

A Guide for Families:

Tips and resources for navigating crisis and complex behavioral health needs



Introduction

This Family Guide was created for families with input from other families who have lived experiences navigating complex behavioral health needs of their children and navigating services and supports. It is through this perspective that guided the information provided, which includes what families wanted to know or would have liked to know when facing similar circumstances.

This resource is intended specifically for use in two state-funded programs (Mobile Response and Stabilization Services and Intensive In-Home Behavioral Health Treatment), although much of the information is generally applicable.

Beyond these two programs, there are many other services and support for youth and families available from private practices, as well as community organizations that accept multiple types of insurance.

A list of resources is provided at the end and our hope is that you will find the right resources to meet your family's needs.

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Communicating What You Need

When trying to get support for your child and family, it is important to describe what is happening and what you need in a way that others can understand. This can be difficult, but it is essential to getting the help you need.

When experiencing a behavioral health crisis, addressing safety concerns is at the top of the list to do – this may include calling your child’s therapist, crisis services, or even going to the emergency department.

The prompts below may help you communicate in a way crisis supporters can understand:

What is happening?

Describe behaviors, communication, and habits that are preventing your child from participating in their day-to-day activities. These may include:

- Not going to school or not doing well even when they go
- Constant arguing or refusing to talk
- Being explosive
- Saying things that sound hopeless or helpless
- Isolating, losing connection with friends and activities
- Self injury (cutting, burning, scratching to the point of bleeding)
- Drinking alcohol or taking drugs
- Saying they don’t want to be here anymore or life is not worth living

What do you need?

In order for others to provide the most appropriate help, it is important to hear from you what will be most helpful. Crisis responders and mental health providers may add things that you don’t know are available, but finding a way to share what you know you need is a great place to start.

I need to be able to _____.

I need help with _____.

I can’t manage _____.

I’ve tried _____ and _____.

Addressing my concerns looks like _____.

These statements may sound really different coming from the different perspectives of you, your child, or others in the family. That’s okay.

Discussing Your Cultural Needs and Preferences

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 with respect to your cultural needs?
- How can members of your team demonstrate support to you and your family?



Cultural and Linguistic Accommodations

If you experience a cultural or linguistic barrier to getting the help you need, you can ask for help in this area.

Please discuss this with your providers.

Crisis Services – Someone To Call

Crisis services are open to anyone, regardless of insurance, and intended to provide rapid access to support for those experiencing immediate need.



988 Oregon is a free, direct connection to confidential support for anyone who is struggling. It's available 24/7, every day of the year.

988 is for anyone who is experiencing a mental health or substance use crisis, emotional distress or simply needs someone to talk to. It is also for concerned family members, friends or caregivers seeking guidance or support for someone else.

Call 988 | Text 988

Chat Online <https://chat.988lifeline.org/>



YouthLine is a free peer-to-peer help, support, and crisis line for youth up to age 24.

Call | Text | Chat | Email

<https://www.theyouthline.org/>

- Phone [1-877-968-8491](tel:1-877-968-8491)
- Text teen2teen to 839863
- Youth are available daily 4 -10pm
- Adults are available all other times

