



Multnomah County
Department of County Human Services
Mental Health and Addiction Services Division
Quality Management

**Emergent/Urgent Outpatient Access/Initial Treatment
Report for Children ^(*)**

Emergency services: Members receive timely covered services within time frames identified by the urgent and emergency response screening or within 24 hours of contact, whichever is shorter.

Urgent services: Timely covered services are received within time frames identified by the urgent and emergency response screening or within 48 hours of request, whichever is shorter.

Agency _____ Month/Year _____

Name of contact _____ Phone # _____ Fax # _____

Please submit this report by the 15th business day of the month following the month for which you are reporting, to: MHO.Reports@co.multnomah.or.us, or

VERITY, Multnomah County
421 SW Oak St., Suite 520, Portland, OR 97204
Phone: 988-5887; Fax: 988-5870

Please record the data requested for all VERITY members served by your agency whose *first* request for service fell within the calendar month covered by this report.

E U Please include information for all of your agency's programs providing outpatient services to VERITY members **20 years old and younger.**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Number of VERITY members who requested urgent or emergent services. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of VERITY members who were offered and accepted an urgent appointment within 48 hours of the request or within 24 hours of the emergent request ^(**) with your agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of VERITY members who could not be offered an urgent appointment within 48 hours of the request or within 24 hours of the emergent request due to the agency unable to meet the timeline. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of VERITY members who were offered an urgent appointment within 48 hours of the request or within 24 hours of the emergent request but the member chose a later appointment date beyond the 48 or 24 hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of VERITY members who received a face-to-face intake and assessment within 48 hours of the request or within 24 hours of the emergent request ^(**) with your agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of no shows. |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of outreach attempts to no shows. |

(*) VERITY members 20 years old and younger.

(**) First contact by member or on behalf of member, by phone or walk-in to your agency or central intake number for your network.



Multnomah County
Department of County Human Services
Mental Health and Addiction Services Division
Quality Management

**Emergent/Urgent Outpatient Access/Initial Treatment
Report for Adults ^(*)**

Emergency services: Members receive timely covered services within time frames identified by the urgent and emergency response screening or within 24 hours of contact, whichever is shorter.

Urgent services: Timely covered services are received within time frames identified by the urgent and emergency response screening or within 48 hours of request, whichever is shorter.

Agency _____ Month/Year _____

Name of contact _____ Phone # _____ Fax # _____

Please submit this report by the 15th business day of the month following the month for which you are reporting, to:

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VERITY, Multnomah County
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Phone 988-5887; Fax: 988-5870

Please record the data requested for all VERITY members served by your agency whose *first* request for service fell within the calendar month covered by this report.

Please include information for all of your agency's programs providing outpatient services to VERITY members **21 years old and older**.

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<input type="checkbox"/>	<input type="checkbox"/>	Number of VERITY members who requested urgent or emergent services.
<input type="checkbox"/>	<input type="checkbox"/>	Number of VERITY members who were offered and accepted an urgent appointment within 48 hours of the request or within 24 hours of the emergent request ^(**) with your agency.
<input type="checkbox"/>	<input type="checkbox"/>	Number of VERITY members who were offered an urgent appointment within 48 hours for an urgent request or within 24 hours for an emergent request but the member chose a later appointment date beyond the 48 or 24 hours.
<input type="checkbox"/>	<input type="checkbox"/>	Number of VERITY members who could not be offered an urgent appointment within 48 hours of the request or within 24 hours of the emergent request due to the agency unable to meet the timeline.
<input type="checkbox"/>	<input type="checkbox"/>	Number of VERITY members who received a face-to-face intake and assessment within 48 hours of the urgent request or within 24 hours of the emergent request ^(**) with your agency.
<input type="checkbox"/>	<input type="checkbox"/>	Number of no shows.
<input type="checkbox"/>	<input type="checkbox"/>	Number of outreach attempts to no shows.

(*) VERITY members 21 years old and older.

(**) First contact by member or on behalf of member, by phone or walk-in to your agency or central intake number for your network.

**Department of County Human Services
Mental Health and Addiction Services Division
Quality Management**

**Non-Urgent Outpatient Access / Initial Treatment
Report for Children ^(*)**

Non-urgent and Non-emergent services: Members wait no more than two calendar weeks to be seen for an intake assessment following a request.

Agency _____ Month/Year _____

Name of contact _____ Phone # _____ Fax # _____

Please submit this report by the 15th business day of the month following the month for which you are reporting, to:

MHO.Reports@co.multnomah.or.us, or

VERITY, Multnomah County
421 SW Oak St., Suite 520, Portland, OR 97204
Phone: 988-5887; Fax: 988-5870

Please record the data requested for all VERITY members served by your agency whose *first* request for service fell within the calendar month covered by this report.

Please include information for all of your agency's programs providing outpatient services to VERITY members **20 years old and younger**.

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Number of VERITY members who requested service.

☐

Number of VERITY members who were offered and accepted an appointment within 14 calendar days of the date of initial contact ^(**) with your agency (for non-urgent situations).

☐

Number of VERITY members who could not be offered an appointment with 14 calendar days due to the agency unable to meet the timeline.

☐

Number of VERITY members who were offered an appointment within 14 calendar days of the date of initial contact but the member chose a later appointment date beyond the 14 calendar days

☐

Number of VERITY members who received a face-to-face mental health assessment, including an initial treatment plan, within 14 calendar days of the date of initial contact ^(**) with your agency (for non-urgent situations).

☐

Number of no shows.

☐

Number of outreach attempts to no shows.

(*) VERITY members 20 years old and younger.

(**) First contact by member or on behalf of member, by phone or walk-in to your agency or central intake number for your network.



Multnomah County
Department of County Human Services
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**Non-Urgent Outpatient Access/Initial Treatment
Report for Adults ^(*)**

Non-urgent and Non-emergent services: Members wait no more than two calendar weeks to be seen for an intake assessment following a request.

Agency _____ Month/Year _____

Name of contact _____ Phone # _____ Fax # _____

Please submit this report by the 15th business day of the month following the month for which you are reporting, to:

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Please include information for all of your agency's programs providing outpatient services to VERITY members **21 years old and older.**

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Number of VERITY members who requested service.

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Number of VERITY members who were offered and accepted an appointment within 14 calendar days of the date of initial contact ^(**) with your agency (for non-urgent situations).

☐

Number of VERITY members who could not be offered an appointment within 14 calendar days due to the agency unable to meet the timeline.

☐

Number of VERITY members who were offered an appointment within 14 calendar days of the date of initial contact but the member chose a later appointment date beyond the 14 calendar days.

☐

Number of VERITY members who received a face-to-face mental health assessment, including an initial treatment plan, within 14 calendar days of the date of initial contact ^(**) with your agency (for non-urgent situations).

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Number of no shows.

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Number of outreach attempts to no shows.

(*) VERITY members 21 years old and older.

(**) First contact by member or on behalf of member, by phone or walk-in to your agency or central intake number for your network.