

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

Name of Program/Location	Implementers	Target Population	Model/Approach	Funding Source(s)	Goals	Outcomes	Main Contact/ phone/ email
Baker County							
Rural Mental Health Clinic, local physical health care clinic, Baker County/Mountain Valley Mental Health Programs, in discussion and planning, GOBHI			Medical clinic and CMHP collaboration on screening, assessment and treatment.	MHO/CMHP, private insurance, Medicaid/DMAP			Vicki Long (541) 379-6076
Benton County							
Benton County Health Services (combined and co-located FQHC, public health and community mental health/addictions, ABHA	Benton County		Creating integrated health home including PH prevention, care coordination for physical and mental health conditions, behaviorists and psychiatry working with primary care as part of care teams.				
Clackamas County							
FamilyCare (FQHC & MHO)			Co-location of Practitioners (physical health and behavioral health) on Health Service Utilization and Care Coordination.		1. Improve utilization of outpatient behavioral health services co-location of behavioral health practitioners in a physical health clinic. 2. Enhance communication by co-location of providers and increase coordination of care between the physical health and behavioral health providers.		
Federally Qualified Health Centers (FQHC)			Behavioral health consultants on staff at FQHC primary care clinics				

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			School-based health clinic				
Clackamas MHO and FamilyCare			Adult MH programs offer health education to clients (tobacco cessation, diabetes management, and pain management classes)				
			Integrated MH and A&D treatment model for adult clients				
Clatsop County							
Coastal Family Health, potential for applying for FQHC status; still in early discussion stage but implementers would be Clatsop County, Clatsop County Behavioral Health, GOBHI and CFH.			Mental health services provided by CBH at Coastal Family Health. Monthly meetings to improve things for shared clients between CBH and Coastal Family Health.	Private insurance, Clatsop County, MHO/CMHP and FQHC			Nancy Winters (503) 709-1288 Joell Archibald (503) 325-8500 x1912
Columbia County							
Columbia Community Mental Health Walk-in Clinic			1. Physicians send people over to Columbia Community Mental Health Walk-in clinic; CCMH always informs PCPs about the assessment and treatment in writing. In case of crisis during business hours, physicians can access CCMH immediately. 2. Clients who need physical care are also routinely referred to PCPs. PCPs take over the medication management if clients get more stable. Clinical information is requested and received via fax, including but not limited to notes, lab data, medications, radiology, and/or other medical tests ordered (new and current), appointments and follow up care from other providers. Appointments are scheduled and monitored at CCMH, put into client's charts and/or with CCMH's prescriber. 3. Scappoose physician serves as A&D				

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			Medical Director.				
Coos County							
Coos County Mental Health			Enhanced Care Outreach Services				Deborah Thorsen (503) 947-5537
JBH/Fully capitated health plans in the JBH Region			The Mind-Body Connection is focused on improving the collaborative relationship between mental and physical health professionals by using and monitoring a standardized referral tool				
Crook County							
Mosaic and Crook County Mental Health, Lutheran Family Services			Joint Staffing on shared cases, psychiatric consultation, alcohol/drug treatment.	Medicaid, Lutheran Family Services, MHO/CMHP			Scott Willard, Lutheran Family Services (541) 447-7441
Curry County							
JBH/Fully capitated health plans in the JBH Region			The Mind-Body Connection is focused on improving the collaborative relationship between mental and physical health professionals by the using and monitoring a standardized referral tool				
Deschutes County							
Accountable Behavioral Health Alliance			Identification and coordination of primary health care service needs for members with co-occurring mental health symptoms and substance abuse disorders. Central Oregon Independent Health Solutions (COIHS), Deschutes County Chemical Dependency Organization (CDO), and Accountable Behavioral Health Alliance (ABHA) and will focus on integrative health care needs of Oregon Health Plan (OHP) clients with co-occurring disorders who are concurrently enrolled in each organization.				

