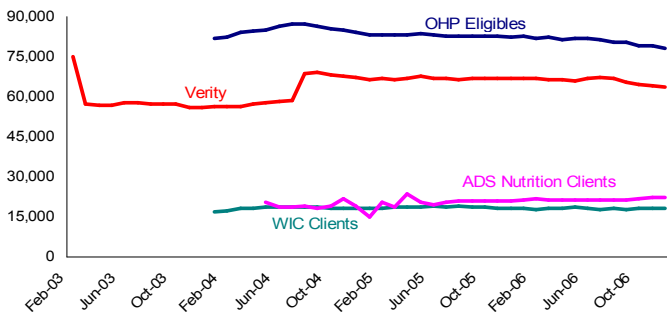


# BASIC NEEDS PRIORITY BRIEF: DECEMBER 2006

## Multnomah County Basic Needs Clients

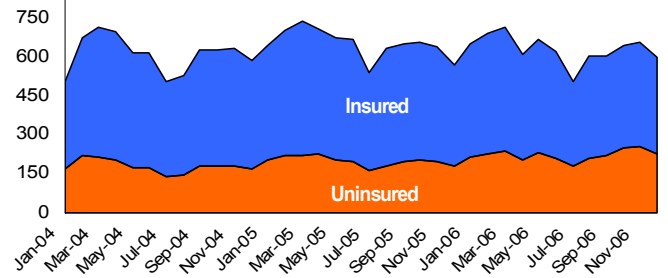
Clients Enrolled or Served by Basic Needs Programs



\* Participation in OHP, Verity, WIC, and ADS nutrition service programs can be overlapped.

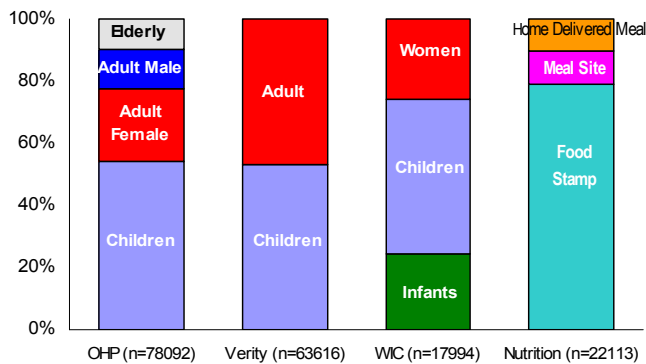
## Multnomah County Health Clinic Visits

Average Daily Health Dept. Clinic Visits by Payer Mix

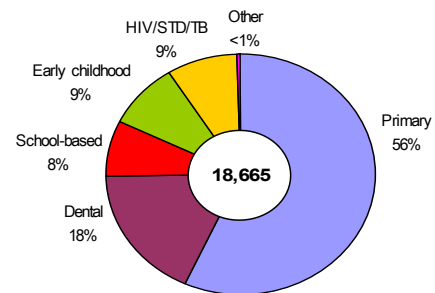


\* December 2006 had a total of 602 average daily visits. Of those, 62% were insured and 38% were not insured.

## Clients in Basic Needs Programs: December 2006



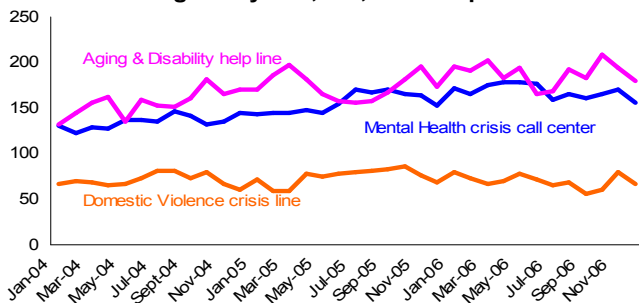
## Type of MCHD Clinic Visits: December 2006



\* The above data does not include pharmacy, immunization, and WIC visits. In addition, there were 3,582 clinic visits and lab tests conducted at County's correction facilities in December 06. The average daily correction health visit was 117.

