

**Oregon Performance Plan  
Semi-annual Data Report  
January 2017**



The Oregon Performance Plan (OPP) requires that Oregon Health Authority (OHA) provide data to USDOJ on a quarterly basis and a narrative report about the data every six months. This is the first semi-annual report about data. Since the signing of the OPP on July 25, 2016, OHA has been working to operationalize the data for the required metrics. That process was not completed in time to issue a quarterly report in October 2016. The first quarterly report will be issued in April 2017. OHA has worked closely with Pamela Hyde, the Independent Consultant for the OPP, in the development of data specifications. This foundational data work will enable Oregon, Pamela Hyde and the USDOJ to focus in the future on the outcomes that the data reflect rather than the data methodology.

For the purpose of collecting and tracking data regarding services to individuals with a serious and persistent mental illness (SPMI) Oregon is basing the definition of SPMI on the definition included in Oregon's 2012 agreement with USDOJ. That definition included a list of diagnoses and Global Assessment of Functioning (GAF) score. The GAF score is very difficult to collect and it is no longer included in the Diagnostic Statistical Manual (DSM). Therefore, Oregon will only be using the diagnostic criteria in identifying individuals that meet the definition of SPMI.

- Schizophrenia and Other Psychotic Disorders
- Major Depression and Bi-Polar Disorder
- Anxiety Disorders
- Schizotypal Personality Disorder
- Borderline Personality Disorder

Data in this report first takes the step of identifying individuals that received a specific service and then identifies which of those individuals also had one of the diagnoses listed in the definition for SPMI.

This report provides baseline data for the metrics being reported on quarterly. The baselines are established using data from calendar year 2015. This report does not review or discuss requirements related to OHA's implementation of various processes. However, those processes may be referenced if related to the data

metrics. Some of the metrics in the OPP require baselines to be established since there are percentage of improvement targets. The other metrics have baselines to inform the review of progress.

Data Specification Sheets (DSS) have been completed for each metric and those are located in Appendix A. This narrative will provide a high level review of the information contained in the DSS, activities to improve the performance measure and any comments regarding progress from the baseline.

OHA has been very active this past year implementing processes outlined in the OPP and other processes to achieve identified targets. Since the baseline data are data for the 12 month period ending 2015 (CY 2015), there is a significant gap in many of the baselines in comparison with the OPP performance targets. Preliminary information indicates that there has been substantial progress in meeting many of the first year targets in the OPP. That data showing some of that progress will be reflected in the first quarterly data report due in April 2017.

## **ACT**

*#1 (a)*

### Baseline (Calendar Year 2015)

As of the end of calendar year 2015, 815 individuals were being served by ACT.

### Comments on Methodology

The data regarding ACT services is received via Quarterly Reports. OHA will identify the number of individuals served at the end of each fiscal year to determine if the performance outcome has been achieved.

### Comment on Progress

As stated above, the baseline data identifies 815 individuals were being served by ACT. This is an increase from the July 2015 report that showed as of the end of calendar year 2014, 553 individuals were being served by ACT. To achieve the first year performance outcome of 1,050, OHA will need to increase the number of individuals with SPMI being served by ACT by 235.

### Activities Associated with Metric

- Approximately \$ 4.2 million general fund was awarded to CCOs for the development of ACT capacity to include the expansion of current teams and/or the development of new teams.
- Approximately \$2 million general fund (which will increase with Federal Fund Participation) was put into CCO contracts to provide for increased ACT services.
- Amended Oregon Administrative Rule (OAR) to include standardized criteria.
- Developed standardized referral form to be used across the state by Oregon State Hospital, Providers and CCOs/CMHPs.
  - Includes documentation re: patient refusal and denials.

### **Crisis Services**

#7 (a-b)

#### Baseline (Calendar Year 2015)

As of the end of calendar year 2015, a total of 3,732 unique individuals received 4,981 mobile crisis services.

#### Comments on Methodology

OHA captures mobile crisis services utilizing the Measures and Outcomes Tracking System (MOTS). The number of individuals receiving these services are unduplicated. For instance, if the same individual received mobile crisis services multiple times through the year, they are still only counted as one.

#### Comment on Progress

As stated above, the baseline data identifies 3,732 unique individuals received mobile crisis services. This meets the first year (FY 2017 ending June 30, 2017) performance outcome of 3,500. OHA will continue to improve Mobile Crisis services as outlined in the plan, with specific efforts toward mobile crisis response times and statewide coverage.