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Mosaic Community Health Center, Bend							
Deschutes County Mental Health			Enhanced Care Outreach Services				Deborah Thorsen (503) 947-5537
Douglas County							
ADAPT			Integrated care, using a hybrid model of co-located services, with MH/SUD services provided by LCSW located within a private practice, primary care setting (DCIPA clinic with 5 primary care providers). MH/SUD screening, intervention and treatment services provided based on national SBIRT model, modified by <i>eliminating referrals</i> (services provided onsite in the medical clinic). All services provided using evidence-based psychotherapy practices, including Motivational Interviewing, Cognitive-Behavioral Therapy and Community Reinforcement Approach.		<ol style="list-style-type: none"> 1. Create a model integrated approach that would work equally well in traditional “open” private practice settings as well as “closed” medical settings (FQHCs, RHCs, HMOs, etc.). 2. Reduce / eliminate the problem of physician referral no-shows. 3. Establish a means of sustainability based on utilization of appropriate CPT billing codes, including Screening Codes and Behavioral Medicine Codes. 4. Document the impact of integrated care on the utilization of medical services. 	<ol style="list-style-type: none"> 1. Approximately 2,000 patients per year (3 years) have participated in the “meet and greet” portion of these services, which is essentially a brief introduction of the patient to the Behavioral Healthcare Consultant (LCSW), who upon introduction to the patient is identified as part of the medical team. 2. Of these 2,000 patients, approximately 15% received screening, intervention and/or treatment at one or more appointments with the BHC. 3. Approximately 50% of the patients seen for treatment have been OHP patients. 4. Various instruments have been used, with the best results being obtained with the administration of the HADS (Hospital Anxiety and Depression Scale). We have now begun using an electronic tablet with another instrument that shows great promise, however we have no data on that yet. 64% of all patients seen for 5 or more visits with the BHC showed improved pre-post HADS scores. 5. For all OHP patients seen by the BHC, utilization of medical appointments (including ER) dropped by 13%. <i>For OHP patients seen by the BHC for 5 or</i> 	

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						<i>more sessions, medical utilization (including ER) dropped by 33%.</i>	
Douglas County	Douglas County Mental Health Roseburg Clinic	Mental Health Clients Needing Medication	Psychiatric Nurse Practitioners and Psychiatrists are contracted and located in the Roseburg DCMH offices.	MHO/CMHP Private Insurance Medicaid	To provide access to medication management. To ensure psychiatric nurse practitioners and psychiatrists have access and coordinate with other medical providers in the community.	Douglas County Mental Health and Roseburg Clinic have been able to work collaboratively to provide psychiatric coverage for clients needing complex medication management services.	Janet Holland (541) 440-3526 Dell Grey (541) 673-8988
Douglas County	Douglas County Mental Health DCIPA	OHP Clients	Integration of Medical Records	OHP DCIPA DCMH	DCMH and DCIPA are working collaboratively to work toward the integration of medical records to improve client care.	DCMH and DCIPA will create policies, procedures and a system that will allow appropriate access via an Electronic Medical Records Format between both systems.	Janet Holland (541) 440-3526
Douglas County	Douglas County Mental Health Umpqua Community Health Center	Shared OHP and Indigent Clients	Coordination of Medical and Mental Health Services	OHP FQHC	To improve coordination of care and improve patient care. DCMH and Umpqua Health Clinic will start a pilot project with 5 shared clients to receive coordinated services. DCMH and Umpqua Health staff have started meeting to determine improve referral and coordination of services.	To be determined.	Janet Holland (541) 440-3526 Adrienne Maynard (541) 440-3560 Linda Mullins (541) 672-9596
Gilliam County							

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Condon Medical Clinic and Community Counseling Solutions			Medical clinic and CMHP collaboration on screening, assessment and treatment.	MHO/CMHP, private insurance, Medicaid/DMAP			Kimberly Lindsay (541) 676-9161
Grant County							
Harney County							
Hood River, Sherman, Wasco Counties							
La Clinica (FQHC) is applying for a mental health expansion grant from HRSA with collaboration and support from Mid-Columbia Center for Living. Providing on-site services with primary care is a major goal. Clients with high needs will be referred to MCCFL. La Clinica (FQHC), MCCFL and Wasco/Sherman Public Health have been discussing an integrated location for services if funding can be secured this is in planning stages; Health District in Sherman County and medical clinic in Moro County in discussion stage for an integrated service site. Building/remodeling funds need to be secured. MCCFL is a training site for nurse practitioners, psychiatrists and nursing students from OHSU and Columbia Gorge Community College.		Residents of Wasco, Hood River and Sherman Counties	FQHC Provision of integrated primary and behavioral health services including screening, assessment and treatment, outreach and education.	Potential Mental Health Expansion grant funds, MHO/CMHP, Hood River, Wasco, Sherman county indigent funds. CDBG Block Grant funds, HRSA grants.	Provide health home that covers all physical, mental and emotional health care. Refers for high need specialty services to CMHP.		Sharon Guidera (541) 296-5452