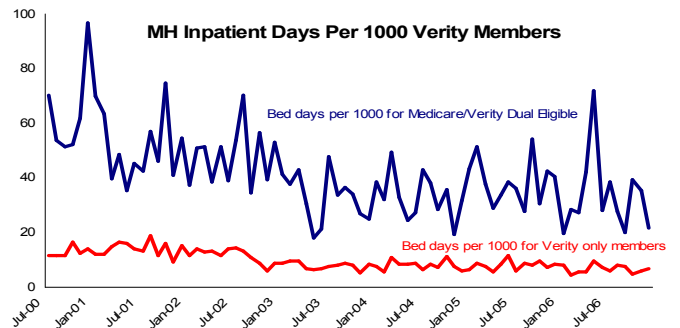
## Crisis Center & Helpline Calls

Average Daily ADS, MH, & DV Help Line Calls



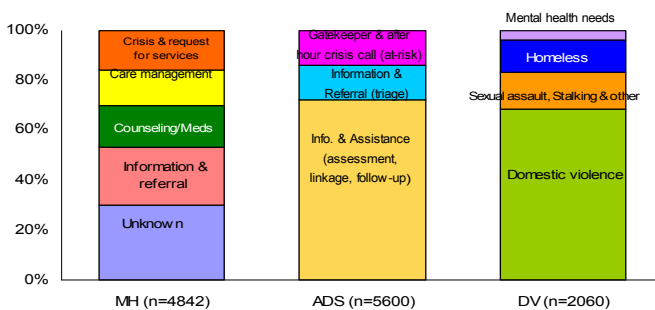
## Mental Health Verity Inpatient Days

MH Inpatient Days Per 1000 Verity Members

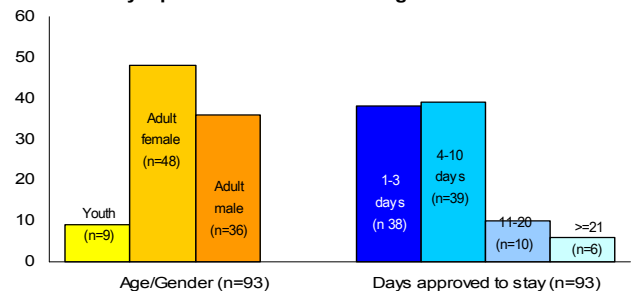


The County pays an average of \$4,200 per discharge for each Verity only inpatient stay and \$1,100 for Medicare/Verity dual eligibles. The December overall average length of stay per discharge is 6.42 days.

## Crisis Help Line Call Or Response Type: December 2006



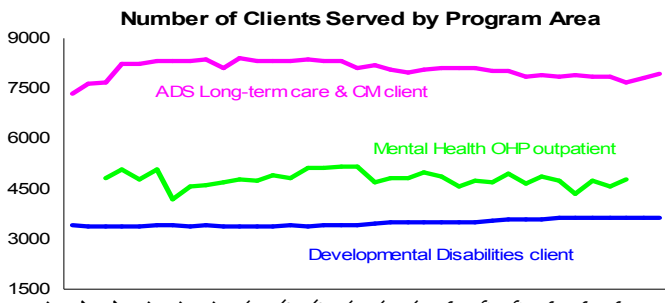
## Verity Inpatient Admission/Discharge Profile: Dec. 2006



\* The paid bed days in Dec 2006 represent a total of 93 hospital discharges.

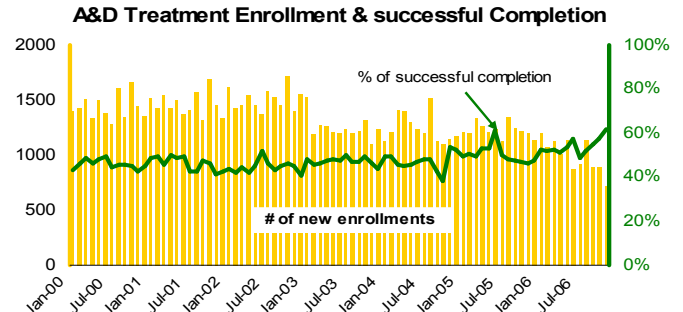
**Notes:** December showed a decrease in average daily Health Clinic Visits. The average daily Domestic Violence crisis line calls reflected a 14% decrease in December. The daily inpatient bed days per 1000 Verity members showed a slight increase to 7.01 from November's average of 6.0. Total number of bed days shows a 14.7% decrease for the month of December.

## Clients and Case Management Services



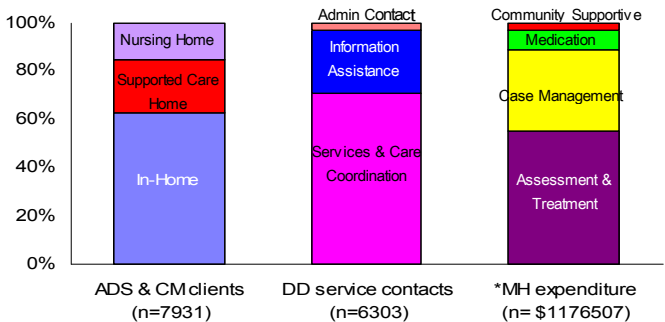
\*Reporting for mental health outpatient services data has two months lag time.

