

**Transition of Care Committee**

**Workplan and SMART Goals**

<p><b>The letter written to Rep Keny-Guyer urged the legislative assembly to ask OHA to do the following actions; immediately following this request, OHA turned all efforts to covid response; TOC carried initial steps of each item as part of our continuum of work.</b></p>	<p>Notes on what TOC has done on each of these items.</p>	<ul style="list-style-type: none"> <li>• Is this an action item appropriate for TOC to continue?</li> <li>• Should OHA or Legislative Assembly be responsible?</li> <li>• Should it be included in YSIPP 2.0 (regardless of whether the committee or someone is responsible for implementing it)?</li> </ul>	<p align="center">SMART Goal format:</p>
<p><b>(1)</b> Develop a convening body to create a community of practice around implementation policies related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);</p>	<p>TOC has taken on the role of this body, convened by the Alliance to Prevent Suicide during the time that OHA had turned attention to covid response.</p>		
<p><b>(2)</b> Identify a point of contact within each stakeholder group for all work related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);</p>	<p>TOC has been in process of identifying stakeholders to join the committee or as guest speakers.</p>		

<p><b>(3)</b> Establish a reference document of the interrelationships among the stakeholders, identifying their responsibilities, current and future implementation efforts, and points of interdependence, <del>using the attached draft document as a starting point;</del></p>	<p>TOC developed the map “wheel” to identify major stakeholder groups impacted by and/or responsible for implementation of the transition laws.</p>		
<p><b>(4)</b> Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;</p>	<p>TOC collected an exhaustive list of works being developed by various stakeholders; there is not a place outside of TOC where these items are being stored or accessible to others at this time (see item #5)</p>		
<p><b>(5)</b> Develop a plan for dissemination and use of existing tools and documents (such as OAHHS’ Interpretative Guidelines for Oregon Hospitals regarding discharge planning from hospitals, OHA HB3090 Reports resulting from hospital surveys, etc.);</p>	<p>Related to #4, this action item would be to identify how to make these works accessible to others, possibly via #6 below (OHA website)</p>		

<p><b>(6)</b> OHA to establish a page on its website, easily accessible to the public, that describes the requirements associated with these laws and a defined procedure for grievance or complaint submissions;</p>	<p>TOC has begun to brainstorm content to be included in a set of webpages on OHA's website; having end user input on this content is important.</p>		
<p><b>(7)</b> DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)</p>	<p>TOC invited Gayle Woods to give an update on DCBS efforts/knowledge about how HB3091 is being implemented; this is not a "one and done" action and needs follow up (ie are covered services being billed and paid?)</p>		
<p><b>(8)</b> The Legislative Assembly to hold hearings on implementation, enforcement, complaints and barriers to implementation and develop any follow up actions based on reports made during the hearings.</p>	<p>TOC and Alliance leadership met with AKG prior to her retirement to plan for who in legislature would ensure hearings will be held; it is unclear who is taking lead on this or when it will happen; it is related to the OHA survey to hospitals effort.</p>		

- **Specific**—Devise strategies that are straightforward and emphasize what you want to happen with specific details that provide clarity. Strong action words like lead, direct, plan, coordinate, etc., focus efforts on what is to be accomplished. Specific goal statements will answer the WHO?, WHAT?, and WHY? involved.
- **Measurable**—Establish concrete criteria for measuring progress toward the attainment of each goal you set. Determine a metric by which you can track your efforts, set target dates, and share routine updates. Measurable goal statements answer the question HOW? or HOW MUCH?
- **Attainable**—Set goals that are challenging but reasonable according to a practical, detailed plan. Goals that have the best chance of achievement are those created with buy-in from all parties involved and consider the positive outcomes of accomplishment.
- **Realistic**—Find an objective toward which you are both willing and able to work and do not be afraid to set the bar high. Remember that realistic goals should be set in context of what is relevant to your current situation, given the resources, skills, and time available.
- **Time-Bound**—Ground goals within a time frame to guide progress and ensure routine evaluation en route to the target. Timely goals are more readily attained with a definite end date and answer the question WHEN?

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# Crisis and Transition Services

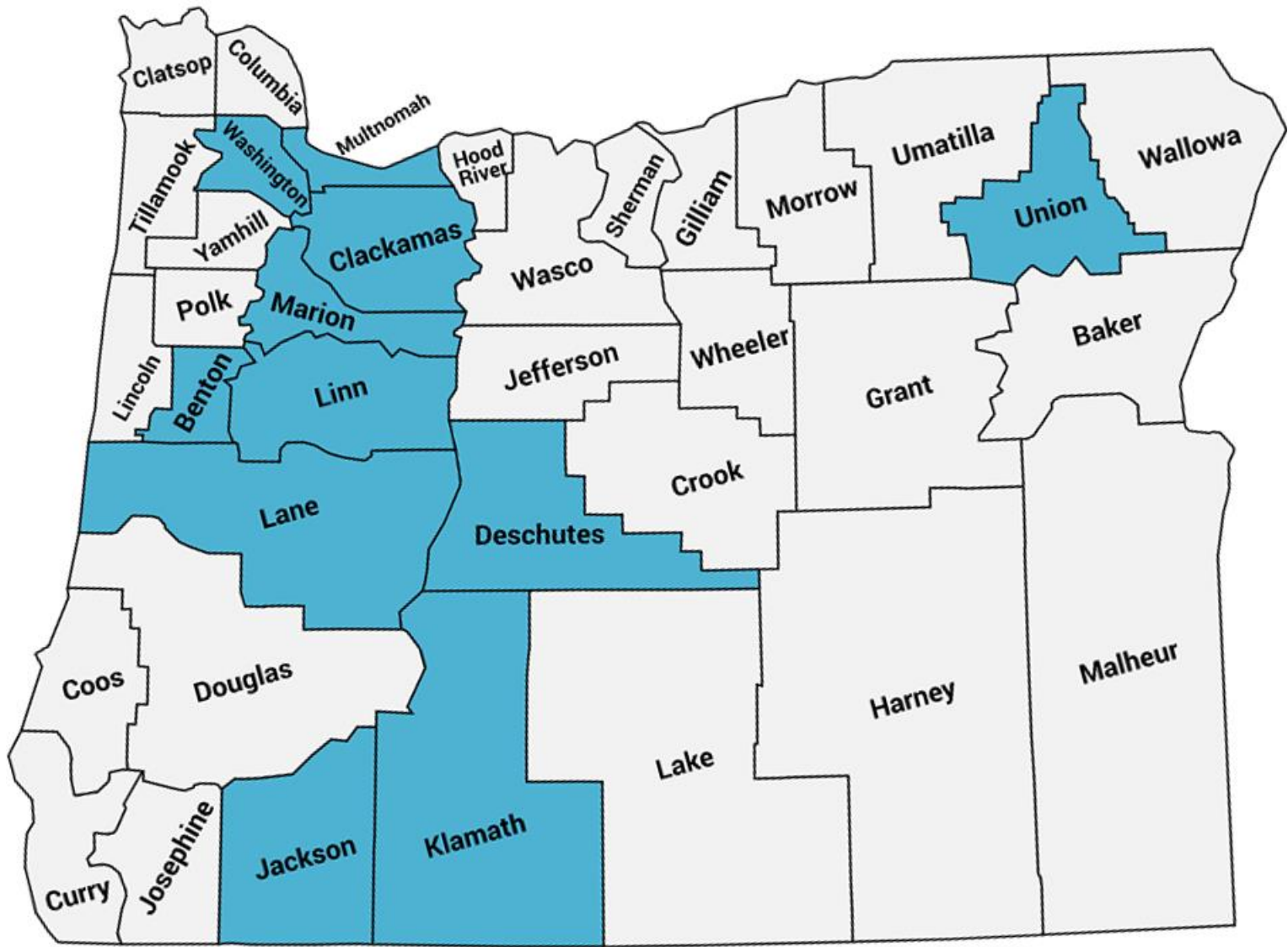
Data and Evaluation Committee | Alliance to Prevent Suicide