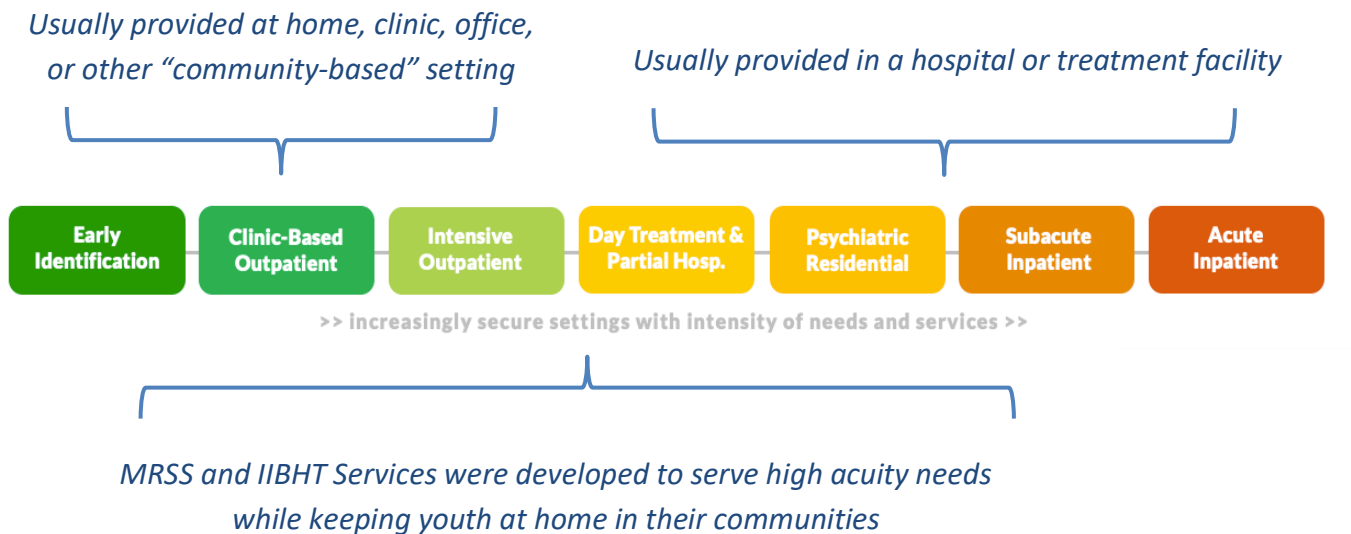
County Crisis Lines | Mobile Crisis Services

Support available through county-specific crisis lines. You can access mobile crisis intervention services through your county's crisis line. For a county-by-county list, see Oregon Health Authority's [Oregon Crisis Resources](#) page.

<https://www.oregon.gov/oha/ph/preventionwellness/safeliving/suicideprevention/pages/crisislines.aspx>

Oregon's Mental Health System and Levels of Care

The youth mental health system is made up of various services. Levels of care refers to how services are organized to meet a spectrum of needs at different settings, frequencies, and intensities. Below is a basic diagram of this continuum.



Support for High Acuity Needs at Home

For many youth and families who have complex or high acuity experiences, it is beneficial to remain at home while participating in more intensive therapy and other services to help address their challenges.

In recent years, Oregon Health Authority created two programs to provide high acuity support in the community so that youth can stay home with their families – Mobile Response and Stabilization Services (MRSS) and Intensive In-Home Behavioral Health Treatment (IIBHT).

This guide gives a brief overview of each program on the following pages.

Mobile Response and Stabilization Service (MRSS)

MRSS is an Oregon service available to youth and families experiencing a behavioral health crisis. This service starts with a call to 988 or the county crisis line. If concerns cannot be addressed on that phone call, a two-person team may be dispatched to the location of the youth and/or their family. This team will help identify what has led to this current crisis and who may provide immediate support to you and your child. The team will help to de-escalate the current crisis you're experiencing and then together with you and your child, explore possible programs, services or supports that can be put in place to meet your family's needs with the goal to decrease the severity and frequency of future crises.

MRSS is available to youth up to age 20 and their families.

The service can last up to 56 days.

It does not require a certain type of insurance; open universally to all Oregonians

Using a team approach, the youth and family may be offered the following services:

- Individual and family therapy
- Family peer support services
- Youth peer support services
- Skills support
- Care coordination
- Crisis support

MRSS is a community-based service, which means the service providers meet you at a place that is convenient and comfortable to you and your family. This can be in your home or somewhere else in the community, like your child's school.

If you feel this is what your youth needs, you can specifically request it when you call 988.

For more information on MRSS and other services and supports:

Visit [Oregon Health Authority's Child and Family](https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/index.aspx) section of the web:

For those receiving a printed copy of this guide, the url is as follows

<https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/index.aspx>

Intensive In-Home Behavioral Health Treatment (IIBHT)

IIBHT is a community-based mental health treatment service for youth with intellectual or developmental disabilities, medical conditions, and/or substance misuse and their families. It is an alternative to out-of-home placements for children requiring more intensive services than are typically provided in a clinic-based outpatient setting.

IIBHT is available to youth up to age 21.

The service does not have a time limit.

It is open to youth who are enrolled in the Oregon Health Plan (OHP) or have an Open Card.

