

**Oregon Health Authority (OHA) and
United State Department of Justice (USDOJ)
Data Dictionary and Instructions for Matrix
Companion to 07/30/14 Matrix**

BASIC TERMS

Biannually: Report twice a year (once every six months).

Biennially: Report once every two years (follows state fiscal year).

Quarterly: Report four times a year (once every three months).

Community Mental Health Program (CMHP): An entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses, operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Addictions and Mental Health Division (AMH). Contracts with AMH through County Financial Assistance Agreements for services supported by state general fund and federal block grants, as well as some Medicaid services not covered by the Oregon Health Plan.

Coordinated Care Organization (CCO): Organization responsible for the integration of care and delivery of Medicaid services (physical health, dental health, mental health and substance use disorders) delivered under contract as part of the Oregon Health Plan. This includes covered mental health services for members.

Fee-for-Service (FFS): A Medicaid service paid for directly by the State. Some of these services are not covered by a CCO while others are for individuals that are not enrolled in a CCO but covered by Medicaid.

County (geographically): Information reported by geographic region defining a county. Information is inclusive of Medicaid and non-Medicaid services.

Individuals: A count of unique individuals served over a given time period. A person is counted only once regardless of how many times the person is served.

Service Units: A unique service, visit or event on a given day.

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Admits: The start of a service in a residential or hospital setting. This is unique by person and date of service start. One individual can have multiple admits over the course of a time period greater than a day.

Work Plan: An agreed upon course of action to address improvements for a given service or set of services.

Severe and Persistent Mental Illness: Adults with SPMI are defined for individuals, age eighteen or older, based on the diagnoses listed below:

- Schizophrenia and Other Psychotic Disorders: 295.xx – 297.3 – 298.8 – 298.9
- Major Depression and Bi-Polar Disorder: 296.xx
- Anxiety Disorders: 300.3 – 309.81
- Schizotypal Personality Disorder: 301.20
- Borderline Personality Disorder: 301.83

OR

The individual has one or more mental illnesses recognized by the DSM IV, excluding substance abuse and addiction disorders, and a GAF score of 40 or less, that results from such illnesses.

Adult population estimates in all rate calculations (per 1,000 adults): Will be based on the current estimates of the adult population available through the Portland State University Population Research Center (<http://www.pdx.edu/prc/home>).

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PROGRAM PERFORMANCE MEASURES

I. AVAILABILITY OF COMMUNITY BASED SERVICES

1. **For each County (geographically), report on each of the following behavioral health services (biannually):**
 - a. **# of individual mobile crisis teams:** A mobile crisis team is a team of behavioral health practitioners who respond to behavioral health crises in the community, i.e., not in the office or walk-in clinic. OHA will include a narrative describing each county's mobile crisis response capability.
 - b. **# of walk-in crisis centers:** A walk-in crisis center is a dedicated outpatient behavioral health clinic (other than the CMHP office) where individuals experiencing a behavioral health crisis can access services by behavioral health practitioners for an evaluation and crisis triage. OHA will count the number of centers on the last day of the quarter, by county.
 - c. **# community crisis beds:** Community crisis beds are located in apartments, private residences or unlicensed facilities that provide temporary housing and coordinate with behavioral health providers to assist individuals experiencing a behavioral health crisis. OHA will count the number of beds available for Adults (regardless of payor source) on the last day of the quarter, by county.
 - d. **# of short-term crisis stabilization beds:** Short-term crisis stabilization beds are located in a licensed non-secure crisis respite facility. OHA will count the number of beds in a county.
 - e. **# of subacute beds:** Subacute beds are located in licensed secure crisis respite facilities. OHA will count the number of beds in a county.
 - f. **Other crisis services:** Crisis services that do not meet the definition of other listed services, i.e., warm line. OHA will provide a count and description of those services by county.