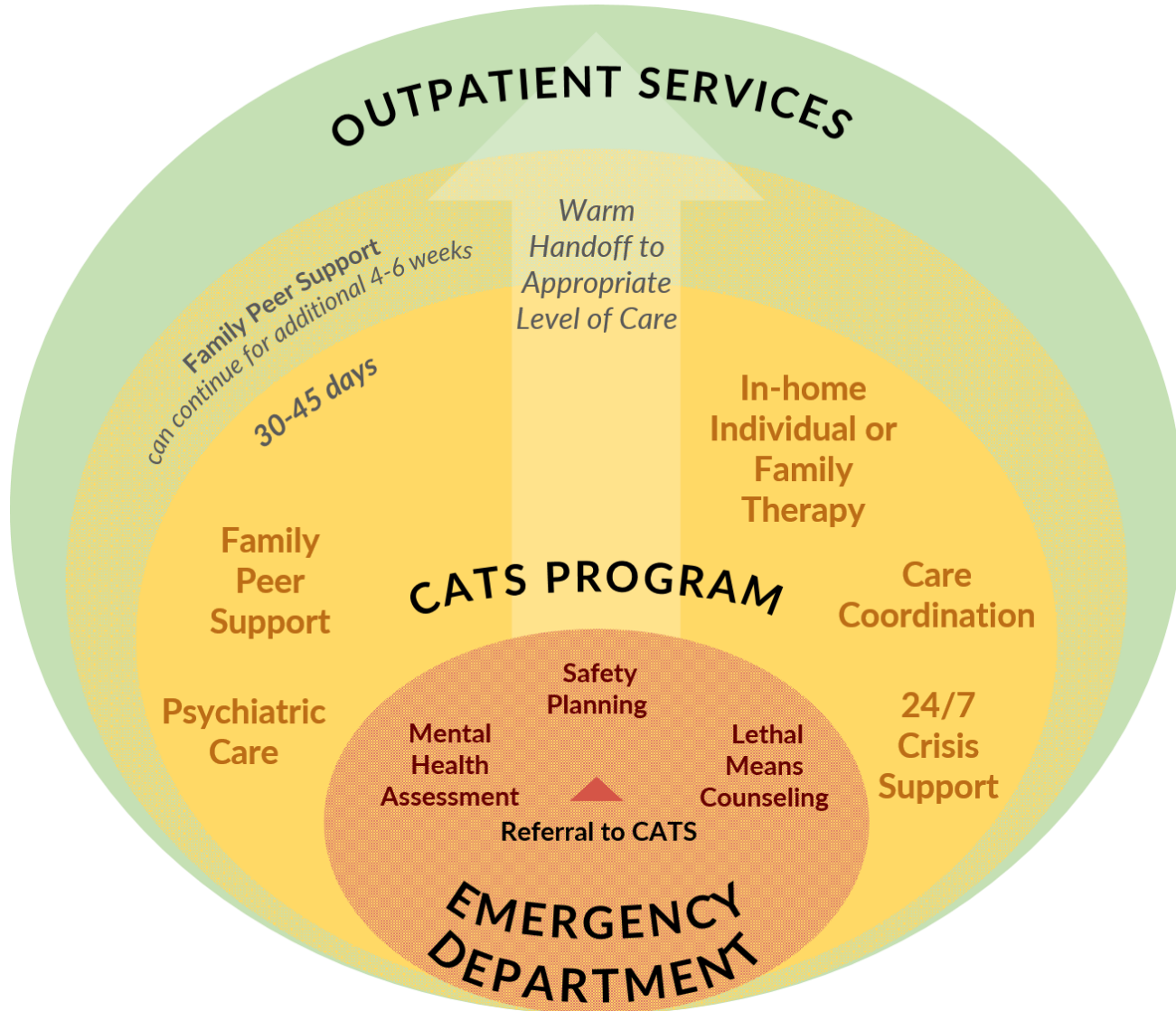
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DATE: June 3, 2021 PRESENTED BY: Rebecca Marshall, MD, MPH

# Timeline

- 2014 OHA convenes workgroup to address ED boarding crisis. Workgroup recommends 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 – 11 sites total





# OHSU Evaluation and Technical Assistance Team

- Developed RedCAP database
- TA to sites to collect and report data
- 2-month follow up with CATS families
- Quarterly data reports for partners and OHA
- Data-driven technical assistance to sites and OHA regarding CATS model / evolution

# Outcomes Data

## Collected from:

- Clinical providers
- Family support specialists
- Youth
- Families

## When collected:

- At intake
- During program
- At closure
- 2-mo follow up (with families)

# What data do we collect?

- 1 Demographic, clinical history, and presenting referral info
- 2 CATS clinical and peer service info
- 3 Transition plan info
- 4 Feedback, program satisfaction, clinical and functional outcomes

CRISIS AND TRANSITION SERVICES | OHSU STATEWIDE REPORT

STATEWIDE CATS DATA

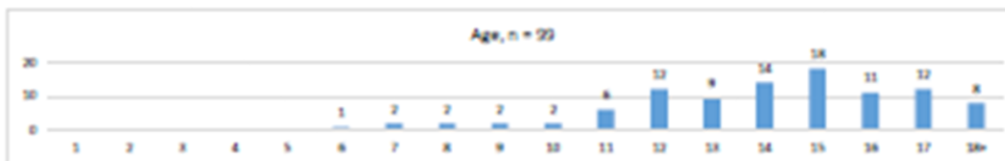
October 1, 2020 - December 31, 2020

Youth and Families  
Served  
99

Families Referred to  
Family Peer Support  
51

Families Engaged with  
Family Peer Support  
41

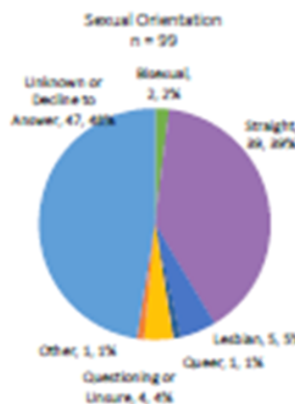
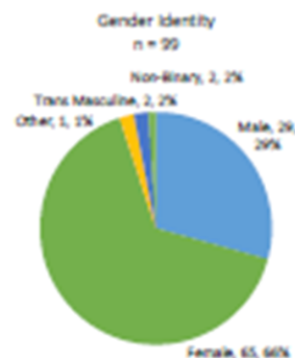
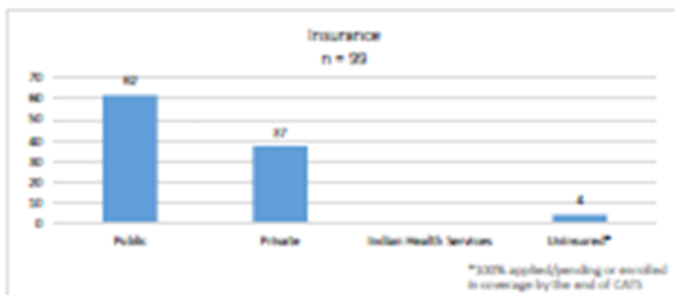
DEMOGRAPHIC INFORMATION



Race	Count	Percentage
American Indian or Alaska Native	3	3%
Asian	5	5%
Black or African American	6	6%
Native Hawaiian or Other Pacific Islander	0	0%
White	75	76%
Unknown or Decline to Answer	18	18%