It is not available to youth and families who only have private insurance.

IIBHT uses a team approach, offering the youth and family the following services:

- Individual and family therapy
- Psychiatric Services
- Family peer support services
- Youth peer support services
- Skills support
- Care coordination
- Crisis support
- 24/7/365 availability of proactive and crisis support

IIBHT is a community-based service, which means the service providers meet you at a place that is convenient and comfortable to you and your family. This can be in your home or somewhere else in the community, like your child's school.

For more information on IIBHT and other services and supports:

Visit [Oregon Health Authority's Child and Family](https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/index.aspx) section of the web:

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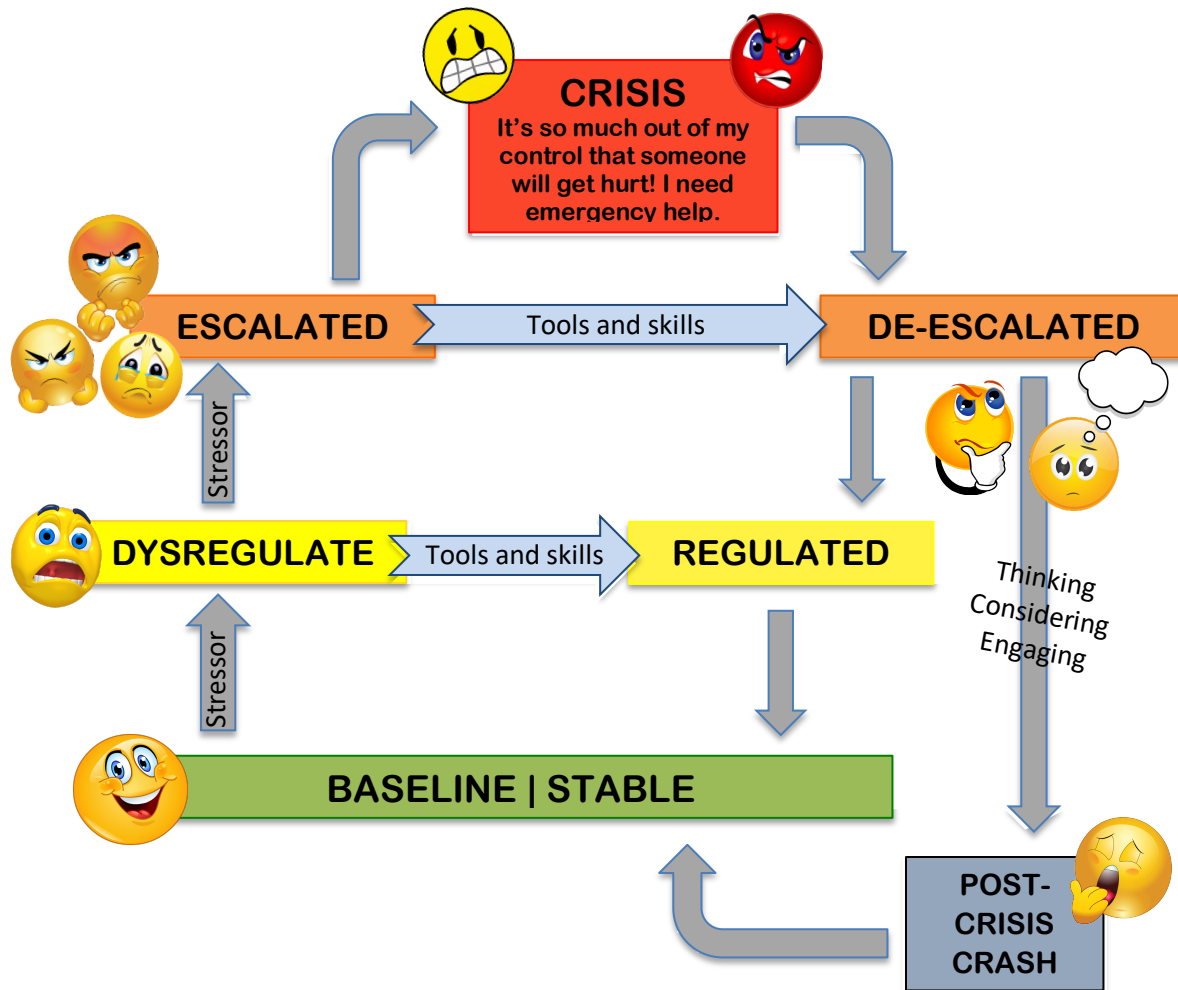
Brief Description of Providers

