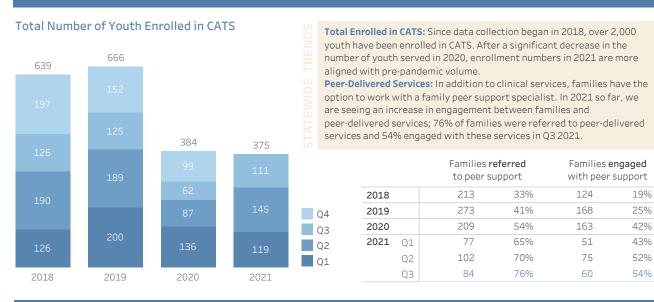
CATS Quarterly Report | July 1 - September 30, 2021

Statewide Data Report

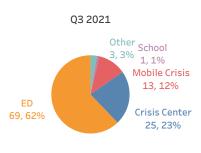
Number of youth served 111 Families referred to FSS 84 Families engaged with FSS 60

Service Volume



Referral Information

Referral Source





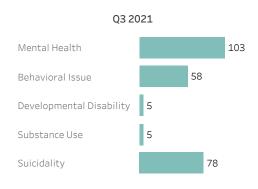
Program Response and Discharge

•				_								
	20	18	20	19	20	20			20	21		
							Q	1	Q2		Q	3
Responded within 3 hours	569	89%	560	84%	340	89%	102	86%	126	87%	92	83%
Discharged within 24 hrs	434	68%	585	88%	314	82%	88	74%	111	77%	84	76%
Risk Assessment	608	95%	645	97%	360	94%	115	97%	142	98%	95	99%
Safety Plan	585	92%	640	96%	362	94%	116	97%	143	99%	94	98%
Lethal Means Counseling	448	70%	603	91%	348	91%	104	87%	135	93%	91	95%
Home visit within 72 hrs			52	52%	241	38%	52	22%	86	35%	48	28%
Home visit > 72 hrs			6	12%	44	14%	20	17%	15	12%	22	26%
No home visit			12	36%	99	47%	47	61%	44	53%	26	46%

Referral Source: The pie charts above show trends in referral sources over time. In Q3 2021, more than half (62%) of referrals were from the ED, followed by Crisis Center (23%) and Mobile Crisis (12%).

Program Response and Discharge: Programs continue to respond to a majority of referrals within 3 hours. Programs continue to complete a risk assessment, safety planning, and lethal means counseling with most families, with high rates observed in Q3 2021. On average, around 50% of families receive a home visit from the CATS team.

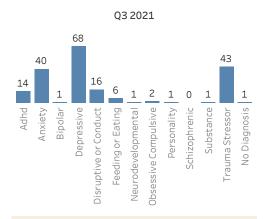
Presenting Referral Information



	2018	2019	2020	2021		
				Q1	Q2	Q3
Mental Health	455	522	323	99	123	103
Mental Health	71%	78%	84%	83%	85%	93%
Dobavioval Isauc	254	238	168	47	75	58
Behavioral Issue	40%	36%	44%	39%	52%	52%
Developmental	24	29	13	2	6	5
Disability	4%	4%	3%	2%	4%	5%
Substance Use	70	42	10	9	5	5
Substance use	11%	6%	3%	8%	3%	5%
C:-: d-1:4	370	429	283	93	100	78
Suicidality	58%	64%	74%	78%	69%	70%

Suicide Attempt 18, 16% Suicide Plan & Intent 19, 17% Suicidal Ideation 41, 37%

	2018	2019	2020	2021		
				Q1	Q2	Q3
None	270	237	101	26	45	33
	42%	36%	26%	22%	31%	30%
Suicidal Ideation	182	204	125	28	42	41
	28%	31%	33%	24%	29%	37%
Suicide Plan &	89	108	91	30	34	19
Intent	14%	16%	24%	25%	23%	17%
Suicide Attempt	98	117	67	35	24	18
	15%	18%	17%	29%	17%	16%



