

DRAFT

MHO Performance Measures QI Coordinators Work Group

1. Percentage Rate of Served

- All ages will be counted (0 to 16; 24 to 65), however 65 and older and Transition Age Youth (16-24 years old) will be the focus group.

The rationale for specifying these two age groups is that they are historically underserved. The older adult age group (age 65 and over) represents 7.3% of the OHP enrollment, but receive only 3.6% of the total services per the FY 06-07 OHP Mental Health Utilization Report. This age group has been traditionally underserved in Oregon.

The transition age group (age 16-24) is not currently broken out in any of the age group categories for data tracking. This age group is at risk for being underserved in that the transition from the OHP youth service delivery system to the adult service delivery system is not well tracked. Many of the children's service utilization staff have indicated this group tends to "fall through the cracks" of the service delivery system and are anecdotally underserved. The rationale for this specific recommendation is to begin to collect data to determine if there is a need to formally identify this age group as an "at risk population."

2. ICTS/ITS

- % of youth in ICTS per MHO (5 to through 19 if you were in before 18th bday)
- % of youth in ITS per MHO
- # per 1000 members per quarter in ICTS across MHOs
- # per 1000 members per quarter in ISA across MHOs
- Average length of stay based on the number of uninterrupted days in residential care
- Number of DHS children versus non-DHS children
- Percentage of youth and family who remained engaged in ICTS services 30 and 90 days post residential discharge

The overarching goal of the ICTS movement is to increase the ability of a child to receive services within their home community. Residential levels of care are only to be utilized when clinically necessary. Anecdotal information from residential facilities indicate that prior to the implementation of the ICTS system DHS children were staying in Psychiatric Residential Treatment facilities an average of 120 days longer than non-DHS children. Current reports from ICTS providers indicate ongoing struggles with transitioning DHS children out of restrictive levels of care due to placement issues. In the interest of ensuring that children within the DHS Child Welfare system have equitable access to the least restrictive levels of care and that institutional levels of care are not over utilized, it will be important to monitor outcomes for both DHS and non-DHS children. This data can serve to inform us of our outcome successes and/or highlight potential areas for additional attention.

3. Peer Delivered Services

- Number of service provider organizations who are in the process of developing peer delivered services
- Number of service provider organizations who employ peers
- % of claims paid for by peer delivered services
- Goal: AMH has established and adopted criteria for peer certification
- Goal: MHOs have incorporated the criteria for peer certification into credentialing policies and procedures
- Goal: A set of acceptable encounter codes for peer delivered services has been approved by the MHO code group

4. Hospitalization

- # of adults admitted to the hospital per 1000 members per quarter
- # of hospital days per 1000 members per quarter
- % of clients who received a covered service within one calendar week following discharge from an acute inpatient psychiatric hospital
- Readmission rates within 30 and 180 days following discharge from an acute inpatient psychiatric hospital
- % of clients who received services during the first 30 and 90 days post discharge