Various programs and services described on the previous pages may offer some of the following roles. This information is to help you to know who you are working with and what they may do for you and/or your child.

| | |
|---|--|
|  | Youth and Family - You are in the driver's seat. You and your child will be asked what is happening , what happened recently that led to the current crisis, what do you already have in place, what additional support do you need, and what is going to be most helpful to support you. |
|  | Qualified Mental Health Professional (QMHP) – A Master's Level practitioner who can conduct a mental health assessment and provide individual, family, or group therapy within the scope of their training. They write and supervise implementation of the individual plan of care and can do a variety of other assessment and treatment functions. |
|  | Child & Adolescent Psychiatrist – A physician who focuses on the mental health of children and adolescents. They also work with families, and their main focus is on diagnosing and treating mental health conditions that affect how young people think, feel, and act. They can also prescribe and monitor medication treatment when needed. Psychiatric Mental Health Nurse Practitioner – An advanced practice registered nurse who can assess, diagnose and treat patients with behavioral and mental health conditions. |
|  | Family Support Specialist – May be called a Family or Parent Partner, the FSS has personal experiences and specialized training to partner with parents, caregivers, guardians and other adult members of the family to pursue outcomes determined by the families themselves. They help to de-stigmatize mental and behavioral health challenges, using what they've learned to support families in self-advocacy and self-efficacy, and accessing needed services and supports. |
|  | Youth Peer Support Specialist – The YPSS has personal experiences and specialized training to partner with youth to pursue outcomes determined by the youth. Using the lens of lived/living experiences, they will model strengths, frame challenges as opportunities, guide young people towards self-advocacy, help providers hear and honor youth voice, and more. |
|  | Qualified Mental Health Associate (QMHA) Skills Trainer – A mental health provider who has a bachelor's degree and a combination of relevant experiences and competencies to provide psychosocial skills development, implement interventions on an individual plan of care, and provide behavior management and case management. |
|  | Care Coordinator – generally health care focused, working to connect and coordinate access to medical, mental, behavioral health care services. This role may be filled by your child's QMHP. Case Manager – may address a broader range of needs, often including housing, social and community support, insurance needs, and other identified needs. |
|  | 24/7 On-Call and Crisis Response Staff - Ask your team what number to call for urgent and crisis needs. Write that phone number here: _____ |

Emotions Under Stress

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 you understand why your child is struggling 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 – when we are happy or content (baseline, stable) and when something happens that upsets us. When we can manage being upset and find a way to re-stabilize, we can return to interacting with another in a give and take. If what triggered us continues and more things happen that keep escalating our emotions, we may find we have exceeded our ability to restabilize and 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, connect, and re-stabilize) and also when to call for help.