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- g. **# of regional acute psychiatric hospitals and # of beds available in each:** Inpatient hospitals are hospitals meeting the criteria of a regional acute care psychiatric service facility. OHA will count the number of regional acute care psychiatric service facilities in a given county. Beds are the number of beds licensed as part of the regional acute care psychiatric service facility. OHA will count the number of beds.
- h. **# of state hospitals and the number of beds available in each:** OHA will describe the state hospital system and the capacity associated with the system.
- i. **# of Assertive Community Treatment (ACT) teams:** ACT is an evidence based practice defined by a set of specifications designed to help keep the individual in the community and out of a structured service setting, such as residential and/or hospital care. The specifications outline the expected members of a team. OHA will count the number of teams in a county.
- j. **# of individuals served by ACT and number of individuals with SPMI served by ACT:** OHA will collect the number of individuals served by ACT teams as well as the number of individuals with SPMI served by ACT teams based on the procedure code H0039, by county.
- k. **# of Case Management worker FTE with their average caseload and the number of individuals served:** Case management service is defined as services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs and providing assistance in obtaining entitlements based on mental or emotional disability.
- l. **# of registered Peer Support Specialists:** A Peer Support Specialist is a person providing peer delivered services to an individual or family member with similar life experience, under the supervision of a qualified Clinical Supervisor. A Peer Support Specialist must complete an Addictions and Mental Health Division approved training program as required by OAR 410-180-0300 to 0380 and be: (a) a self-identified person currently or formerly

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receiving mental health services; or (b) a self-identified person in recovery from a substance use or gambling disorder who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or (c) a family member of an individual who is a current or former recipient of addictions or mental health services.

- m. **# of individuals with SPMI provided with supported employment services:** A supported employment service is an evidence based practice that provides individuals with employment supports designed to facilitate employment in settings available to anyone in the community. OHA will count the number of individuals receiving these services based on the procedure code H2023, by county.
 - n. **# of individuals, regardless of diagnosis, served by EASA:** EASA is a service designed to engage individuals early in the development of psychotic symptoms. OHA will count the number of individuals receiving these services by county.
 - o. **# of individual supported housing beds available:** Supported housing beds are defined in the original agreement between USDOJ and OHA. Using that definition, OHA will count the number of beds available by county.
 - p. **# of individual supportive housing beds available:** Supportive housing beds are defined in the original agreement between USDOJ and OHA. Using that definition, OHA will count the number of beds available by county.
2. **By county, the ability to provide access to behavioral health services in a community setting as measured by % of adults with SPMI who received their first routine behavioral health services within 14 days of an assessment:** Based on service information, OHA will define a set of individuals with SPMI who received an assessment during a given quarter and track the time in days to the next service after the assessment. The time will be averaged within a quarter based on date of assessment and tracked by the service county.

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II. UTILIZATION OF COMMUNITY BASED SERVICES

3. Ability to effectively manage behavioral health crises in a community setting, by county

- a. **# of services per 1,000 adults in the county by quarter for each of the following services:**
 - a.i. **Emergency department visits for adults with SPMI:** OHA will count emergency room visits for adults with SPMI seeking emergency psychiatric services (primary diagnosis); defined by visit to an emergency room that did not result in a subsequent admission into a hospital. It is counted only once per day even if the person visits multiple times in a given day.
 - a.ii. **Crisis call:** A crisis line is a dedicated phone number any member of the community (regardless of population or payor) can call when he or she feels they are in crisis. This does not include calls to the CMHP office. OHA will count the unique number of crisis calls by county.
 - a.iii. **Mobile crisis services:** See earlier definition of mobile crisis teams. OHA will count the number of mobile crisis services delivered to Adults (regardless of payor) who receives mobile crisis services, as defined by unique services per day per individual, by county.
 - a.iv. **Walk-in crisis services:** See earlier definition of walk-in crisis service. OHA will count the number of walk-in crisis services delivered, as defined by unique services per day per individual, by county.
 - a.v. **Community Crisis Bed Services:** See earlier definition of community crisis bed. OHA will count the number of crisis apartments/respite services delivered, as defined by unique services per day per individual, by county.

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- a.vi. **Short-term crisis stabilization:** See earlier definition of short-term crisis stabilization. OHA will count the number of short-term crisis stabilization services delivered, as defined by unique services per day per individual, by county.
- a.vii. **Subacute Services:** See earlier definition of subacute. OHA will count the number of subacute services delivered, as defined by unique services per day per individual, by county.

- b. **Monthly # of inpatient hospital admits for adults with SPMI by quarter:** OHA will count the number of admits to regional acute care psychiatric service facilities and state hospitals by county of residence. State hospital admits will be counted by commitment type (civil, voluntary guardianship or forensic).

- c. **% of adults with SPMI that report positively about the system response to a behavioral health crisis event:** This information is only available through an annual survey that does not reliably allow for reporting at the county level, so it must be reported at the state level. Each person surveyed is asked if he or she experienced a crisis event and contacted the local crisis system. The person is then asked how satisfied they were with the crisis system.

