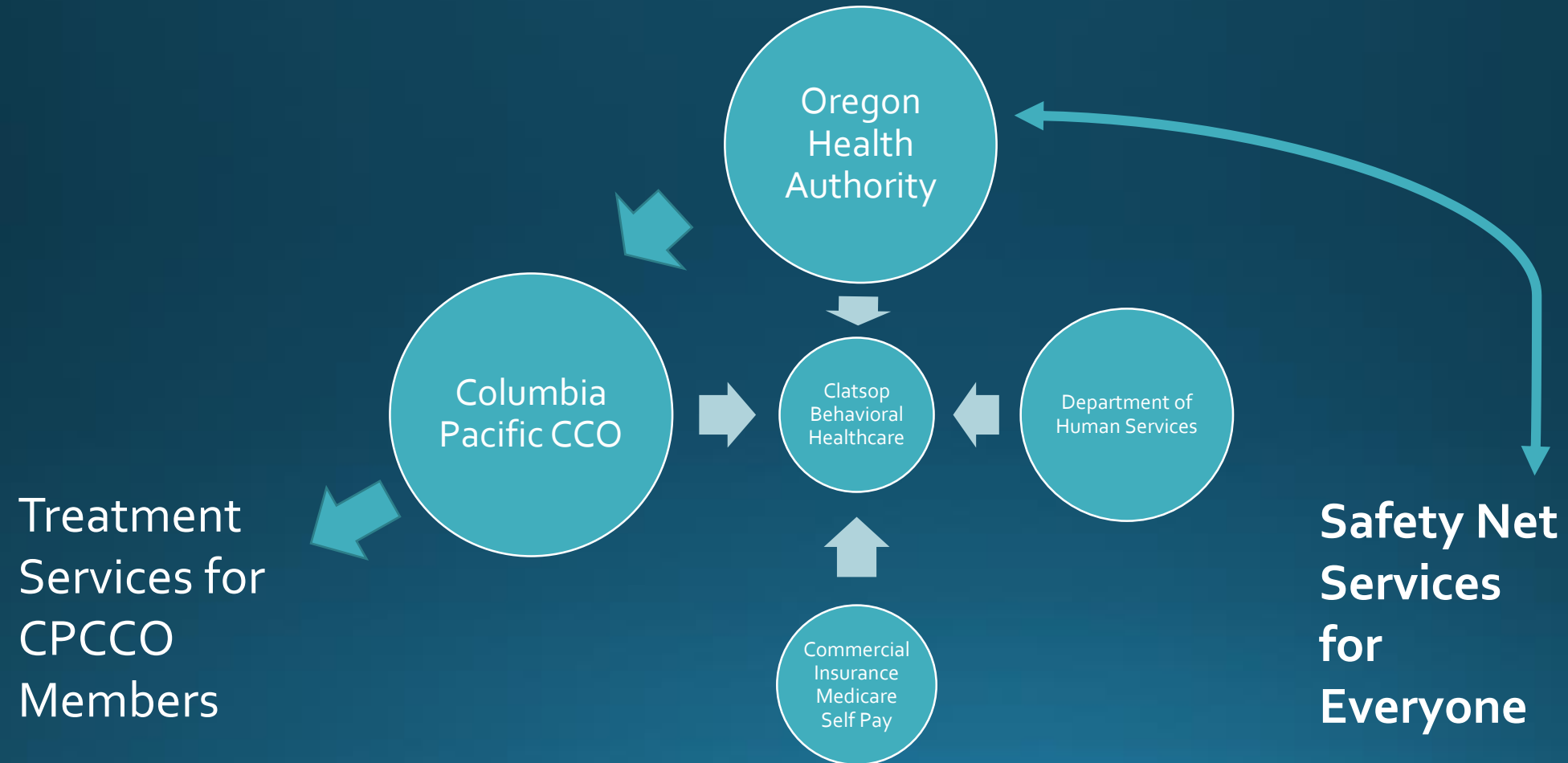


# Clatsop Behavioral Healthcare Funding



# Responsive and Comprehensive



- Medication Assisted Treatment
- Early Intervention for Psychosis
- Supported Employment
- School Based Mental Health
- DUII Services
- Wraparound
- Housing Assistance
- Telepsychiatry
- Care Coordination
- Evidence Based Treatments
- Yoga
- Early Childhood Intervention
- Psychiatric Consultation
- Monitoring and Case Management for DD
- 24/7 Response

