

## **BNPB Data Sources and Explanations:**

The monthly Basic Needs Priority Brief (BNPB) was launched in January 2005. It is scheduled to publish every 1<sup>st</sup> workday of the month. Data used for the BNPB come from various sources: the state, contracted service providers, and mostly from the department operated programs. The Budget/Evaluation staff compile the data, check the data quality, and conduct the analysis. The collaboration between Budget/Evaluation Office and Departments is the key to make the BNPB available each month in a timely manner. The following is a brief explanation of the BNPB data elements and its sources.

Multnomah County Basic Needs Clients: The OHP data, including the gender/age breakdown, were sent by the state. As indicated by the state, the total number of OHP eligibles includes clients enrolled in Fully Capitated Health Plan (FCHP) and clients currently receiving fee-for-service (FFS) and primary care case managers (PCCMs) but eligible for FCHP. The monthly WIC enrollment data were sent by the Health Department and the number of Verity clients was provided by DCHS. The Federal Women, Infants, and Children's Supplemental Nutrition Program (WIC) serves women who are pregnant or breastfeeding, infants, and children under 5 years old. To qualify, family income must be less than 185% of the Federal poverty level and the applicant must have a medical or nutritional concern. Nutrition services provided through the Aging & Disability Services Division were also reported.

Multnomah County Health Clinic Visits: Data were provided by Health Department. The department reported more detail categories under 'Type of visits' or 'Visits by location'. For the purpose of the Brief, small or similar categories were combined to make the chart more readable. The total number of clinic visits does not include pharmacy, immunization, and WIC visits. Additional correction health clinic visit data were reported in the footnote.

Crisis Center/Help Line Calls: Call volume and type of calls were received from Mental Health Call Center, ADS Help Line, and Domestic Crisis Line. The number of calls to 503-988-4888 (Mental Health Crisis Call Center) was documented by the county's Telecom service, and data source for mental health 'type of Calls' were from the department's Crystal Report 'Call Center Call Count Log by Year.' However, the Call Log Crystal Report is not an exhaustive count of all calls. Unclassified calls were included in the 'Unknown' category. ADS helpline data include calls to internal as well as external provision of services. Please note that each program groups their calls differently. The total helpline calls exclude the calls that were hung up before they were picked up and answered.

Mental Health Verity Inpatient Days: Data were from DCHS mental health division. Admission for inpatient psychiatric care is based on medical necessity and clinical criteria. The data show the monthly inpatient bed days for clients enrolled in mental health Verity plan. Average length of stay was calculated based on the total discharges in a month. The monthly profile also provides the hospital discharge breakdown by age/gender and days approved to stay.

Clients and Case Management Services: DD client and contact data provide the number of clients served and the number of contacts made by case managers, including Medicaid billable and non-billable contacts such as service coordination and administrative oversight. The funding for case management services comes from Medicaid and Non-Medicaid State-matched dollars (including from general fund). Only one contact per month per consumer is billable. ADS division provided the long term care and CM data. ADS serve seniors and persons with disabilities through a broad spectrum of programs. The data include long-term care clients served through Medicaid funding as well as clients served through Medicaid non-LTC, Federal Older American's Act, State Oregon Project Independence, and other funding sources. The mental health outpatient data reflect the number of active OHP clients served in a month. The total client hours spent on the outpatient services were breakdown by service type as shown in the monthly profile bar chart. The data were gathered by Mental Health and Addiction Services Division from contracted community mental health providers therefore a significant amount of lag time was needed.

Multnomah County Addiction Treatment: Based on the state CPMS data. CPMS documented all clients who were served by Multnomah County community-based providers supported by public funding. The monthly successful treatment completion rate was calculated based on the total treatment episodes ended in each month. The data are currently updated quarterly.

Protective Services for Vulnerable Populations: The data provided by DCHS include DD, ADS and MH Protective Services investigations opened and closed in each month. All protective service incidents reported to the county were screened for investigations. Case close status was reported in the monthly profile chart. ADS, serving both seniors and people with disabilities, have a large client base and high volume of investigations since it is responsible for all protective service investigations not covered by DD and MH services.

Shelter & Emergency Housing Assistance: Rental assistance, housing voucher, and youth shelter data were provided by DSCP. Type of clients served by each program is shown in the monthly profile bar chart. Additional clients served through ADS emergency housing programs were also reported. Because time needed to gather the data from contracted service providers, the shelter and emergency housing assistance data are one-month behind the normal reporting time.