

CYBH CAT

CHILDREN AND YOUTH BEHAVIORAL HEALTH

CRISIS ASSESSMENT TEAM



WHAT IS CYBH CAT?

- A 24/7 mobile crisis assessment team within children and youth behavioral health services, which is part of the Orange County Health Care Agency.
- Made up of licensed mental health professionals, or licensed eligible mental health professionals, who at a time of crisis provide assessment to individuals under the age of 18 years old to determine whether they require psychiatric hospitalization or can be safely referred to a lower level of care.

- CYBH CAT started in 2009 under the Mental Health Services Act (MHSA) with the intent to provide crisis services to the community by clinicians who are highly trained and specialize in the area of crisis assessment and intervention.
- CYBH CAT provides all services in the field and responds to emergency departments, medical floors in hospitals, schools, mental health agencies, medical clinics, police stations, community centers, group homes, and also private homes when accompanied by law enforcement.
- CYBH CAT responds to secure locations.

WHO DOES CYBH CAT SERVE?

- Anyone under the age of 18 (who is not legally emancipated), who is physically within the boundaries of Orange County, regardless of their residence.
- Anyone experiencing a crisis where there is concern for the safety of the individual and/or the community.
- Anyone who is in a secure environment at the time of the crisis assessment.

WHO IS AN EMANCIPATED MINOR?

- Anyone under 18 who is:
 - Married
 - Divorced
 - Currently on active military duty
 - Legally emancipated by the court

- CYBH CAT clinicians work within California laws that govern the treatment and care of mentally disordered individuals. These laws dictate when an individual may be taken into involuntary detention for further evaluation and treatment.



- These state laws are under the Lanterman Petris Short Act (LPS), which was established in 1968.

WHAT IS A 5585?

- When a minor, as the result of a mental disorder, is a danger to others, a danger to self, or gravely disabled, a person designated by the County may upon probable cause initiate a 72-hour detention for psychiatric evaluation and treatment.

- THIS IS A LEGAL PROCESS

WHAT IS A GRAVELY DISABLED MINOR?

- A person 17 years or younger who, as a result of a mental disorder, is unable to utilize elements of life which are essential to health, safety and development, including food, clothing or shelter, even though provided to the minor by others.

WHEN SHOULD YOU CALL CYBH CAT?

- When the individual:
 - Expresses words or actions that indicate he/she intends to harm self or others.
 - Is threatening or engaging in dangerous acts that exhibit gross disregard for the safety of others.
 - May be in jeopardy due to inability to utilize food, clothing or shelter.



WHEN SHOULD YOU CALL CYBH CAT?

- When there is any question or concern regarding an individual's safety due to mental illness and/or emotional difficulties.
- When in doubt, call.



WHEN TO SEEK MEDICAL HELP PRIOR TO CALLING CYBH CAT



- If the individual is medically compromised such as by a self-injury or substance use, they need medical clearance prior to a crisis mental health assessment.

WHEN TO CONTACT THE POLICE PRIOR TO CONTACTING CYBH CAT

- Call 911 if the individual is acting in a way that is unmanageable or dangerous.
- Call 911 if the individual runs away after he/she has indicated in some way a concern for their safety.



RED FLAGS

- Threats
- Plans
- Means



RED FLAGS

- Prior attempts
- Substance abuse
- Diagnosis of a mental disorder
- Past or present trauma/abuse



RED FLAGS

- Family History
- Isolation or withdrawal
- Lack of support system
- Recent loss



RED FLAGS

- Recent catastrophic events in the community
- Pacts
- Criminal justice involvement
- Parent conflict
- Relationship issues



RED FLAGS

- Victim of bullying
- Hopelessness/no plans for the future
- Weight gain or loss without explanation



RED FLAGS

- Sleep disruption
- Themes of persecution
- Paranoia
- Command hallucinations



RED FLAGS

- Victim of bullying
- Hopelessness/no plans for the future
- Weight gain or loss without explanation



