

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 #				
you are reporting, to: Please record the data reque	MHO.Reports@co.mul VERITY, Multnoma 421 SW Oak St., Suite 520, P Phone: 988-5887; Fax sted for all VERITY membe	ah County Portland, OR 97204 x: 988-5870 <mark>ers served by your agency whose <i>first</i> reques</mark>				
for service fell within the cal	endar month covered by this	s report.				
	ation for all of your agency's years old and younger.	programs providing outpatient services to				
Number of VERITY r	nembers who requested urgen	nt or emergent services.				
		ad accepted an urgent appointment of the emergent request ^(**) with your agency.				
	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.					
request or within 24 he	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.					
	aber of VERITY members who received a face-to-face intake and assessment within 48 hours of request or within 24 hours of the emergent request (***) with your agency.					
Number of no shows.						
Number of outreach at	tempts to no shows.					
(*) VERITY membe	rs 20 years old and younger.					
(**) First contact by n	nember 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 #	F	Fax #	<u></u>
	e submit this ting, to:	<u>MH</u>	th business day of the O.Reports@co.multr VERITY, Multnom W Oak St., Suite 520, I Phone 988-5887; Fax	nomah.or.us, on the County Portland, OR	or	which you are
			all VERITY members s h covered by this repor		agency whose first	request for
U		ude information for nembers 21 years	or all of your agency's old and older.	programs prov	viding outpatient ser	rvices to
	Number of	VERITY membe	rs who requested urger	nt or emergent	services.	
	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.					
	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.					
			rs who could not be of rs of the emergent requ			
	Number of VERITY members who received a face-to-face intake and assessment within 48 hours the urgent request or within 24 hours of the emergent request (**) with your agency.					
	Number of	no shows.				
	Number of	outreach attempts	s to no shows.			
	(*) VE	RITY members 21 ye	ars old and older.			
		st contact by member your network.	or on behalf of member, by	phone or walk-in	to your agency or centr	al intake number

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 MHO.Reports@co.multnomah.or.us, or reporting, to: 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. 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.



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

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.

Agen	cy		Month/Year	_
Name	e of contact	Phone #	Fax #	_
Pleas repor	e submit this report by ting, to: e record the data reque	the 15 th business day of the MHO.Reports@co.mul VERITY, Multnot 421 SW Oak St., Suite 520 Phone988-5887; F sted for all VERITY men	he month following the month for what the month for what the month or what the month for	nich you are
for se	ervice fell within the cal	endar month covered by t	<u>this report.</u>	
	e include information for pers 21 years old and old		ams providing outpatient services to V	ERITY
Numb	per of VERITY members	who requested service.		
		who were offered and according your agency (for non-urger	epted an appointment within 14 calend nt situations).	ar days of the
	per of VERITY members by unable to meet the time		an appointment with 14 calendar days	due to the
			ointment within 14 calendar days of the eyond the 14 calendar days.	date of initial
Numb treatn situat	nent plan, within 14 caler	who received a face-to-faced are days of the date of init	ce mental health assessment, including ial contact (**) with your agency (for no	an initial on-urgent
Numb	per of no shows.			
Numb	per of outreach attempts t	o no shows.		
(*)	VERITY members 21 year	s old and older.		
(**)	First contact by member or network.	on behalf of member, by phone	or walk-in to your agency or central intake num	nber for your