers quickly, and is slow to de-escalate. Many of his tantrums seem to be triggered when he does not accept no for an answer, something is taken away from him; he becomes jealous of other children when they have something he does not have, or he wants or he does not get his own way. Average IQ. No medical issues.

Results- Casey

- Level of Care Recommendation: (Before CALOCUS): 5
- Dimension I: Risk of Harm Score=4
- Dimension II: Functional Status Score=3
- Dimension III: Co morbidity: Score=3
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=4
  - Environmental Support: Score=2
- Dimension V: Resiliency and Treatment History: Score=4
- Dimension VI: Acceptance and Engagement: Score=4

- Total: 24
- Level of Care: 5

Andi

10 yo female:

Adoptive mother to assessment, accepted CM

Hx of OP: home based family therapy Hx of INPT: 4/2009-12/2009, and in Colorado that specializes with RAD.

Adopted from Russia at 6 months; severe neglect and abuse. In assessment, little eye contact, no remorse. OP therapy yesterday and refused to participate. On Sunday, got angry, kicked and hit his cousin and sister. clt stated she would do it again. On the way home, kicked the windows and said she would do something to cause the mother to have a wreck so that she and his sister would die. Made another threat to kill her sister 2 weeks ago; this was the start of the increased aggression. SI: none. Aggression/Tantrums: daily episodes of aggression for 2 weeks. Today took an air pellet gun and hit 2 dogs repeatedly. When babysitter told her to stop, she shot babysitter's her 4 yr old child repeatedly. Babysitter had to restrain clt. clt stated she did it because she was worried she would have to go to the hospital and stated she knew it would hurt the child. clt cannot be maintained in school and has to be home schooled. Hx of cutting herself with screws and stabbing herself with a pencil. No SA issues. Hard to get clt to sleep; will stay up for hours. if parents lay down with her or she sleeps with them, she will go to sleep. Mother to attend FT, no stated barriers to her participation. DC: stabilization with op/ case mgm Meds: clonidine DDAVP, benedryl, ritalin, Concerta, Oxcarbazepine. No medical issues

Results-Andi

- Level of Care Recommendation: (Before CALOCUS): 6
- Dimension I: Risk of Harm Score=5
- Dimension II: Functional Status Score=5
- Dimension III: Co morbidity: Score=3
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=2
  - Environmental Support: Score=1
- Dimension V: Resiliency and Treatment History: Score=4
- Dimension VI: Acceptance and Engagement: Score=3

- Total: 22
- Level of Care: 5

Jay

16 yo male

Mother brought Jay to assessment. No current SOC, but mom considering. Hx of OP x 6 mo, prior to first IP stay. Inpatient treatment in Juvenile sexual offender program in 2008. OP therapy 2009 to present, saw her 2 days ago, after recent IP 3/2010 to 5/2010. Current Medications: celexa, melatonin

CURRENT CLINICAL INFORMATION Pt took 6 celexa, atenelol, and levison on 5/21 in a suicide attempt today. He is delusional and has been cutting on self last 2 days. He believes there is a snake crawling inside his arm. During the assessment he was pushing on his arm and said he could feel it and see the head. He brought a caterpillar to mom yesterday and said it came out of his arm. He was taken to ER and medically cleared. Recent shoplifting spree (caught and made to give items back) and running away. He had blood all over his hands during the assessment from picking at his cuts and his skin. He saw his outpt therapist 3 days ago but did not tell her of the cuts, mom appeared unaware as well. No aggression/ tantrums reported. Denies SA/ use. Has migraines. C/o poor sleep, no eating problems. Poor hygiene, has to be reminded often. Mother is agreeable to family therapy. No known barriers to her participation in FT. has hx of neglect, sexual and physical abuse. Family recently lost primary source of income due to pt. Jay's SAO hx is known in town. pt is home schooled. Few friends. Very defiant to adult requests. Plan is for Jay to return to outpt, recommend SOC

Results- Jay

- Level of Care Recommendation: (Before CALOCUS): 6
- Dimension I: Risk of Harm Score=5
- Dimension II: Functional Status Score=4
- Dimension III: Co morbidity: Score=5
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=4
  - Environmental Support: Score=5
- Dimension V: Resiliency and Treatment History: Score=3
- Dimension VI: Acceptance and Engagement: Score=5

