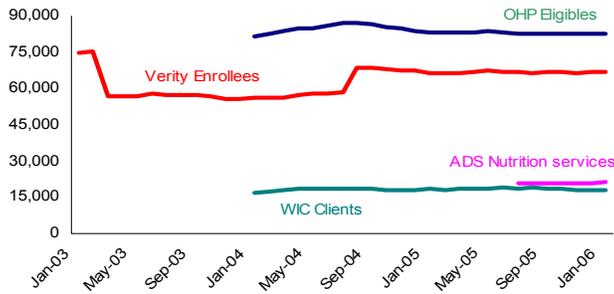


# BASIC NEEDS PRIORITY BRIEF: JANUARY 2006

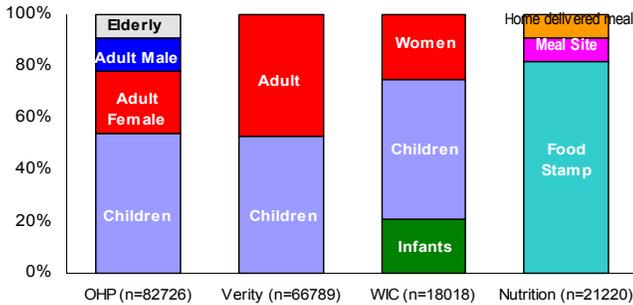
## Multnomah County Basic Needs Clients

Clients Enrolled or Served by Basic Needs Programs



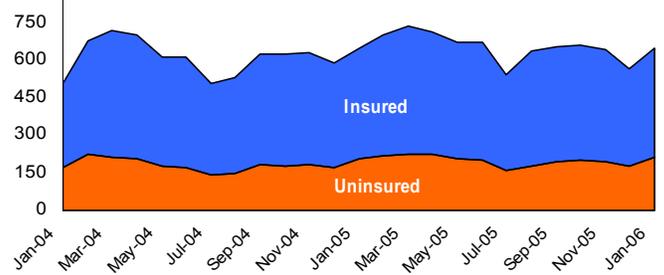
\* Participation in OHP, Verity, WIC, and ADS nutrition service programs can be overlapped.

Clients in Basic Needs Programs: Jan. 2006



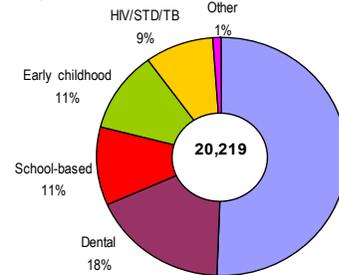
## Multnomah County Health Clinic Visits

Average Daily Health Dept. Clinic Visits by Payer Mix



\* January 2006 had a total of 652 average daily visits. Of them, 67% were insured and 33% were not insured.

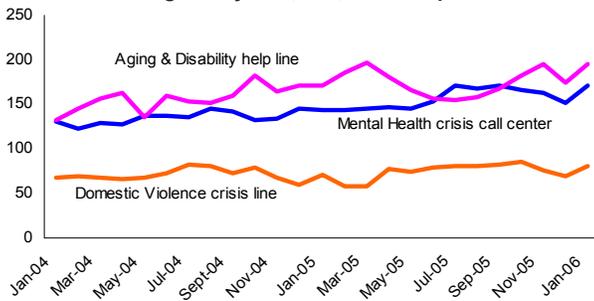
Type of MCHD Clinic Visits: Jan. 2006



\* Above data do not include pharmacy, immunization, and WIC visits. In addition, there were 3,702 clinic visits and lab tests conducted at County's correction facilities in Jan. 2006. The average daily correction health visit is 119.

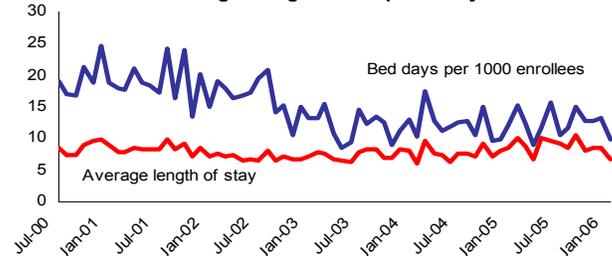
## Crisis Center & Helpline Calls

Average Daily ADS, MH, & DV Help Line Calls



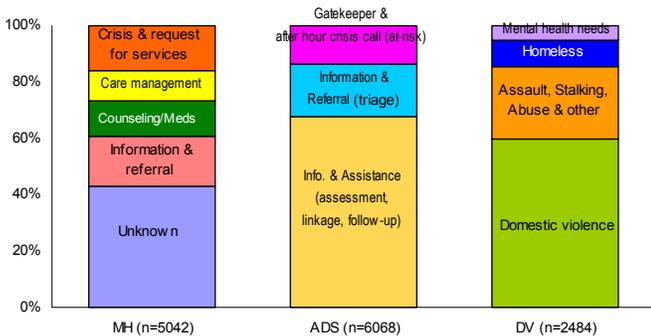
## Mental Health Verity Inpatient Days

MH Inpatient Bed Days Per 1000 Verity Enrollees & Average Length of Hospital Stay

