What are Community Action Teams (CAT) and How Can They Help?

Child Protection Summit 2018
September 7, 2018
Learning Objectives

• Participants will learn about the Community Action Team (CAT) program, to include eligibility, goals, approach to treatment and the location of current teams.

• Participants will have the opportunity to improve their understanding of child welfare’s role and critical need to partner for this model to be successful.

• Participants will learn the challenges using a family-focused model, effective teaming strategies with child welfare and ways to tailor services for this population.

• Participants will learn about effective practices CAT Teams use while assisting children, youth and young adults.
Background of the CAT Program

• In 2005, the Legislature funded a pilot Community Action Treatment Team (CAT) program for children, adolescents and young adults with significant mental health needs in Manatee and Lee Counties.
  ➢ The specific appropriation stated that children ages 5-18 at risk of residential placement would receive intensive services from a team of psychiatrists, counselors, case-managers, and mentors who will be available seven days a week and twenty-four hours a day.
  ➢ The goal was to stabilize the mental illness so they could continue to live in the community with their family.

• In 2013, the Legislature appropriated funds for ten CAT teams and instructed the Department to contract directly with the ten named providers. The specific appropriation stated that the teams were established as pilot projects providing comprehensive, community-based services to children aged 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as:
  ➢ being at risk for out-of-home placement as demonstrated by repeated failures as less intensive levels of care;
  ➢ having two or more hospitalizations or repeated failures;
  ➢ involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement;
  ➢ or poor academic performance and/or suspensions.

  *Children younger than age 11 may be candidates if they meet two or more of the aforementioned characteristics.*

• The Legislature appropriated funds for additional CAT teams from 2015-2017 and named specific providers and counties to be covered. In 2017, the Proviso gave the Department the discretion to contract directly with providers or transition the CAT services to the Managing Entities (ME). The Department is strategically transitioning the CAT teams to the MEs to be completed by June 30th, 2018 to ensure these services are integrated into the local behavioral health system of care.
Eligibility Criteria

• To be eligible for services, individuals aged 11 to 21 must have a mental health diagnosis or co-occurring substance abuse diagnosis with one or more of the following accompanying characteristics:
  ➢ The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
  ➢ The individual has had two or more periods of hospitalization or repeated failures;
  ➢ The individual has had involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or
  ➢ The individual has poor academic performance or suspensions.
  *Children younger than 11 with a mental health diagnosis or co-occurring substance abuse diagnosis may be candidates if they meet two or more of the aforementioned characteristics.*

• Individuals residing in therapeutic placements such as hospitals, residential treatment centers, therapeutic group homes and therapeutic foster homes; and those receiving day treatment services are not eligible to receive CAT services.
Program Goals

• Strengthen the family and support systems for youth and young adults to assist them to live successfully in the community;
• Improve school related outcomes such as attendance, grades, and graduation rates;
• Decrease out-of-home placements (For FY 2016-2017, 87.9 percent of young people served were discharged and living in their communities);
• Improve family and youth functioning;
• Decrease substance use and abuse;
• Decrease psychiatric hospitalizations;
• Transition into age appropriate services; and
• Increase health and wellness.
CAT Model

- Based on a family-centered approach “meeting the family where they’re at.” This flexibility in service delivery is intended to promote a “whatever it takes” approach to assisting youth and their families to achieve their goals.
- Assisting parents/caregivers to obtain services and supports in a comfortable manner (culturally & linguistically).
- May include the provision of information and education about how to obtain services and supports
- Assistance with referrals when needed for goal attainment
- Working collaboratively to deliver behavioral health services with integration of primary care and broadening the family’s expectations and potential.
- Coordinating with other community service providers when necessary
- Assist the family in developing or strengthening their natural support system.
CAT Tasks

- Crisis intervention 24/7 for supportive counseling
- Coordinating care with other key entities such as other service and support providers, child welfare, schools, juvenile justice
- Advocating for families
- Assistance for access to services and supports such as medical, dental, tutoring, housing, transportation, employment, legal service, and other behavioral services
- Psychiatric services
- Treatment services for co-occurring mental health and substance use or abuse interventions
- Respite services
- Counseling, therapeutic mentoring and other related therapeutic interventions
- Transition services
- Transportation assistance
- Parenting skills, behavior modification, family education and independent living skills
SAMH Community Action Teams (CAT)