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Hood River Care Center							Deborah Thorsen (503) 947-5537
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Jackson County							
La Clinica	La Clinica	Low income and Hispanic populations	Some on-site counseling to clients at clinic	Multiple (FQHC)	Alleviate mental health symptoms		Brenda Jackson (541) 535-6239
Integrated Health Services	Community Health Center	Low income populations	Behavioral health Specialist as part of primary care team	Multiple (FQHC)	Assist patients and providers when behaviors and emotional issues are impacting health		Laura Heesacker (541) 842-7692
Jackson County Mental Health (JCMH)	JCMH, Local physicians JBH	JMHC Consumers	Established system of physician contact and referral, standard notification of PCPs for all clients entering services, standard exchange of information related to medication and psychiatric notes, development of systems to monitor physician information and communication.	OHP/State GF	Improve coordination of care between mental health treatment providers and primary physicians.	Increased percentage of consumers receiving regular medical care. Collaborative case planning between psychiatric staff and primary physicians.	Maureen Graham (541) 774-8201
Healthy Lifestyles	JCMH JBH	JCMH Consumers with SMI	Health and wellness group for people with serious mental illness on psychotropic medications	OHP/State GF	Increase healthy lifestyle activities. Reduce obesity and negative, long-term health effects of psychotropic medications.	Increased knowledge about impact of psychotropic medications and healthy lifestyle activities.	Patti Andries (541) 774-8201

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Stanford Chronic Disease Self Management program	JCMH JBH	JCMH Consumers	Offer this group to all mental health clients, focus on living with mental illness as a chronic disease and learning skills to manage this.	OHP/State GF	Improve management of psychiatric and physical health symptoms.	Show improved care management as per post test and at follow up with ongoing provider.	Maureen Graham (541) 774-8201
Extended Care Outreach	JCMH	ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community.	Comprehensive, structured mental health including assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.	OHP/State GF	Successful living in community facilities such as foster homes, residential care facilities, and assisted living.	Reduced use of nursing homes and geropsychiatric inpatient services.	LouAnn Edwards (541) 774-8201
JBH/Fully capitated health plans in the JBH Region			The Mind-Body Connection is focused on improving the collaborative relationship between mental and physical health professionals by the using and monitoring a standardized referral tool	OHP	Improve collaboration between mental and physical health professionals	Standardized referral tool used by PCPs and mental health staff. Regular exchange of information achieved as per policy.	Raetta Daws (541) 955-9565
Jefferson County							
Standardized Referral Process: A collaboration Between Physical/Mental Health Care Plans	Jefferson Behavioral Health Family Care		<ul style="list-style-type: none"> • Joint non-clinical performance improvement project • Formation of “The Mind-Body Connection,” with representation from 7 FCHPs, 1 DCO, JBH and 6 county mental health programs • Informal networking and problem solving to facilitate OHP enrollees obtain both mental and physical health services 				
Josephine County							
JBH/Fully capitated health plans in the JBH Region			The Mind-Body Connection is focused on improving the collaborative relationship between mental and physical health professionals by the using and monitoring a standardized referral tool.				
The Mind-Body Connection			Using a standardized referral tool.				Kim Miller (541) 476-2373

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Options and Siskiyou Health Clinic			Applied for but did not receive a National Council for Community Behavioral Healthcare \$10,000 integration training grant.			Reapply at their next funding cycle.	Kim Miller (541) 476-2373
Options and Siskiyou Health Clinic			Applying for a HRSA grant to promote integration.				Kim Miller (541) 476-2373
Options			Options medical director has provided 4 hours a week of consultation to Siskiyou Health Clinic			Looking at increasing shared opportunities.	Kim Miller (541) 476-2373
Options			Medical director has been offering CMS opportunities to local IPAs.				Kim Miller (541) 476-2373
Klamath County							
Klamath County Health Partnership	Cascade Comprehensive Care, Klamath County Mental Health and Jefferson Behavioral Health	All consumers served in Klamath County by Physical, Mental or A&D providers.	Training of all Klamath County Providers (physical, Mental Health and A&D) on standardized use of a referral form for all services.	Jefferson Behavioral Health, Cascade Comprehensive Care and Klamath County Mental Health	Improve overall satisfaction score of PCPs to > 3.5 in the following areas: 1. Coordination of mental health and A&D services for OHP members. 2. Communication between Physical Health, Mental Health, Alcohol and Drug providers 3. Process for referring clients to Mental Health and/or A&D services. 4. OHP members able to see mental health professional when necessary.	PCPs will be resurveyed in six months (August) in the following areas. Improve overall satisfaction score of PCPs to > 3.5 in the following areas: 1. Coordination of mental health and A&D services for OHP members. 2. Communication between Physical Health, Mental Health, Alcohol and Drug providers 3. Process for referring clients to Mental Health and/or A&D services. 4. OHP members able to see mental health professional when necessary. 5. OHP members report being satisfied with quality of mental	JBH Kathy Pence RN at Cascade Comprehensive Care (541) 884-2020 Scott Munson RN at Klamath County Mental Health (541) 882-7291