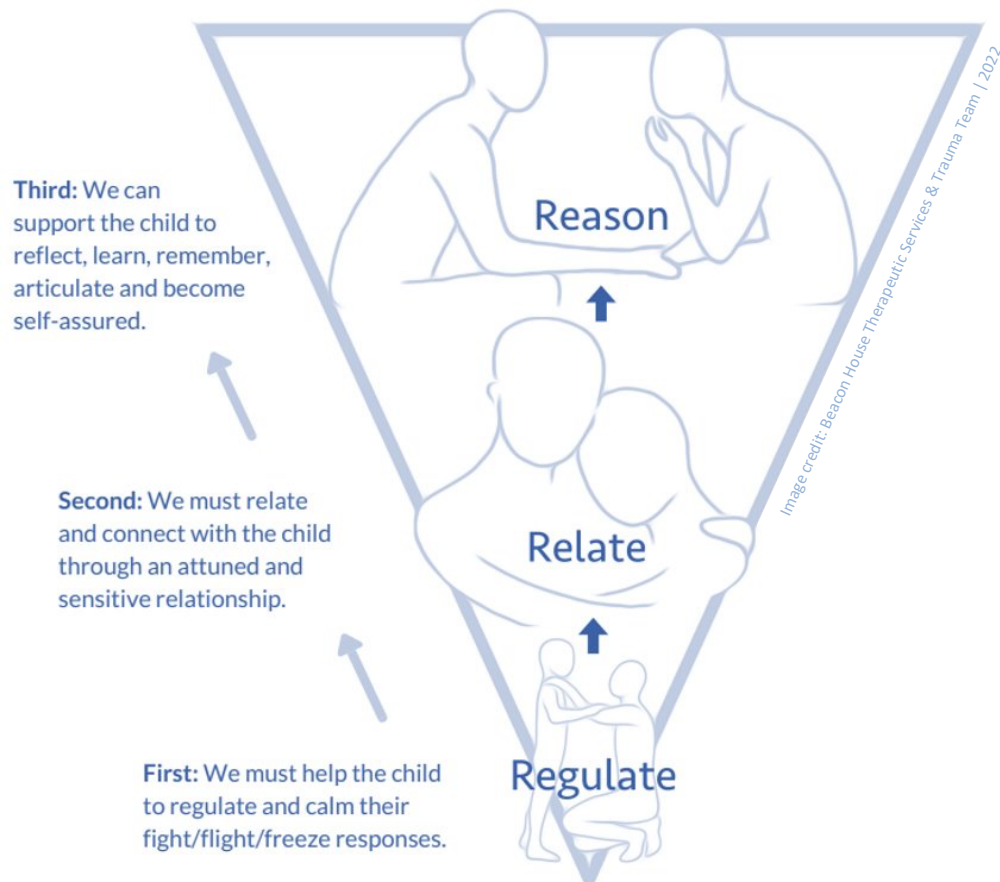
Brain Science

The diagram below may be helpful in recognizing the order in which we move from our instinctive nervous system response (fight/flight/freeze/fawn/flirt/feign) to the parts of our brains that can reason and problem-solve. This starts at the bottom (our brainstem) and moves upwards (toward our frontal lobe).

We know that emotions can heat up and also simmer down. The diagram on the previous page may have you thinking about your child's emotions. It's also important to think about your own emotions.

Managing emotional highs and lows might be easier when we understand how the brain and nervous system work while in escalated response states.

It is hard to access the reasoning, thinking and creative part of our brains when we are stressed, escalated, and upset. If we want to resolve conflicts and solve problems together, we both need to be in a nervous system state where we can access the part of our brains where these skills happen.



Safety Information

Planning for safety may include how you will 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 crisis occurs. Planning for safety is an important part of supporting people who struggle with emotion regulation, have difficulty with tolerating intense emotions and/or those with behavioral health challenges. 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, 988, 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 everyone safe.**



Suicide Safety Planning

When youth are experiencing suicidal thoughts or actions, a standard practice 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 help with certain parts 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 “lethal 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.

For young people, safety planning includes both the youth and their supporters.

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.

**Crisis and Suicide Lifeline (988)
Oregon Youthline (877-968-8491) Text
"teen2teen" to 839863**

Sections 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 you to call health professionals or crisis hotline if you are unable to do it for yourself?** Include any siblings or childcare providers who may help with making the call.



- ✓ Share your safety plan with **anyone who is identified in the plan**
- ✓ Provide a copy to your child's **care providers**;
- ✓ Provide a copy to appropriate individuals at **school or other activities** (your child's school may be helpful in safety planning that is specific to that setting)
- ✓ Post plan in a clearly visible place in your home
- ✓ Keep a copy in your car, wallet, purse, backpack
- ✓ Make talking about safety as casual and expected as any other topic

Plans Can Change Over Time

The plan you develop in a crisis response situation may be different than the plan your child and you develop later with your outpatient mental health therapist.

As your child makes progress in treatment and recovery, be flexible with changes that need to happen – revisit the plan and adapt it as needed.

Suicide Risk and Protective Factors

Below are some common risk and protective factors researchers have identified, as reported by the Suicide Prevention & Resource Council.

