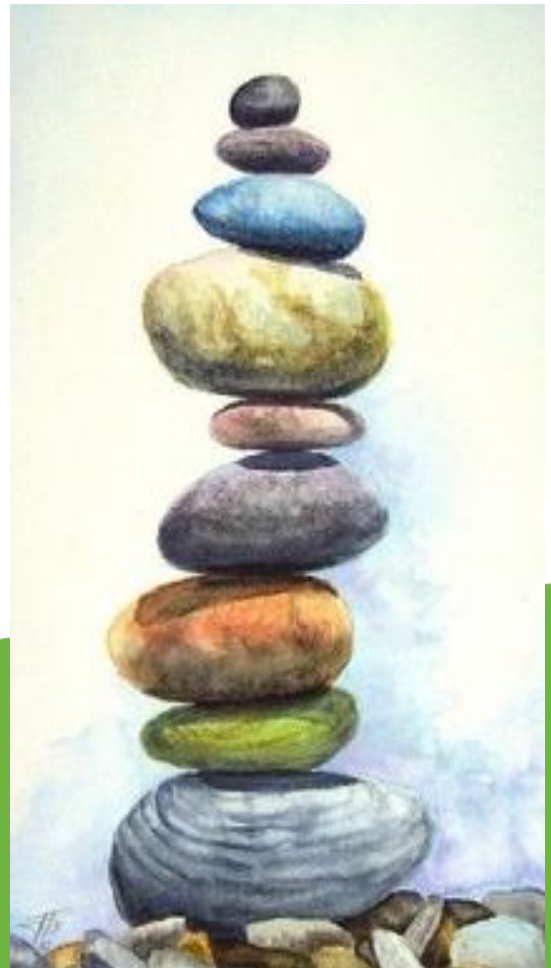


Crisis and Transition Services

A Guide For Families

CATS is a coordinated specialty care program for youth and families experiencing mental health crisis – designed to support crisis stabilization and bridge to longer-term support and services.



CATS Program
www.ohsu.edu/CATS

About CATS

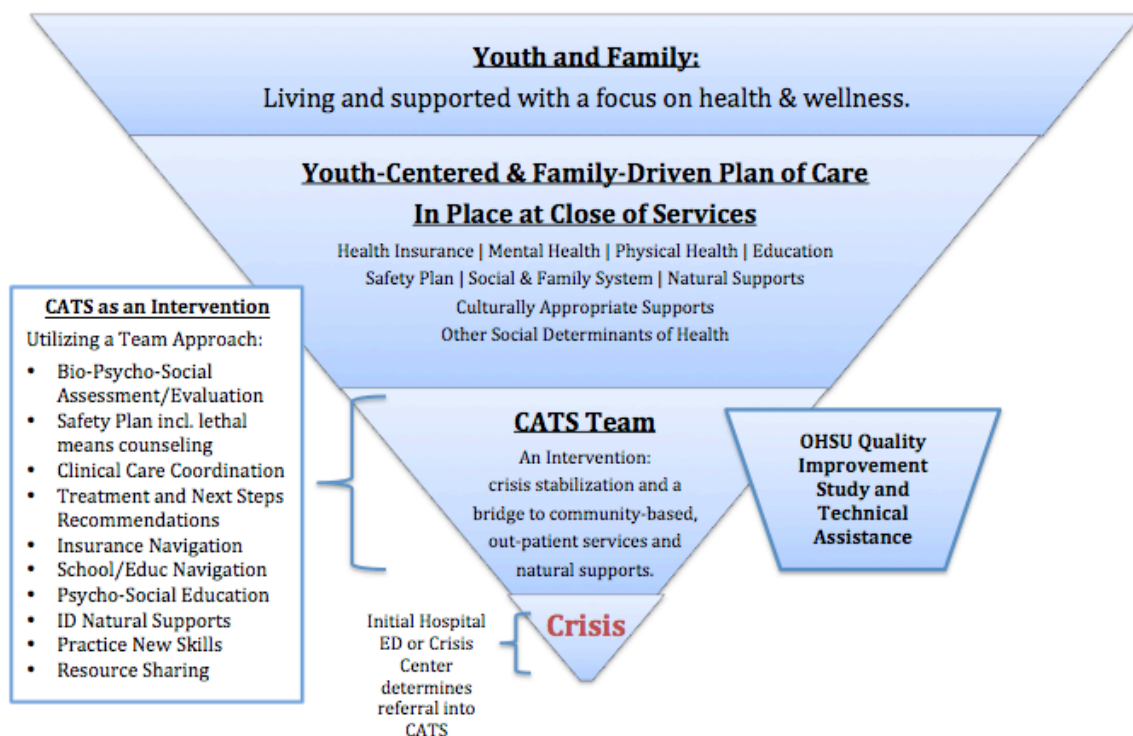
Crisis and Transition Services, or CATS, is funded by Oregon Health Authority and implemented by community partners around the the state to support youth and families in mental health crisis.

