HEALTH SYSTEMS DIVISION

Kate Brown, Governor

Oregon Health Authority

500 Summer Street NE, E-86
Salem, OR 97301-1118
Voice: 503-945-5763
Fax: 503-378-8467
TTY: 800-375-2863
www.oregon.gov/OHA/amh

Lane County

Q1: Per MOTS Support regarding client ID/MOTS ID: Is this on a form you need to fill out and submit to another branch of OHA? If so, that's part of some internal discussions going on here. What they're looking for is a reference number stored in MOTS that will identify the client across provider agencies. That does not currently exist in any way that you would be able to find it, and as such it really has no business being a reporting requirement.
I would recommend either using the OWITS Unique Client Number (which will either be ignored or will cause someone else to come to me and ask what it is) or leaving that data element blank.
A1: The Client ID is not necessarily referring to the MOTS ID number, although it could be depending on how each organization's EHR works. For the purposes of this form, the Client ID is the number that is generated when the crisis event is entered into the agency/organization's EHR. If there is no available ID number generated in the EHR, the field can be left blank. This number will be utilized in the future during sample reviews for Quality Assurance. At this time, the report will not be sent to other branches/divisions of OHA.
So long as the OWITS number can be utilized to identify the event for a sample review, HSD has no objection to utilizing this number.

Q2: Acute Care is this strictly psych inpatient or is this any transport to social service agencies, sobering, or primary care/non-ED transports might go in?
A2: For the purpose of this reporting form, acute care is strictly psychiatric inpatient care. For the purpose of this form and program, acute care does not include the Oregon State Hospital. Please see the OAR definitions below:
OAR 309-019-0105 (definition of acute care psychiatric hospital or facility)
(3) "Acute Care Psychiatric Hospital" means a hospital or facility that provides 24 hours-a-day psychiatric, multi-disciplinary, inpatient or residential stabilization, care, and treatment.
OAR 309-032-0870 (definition of acute care psychiatric services)
(2) A regional acute care psychiatric service shall include 24-hours a day psychiatric, multi-disciplinary, inpatient or residential stabilization care and treatment for adults ages 18 and older with severe psychiatric disabilities in a designated region of the state. For the purpose of these rules, a state hospital is not a regional acute care psychiatric service. The goal of a regional acute care service is the stabilization, control, and amelioration of acute dysfunctional symptoms or behaviors that result in the earliest possible return of the individual to a less restrictive environment.

Q3: How is civil commitment defined? Is this when we start the civil commitment process?
A3: For the purposes of this form, the referral to the civil commitment processes is all that is being tracked. For more information, please refer to OAR 309-033, ORS 426.060, and the HSD Certification and Licensing unit.

Q4: How is crisis respite defined?
A4: For the purposes of this form, the referral to the crisis respite is all that is being tracked. Crisis respite is defined in OAR as:
OAR 309-019-0105 (outpatient)
Definitions (100) "Respite Care" means planned and emergency supports designed to provide temporary relief from care giving to maintain a stable and safe living environment. Respite care may be provided in or out of the home. Respite care includes supervision and behavior support consistent with the strategies specified in the service plan.
OAR 309-035-0105 (residential)
Definitions (16) "Crisis-Respite Services" means providing services to individuals who are RTF residents for up to 30 days.
For the purposes of the mobile crisis program the definition is the following:
"Crisis Respite Service" means an alternative brief placement for an individual experiencing a mental health crisis that is accessible on short notice, is available for a limited duration and is a mode of acute care provision to manage an individual's crisis, which may prevent admission to an inpatient unit or may shorten the length of stay in the inpatient unit. Community crisis beds are located in apartments, private residences or facilities (licensed or unlicensed) that coordinate with behavioral health providers to assist an individual experiencing a behavioral health crisis.

Clackamas County

Q5: We were told that we were rural (Clackamas County) and have established our system accordingly. Is there a chance this will be reevaluated? Is it possible to disagree with how a particular county has been classified?
A5: On November 21, 2017, Health Policy Analytics (HPA) issued the following statement to current county geographic classification:
"We are still trying to figure out how to address the many counties with urban, rural and/or frontier areas of the county. For the time being go ahead and report as requested and we know that this is an issue that needs to be resolved."
Multiple requests have been received to request geographic reclassification. Those requests were submitted to HPA for further clarification. All program contacts will be updated as soon as a clarification is issued.

AOCMHP

Q6: Definitions for each of the places and other drop down items would be helpful, like a data dictionary.
A6: The mobile crisis workgroup is currently being re-established. One of the first items on the agenda will be to define mobile crisis terms.

Coos County

Q7: If you don't have mobile crisis up and running then we would submit a blank report for this reporting period?
A7: If the CMHP has not developed a mobile crisis program during the October – December 2017 reporting period, please submit a blank form with the contact information completed. Please indicate in the first line of the form that the program is currently under development. Please submit this information by the February 15, 2018 due date.

Lincoln County

Q8: Does this mean that every crisis contact is recorded on the tracking sheet?
A8: Only mobile crisis events should be recorded on this tracking sheet.

Q9: We have not hired the staff needed to implement but are trying very hard to get the staff hired. So, do I file the 1st quarter, stating that we haven't fully implemented the program?
A9: A form does not have to be submitted for the July – September 2017 reporting period. If the CMHP has not developed a mobile crisis program during the October – December 2017 reporting period, please submit a blank form with the contact information completed by February 15, 2018.

Josephine County

Q10: What are the types of changes you are considering for the form?
A10: Some of the changes to the form that are being considered include:

- A place for comments or explanations for exceeding response time
- Adding columns for multiple contacts prior to dispatch
- Adding a column for outreach follow-up after the initial event
- Combining notification time with dispatch time or redefining dispatch time
- A column to indicate if the mobile crisis event was a pre-booking jail diversion
- A column to indicate if the mobile crisis event resulted in an ED diversion