Non-Medicaid Behavioral Health Data

HPA Data Profile

The Behavioral Health Analytics team, within HPA's Office of Health Analytics, provides data analysis and reporting for OHA's behavioral health programs and other data requesters. **In addition to working with Medicaid administrative data through the Medicaid Management Information System (MMIS),[1] the team works with many non-Medicaid behavioral health data sources which are described in this profile:**

- Measurement and Outcomes Tracking System (MOTS)
- Acute Care Reporting (ACR)
- Problem Gambling Network (PG-Net)
- Avatar
- E-Courts

To request non-Medicaid behavioral health data, visit the Health Analytics data request page.

Behavioral Health Data Warehouse

Each of the data sources described here are stored in the Behavioral Health Data Warehouse, or BHDW. The BHDW also stores Medicaid claims data (from MMIS), eligibility and enrollment data (from ONE[2]), and provider information from the National Plan and Provider and Enumeration System (NPPES). Through the BHDW, analysts on the Behavioral Health Analytics team can access multiple data sources for a "360 degree" view of a behavioral health client.

Non-Medicaid behavioral health data can tell us things like:

Civil commitments among Oregon residents have fallen steadily.
Rate per 100,000

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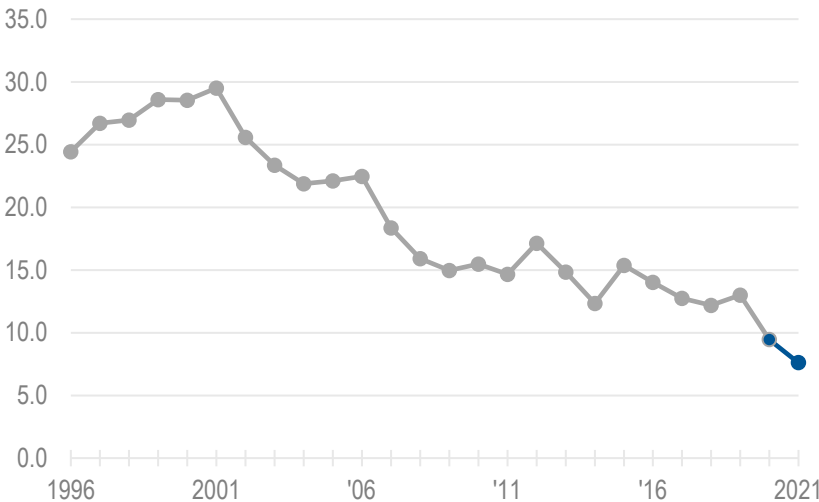
[1] Learn more about MMIS.

[2] Oregon's ONE Eligibility system, through which people can apply for medical, food, cash, and child care benefits.

Measurement and Outcomes Tracking System (MOTS)

What

The Measures and Outcomes Tracking System (MOTS) database contains detailed information about behavioral health treatment provided in Oregon. Specifically, behavioral health providers are required to submit information about client treatment episodes to MOTS when *any portion* of the treatment was paid by public funds (including both Medicaid and non-Medicaid funding sources; see box at right). In addition, providers who administer Medication Assisted Treatment (MAT) or driving under the influence of intoxicants (DUII) services are required to report.

The data

The data collected in MOTS falls into two main categories:

Status data is detailed information about the client that is collected throughout the treatment cycle (at admission and then at least every 90 days). In addition to standard demographic information like the person's race and ethnicity,[3] birth date, and county of residence, status data also includes information that helps paint a holistic picture of the client's treatment progress. For example:

- Living arrangements
- Legal status (such as arrest and DUII history, whether they are incarcerated, under guardianship or civil commitment, etc.)
- Details about the client's substance misuse
- Current treatment status (such as whether they remain in active treatment, completed treatment, left against professional advice, or transferred to another program or facility)

> *Did you know?*
> In addition to Medicaid, there are many mental health and substance use programs that are paid with public funds. Just a few examples include:
>
> - Comprehensive treatment and support services for people diagnosed with severe and persistent mental illness (SPMI),
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> - Special services and treatment for children who are experiencing their first psychosis,
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> - Behavioral Health Crisis Response System and 988, and
>
> - Various services for people experiencing addiction.