- d. **% of adults with SPMI who have a behavioral health crisis event who also had a crisis intervention plan:** This information is only available by chart review, which can only be conducted annually. The chart review process can only produce reliable estimates at the state level. OHA provides a statewide sample to a chart review organization that will review individuals' charts for the presence of an intervention plan.

- e. **% of care plans for adults with SPMI that include a current crisis intervention plan:** This information is only available by chart review, which can only be conducted annually. The chart review process can only produce reliable estimates at the state level. OHA provides a statewide sample to a chart review organization that will review individuals' charts for the presence of an intervention plan.

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4. **Ability to provide access to behavioral health services in a community setting by county as measured by (quarterly):**
 - a. **Count of services per 1,000 adults in the county, by quarter, for each of the following services:**
 - a.i. **Assertive Community Treatment:** See earlier definition for ACT. OHA will count the number of services with the following the procedure code: H0039. 0
 - a.ii. **Case management services:** See earlier definition of case management services. OHA will count the number of services with the following the procedure code: T1016.
 - a.iii. **Peer support services:** Peer supported services are defined by service provided by peer (mental health consumers) including a wide range of supports, services, and advocacy that contribute to a client's ability to engage in ongoing treatment. For individuals covered by Medicaid, OHA will count the number of services with the following the procedure code: H0038.
 - a.iv. **Supported employment services:** See earlier definition of supported employment service. OHA will count the number of services submitted with the following the procedure code: H2023.
 - a.v. **Psych-ed and living skills training:** Psych-ed and living skills training provides the necessary abilities that will enable the individual to live independently and manage his or her illness and treatment. OHA will count the number of services submitted with the following the procedure codes: H2014 and/or H2027.
5. **Report of statewide and by county, # of individuals served with SPMI by race and ethnicity:** OHA will count the number of unique individuals served by race/ethnicity by county. It should be noted that in some cases this will be difficult for non-Medicaid service recipients, as the data tracking system is inconsistent with the Medicaid system. When AMH's new data system is in place and operating smoothly this will be less of a problem.

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III. RESIDENTIAL SETTING AND COMMUNITY HOUSING

6. **Ability to provide access to adequate housing in the community, by county, as measured by (biannual):**
- a. **The # of adults (forensic vs non-forensic) who reside in the following settings:**
 - a.i. **Other housing:** OHA will count the number of individuals with SPMI not in the settings listed below and not homeless as of date of census.
 - a.ii. **Supported housing:** OHA will count the number of individuals in supported housing on the last day of the quarter.
 - a.iii. **Supportive housing:** OHA will count the number of individuals in supportive housing on the last day of the quarter.
 - a.iv. **Adult Foster Home:** OHA will calculate the average daily population for the reporting period in adult foster housing. The average daily population equals the total days of service divided by total days in time period.
 - a.v. **Licensed Residential Setting (includes Residential Treatment Home, Residential Treatment Facility and Secure Residential Treatment Facility):** OHA will calculate the average daily population for the reporting period in residential treatment settings. The average daily population equals the total days of service divided by total days in time period.
 - a.vi. **State hospital - forensic:** State hospital includes all state hospital campuses. OHA will calculate the average daily population for the reporting period in the state hospitals under a forensic commitment. The average daily population equals the total days of service divided by total days in time period.
 - a.vii. **State hospital - civil commitment:** State hospital includes all state hospital campuses. OHA will calculate the average daily population for the reporting period in the state hospitals under a civil commitment. The average daily population equals the total days of service divided by total days in time period.

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- a.viii. **State hospital - other:** State hospital includes all state hospital campuses. OHA will calculate the average daily population for the reporting period in the state hospitals under a voluntary guardianship of some type. The average daily population equals the total days of service divided by total days in time period.

- b. **% of the total # of adults with SPMI who reside in each of the following settings:**
 - b.i. **Other housing:** OHA will count the number of individuals with SPMI not in the settings listed below and not homeless as of date of census divided by total known SPMI for reporting period.
 - b.ii. **Supported housing:** OHA will count the number of individuals in supported housing as of date of census divided by total known SPMI for reporting period.
 - b.iii. **Supportive housing:** OHA will count the number of individuals in supportive housing as of date of census divided by total known SPMI for reporting period.
 - b.iv. **Adult Foster Home:** OHA will count the number of individuals in adult foster housing as of date of census divided by total known SPMI for reporting period.
 - b.v. **Licensed residential setting (includes Residential Treatment Home, Residential Treatment Facility and Secure Residential Treatment Facility):** OHA will take the average daily population in residential treatment settings divided by total known SPMI for reporting period.
 - b.vi. **State hospital - forensic:** State hospital includes all state hospital campuses. OHA take the average daily population of individuals in the state hospitals under a forensic commitment divided by total known SPMI for reporting period.
 - b.vii. **State hospital - civil commitment:** State hospital includes all state hospital campuses. OHA will average daily population of individuals in the state hospitals under a civil commitment divided by total known SPMI for reporting period.

