

Multnomah Crisis Assessment & Treatment Center (CATC)

30 NE MLK, Portland OR, 97232 | Phone: 503-232-1099

Referral Information Packet

Thank you in your interest in Telecare's Multnomah Crisis Assessment and Treatment Center. We are a 16-bed secure crisis residential treatment facility, here to serve adults 18 years and older, in mental health crisis, who are covered by Care Oregon, or referred by Multnomah County Call Center (Multnomah County Treatment Fund).

The service area for Care Oregon clients are those who live in Clackamas, Washington and Multnomah counties.

Our service area for uninsured and Medicare only referrals is Multnomah County residents only.

The intent of CATC services is to divert members from unnecessary hospitalizations, incarcerations, state hospital admissions, evictions from community based residential treatment programs, and provide step-down care after acute hospitalization for Members who need further stabilization to ensure successful functioning in the community.

Process for Submitting a Referral:

1. Providers treating those who are uninsured, have Medicare only **and** are residents of Multnomah County can refer to the Multnomah County Call Center by submitting a CATC referral form found on our website, to CATCreferrals@multco.us.
2. Providers treating those insured with Care Oregon, or Open Card, please submit a complete [online CATC Referral Form](#) and attach clinical documentation to the referral.

A complete* referral has the following attached documents:

- Mental Health Assessment
- Current Med list or MAR
- Current progress notes (must have note of encounter within 24hrs detailing current mental health status and clinical needs)
- Labs (if available)
- History and physical

*We are unable to consider incomplete referral packets for admission

What to Expect After Submitting a Referral:

1. CATC staff will confirm receipt of referral by email and request any missing documents.
2. Between the hours of 8 AM and 8 PM, CATC staff will make every effort to contact the referent within two (2) hours of receiving the referral with a determination. Your confirmation email is the start of this two-hour window.
3. If we are unable to make a determination in this timeframe, we will contact you with an expected time frame for response.
4. Determinations include **Accepted, Accepted Pending** (bed availability), **Deferred, or Denied**.
 - Missing documents or needed clinical or medical information may result in an initial decision of **Deferred** pending these updates.
5. CATC will follow up with a phone call if the person is **Accepted** or **Accepted Pending** to schedule the admission or provide an estimate of when admission may be possible.
6. CATC will email a **Denial** with reason for the denial based on our admission and exclusion criteria.
7. If you do not agree with a denial, or have new information for us to consider, please email your request for reconsideration and any updates to: CATCintake@telecarecorp.com
8. If at any point you no longer need the referral, please contact us via email to **Withdraw** your referral.
9. If your referent declines admission to CATC their referral will be **Withdrawn**.
10. If someone transfers from one type of care while their referral is pending, a new referral is not needed. Please email updated contact information with the client's name, date of birth, date of referral and place referred from to: CATCintake@telecarecorp.com Please attach updated progress notes, med lists, labs etc.

