Oregon Performance Plan
October 2018 Data Report
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Metric Category	Metric Number	Performance Outcome		Baseline 2015	Target Year 1 6/30/2017	Target Year 2 06/30/18	Quarter Ending Sept 30 of each FY	Quarter Ending Dec 31 of each FY	Quarter Ending March 31 of each FY	Quarter Ending June 30 of each FY
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		1,098	1,120	1,140	1,170
	1b		2,000 individuals will be served by the end of year two (June 30, 2018).	*n/a*	*n/a*	2,000	1,280	1,260	1,226	
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	*n/a*	3,587	3,472	3,564	3,832
	7b		During year two (July 1, 2017 to June 30, 2018), 3,700 people will be served by mobile crisis.	*n/a*	*n/a*	3,700	4,208	5,027	**6983	
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:	*End of 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	*n/a*	767	834	876	966
	14b		In year two (July 1, 2017 to June 30, 2018), at least 1,355 individuals will live in supported housing.	*n/a*	*n/a*	1,355	1,008	1,002	1,026	
	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	*n/a*	2,434	2,461	2,538	2,880
	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			3,456	3,022	3,289	3,522	

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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%	*n/a*	55.4%	59.6%	61.6%	61.3%
	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.	61.3%	*n/a*	85.0%	53.9%	49.0%	47.1%	
	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.	57.7%	*n/a*	*n/a*	*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. (FY1)	*Baseline Not Applicable*	*Measure without Target*	*n/a*	0	1	1	1
			OSH will track and report discharges that are extended to and occur on the business day following a weekend day or holiday. (FY2)	*n/a*	*n/a*	*n/a*	5	2	3	
OSH	24		At the end of year one (June 30, 2017), OSH will discharge 90% of individuals within 120 days of admission.(FY1)	37.8%	90.0%	n/a	41.5%	41.7%	46.4%	46.9%
			At the end of year one (June 30, 2017), OSH will discharge 90% of individuals within 120 days of admission.(FY2)			90.0%	46.5%	47.8%	48.6%	
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.	*Baseline Not Applicable*	60%	*Not Available*				
	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.			75.0%	21.4%	27.7%	29.0%	
	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*						

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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. (FY1)	79.4%	*Measure without Target*		71.5%	72.0%	73.0%	74.20%
			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. (FY2)	*n/a*	*n/a*	*Measure without Target*	75.7%	77.8%	77.2%	
ACUTE	31a		OHA will monitor and report the 30 day rates of readmission, by acute care psychiatric facility. (FY1)	9.2%	*Measure without Target*		10.9%	11.1%	10.3%	10.60%
			OHA will monitor and report the 30 day rates of readmission, by acute care psychiatric facility. (FY2)	*n/a*	*n/a*	*Measure without Target*	11.0%	10.8%	11.8%	
			OHA will monitor and report the 180 day rates of readmission, by acute care psychiatric facility. (FY1)	21.3%	*Measure without Target*		22.6%	22.6%	22.7%	22.80%
			OHA will monitor and report the 180 day rates of readmission, by acute care psychiatric facility. (FY2)	*n/a*	*n/a*	*Measure without Target*	23.8%	22.9%	23.4%	
ACUTE	31b 32		Two or more readmissions to acute care psychiatric hospital in a six month period. (FY1)	*Baseline Not Applicable*	*Data for Process Measure*	*Data Not Available*		346	280	284
			Two or more readmissions to acute care psychiatric hospital in a six month period. (FY2)	*n/a*	*n/a*	*Data for Process Measure*	305	314	291	

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ACUTE	35		OHA will measure the average length of stay of individuals with SPMI in acute care psychiatric facilities, by hospital. (FY1)	8.9	*Measure without Target*		9.6	9.6	11.0	11.24
			OHA will measure the average length of stay of individuals with SPMI in acute care psychiatric facilities, by hospital. (FY2)	*n/a*	*n/a*	*Measure without Target*	11.5	11.4	11.2	
	35		OHA will also report the number of individuals with SPMI in each facility whose length of stay exceeds 20 days. (FY1)	385	*Measure without Target*		435	423	459	475
			OHA will also report the number of individuals with SPMI in each facility whose length of stay exceeds 20 days. (FY2)	*n/a*	*n/a*	*Measure without Target*	534	529	509	
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 CCO (previously stated by hospital). (FY1)	1,067	*Measure without Target*		924	919	865	834
			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 CCO (previously stated by hospital). (FY2)	*n/a*	*n/a*	*Measure without Target*	828	935	838	
ED	41a	OHA will reduce the rate of visits to general emergency departments by individuals with SPMI for mental health reasons, as follows: (excludes Unity)	By the end of year one (June 30, 2017), there will be a 10% reduction from the baseline.	1.5	1.4		2.0	2.1	2.0	2.0
	41b		By the end of year two (June 30, 2018), there will be a 20% reduction from the baseline.	*n/a*	*n/a*	1.3	1.97	1.9	1.82	
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.	*Not Available*						

