

April 12, 2007

Dear Sir or Madame

This letter is to urge you to reconsider your denial of coverage for residential treatment for Jake Doe. He has participated in multiple lower levels of treatment and has consistently failed or continued to exhibit negative outcomes. We and his doctors believe that residential treatment of no less than twelve months will offer Jake the opportunity to learn and put into practice socially acceptable, safe behaviors that will facilitate his development into a happy, functioning, contributing member of society.

In the past, interventions for Jake have included the following:

- In first grade public school, Jake continually exhibited behavior problems. We removed him from public school and placed him in a private school where he was expelled after a few weeks for behavior problems including urinating in a trash can. After that incident, Jake re-entered public school and began seeing a counselor through Utopia County Mental Health services. He was also seen by a Mental Health Services pediatrician who diagnosed ADHD and prescribed methylphenidate.
- In second grade Jake was assessed by Dr. Smith, PhD, a neuropsychologist. Dr. Smith noted attention problems and above average intelligence. Jake participated in individual therapy and neuropsychological interventions in his office. Jake continued to exhibit behavior problems at school and received a concussion when he ran into a light pole on the playground.
- In third grade, Jake was prescribed Zoloft by his pediatrician Dr. Brown.
- In fourth grade (age 9), due to behavior problems and poor grades, Jake was placed under the educational designation "504." Classroom modification strategies included preferential seating and one-on-one testing. Jake began attending individual therapy sessions again, this time with Dr. Black, PhD, a psychologist. At the end of fourth grade Jake was still performing poorly in school and was placed in special education under the criteria "other health impaired."
- In fifth grade, Jake began the year in the regular classroom with special education modifications (IEP) and a behavior modification plan (BIP). Because of his behavior, however, he was moved to a self-contained classroom. Jake began seeing a psychiatrist Dr. Fred Jones, MD who diagnosed bipolar disorder and began a new drug regimen with Jake. At the suggestion of the school principal and the district crisis counselor, Jake began seeing a private individual therapist brought into the school on a weekly basis.
- In sixth grade he continued to exhibit behavior problems and the decision was made to put him in a more restrictive environment on another campus entitled "Social Development Class." In this setting, Jake tattooed his arms

- with a sharp utensil and an ink pen, and was arrested for possession of marijuana. Jake returned to the SDC setting after pleading no contest in a juvenile court of law. After that incident, Jake was ordered to receive substance abuse counseling from Utopia County Youth Services counselor, John White. He was under Dr. Jones' care during this time, and changes were made to his medication.
- In seventh grade, Jake began the year in regular classes; however, he was placed in self-contained classrooms because of failing grades. During the year, Jake was charged with misdemeanor assault charges and was again able to plead no contest and do community service. He did not achieve passing grades and had to repeat seventh grade. During that year other interventions included in-school suspension, temporary reassignment school, individual therapy, and continued medication management with Dr. Jones.
  - In the second seventh grade, Jake ran away for the first time. He was accused of starting fires in the boys bathroom at school and he self-reported having sex with his girlfriend in the bathroom at school during lunch. During that year, other interventions included in-school suspension, temporary reassignment school, individual therapy, and continued medication management with Dr. Jones.
  - In eighth grade, Jake ran away from home five times. He was arrested the last time because we requested the officer to do so. Jake was assigned to reassignment school, but because of his behavior, he was moved to the juvenile justice alternative education placement. He attended school there for four months. Within weeks of returning to his home campus, he had been suspended three times. The decision was made to withdraw Jake from school and homeschool, but before that happened, he ran away again, overdosed on Robitussin and marijuana and was hospitalized at Clear Creek Psychiatric Hospital. During that year, other interventions included in-school suspension, temporary reassignment school, individual therapy, and continued medication management with Dr. Jones.

***This is a request for residential treatment setting including individual and group sessions of psychotherapy. It would focus specifically on helping Jake learn more coping skills to help him manage his bipolar medication along with cognitive behavioral changes in perception of behavior.*** I believe it is necessary to continue Jake's individual and group therapy in a residential treatment setting order for him to gain an understanding of how his emotional reactivity to outside stress and anxiety are negatively impacting his life.

While at Clear Creek Hospital, Jake has had fewer reports of impulsive behavior since he began therapy. He is able to identify faulty thinking to manage some of his behavior. He continues to be a very open person, and he seems to trust the therapist enough to share his personal thoughts and feelings.

The additional sessions in a residential treatment setting are absolutely necessary to make the beginning of Jake's progress last and return him to optimal functioning. Due to the fact that previous interventions have failed to help him attain optimum life, health, family, social and school success, his return to home and school at this point would be disastrous. Residential treatment has been discussed and he has a strong desire to recover in a setting apart from his home and social environment. He is highly motivated to graduate from high school and be able to live a productive life on his own.

We hope you agree that Jake would benefit from residential treatment for no less than 12 months to address bipolar symptoms, medication management, and inadequate coping skills for external stressors. He has a high potential to benefit from therapy and psychological interventions given his youth and his desire to reestablish a productive lifestyle.

Thank you,

Fred and Ginger Doe  
Jake's Parents