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					5. OHP members report being satisfied with quality of mental health services. 6. OHP members report receiving services appropriate for them.	health services. 6. OHP members report receiving services appropriate for them.	
Klamath Open Door Clinic and Klamath County Mental Health	KCMH	Consumers with mental illness	Collaboration, education and peer review		Integrate with physical health providers caring for mentally ill consumers		Ann Lynn, KCMH (541) 882-7291
Klamath County Mental Health, Klamath Open Door Family Practice and Cascade East Family Practice	KCMH & CCC	All Medicaid clients presenting at Klamath health clinics and community based primary care clinics serving the indigent and homeless with symptoms of mental illness	Behavioral health consultants on staff at primary care clinics.	KCMH for enrolled Medicaid clients DMAP for open card OHP clients	Integrated care, increase number of individuals receiving mental health services at primary health clinics.	Expected outcomes: Target 15 members served per month.	Ann Lynn, KCMH (541) 882-7291
JBH/Fully capitated health plans in the JBH Region			The Mind-Body Connection is focused on improving the collaborative relationship between mental and physical health professionals by the using and monitoring a standardized referral tool.				
Lake County							
Lane County							
Federally Qualified Health Centers (FQHC)	Lane County		Integrated mental and physical health services				
Lane County Mental Health	Lane County		Primary care offices being constructed in the Lane county mental Health facility				

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			that will be staffed with an MD				
	LaneCARE (mental health org.) and Lane IPA (fully capitated health plan)		<ul style="list-style-type: none"> ● Shared consumer advisory committee ● Shared Performance Improvement Project ● Participation on organizational governance and advisory committees ● Project Homeless (supported by LaneCare and LIPA) 				
	Rhonda Busick		Integrated MH and A&D programs	LIPA Managers CD			
	Rhonda Busick		Integrated MH and DHS child welfare programs				
	?		100 % Access community partnerships promoting integration of care				
LaneCare / LIPA / Hayden Family Dentistry / ODS			Looking at diabetes in members age 18 and older who are prescribed second generation anti-psychotic medications. Conducting health screenings on this population who receive treatment at Lane County Mental Health. The second part will be education and referral to PCPs and dentists. Data will be tracked to see if the individuals connected with their PCP and dentist.				
Gateway Living							Deborah Thorsen (503) 947-5537
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Lincoln County							

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FQHC	Lincoln County Health Department		Creating an integrated health home including PH prevention, care coordination for physical and mental health conditions, behaviorists and psychiatry working with primary care as part of care teams.				
Linn County							
Mid-Valley Behavioral Care Network/INH	Linn County Health Department		Shared case management model to assess medical risk and motivation, partner to create and follow individualized care plans for individuals dealing with serious mental illness and diabetes.				
Malheur County							
Integration agreement with Valley Family Health Care, an FQHC doing business in Idaho and Malheur County.			Referral and consultation services according to the agreement includes information exchange.				
Hermiston Health Clinic (Yakima Valley Farm Workers, Inc.) at FQHC located in Washington.			On-site consultation and assessments to part days per week along with a referral/communication protocol.				
Lifeways, Inc.			Employ RNs in Ontario and Pendleton to communicate with primary care offices, exchanging information and referrals. Provide written information to physicians reminding them of our services and the referral process. Whenever we know that a physician has referred a patient to us and we have permission to contact them, clinicians are instructed to keep the doctor's office informed of the client's progress/involvement with treatment.				
Marion County							
Marion/Polk Community Health Plan/MCBCN			Creation of an integrated clinic to engage chronic pain patients in self-management, provide consultation to PCPs and specialized follow-up care for any behavioral health conditions				

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NW Human Services							
Providence Benedictine Nursing Center							Deborah Thorsen (503) 947-5537
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Regional Standard for Mid Valley Behavioral Care Network agencies' coordination with primary care			All recipients of mental health services are requested to have a signed release for the exchange of information with their primary care physician (PCP). Regular updates regarding changes in services or medications are sent to PCPs				
Curbside Counseling			Mental health evaluation 12 hours per week in two primary health clinics in Salem that have large numbers of Oregon Health Plan clients				
Federally Qualified Health Clinic (FQHC) – Northwest Human Services			Organization providing primary care and mental health services to those eligible for Medicaid services or without health care coverage				
Postpartum Depression Project – Children’s Therapy Center			MHO and IPA sponsored project that screens and engages new mothers needing mental health services				
MOMS Project – Mid Valley IPA and MC Health			Early childhood nursing home visiting coordinated with addictions and mental health services and mentoring				
McClaine St. clinic in Silverton			Co-location of MC Health and Children’s Therapy Clinic staff in primary care clinic to serve clinic’s patients				
School Based Health Center			Hoover Elementary School, Boys and Girls Club, and MC Health provides on-site services and referrals to community care				