	2018	2019	2020		2021	
				Q1	Q2	Q3
ADHD	55	77	45	12	14	14
AUNU	9%	12%	12%	10%	10%	13%
A	133	202	86	22	39	40
Anxiety	21%	30%	22%	18%	27%	36%
Autism	17	31	11	3	10	7
Autisiii	3%	5%	3%	3%	7%	6%
Bipolar	22	12	6	5	2	1
ырогаг	3%	2%	2%	4%	1%	1%
Depressive	351	358	229	75	86	68
Depressive	55%	54%	60%	63%	59%	61%
Disruptive or	62	69	31	10	16	16
Conduct	10%	10%	8%	8%	11%	14%
Feeding or	6	8	3	2	3	6
Eating	1%	1%	1%	2%	2%	5%
Neurodevelop-	4	11	6	1	4	1
mental	1%	2%	2%	1%	3%	1%
Obsessive	6	9	3	3	0	2
Compulsive	1%	1%	1%	3%	0%	2%
Personality	2	3	6	3	1	1
rersonancy	0%	0%	2%	3%	1%	1%
Schizophrenic or	5	10	2	1	1	0
Psychotic	1%	2%	1%	1%	1%	0%
Substance Use	32	31	11	6	5	1
04501400	5%	5%	3%	5%	3%	1%
Trauma or	161	209	126	39	44	43
Stressor	25%	31%	33%	33%	30%	39%
No Diagnosis	19	19	19	2	2	1
No Diagnosis	3%	3%	5%	2%	1%	1%

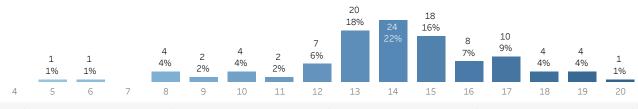
Presenting Referral Issue: Mental health continues to be the top presenting referral issue, followed by suicidality.

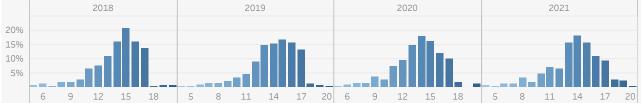
Suicidality: Among youth with suicidality, suicidal ideation is the most common presentation, with the highest percentage (37%) observed in Q3 2021. The percentage of youth with a suicide plan and intent had increased during 2020 and the beginning of 2021, but has since returned to below 20% in Q3 2021. Youth presenting with a suicide attempt had spiked during Q1 2021 and has since returned to it's average of around 16%.

Diagnosis: The top three presenting diagnoses are Depressive Disorders, Trauma and Stressor-Related Disorders, and Anxiety Disorders. Most diagnostic categories have remained relatively constant over time.

Demographics







Gender and Sexual Orientation

	20	18	20	19	20	20			20	21		
							Q	1	Q	2	Q.	3
Female	367	58%	380	57%	238	62%	78	66%	80	55%	66	59%
Trans Female	1	0%	5	1%	1	0%	1	1%	3	2%		
Male	248	39%	255	38%	128	33%	36	30%	48	33%	32	29%
Trans Male	14	2%	11	2%	8	2%			4	3%	1	1%
Non-Binary	7	1%	14	2%	7	2%	4	3%	9	6%	12	11%
Other	1	0%	1	0%	2	1%			1	1%		
Asexual					1	0%						
Bisexual			3	0%	23	6%	9	8%	5	3%	6	5%
Gay			1	0%	4	1%	2	2%	1	1%	4	4%
Lesbian					7	2%	2	2%	1	1%	3	3%
Other					7	2%	1	1%	2	1%	1	1%
Pansexual					1	0%			4	3%	5	5%
Queer					1	0%					2	2%
Questioning			4	1%	11	3%	8	7%	9	6%	4	4%
Straight			28	4%	173	45%	34	29%	43	30%	35	32%
Unknown	639	100%	630	95%	156	41%	63	53%	80	55%	51	46%

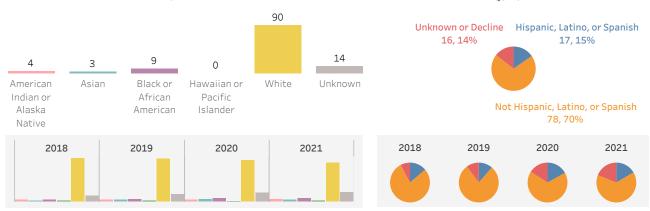
Age: In Q3 2021, a majority of youth were ages 13 to 15. As demonstrated in the annual bar charts above, we are seeing fewer youth ages 16 and 17 over time

Gender and Sexual Orientation:
Similar to previous quarters, a
majority of CATS youth in Q3
2021 were female (59%). Q3
2021 also had the highest
percentage of youth who
identified as non-binary (11%).
For sexual orientation, Q3 2021
had the highest percentage of
youth who identified as LGBQ+
(24%).