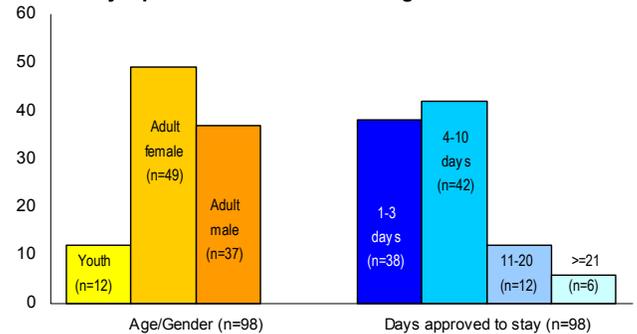


\* There were 652 bed days in January 2006 (Adult: 575, Youth: 77).

Crisis Help Line Call Or Response Type: Jan. 2006



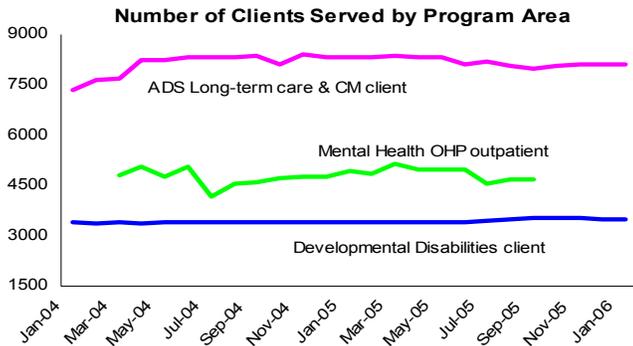
Verity Inpatient Admission/Discharge Profile: Jan. 2006



\* The 652 paid bed days in January 2006 represent a total of 98 hospital discharges.

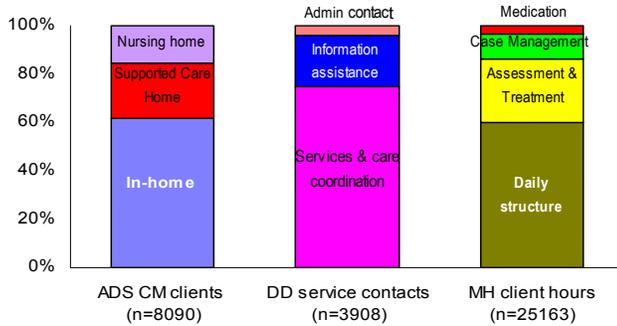
**Notes:** January's average daily HD clinic visits increased by 14.6% over last December. The increase occurred in all types of visits but most significantly in school-based and dental visits. The average daily inpatient bed days per 1000 Verity members dropped by 26% in January. There were 235 fewer inpatient bed days in January than in December. Helpline calls increased across board. Ongoing outreach at expanded meal program in January resulted in spike in ADS helpline calls.

## Clients and Case Management Services



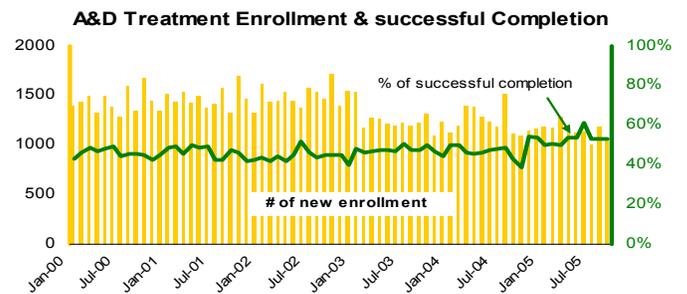
\* Data for mental health services are three months behind due to the lag time required for processing the data reported by community treatment providers.

### Client or Service Type: Jan. 2006



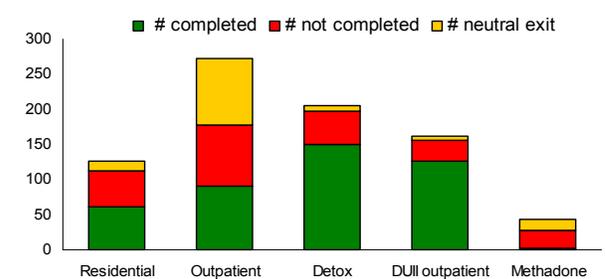
\* The latest available mental health outpatient data (Sep. 2005) were used. In Sep. 2005, 4671 outpatients had a total of 25,163 hours--5.4 hours on average.