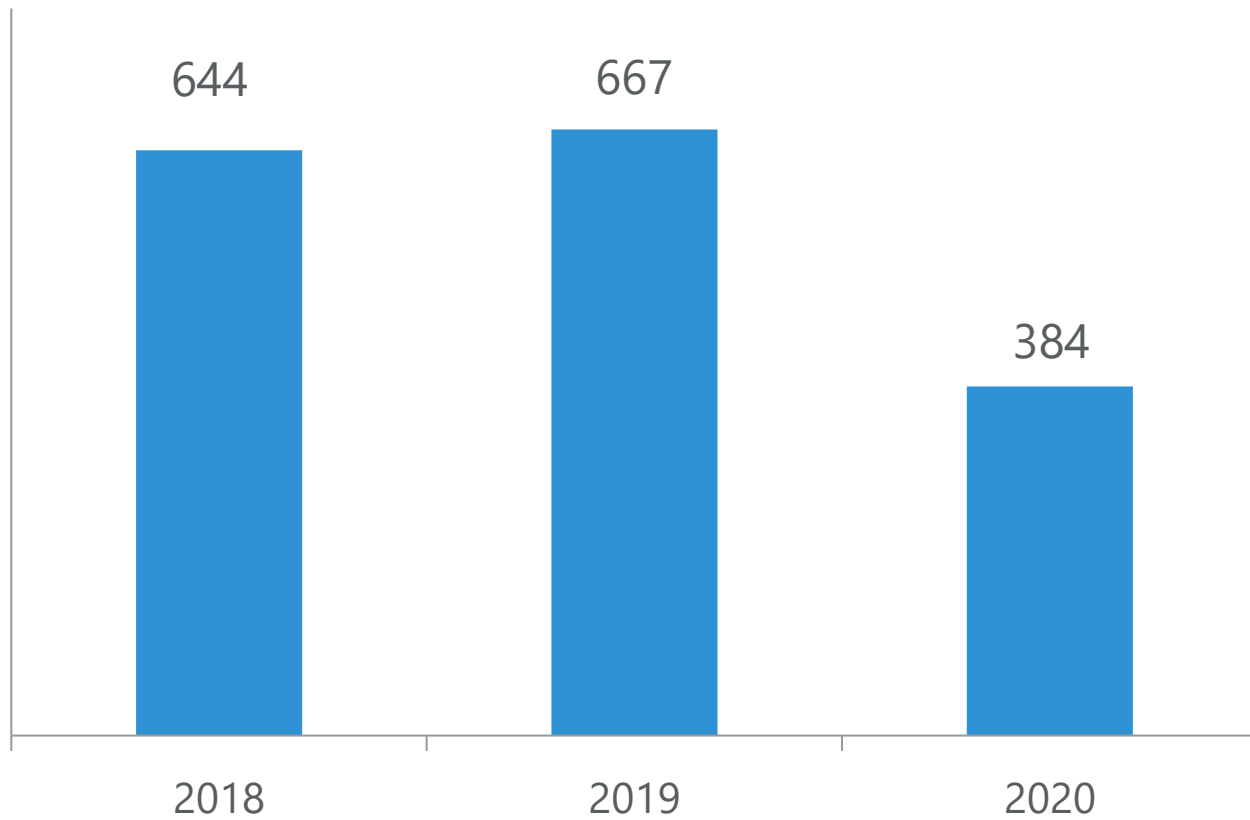
Ethnicity	Count	Percentage
Hispanic, Latino, or Spanish Origin	17	17%
Not Hispanic, Latino, or Spanish Origin	65	66%
Unknown or Decline	17	17%

Social and Environmental	Count	Percentage
Previously or currently in foster care	8	8%
Previously or currently involved with juvenile justice	6	6%
History of trauma	68	69%
Parent requires interpreter	5	5%
Family is experiencing significant financial difficulties	9	9%
Youth missed > half of school in past two weeks	21	21%
Previous mental health ED visit(s)	22	22%
Previous inpatient admission(s)	7	7%
Previous suicide attempt(s)	27	27%
Youth has been in CATS before	2	2%

