Crisis and Transition Services
System of Care Advisory Council | Update on Investment

DATE: April 6, 2021 PRESENTED BY: Beth Holliman, Rebecca Marshall, and Amanda Ribbers
Introductions

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Timeline

2014    ED boarding crisis workgroup

Findings

– system capacity limitations
– gaps in the continuum of care affecting coordination, referral practices
– payment barriers

Recommendations

– fund ED diversion programs (immediately accessible, safe transitional care)
– blind to patients’ insurance status
– leverage existing community-based care options, using the new funds to expand the capacity to serve youth boarding in EDs
Timeline

2014  OHA acted on recommendations: ED Diversion Program
2015  Pilot funding → 4 counties launched pilot programs
2016  Funding → 3 additional sites
2017  OHSU team contracted to help with program development, evaluation and outcomes measurement ("EDD" → "CATS")
2018  Sites begin data collection
       Funding → 1 additional site
2020  CATS enhancement and expansion funding
Timeline

2020 CATS enhancement and expansion funding

Enhancement
- All 9 sites were awarded additional funding to enhance their current program specifically around increased access to Family Support.

Expansion
- 1st RFP awarded to Providence St. Vincent partnership with Youth Villages July 2020
- RFA awarded to Union County- Center for Human Development October 2020
- 2nd RFP The Child Center in Lane Co. January 2021
OUTPATIENT SERVICES

Family Peer Support
Can continue for additional 4-6 weeks

Warm Handoff to Appropriate Level of Care

30-45 days

In-home Individual or Family Therapy

Care Coordination

24/7 Crisis Support

CATS PROGRAM

Psychiatric Care

Mental Health Assessment

Safety Planning

Lethal Means Counseling

Referral to CATS

EMERGENCY DEPARTMENT

OHSU
Youth served
2018 – 2020, n = 1695

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>644</td>
</tr>
<tr>
<td>2019</td>
<td>667</td>
</tr>
<tr>
<td>2020</td>
<td>384</td>
</tr>
</tbody>
</table>
Referral source
2018 – 2020, combined, n = 1560

Crisis Center, 298, 19%
Mobile Crisis, 115, 7%
School, 41, 3%
Other, 20, 1%

ED, 1086, 70%
< 24 hours, 835, 77%
25 – 48 hours, 159, 15%
> 48 hours, 92, 8%
Youth demographics age & gender identity, 2018 – 2020, combined, n = 1695

Male, 634, 37%
Female, 989, 58%
Trans Male, 33, 2%
Trans Female, 7, 1%
Non-Binary, 28, 2%
Other, 4, 0%
Youth demographics
race & ethnicity, 2018-2020 combined, n = 1695

Unknown/Decline: 227, 13%
White: 1369, 81%
Native Hawaiian/Pacific Islander: 14, 1%
Black/African American: 70, 4%
Asian: 43, 2.5%
American Indian/Alaska Native: 42, 2.5%

Not Hispanic, Latino, or Spanish origin, 1286, 76%
Hispanic, Latino, or Spanih Origin, 230, 14%
Unknown, 179, 10%
Youth demographics insurance, 2018 – 2020, n = 1695

- OHP: 886, 52%
- Commercial: 711, 42%
- Other: 43, 2.5%
- Uninsured: 105, 6%
Youth history
2018 – 2020 combined, n = 1695

9% currently or previously in foster care
8% currently or previously involved with juvenile justice system
62% have a trauma history
28% have had a previous suicide attempt
28% have had a previous MH ED visit
11% have had a previous inpatient admission
Presenting referral information suicidality, 2018-2020, n = 1695

- 2018:
  - Suicide attempt: 271 (42%)
  - Suicide plan/intent: 182 (28%)
  - Suicidal ideation: 90 (14%)
  - No suicidality: 101 (16%)

- 2019:
  - Suicide attempt: 237 (35%)
  - Suicide plan/intent: 204 (31%)
  - Suicidal ideation: 109 (16%)
  - No suicidality: 117 (18%)

- 2020:
  - Suicide attempt: 91 (24%)
  - Suicide plan/intent: 125 (33%)
  - Suicidal ideation: 67 (17%)
  - No suicidality: 102 (27%)
### Presenting referral information diagnosis, 2018 – 2020 combined, n = 1695