- Total: 31
- Level of Care: 6

De Von

16 yo male: Both parents and child in assessment. Parents will attend FT sessions CM: accepted. Has SSI. Mother is applying for DDSD History: Psychiatrist 12/2009 to present; OP services 12/23/09 to 3/2010 IP: 3/2009 x2 and 1 specialized RTC program 8/2009 to 12/2009 Neuro workup suggests following: 3 EEGs have been conducted to rule out possible seizures. The first two were inconclusive. The third one was on 4/23/09 and indicated mild diffuse slowing but not gross evidence of seizure activity. Parents report they were told it was not a physical issue but behavioral. Has an IEP at school and received PT, OT and Speech at school. He has been unable to attend these therapies recently due to his behaviors Medications: Amputine, Tenex Vyvance, Abilify Melatonin. SI/ HI: none. Aggression does not appear premeditated. No psychosis known/ Need prompts and assistance with hygiene, resistant to hygiene. IQ: in 40’s per parents. Parents report that before the onset of De Von’s unusual behaviors he was compliant, sweet and did well in school. Sleep and appetite okay. Now extremely impulsive, aggressive, verbal but not understandable, needs total assistance with hygiene, unable or unwilling to follow prompts, wanders, attempts to leave the room, grabs what ever objects might be available to him. Parents state he did well for about two weeks after his discharge and then began to act out again. His aggression started toward his sister and then progressed to both his parents and his teachers at school. Parents report since 3/2010 the school would only allow De Von to attend for one hour/day and his mother has to sit with him during that hour; due to hitting teachers multiple times and attempting to touch the breasts of two female students. Parents report aggression at home also. He hits his mother, father and sister. He has destroyed his room including dismantling a dresser and throwing a stereo. Before 1st IP Admit, he pushed his mother off the porch, hit, bit her and pinched her breasts. Also throwing objects at her which included a full pop can, books, a phone and tv remote. The second admission, the same month, was due to De Von destroying his room, throwing the computer at his father, flinging a plate of food across the room, attempting to stab is father with a fork and attacking his father from behind with a stereo speaker (hit him in the back of the head multiple times with it). His parents managed to get De Von to the ER that day and report he was restrained. They state is took four injections and two hours for him to calm. During assessment, De Von did pretty well. He was not aggressive toward his parents today but tried to wander, paced and tried to leave the room. His speech is very poor and he is very difficult to understand. He was asked about his behavior but did not respond. He asked for a coke on several occasions. He attempted to grab assessor’s paper and pens, attempted to rummage through his mother’s purse and yelled at her when she took it and her cell phone away from him. Parents report that De Von continues to expose himself and attempts to masturbate in front of family members on a daily a basis. De Von’s parents report triggers are being told no or get what he wants. Other bxs include body stiffening, pushing his palms together very hard, jumping up and down, clinching his fists, frothing from the mouth, heavy breathing, and crying.

Results- De Von

- Level of Care Recommendation: (Before CALOCUS): 5
- Dimension I: Risk of Harm Score=4
- Dimension II: Functional Status Score=4
- Dimension III: Co morbidity: Score=5
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=1
  - Environmental Support: Score=4
- Dimension V: Resiliency and Treatment History: Score=3
- Dimension VI: Acceptance and Engagement: Score=5

- Total: 27
- Level of Care: 5

Taylor

15 yo male

Meds: none at present. Has asthma, uses inhaler as needed (rarely, with good results)

Placement: with bio-father and p-aunt and uncle or back with mother.

IQ per Slosson test is 91

History: Lived with bio-mother till 12 yo; thought processes intact; no significant mental health or substance abuse with pt or family members. Was molested at 4 yo by mother's boyfriend. Attended OP sexual behavior program and "I thought it was a joke." Legal charge is lewd acts with a minor. At 9 yo molested younger sister and recently molested 8 Xs his half brother (10 yo). Also stalked one girl with lewd comments and made lewd comments to two other girls. Minor history of fighting. In special Ed classes with and IEP. In 8th grade with B avg , hx of failed second grade,. In OJA supervision with XX as probation officer. Pt presents as motivated and came to interview via OKC detention center. He admits to all the offenses and realizes the importance of getting treatment but not the impact of his offenses upon his victims, as most adolescents don't. Does not know rules of consent and is narcissistic r/t consequences of offense.

Results- Taylor

- Level of Care Recommendation: (Before CALOCUS): 5
- Dimension I: Risk of Harm Score=4
- Dimension II: Functional Status Score=4
- Dimension III: Co morbidity: Score=3
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=2
  - Environmental Support: Score=2
- Dimension V: Resiliency and Treatment History: Score=5
- Dimension VI: Acceptance and Engagement: Score=3

- Total: 23
- Level of Care: 5

Charles

14 yo male

Father brought Charles to assessment. Mom at home with 3 other children (brothers age 11, 10 and infant sister)

Has been IP in 10/2007- 12/2007; 2/2010-3/2010, 4/2010-5/2010.