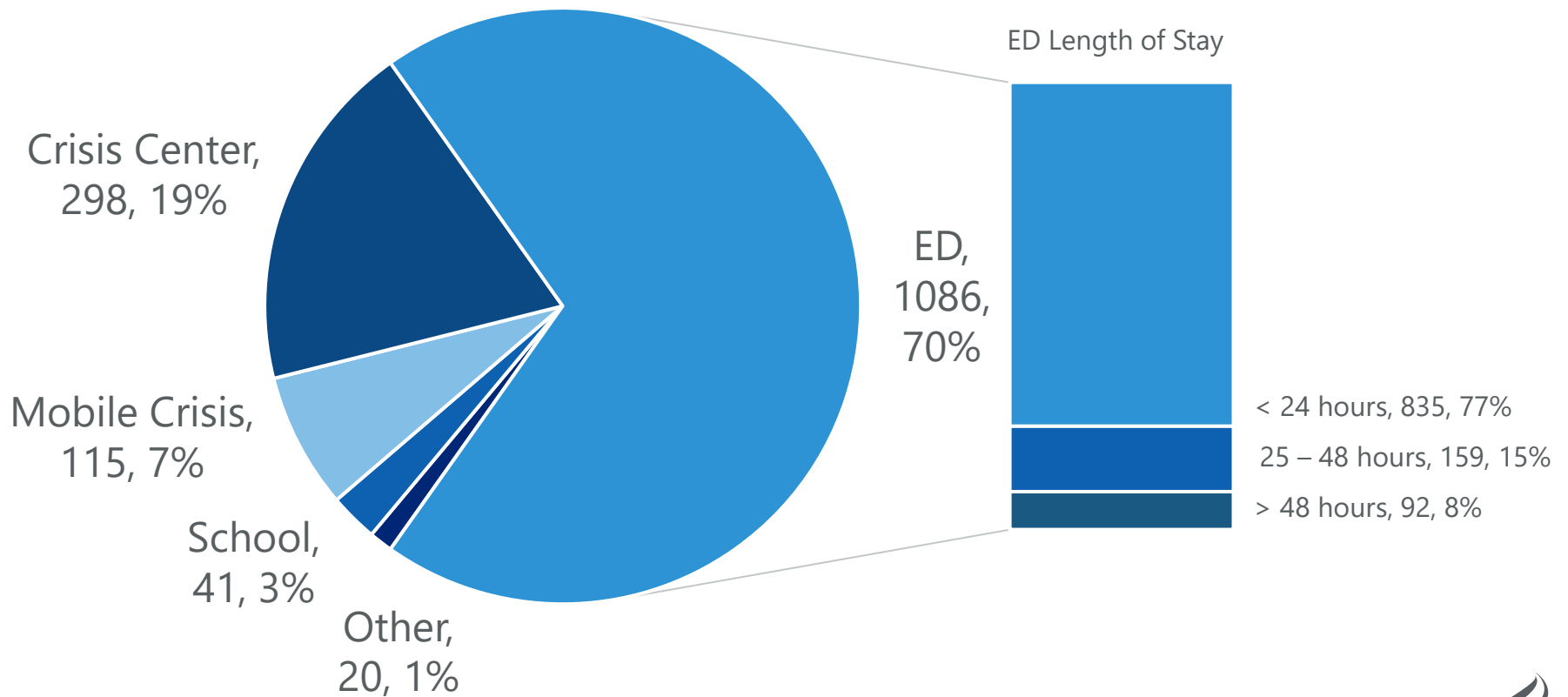




# Youth served 2018 – 2020, n = 1695

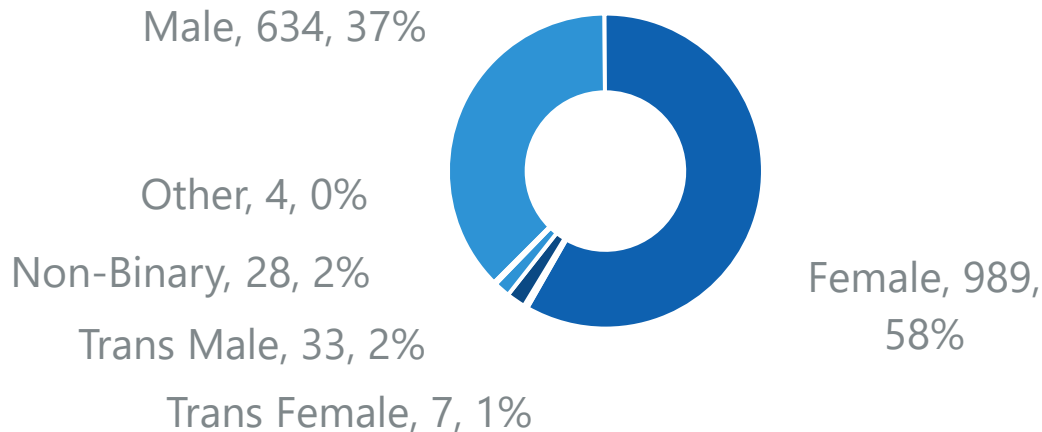
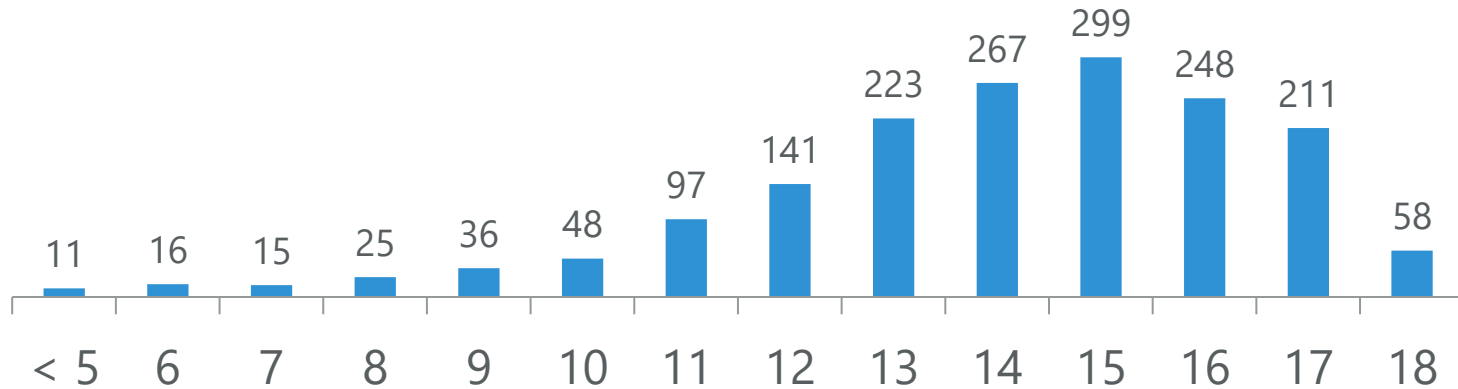


# Referral source 2018 – 2020, combined, n = 1560

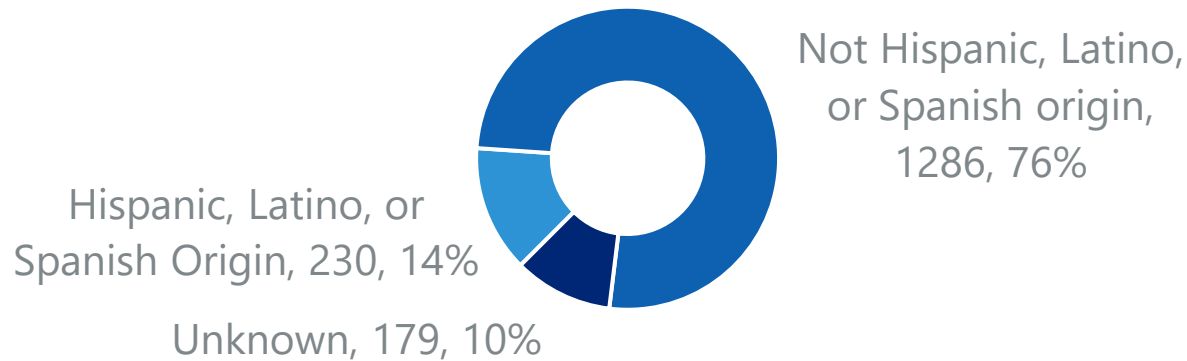
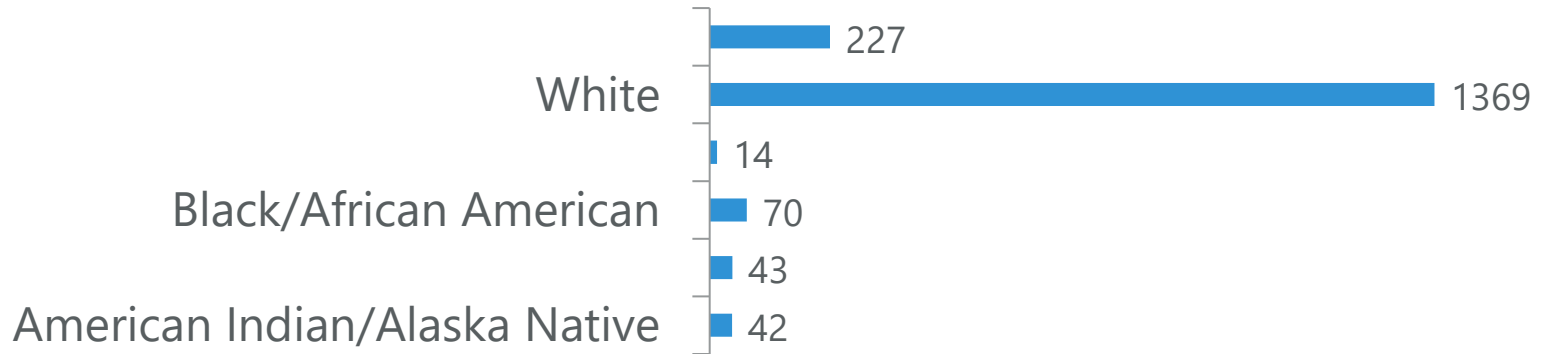


# Youth demographics

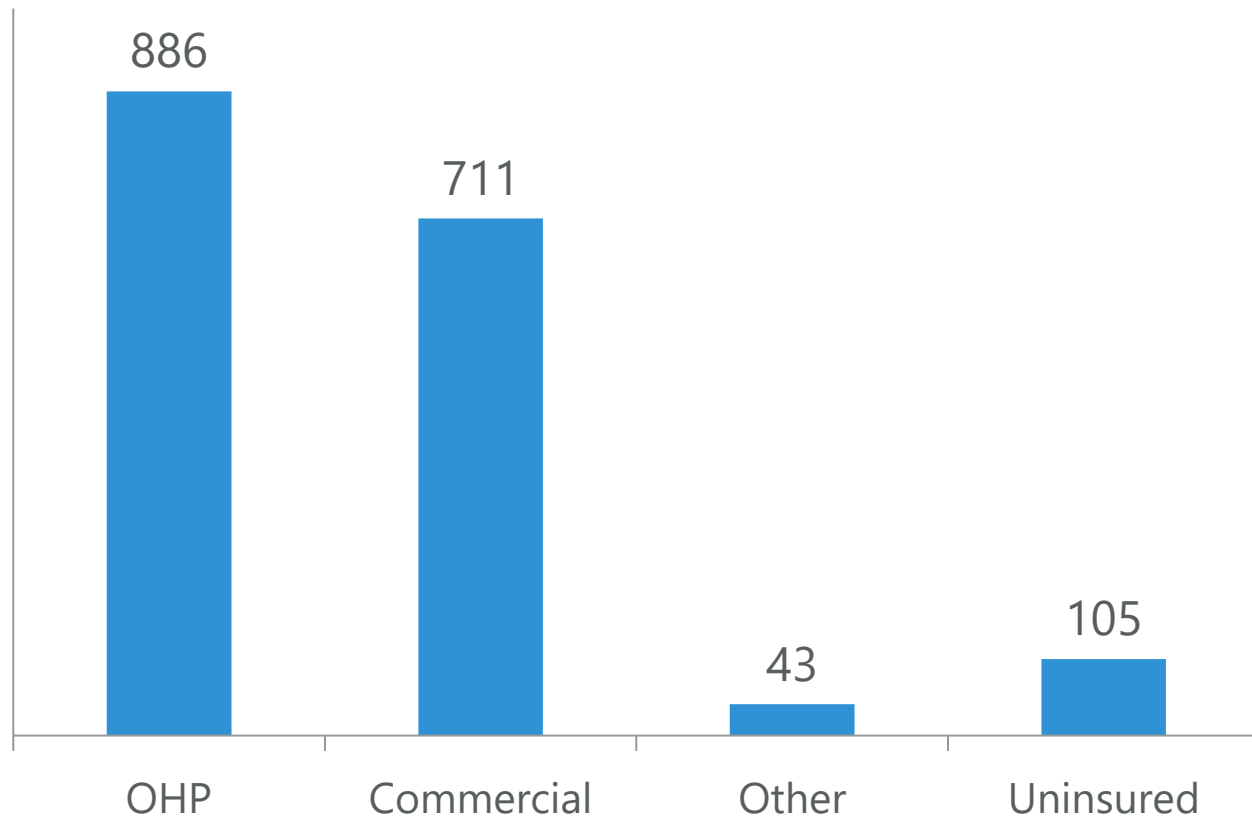
age & gender identity, 2018 – 2020, combined, n = 1695