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 and pets
- Stress tolerance and resiliency

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 indicators that someone is experiencing symptoms that likely require a closer evaluation or treatment. They may include:

- Persistent struggles in coping with a big loss
- 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
- Preoccupation with ideas of death or talking about wanting to die

Understanding Risk, Protective Factors, and Warning Signs

Being **at risk** of a heart attack (*history of heart disease, overweight, smoker*) does not 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.

Systems that Serve Youth and Families

Each family has a unique combination of needs for services from professional providers or other social services. In addition to the programs described in this guide, the list below captures common areas for you to discuss with those who are helping you to navigate systems so that you can access the services and supports you need from them.



- ✓ **Behavioral health** - psychiatry, therapists, substance use, developmental, peer/group opportunities
- ✓ **Physical/medical** - primary care, school-based health center, dental
- ✓ **Education** – 504 plan, IEP, district-specific education options
- ✓ **Juvenile Justice** – legal and criminal systems
- ✓ **Intellectual and Developmental Disabilities** – therapy, occupational, educational
- ✓ **Health insurance** - OHP, open card, commercial insurance
- ✓ **Social supports** - TANF, transportation assistance, food support/SNAP, housing assistance

Cultural Considerations

These are important to talk about! Discussing your family's cultures, religious or spiritual connections, cultural connectedness, language and interpretation support needs will all help in identifying the right services and supports for your family.

Behavioral health providers (psychiatry, therapists, peer/group opportunities):

| | |
|----------------------------|--------------------------------|
| Psychiatrist: _____ | Family Therapist: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Therapist: _____ | Peer/Group: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Other: _____ | Other: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

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: _____ |

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," which is a law that requires school districts to identify children with disabilities for whom the district is responsible.

| |
|------------------------------------|
| Academic Counselor: _____ |
| School Mental Health: _____ |
| Other School Support: _____ |

Health Insurance (Oregon Health Plan or private insurance)

Health insurance is confusing! Knowing what is covered in your mental health benefit and which providers are included in your plan can create a lot of barriers to getting the services you may need. Your child may be a member of the Oregon Health Plan (or OHP, our state's Medicaid plan) or covered by a private insurance policy or even both. Your team will help you navigate the details and complexities of your plan. **If your child does not have any insurance, a first step will be to apply for OHP - your team can help you with this.**

If you have insurance, record the provider and contact information for your child's Care Coordinator below. Also keep a record of phone calls, including dates, names, and what you discussed. These are important records to maintain.

Insurance Company:

Policy Number:

Care Coordinator Name:

Phone:

Website:

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 team should 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 to screen for eligibility 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/>

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 your service 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: _____

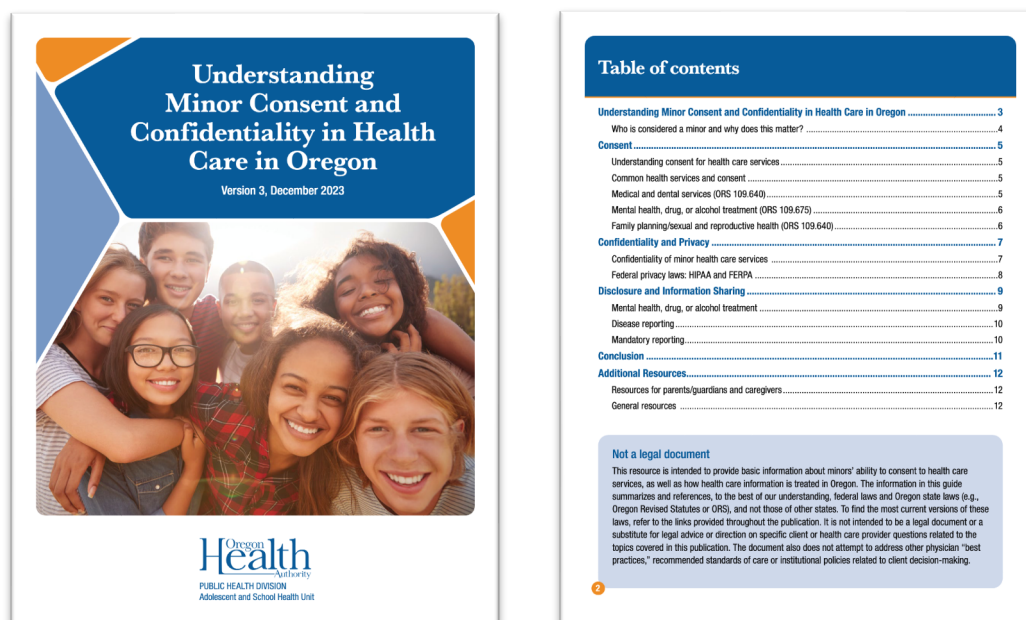
Name: _____
Address: _____
Phone: _____
Email: _____
Help with: _____