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Jail Mental Health			Daily coordination of care between MC Health mental health staff stationed at MC Jail and jail nursing staff				
Chinook House, Keizer			Five person Adult Residential Home		Recovery and wellness for adults with co-occurring mental health and addiction disorders.		Heather and Chad 503-463-6499
Morrow County							
Multnomah County/Portland							
Multnomah County School Based Health Clinics	<p>Multnomah County Department of County Human Services (DCHS)</p> <p>Multnomah County Department of County Human Services (DCHS): Verity, Oregon Health Plan (OHP) Mental Health Organization (MHO)</p> <p>Multnomah County Health Department (MCHD)</p> <p>Portland Public Schools</p> <p>Parkrose School District</p> <p>David Douglas School District</p>	School aged youth in need of health and mental health and addiction services.	Integrated physical health and mental health and addiction services provided at and in coordination with the school based health clinics.	<p>Verity MHO for enrolled Medicaid OHP clients</p> <p>FQHC</p> <p>Multnomah County General Fund (CGF)</p> <p>MHS 22</p> <p>Portland Public Schools</p> <p>Parkrose School District</p> <p>David Douglas School District</p> <p>Family Care Inc.</p>	<p>1. Increase access and coordination of mental health and addictions services and physical health services for school aged youth.</p> <p>2. Assist “non insured” school aged youth with health care needs with acquisition of insurance (OHP) or private insurance.</p>	<p>Expected outcomes:</p> <p>1. (A) 100% coordination of care for all youth seen jointly by MCHD and DCHS school based staff. Over 1000+ contacts for FY 07-08</p> <p>(B) 100% coordination of care for all youth seen by DCHS school based staff and external primary care providers.</p> <p>2. 100% coordination of care toward acquisition of OHP to help assure physical health care services for all “non insured” youth contacted by DCHS school staff.</p>	<p>Goodwin Nwerem Mult. Co. DCHS MHASD (503) 988-3999 ext. 28008</p> <p>Susan Marie Mult. Co. Health Department (503) 988-3663 ext. 22661</p> <p>Susan Fillmore Family Care In. (503) 471-2123</p>

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	Family Care Inc.						
Multnomah County School Based Mental Health Program	<p>Multnomah County Department of County Human Services (DCHS)</p> <p>Multnomah County Department of County Human Services (DCHS): Verity, Oregon Health Plan MHO</p> <p>Kaiser</p> <p>Portland Public Schools</p> <p>Parkrose School District</p> <p>David Douglas School District</p> <p>Centennial School District</p> <p>Reynolds School District</p> <p>Gresham-Barlow School District</p> <p>Family Care Inc.</p> <p>Multnomah Educational School District (MESD)</p>	School aged youth in need of health and mental health and addiction services.	Integrated physical health and mental health and addiction services provided at individual schools through coordinated care between school nursing staff and school based behavioral health clinicians	<p>Verity MHO for enrolled Medicaid OHP clients</p> <p>FQHC</p> <p>Multnomah County General Fund (CGF)</p> <p>Kaiser</p> <p>Multnomah Educational School District (MESD)</p> <p>MHS 22</p> <p>Portland Public Schools</p> <p>Parkrose School District</p> <p>David Douglas School District</p> <p>Centennial School District</p> <p>Reynolds School District</p> <p>Gresham-Barlow School District</p> <p>Family Care Inc.</p>	<p>1. Increase access and coordination of mental health and addictions services and physical health services for school aged youth.</p> <p>2. Assist “non insured” school aged youth with identified health care needs with acquisition of insurance (OHP) or private insurance (Kaiser or other).</p> <p>3. Assist all school aged youth seen jointly by DCHS school based staff and school nursing staff with acquisition of primary health care services.</p>	<p>Expected outcomes:</p> <p>1. (A) 100% coordination of care for all youth seen jointly by school nursing staff and DCHS school based staff</p> <p>(B) 100% coordination of care for all youth seen by DCHS school based staff and external primary care providers.</p> <p>2. 100% coordination of care toward acquisition of OHP or private insurance to help assure physical health care services for all “non insured” youth contacted by DCHS school staff.</p> <p>3. 100% coordination of care toward acquisition of primary health care services for all youth contacted jointly by DCHS school based staff and school nursing staff.</p>	
Early Assessment and Support Alliance (EASA)	<p>State of Oregon</p> <p>Multnomah County</p>	15-25 year old clients experiencing their	Emerging “Best Practices” approach for early intervention. Program provider wrap around clinical support developing skills	State of Oregon DHS, AMH	1. Decrease number of individuals with psychosis entering	<p>Expected outcomes:</p> <p>1. Eighty-five (85) individuals will</p>	<p>David Hidalgo</p> <p>Mult. Co. DCHS</p> <p>MHASD</p>

