Oregon Performance Plan
October 2017 Data Report

Metric Category	Metric Number	Performance Outcome		Baseline 2015	Target Year 1 6/30/2017	Quarter 2 ending 6/30/2016	Quarter 3 ending 9/30/2016	Quarter 4 ending 12/31/2016	Quarter 1 ending 3/31/2017
ACT*	1a	OHA will increase the number of individuals with SPMI served by ACT teams.	1,050 individuals will be served by the end of year one (June 30, 2017).	815	1,050	1,074	1,098	1,120	1,140
	1b		2,000 individuals will be served by the end of year one (June 30, 2018).	*Year Two Deliverable*					
Crisis	7a	OHA will increase the number of individuals with mobile crisis services, as follows:	During year one (July 1, 2016 to June 30, 2017), 3,500 people will be served by mobile crisis.	3,150	3,500	3,431	3,587	3,472	3,564
	7b		During year two (July 1, 2017 to June 30, 2018), 3,700 people will be served by mobile crisis.	*Year Two Deliverable*					
Crisis*	8c	OHA will track and report the number of individuals receiving a mobile crisis contact.	By the end of year two (June 30, 2018), Oregon will report the number of individuals whose dispositions after contact with mobile crisis result in:	*Year Two Deliverable*					
			stabilization in a community setting rather than arrest						
			presentation to an emergency department						
			admission to an acute care psychiatric facility						
SH*	14a	OHA's housing efforts will include an increase in the number of individuals with SPMI in supported housing, as follows:	In year one (July 1, 2016 to June 30, 2017), at least 835 individuals will live in supported housing.	442	835	666	767	834	876
	14b		In year two (July 1, 2017 to June 30, 2018), at least 1,355 individuals will live in supported housing.	*Year Two Deliverable*					
	14c		In year three (July 1, 2018 to June 30, 2019), at least 2,000 individuals will live in supported housing.	*Year Three Deliverable*					
PDS	16a	OHA will increase the availability of peer-delivered services, as follows:	By the end of year one (June 30, 2017), OHA will increase the number of individuals who are receiving peer-delivered services by 20%.	2,156	2,587	2,353	2,434	2,461	2,538
	16b		By the end of year two (June 30, 2018), OHA will increase the number of individuals who are receiving peer-delivered services by an additional	*Year Two Deliverable*					
OSH	20a	Discharge from OSH will occur as soon as an individual is ready to return to the community, as follows:	By the end of year one (June 30, 2017), 75% of individuals who are Ready to Place/Ready to Transition will be discharged within 30 calendar days of placement on that list.	51.7%	75.0%	*Data Not Available*	52.8%	60.3%	59.7%
	20b		By the end of year two (June 30, 2018), 85% of individuals who are Ready to Place/Ready to Transition will be discharged within 25 calendar days of placement on that list.	*Year Two Deliverable*					
	20c		By the end of year three (June 30, 2019), 90% of individuals who are Ready to Place/Ready to Transition will be discharged within 20 calendar days of placement on that list.	*Year Three Deliverable*					
	20e		OSH will track and report discharges that are extended to and occur on the business day following a weekend day or holiday.	*Baseline Not Applicable*	*Measure without Target*	*Data Not Available*	0	2	1
OSH	24		At the end of year one (June 30, 2017), OSH will discharge 90% of individuals within 120 days of admission.	37.9%	90.0%	41.7%	41.5%	41.7%	46.2%
ACUTE	29a		By the end of year one, (June 30, 2017), 60% of individuals discharged from an acute care psychiatric facility will receive a warm handoff to a community case manager, peer bridger, or other community provider.	*Data Not Available*					

* Quarterly data for metrics marked with a "*" reflect 3 months of data for a given quarter. Quarterly data for other metrics are based on the past year's worth of data, reported on a rolling basis through the end of a given quarter.

