



Community Action Treatment Team Orientation Handout

CAT Overview

The focus of all Community Action Team (CAT) activities is giving children with serious mental health disorders and their family a new lease on life. The CAT Team is a team of mental health professionals, (psychiatrist or nurse practitioners, nurses, clinicians, case managers, and mentors) working together with families to provide treatment that promotes family wellness, stability, and participation with social services agencies. CAT provides 24-hour on call family support. Therapeutic services focus on parenting skills, behavior modification and social skills development. Services are community-based, with most occurring in the home and school.

The team's goals include:

- (1) Strengthen the family system, resulting in youth living at home and being successful in their own community.
- (2) Improve school related outcomes such as attendance, grades and graduation rates.
- (3) Decrease substance use and abuse.
- (4) Decrease out of home placements.
- (5) Transition into age appropriate services.
- (6) Promote family wellness.
- (7) Decrease psychiatric hospitalizations.

Upon meeting determined goals for services, the youth/family may be transitioned to other services or discharged from services. The following are reasons for discontinuing services from BCI:

- a. Person seeking services wish to terminate CAT because objectives and goals have been completed, or the person seeking services and provider are in mutual agreement that services are no longer necessary.
- b. Person seeking services declines further CAT Team services
- c. Person seeking services cannot be contacted for a period exceeding 30 days.
- d. Provider must discontinue serving a person seeking services due to non-compliance.
- e. Provider wishes to discontinue services to an individual due to that persons threatening to harm others or acts of aggression and/or assaultive behavior.

The CAT Team program does not practice any seclusion or restraint.

CAT TEAM Acceptance Agreement

The Community Action Team is comprised of several individuals working with you and your family toward common goals over a 6-9 month period. CAT members include the Team Lead, Therapist, Case Manager, Mentor, psychiatrist, and licensed nurse. Each CAT member has individual responsibilities, but the members all work together to assist you and your family develop positive communication skills, positive relationships, and general support that can continue upon discharge from CAT. Here is what you can expect from CAT members:

1. The **Team Lead** will meet with the youth and family sporadically to ensure the team is doing what is expected as well as meet regularly with team members to ensure everyone continues to work toward the same treatment goal.
2. The **Therapist** will provide individual, family and group therapy depending upon your child and family's needs.

3. The **Case Manager** is the pivot that coordinates, monitors, links, advocates and supports you. They may help you find services that are in the community that you live in and link you with these services. They will visit your home periodically and keep in contact with you frequently to monitor your needs. They will also be available to assist you with transportation and other areas that you may require assistance with.

4. The **Mentor** is an adult that will meet with the youth and family frequently to help provide the youth with guidance, emotional support, educational support, respite, and other services as written in the treatment plan.

5. The **Psychiatrist and licensed nurse** will assist with medication management should such be an identified part of treatment.

A CAT member will be available 24/7 to assist with emotional support, respite, and guidance as needed. We are aware of your privacy and of laws that restrict our disclosure of information; however, we can serve you better with your permission to share information with other agencies such as school staff, activity organizers, referral sources, and other family members.

Just as the CAT members have an obligation to assist you, the youth, and the family in whatever way we can, we would like for you/parent/caregiver to agree to:

- a. Participate in a weekly (or as scheduled) support session/group
- b. Participate in Family Team Conferences as scheduled
- c. Participate in scheduled psychiatric appointments
- d. Allow CAT team members to visit the home at scheduled times
- e. Sign a release of information for the school
- f. Give consent to video tape during transport for security reasons
- h. Give permission to monitor self-administration of medication if applicable
- i. Give permission for youth to participate in educational groups to include but not limited to HIV/sexually transmitted diseases, domestic violence, cooking, Self-care, etc.; trainings put on by community agencies to include but not limited to educational services provided by law enforcement, emergency management agencies, etc.; and community outings supervised at all times by a member of CAT.
- j. Acknowledge that CAT members will not intentionally place a child in harm's way while understanding there are risks involved in community activities, understand that serious injury, and even death, is possible in such participation.

In Addition, the youth agrees to:

- a. Not having weapons, drugs or alcohol on the agency premises or in vehicle during transport
- b. Assist in the completion of a transportation log
- c. Wear seatbelt during transport
- d. Abide by confidentiality laws; refrain from taking pictures of staff or other clients that are participating in services and refrain from repeating disclosures made by another youth without written consent to do so.
- e. If using CAT electronics (computers, xbox, etc.) no personal logins, emails or social media accounts can be accessed.

PERMISSION TO PARTICIPATE IN COMMUNITY OUTINGS, EDUCATIONAL GROUPS, TRAININGS AND MEDICAL AUTHORIZATION

I, _____, the parent or guardian of (child's name) _____ (child's DOB) _____ hereby give my permission to the staff of the **Community Action Team (CAT)** to

participate in

- educational groups to include but not limited to HIV/sexually transmitted diseases, domestic violence, cooking, Self-care, etc.
- trainings put on by community agencies to include but not limited to educational services provided by law enforcement, emergency management agencies, etc.
- community outings supervised at all times by a member of CAT.

I know of, and acknowledge that CAT members will not intentionally place my child in harm's way. I also acknowledge that I and my child know risks are involved in community activities, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating **in activities supervised under CAT services**. With full understanding of the risks involved, I release and hold harmless the Bridgeway Center Inc and its employees of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against Bridgeway Center Inc. or its employees.

In the event of any injury or illness to my child during his/her participation in any CAT service. I hereby give my permission for the necessary medical treatment to be given to my child. I agree that in the case of injury to my child, I will apply our insurance toward payment of the expenses incurred and will not request payment from Bridgeway Center Inc. for medical costs or injury related costs. The CAT team will be provided with insurance information.

If my child requires prescribed medication or over the counter medication to be administered during any activity provided by a CAT staff member, I will provide the CAT staff member with the original prescription container or the over the counter medication and give my permission for the medication to be taken by my child according to the prescription container or instructions. The CAT staff member will document in their required service record the date/time/medication/physician (if prescribed)/and dosage of any medicine that was taken.

I would like members of CAT to be aware that I or my child has the following medical issues and allergies:

_____	_____
Youth Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
CAT Member Signature	Date