# Youth demographics race & ethnicity, 2018-2020 combined, n = 1695



# Youth demographics insurance, 2018 – 2020, n = 1695



## Youth history

2018 – 2020 combined, n = 1695

9% currently or previously in foster care

8% currently or previously involved with juvenile justice system

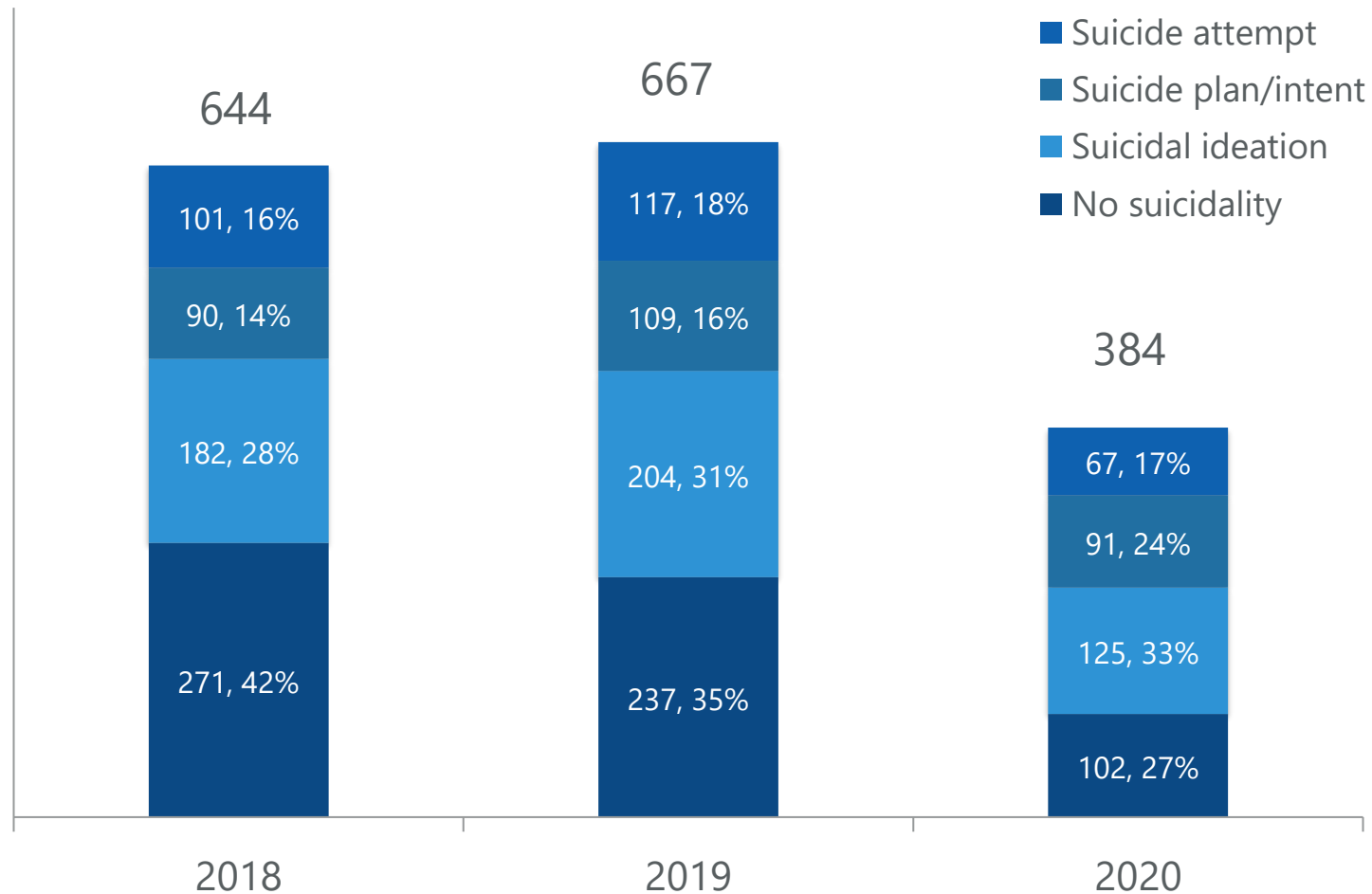
62% have a trauma history

28% have had a previous suicide attempt

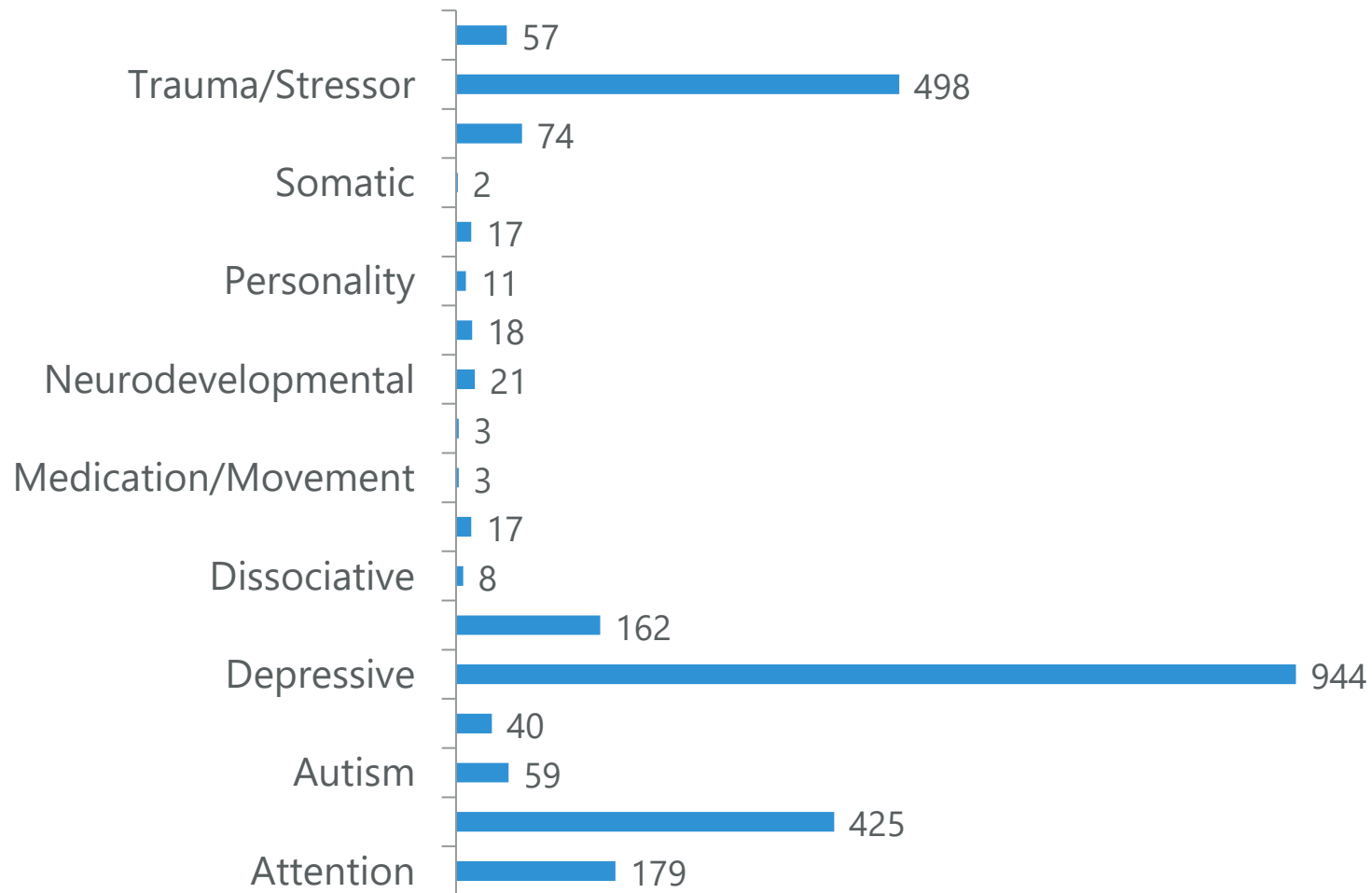
28% have had a previous MH ED visit