Consent to Care | Consent to Share

Privacy, access to services, consent to healthcare and consent to share healthcare information are all processes that are governed by federal and state laws. There can be confusion about “consent to care” and “consent to share” when it comes to minor children, parents/guardians, and those who provide the services.

There is a difference between *accessing* healthcare and *sharing information* about someone’s healthcare. A minor patient’s *access* to healthcare services can be through self-consent or through a parent/guardian’s consent. A minor patient over the age of 15 has a right to gain access (ie consent to) their own healthcare. *Sharing information* about that minor patient’s healthcare is another matter and is governed by privacy laws.

Oregon Health Authority created this useful resource:



Available in multiple formats

This document is available for free in multiple languages, large print, braille or a format you prefer.

Contact the Adolescent and School Health Unit of DHS at 971-673-0249 or 800-735-2900.

The English written version can be found here:

<https://www.oregon.gov/oha/ph/healthypeoplefamilies/youth/pages/resources.aspx>

Tools and Skills

Identifying the skills and tools that will help your family meet your goals is in itself a goal to add to your shared plan with whoever is working with you and your child. During the time you are in a program, it can be really helpful to practice what you are learning while being 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
- Navigating services
- Making decisions

- _____
- _____
- _____
- _____
- _____

Honoring that you will know what is working well and when you may need to adapt will help you to communicate with your child, other family members, your child's therapist, educators, and other supporters.



Transitioning from a Program

The services described in this guide are time limited. Support includes helping you, the family/parent/caregiver, develop knowledge and skills that may help you feel more confident in your ability to navigate day-to-day situations, and to connect you to longer-term providers that will meet your support needs. At closing of the program, you may be surprised when you notice how much progress your family has made.

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

How did you feel when you first enrolled in the program?



How are you feeling now?

Family strengths identified, developed, nurtured:

Hardships or barriers you have overcome:

You are encouraged to use your safety plan, stay connected with your support system, and follow through with treatment recommendations.

Also, take care of basics like down time, breathing, eating, making time for sleep and play.

After Services Close

Discuss with your team whether there is opportunity to re-engage with them, what may prompt this, and how you may get reconnected.

Statewide Resources

Resource links are available on the electronic copy of A Guide for Families. Ask your provider where you can access this or do search using the terms in blue to find each resources online.

[211 Info](#)

A private, community-based nonprofit organization funded by state and municipal contracts, foundations, donations, and community partners in Oregon and Southwest Washington. A resource to help people identify, navigate, and connect with the local resources they need.

[OHA Family Supports Page](#)

Resources page on Oregon Health Authority's website, including A Time For Families, a weekly drop-in discussion hour for parents and family members to meet with staff and leadership. Share your questions, concerns, and suggestions about mental health and addiction services for children and young people.

[CaCoon \(Care Coordination\)](#)

A public health nurse home visiting program, currently available in 25 counties in Oregon. Home visiting nurses help families coordinate care for their children and youth with special health needs. They help families with problem-solving, finding resources in their community, and provide nursing support.

[The Child Find Mandate](#)

Child Find is included in the Individuals with Disabilities Education Act and requires all school districts to identify, locate and evaluate all children with disabilities, regardless of the severity of their disabilities. This obligation to identify all children who may need special education services exists even if the school is not providing special education services to the child.

[Collaborative Problem Solving](#)

Classes and support groups to assist parents in learning about this evidence-based and trauma-informed approach for helping children develop the skills they need to manage their behavior. This class teaches parents and guardians how to reduce challenging behaviors by using the approach with their child.

[Early Assessment and Support Alliance \(EASA\)](#)

EASA is a service available throughout the state offering treatment and psychoeducational support to youth and young adults and their families. Family education and involvement is integral to the program.