Clt and 11 yo brother intentionally set an out building on fire last night. clt stated he would try it again, showed no remorse. clt stating he was fascinated by the fire. Charles denies AVH, no sleep, appetite or SA issues. Hygiene appears age appropriate. Father and Charles clothes are clean but very worn. Asthma as young child, none now. One week ago, Charles attacked his 11 year old brother throwing him through a wall and stated to his mother that he had suicidal ideation but would not identify a plan. Pts mother had to call police to the house due to pt escalating aggression. Once police arrive pt calmed and denied earlier statements. During assessment pt admitted to threatening to jump from the car today. Pt stated that he knew if he jumped out of a moving vehicle it could kill him and that was his intent. Charles is on IEP at school due to bxs of defiance to teachers, aggression to peers, grades C,D and F. refuses to do school work. Pt is currently refusing to take medication (adderall and Clonidine). Family has known history of no participation FT while Charles is IP. Parents do not follow up after IP discharge w/ OP therapy or medications. Charles has no hx of OP therapy prior to his first admission. Parents have threatened to abandon Charles while IP, in past. Family identifies Charles as a “follower” to older boys in neighborhood.

Results- Charles

- Level of Care Recommendation: (Before CALOCUS): 6
- Dimension I: Risk of Harm Score=5
- Dimension II: Functional Status Score=3
- Dimension III: Co morbidity: Score=2
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=4
  - Environmental Support: Score=4
- Dimension V: Resiliency and Treatment History: Score=5
- Dimension VI: Acceptance and Engagement: Score=5

- Total: 28
- Level of Care: 6

Micah

5 yo male:

Client with mother for assessment. Clt played with toys and interacted appropriately with his mother. He asked her to read him a book and listened attentively while sitting quietly as she read to him. Client lives with her and his two older brothers in a house that she rents from his brother's grandmother. Clt's mother reported the client has no contact with his father and his grandparents. Clt's mother reported the family unit (mother, 3 sons) has no outside support from family members or friends, emotionally or financially. Clt's mother reported the client still sleeps in her bed with her and gets very upset if she tries to make him sleep in another bed or another room. Clt's mother reported he gets along fairly well with his older brother. Clt's mother reported that he and his middle brother fight and at times hit and kick each other in the private areas. Clt's mother reported that since client has been attending head start (approx 8mos) client has been showing his private parts to others and touching his brother's private parts and having his brother touch his private parts. Clt's mother reported that they do this in front of other people and don't appear to be getting sexual pleasure from it. Clt's mother reported that they laugh and giggle when they do this to each other. Clt's mother reported she has started making them take separate baths and will not let them run around the house without clothes on. Clt's mother reported that she corrects the boys when they do this.Clt's mother reported that the client's teachers in Head Start are concerned because the client and another little boy have also been showing each other their private parts and teachers reported that they were once seen simulating sex. Clt's mother reported there has been no sexual abuse in client's past, but she worries that clt's friend was the one that first touched him inappropriately. Clt's mother reported that she has asked the teachers at school to keep him away from the other child. Clt's mother reported that client at times can be bossy and controlling with other children and gets angry when he does not get his way. Clt's mother reported client does not follow rules well and has to be redirected often at home and at school. Ct's mother reported client has "sticky fingers" and will often bring home things from school that are not his stating the teacher told him he could "borrow them." Clt's mother reported she always makes client return the items. Clt's mother reported that client is able to care for his basic needs fairly well, but he does have nocturnal enuresis 1-2x per month. Clt was oriented x3 at the time of the interview. Clt denied S/HI or AVHs. Client has some trouble going to sleep at night. No medical issues noted, no SA issues.

Results- Micah

- Level of Care Recommendation: (Before CALOCUS): 2
- Dimension I: Risk of Harm Score=2
- Dimension II: Functional Status Score=2
- Dimension III: Co morbidity: Score=1
- Dimension IV: Recovery Environment
  - Environmental Stressors: Score=2
  - Environmental Support: Score=2
- Dimension V: Resiliency and Treatment History: Score=3
- Dimension VI: Acceptance and Engagement: Score=2