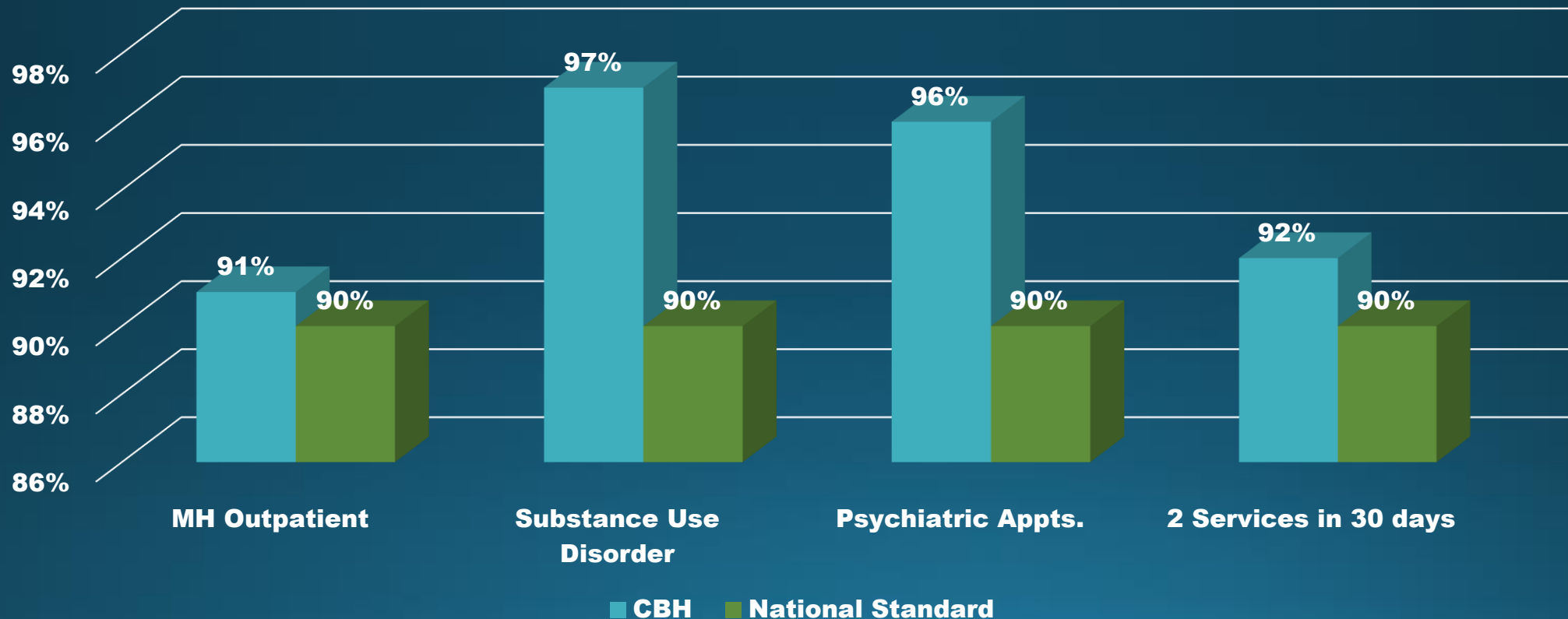
# Paperwork Requirements

BEHAVIORAL HEALTH	PRIMARY CARE
Extensive Demographic Information Screening Track date of call to first appointment offered Consent to Treat HIPAA – Release of Information Insurance Information/Financial Agreement	Consent to Treat HIPAA – Release of Information Insurance Information/Financial Agreement Health History Document what you did and why
Individual Rights, Resolution of Complaints and Grievances Declaration for Mental Health Treatment	
Mental Health Assessment – 1 hour Treatment Plan/ Service Plan – 1 hour Change every time improvement or decline	
Quarterly Updates to OHA (MOTS)- 20 minutes Progress Notes	
Quarterly Excel Spreadsheets with Client Names	

# Access to Care

September 2018 – August 2019

## CBH Versus Best Practice Standard



# What Access To Behavioral Healthcare Could Look Like



Find the Need (Jails, Homeless Camps, Shelters, Primary Care, Schools, Drug Houses, Emergency Departments, Headstart, Crisis Lines etc.)