SUICIDE CONTAGION







CURRENT TRENDS OF RISKY BEHAVIOR AND SELF HARM WITH CHILDREN AND YOUTH

1. Carve with a razor "PSY" on your hand, send a photo to the carter.
2. Wake up at 4:00 a.m. and watch inspirational and scary videos that carter sends you.
3. Cut your arm with a razor along your veins, but not too deep only 3 cuts, send a photo to the carter.
4. Carry a whole pig's heart of meat, send a photo to carter.
5. If you are ready to "become a whale", carve "YES" on your leg. If not, cut yourself many times (watch yourself).
6. Talk with a carter.
7. Carve "FBI" on your hand, send a photo to carter.
8. Give "Bum, Whelp" in your WhatsApp status.
9. You have to overcome your fear.
10. Wake up at 4:00 a.m. and go to a roof (the higher the better).
11. Carve a whole pig on your hand with a razor, send a photo to carter.
12. Watch inspirational and horror videos all day.
13. Listen to music that "they" (carter) send you.
14. Cut your lip.
15. Pick your hand with a needle many times.
16. Do something painful to yourself, make yourself sick.
17. Do to the highest roof you can find, stand on the edge for some time.
18. Do to a bridge, stand on the edge.
19. Climb up a crane or a ladder try to do it.
20. The carter checks if you are breathing.
21. Have a talk "with a whale" (ask question player like you or with a carter) in Skype.
22. Do to a roof and sit on the edge with your legs dangling.
23. Another talk with a carter.
24. Secret task.
25. Have a meeting with "whale".
26. The carter tells you the date of your death and you have to accept it.
27. Wake up at 4:00 a.m. and go to roof (not any railroad that you can find).
28. Don't talk to anyone all day.
29. Make a vow that "you're a whale".
30. Watch something you make up at 4:00 a.m. watch horror videos, listen to music that "they" send you, make 1 cut on your body per day, tell "he a whale".
31. Carry off a high building. Take your life.

TRENDING NOW



- Blue Whale Challenge
- Cinnamon Challenge
- Saltine Cracker Challenge
- Ghost Pepper Challenge
- Carolina Reaper Challenge
- Eyeball Shooters
- Butt Bongs
- Hairspray Challenge
- Hairspray and Lighter Challenge
- Self-harm in general

USE OF CERTAIN LEGAL AND ILLEGAL SUBSTANCES CAN MIMIC MENTAL DISORDERS

- | | |
|-------------------------|--------------------------------|
| • Methamphetamine | • Vicodan, Percocet, Oxycontin |
| • Spice | • Heroin |
| • Ecstasy | • Energy drinks |
| • Molly | • Viverin, caffeine pills |
| • Hell's Bells | • Kava |
| • Salvia | • Xanax, Valium, Ativan |
| • Bath Salts | • Ritalin, Adderal |
| • Coricidin, Robotussin | |

NATIONAL TRENDS AND STATISTICS

- Suicide attempts among individuals ages 5 to 17 more than doubled between 2008 and 2015 (pediatric health information system).
- Suicide is the 3rd leading cause of death among 15 to 24 year olds.

ADDITIONAL TRENDS AND STATS



- Children and youth tend to engage in suicidal actions in Fall and Spring. Whereas, adults are more suicidal in Spring and Summer.
- Fall is the most likely time of year for children and youth to complete suicide.

TRENDS AND STATS WITH YOUNGER CHILDREN

- Between 2013 and 2015, the suicide rate for children ages 5 to 12 more than doubled.
- One child under the age of 13 dies as a result of suicide every five days in the United States.



MORE TRENDS AND STATS FOR YOUNGER CHILDREN

- Factors for suicide with younger children are different from teens.
- Younger children act more impulsively when attempting suicide.
- A large percentage of suicide victims under the age of 12 have been identified as having attention deficit hyperactivity disorder (ADHD).

SCHOOLS AND INTERNET

- Preliminary studies indicate that schools and electronic technology/internet contribute mostly to the increase in suicidal actions for individuals ages 5 to 17.

WHY SCHOOLS?



- School systems are becoming increasingly challenging for children and youth.
- School is where individuals first learn to manage systems.
- School is where individuals are challenged both academically, socially and physically.

BULLYING



- School is where bullying often occurs.
- Being bullied is highly correlated with suicidal thoughts and actions in youth.
- The federal government completed a meta-analysis from 80 studies conducted on bullying between 2005 and 2016.

BULLYING STATISTICS IN THE US

- 35% of students report being bullied by "traditional methods" such as name calling and excessive teasing.
- 15% of students report being cyber-bullied.
- "Serious" bullying, where there is threat of harm or the student is actually hit or kicked, occurred in 20% of the male students and 8% of the female students.
- 64% of these students who identify as having been victimized never report having been bullied.
- Students cite the reason they do not report bullying is because they believe nothing will be done.

MORE ON BULLYING

- 57% of bullied students report that bullying stopped when a peer intervened on their behalf.
- School-based bully prevention programs decrease bullying by 25%.



THE INTERNET AND CYBER BULLYING



- Since 2008, bullying incidents have dramatically increased due to the use of electronic technology, such as social networking, email and texting.
- The internet provides a wealth of information on how to harm self and hurt others in the most efficient and devastating ways.

TEEN SUICIDE IN ORANGE COUNTY



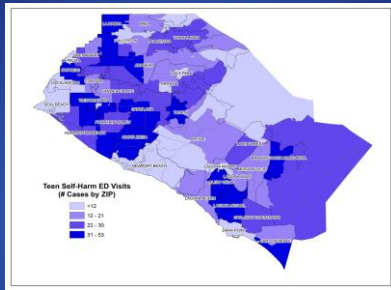
ORANGE COUNTY STATISTICS

- Orange County remains significantly below the national average for teen suicide rates.
- Orange County remains below the suicide rate for California.

