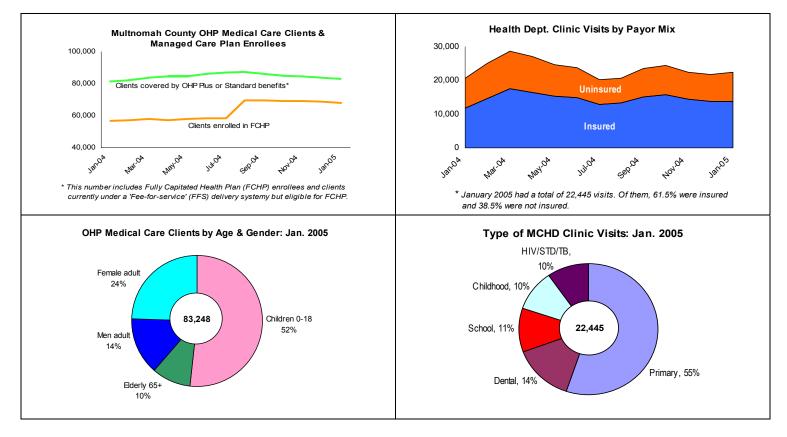
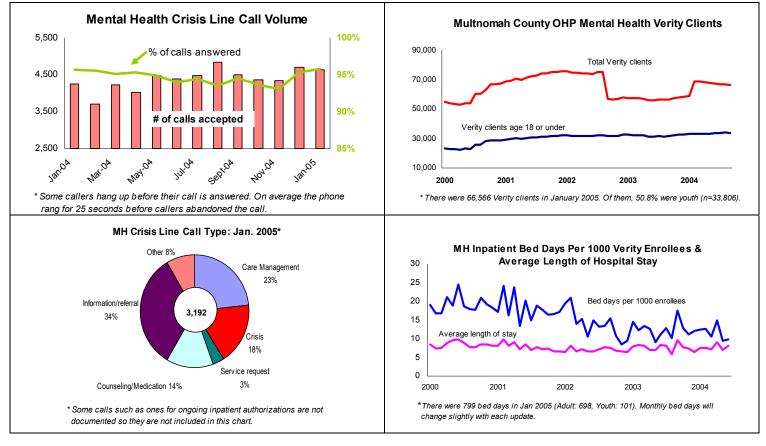
MULTNOMAH COUNTY BASIC NEEDS PRIORITY BRIEF: JANUARY 2005

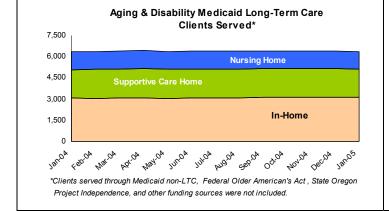




Notes: Total number of clients covered by OHP slightly declined in Jan. 2005 as compared to Dec. 2004. Of those covered by OHP, enrollment in FCHP sharply increased since August 2004 due to the opening of managed care programs to OHP Standard clients.

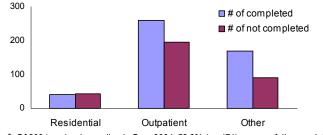


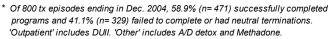
medical alerts. The psych alerts rate is 16%. ** The counts of emergency hold are for Multhomah County residents only. All holds will be investigated. Of 268 holds in Feb. 2005, 9% were committed (n=23).

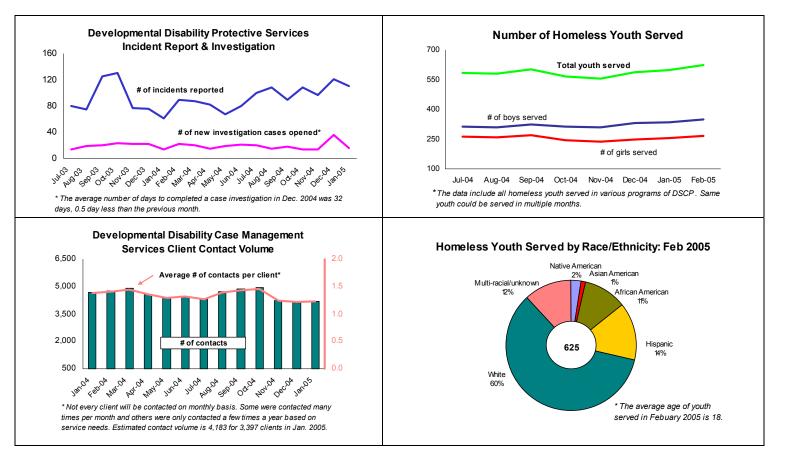


A&D Treatment Enrollment & Exit Status* 2000 70% 60% of new enrollment 1500 50% 1000 40% % of successful completion 500 30% 2000 2001 2002 2003 2004 2005 * Based on the CPMS data received from the state. In Dec. 2004, 1005 Tx episodes opened and 800 exited from the treatment with a 58.9% successful completion rate. The monthly data will change slightly with each update.