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- b.viii. **State hospital - other:** State hospital includes all state hospital campuses. OHA will take the average daily population of individuals in the state hospitals under a voluntary guardianship of some type divided by total known SPMI for reporting period.
- c. **# of adults with SPMI who were discharged from a state hospital to supported housing, supportive housing, or private residence:** OHA will count the number of discharges for civilly committed individuals from the state hospitals where the individual was not transferred directly to a licensed residential care program.
- d. **Quarterly update regarding the availability of data through the Measures and Outcomes Tracking System (MOTS).** Once MOTS is able to produce reliable and accurate data, the above metric will be changed to: % of SPMI who have lived in supported/supportive housing for 90 consecutive days. This metric will be due biannually like the other metrics in this section.

IV. OTHER PROGRAM OUTCOME MEASURES

- 7. **Ability to maintain adults with SPMI in less restrictive settings in the community as measured by (quarterly and statewide):**
 - a. **% of adults with SPMI who had a follow-up after hospitalization for mental illness within 7 days and within 30 days:** For the denominator OHA will count the number of qualifying discharges from regional acute care psychiatric services facilities during the first two months of a quarter. For the numerator OHA will count the number of individuals seen by a healthcare provider within 7 and within 30 days.
 - b. **# of adults with SPMI who are referred to a state hospital during the quarter:** OHA will count the number of individuals under a civil commitment referred to the state hospitals during the quarter.

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- c. **# of adults with SPMI who are admitted to a state hospital during the quarter:** OHA will count the number of individuals admitted to a state hospital campus during the quarter.

- d. **Average and Median length of stay (in days) for adults with SPMI in each of the following:**
 - d.i. **State hospital (Forensic - GED):** Average/Median length of stay will be calculated by averaging (or taking the median of) the difference between the discharge date and the date of admission for all those discharged that quarter.
 - d.ii. **State hospital (Forensic - Aid and Assist):** Average/Median length of stay will be calculated by averaging (or taking the median of) the difference between the discharge date and the date of admission for all those discharged that quarter.
 - d.iii. **State hospital (Civil):** Average/Median length of stay will be calculated by averaging (or taking the median of) the difference between the discharge date and the date of admission for all those discharged that quarter.
 - d.iv. **Regional acute care psychiatric services hospitals:** Average/Median length of stay will be calculated by averaging (or taking the median of) the difference between the discharge date and the date of admission for all those discharged that quarter.
 - d.v. **Adult Foster Home:** Average/Median length of stay will be calculated by averaging (or taking the median of) the difference between the discharge date and the date of admission for all those discharged that quarter.
 - d.vi. **Licensed residential setting (includes Residential Treatment Home, Residential Treatment Facility and Secure Residential Treatment Facility):** Average/Median length of stay will be calculated by averaging (or taking the median of) the difference between the discharge date and the date of admission for all those discharged that quarter.

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- e. **Count of admissions per 1,000 adults in each of the following settings:** For each of the settings, there is a straight count of admissions by county of residence.
 - e.i. **State hospital – forensic – GEI**
 - e.ii. **State hospital – forensic – Aid & Assist**
 - e.iii. **State hospital – civil**
 - e.iv. **Regional acute care psychiatric hospitals**
 - e.v. **Adult Foster Home**
 - e.vi. **Licensed residential setting (includes Residential Treatment Home, Residential Treatment Facility and Secure Residential Treatment Facility)**

- f. **% of readmission to regional acute psychiatric hospital within 30 days and within 180 days of discharge for adults with SPMI:** A count of discharges from acute hospitals that do not result in a transfer and the client returns to an acute hospital within 30 days and within 180 days of the discharge divided by the total number of discharges.
 - f.i. **State hospital – forensic – GEI:** Discharge from the state hospital and readmitted to either the state hospital or acute care hospital.
 - f.ii. **State hospital – forensic – Aid & Assist:** Discharge from the state hospital and readmitted to either the state hospital or acute care hospital.
 - f.iii. **State hospital – civil:** Discharge from the state hospital and readmitted to either the state hospital or acute care hospital.
 - f.iv. **Regional acute care psychiatric hospitals:** Discharged from a regional acute care psychiatric hospital and readmitted to a regional acute care psychiatric hospital.
 - f.v. **Adult Foster Home:** Discharged from an AFH to supported housing, supportive housing or private residence and readmitted to an AFH.