### Activities Associated with Metric

- OHA has awarded \$7 million in general fund for Mobile Crisis and Crisis Respite services to 20 counties. This includes the development of nine new programs and expands seven programs.

- OHA also awarded an additional \$4 million in general fund for Mobile Crisis and Crisis Respite across all County Financial Assistance Agreements for Community Mental Health Programs (CMHP) serving the entire state.
- OHA surveyed mobile crisis resources in all Oregon counties to determine gaps in services. OHA is currently analyzing the responses.
- OARs have been amended to include standards for crisis response times for metro, rural and frontier areas.
- OHA is engaging CMHPS in the development of uniform standards for crisis hotlines to be established and put into OAR.

## **Supported housing**

*#14 (a-c)*

### Baseline (Calendar Year 2015)

As of the end of calendar year 2015, there were 442 individuals living in Supported Housing. Also, OHA recognizes that Supportive Housing may not be as fully integrated as Supported Housing. However, given the housing crisis in Oregon, it continues to be an alternative to more institutional levels of care. To that end, OHA will continue to track the number of individuals in Supportive Housing. As of the end of calendar year 2015, there were 1,321 individuals living in Supportive Housing.

OHA is maintaining an inventory of affordable housing statewide, available at [http://www.oregon.gov/oha/amh/Pages/affordable\\_housing.aspx](http://www.oregon.gov/oha/amh/Pages/affordable_housing.aspx). As of the end of calendar year 2015, there were 53,323 units of affordable housing throughout Oregon.

### Comments on Methodology

Supported Housing is calculated using a combination of Supported Housing units developed and individuals receiving rental assistance in existing affordable housing units that meet the definition of Supported Housing.

### Comments on Progress

As stated above, the baseline data identifies 442 individuals were living in Supported Housing. This is in comparison to the July 2015 OHA Report to USDOJ which indicated there were 614 individuals living in Supported Housing. That data was obtained via survey and was subject to reliability issues, which is no longer an

issue. To achieve the first year performance outcome of 835, OHA will need to increase the number of individuals living in Supported Housing by 359.

#### Activities Associated with Metric(s)

- OHA had two rounds of competitive applications to increase Rental Assistance Programs. OHA made awards to 7 programs, infusing \$ 2,484,648, yielding an increase in the rental assistance capacity by 182 units.
- Increased the funding to existing Rental Assistance providers allowing for an increase in the maximum rent allowed (Fair Market Rent). This increases opportunities for individuals to access rental units across the state.
- OHA made awards to 3 programs, infusing \$ 643,000, which will result in an increase of Supported Housing once development is complete. This capacity will be reported in future reports as the units become available.
- OHA met with Pamela Hyde and the Technical Assistance Collaborative, Inc. to explore additional opportunities to increase Supported Housing.

#### **Peer delivered services**

*#16 (a-b)*

#### Baseline (Calendar Year 2015)

A total of 2,790 individuals received Peer Delivered Services (PDS) in the calendar year 2015.

#### Comments on Methodology

OHA continues to capture PDS utilizing the Medicaid Managements Information System (MMIS) as agreed upon with USDOJ, and stated in the OPP.

#### Comments on Progress

As stated above, 2,790 individuals received PDS as of the end of calendar year 2015. To achieve the first year (FY 2017 ending June 30, 2017) performance outcome of increasing the number of individuals served by PDS by 20%, OHA will need to increase the number of individuals receiving PDS by 558, for a total of 3,348.

### Activities Associated with Metric(s)

- OHA is developing promotional and educational activities to increase the use of PDS for adults with SPMI.
- OHA Office of Consumer Activities is collaborating with OHA Innovator Agents to promote PDS funded by Coordinated Care Organizations.

## **Oregon State Hospital**

### *#20 (a-e)*

#### Baseline (Calendar Year 2015)

The cumulative percentage of civilly committed patients discharged within 30 days of being placed on the Ready to Transition (RTT) list was 50.5% for the 12 month period ending December 31, 2015. This includes one individual that was discharged shortly after the 30 days due to a weekend/holiday.

#### Comments on Methodology

In order to provide the most accurate RTT data possible, a new tracking system was developed and implemented as part of the OSH Electronic Health Record (Avatar) on July 1, 2016. The previous tracking system had known limitations and did not always capture every patient who was deemed RTT prior to discharge. For example, if a patient was deemed RTT on a Tuesday and was discharged 2 days later on Thursday, it would not show up on the RTT list that was manually prepared on Friday. Therefore, the prior tracking system undercounted discharges occurring soon after a patient was deemed RTT.

