Crisis And Transition Services

"Thank you – they were really helpful and it was just a really good program in our time in need; we are so glad it exists and as a parent, I didn't expect any of this. I don't know what we would have done if this resource wasn't available."

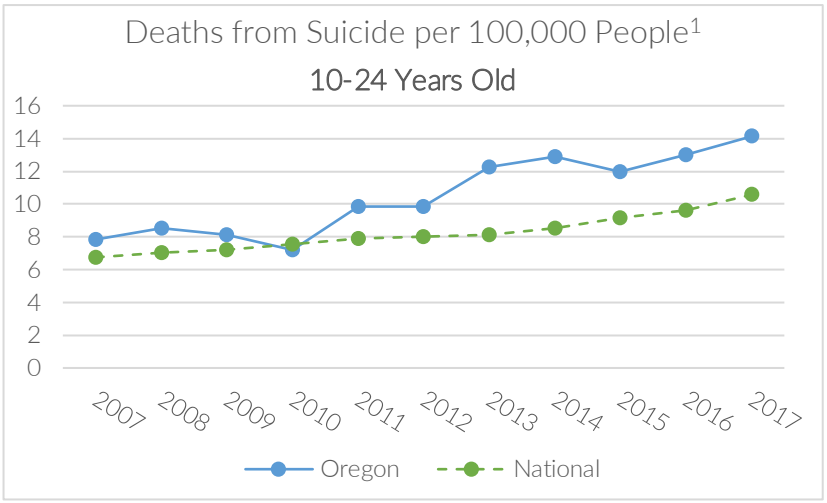
– A CATS Parent

The Need

An estimated **1 in 5** children ages 3 through 17 has a diagnosable mental, emotional or behavioral disorder, with the number of youth dying from suicide steadily increasing.[1,2]

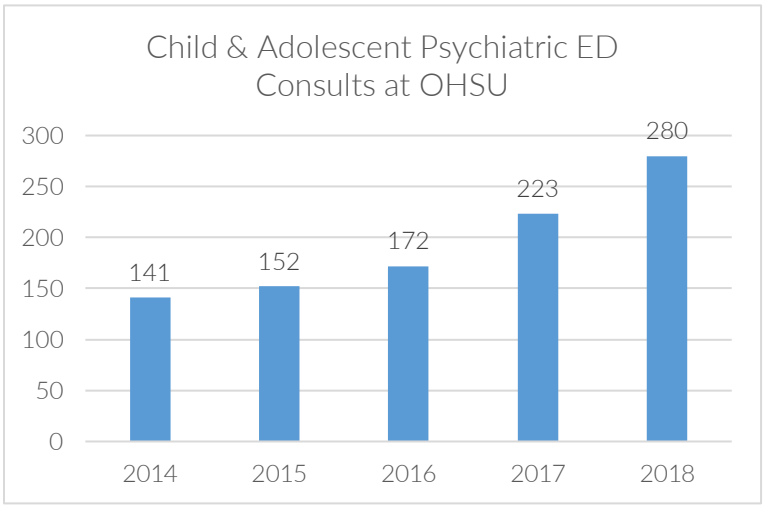
For youth 10-24 years old, **suicide is the second leading cause of death** nationally and in Oregon.[1,3]

National pediatric **emergency department visits for suicidal ideation increased** from 580,000 in 2007 to 1.12 million in 2015.[4]



The Oregon Healthy Teens Survey revealed that **17% of 8th graders seriously considered suicide** over the past year, and **9% reported having attempted suicide** at least once.[5]

In Oregon, a statewide shortage of inpatient and acute psychiatric care, lengthy outpatient provider waitlists, and coverage disparities between payer groups make it difficult for EDs to discharge youth with appropriate supports in place.