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	29b		By the end of year two, (June 30, 2018), 75% of individuals discharged from an acute care psychiatric facility will receive a warm handoff to a community case manager, peer bridger, or other community provider.	*Year Two Deliverable*					
	29c		By the end of year three, (June 30, 2019), 85% of individuals discharged from an acute care psychiatric facility will receive a warm handoff to a community case manager, peer bridger, or other community provider.	*Year Three Deliverable*					
ACUTE	30		OHA will continue to require that individuals receive a follow up visit with a community mental health provider within 7 days of discharge, and OHA will report this data.	79.4%	*Measure without Target*	70.1%	71.5%	72.0%	73.0%
ACUTE	31a		OHA will monitor and report the 30 day rates of readmission, by acute care psychiatric facility.	9.2%	*Measure without Target*	10.6%	10.9%	11.1%	10.3%
			OHA will monitor and report the 180 day rates of readmission, by acute care psychiatric facility.	21.3%	*Measure without Target*	23.3%	22.6%	22.6%	22.7%
ACUTE	31b 32		Two or more readmissions to acute care psychiatric hospital in a six month period.	*Baseline Not Applicable*	*Data for Process Measure*	*Data Not Available*		346	280
ACUTE	35		OHA will measure the average length of stay of individuals with SPMI in acute care psychiatric facilities, by hospital.	8.9	*Measure without Target*	9.2	9.6	9.6	11.0
	35		OHA will also report the number of individuals with SPMI in each facility whose length of stay exceeds 20 days.	385	*Measure without Target*	426	435	423	459
ED	40a	OHA will reduce recidivism to emergency departments for the psychiatric purposes, by taking the following steps:	OHA will monitor the number of individuals with SPMI with two or more readmissions to an emergency department for psychiatric reasons in a six month period, by hospital.	1,067	*Measure without Target*	816	924	919	865
ED	41a	OHA will reduce the rate of visits to general emergency departments by individuals with SPMI for mental health reasons, as follows:	By the end of year one (June 30, 2017), there will be a 10% reduction from the baseline.	1.54	1.39	1.92	2.03	2.06	2.02
	41b		By the end of year two (June 30, 2018), there will be a 20% reduction from the baseline.	*Year Two Deliverable*					
ED	43	OHA is working with hospitals to determine a strategy for collecting data regarding individuals with SPMI who are in emergency departments for longer than 23 hours.	OHA will begin reporting this information in July 2017, and will provide data by quarter thereafter. OHA will report this information by region. OHA will pursue efforts to encourage reporting on a hospital-by-hospital basis.	*Year Two Deliverable*					
SE*	45a		The number of individuals with SPMI who receive supported employment services who are employed in competitive integrated employment…	*Baseline Not Applicable*	*Measure without Target*	702	680	697	628

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	45b		The number of individuals with SPMI who no longer receive supported employment services and are employed without currently receiving supportive services from a supported employment specialist (but who may rely upon natural and other supports).	*Baseline Not Applicable*	*Measure without Target*	83	114	115	164
SRTF	49b (i)	OHA will seek to reduce the length of stay of civilly committed individuals in secure residential treatment facilities, as follows:	By the end of year one (June 30, 2017), there will be a 10% reduction from the baseline. (Mean)	638.0	574.2	422.7	409.1	552.8	543.5
	49b (ii)		By the end of year two (June 30, 2018), there will be a 20% reduction from the baseline.	*Year Two Deliverable*					
SRTF	49c	OHA will regularly report on the number of civilly committed individuals in SRTFs, their lengths of stay, and the number of individuals who are discharged.	Starting with year two of this Plan (July 1, 2017), OHA will collect data identifying the type of, and the placement to which they are discharged.	*Year Two Deliverable*					
CJD*	52a	OHA will work to decrease the number of individuals with serious and persistent mental illness who are arrested or admitted to jail based on a mental health reason, by engaging in the following strategies:	OHA will continue to report the number of individuals with SPMI receiving jail diversion services.	*Baseline Not Applicable*	*Measure without Target*	1,387	1,553	1,610	1,736
	52a		OHA will continue to report the number of reported diversions. (Pre-Arrest)	*Baseline Not Applicable*	*Measure without Target*	258	284	385	346
	52a		OHA will continue to report the number of reported diversions. (Post-Arrest)	*Baseline Not Applicable*	*Measure without Target*	978	1,269	1,225	1,390
	52d		As of July 2016, OHA will track arrests of individuals with SPMI who are enrolled in services and will provide data by quarter thereafter.	*Baseline Not Applicable*	*Data Not Available*				

