

ATTACHMENT 3

Psychiatric Community Home Vignette

Background: Emily is a 15-year-old female who began receiving CSOC services through Mobile Response and Stabilization Services (MRSS) three years ago after she began to experience increased depressive symptoms and cutting behaviors. Emily had been a straight A student, an above average soccer player and had many friends. Her math teacher noticed marks on Emily's arms and observed she had become withdrawn and less motivated to complete her work. The school social worker discussed the concerns with Emily's mother and assisted her with contacting PerformCare who authorized a MRSS dispatch. Subsequently, Emily received Intensive In-Community services and was ultimately transitioned to individual outpatient treatment. During this time, Emily's parents were in the process of finalizing their divorce. Her father was reportedly abusing alcohol and, at times, became violent with her mother. DCPD was contacted and completed an investigation but no abuse or neglect was substantiated in relationship to Emily or her 11-year-old brother who is on the Autism Spectrum. Reportedly, Emily's maternal uncle completed suicide when Emily was eight years old. He was diagnosed with a Substance Use Disorder and thought to have significant mental health challenges.

Eight months after her transition from MRSS, Emily was hospitalized after she reported to her outpatient therapist that she had been "cutting" her legs and her mother found information posted by Emily on social media suggesting that she was feeling suicidal. Although she continued to do well in school, Emily had distanced herself from all her friends, admitted to using alcohol a few times and has experimented with marijuana. During her inpatient stay, she began to take antidepressant medication and was diagnosed with a mood disorder. Upon discharge from the hospital, Emily was opened to CMO and attended a partial hospitalization program. Within a few weeks, she experienced increased agitation and loss of appetite. Emily was having difficulty sleeping and her ability to function on a day-to-day basis was becoming increasingly impaired, despite efforts to stabilize her in the community. During this time, Emily's parents finalized their divorce. Her father was living with his parents while he continued to struggle with substances, maintained a supportive relationship with Emily. Emily's mother remained invested in her treatment but continued to struggle with her own emotional challenges.

Over the next year, Emily continued to struggle with depressive symptoms, periods of increased agitation, poor sleep, and appetite. She was unable to maintain healthy friendships and remained withdrawn and disconnected, despite several medication trials. Emily continued to use alcohol sporadically. During this period, she was screened twice for suicidal ideation and admitted to a child / adolescent psychiatric hospital following a suicide attempt when she ingested 40 pills which required a medical intervention. While hospitalized for a second time, she reported that she had been molested by a family member at the age of seven. The Child Family Team felt they had exhausted all available community resources and agreed to refer Emily to out of home treatment. She received an IOS of PCH.

Vignette Response: Upon review of the above-mentioned information, the RFP respondent shall address the following questions within a one-page maximum response (via attachment).

1. What type of evaluations may be helpful to develop Emily's individualized service plan? What are some diagnostic considerations?
2. How will the respondent work with the CFT to engage Emily's family? What goals might be accomplished before Emily transitions home?
3. What skills would need to be developed for Emily to return home and how will the team bridge the transition after the completion of this episode of care? (please include modalities and staffing)

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