The number of **youth psychiatric hospital beds has not increased** in over 20 years.[6]

Over the past 5 years, **residential** (PRTS) **availability has decreased** by approximately 90 beds and **group home** (BRS) **availability has decreased** by approximately 200 beds.[6]

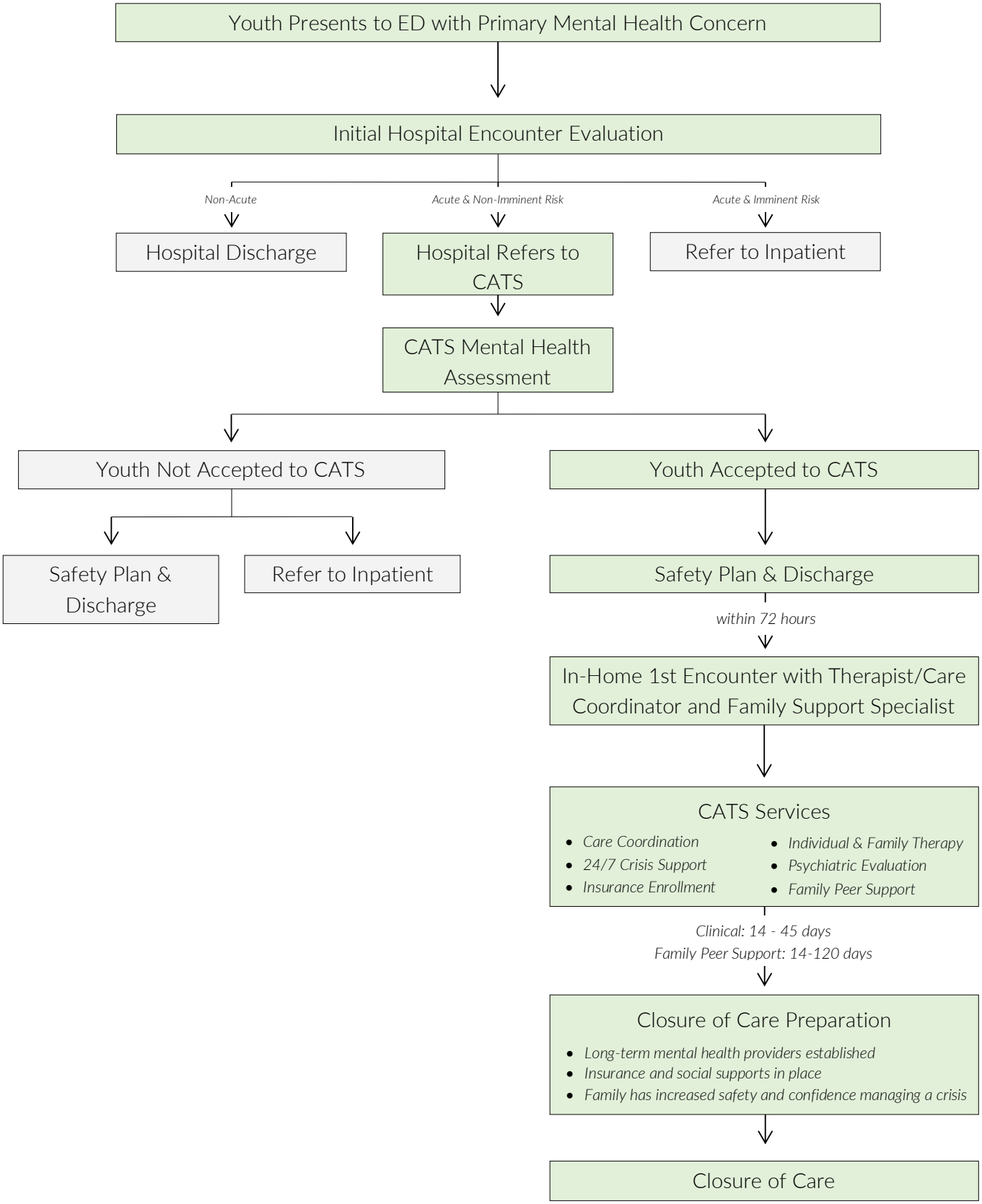
Providence Health System reported **1,378 pediatric ED visits for Behavioral Health concerns** in 2018. 50% had commercial insurance.

The failure to develop timely discharge plans for youth and families creates a **cascade of delays in access** to all levels of care.[6]

"Such an overload of support from their team. We were given so many resources and everyone was so kind. Really good communication between everyone, felt like there was great communication among the team. Provided amazing emotional support for us in addition to connecting us with resources. Team came to the house to help with means reduction, which was helpful – we ended up changing so many things around the house to make it safer."