#### Comments on Progress

As stated above, at baseline the cumulative percentage of discharges within 30 days of being made RTT was 50.5%. To achieve the OPP first year (FY 2017 ending June 30, 2017) performance outcome of 75% discharged within 30 days of RTT, OHA will need to increase the number of individuals discharged by 24.5 percentage points.

### *#24*

#### Baseline (Calendar Year 2015)

For calendar year 2015, the percentage of discharges within 120 days of being admitted to OSH was 37.9%.

### Comments on Methodology

The percentage is calculated taking the number of patients on a civil commitment who were discharged within 120 days of admission, divided by the total number of patients on a civil commitment that were discharged.

### Comments on Progress

As stated above, the cumulative percentage of discharges within 120 days of admission was 37.9%. To achieve the first year performance outcome of discharging 90% of individuals within 120 days, OHA will need to increase the percentage of discharges by 52.1 percentage points.

### Activities Associated with Metric(s)

- OSH developed a benefits application process which includes identifying the CCO of Responsibility.
- OSH developed a process for early evaluation and referral to ACT utilizing the Universal ACT Form.
- OSH developed a notification process at 30 days of inpatient stay to inform community of need for discharge collaboration.
- A process established for the OSH, Chief of Psychiatry, as the OHA Director's designee, to approve/deny inpatient stays beyond 90 days, and for subsequent reviews.

## **Acute psychiatric care**

#29

### Baseline (Calendar Year 2015)

This is a new process and metric, therefore there is no baseline information available.

### Comments on Methodology

The methodology to collect this data is currently under discussion with the Acute Care Hospitals.

### Comments on Progress

OHA and the Acute Care Hospitals are actively meeting to work through the process and data collection activities. OHA is also working with CCOs and CMHPs regarding this requirement.

#30

Baseline (Calendar Year 2015)

For calendar year 2015, the percentage of follow up visits within seven days of discharge was 79.36%.

Comments on Methodology

The methodology to collect this data aligns with the methodology for reporting on other CCO metrics.

Comments on Progress

OHA will continue to monitor and report the data as required by the OPP. There have been improvements since the July 2015 OHA Report to USDOJ which indicated as of the end of calendar year 2014, the percentage of follow up visits within seven days of discharge was 65.9%.

According to the 2015 Benchmarks and Thresholds Report by the National Center for Quality Assurance (NCQA), the Medicaid national 90<sup>th</sup> percentile was 70%. While Oregon's numbers are slightly better than the 90<sup>th</sup> percentile rate, the state will continue to strive to improve this number.

#31 (a)

Baseline (Calendar Year 2015)

The cumulative 30 day readmission rate to acute care psychiatric facilities for calendar year 2015 is 9.23%. The cumulative 180 day readmission rate to acute care psychiatric facilities for calendar year 2015 is 21.35%.

Comments on Methodology

OHA will calculate the percentage of discharges with readmissions to acute psychiatric care hospital within 30 and 180 days of discharge, from hospitalizations for a psychiatric reason.

Comments on Progress

Since the July 2015 OHA Report to USDOJ with calendar year 2014 data, the percentages were 9.7% and 20.2% respectively. This demonstrates a slight increase in the percentage of readmissions to acute care psychiatric facilities after 30 days and a slight decrease of readmissions to acute care within 180 days. OHA will continue to monitor and report the data as required in the OPP.

#35

Baseline (Calendar Year 2015)

The cumulative average length of stay for acute care psychiatric facilities for calendar year 2015 is 8.89 days.