## Multnomah County Addictions Treatment



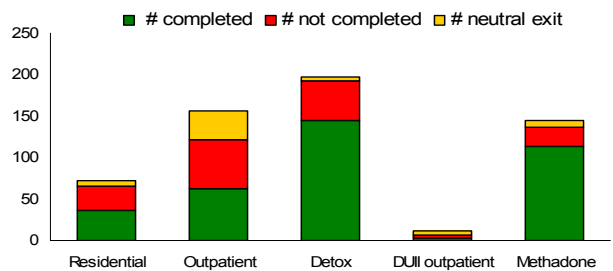
\* Based on the most recently updated CPMS data. In Nov. 2006, 716 tx episodes opened and 582 exited from the treatment with a 62% successful completion rate. The monthly data will change slightly with each update.

### Client or Service Type: December 2006



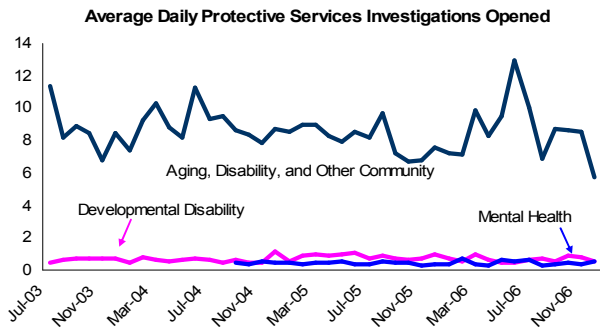
\* The latest available mental health outpatient data were used. In October 2006, a total of \$1,176,507 was spent on Verity mental health outpatient services.

### A&D Treatment Exit Type by Modality: Nov. 2006



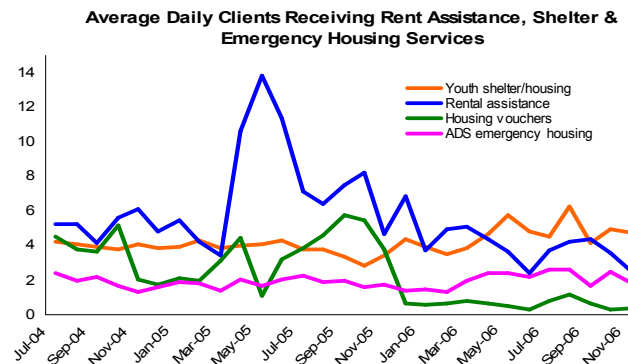
\* Of 582 tx episodes ending in Nov. 2006, 62% (n= 361) successfully completed programs, 27.8% (n= 162) failed to complete, and 10.1% (n=59) had neutral terminations. 'Neutral termination' includes 'fail to engage', 'not appropriate for further tx' and etc..

## Protective Services for Vulnerable Populations



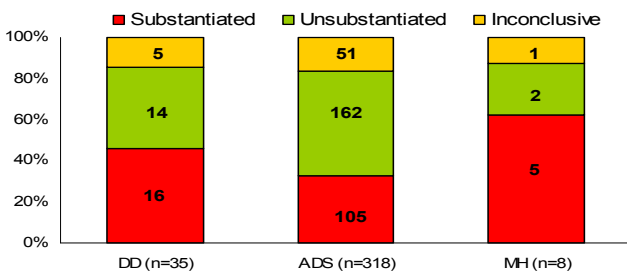
\*Each program serves different populations. ADS is responsible for all protective investigations not covered by developmental disability and mental health services so they have the largest client base.

## Shelter & Emergency Housing Assistance



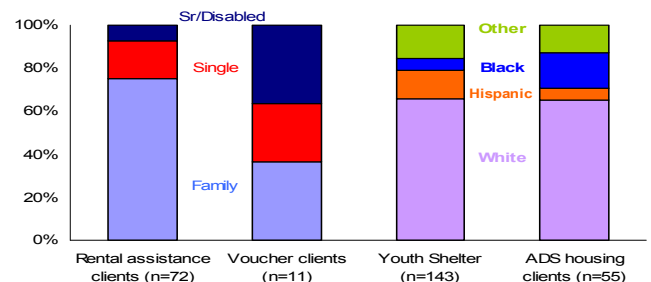
\* Data for this chart have one month lag time. The number of clients served by rent assistance and voucher programs could be under-reported due to database transition issue. The problem should be resolved when a new data system is up running next year.

### Investigation Case/allegation Closed: Dec. 2006



\*Overall, 210 protective service investigation cases opened and 344 allegations closed in December 2006. Of those closed, 35% were substantiated (n= 361). MH 'Unsubstantiated' cases include those that didn't meet the abuse definition.

### Type of Homeless Clients Served: November 2006



\* A total of 281 people received housing assistance services in November 2006. The average age of youth who used shelter or transitional housing was 18.8.

**Notes:** Spending on Verity mental health outpatient services was up in October, mainly due to the increase in Assessment & Treatment services category. Both service volume and billing cycle contributed to the monthly fluctuation in outpatient spending. A&D data was updated to include November data. New A&D treatment enrollments show decreasing for last three months. However, the monthly enrollment number will be constantly modified with each update.