– A CATS Parent

CATS: The Model



CATS: A Solution

CATS reduces the strain on high acuity settings:

- Provides an alternative to inpatient treatment and psychiatric boarding
- CATS arrives at the ED within 1 hour of referral for 66% of cases, and within 3 hours of referral for 89% of cases
- 74% of youth who enter the CATS program are discharged from the ED within 24 hours, and 91% are discharged within 48 hours of initial presentation

CATS serves high acuity youth with complex presentations:

- 58% have a trauma history
- 27% have made previous suicide attempts
- 29% have had previous mental health ED visits
- 12% have had previous psychiatric inpatient admissions
- 57% presented with suicidality
- 55% have a depressive disorder
- 26% have a trauma or stressor-related disorder
- 23% have an anxiety disorder
- 10% have a disruptive, impulse control or conduct disorder

From January 2018 – June 2019, the state-funded CATS program served **425** youth with commercial insurance, **42%** of the total served.

Aetna: 18	Moda: 40	Tricare: 18
Cigna: 28	PacificSource: 30	UnitedHealthcare: 41
Health Net: 3	Providence: 56	Other: 44
Kaiser: 35	Regence BCBS: 112	

"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."

– A CATS Parent

CATS provides effective, family-centered treatment:

- 24/7 in-person crisis support
- Access to psychiatry, therapy, and family peer support
- Teaches crisis management skills
- Provides evidence-based safety interventions
- Helps families navigate the system of care, address barriers, and connect with ongoing care

Two months after CATS clinical closure, families report positive outcomes:

- 72% are engaged with an outpatient therapist and 57% with a psychiatric provider
- 83% of parents report that their current care is meeting their needs
- 92% of parents are confident about what to do in case of another crisis
- Survey data has been collected for 174 families (~30-40% response rate)

CATS: Cost Effective

"The fact that the program prevented her from going to inpatient was huge for our family; it was so good that she didn't need to go to inpatient and endure more trauma."

– A CATS Parent

CATS is intended as an *effective, less costly* alternative to inpatient hospitalization:

Effective

- The family is evaluated for ability to manage safety with intensive services and supports
- Natural setting and extended engagement allow for better integration of strategies and skills for managing crises
- Multi-disciplinary team approach helps address a variety of needs associated with the social determinants of health
- Program remains involved until successful engagement with ongoing providers is established

Less costly

- CATS stays involved for 2-8 weeks, for a total cost roughly equivalent to 2-4 days of psychiatric inpatient treatment; inpatient stays typically run 7-14 days at much higher total cost
- CATS directly addresses ED boarding and ED recidivism, thereby greatly reducing the costs and potential traumatization associated with repeated ED utilization and multi-day ED boarding
- Research suggests that 20% of youth return to an ED within six months, with a majority returning in the 1-2 months following release.[7-12] CATS helps families gain rapid access to care and fosters their ability to navigate a crisis without emergency room intervention. During the CATS program, approximately 9% of CATS youth re-present to an ED

Service element or outcome	MH Inpatient	CATS
Inpatient confinement	X	
Initial crisis stabilization	X	X
Extended crisis stabilization		X
24/7 crisis intervention	X	X
Family peer support		X
Individual therapy	X	X
Family therapy	X	X
Intensive care coordination	Varies	X
Psychiatric evaluation and support	X	X
Daily psychiatric rounds	X	
Skill building	Varies	X
Confirmed connection to ongoing outpatient services		X
Home safety evaluation/lock box provided		X
Safety planning and psychoeducation	X	X

CATS: A Best Practice

VISION

Every Oregon youth and their family in need of immediate crisis services will have access to responsive, effective, rapidly accessible mental health crisis care and transitional supports provided in their community.

Reliable and equitable funding from public and private payers will ensure the ongoing viability of Crisis and Transition Services.

CATS is aligning Oregon's mental health system with national standards of care for high-risk youth presenting to emergency departments. These standards, recommended by national suicide prevention agencies[13,14], include:

- Providing brief interventions in the ED, including family support, safety planning and lethal means counseling
- Reducing boarding times to avoid harm to patients associated with boarding
- Involving those with lived experience
- Providing post-discharge contacts with a provider who met with the family in the ED
- Providing intensive outreach interventions such as home visits and/or intensive case management in the highest-risk time (one month) following discharge
- Providing improved links to long-term outpatient care

CATS is a Licensed Program under [15]

OAR 309-019-0165

CATS Meets Requirements for [16,17]

HB 3090 + 3091

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