Treat First



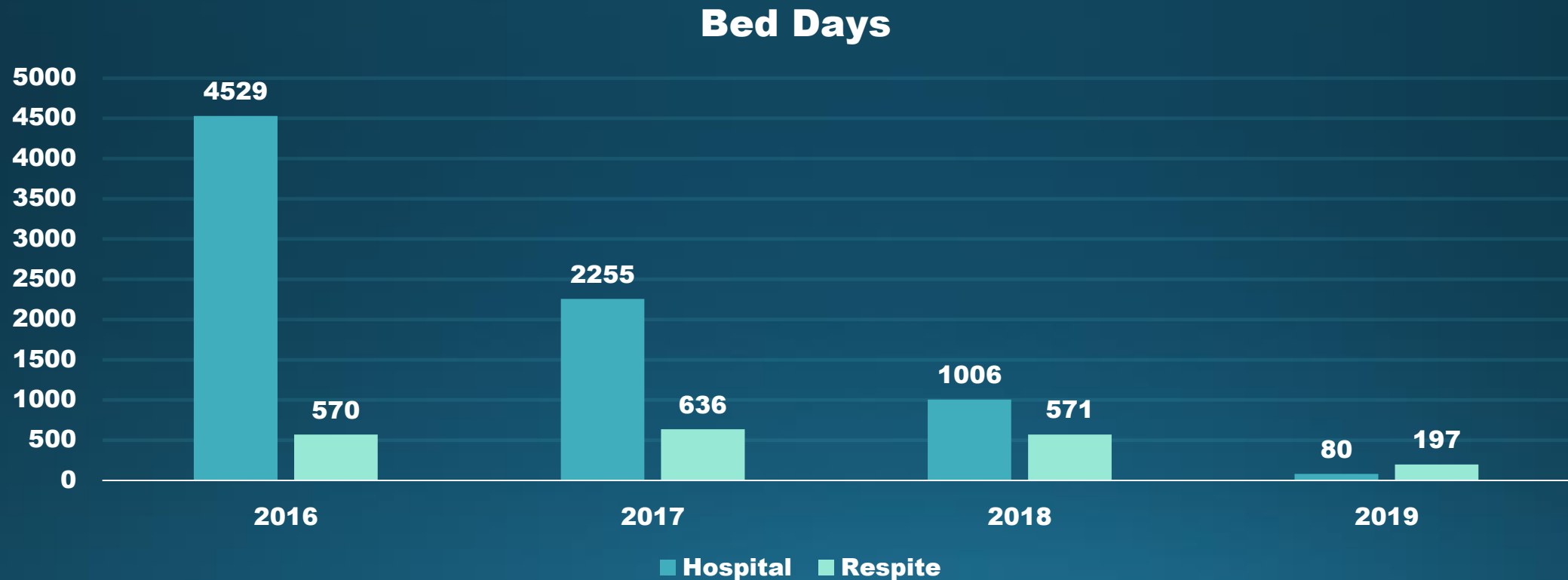
Documentation is  
Dictated by Readiness  
and Need

# Inpatient Utilization Change

DRG	July 2017 - June 2018 N Admits	July 2018 – June 2019 N Admits	% Δ
Cellulitis	24	14	- 41.7%
Septicemia	47	12	- 74.4%
Poisoning and Toxic Effects of Drugs	47	21	- 55.3%
Overall	118	47	- 60.2%

**Clatsop County has seen a 60.2% decrease in IP admits for SUD-related issues, of which all originate in the emergency department**

# Respite vs Psychiatric Inpatient Acute Care



2019 data reflects total bed days between Jan 01, 2019 and May 31, 2019.