A&D Treatment Exit Type by Modality: December 2004*







Notes: The number of A&D treatment episodes reported by CPMS has slightly decreased since FY05. The overall raw successful TX completion rate is 46.6%. The completion rate exceeded 50% in November and December of 2004. These statistics could be adjusted slightly with each new data updating (some lag time exists for providers treatment data).

Data sources and explanations:

<u>OHP Enrollment/Eligible & Gender/Age breakdown</u>: Sent by Health Department. The original data come from the reports published on the state website. The total # covered by OHP includes clients enrolled in Fully Capitated Health Plan" (FCHP) and clients receiving fee-for-service (FFS) and primary care case managers (PCCMs). The gender/age breakdown is not available online and will be provided by the state upon request.

<u>Clinic Visits & Type of Visits</u>: Data were provided by Health Department. Originally there were more categories under 'Type of visits' or 'Visits by location'. Small or similar categories were combined to make the chart more readable.

<u>Mental Health Crisis Line Call Volume & Type of Calls</u>: Data were provided by the DCHS Call Center. The number of calls to 503-988-4888 (Crisis Line) was documented by the county's Telecom service, and the 'Type of Calls' represents the data from the department's Crystal Reports entitled 'Call Center Call Count Log by Year.' The call log Crystal Report is not an exhaustive count of all calls. Only call information that is recorded in contact records in the Raintree database is included.

<u>Mental Health Verity clients & Inpatient Bed Days per 1000 Verity members or per discharge</u>: Data were from DCHS. The data show the estimated monthly Verity clients. Admission for inpatient psychiatric care is based on medical necessity and clinical criteria. 'Bed Days per 1000' counts number of bed days for every 1000 members enrolled in the Verity plan.

<u>Mental Health Emergency Holds & MCSO Correction Health Psych Alert</u>: DCHS Mental Health Division provided Ehold data. Emergency hold occurs when uninsured individuals are hospitalized on a psychiatric unit. County staff investigate each hold to see if it was medically necessary. The 'number of commitments' shown in the chart is the number of committed clients as results of investigation. The Psych Alert data were provided by Corrections Health. All inmates booked into County Jail system are evaluated to identify health problems that require immediate attention. The data show the number of jail bookings with psychiatric medical alerts.

<u>Developmental Disability Protective Services Incidents Report & Investigation</u>: Data were provided by DCHS DD Intake & Protective Services. All DD incidents reported to the county were screened for investigations. The data show the # of incident reported and the # of abuse and neglect investigations conducted by the county staff for individuals with developmental disabilities who receive services. The 'average # of days to complete a case' is one of performance measures.

<u>A&D Treatment Episodes by Exit Status & Exit Type by Tx Modality</u>: Based on the state CPMS data. CPMS documented all clients who were served by Multnomah County community-based providers supported by public funding. Efforts have being made to receive CPMS data monthly and to distinguish clients served by county-funded providers from non-county funded providers.

<u>Developmental Disability Client Contact Volume & average # of contact per Client:</u> Provided by DCHS. The data give the number of client-contacts made by case managers, including Medicaid billable and non-billable contacts. Dividing the total number of contacts by # of DD clients came up the # of contact per client. 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.

Aging & Disability Medicaid Long-Term Care Clients Served: DCHS ADS division provided this data. ADS serves seniors and persons with disabilities through a broad spectrum of programs. This data reflects only a portion of the ADS service system, specifically, long-term care clients served through Medicaid funding, with a breakout by location where clients were served--In-home, Supportive Care Home, and Nursing Home. Clients served through Medicaid non-LTC, Federal Older American's Act, State Oregon Project Independence, and other funding sources were not reflected.

<u>Homeless Youth Served</u>: Data were provided by DSCP. All homeless youth who have been served in various programs of the department were included, with a breakout by gender and race and ethnicity.