CAT Providers

1. SalusCare - Lee
2. Centerstone - Sarasota, DeSoto
3. Circles of Care - Brevard
4. Life Management Center - Bay
5. David Lawrence Center - Collier
6. Child Guidance Center - Duval
7. Institute for Child and Family Health - Miami-Dade
8. Gracepoint - Hillsborough
9. Personal Enrichment Mental Health Services (PEMHS) - Pinellas
10. Peace River Center - Polk, Highlands and Hardee
11. COPE Center - Walton
12. Lifestream Behavioral Center - Sumter and Lake
13. New Horizons Behavioral Health - Martin, Indian River, Okeechobee, and St. Lucie
14. Aspire Health Partners - Orange
15. Citrus Health Network - Miami-Dade
16. Centerstone - Manatee
17. Lakeview Center - Escambia
18. Sinfonia - Alachua
19. Baycare Behavioral Health - Pasco
21. The Centers - Marion
22. Sinfonia - Palm Beach
23. Bridgeway Center - Okaloosa
24. Apalachee Center - Leon, Gadsden, Wakulla
25. Charlotte Behavioral Health Care - Charlotte
26. Halifax Health - Volusia, Flagler
27. Clay Behavioral Health Center - Clay, Putnam
28. Smith Community Mental Health - Broward

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

MyFLFamilies.com
Senate Bill 7026 – Public Safety
“Marjory Stoneman Douglas High School Public Safety Act”

SB 7026 appropriates an additional $9,800,000 in recurring general revenue for the Department to competitively procure to ensure the availability of CAT services in the remaining areas of the state.

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Jade

A Success Story

Michelle Fiallo
Clay Behavioral Health Center
(Serving Clay & Putnam Counties)
Partnership Between Child Welfare and CAT Teams

• The youth I am about to discuss was referred to the CAT Team from the Department of Children and Families.
• Approximately 1/5 of the Clay/Putnam CAT Team Referrals are coming from Child Welfare referrals.
• Child Welfare Teams and CAT Teams can work collaboratively to help families.
A release has been signed by both Jade and her mother to release all information and photographs that are included in the power point presentation today.
Child Welfare Involvement

In November 2017, Jade and her mother got into a verbal argument that was quickly escalating. Jade broke a glass bottle and was threatening to harm herself. Jade’s mother attempted to grab the bottle from Jade to prevent Jade from harming anyone and during the shuffle her mother’s right wrist and artery were severed. Jade immediately called 9-1-1 and her mother was taken to the emergency room. The police called Department of Children and Families and DCF called the CAT Team.
Background Information

At the time of intake, Jade was a 16 year old, single white female. Jade had previously been diagnosed with Schizoaffective Disorder, Depressive Type. At this time, Jade had a history of multiple baker acts due to suicidal ideation. Jade had not been going to school because she had dropped out. Jade was living with her mother and younger brother, whom she had not been getting along with. Jade was at risk of being removed from the home due to DCF involvement secondary to a physical altercation between her and her mother. Jade also had a history of trauma which was weighing heavily on her.
CAT Eligibility Criteria

Community Action Treatment (CAT) Team Eligibility Criteria Checklist:

- The Client is aged 11 to 21 and
- The Client has a mental health diagnosis or co-occurring mental health and substance abuse diagnosis, and

Have one or more of the following accompanying characteristics:

- The client is at risk for out of home placement as demonstrated by repeated failures as less intensive levels of care;
- The client has had two or more periods of hospitalization or repeated failures;
- The client has had involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or
- The client has poor academic performance or suspensions.
Treatment Planning (Goals)

- Figure out the best option for school (her base high school, virtual school, GED, etc...) and get her motivated enough to go.
- Improved relationships with mother and brother
- Better control of emotions and temper through use of coping skills
- Reduce/Eliminate Baker Acts and keep Jade in the community
- Work through Jade’s trauma.
- Decrease symptomology related to depression.
“Jade has been in counseling since the age of 10, but has not gotten anything out of it. She has had around six counselors total so far. She has not built rapport with any of them. I don’t know if it will be any different with the CAT Team. I’m really worried that she will end up in jail or residential soon.”

