

## Case Scenario #2

Sally S is a 23 y.o., single female who is residing in an apartment with her 5 month old infant son. Sally is currently unemployed and receiving a MnFIP cash grant, food support, and Medical Assistance benefits. Paternity of the child has not been determined and the alleged father is not involved. Sally's parents were divorced when she was only 5 y.o. She has one older sister and one younger brother still in high school. Her mother remarried and has two young children at home. Her father moved out of state and has maintained only minimal contact with her. Due to her disruptive behaviors as a teenager, Sally's relationship with her mother is strained.

Sally has been receiving mental health related services since she was 13 y.o., including EBD services through the school district. Her current diagnosis includes Bipolar Disorder, PTSD, and Borderline Personality Disorder. She has a history of self-injurious behaviors and had two suicide attempts three years ago. Sally has been receiving mental health services through the local ACT Team and until her pregnancy her mental health status had remained fairly stable. When she became pregnant, several medication changes were required.

After the birth of her son, Sally's mental health started to decompensate. At the time of a regularly scheduled home visit by the ACT Team member, Sally was found to be in considerable distress. She had multiple, minor cuts on her arms, legs and stomach. She reported that she had not slept for two nights because her son had been crying. Sally admitted to not showering or changing her clothes for several days. The baby appeared to be physically okay but was dirty and needing to be changed. The baby was hungry and crying. Sally expressed having thoughts of suicide and hinted that she had plan in mind but would not elaborate on the plan. She would rather be dead than be hospitalized and her son taken away by Social Services. The ACT Team member did not feel it was safe to leave Sally in the apartment with her son.

## Case Scenario #2 Service Options

Sally has been receiving Assertive Community Treatment (ACT) Services which is the most comprehensive community service available. This level of service is not able to provide the level of protection required to keep the baby or Sally safe at this time. (ACT staff should have previously informed Sally about their status as a Mandatory Reporter) Whether voluntary or involuntary, Sally needs to be evaluated by a mental health professional for the protection of Sally and the baby. If Sally is willing to be seen voluntarily, she should be taken to the Emergency Room by the ACT Team member (if deemed safe for transport) or by law enforcement (if safety is questioned) and accompanied by ACT staff. ER staff could then contact the Crisis Response Team for evaluation and assessment of needs and coordinate services with the ACT Team member.

The ACT Team member could attempt to assist Sally in finding a safe place for her baby, ie; her mother or close relative. If unable to make arrangements or determine immediate safety for the baby, Douglas County Social Services should be consulted for assistance. Sally should be reassured that her voluntary participation in services and ensuring the safety of her baby is seen as positive measure in regard to child welfare/child protective services.

Depending upon the outcome of the mental health evaluation, Sally could possibly be admitted to a crisis stabilization bed if one is available and she is willing to contract for safety. If unable/unwilling to contract for safety, hospitalization is likely needed. Commitment may or may not be needed based on Sally's ability and willingness to accept services and comply with a designated treatment plan and whether or not a Physician's Statement in Support of Commitment has been signed.

Whether Sally is hospitalized or placed in a crisis stabilization bed, her need for placement in an Intensive Residential Treatment (IRT) programming bed should be evaluated. If IRT placement is not considered necessary, Sally could return to her own residence with the ACT Team services already established. (An assumption is being made that Sally is already receiving or is on a waiting list for rent/housing assistance, MnFIP, food support, child support, etc., this should have already been established)

In addition to ACT Team services, other services should be considered to support Sally and her child. Services such as parenting classes, respite care, early childhood intervention, etc., could be utilized. Public Health Nursing/WIC services could be utilized if not already established. Sally should have a crisis plan in place for both herself and her baby. Individual therapy should also be considered in the event there are issues with Sally's interest in parenting the baby. Consideration could also be given to the possible option of foster care placement for Sally and her baby.