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	<p>Department of County Human Services (DCHS)</p> <p>Multnomah County Health Department (MCHD)</p> <p>Verity</p>	<p>first episode of psychosis.</p>	<p>and natural systems of support, utilizing integrated physical and behavioral health care through a multidisciplinary team and collaboration with MCHD.</p>	<p>FQHC</p>	<p>into traditional systems of care.</p> <p>2. Increase number of individuals with psychosis receiving physical health care services.</p>	<p>be served per year by EASA.</p> <p>2. (A) Two (2) “Un-Funded” or no OHP/no private insurance EASA enrolled clients a month enrolled into MCHD primary care services.</p> <p>(B) 100% of all “funded”/OHP/private insurance enrolled EASA clients enrolled in MCHD or private insurance primary care clinics as allowed by insurance coverage.</p>	<p>(503) 988-3076 ext. 83076</p>
<p>Federally Qualified Health Centers (FQHC)</p>	<p>Multnomah County Department of County Human Services (DCHS)</p> <p>Multnomah County Department of County Human Services (DCHS): Verity, Oregon Health Plan MHO</p> <p>Multnomah County Health Department (MCHD)</p> <p>NARA</p> <p>Central City Concern</p> <p>Family Care Inc.</p>	<p>All Medicaid clients presenting at MCHD health clinics and community based primary care clinics serving the indigent and homeless with symptoms of mental illness</p>	<p>Behavioral health consultants on staff at FQHC primary care clinics.</p>	<p>Verity MHO for enrolled Medicaid OHP clients</p> <p>Family Care Inc. for enrolled Medicaid clients</p> <p>DMAP for open card OHP clients</p> <p>IHB/IHA for Native clients</p> <p>FQHC</p>	<p>1. Integrated care, increase number of individual receiving mental health services at primary health clinics.</p>	<p>Expected outcomes:</p> <p>1. Target 50 Verity members served per month.</p>	<p>Susan Marie Mult. Co. Health Department (503) 988-3663 ext. 22661</p> <p>Joan Rice Mult. Co. DCHS MHASD (503) 988-5464 ext. 29597</p> <p>Susan Fillmore Family Care Inc. (503) 471-2123</p>
<p>Collaborative Approach to Complete Health (CATCH) Program</p>	<p>Multnomah County Department of County Human Services (DCHS)</p> <p>Multnomah County Department of</p>	<p>Medicaid enrollees and indigent receiving physical health care @ FQHC Clinic (Old Town Clinic)</p>	<p>Proactive Integrated MH, Addictions, PC, for Medicaid enrollees and the indigent and/or the homeless.</p> <p>Initiated behavioral health consultation model within the primary care clinic to increase compliance with medical</p>	<p>Verity MHO for enrolled Medicaid OHP clients</p> <p>CareOregon</p> <p>FQHC</p>	<p>1. % of women with pap smear & mammography done within timeframe of Jan ‘08 to Dec ‘08</p> <p>2. % of Diabetes</p>	<p>Expected outcomes:</p> <p>1. TBD</p> <p>2. 69%</p>	<p>Susan Marie Mult. Co. Health Department (503) 988-3663 ext. 22661</p> <p>Joan Rice Mult. Co. DCHS</p>

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	County Human Services (DCHS): Verity, Oregon Health Plan MHO Multnomah County Health Department (MCHD) CareOregon Central City Concern		interventions for diabetes, cancer screening and depression screening.		population with last BP < 130/80 3. % of Diabetes population with HbA1C in last 6 months 4. % of panel with PHQ-9 screen within last 12 months	3. TBD 4. TBD	MHASD (503) 988-5464 ext. 29597 Ann Blume CareOregon (503) 416-1723
Multnomah Co., Verity, CareOregon/Central City Concerns			Integrated MH, PC, Addictions care for the homeless				
Chemical Dependency	Allied & Family Care, Inc.		Integrated mental health and physical health within CD clinics engaging consumer in all services.				
Primary Care LPN's			Creating mental health practitioners in primary care offices.				
Providence ElderPlace Portland	Providence ElderPlace	Older adults	Increase availability and effectiveness of mental health care services for older adults in program. Assist in maintaining maximum levels of health and independence while reducing the need for acute hospitalization, nursing home placement, emergency room use and outpatient mental health/substance abuse clinic visits. Address SAMHSA RFA No SM-08-008 goal to "help communities provide direct services and build necessary infrastructure for meeting diverse mental health needs of older persons". Program designed to address gaps in the care delivery system.	SAMHSA offers up to \$414,400 every year for three years (Substance Abuse and Mental Health Services Administration)	Increase availability and effectiveness of mental health care services for older adults. Improved prescribing practices and quality of care for the elderly. Increase level of psychosocial functioning, quality of life satisfaction and decreased need for services. Assure elder care work force has sufficient knowledge and skills to manage older adults with mental		