Race and Ethnicity: CATS continues to serve mostly White and Non-Hispanic/Latino/Spanish youth.

Race and Ethnicity

Q3 2021 Q3 2021



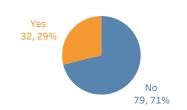
Demographics, continued

History and Social Demographics

	2018	2019	2020		2021	
				Q1	Q2	Q3
Family required interpreter	6	20	19	2	8	5
railing required interpreter	1%	3%	5%	2%	6%	5%
Youth was previously or currently	50	67	40	11	20	7
in foster care	8%	10%	10%	9%	14%	6%
Youth was previously or currently	56	51	24	7	5	7
involved with juvenile justice	9%	8%	6%	6%	3%	6%
Youth has a trauma history	356	412	274	79	88	82
Toutimas a trauma mistory	56%	62%	71%	66%	61%	74%
Youth has missed > half of school in	100	106	54	30	31	8
the 2 weeks prior to enrollment	16%	16%	14%	25%	21%	7%
Family has significant financial need		79	53	14	17	14
ranniy nas significant financiar need		12%	14%	12%	12%	13%
Youth has previously attempted	179	170	113	38	29	32
suicide	28%	26%	29%	32%	20%	29%
Youth has previous mental health	204	171	96	38	27	46
ED visits	32%	26%	25%	32%	19%	41%
Youth has previous mental health	90	64	30	15	8	17
inpatient admissions	14%	10%	8%	13%	6%	15%

History and Social: Q3 2021 had the highest observed percentage of youth with a trauma history (74%), youth with a previous mental health ED visit (41%) and youth with a previous mental health inpatient admission (15%). This suggests that youth served in Q3 2021 may have had more complex or extensive mental health histories than youth in previous quarters. On the contrary, we saw fewer youth who were previously or currently in foster care (6%).

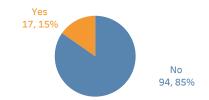
Q3 2021 Youth has Previous Suicide Attempt(s)



Youth has Previous Mental Health ED Visit(s)



Youth has Previous Inpatient Admission(s)



Insurance

Q3 2021



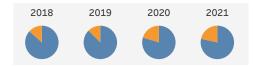
	2018	2019	2020			
				Q1	Q2	Q3
Commercial	274	271	165	46	70	50
Commercial	43%	41%	43%	39%	48%	45%
OHP	311	368	201	65	70	59
OHF	49%	55%	52%	55%	48%	53%
0+1	28	10	2	7	2	0
Other	4%	2%	1%	6%	1%	0%
Uninsured	42	40	24	4	4	2
Uninsured	7%	6%	6%	3%	3%	2%

Insurance: In Q3 2021, 53% of youth were on the Oregon Health Plan and 45% had commercial insurance. This is consistent with previous quarters. Two youth were uninsured when they entered CATS; both had insurance in place by the end of the program.

Peer-Delivered Services

FSS Attended the First Team Meeting

Q3 2021 Yes 29, 26% No 82, 74%



Peer Delivered Services: Peers provided over 475 hours of support to 60 out of 111 CATS families in Q3 2021. This quarter had the highest percentage of FSS attending the first team meeting (26%). The percent of families receiving FSS help in identifying natural, cultural, and community supports remains similar to previous quarters.

FSS Helped the Family Identify (% of all youth enrolled)

	20:	19	20	20	2021									
					Q1		Q1 Q2		Q2		1 Q2		Q:	3
Natural supports	85	13%	86	22%	36	30%	55	38%	40	36%				
Cultural supports	66	10%	57	15%	13	11%	28	19%	21	19%				
Community supports	115	17%	118	31%	38	32%	52	36%	32	29%				

Total FSS Hours & Encounters

	2019	2020			
			Q1	Q2	Q3
# In-Person Encounters	466	304	60	138	125
# In-Person Hours	820.5	663.3	53.9	180.7	152.6
# Virtual Encounters	1,322	2,321	629	687	436
# Virtual Hours	788.3	2,169.1	332.1	691.4	231.9
# Indirect Hours	416.9	917.1	97.4	181.6	93.4