<b>Baseline: Calendar Year 2015, by Hospital</b>		
<u>HOSPITALS</u>	<u># OF DISCHARGES</u>	<u>AVG LOS</u>
<u>ASANTE ROGUE REGIONAL/ROGUE VALLEY</u>	<u>339</u>	<u>10.08</u>
<u>BAY AREA</u>	<u>183</u>	<u>5.47</u>
<u>GOOD SAM REGIONAL - Corvallis</u>	<u>276</u>	<u>10.51</u>
<u>*LEGACY EMMANUEL</u>	<u>338</u>	<u>10.93</u>
<u>*LEGACY GOOD SAM - Portland</u>	<u>434</u>	<u>6.48</u>
<u>*OREGON HEALTH SCIENCE UNIV</u>	<u>263</u>	<u>8.13</u>
<u>PEACE HEALTH SYSTEM</u>	<u>429</u>	<u>12.43</u>
<u>*PORTLAND ADVENTIST MEDICAL CTR</u>	<u>592</u>	<u>9.26</u>
<u>PROVIDENCE PORTLAND</u>	<u>436</u>	<u>8.84</u>
<u>PROVIDENCE ST VINCENT</u>	<u>549</u>	<u>8.13</u>
<u>SALEM HOSPITAL</u>	<u>318</u>	<u>9.20</u>
<u>ST CHARLES SYSTEM/SAGE VIEW</u>	<u>274</u>	<u>4.98</u>
<u>NUMBER OF DISCHARGES (ID X DISCHARGE DATE)</u>	<u>4,431</u>	<u>8.89</u>

For Calendar Year 2015: there were 4, 431 discharge; 385 of them exceeded 20 days.

Comments on Methodology

OHA will provide the cumulative average length of stay for all hospitals, as well as the average length of stay by hospital.

Comments on Progress

As stated above, the cumulative average length of stay for acute care psychiatric facilities is 8.89 days. The range of length of stays at the 12 acute care psychiatric facilities ranges from 4.98 to 12.43 days. This shows a decrease in the average length of stay as compared to the July 2015 OHA Report to USDOJ which indicated the average length of stay for acute care psychiatric facilities was 10.9

days. Also stated above, there were 4, 431 discharges; 385 of them exceeded 20 days. In the future, we will be able to look at how many of the discharges exceeding 20 days are there awaiting admission to OSH.

#### Activities Associated with Metric(s)

- OHA met with the Behavioral Health Technical Advisory Committee of the Oregon Association of Hospitals and Health Systems to collaborate regarding OARs for standards consistent with the OPP.
- OHA hired an Acute Care Coordinator to develop processes with CCOs, Community Mental Health Programs and hospitals to develop a process for coordinating contact and offering community focused services to target population.

### **Emergency Departments**

*#40 (a)*

#### Baseline (Calendar Year 2015)

During calendar year 2015, there were 1,067 individuals re-admitted to the ED two or more times in a six month period.

#### Comments on Methodology

OHA will count individuals with three or more visits to the ED (which is equal to two readmissions) within a six month period of time.

#### Comments on Progress

OHA will track and monitor ED readmissions and will continue to work with CCOs and CMHPs to better address the needs of these individuals.

*#41 (a-b)*

#### Baseline (Calendar Year 2015)

During calendar year 2015, the rate was 1.54 persons per 1000 OHP members who visited the ED for psychiatric reasons.

#### Comments on Methodology

The rate of ED visits for psychiatric reasons is the number of individuals with SPMI who had an ED visit for psychiatric reasons per 1,000 persons on the plan.

### Comments on Progress

As stated above, 1.54 persons per 1000 OHP members visited the ED for psychiatric reasons. This is a decrease as compared to the July 2015 OHA Report to USDOJ which indicated the rate of visits was 5.1 persons per 1000 OHP members. To meet the first year outcome, OHA will need to reduce this number to 1.39 per 1000 OHP members by June 30, 2017.

### Activities Associated with Metric(s)

- Began work with CCOs to ensure efforts to track, analyze and respond to increases in ED utilization for individuals with SPMI.
- Began work with CMHPs to discuss strategies to track, analyze and respond to increases in ED utilization for individuals with SPMI, who are not enrolled in CCOs.
- Evaluate CCO and CMHP contract language for opportunities to align with the OPP.

## **Supported Employment**

*#45 (a-b)*

### Baseline (Calendar Year 2015)

As of the end of calendar year 2015, 1,534 individuals received Supported Employment (SE) services. This is an increase as compared to the July 2015 OHA Report to USDOJ which indicated as of the end of calendar year 2014, there were 1,370 individuals receiving SE. The two SE data points being collected regarding SE are new data points, agreed upon in the OPP, therefore, baseline data is not available.

### Comments on Methodology

The data regarding SE services is received via Quarterly Reports. OHA will identify the number of individuals receiving SE, the number of those employed in competitive integrated employment, and the number of individuals who no longer receive SE services and are employed in competitive integrated employment without receiving supportive services from a supported employment specialist.

### Comments on Progress

As stated above, there is no current baseline data regarding the two metrics in the OPP.