- Quote by Sarah (Jade’s Mother)
Treatment Planning (Barriers)

- Mother reported that over many years of mental health treatment, Jade had not been able to build rapport with staff and stated that this would be a barrier in her treatment with the CAT Team as well.

- Jade self-identified her “short-temper” as a major barrier to success in both the past and in the present.

- Based on Jade’s past decision making, she had made some enemies in the neighborhood that would tempt her to slip back into her old ways of fighting when she would see them around the neighborhood.

- Jade was so behind in school that she would not be able to graduate on time the traditional route. At the age of 16, she was at a 5th grade level academically.
CAT Team Interventions

- Counseling
- Case Management
- Mentoring
- Respite Care
- 24/7 On-Call Phone Access
- Advocacy
- Medication Management
Counseling

• Through Individual Counseling, Jade was able to learn and implement use of coping skills to help her better cope with everyday life.

• Through Family Counseling, Jade was able to improve in the relationships with her mother and brother. They were able to work through past resentments and grow closer to each other.

• Through the use of TF-CBT, Jade was able to work through past trauma. She is no longer blaming herself or experiencing shame from her past trauma.
Case Management

• With the assistance of the CAT Case Manager, Jade was able to get enrolled into a GED Program.

• With the assistance of the Case Manager, Jade and her family were able to move into a safer apartment.
Mentoring

• After completion of the intake, the Mentor was the first CAT Staff to meet with Jade.

• Rapport between the two was established immediately.

• Jade brought the Mentor to her “Safe Place” (a park around the corner from her house) and opened up to the Mentor sharing her personal song lyrics that she had written about her life.

• The Mentor continued to play a crucial part in encouraging and facilitating Jade’s success.
Respite Care

• Respite Care is a part of the CAT Program.

• There were times where Jade and her mother both needed a break from each other.

• Respite Care for Jade most often consisted of going to the park with her mentor where she would rap for her mentor and share what the lyrics she wrote meant to her personal life.

• Jade was also taken to have her eye brows done at the salon for respite care on her birthday.
24/7 On-Call Phone Access

• The CAT Team provides every client family access to a 24/7 on-call phone number, which is staffed by Mastered Level Clinicians.

• On 01/26/2018, one of the Clinicians received a call on the on-call phone from Jade and her mother.

• Jade and her mother were being threatened by a couple of neighbors, felt unsafe, and did not know what to do. Jade reported that she had other enemies in the neighborhood who were friends with these neighbors as well.

• The police were called by the family and the CAT Team was able to locate temporary shelter for the family while the police handled the matter.
While the family was in the shelter, the CAT Team met with the family. The family expressed fear in returning back to live in the same apartment because they did not know if other neighbors would come to threaten them too. They said they were unable to move because their lease was not up yet. The CAT Team assisted the family by advocating for them with the landlord and the family was allowed to move into another apartment.
Medication Management

Jade has been taking her medication as prescribed. Jade has access to both the doctor and the nurse as needed. Jade has not been experiencing any side effects or problems with her prescribed medication.
Summary of Progress

- DCF was able to close their case and the family has had no further DCF involvement.

- School: Jade came into the program at a 5th grade level. Jade is now on pace to graduate from her GED program this year.

- Family Relationships: Jade and her mother both report that they are getting along much better and are respecting and trusting each other now.

- Mood: Jade reports feeling both happy and free. She no longer feels depressed or angry.

- Jade is no longer getting into fights or getting Baker Acted.
Updated Quote from Jade’s Mother

“\[\text{I am thrilled with the CAT Team. Jade is doing great. There has been a complete turn around in her attitude and in her behavior. I also love that the CAT Team helped Jade to get enrolled into a GED Program.}\]\n
-Quote by Sarah (Jade’s Mother)
Jade and Her Mother Today
Parent Service Perspective Case Study

Angela Lee-Wilson
Child Guidance Center (Serving Duval County)
Demographics

- African American Family
  - Single mother 31
  - Client (female) 13
  - Four younger male siblings 12, 11, 9, 3
- Mother HS education
- Employed FT
- Renting
- Low SES
DCF Involvement

- Onset at age 1
- Removed from home as a toddler
- Ongoing DCF reports
- Most recent DCF allegations
Behaviors at Onset

- Physical aggression
- Extreme anger outbursts
- Destruction of property
- Abusive language
- Running away
- Poor school conduct
- Defiance
- Threats of self harm
- Numerous Baker Acts
- Promiscuity
- Assault with a deadly weapon on mother
Previous Services