- Total: 15
- Level of Care: 2

Crosswalk of CALOCUS & OHCA LOC

CALOCUS		OHCA Services / Levels of Care	POS	Standard
The goal is clinically appropriate treatment at the least restrictive level of care.				
Level 0	Service intensity: Basic Services			
(7 - 9)	PG001	Level - Recovery & Maint	Outpatient	Episodic - 1-4 hrs per month
		Psychologists / LBHP private	Outpatient	
Level I	Service intensity: Recovery Maint & Health Mgmt			
(10 - 13)	PG002	Level 1	Outpatient	Episodic - 1 hour per week
		Psychologists / LBHP private	Outpatient	

Systems of Care can be provided at all levels of care

Crosswalk of CALOCUS & OHCA LOC

CALOCUS		OHCA Services / Levels of Care	POS	Standard
The goal is clinically appropriate treatment at the least restrictive level of care.				
Level II	**Service intensity: Outpatient Services**			
(14 - 16)	PG002	Level 1	Outpatient	Episodic - 1 hour per week
	PG003	Level 2	Outpatient	2 hours per week
	PG019	RBMS (18-20 year old)	ICF/MR <17 beds	1 hour every wk
		Psychologists / LBHP private	Outpatient	

Systems of Care can be provided at all levels of care

Crosswalk of CALOCUS & OHCA LOC

CALOCUS		OHCA Services / Levels of Care	POS	Standard
The goal is clinically appropriate treatment at the least restrictive level of care.				
Level III	**Service Intensity: Intensive Outpatient Services**			
(17 - 19)	PG018	PACT	Outpatient	PRN
	PG003	Level 2	Outpatient	2 hours per week
	PG004	Level 3	Outpatient	3 hours per week
	PG005	Level 4	Outpatient	4-8 hours /week
	PG007	Day Treatment (Level 3)	Outpatient	9 hours per wk; 4 hrs/day PSR
	PG011	Day Treatment (Level 4)	Outpatient	9 hours per wk; 4 hrs/day PSR
		Psychologists / LBHP private	Outpatient	

Systems of Care can be provided at all levels of care

Crosswalk of CALOCUS & OHCA LOC

CALOCUS		OHCA Services / Levels of Care	POS	Standard
The goal is clinically appropriate treatment at the least restrictive level of care.				
Level IV	Service Intensity: Intensive Integrated Services w/o 24 hour Psych Monitoring			
(20 - 22)	PG004	Level 3	Outpatient	3 hours per week
	PG005	Level 4	Outpatient	4-8 hours /week
	PG007	Day Treatment (Level 3)	Outpatient	9 hours per wk; 4 hrs/day PSR
	PG011	Day Treatment (Level 4)	Outpatient	9 hours per wk; 4 hrs/day PSR
	PG031	RBMS for TFC	Outpatient	Extra services for TFC
	PG021	TFC	Outpatient	1.5 hrs/day TPS
	PG015	Systems of Care (Level 4)	Outpatient	3 - 4 hours per week
	PG013	Partial Hosp Program - Children	Outpatient	15 hours per wk (5 days - wk)
	PG014	Automatic Stepdown	Outpatient	
	PG016	MST (OJA only)	Outpatient	MST - 60 hours for 90 days
		Psychologists / LBHP private	Outpatient	
	Rev Code	Crisis Stabilization Unit	Inpatient	

Systems of Care can be provided at all levels of care

Crosswalk of CALOCUS & OHCA LOC

CALOCUS		OHCA Services / Levels of Care	POS	Standard
The goal is clinically appropriate treatment at the least restrictive level of care.				
Level V	Service Intensity: Non-secure, 24-hour, services with psychiatric monitoring			
(23 - 27)	PG007	Day Treatment (Level 3)	Outpatient	9 hours per wk; 4 hrs/day PSR
	PG011	Day Treatment (Level 4)	Outpatient	9 hours per wk; 4 hrs/day PSR
	PG013	Partial Hosp Program - Children	Outpatient	15 hours per wk (5 days - wk)
	Rev Code	RTC - Non-Secure (all inclusive)	Inpatient	
	Rev Code	Crisis Stabilization Unit	Inpatient	

Systems of Care can be provided at all levels of care

Crosswalk of CALOCUS & OHCA LOC

CALOCUS		OHCA Services / Levels of Care	POS	Standard
The goal is clinically appropriate treatment at the least restrictive level of care.				
Level VI	**Service Intensity: Secure, 24 hour, services with psychiatric mgmt**			
(28 & up)	Rev Code	Acute Hospitalization	Inpatient	
	Rev Code	Crisis Stabilization Unit	Inpatient	
	Rev Code	RTC - Regular Secure	Inpatient	
	Rev Code	RTC - Specialty Secure*	Inpatient	
		*RAD, ASD, MR/MI, Sex Offender, Neuro		

Systems of Care can be provided at all levels of care