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- f.vi. **Licensed residential setting (includes Residential Treatment Home, Residential Treatment Facility and Secure Residential Treatment Facility):** Discharged from a licensed residential setting to AFH, supported housing, supportive housing or private residence and readmitted to a licensed residential setting.
8. **% of adults with SPMI (Medicaid only) who have had a PCP visit within the past 12 months (quarterly):** OHA will identify all individuals with SPMI served during the quarter under the Medicaid system. Of those, a subset will be selected that have been on Medicaid for the previous 12 consecutive months. Of that group OHA will calculate the percentage that saw a PCP base on a billed Medicaid service.
9. **% of individuals seen by physical health care provider who received a Screening Brief Intervention Referral to Treatment (SBIRT):** The denominator is based on all individuals who received a service with a physical health care provider. The numerator is those with the appropriate code representing a SBIRT (OHA is currently in the process of defining this measure for the CCOs and will make it available to USDOJ when it is available.)
10. **% of individuals seen by physical health care provider who received a depression screening:** The denominator is based on all individuals who received a service with a physical health care provider. The number of depression screening as indicated by the CCOs medical record reporting (OHA is currently in the process of defining this measure for the CCOs and will make it available to USDOJ when it is available.)

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11. % of adults with SPMI (Medicaid only) who:

- a. **Are employed:** Assessed through annual survey of adults receiving services.
- b. **Have abstained from drug/alcohol use:** Assessed through annual survey of adults receiving services.
- c. **Had a criminal justice event (jail, arrest, other interactions with law enforcement, etc.):** Assessed through annual survey of adults receiving services.
- d. **Had a homeless event:** Assessed through annual survey of adults receiving services.

12. % of adults with SPMI (Medicaid only) reporting positively about:

- a. **Their living environment:** Assessed through annual survey of adults receiving services.
- b. **Their opportunity to improve their housing situation (e.g., supported housing):** Assessed through annual survey of adults receiving services.
- c. **Ability to access community-based behavioral health services:** Assessed through annual survey of adults receiving services.
- d. **Outcomes (i.e., perception of care):** Assessed through annual survey of adults receiving services.
- e. **Improved level of functioning:** Assessed through annual survey of adults receiving services.

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- f. **Service quality and appropriateness:** Assessed through annual survey of adults receiving services.
 - g. **Social connectedness:** Assessed through annual survey of adults receiving services.
- 13. % of adults receiving mental health services (Medicaid only) who filed or reported complaints related to:**
- a. **Quality of care (substantiated and unsubstantiated):** Based on quarterly submission of all complaints either submitted to CCOs or directly to State divided by total individual with SPMI served during quarter.
 - b. **Access and availability to services:** Based on quarterly submission of all complaints either submitted to CCOs or directly to State divided by total individual with SPMI served during quarter.
 - c. **Effectiveness/appropriateness of services:** Based on quarterly submission of all complaints either submitted to CCOs or directly to State divided by total individual with SPMI served during quarter.

V. FUNDING OF COMMUNITY BASED SERVICES

- 14. AMH will provide state hospital budgets and Adult MH service budgets for each CMHP and State direct contractor:** OHA will prepare a report detailing the state general fund and SAMHSA block grant funds available to each CMHP/contractor for adult mental health services.

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15. Medicaid dollars spent on services to individuals with SPMI per all individuals SPMI served during a six-month period for each of the following services:

- a. **ACT:** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.
- b. **Case management (in office and out of office):** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.
- c. **Peer supported services:** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.
- d. **Adult Foster Home:** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.
- e. **Licensed residential setting (includes Residential Treatment Home, Residential Treatment Facility and Secure Residential Treatment Facility):** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.
- f. **Regional acute care psychiatric hospital:** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.
- g. **Other services not described above:** OHA will total up the dollars spent on the service and divide it by the total number of SPMI served during the time period.