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SE*	45a		The number of individuals with SPMI who receive supported employment services who are employed in competitive integrated employment… (FY1)	*Baseline Not Applicable*	*Measure without Target*		680	697	628	757
			The number of individuals with SPMI who receive supported employment services who are employed in competitive integrated employment… (FY2)	*n/a*	*n/a*	*Measure without Target*	749	756	731	
SE*	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). (FY1)	*Baseline Not Applicable*	*Measure without Target*		114	115	164	110
			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). (FY2)	*n/a*	*n/a*	*Measure without Target*	121	127	139	
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		409.1	552.8	543.5	553
	49b (ii)		By the end of year two (June 30, 2018), there will be a 20% reduction from the baseline.			510.2	449.7	501.8	663.2	
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.							

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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. (FY1)	*Baseline Not Applicable*	*Measure without Target*		1,553	1,610	1,736	2,499
			OHA will continue to report the number of individuals with SPMI receiving jail diversion services. (FY2)	*n/a*	*n/a*	*Measure without Target*	1,822	1,766	1,884	
	52a		OHA will continue to report the number of reported diversions. (Pre-Booking) (FY1)	*Baseline Not Applicable*	*Measure without Target*		284	385	346	515
			OHA will continue to report the number of reported diversions. (Pre-Booking) (FY2)	*n/a*	*n/a*	*Measure without Target*	356	350	393	
	52a		OHA will continue to report the number of reported diversions. (Post-Booking) (FY1)	*Baseline Not Applicable*	*Measure without Target*		1,269	1,225	1,390	1,984
			OHA will continue to report the number of reported diversions. (Post-Booking) (FY2)	*n/a*	*n/a*	*Measure without Target*	1,466	1,416	1,491	
	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*					

* 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 bases through the end of a given quarter.
** Effective 01/01/2018, greater data accuracy due to implementation of quarterly reporting template.

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

2018 Q1 (April 1, 2017 – March 31, 2018)

Acute Care Psychiatric Hospital	Location	30-day	180-day
Asante Rogue Regional Medical Center (Rogue Valley)	Medford	10.4%	20.3%
Bay Area Hospital	Coos Bay	13.7%	23.9%
Good Samaritan Regional Medical Center	Corvallis	6.1%	15.9%
Unity/Legacy Emmanuel Medical Center	Portland	14.0%	26.6%
*Legacy Good Samaritan Medical Center	Portland	0.0%	3.8%
*Oregon Health Sciences University	Portland	0.0%	4.5%
Peace Health - Sacred Heart Medical Center	Eugene	10.8%	24.1%
*Portland Adventist Medical Center	Portland	0.0%	0.0%
Providence Portland Medical Center	Portland	13.7%	25.9%
Providence St. Vincent Medical Center	Portland	12.1%	26.9%
Salem Hospital	Salem	10.6%	19.3%
St Charles Health System Sage View	Bend	10.2%	19.0%
UBH of Oregon (Cedar Hills)	Portland	13.2%	23.1%
	Total:	11.8%	23.4%

*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)

2018 Q1 (April 1, 2017 – March 31, 2018)

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	9.27	31
Bay Area Hospital	Coos Bay	7.77	13
Good Samaritan Regional Medical Center	Corvallis	14.06	47
Unity/Legacy Emmanuel Medical Center	Portland	12.92	180
*Legacy Good Samaritan Medical Center	Portland	8.35	3
*Oregon Health Sciences University	Portland	4.80	1
Peace Health - Sacred Heart Medical Center	Eugene	11.79	56
*Portland Adventist Medical Center	Portland	0.00	0
Providence Portland Medical Center	Portland	12.85	68
Providence St. Vincent Medical Center	Portland	8.93	27
Salem Hospital	Salem	12.84	46
St Charles Health System Sage View	Bend	7.84	16
UBH of Oregon (Cedar Hills)	Portland	10.09	21
	Total:	11.15	509

*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)

2018 Q1 (April 1, 2017 – March 31, 2018)

Coordinated Care Organization	2+ Readmissions within a Six Month Period
AllCare CCO Inc	25
Cascade Health Alliance LLC	4
Columbia Pacific CCO LLC	13
Eastern Oregon CCO LLC	16
FamilyCare CCO	79
Health Share of Oregon	224
Intercommunity Health Network	24
Jackson Care Connect	16
PacificSource Community Solutions Gorge	1
PacificSource Community Solutions Inc	23
PrimaryHealth Josephine County CCO	6
Trillium Community Health Plan	69
Umpqua Health Alliance DCIPA	16
Western Oregon Advanced Health	10
Willamette Valley Community Health	49
Yamhill Community Care	13
Fee-for-Service	250
Total	838