Non-Medicaid service data is information about the health care services provided to a client that were not paid by Medicaid. Services funded by counties, as well as DUII and MAT services fall under non-Medicaid services. Examples of non-Medicaid service data fields include:

- Diagnoses, treatments, or procedures that occurred at a visit
- The type of place where the service occurred (for example a hospital, clinic, residence, school, homeless shelter, mobile unit, etc.)
- The date the service occurred

Note that information about clients' treatment services that *were* paid by Medicaid are available in Oregon's Medicaid Management Information System (MMIS) database and can be matched to the client's information in MOTS.

Detailed information about all the data fields in MOTS—including the purpose of collecting each field—can be in the MOTS reference manual.

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[3] Currently, race and ethnicity data collected in MOTS only complies with the federal standard. Once the MOTS is replaced with a new system called ROADS (expected in late 2024), the demographic data collected will align with REALD and SOGI standards.

Why
Collecting data about publicly funded mental health and substance use treatment services is required by federal law. Such data are known as *Treatment Episode Data Sets*, or TEDS. MOTS collects additional information beyond the required TEDS data fields to help policymakers understand how well Oregon's behavioral health treatment system is (or isn't) working for people who need care.

Collecting data about MAT and DUII services is required by Oregon law.

Important to know
Although providers are contractually required to submit information to MOTS, compliance is a known issue. **OHA expects data quality to improve when MOTS is replaced by a new, more user-friendly system called the Resilience Outcomes Analysis and Data Submission, or ROADS.** When ROADS launches in 2024, it will also collect and store data related to Measure 110 implementation.

Learn more about MOTS.

Acute Care Reporting (ACR)

Community psychiatric hospitals and psychiatric departments in Oregon[4] submit information every time a person is admitted and discharged from their care.

The data
Data elements include:
- Mental health diagnosis (for adults only)
- Admission and discharge dates
- For civil commitments: case number for commitment date
- Legal status (such as arrest and DUII history, whether they are incarcerated, under guardianship or civil commitment, etc.)
- Medicaid ID number (for those covered)
- Patient demographics (including REALD and SOGI data elements)
- Information about warm handoff

Detailed information about all the data fields can be found in the ACR User Guide.

Note: ACR does not include information about *treatment* that occurred during the patient's psychiatric hospital stay. However, that information is included in Oregon's Hospital Discharge dataset. Read the data profile or visit the Hospital Reporting Program webpage to learn more.

Why
The data are required by Oregon law. The data in this system is important for case management and for monitoring and advocating on complex cases.

Learn more about ACR.

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[4] There are two dedicated psychiatric hospitals in Oregon (Cedar Hills Hospital and the Oregon State Hospital, which had two campuses). In addition, thirteen acute care hospitals have psychiatric departments.

Problem Gambling Network (PG Net)

Behavioral health providers are required to submit data to Oregon's Problem Gambling Network (PG Net) data collection system when they treat clients for problem gambling.

The data
Data elements include information about:
- The person receiving treatment, such as their race and ethnicity (including REALD and SOGI data elements) and other demographics
- The person's admission to- and discharge from care
- The person's diagnoses and problem gambling history
- Treatments the person received while in care

Why
PG Net data helps policymakers and behavioral health partners understand the effectiveness of treatment and continually improve the system of care for people who need treatment for problem gambling. OHA also uses the information to conduct follow-up and satisfaction surveys (for those who consented to participate).

Learn more about PG Net.

Avatar

Avatar is an Electronic Health Record system used by the Oregon State Hospital. It contains health-related information about patients of the hospital.

E-Courts

E-Courts contains data about behavioral health referrals among people engaged with the court system. Data elements include new criminal charges, dispositions, aid/assist, and DUII diversion.