This team-based service is available to youth and families who may benefit from mental health support services provided in the home and in the community, rather than at an in-patient hospital setting. This short-term service generally lasts between 2-6 weeks. If your team includes a family partner, their involvement may last as long as 90 days.

Your team will work together to:

- Address immediate safety and mental health needs;
- Evaluate your child’s mental health needs and make treatment recommendations;
- Assist with barriers to care, such as insurance or health system navigation;
- Introduce knowledge and skills to your child and family members which can be used as new needs and circumstances arise;
- Connect your child and family to community-based service providers and other organizations to assist with your ongoing treatment and safety needs, including education-related resources.

Crisis and Transition Services (CATS): A Bridge from Crisis to Stabilization with a Plan of Care



The Process & Your Team

This book may assist in guiding a collaborative exploration into areas that commonly support stabilization when in families when a youth is struggling with emotional and behavioral health challenges. The CATS team will support your family's process to develop strategies to address emotional and behavioral needs of your child, and will consider the needs of siblings and adults in your home. The team will also support you in accessing services and supports and help you with a plan for next steps after CATS has ended.

Monitoring Program Success and Outcomes

An important part of this program is making sure that youth and families are receiving the services that are most helpful, and that they are doing better as a result of the support they receive. After your work with the clinical part of the team has ended, you will be contacted two times by phone to ask how your child is doing. These calls will be made 2 months after your clinical care has ended, even though you may still be working with your family partner. These calls are one of the ways the State of Oregon is making sure this program is helping youth and families in the way it is intended.

Ask your CATS team to provide you with a list of who is on your team. They will introduce to you what their roles are, ways to contact them, and other crisis support resources.

- **Clinical Care Coordinator / Mental Health Therapist**
- **Emergency after hours crisis line**
- **Family Support Specialist / Family Partner**
- **Emergency Department or Family Walk-In Crisis Center**
- **Other Team Roles**

Family Transition Inventory

This Inventory can support collaboration among parents, key family members, family support specialists, clinicians, and the youth in crisis to build a shared plan of care following a crisis.

1) Youth and family are connected with long-term supports and they know how to access them:

- Mental health (psychiatry, therapists, substance and addictions, peer and group opportunities)
- Physical/medical (primary care, school-based health center, dental)
- Educational considerations (504, IEP, district-specific educational options)
- Health insurance (OHP, commercial insurance, health insurance exchange)
- Social supports (TANF, transportation assistance, food security/SNAP, housing assistance)
- Cultural needs and considerations

2) Family has identified their natural supports and has identified barriers to accessing them:

- Natural supports *for all family members* are identified and engaged
- Cultural supports are identified and family/youth know how to access them
- Community-based support organizations are identified and family/youth know how to access them
- Life stressors and triggers that make it difficult for family to ask for help are identified

3) The youth and family crisis is identified and they are involved in developing a plan to address it:

- The plan includes increased safety & confidence of youth & family in managing the current crisis.
- The plan supports movement to decreased incidence & intensity of future behavioral health crises
- Suicide safety planning includes what the youth will do and what other family members will do; family knows how to adapt the plan for new needs and circumstances
- Family has received counseling on lethal means, suicide risk and protective factors
- Safety plan has been shared with parties appropriate to this youth's life, such as school
- Other safety needs have been explored and there is a plan to address them

4) Family and youth understand and have a copy of all assessments and treatment recommendations:

- Treatment recommendations are understood by family, including recommended medications (what for, who will refill, and concerns that would prompt a call to doctor)
- Family has had time to ask questions and receive help in follow through of next steps
- Care coordination is planned; family knows who to call with concerns and newly emerging needs
- Family and youth are guided in how to ask for information about treatment plans from their health care providers

5) Family has had opportunities to practice new skills, specific to their needs and circumstances:

- Skills may include: communication, asking for help, setting boundaries, de-escalation
- Family knows they can adapt what works well and change what isn't working for them

6) Additional Resources

- Resources have been shared with the family, specific to what has been identified as desired or needed (written information, web resources, community-based organizations, tool kits, hotlines, etc.)

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Would you like more information?

www.ohsu.edu/CATS

Resources

Feedback

Grievance Processes

CATS Technical Assistance:

Rebecca Marshall, MD - *program and practices*

Julie Magers - *family support and guidebook*

Amanda Ribbers - *data and redcap*

Sophia Nguyen - *data and redcap*

Contact the technical assistance team at:

CATSinfo@ohsu.edu

Please note: this email is only checked once per business day and is not appropriate for urgent clinical concerns.

(1) Services

Each family has a unique combination of needs for support services from professional providers or other social services. The list below are common areas of need for you to consider with your CATS team.



- ✓ **Mental health** - psychiatry, therapists, substance/addictions, peer/group opportunities
- ✓ **Physical/medical** - primary care, school-based health center, dental
- ✓ **Education** – 504 plan, IEP, district-specific education options
- ✓ **Health insurance** - OHP, commercial insurance
- ✓ **Social supports** - TANF, transportation assistance, food support/SNAP, housing assistance
- ✓ **Cultural considerations** - community and familial cultures, religious or spiritual connections, cultural connectedness, language and interpretation support

On the following pages, make notes for each of the areas you feel are important to address during the time you have the CATS team available to you.

Include names of providers, action steps, and the questions you want to be sure to address.

Your child's other health care providers (primary care, school-based health center, dental):

If your child's primary care provider is also providing mental health care, he/she can call OPAL-K, a hotline specifically for primary care providers to get help with psychiatric medication and mental health treatment questions. Additionally, some school districts have school-based health centers that can provide health care during school hours. These may be helpful health care supports.

Pediatrician: _____

School Health Center: _____

Address: _____

Address: _____


Phone: _____

Phone: _____



OPAL-K Psychiatric Access Line for **primary care and other medical staff** for consultation on treatment. If your pediatrician will be prescribing, they may benefit from this free service.

Toll-Free: 1-855-966-7255
Portland Metro: 503-346-1000



School Based Health Centers

SBHCs provide comprehensive physical, mental and preventive health services provided to youth and adolescents either within a school or on school property.

Find out more online, search "Oregon School Based Health Centers"

Education (504 Plan, IEP, district-specific education options)

Your child's school may offer accommodations under a 504 plan (a plan for accommodations to help children fully access their education) and if this is not adequate to your child's developmental or mental health needs, you may explore an Individualized Education Plan. Many youth in mental health crisis or with a mental health or developmental diagnosis may qualify for an IEP under the "Child Find Mandate."

- Review your child's educational experiences with the CATS team and get support to work with your child's school.

Academic Counselor: _____

School Mental Health: _____

Other School Support: _____

Social Supports (transportation assistance, food benefits/SNAP, housing assistance, TANF)

Families often find themselves in circumstances where you may need some help with transportation, food, housing, utilities, and/or clothing. Your CATS team will be able to assist you with determining what may be available to help you with these needs.



OregonHelps is a simple to use, free program prescreener for multiple programs. On the website, you will answer questions about people in your house, income and expenses.