Frequency of Clinical Services

		2018	3	2019		2020				202	1		
								Q1		Q2		Q3	
py	Daily			2	0%			1	1%	2	1%		
Indiv. Therapy	2-6 x Week	24	4%	24	4%	30	8%	11	9%	20	14%	5	5%
두.	Weekly	298	47%	299	45%	232	60%	74	62%	95	66%	73	76%
di	< Weekly	87	14%	177	27%	57	15%	16	13%	9	6%	9	9%
므	Never	228	36%	164	25%	65	17%	17	14%	19	13%	9	9%
λ	Daily									1	1%		
Therapy	2-6 x Week	4	1%	7	1%	12	3%	6	5%	7	5%	2	2%
Ť	Weekly	104	16%	119	18%	137	36%	53	45%	70	48%	30	31%
Fam.	< Weekly	95	15%	217	33%	119	31%	25	21%	31	21%	41	43%
щ	None	434	68%	323	48%	116	30%	35	29%	36	25%	23	24%
пg	Daily	4	1%	11	2%	3	1%						
Training	2-6 x Week	2	0%	10	2%	15	4%	5	4%	4	3%		
12	Weekly	52	8%	58	9%	109	28%	33	28%	44	30%	31	32%
Skills	< Weekly	15	2%	103	15%	17	4%	7	6%	6	4%	3	3%
ķ	None	564	89%	484	73%	240	63%	74	62%	91	63%	62	65%
In-Person Crisis	Daily	5	1%	7	1%	2	1%	2	2%				
2	2-6 x Week	32	5%	19	3%	9	2%	5	4%	11	8%	3	3%
sor	Weekly	56	9%	25	4%	36	9%	7	6%	15	10%	9	9%
Per	< Weekly	176	28%	222	33%	62	16%	14	12%	19	13%	15	16%
흐	Never	368	58%	393	59%	275	72%	91	76%	100	69%	69	72%
v	Daily	8	2%	16	2%	6	2%	3	3%	12	8%	5	5%
risi	2-6 x Week	192	38%	241	36%	49	13%	11	9%	29	20%	13	14%
) ler	Weekly	78	16%	52	8%	42	11%	17	14%	23	16%	10	10%
Virtual Crisis	< Weekly	97	19%	152	23%	101	26%	31	26%	28	19%	17	18%
_	None	127	25%	205	31%	186	48%	57	48%	53	37%	51	53%

Service Information, continued

Intake: services that the family already had in place at intake

CATS Provided: services that the CATS program either directly provided, facilitated, or set up during CATS Family Declined: services that the CATS program offered to provide/ facilitate/set up, but the family declined Closure: services the family had in place at closure, including services that already existed at intake plus services set up during CATS

			Intake	Intake		vided	Family Declined		Closure	
	2019		534	80%	86	13%	16	2%	533	80%
	2019		352	92%	30	8%	8	2%	342	89%
Primary	2021	01	103	87%	15	13%	5	4%	97	82%
Care		Q2	133	92%	23	16%	5	3%	132	91%
		Q3	96	86%	10	9%	2	2%	91	82%
										<u> </u>
	2019		136	20%	236	35%	97	15%	296	44%
	2020		100	26%	203	53%	64	17%	243	63%
Psychiatric	2021	Q1	24	20%	63	53%	19	16%	69	58%
Care		Q2	33	23%	69	48%	31	21%	83	57%
		Q3	32	29%	56	50%	20	18%	58	52%
	2019		10	2%	12	2%	23	3%	25	4%
6 1 1 11	2020		5	1%	2	1%	13	3%	9	2%
Substance Use	2021	Q1	0	0%	2	2%	4	3%	2	2%
Treatment		Q2	0	0%	4	3%	3	2%	6	4%
		Q3	0	0%	2	2%	1	1%	0	0%
	2019		265	40%	379	57%	77	12%	495	74%
Individual	2020		139	36%	310	81%	39	10%	306	80%
Therapy	2021	Q1	30	25%	105	88%	19	16%	96	81%
Пегару		Q2	31	21%	127	88%	18	12%	113	78%
		Q3	33	30%	98	88%	11	10%	81	73%
	2019		44	7%	232	35%	73	11%	200	30%
Family	2020		28	7%	241	63%	57	15%	182	47%
Therapy	2021	Q1	4	3%	81	68%	15	13%	52	44%
Пегару		Q2	9	6%	93	64%	17	12%	76	52%
		Q3	8	7%	77	69%	12	11%	45	41%
	2019		10	2%	103	15%	44	7%	112	17%
Skills	2020		13	3%	146	38%	48	13%	127	33%
Training	2021	Q1	2	2%	39	33%	7	6%	35	29%
		Q2	3	2%	47	32%	13	9%	41	28%
		Q3	4	4%	41	37%	6	5%	25	23%

