

Non-Medicaid Behavioral Health Data

HPA Data Profile

The [Behavioral Health Analytics and Metrics \(BHAM\) 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:**

- [Resilience Outcomes Analysis and Data Submission \(ROADS\)](#)
- [Acute Care Reporting \(ACR\)](#)
- [Problem Gambling Network \(PG-Net\)](#)
- [Avatar](#)
- [eCourts](#)

To request non-Medicaid behavioral health data, visit the Health Analytics [data request page](#).

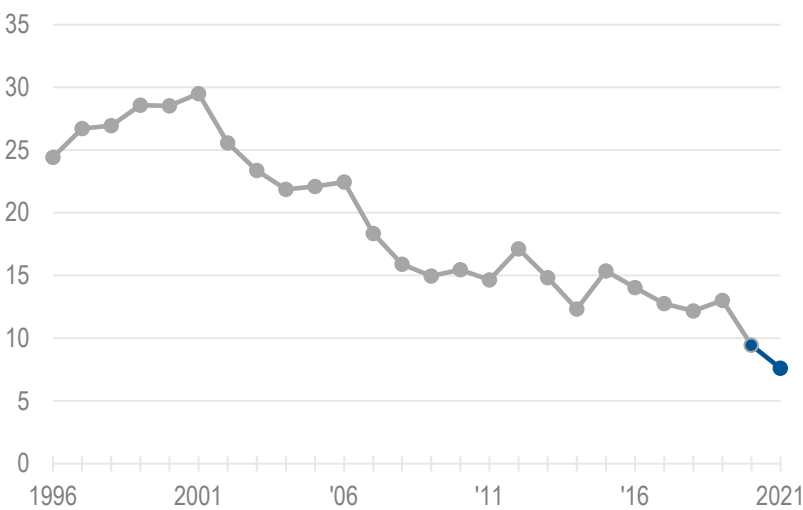
OHA Data Environment

Each of the data sources described here are stored in the OHA Data Environment, or ODE, formerly known as the Behavioral Health Data Warehouse (BHDW). The ODE also stores Medicaid claims data (from MMIS), eligibility and enrollment data (from ONE²), and provider information from the National Plan and Provider Enumeration System (NPPES). Through the ODE, analysts on the Behavioral Health Analytics and Metrics 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



¹ [Learn more about MMIS.](#)

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

Resilience Outcomes Analysis and Data Submission (ROADS)

What

The Resilience Outcomes Analysis and Data Submission (ROADS) 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 ROADS 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.

Note: ROADS replaced the Measures and Outcomes Tracking System (MOTS) in March 2025.

The data

The data collected in ROADS 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 use
- Current treatment status (such as whether they remain in active treatment, completed treatment, left against professional advice, or transferred to another program or facility)

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

In addition, data related to [Measure 110](#) implementation will soon be stored in the ROADS database (expected late 2025 or early 2026).

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),
- [Special services and treatment for children](#) who are experiencing their first psychosis,
- [Behavioral Health Crisis Response System and 988](#), and
- [Various services for people experiencing addiction](#).

³ Currently, race and ethnicity data collected in ROADS only complies with the federal standard. Once ROADS is fully implemented and provider Electronic Health Record (EHR) systems are fully configured, the demographic data collected will align with [REALD and SOGI](#) standards.

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 ROADS.

Detailed information about all the data fields in ROADS—including the purpose of collecting each field—can be found in the [ROADS Reference Manual](#).

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](#). ROADS 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](#).

[Learn more about ROADS.](#)

Acute Care Reporting (ACR)

Community psychiatric hospitals and psychiatric departments in Oregon⁴ submit information every time a person is admitted and discharged from their care. All publicly funded behavioral health facilities that serve acute care clients are required to enter admission, discharge, and status changes for clients within 24 hours.

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.](#)

⁴ There are two dedicated psychiatric hospitals in Oregon (Cedar Hills Hospital and the Oregon State Hospital, which has 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 (OSH). It contains health-related information about patients served by the State hospital in Salem and Junction City.

The data

Data elements include information about:

- Admissions, discharges and transfer details for patients in OSH
- Reason for discharge and location of patient when discharged
- Current patient demographic information (including [REALD](#) and [SOGI](#) data elements)

Why

Avatar is the primary medical records database for OSH and is essential for evaluating, diagnosing and treating admitted patients. Avatar data is used to make statewide decisions on policy, process, and patient care. The BHAM team uses data from Avatar in conjunction with [Medicaid data](#) to assess program enrollment and outcomes for patients discharged from OSH.

eCourts

The eCourts database houses data from circuit court records maintained by the Oregon Judicial Department (OJD). These records include information about new criminal charges and outcomes, aid and assist orders, driving under the influence of intoxicants (DUI) diversion cases, community mental health consults and community restoration orders.

The data

Data elements include:

- All criminal felony, misdemeanor, and non-traffic violation cases filed on or after January 1st, 2017

- All DUII diversion cases filed on or after January 1, 2017
- Aid and assist orders effective on or after March 14, 2022
- Community mental health consult data based on reports filed by community mental health programs (CMHPs) on or after March 14, 2022
- Community restoration cases ordered by circuit courts on or after September 1, 2023

Note: eCourts only contains data collected by circuit courts in Oregon. The municipal courts in both Washington County and Lane County handle misdemeanor charges and aid and assist orders, so information for such cases is not available in eCourts if cases were filed in those respective counties.

Why

eCourts data allows for the linkage of client behavioral health data with judicial system data from Oregon's circuit courts. The BHAM team uses eCourts data to track caseload and outcomes for clients in community restoration services, while also incorporating these data in quarterly reporting of federally mandated Substance Use Disorder (SUD) 1115 Medicaid Demonstration Waiver monitoring measures.