This site will estimate your potential eligibility for 33 programs and assistance.

To learn how to use **OregonHelps**, visit <http://211info.org/oregonhelps/>

Resources related to bullying, domestic and sexual violence

Oregon Coalition Against Domestic and Sexual Violence

<https://www.ocadsv.org/find-help>

Bullying and Cyberbullying Facts, Help, and Advice

<https://nobullying.com/>

Youth Line (a service of Lines for Life)

877-968-8491

Text teen2teen to 839-863

<https://oregonyouthline.org/>

Your Local Resource:

Cultural Considerations

Cultural needs are very personal and can be overlooked when service providers are responding to a crisis. Cultural needs may be related to language and interpretation, preferences related to your religious or spiritual beliefs, social and interpersonal identification, and connectedness to those who share similar beliefs with you.

The following questions may help create a safe discussion about your family's cultural needs:

- What are your beliefs about mental health and emotional well-being?
- What are your beliefs about emotional and behavioral challenges?
- What barriers has your family faced in the past in respect to your cultural needs?
- How can members of your CATS team demonstrate support to you and your family?



If you are experiencing a cultural or linguistic barrier, you can ask for accommodations in this area.

Please discuss this with your CATS team.

Notes:

(2) Natural Supports

“Natural Support” is a term often used to describe unpaid people in our lives who support us in a variety of ways. They include family, friends, neighbors, co-workers, those who share common activities with us (scouts, sports, arts, extracurricular activities) and those who share spiritual or religious parts of our lives with us. Most of the time, we naturally interact with these people.

For many families, raising children with complex mental and emotional challenges can lead to isolation and a decrease of support from friends and family. Building (or re-building) your natural support network can help identify who can be helpful for certain needs.

As you are supported by the CATS team, try to identify the people in your life who may be able to help with things like running to the grocery store, taking care of pets, carpooling, or even listening to your frustrations over a cup of tea.

Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

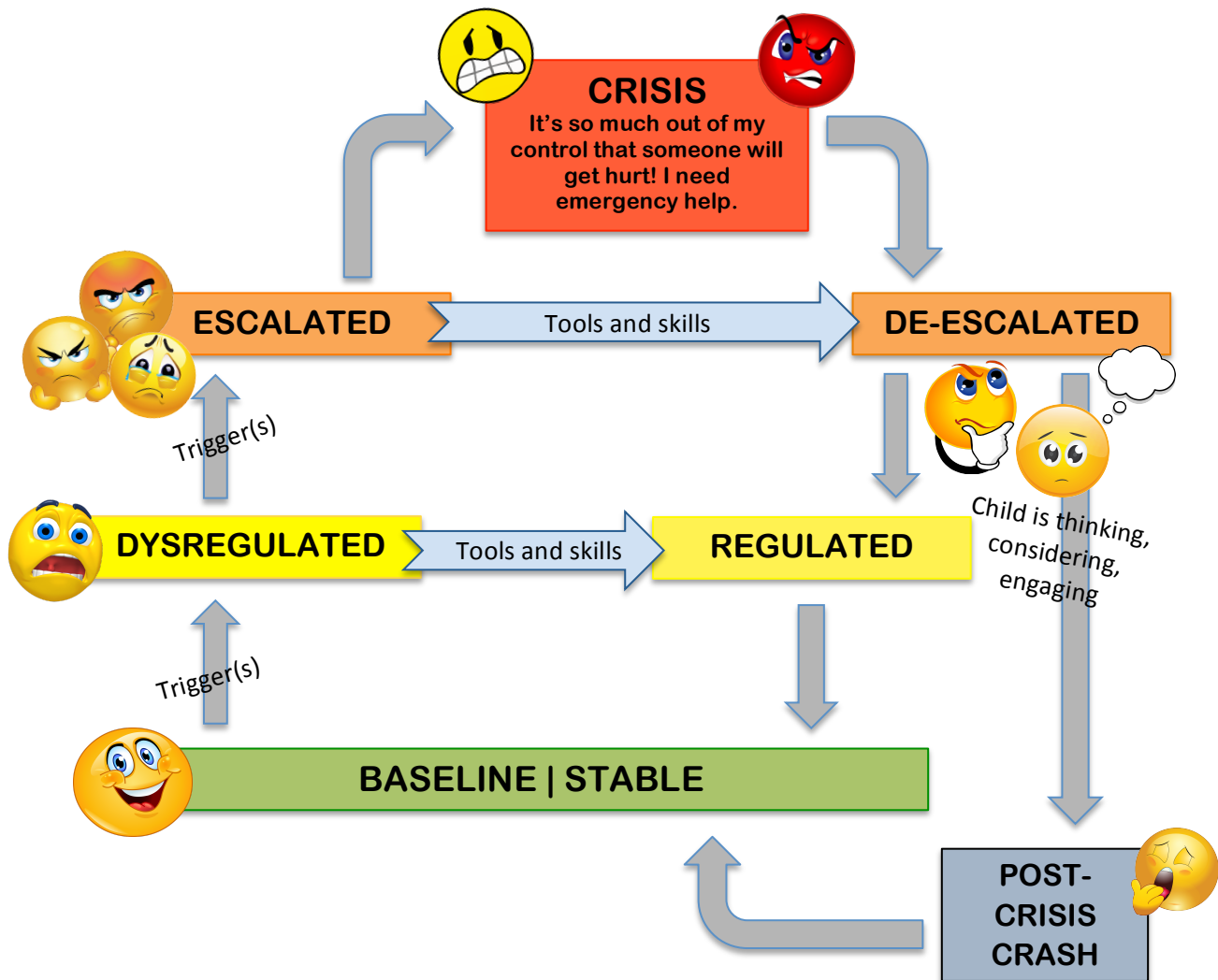
Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