## Multnomah County Addictions Treatment



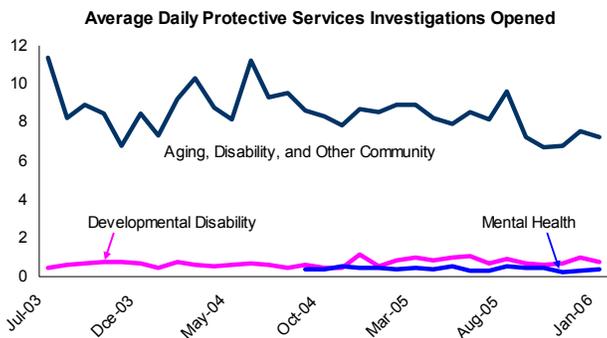
\* Based on the CPMS data received from the state. In Sep. 2005, 1062 Tx episodes opened and 809 exited from the treatment with a 53% successful completion rate. The monthly data will change slightly with each update.

### A&D Treatment Exit Type by Modality: Sep. 2005



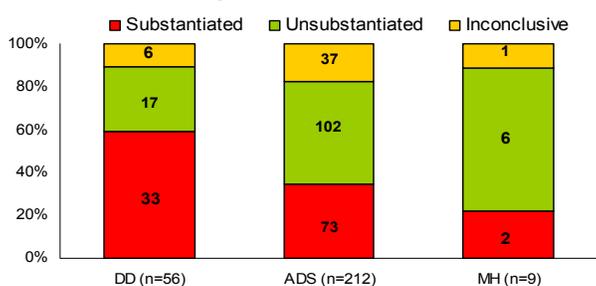
\* Of 809 tx episodes ending in September 2005, 53% (n= 429) successfully completed programs, 29.8% (n= 241) failed to complete, and 17.2% (n=139) had neutral terminations. 'Neutral termination' includes 'fail to engage', 'not appropriate for further tx' and etc..

## Protective Services for Vulnerable Populations



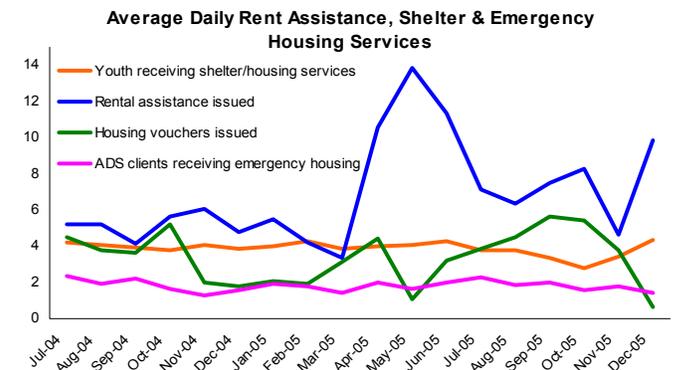
\*Each program serves different populations. ADS is responsible for all protective investigations not covered by developmental disability and mental health services so they have the largest client base.

### PS Investigation Cases Closed: Jan. 2006



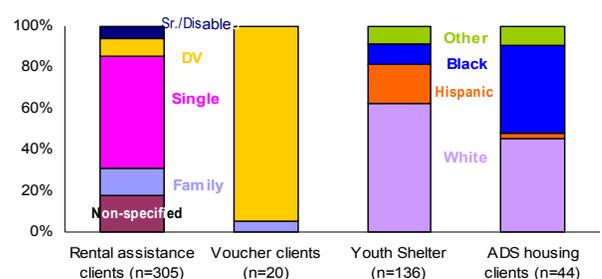
\* Overall, 260 protective service investigation cases opened and 277 closed in Jan. 2006. Of those closed, 39% were substantiated (n=108). MH 'Unsubstantiated' cases include those that didn't meet the abuse definition.

## Shelter & Emergency Housing Assistance



\* Data for homeless shelter & housing services have one month lag time.

### Type of Homeless Clients Served: Dec. 2005



\* A total of 505 homeless clients received housing assistance services in Dec. 2005. The average age of youth who used shelter or transitional housing is 19.1.

**Notes:** As of January 2006, DD manually collected data on every note that was written by staff and not just billable service data. In the past, the total contact number was an estimate based on the billable service data (only one billable contact per client per month was allowed by the state). The new data collection method involves additional work but provides more accurate count of services delivered to the clients. DSCP added shelter capacity in the winter months resulting decrease in voucher funds and increase in rental assistance & shelter placement.