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Diagnosis</td>
<td>57</td>
<td>3%</td>
</tr>
<tr>
<td>Trauma/Stressor</td>
<td>498</td>
<td>29%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>74</td>
<td>4%</td>
</tr>
<tr>
<td>Somatic</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Schizophrenia/Psychotic</td>
<td>17</td>
<td>1%</td>
</tr>
<tr>
<td>Personality</td>
<td>11</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Obsessive/Compulsive</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>Neurodevelopmental</td>
<td>21</td>
<td>1%</td>
</tr>
<tr>
<td>Neurocognitive</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Medication/Movement</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Feeding/Eating</td>
<td>17</td>
<td>1%</td>
</tr>
<tr>
<td>Dissociative</td>
<td>8</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Disruptive/Conduct</td>
<td>162</td>
<td>10%</td>
</tr>
<tr>
<td>Depressive</td>
<td>944</td>
<td>56%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>40</td>
<td>2%</td>
</tr>
<tr>
<td>Autism</td>
<td>59</td>
<td>3%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>425</td>
<td>25%</td>
</tr>
<tr>
<td>Attention</td>
<td>179</td>
<td>11%</td>
</tr>
</tbody>
</table>
“It was great to have somebody right away when we got out of the hospital. They gave us a lockbox which was helpful. Therapist started meeting in the home once a week and family therapy once a week. They were the perfect bridge while we were on waitlists for outpatient providers.”

— CATS Parent
CATS services
2018 – 2020, n = 1695

73% received individual therapy

48% received family therapy

47% had a home visit with a CATS team member

26% engaged with a family support specialist

61% accessed phone crisis support

38% accessed in-person crisis support
CATS outcomes
2018 – 2020, n = 1695

6%  had a suicide attempt during CATS (n = 446)

11%  had an ED visit and/or admission during CATS (n = 1560)

86%  completed the CATS program

78%  obtained the clinically appropriate level of care at closure (n = 377)

Top 3 Barriers to Obtaining Clinically Appropriate Care

1. Family chose not to access recommended level of care (14%)
2. Youth unwilling to engage in further treatment (10%)
3. Limited access to an in-network provider, geographical barriers, or waitlist barriers (8%)
CATS services
average length of care, 2018 – 2020, n = 1695

- Clinical services:
  - 2018: 27 days
  - 2019: 35 days
  - 2020: 58 days

- Peer services:
  - 2018: 56 days
  - 2019: 64 days
  - 2020: 71 days
Two months after CATS caregiver rating of clinical services, 2018 – 2020, n = 494

Not satisfied at all: 10, 6, 9, 8, 26, 19, 50, 82, 84, 200

Completely satisfied: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Two months after CATS caregiver rating of peer services, 2018 – 2020, n = 192
Two months after CATS ED recidivism, n = 489

Yes, 48, 10%

No, 441, 90%
Two months after CATS suicide attempt, $n = 490$

- Yes, 31, 6%
- No, 459, 94%
Two months after CATS caregiver is confident about what to do in a crisis, n = 492

- Yes, 450, 91%
- No, 42, 9%
Two months after CATS youth’s care is meeting their needs, n = 490

Yes, 413, 84%

No, 77, 16%
“Really supportive, knowledgeable and available to both our daughter and us. They answered all of our questions, always answered our calls, had a lot of knowledge and understanding of the situation. We felt like we were the only family because the care was so good. Very grateful that they were solid and supportive in our time of crisis”

- CATS Parent
Successes

• Learning Collaborative
• Practice Guidelines
• Commercial Insurance Initiative
• Workforce development
• Data training and engagement
• Consistent reporting mechanisms
Lessons learned

- Importance of outcomes monitoring and data collection
- Creating effective feedback mechanisms
- Integrating multiple systems (hospitals, community agencies, insurance providers)
Next steps

• Support commercial insurance contract negotiations
• Assess equitability in referral and access
• Integrate APAC claims data to better assess recidivism
• Align data collection with other intensive outpatient programs, like IIBHT
Questions?
Learn more

www.ohsu.edu/CATS


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