11% have had a previous inpatient admission

# Presenting referral information suicidality, 2018-2020, n = 1695



# Presenting referral information diagnosis, 2018 – 2020 combined, n = 1695





# 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)

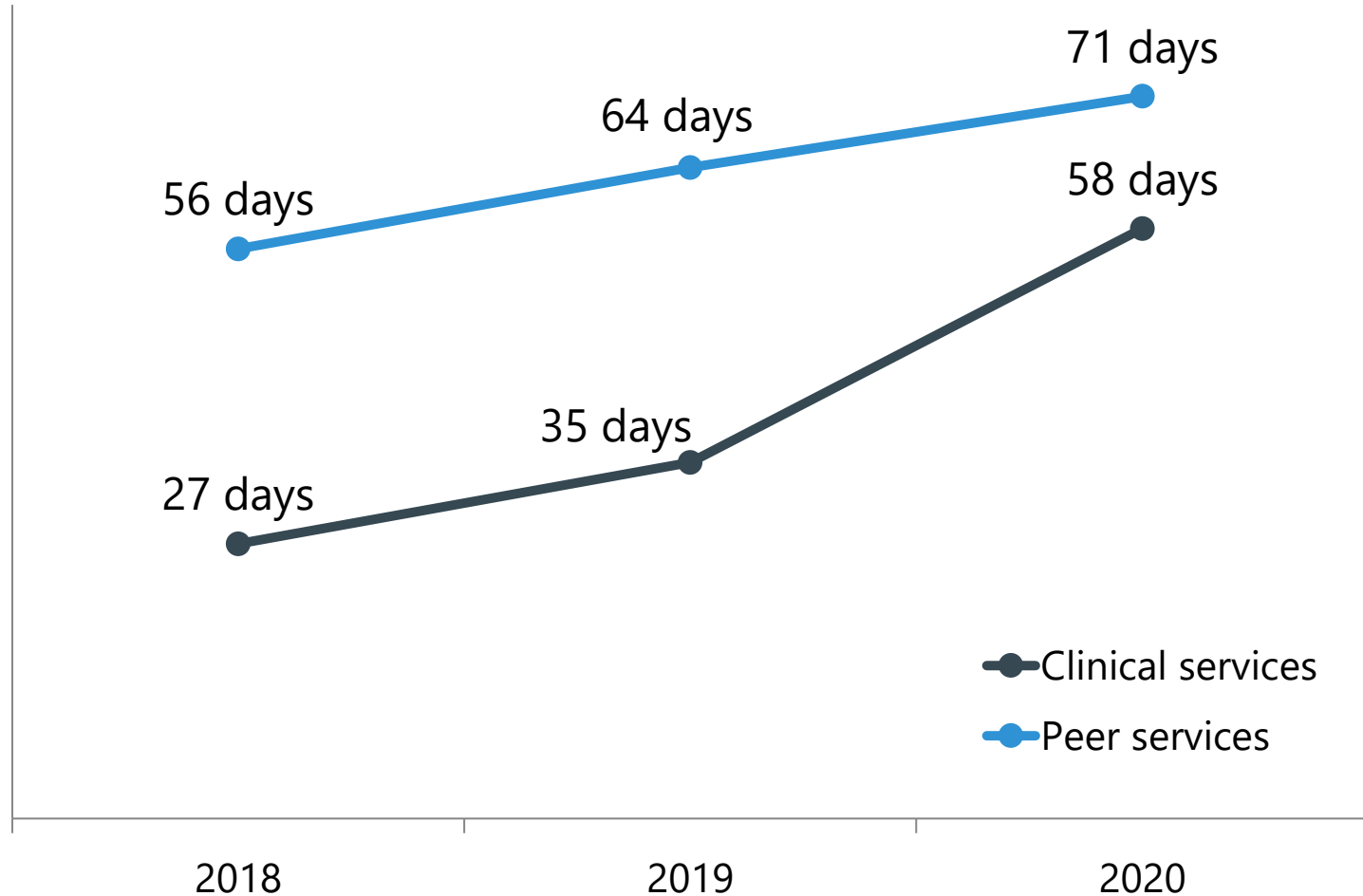
86% completed the CATS program

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

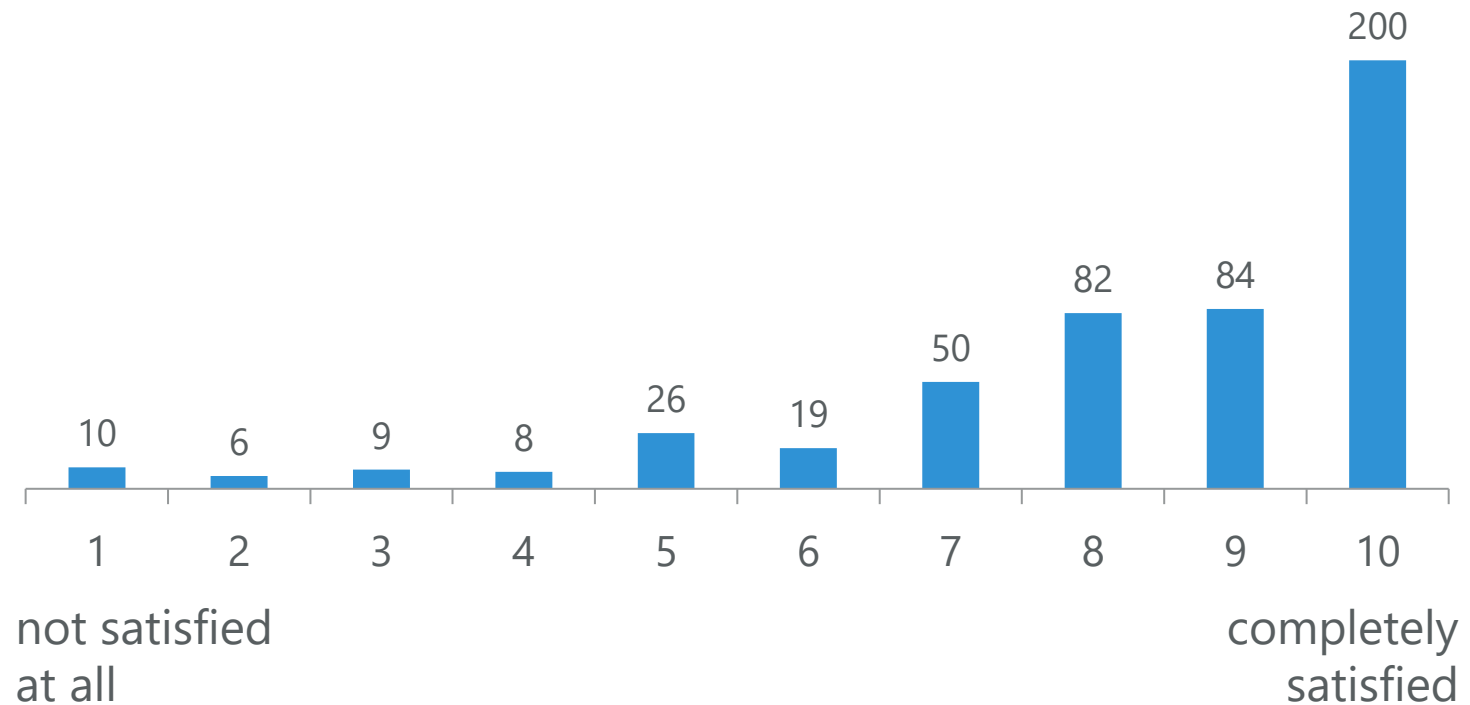
### Top 3 Barriers to Obtaining Clinically Appropriate Care