For general questions about referrals please email CATCintake@telecarecorp.com

Admission Criteria (Must Meet All of the Following)	Exclusion Criteria
<ol style="list-style-type: none"> 1. Be at least 18 years of age 2. Have a DSM-V or ICD-10 mental health diagnosis which must be a significant focus of the level of care requested. 3. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the mental health diagnosis. 4. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care required. 5. No less restrictive setting is available that will safely meet the member's treatment needs. 6. Current substance use or intoxication has been ruled out as a primary cause of presenting mental or behavioral symptoms. Note: This can be verified through ED clearance, nursing assessment, psychiatrist evaluation or onsite testing 7. Medical cause(s) of presenting mental or behavioral symptoms must be ruled out, or be very unlikely, given the clinical circumstances. Note: This can be verified through ED clearance, nursing assessment or psychiatrist evaluation. 8. Admission is not solely for purposes of placement or the convenience of the member of the family, or the provider. 9. There is a potential but no immediate threat of harm to self or others within secure setting. CATC does not provide 1:1 observation. 10. Ability to be safe within and not disrupt substantially the therapeutic milieu. Must demonstrate ability to refrain from aggressive behaviors, safely engage in admission process and not require immediate and/or persistent use of seclusion and restraint to maintain safe behaviors. 11. Does not have multiple co-occurring medical conditions that require more intensive level of care, (includes active detox for which CIWA/COWS required). Note: This can be verified through ED clearance, nursing assessment or psychiatrist evaluation 12. Can perform activities of daily living (ADL) with minimal or no assistance. 13. Requires 24-hour medically supervised setting to maintain safety, or for psychotropic medication changes. Note: This can be verified through ED clearance, nursing assessment or psychiatrist evaluation 14. Not require continuous nursing care, unless a reasonable plan to provide such care exists, the need for residential treatment supersedes the need for nursing care, and the Division approves the placement. Note: This can be verified through ED clearance, nursing assessment or psychiatrist evaluation. 15. Have the capacity to evacuate the facility. 	<ol style="list-style-type: none"> 1. Assaultive behavior not stabilized. 2. Actively in seclusion or restraint. 3. At risk for Acute Withdrawal which requires medical observation. 4. Client was admitted to inpatient. 5. Client discharged from Referents care- no longer needs services. 6. Client declined admission to CATC. 7. Client is non-verbal/unable to communicate needs. 8. Not able to remain safe in the milieu. 9. Client can be reasonably treated at a lower level of care. 10. Clients medical issues exceed the programs capacity to manage safely. 11. Labs or vital signs are such that medical clearance is needed. 12. No contact from Referent after multiple attempts (over 72hrs). 13. Primary need is housing-Insurer declined admission. 14. Psych presentation is due to medical issues. 15. Refusing to eat or drink in over 24hrs. 16. Required Forced IM med in last 24 hours. 17. Requires 1:1 care. 18. Unable to care for self/ complete ADLs with no or minimal assistance. 19. Unable to locate client. 20. Due to current capacity, the facility is currently unable to accommodate admission of the referral. 21. The individual requires a medical procedure or equipment found in a skilled nursing facility or medical hospital unit, or the individual requires intensive nursing care.

Medical Services that CAN be offered at CATC:

- Vital sign monitoring as frequent as Q 1 hour
- Routine neurological monitoring after minor head trauma or uncomplicated seizures
- Blood sugar testing
- CPR
- Monitoring for withdrawal symptoms and indicated interventions
- Intramuscular and subcutaneous injections
- Continuation of methadone treatment as provided by the client's own outpatient clinic
- Supplies and minimal assistance with resident ostomy self-care

Examples of medical conditions that MAY result in denial to CATC:

- At risk for acute withdraw from substances
- Temperature > 100 degrees F
- Pulse outside of 50 – 120
- Blood pressure < 90 systolic; 120> diastolic or > 180 systolic
- Respiratory rate > 20
- Glucose < 60 or > 300
- Red blood count - Hct < 30%, Hb < 10 grams
- Mental status which is lethargic, stuporous, comatose, or spontaneously fluctuating
- Toxic or rising levels of medications or other substances (some substances may require serial levels to determine potential toxicity)
- Deterioration of vital signs prior to transfer (vital signs must be taken within one hour of transfer)
- Clients who have active medical problems, such as Diabetes or Hypertension that present a serious risk in a non-hospital setting.

Coordination of Care at CATC

- CATC will make every effort to coordinate care with community providers to ensure the highest continuity of care from admission to discharge.
- CATC holds office hours for their prescribing LMP's. Community providers can call during these windows to coordinate care with our prescribers.
- Please call 503-232-1099 and choose option 4 to get the LMP's direct line.
- Office Hours are:
 - Tuesday and Wednesday 9 to 9:30 AM
 - Friday 12:30 to 1 PM
- CATC holds weekly care coordination meeting with Care Oregon for its members.
- CATC's discharge/resource coordinator will set up follow up appointments with outpatient providers, which will be included in the client's discharge plan and communicated to the resident verbally and in writing.
- Continuity of care packets will be faxed within 72 hours of discharge.

CATC Accessibility:

CATC is accessible to and useable by differently abled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments.

Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, client treatment areas, including examining rooms and client wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
 - Qualified sign language interpreters for persons who are deaf or hard of hearing.
 - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
 - Readers and taped material for the blind and large print materials for the visually impaired.
 - Flash Cards, Alphabet boards and other communication boards.
 - Assistance or Assistive devices for persons with impaired manual skills.

CATC resident bedrooms are on the second floor. In the case of fire, CATC has two staff at any time that can help with evacuation. CATC cannot admit residents who require more than 2 staff to evacuate, or admission may be delayed, if there are already two staff assigned evac assist current residents.

Residents who use an assisting device to ambulate must be able to independently transfer, as **CATC staff are unable to transfer residents.**

Mobility devices that are acceptable at CATC are:

- Walkers*
- Wheelchairs
- Crutches

*Residents who use canes to ambulate may use a walker provided by CATC while on the unit as canes pose a significant safety risk.