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

					health/substance abuse issues in community-based settings.		
Native American Rehabilitation Association (NARA)		Native American population					
OHSU Richmond Clinic (International Psychiatric Program)		Southeast Asian population					
Outside In		Homeless youth					
Yakima Farm Workers Clinic		Migrant worker population					
Premier Living & Riverside Living							Deborah Thorsen (503) 947-5537
Increasing Coordination and Integration of Medical and Mental Health Services (CareOregon Project)	Multnomah County Department of County Human Services (DCHS): Verity, Oregon Health Plan MHO CareOregon LifeWorks	All CareOregon Medicaid clients presenting at behavioral health clinics with serious and persistent mental illness	Experienced nurse functioning in the mental health clinics	CareOregon Verity MHO for enrolled Medicaid OHP clients	1. 65% of the enrolled clients have an encounter with PCP within 12 months after enrollment if they have not seen a PCP within the previous 12 months	Expected outcomes: 1. (A) Increased # of PCP visits (B) Decrease Emergency Department utilization	Ann Blume CareOregon (503) 416-1723 Joan Rice Multnomah Co. DCHS MHASD (503) 988-5464 ext. 29597
Increasing Coordination and Integration of Medical and Mental Health Services (Kaiser Project)	Kaiser Cascadia Multnomah County Department of County Human Services (DCHS): Verity, Oregon Health Plan MHO Central City Concern LifeWorks	All Kaiser Medicaid clients presenting at behavioral health clinics with serious and persistent mental illness	Special needs care coordination at behavioral health clinics by a special needs care coordinator	Kaiser Verity MHO for enrolled Medicaid OHP clients	1. Increase coordination of care for Kaiser enrolled clients with serious and persistent mental illness	Expected outcomes: 1. (A) Increased % of documented coordinated services communication between behavioral health and physical health care service providers. (B) Increased % of compliance with prescribed client psychotropic medication regimes and associated labs. (C) Decrease Emergency Department utilization	

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

FamilyCare (FQHC & MHO)			Effects of Co-location of Practitioners (physical health and behavioral health) on Health Service Utilization and Care Coordination.		1. Will the utilization of outpatient behavioral health services be improved by the co-location of behavioral health practitioners in a physical health clinic? 2. Will the co-location of providers enhance the communication and coordination of care between the physical health and behavioral health providers?		
Chemical Dependence	Allied & Family Care, Inc.		Integrated mental health and physical health within CD clinics engaging consumer in all services.	Chemical Dependency	Allied & FC		
Providence, Elder Place Portland	Providence Elder Place	Older adults	Increasing availability and effectiveness of mental health care services for older adults in program. Assist in maintaining maximum levels of health and independence while reducing the need for acute hospitalization, nursing home placement, emergency room use and outpatient mental health/substance abuse clinic visits. Address SAMHSA RFA No SM-08-008 goal to “help communities provide direct services and build necessary infrastructure for meeting diverse mental health needs of older persons”. Program designed to address gaps in the care delivery system.	SAMHSA offers up to \$414,400 every year for three years (Substance Abuse and Mental Health Services Administration)	Increase availability and effectiveness of mental health care services for older adults. Improved prescribing practices and quality of care for the elderly. Increase level of psychosocial functioning, quality of life satisfaction and decreased need for services. Assure elder care work force has sufficient knowledge and skills to manage		

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

					older adults with mental health/substance abuse issues in community-based settings.		
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Polk County							
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Marion/Polk Community Health Plan/MCBCN			Creation of an integrated clinic to engage chronic pain patients in self-management, provide consultation to PCPs and specialized follow-up care for any behavioral health conditions				
MVBCN, Polk County Independent Physician Association			Pain clinic consultation				
Tillamook County							

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

Tillamook County Health Department, FQHC, Mid Valley Behavioral Care Network			Primary care consultation in CMHP				Frank Hanna-Williams
Umatilla County							
Lifeways, Inc.			Employ RNs in Ontario and Pendleton to communicate with primary care offices, exchanging information and referrals. Provide written information to physicians reminding them of our services and the referral process. Whenever we know that a physician has referred a patient to us and we have permission to contact them, clinicians are instructed to keep the doctor's office informed of the client's progress/involvement with treatment.				Deborah Thorsen (503) 947-5537
Union County							
Evergreen Vista							Deborah Thorsen (503) 947-5537
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Wallowa County							
Wallowa Valley Center for Wellness, personal care physician clinics in discussion stage.			PCP clinics collaborating with CMHP.	Private insurance, MHO/CMHP, Medicaid/DMAP			Stephen Kliewer (541) 426-4524