- Outpatient mental health therapy
- Medication management
- Targeted case management
- IEP
- After school enrichment program
- Enrolled in CAT services September 2017
What Did Not Work

- Intensive individual therapy provided to client
- Organized or structured activities
- Incentives
- No family engagement
- Out of home placement
- Baker Acts
What Did Work

- Parent education
- Parent support
- Structured purposeful family time
- Parent mentor
- Parent groups
- Client engagement with parent involvement
How Services Were Tailored

- Brought on a parent mentor/targeted case manager
  - Role modeling
  - Discipline techniques
  - Housing referrals
  - Career support
Current Status

- Client has been referred for less intensive services
- Family is now in their own home
- Mother has employment
- Client behaviors have improved to no Baker Acts in 5+ months
- Reduced negative behaviors
- Client employed over the summer
- No founded DCF cases since Jan 2018
Aspire Community Action Team

Paul Leotaud
Aspire Health Partners
(Serving Orange County)
Challenges to using a family-focused model

• Family dynamics may be the main contributor youth’s concern or needs
• Large households may make it difficult to address multiple problems from multiple members
• The need to be flexible with scheduling to accommodate the whole family
• When some members are not committed to the whole family’s well-being
• When youth may not be safe within the home.
• In some cases when due to trauma, it may be best to provide individualized services, rather than as a family unit.
Effective Teaming Strategies
Part 1

• Agencies reaching agreement on common values, philosophies, language, and purpose

• Enhancing collaboration through email, phone and face-to-face, to ensure rapid response to a range of scenarios (reunification, foster placement, or release from hospital)
Effective Teaming Strategies
Part 2

• Understanding the power of the family’s combined influence on youth.

• Members of treatment team meetings should include Guardian ad Litem, child welfare case manager, school staff, natural supports, and juvenile justice.
Effective Practices

- Wraparound System of Care
- Motivational Interviewing
- Solution-focused therapy
- Cognitive Behavioral therapy
- Community Outings
Chautauqua Healthcare Services
CAT Case Study

Kimberly Ray
Chautauqua Healthcare Services (COPE)
(Serving Walton County)
Case Facts

Client came to program with no prior child welfare involvement. Client met criteria for multiple Baker Acts, truancy, academic problems, and law enforcement involvement. The client was a 15 year old Caucasian female who was referred by outpatient services. Intake was completed and within three months of beginning CAT services the child was sheltered and removed from the care of the parent due to an abuse report that was made by our team. The client was sent out of county to South Florida to be placed in a group home and returned to Walton County four months after removal to live with a relative caregiver. Our team became involved again at that time with the client, parent, relative caregiver and the dependency case worker. The client was diagnosed with Major Depressive Disorder, Recurrent Episode, Moderate and Post Traumatic Stress Disorder.
Family Focused Model

• Establishing Rapport
• Identifying specific needs across various domains from the beginning.
• Constant and consistent partnership throughout the treatment process with the family and other key players.
Establishing Rapport

- Addressing the elephant in the room
- Trauma-Informed Care
- Strengths based foundation
What are the needs of the family?

- North Carolina Family Assessment Scale G+R (NCFAS)
- Utilize shared resources
- Maslow’s Hierarchy
**Maslow's Hierarchy of Needs**


**Self-Actualization** - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

**Physiological**
- Breathing, food, water, homeostasis

**Safety**
- Security of body, of employment, of resources, of morality, of the family, of health, of property

**Love/Belonging**
- Friendship, family

**Esteem**
- Self-esteem, confidence, achievement, respect of others, respect by others

**Self-Actualization**
- Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

**Abraham Maslow**
Working Together In Our Lanes

- Multidisciplinary Approach
- Weekly Roundtable Staffings
- Tracking Progress
- Building Natural and Formal Supports
Case Facts Conclusion

• The client was closed out of CAT services in February of 2018 approximately three months after reunification with the parent.

• The client was back in the home with their parent, child welfare was no longer involved, there were no longer truancy issues, they were making straight A’s and back on track to graduate on time. The client began exploring career paths in nursing.

• Their diagnosis at time of discharge was Major Depressive Disorder, Mild.
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QUESTIONS?