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%)

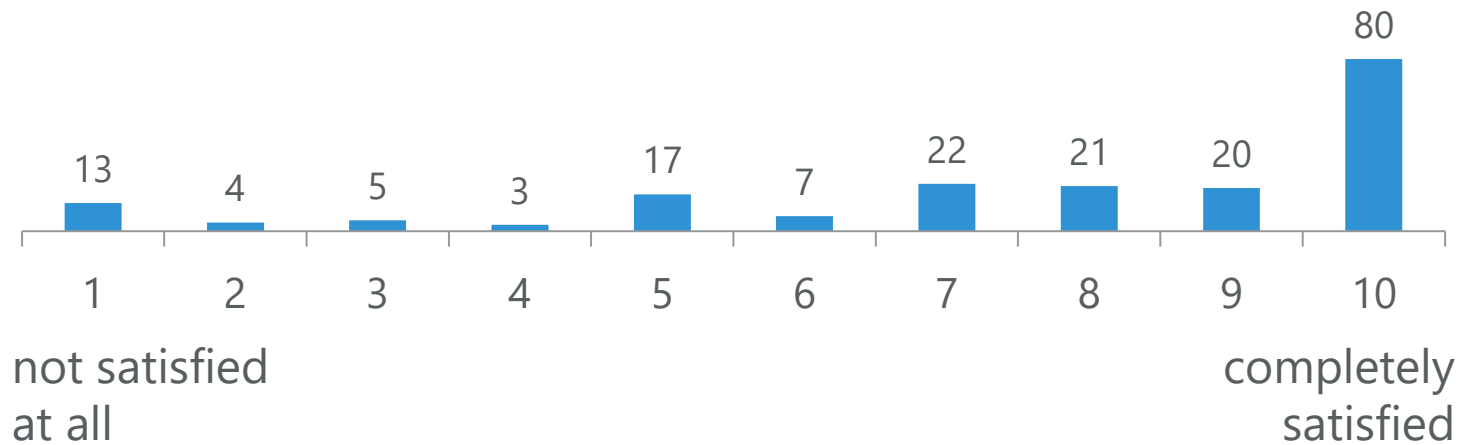
# CATS services average length of care, 2018 – 2020, n = 1695



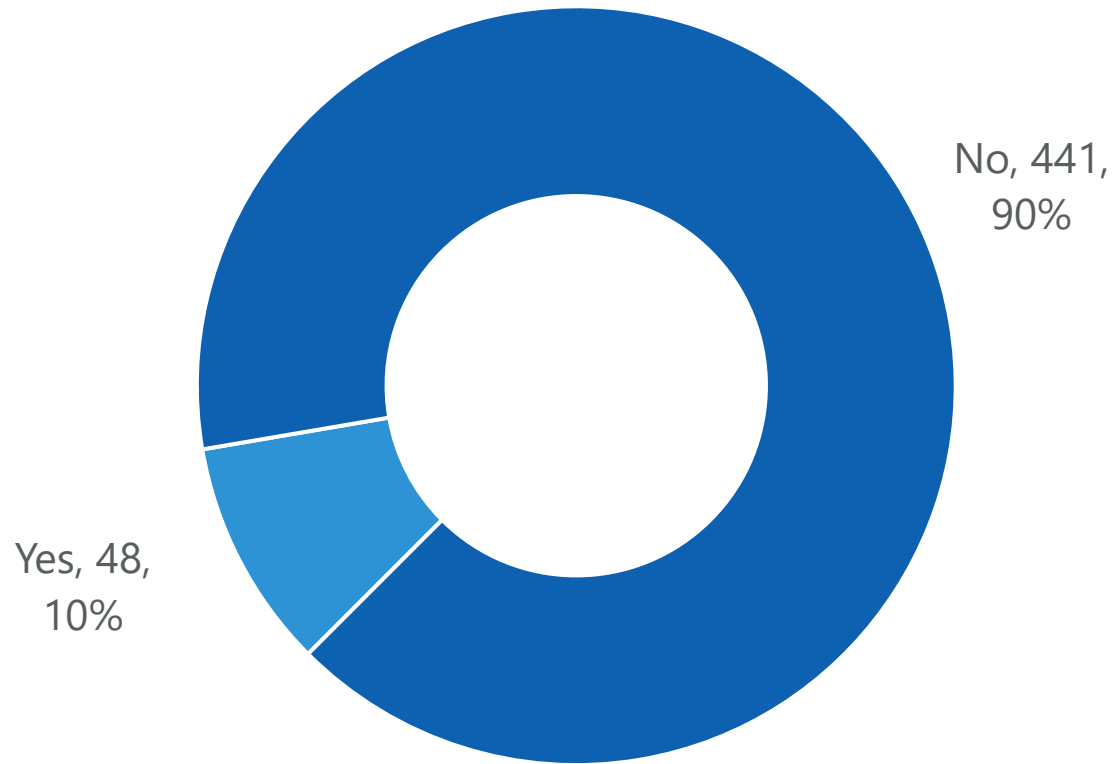
# Two months after CATS caregiver rating of clinical services, 2018 – 2020, n = 494



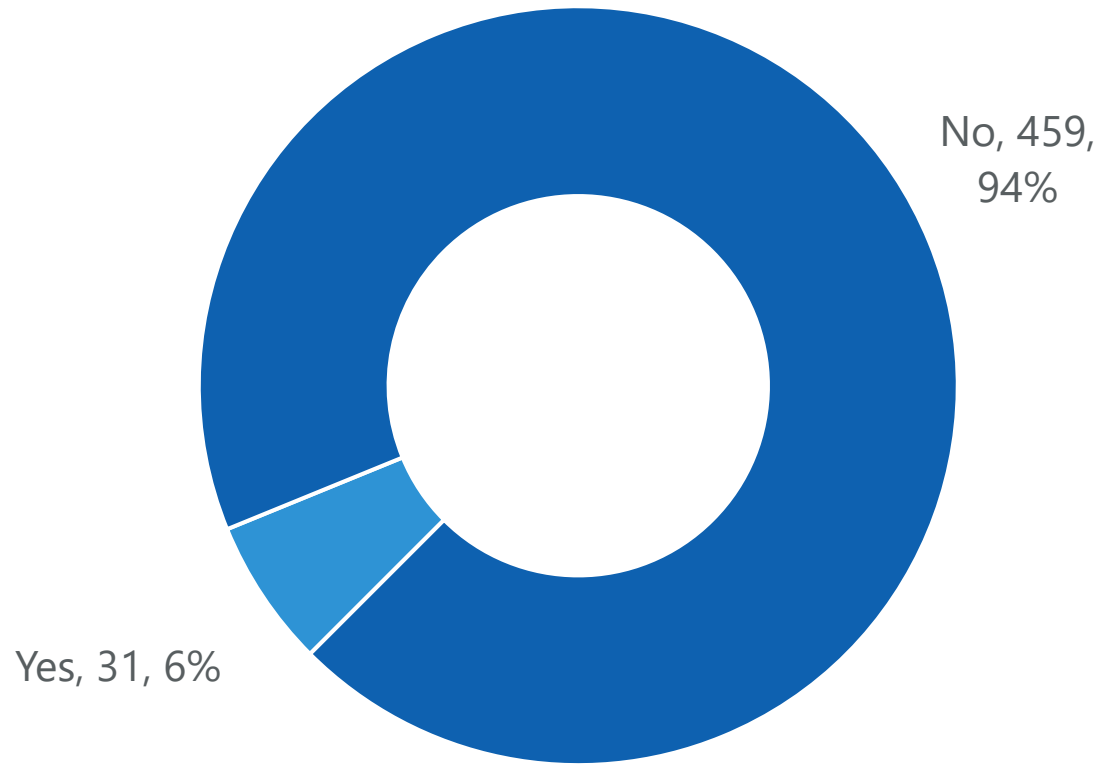
# Two months after CATS caregiver rating of peer services, 2018 – 2020, n = 192