(3) Safety Information

Families who have youth who struggle with explosive or other intense emotions often feel like they're on a roller coaster. A mental health professional may help uncover what is causing your child's inability to manage their intense emotional experiences. It may also be helpful to revisit what you may or may not already know about how emotions cycle and to look for areas where you can help your child manage intense emotions.



Everyone experiences emotions in a similar cycle where we are happy or content (baseline, stable) and something happens that upsets us. When we can manage being upset and find a way to re-stabilize, we can become content again. If what triggered us continues and even more things happen that further escalate our emotions, we may find we have exceeded our ability to restabilize and what we do (our behavior) will demonstrate that instability. When this becomes a frequent occurrence for your child, it is important to know what you can do at home (learn ways to de-escalate and re-stabilize) and when it is important to call for help.

Planning for safety may include how to respond to explosive behaviors, how to recognize a relapse, what to look for regarding side effects of medications, and even caring for the needs of other family members if a health crisis occurs. Planning for safety is an important part of supporting people who struggle with emotion regulation and who have difficulty with problem-solving. And because emotional and behavioral challenges with one child in the family can affect the whole family, having a plan will help minimize adverse impacts and increase safety for everyone.

EMERGENCY HELP (911, Hospital, Crisis Line)

- Your child is at **risk of serious self harm** or harming someone else;
- You **have tried everything you know to do** to help your child cope with explosive (or implosive) emotions;
- Behaviors are not able to be managed in a way that **keeps themselves and others safe.**



Suicide Safety Planning

When youth are seen in an emergency department or crisis center for suicidal thoughts or actions, a standard practice before leaving the hospital is to develop a “**suicide safety plan.**” The goal is to state what everyone will do to support safety from suicidal actions and help everyone plan for a safe return home following the crisis.

A **suicide safety plan** is ideally developed with a clinician leading a discussion with the person who is suicidal and any family members who will play a role in helping with aspects of the plan. Since suicidal urges come and go, safety plans support the individual and family in developing ways to cope when suicide risk is most acute.

Creating a safe environment:

This important section of your plan is often called “means counseling” and includes additional safety steps that are specific to the home environment (locking up or removing medications, weapons, alcohol, sharps, chemicals).