TEEN SELF HARM IN OC

- In the past 3 years, 865 teens were treated in Orange County emergency departments for self harm.
- 75% female, 25% male
- Females injure themselves by overdose (61%), cutting (32%), hanging (1%), jumping (0.2%)
- Males injure themselves by overdose (49%), cutting (28%), hanging (5%), firearms (0.5%), jumping (0.1%)

SELF HARM CASES IN ORANGE COUNTY



TEEN SUICIDE IN OC

- On average, 9 teen males and 4 teen females commit suicide each year in Orange County.
- Hanging and suffocation are the most common mechanisms of suicide and occur in more than half of the cases (53.8%).

MORE ON TEEN SUICIDE IN OC

- Firearms is the second most common method of "completed" suicide in teens in Orange County.
- Firearm deaths were exclusively male.
- Jumping from high places was the second most common method for females.



HEAT OF THE MOMENT STATEMENTS



- People often say things in moments of rage, anger, frustration that they do not actually mean, or regret soon after having verbalized these thoughts.

WHEN CALLING THE CYBH CAT TO REQUEST A CRISIS EVALUATION

- Be prepared to provide the minor's legal name (with correct spelling), birth date, social security number (if possible), address, phone number, parent/guardian name, and the parent's contact information.
- Be prepared to answer basic questions about the current situation.
- State clearly and concisely the reason why you believe the minor might be a danger to him or herself.
- Make sure the minor is accessible at the time you place the call (not at home or some other location).

OTHER THINGS TO KNOW AND CONSIDER

- The minor's parents must be informed that their child is being evaluated.
- The law states that every reasonable effort must be made to have the parent participate in the evaluation process.
- CAT clinicians will ask you to contact the parent and have them come to the site immediately.
- Any crisis evaluation request accepted by CAT is considered an emergency. There will be no delays in the process to accommodate parents'/guardians' schedule, school activities, classes, tests, etc.

REASONS WHEN A CRISIS EVALUATION BY CAT IS NOT WARRANTED

- When trying to get the minor help without the parents' knowledge
- Because the minor needs counseling/therapy
- To try to force the parents/guardians to take the minor for counseling/therapy
- To pressure the minor into better behavior
- To get the minor evaluated for medication
- Because you suspect child abuse



Orange County | Behavioral Health Information & Referrals

855-OC-Links
(625-4657)

**WHEN IN DOUBT, CALL CAT TO
CONSULT AT
866 830-6011**



PREPARING FOR THE CAT EVALUATOR

- Keep the minor in direct line of sight at all times.
- Keep the minor under the supervision of a responsible adult who is aware that the minor is a safety concern.
- Do not allow the minor access to other students.
- Do not allow the minor access to texting or social media.

MORE PREPARATIONS

- Contact the parent/guardian and briefly explain what is happening and direct them to come to the site without delay.
- Prepare for a quiet, private area/room for the CAT evaluator to conduct interviews of the minor and parent.
- Contact police/security if needed to maintain safety.
- If the minor runs or becomes physically violent to property, self or others, call 911 immediately.

WHAT HAPPENS ONCE THE CYBH CAT EVALUATOR HAS ARRIVED

- As all situations involving a crisis evaluation are unique, each evaluation may proceed differently, depending on the circumstances.



ELEMENTS OF A CRISIS EVALUATION



- Most evaluations start with the cat evaluator meeting briefly with the referring party to gather information
- Review available records and reports
- Interview the minor
- Interview the parent/guardian

MORE ELEMENTS OF A CRISIS EVALUATION



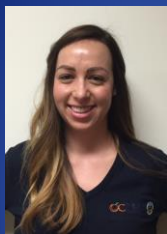
- The CAT evaluator may consult with other clinicians or supervisor.
- Provide a disposition to the referring party.
- Provide a disposition to the parent/guardian and the minor .

WHAT ELSE WILL THE CAT EVALUATOR DO DURING THE EVALUATION?

- Facilitates admission to a hospital, if required.
- Arranges transportation to the hospital.
- If hospitalization is not recommended, provides referrals to appropriate outpatient resources.



OTHER THINGS TO KNOW ABOUT THE PROCESS



- Sometimes a minor requires hospitalization and there are no psych beds available.
- If this happens, the CAT evaluator will facilitate ambulance transport for the minor to be admitted to an appropriate emergency department until a psych bed can be located.

HOW LONG DOES IT TAKE?

- The duration of each evaluation varies.
- The average length of time is 2 to 4 hours, but can last as long as 6 or 7 hours.
- Be prepared to have adequate staffing and security on site throughout the evaluation.