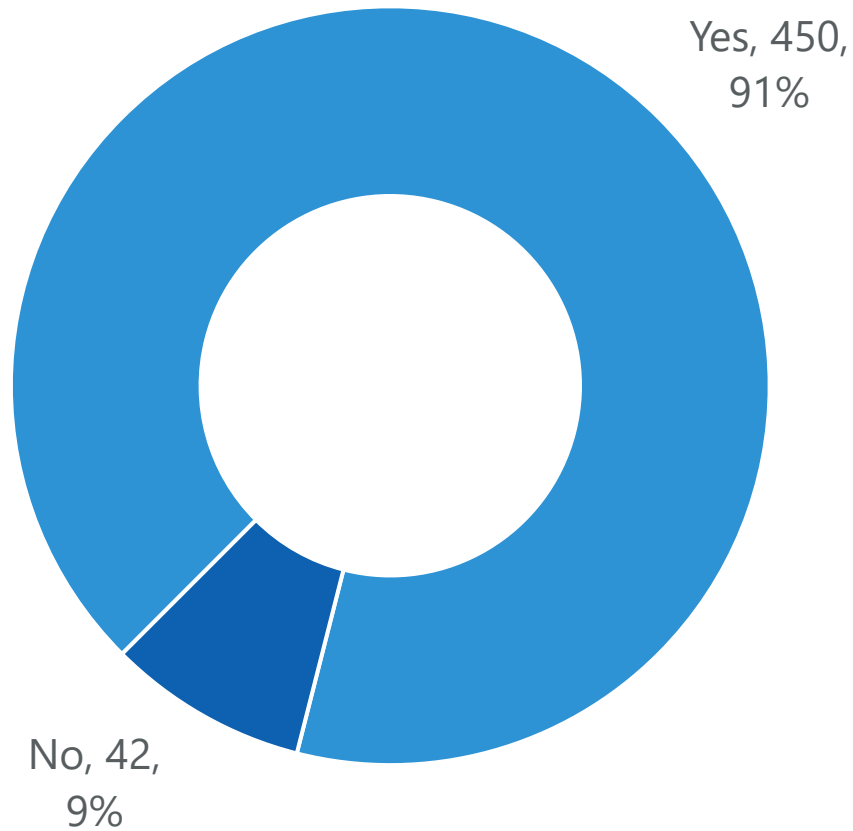
# Two months after CATS ED recidivism, n = 489



# Two months after CATS suicide attempt, n = 490

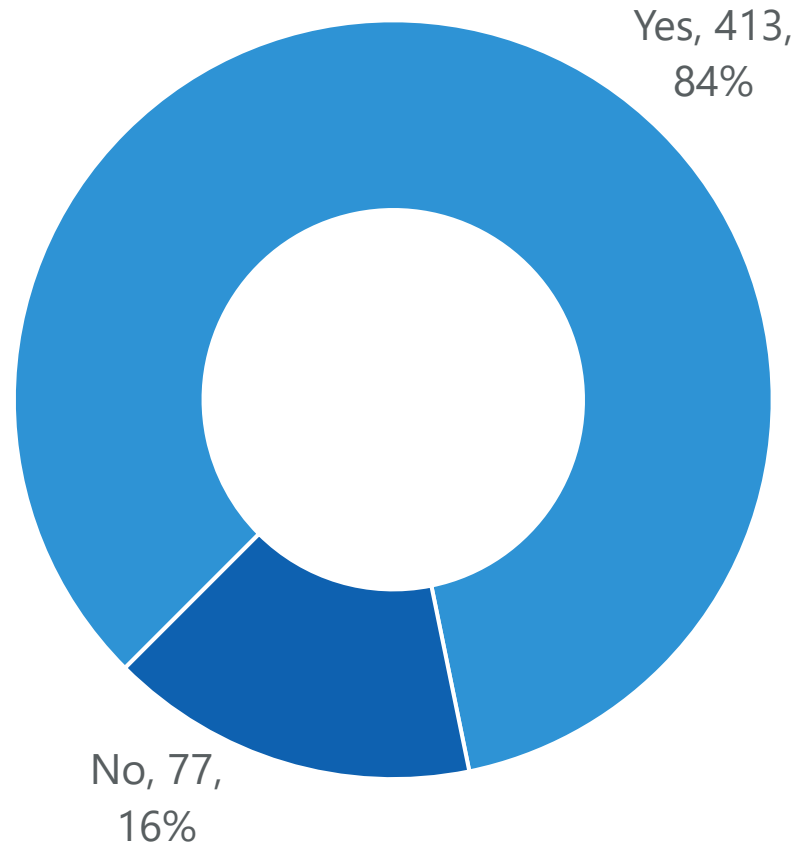


# Two months after CATS caregiver is confident about what to do in a crisis, n = 492





# Two months after CATS youth's care is meeting their needs, n = 490



# Future Work

- Integrate APAC data to better assess recidivism, outcomes using comparative data
- Evaluation / TA for IIBHT, Wraparound
- Align data collection with other MH programs / systems such as IIBHT, Wraparound, possibly MRSS?

# Questions?

# Learn more

[www.ohsu.edu/CATS](http://www.ohsu.edu/CATS)

Ribbers, A., Sheridan, D., Jetmalani, A., Magers, J., Laurie Lin, A., Marshall, R. (2020). The Crisis and Transition Services (CATS) Model: A program to divert youths in mental health crisis from the emergency department. *Psychiatric Services*, 71(11), 1203-1206.

Magers, J., Ribbers, A., Nguyen, S., Marshall, R. (2020). Youth crisis and transition services (CATS): Incorporating family peer support specialists to assist families during crisis. *Journal of Family Strengths*, 20(2), 1-14.

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## YOUTH MENTAL HEALTH PROGRAM WINS \$150,000 GRANT IN LANE COUNTY

PeaceHealth has noticed an increase in youths entering emergency departments at RiverBend and University District hospitals for mental health concerns since the pandemic began -- an average of 38 youths per month.

Posted: Mar 15, 2021 11:24 AM  
Updated: Mar 15, 2021 6:42 PM  
Posted By: Kennedy Dendy

LANE COUNTY, Ore. -- A new program was launched Monday as a partnership between The Child Center and PeaceHealth that aims at providing direct support to youth experiencing mental health crises.

The program is spearheaded by the Oregon Health Authority and Oregon Health & Science University, who recognized the urgent need. The Child Center applied for a grant in November to bring a Crisis and Transition Services (CATS) program to Lane County. The contract was officially signed early this year by TCC, and they began working with PeaceHealth immediately after.

A grant of \$150,000 was given to The Child Center.

Through the CATS program, TCC will respond when youth visit the emergency room for a mental health concern or crisis. They will then help transition the children and their families into ongoing services to support them as time goes on.

# Contact us

Beth Holliman, LPC

Child & Youth Acute Care Coordinator at OHA,

[beth.Holliman@dhsoha.state.or.us](mailto:beth.Holliman@dhsoha.state.or.us)

Rebecca Marshall, MD MPH

Principal Investigator of CATS Outcomes Study at OHSU

[marshare@ohsu.edu](mailto:marshare@ohsu.edu)

Amanda Ribbers, MS

Research Associate for CATS Outcomes Study at OHSU

[ribbers@ohsu.edu](mailto:ribbers@ohsu.edu)