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Rates of Readmission by Acute Care Facility (31a-b)

2017 Q1 (April 1, 2016 – March 31, 2017)

Acute Care Psychiatric Hospital	Location	30-day	180-day
Asante Rogue Regional Medical Center (Rogue Valley)	Medford	11.1	22.2
Bay Area Hospital	Coos Bay	10.8	24.1
Good Samaritan Regional Medical Center	Corvallis	11.6	22.5
*Legacy Emmanuel Medical Center/Unity	Portland	10.3	19.6
*Legacy Good Samaritan Medical Center	Portland	7.2	18.7
*Oregon Health Sciences University	Portland	9.1	19.6
Peace Health - Sacred Heart Medical Center	Eugene	8.8	22.4
*Portland Adventist Medical Center	Portland	10.4	23.7
Providence Portland Medical Center	Portland	11.8	24.7
Providence St. Vincent Medical Center	Portland	11.4	24.7
Salem Hospital	Salem	8.3	23.8
St Charles Health System Sage View	Bend	10.7	22.0

*Acute Care Psychiatric Facilities noted above will be closing their psychiatric units and transferring that capacity to Unity Center for Behavioral Health, effective January 1, 2017.

Average Length of Stay in Acute Care Facilities, by Facility (35)

2017 Q1 (April 1, 2016 – March 31, 2017)

Acute Care Psychiatric Hospital	Location	Average Length of Stay	Number of Individuals whose Length of Stay exceeds 20 days
Asante Rogue Regional Medical Center (Rogue Valley)	Medford	9.3	30
Bay Area Hospital	Coos Bay	6.8	8
Good Samaritan Regional Medical Center	Corvallis	12.6	39
*Legacy Emmanuel Medical Center/Unity	Portland	17.3	45
*Legacy Good Samaritan Medical Center	Portland	9.5	20
*Oregon Health Sciences University	Portland	9.1	17
Peace Health - Sacred Heart Medical Center	Eugene	13.5	78
*Portland Adventist Medical Center	Portland	11.4	61
Providence Portland Medical Center	Portland	11.7	64
Providence St. Vincent Medical Center	Portland	9.6	38
Salem Hospital	Salem	13.1	38
St Charles Health System Sage View	Bend	7.7	21

*Acute Care Psychiatric Facilities noted above will be closing their psychiatric units and transferring that capacity to Unity Center for Behavioral Health, effective January 1, 2017.

Count of Individuals with 2+ Readmissions to ED in 6 Months (40a)

2017 Q1 (April 1, 2016 – March 31, 2017)

Coordinated Care Organization	2+ Readmissions within a Six Month Period
AllCare CCO Inc	15
Cascade Health Alliance LLC	5
Columbia Pacific CCO LLC	18
Eastern Oregon CCO LLC	7
FamilyCare CCO	95
Health Share of Oregon	307
Intercommunity Health Network	19
Jackson Care Connect	9
PacificSource Community Solutions Gorge	1
PacificSource Community Solutions Inc	13
PrimaryHealth Josephine County CCO	3
Trillium Community Health Plan	50
Umpqua Health Alliance DCIPA	15
Western Oregon Advanced Health	9
Willamette Valley Community Health	39
Yamhill Community Care	7
Fee-for-Service	253
Total	865