You may also want to put thought into other arrangements you may need to have in place in the event of another crisis, such as spur of the moment childcare for siblings, care for pets, temporary sleeping arrangements, etc.

Your CATS team can help with expanding the suicide safety plan to include additional safety considerations for everyone who lives in the home.

What are your most pressing concerns for safety that you want to address? _____

Effective safety planning includes both the individual and their supports.

Youth-led sections of plan will include:

- 1) **Recognize your personal warning signs:** Thoughts, images, moods, situations, and behaviors that indicate to you that a crisis may be developing. Use your own words to describe these.
- 2) **Use your own coping strategies:** Things you can do on your own to help you not act on urges to harm yourself.
- 3) **Socialize with others who may offer support as well as distraction from the crisis:** People and places that may help take your mind off difficult thoughts or feelings.
- 4) **Contact family members or friends who may help to resolve a crisis:** Trusted people who are supportive and who you can talk to when under stress.
- 5) **Contact mental health professionals or agencies:** Names, numbers and locations of clinicians, emergency rooms, and crisis hotlines.
- 6) **Ensure your environment is safe:** Have you thought of ways in which you might harm yourself? Work with a counselor to develop a plan to limit your access to these means.



Put emergency numbers in your phone contacts list.

Lifeline (800-273-8255)

Oregon Youthline (877-968-8491)

Text "teen2teen" to 839863

Steps for family members:

- 7) **Ways my parents/family/friends will recognize I need help:** What signs might the people closest to me see that I might not be noticing for myself?
- 8) **Things that are helpful for me to hear from the people in my immediate circle:** List the ways in which you can best hear concerns from others.
- 9) **Things that are definitely not helpful to hear:** Words or statements that are triggering to you. Ask for people to be sensitive and avoid these. Choose other ways (the helpful ways) to communicate with you.
- 10) **Who will help youth to call health professionals or crisis hotline if he/she is unable to do it for self?** Include any siblings or childcare providers who may in a position to have to make a call.

Place a copy of your current safety plan here:

- ✓ Share your child's and family's safety plan with **anyone who is identified as filling a role in the plan**;
- ✓ Provide a copy to your child's **care providers**;
- ✓ Provide a copy to appropriate parties at **school or other activities** (your child's school may be helpful in safety planning that is specific to that setting);
- ✓ Post your plan in a clearly visible place in your home;
- ✓ Keep a copy in your car or purse.



The plan you develop in the emergency department may be different than the plan your child and you develop later with your outpatient mental health therapist.

Plans change over time and as your child makes progress in treatment and recovery.

Be flexible with the changes that need to happen – revisit the plan and adapt it as needed.

Understanding Suicide Risk & Protective Factors and Warning Signs

Major Risk and Protective Factors

Researchers have identified many risk and protective factors. Below are some of the most common major risk and protective factors for suicide, as reported by the Suicide Prevention & Resource Council.

Major protective factors include:

- Access to effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contact and connectedness with caregivers
- Stress tolerance and resiliency

Major risk factors for suicide include:

- Prior suicide attempt(s)
- Substance abuse
- Mood disorders
- Access to lethal means
- Barriers to effective health care
- Sense of being a burden to others

Warning Signs

“Warning signs” are those indicators that someone is displaying signs or symptoms that likely require a closer evaluation or treatment. They may include:

- Preoccupation with ideas of death or talking about wanting to die
- Major changes in sleep patterns - too much or too little
- Sudden and extreme changes in eating habits - losing or gaining weight
- Withdrawal from friends/family or dropping out of group activities
- Personality changes, such as excessive nervousness, angry outbursts, impulsive or reckless behavior
- Changes in hygiene, such as not caring about appearance or health
- Frequent irritability or unexplained crying
- Lingering expressions of unworthiness or failure or lack of interest in the future
- Expressing feelings that things may never get better; terrible emotional pain that doesn't go away
- Persistent struggles in coping with a big loss

Being “at risk” of a dangerous health concern does not mean it is certain to happen.