INTERVIEW WITH A MINOR

- Almost all information provided by a minor during the crisis interview will be protected information through Health Insurance Portability and Accountability (HIPAA) laws.
- It's highly unusual to allow others (teachers, counselors, friends, etc.) to sit in on this interview due to HIPAA.
- Others present during the interview may also influence or impair the minor's behavior and communication.

MORE ABOUT THE INTERVIEW WITH THE MINOR

- The CAT evaluator will provide appropriate interventions during the interview in an attempt to diffuse the crisis and stabilize the minor, and assist them in returning to a safe level of functioning, if possible.
- CAT clinicians utilize strength-based interviewing techniques.
- Emphasis is placed on relaxation and coping skills, anger management, and safety planning.

OTHER INFORMATION TO KNOW ABOUT THE INTERVIEW WITH THE MINOR

- Each CAT evaluator is specially trained and has extensive experience in assessing high risk and dangerous behaviors in children and adolescents.
- Evaluators utilize many tools and advanced crisis assessment skills to make the determination of best care and safety for the minor.

EVALUATION TECHNIQUES



- CAT evaluators are skilled at assessing not just what the minor is saying during the interview. There are various other factors to consider such as observations, behaviors, reactions, interactions, logic and ability to problem solve, strength of the support system, history, motivation, etc.
- Recommendations are not made exclusively on what the minor is saying.

HOSPITALIZATION



A FEW WORDS ABOUT PSYCHIATRIC HOSPITALIZATION



DOES THE MINOR NEED HOSPITALIZATION?

- If the minor is determined to be a danger to himself or herself, a danger to others, or gravely disabled, hospitalization will be recommended.
- CYBH CAT recommends hospitalization for approximately 40% of the children and youth that are evaluated.



WHAT HAPPENS IF HOSPITALIZATION IS REQUIRED?

- Minor will need to be admitted to a LPS designated facility.
- A CAT evaluator will attempt to find a bed in one of these LPS facilities, and will coordinate ambulance transport to the psych hospital.
- If a psych bed cannot be found, the CAT evaluator will arrange for an ambulance to transport the minor to an appropriate emergency department where they will wait until a bed can be located.
- CYBH CAT will continue to search for a psych bed 24/7.

WHAT OCCURS AFTER ADMISSION TO A PSYCH HOSPITAL?

- Once admitted, the minor will receive additional psychiatric evaluation and treatment.
- This may include a medication evaluation.
- Once the minor is stabilized and no longer a danger to self, others or gravely disabled, he/she will be discharged from the hospital.

DISCHARGE FROM THE HOSPITAL

- In most cases, the CYBH CAT Clinical Care Coordinator will work with the hospital Social Worker to arrange for appropriate aftercare for the minor.
- Outpatient services are voluntary and is the responsibility and choice of the parent/guardian to follow through on recommendations for outpatient services after the minor is discharged from the hospital.

RIGHT TO PRIVACY

- CYBH CAT is unable to provide any information to outside sources, such as school psychologists and counselors, private therapists, and treating physicians, as to the course of the child's hospitalization, discharge date, and recommended aftercare, unless the parent signs a release specifying that the Health Care Agency may release this information to the identified party.



AFTERCARE

- A variety of aftercare referrals and recommendations are available to children and youth who are hospitalized by CYBH CAT.
- All hospitalized children and youth are referred for outpatient mental health services upon discharge.
- Additional referrals and resources are available for children and youth who have been hospitalized that provides additional support beyond psychotherapy and medication. These additional resources are detailed in the upcoming presentation on diversions.



DIVERSIONS



COUNTY AND CONTRACT OUTPATIENT MENTAL HEALTH CLINICS



IN-HOME CRISIS SERVICES TEAM



CRISIS RESIDENTIAL PLACEMENT



WRAPAROUND



TOUCHSTONES



FINAL THOUGHTS ABOUT CYBH CAT



WHAT FUNDING SOURCES DOES THE CYBH CAT ACCEPT?

- All funding sources are accepted:
 - Medi-Cal
 - Non-Funded
 - Private Insurance
- No one is turned down
- A sliding scale is available and is based upon ability to pay.



- If a child or youth is in crisis and is at potential risk to harm themselves, someone else, or gravely disabled, the cost of the service or the family's ability to pay should not be a consideration.
- First and foremost is the safety and well-being of the child/youth and the community.
- Financial evaluations are available to insure that CYBH CAT services are not a financial burden to the family.

CYBH CAT SERVICES

- Crisis Evaluations
- Triage
- Consultation
- Information on resources
- Community presentations
- Health Fairs



866 830-6011
CALL CYBH CAT FOR
ALL QUESTIONS AND
REQUESTS FOR
CRISIS EVALUATIONS

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