### Activities Associated with Metric(s)

- OHA revised the SE provider report template to include the metrics/targets in the OPP.
- OHA amended the contract with Oregon Center of Excellence for Supported Employment (OSECE) to reflect data collection responsibilities related to the OPP.

## **Secure Residential Treatment**

*#49 (b) (i-ii)*

### Baseline (Calendar Year 2015)

As of the end of calendar year 2015, the average length of stay for an individual who was civilly committed and in a secure residential treatment facility (SRTF) was 164.3 days.

### Comments on Methodology

The baseline data is calculated by dividing the total days by the number of individuals discharged from SRTFs.

### Comments on Progress

As stated above, the average length of stay was 275 days as of the end of calendar year 2015. To achieve the first year (FY 2017) performance outcome of reducing the length of stay at SRTFs by 10%, OHA will need to decrease the length of stay by 28 days, for an average length of stay no more than 247 days.

### Activities Associated with Metric(s)

- OHA provided targeted education to SRTF providers regarding Olmstead policy and the performance outcomes outlined in the OPP.
- OHA amended OAR specific to SRTFs to include requirements to address community integration, client choice, and skill training to promote independence.
- OHA is amending Choice Model contracts for July 2017 through June 2019 to support efforts to reduce SRTF length of stay.

- OHA contracted with KePro as an Independent Qualified Entity to provide utilization management for Oregon’s residential system, to include SRTFs. KePro will provide Person Centered Planning for individuals in SRTFs, as well as continued stay reviews to determine if an individual is ready to transition.

## **Criminal Justice Diversion**

*#52 (a)*

### Baseline (Calendar Year 2015)

In the last quarter of calendar year 2015, there were 1,409 individuals that received Jail Diversion services. The number of those that received services pre-arrest was 499 and the number post-arrest was 910. The data requirements prior to the OPP did not include pre and post arrest, and were submitted semi-annually. ) OHA revised the reporting template and amended the requirement to submit reports to quarterly. Although baseline information for this metric is not required, OHA was able to work with the jail diversion programs and provide the data for the last quarter of 2015.

### Comments on Methodology

The data regarding Jail Diversion services is received via Quarterly Reports. OHA will identify the number of individuals receiving Jail Diversion services as well as the number that were pre-arrest and post-arrest.

### Comments on Progress

As stated above, there were 1,409 individuals receiving jail diversion services in the last quarter of 2015.

### Activities Associated with Metric(s)

- OHA has amended the quarterly report template to collect the data outlined in the OPP.
- OHA is also amending contract language for July 2017 through June 2019 identifying the reporting requirements.

- OHA has contracted with the GAINS Center to provide training and technical assistance to providers regarding the use of the Sequential Intercept Model.
  - On January 20-21 2016, OHA and the GAINS Center convened a Mental Health-Criminal Justice Summit. Attending this summit were representatives of law enforcement, judicial, corrections, mental health providers, and local governments. The summit inaugurated Oregon's efforts to employ the Sequential Intercept Model (SIM) on a statewide basis, and informed participants of next steps in the state's plans.
  - On February 16-17, 2016 select participants from the summit attended a train the trainer event to begin disseminating this information and training to their communities.
  - OHA will be following up with the community trainers to determine next steps.

#52 (d)

Baseline (Calendar Year 2015)

Baseline data is not yet available for tracking arrests of individuals with SPMI who are enrolled in services.

Comments on Methodology

An Intergovernmental Agreement to share Law Enforcement Data System (LEDS) data with OHA is underway, but not yet in place. The previous plan to collect this data relied on MOTS which is self-report. This new methodology will be more robust.

Comments on Progress

Once the agreement is finalized, analysis will begin starting with data from July 1, 2016 and it will be reported quarterly thereafter.

Activities Associated with Metric(s)

- OHA has been working with the Criminal Justice Commission on data collection efforts.
- OHA will enter into an Intergovernmental Agreement to gain access to LEDS data.

## APPENDIX A

Many of the metrics identify refer to a rolling one-year period. This means the analyst looks at 12 months of data for each quarterly report, three of the four quarters of data have been included in the previous report and one new quarter has been added. Doing this ensures adequate sample size for analysis, especially when there are small samples. The table below shows a rolling one-year schedule with a six month lag period, to ensure complete data submission.

Report Quarter	Previous Rolling One-Year Period
Q1 (January)	July 1 to June 30
Q2 (April)	October 1 to September 30
Q3 (July)	January 1 to December 31
Q4 (October)	April 1 to March 31