Service Information: CATS programs are effectively connecting youth with Psychiatric Care, Individual Therapy, Family Therapy, and Skills Training over the course of the program, with a substantial number of youth discharging from CATS with these services in place, compared to the number of youth who had these services at intake.

Service Information, continued

Intake: services that the family already had in place at intake

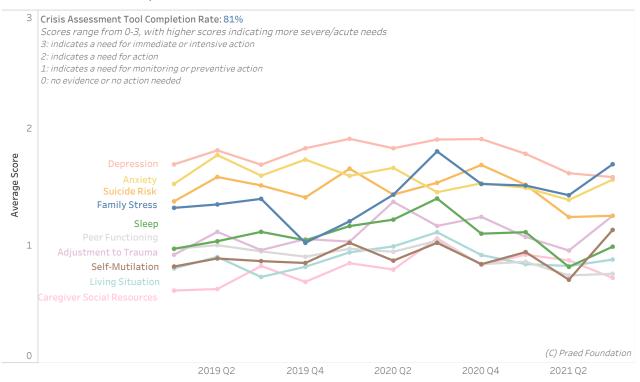
CATS Provided: services that the CATS program either directly provided, facilitated, or set up during CATS Family Declined: services that the CATS program offered to provide/ facilitate/set up, but the family declined Closure: services the family had in place at closure, including services that already existed at intake plus services set up during CATS

			Intak		Intake		CATS Provided		Family Declined		Closure	
	2019		5	1%	254	38%	76	11%	98	15%		
e 11	2020		7	2%	205	53%	89	23%	95	25%		
Family	2021	Q1	2	2%	70	59%	30	25%	42	35%		
Peer Support		Q2	3	2%	93	64%	17	12%	62	43%		
		Q3	0	0%	83	75%	24	22%	36	32%		
	2019		5	1%	99	15%	78	12%	57	9%		
Youth	2020		6	2%	86	22%	63	16%	36	9%		
Peer Support	2021	Q1	1	1%	28	24%	19	16%	15	13%		
reel Support		Q2	1	1%	32	22%	23	16%	28	19%		
		Q3	0	0%	34	31%	14	13%	13	12%		
	2019		32	5%	294	44%	39	6%	142	21%		
Care	2020		9	2%	219	57%	24	6%	82	21%		
Coordination	2021	Q1	1	1%	59	50%	8	7%	21	18%		
Coordination		Q2	3	2%	86	59%	6	4%	32	22%		
		Q3	2	2%	67	60%	4	4%	19	17%		
	2019		16	2%	28	4%	62	9%	39	6%		
	2020		6	2%	22	6%	32	8%	28	7%		
Wraparound	2021	Q1	0	0%	7	6%	8	7%	7	6%		
-		Q2	2	1%	14	10%	7	5%	16	11%		
		Q3	0	0%	6	5%	4	4%	5	5%		
	2019		171	26%	168	25%	108	16%	256	38%		
School	2020		130	34%	108	28%	112	29%	181	47%		
Support	2021	Q1	25	21%	15	13%	27	23%	43	36%		
Support		Q2	48	33%	33	23%	22	15%	67	46%		
		Q3	22	20%	16	14%	10	9%	30	27%		
	2019		3	0%	43	6%	104	16%	17	3%		
Respite	2020		4	1%	27	7%	84	22%	13	3%		
Care	2021	Q1	1	1%	4	3%	19	16%	2	2%		
Care		Q2	0	0%	8	6%	17	12%	2	1%		
		Q3	0	0%	5	5%	7	6%	4	4%		

Service Information: As noted earlier in the report, the number of families who receive Family Peer Support during CATS has been increasing over the past four years. Additionally, more families are discharging CATS with external Peer-Delivered Services (both Family Peer Support and Youth Peer Support) in place. In Q3 2021, 60% of families received Care Coordination during CATS, with an additional 4% being offered that service and declining. This is important to note as Care Coordination is considered an essential element in CATS and should be offered to all families.