[FACT Oregon](#)

Support line, knowledge library, in-person and virtual classes for families to navigate disability and special education services for their child(ren).

[Family Support and Connections Program through Oregon DHS](#)

Free program that connects families with a Family Advocate, who can help with many things, including parenting support and education. Services available in every county; local providers can be found on the program's website. Families must meet eligibility criteria to access.

[National Alliance on Mental Illness \(NAMI\) Oregon and local chapters](#)

Offers classes, support groups, and many other resources to families of youth and adults experiencing mental health needs. NAMI is organized to provide these online and in-person by the state organization and county level affiliates, all free of charge.

[Oregon Coalition Against Domestic and Sexual Violence](#)

Information and resources about domestic and sexual violence and lists of shelters, advocacy shelters and legal assistance.

[Oregon Department of Early Learning and Care](#)

Agency that provides financial support for early childhood care and education, assists families with programs that can strengthen parent-child relationships, and helps parents access community resources. Healthy Families Oregon provides home visits, parenting support and child development resources.

[Oregon Family Support Network \(OFSN\)](#)

Family run statewide organization that provides education, support and advocacy to families, including individual family peer services, classes, support groups, and more at low to no cost.

[Oregon Family To Family Health Information Center](#)

Support for families and caregivers of children with special health needs when navigating complex health care systems. Staffed by parents of children and youth with a variety of health conditions, they provide free one-to-one support, training, and printed materials to families and professionals who serve them. The website houses hundreds of resources for parents, grandparents, and youth, all free of charge.

[Oregon Health Plan Travel Help](#)

Oregon Health Plan members can get financial support for transportation and travel needs associated with their health care services.

[Oregon Parenting Education Collaborative \(OPEC\)](#)

Statewide parenting education network for families, parenting education professionals, and partners (Oregon Department of Human Services and Oregon Department of Early Learning and Care. Online parenting workshops and classes, links to online resources for parenting tips, learning activities, and books.

[Psychology Today](#)

Database of behavioral health specialists, searchable by location, specialty, and insurance.

[Reach Out Oregon](#)

A community network for families/caregivers to access community resources and connect with others who have similar experiences and are trained to help. ROO aims to reduce isolation and stigma and strengthen families' navigation of services and supports. Free to all.

[Self-Injury and Recovery Resources](#)

Information that supports understanding and how to talk about self-injury for parents, people who self-injure, friends and providers.

[Stop Bullying Now](#)

Information and resources to help parents, school staff, and other adults in the community can help kids prevent bullying by talking about it, building a safe school environment, and creating a community-wide bullying prevention strategy.

[Suicide Risk and Protective Factors](#)

Protective factors are personal or environmental characteristics that help protect people from suicide. Suicide prevention seeks to increase factors that protect people from suicide, while reducing the factors that increase suicide risk.

[Swindells Resource Center](#)

Resource centers for parents and caregivers of children who have special health, behavioral or developmental needs. Video resources, information and educational workshops provided in communities throughout Oregon and southwest Washington, including a free Care Notebook.

[Trauma Informed Oregon](#)

A centralized resource space providing information on wellness, community-building, learning resources and more.

[Youth ERA](#)

Support and advocacy centered on empowering young people and creating innovations and breakthroughs among the dedicated systems that serve them.

Oregon Warm Lines

A warmline is a phone number you call to have a conversation with someone who can provide support during hard times. Whether you're in crisis or just need someone to talk to, a warmline can help.

[Reach Out Oregon](#) | [833-732-2467](#) | a parent to parent resource

[David Romprey Oregon Warmline](#) | [800-698-2392](#) | an adult to adult resource

[Oregon Senior Loneliness Line](#) | [503-200-1633](#) | a resource for those who are 55 and over

[Oregon Youth Line](#) | [1-877-968-8491](#) | a resource for youth to call, text, or chat

A Guide For Families: tips and resources for navigating crisis and complex behavioral health needs was written by Julie Magers on the OHSU DAETA Team under contract with Oregon Health Authority. The Guide drew extensively on input from family peer support specialists (who have personal experiences navigating child-serving systems), program staff who deliver services to youth and families, and OHA staff.

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