CONSIDER THIS: If you are **at risk** of a heart attack (*history of heart disease, overweight, smoker*), it doesn't guarantee you will have a heart attack. You can **increase protection** against the heart attack (*manage your weight, quit smoking, eat heart-safe foods*). If you notice **symptoms and warning signs** (*sudden weight gain, numbness in your shoulder and arm, chest pain*), you know you need to seek immediate care. It is the same with suicide.

(4) Treatment Recommendations

The main goals of the CATS program include:

- short-term crisis stabilization
- assessing your child
- addressing barriers impacting access to treatment or care
- sharing information about mental health, suicide, safety, and systems navigation
- supporting you in building a team that will take the place of your temporary CATS team



At the most basic level, a treatment plan includes written instructions that:

1. Define the problem or ailment
2. Describe treatment recommended by a health care professional
3. Set a timeline for treatment progress
4. Identify major treatment goals
5. Note important milestones and objectives
6. Describe the roles of professionals and of family members

During CATS, recommendations for further treatment and support will be developed, based on an assessment of your child's needs and strengths.

Your CATS team will help you connect with the services and supports that will work with you to further develop and implement a longer-term treatment plan.

Write the questions you have about your child's crisis, mental health, risk concerns, recommended treatment and medications, and available resources. Ask your CATS team to review your questions with you so you can be clear on next steps to support your child and family.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(5) Tools and Skills

During CATS, you will be supported by a team that can help you identify new skills and tools that your family may benefit from developing. During this time, it is helpful to practice what you are learning and to be supported in doing things that may feel unfamiliar or challenging.

Based on your unique needs and circumstances, the following may be explored:

- Problem-solving
- Communication
- Asking for help
- Setting Boundaries
- De-escalation
- Emotion Regulation
- Handling unexpected events
- Coping with stress
- Recognizing triggers
- Self care and health-supporting routines
- Advocacy
- _____
- _____
- _____
- _____
- _____

Honoring that you will recognize what is working well and what might need to be adapted will help you to communicate with your child, other family members, your child’s therapist, educators, and other supporters.



Resources:

- **Collaborative Problem Solving** - a model of support that maintains the view that “children do well if they *can*.” If they can’t, the adults in their lives need to understand what is getting in their way in order to help them build the skills needed to do well in their day to day living. Contact Oregon CPS Project at OHSU for information and resources for parents and providers across the state. 503-346-1490 | CPS@ohsu.edu
- **Self Injury information** and resources - how to understand and talk about self injury for parents, for people who self-injure, for friends and for providers. <http://www.selfinjury.bctr.cornell.edu/resources.html>

Transitioning from CATS Program

At closing of the CATS program, you may be surprised when you notice how much progress your family has made in such a brief time. You've learned new information about mental health and the systems that relate to health care, education, and insurance. As life continues and you are providing for your family's health and well-being, you now have more resources to support you.



Take a moment to reflect on how far you've come since CATS started.

Where you were when you started CATS on _____:

Where you are today _____:

Family strengths identified, developed, nurtured:

Hardships or barriers you have overcome:

You are now transitioning to the treatment and support team you've assembled over the past weeks since your crisis. You are encouraged to use your safety plan, stay connected with your support system, and follow through with treatment recommendations. Remember to take care of the basics like down time, breathing, eating, making enough time for sleep and play time.

Discuss with your CATS team whether there is opportunity to re-engage with them and the circumstances that may prompt this. You may get a follow up call from someone in the state CATS program to check in with you on how you are doing and to hear your feedback on the program.

The *Crisis and Transition Services - A Guide for Families* was written by Julie Magers with input from family peer support specialists who have personal experiences navigating crisis services and from CATS program staff. Contributors include: OHSU, OFSN, NAMI Multnomah, Lifeworks NW, Catholic Community Services, Oregon Department of Education, and Oregon Health Authority.

Magers, J.E. (BA). (2018, 2019). *Crisis and Transition Services – A Guide For Families*. Portland, OR.

For questions or feedback about this document, please email: CATSinfo@ohsu.edu