Standardized Measures

Crisis Assessment Tool: Top 10 Domains



Crisis Assessment Tool: The top 10 domains are presented. Family Stress was the highest rated domain in Q3 2021 (1.7). This spike in Family Stress during Q3 2021 is consistent with past Q3 spikes in 2019 (1.4) and 2020 (1.8). A rating of 1.5-2.0 on this domain indicates that caregivers are having "notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care." (Praed Foundation). Additionally, Self-Mutilation (NSSI) had an elevated rating (1.1) compared to previous quarters, which means that more youth had a history of self-harm or were actively engaging in self-injurious behavior. Lastly, Depression, Anxiety, and Suicide Risk continue to be priority needs in the CATS population.

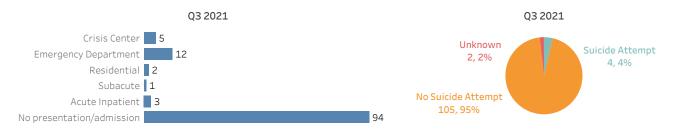
KIDSCREEN-10: Pre- and Post- Total Scores



KIDSCREEN-10: The average Intake and Closure scores have remained relatively constant over time. Intake scores range from 28.0-30.5 and Closure scores range from 31.0 to 35.0. Statewide trends suggest that youth are self-reporting an improvement in general functioning from Intake to Closure; however, it is difficult to make meaningful conclusions about this data due to poor response rates.

Program Outcomes

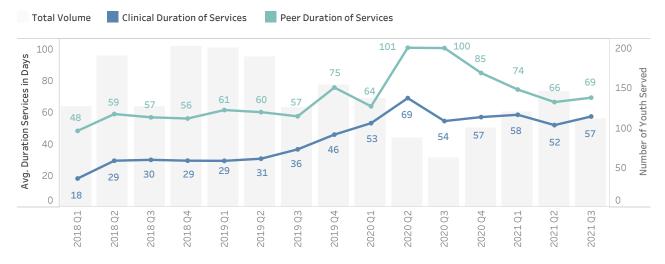
Re-presentations, Admissions and Suicide Attempts During CATS



		Crisis Center		Emergency Department		Psychiatric Residential		Subacute Inpatient		Acute Inpatient		None		Suicide Attempt		No Suicide Attempt		Unknown	
2020		26	7%	53	14%	7	2%	10	2%	9	2%	306	80%	23	6%	354	92%	7	2%
2021	Q1	5	4%	13	11%	2	2%	3	2%	5	4%	100	84%	7	6%	109	92%	3	3%
	Q2	5	3%	13	9%	2	1%	4	1%	3	2%	120	83%	3	2%	138	95%	4	3%
	Q3	5	5%	12	11%	2	2%	1	2%	3	3%	94	85%	4	4%	105	95%	2	2%

Re-presentations, Admissions and Suicide Attempts: In Q3 2021, 15% of youth re-presented to an ED/Crisis Center or had an inpatient admission during the program, continuing the downward trend in recidivism during CATS. Suicide attempts during CATS remains around 2%.

Duration of Services x Number of Youth Served



Closure of Care	20	19	2020		2021						
					Q	1	Q	2	Q	3	
Increased number of services in place from intake to closure	400	60%	295	77%	97	82%	108	74%	72	65%	
Obtained recommended level of care at closure	2	0%	256	67%	92	77%	114	79%	76	68%	
Had a closing meeting	510	77%	283	74%	81	68%	110	76%	78	81%	
Completed the CATS program	573	86%	306	80%	96	81%	119	82%	93	84%	

Duration of Services x Number of Youth Served: During the height of the pandemic, we observed a substantial decrease in the number of youth served with an inverse increase in the average length of clinical and peer services. So far in 2021, patient volume and length of services are returning to pre-pandemic averages.

Closure of Care: We observed a small decrease in the percentage of youth who obtained the recommended level of care at closure and the percentage of youth who had an increase in services from intake to closure. There was an increase in the percentage of youth who had a closing meeting and who finished the CATS program.

% of Data Entered within 14 Days

Clinical FSS 53% 49%