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

Washington County							
Mental Health/Primary Care (FQHC) Integration	Washington County, Virginia Garcia Clinic and LifeWorks NW	OHP, Low income and Hispanic	Mental health services provided at Virginia Garcia primary care clinics by LifeWorks NW	Private Insurance, Washington County MHO/CMHP, FQHC	Improve access to mental health services, prevention and treatment, and improved health outcomes.		Gil Munoz, CEO Virginia Garcia Clinic (503) 359-8503 Mary Monnat, CEO LifeWorks NW (503) 645-3581 Kristin Burke, Adult Program Coordinator, Washington County (503) 846-4563
Older Adult Mental Health Consultation Providence Primary Care Clinics	Washington County, LifeWorks NW, Providence Primary Care	Older Adults presenting in Primary Care with Mental Health or Addiction issues	Geriatric mental health specialist at Providence primary care clinic	Washington County MHO/CMHP	Improve access to mental health services, prevention, and treatment and improved health outcomes		Kristin Burke, Adult Program Coordinator, Washington County (503) 846-4563
Integrated Co-existing Disorder Treatment in Community Mental Health outpatient clinics	Washington County, LifeWorks, Luke Dorf	OHP and uninsured	Integrated Co-existing Disorder Treatment at LifeWorks, Cascadia and Luke Dorf sites	Washington County MHO/CMHP	To provide effective, evidence-based, integrated treatment		Kim Burgess, Community Mental Health Program Director, Washington County (503) 846-4552
Mental Health Treatment In School-Based Health Center (Tigard/Tualatin School District)	Washington County, Virginia Garcia and LifeWorks NW	All Students	Mental Health screening, brief intervention, referral and care coordination sited in School-Based Health Center	Private Insurance, Washington County MHO/CMHP, FQHC	Improved access to mental health services, prevention, and treatment and improved health outcomes		Gil Munoz, CEO Virginia Garcia Clinic (503) 359-8503 Mary Monnet, CEO LifeWorks NW (503) 645-3581 Jill Archer, Child and Family Program Coordinator, Washington County (503) 846-4571
Joint Performance Improvement Project	Washington County MHO, Tuality Health Alliance and Providence Health Plan	Washington County MHO members who have received 2 or more services encounters with a	Address the issue of exchange of clinical documentation across care systems. Addresses the following question: Does an initial exchange of clinical documentation from mental health providers to primary care providers	Washington County MHO FCHPs (THA and PHP)	Promote quality of care for OHP members through improved communication and exchange of clinical	Expected outcomes: (a) Increase in the number and percentage of mental health records with documentation from a primary care provider and (b) increase in the number and percentage of primary	Jim MacLeod, Quality Improvement Program Coordinator, Washington County (503) 846-4554

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

		contracted mental health provider and who are enrolled with either THA or PHP.	contribute to subsequent exchanges of information from the primary care provider back to the mental health provider?		documentation between mental health and primary care providers.	care records with documentation from a mental health provider.	
Diabetes Education – Community Mental Health outpatient sites	Eli Lilly, Tuality Health Alliance, Washington County	Seriously and Persistently Mentally Ill adults with Diabetes	Diabetes education for mental health providers and clients	Eli Lilly	Improved health outcomes amongst the mentally ill.		Jim MacLeod, Quality Improvement Program Coord., Washington Co. (503) 846-4554
Wheeler County							
Yamhill County							
Harmony Living							Deborah Thorsen (503) 947-5537
Enhanced Care Outreach Services (ECOS)			Comprehensive, structured mental health services to ECS-eligible individuals living in Senior and People with Disabilities-licensed (SPD) facilities within the community. The range of therapeutic behavioral services available for ECOS individuals includes: assessment, counseling, skill-building, community outings, psychiatric medication management, 24-hour crisis services and provider consultation.		Provide support for individuals so they can live successfully in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit.	Reduced use of nursing homes and geropsychiatric inpatient services.	
Child Team, Mid Valley Behavioral Care Network			Once a week screening contact with the largest pediatric group practice.				Chris Johnson (503) 434-7523
Adult, Mid Valley Behavioral Care Network			Bilingual therapist out stationed one half day a week at Virginia Garcia Medical Center.				Chris Johnson (503) 434-7523
Adult Program, Mid Valley Behavioral Care Network			Meets monthly with social work staff from the two private hospitals in the county to work on coordination.				Chris Johnson (503) 434-7523

CURRENT STATEWIDE INTEGRATION PROJECTS/ACTIVITIES

CPs get noticed			On our interventions for all patients receiving medication management from county programs.				Chris Johnson (503) 434-7523
School Based Health Clinic			School Based Health Clinic in Willamina has a half time mental health counselor.				Dawn Cottrell (503) 434-7462