Oregon Rural and Frontier Health Facility

LISTENING TOUR

IMPROVING THE QUALITY, AVAILABILITY AND ACCESSIBILITY OF HEALTH CARE FOR RURAL OREGONIANS
The Oregon Office of Rural Health (ORH) coordinates a Listening Tour of rural and frontier health facilities to discuss and share challenges, and to encourage partner collaboration to address solutions. This report presents an overview of the common issues heard during the 2017 Listening Tour, including a focus on the behavioral health system and challenges.

More detail, including current partner activities to address challenges, is available at the ORH website at: www.ohsu.edu/orh

The 2017 Rural and Frontier Listening Tour report was made possible with funding from the Oregon Rural Health Association (ORHA) Foundation and support by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Rural Hospital Flexibility and State Offices of Rural Health Grant programs.
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*Does not include the primarily urban counties of Multnomah and Washington
Adventist Tillamook Regional Medical Center, Tillamook
Adventist Tillamook Medical Group, Bay Ocean, Estacada, Hoodland, Lincoln City, Manzanita, Pacific City, Tillamook and Vernonia
Asante Ashland Community Hospital, Ashland
Asante Physician Partners Family Medicine, Ashland
Ashland Anesthesia Associates, Ashland
Ashland Family Health Care, Ashland
Ashland Neurosurgery, Ashland
Ashland Orthopedic Associates, Ashland
Bearcreek Medical Plaza, Ashland
Blue Mountain Hospital, John Day
CHI Mercy Medical Center, Roseburg
Coast Community Health Center, Bandon
Columbia River Women’s Center, The Dalles
Curry Family Medical, Port Orford
Curry General Hospital, Gold Beach
Evergreen Family Medicine, Roseburg
Evergreen Family Medicine South, Myrtle Creek
Good Shepherd Medical Center, Hermiston
Good Shepherd Medical Group and Gifford Medical, Hermiston
Harney District Hospital, Burns
Harney District Hospital Family Care Clinic, Burns
Lake District Hospital, Lakeview
Lake Health Clinic, Lakeview
Legacy Medical Group, Firwood, Mt. Angel, Silverton, St. Helens and Woodburn
Long Prairie Clinic, Tillamook County Jail, Tillamook
Medical Eye Center, Medford
Mid-Columbia Medical Center (MCMC), The Dalles
MCMC Family Medicine, The Dalles
MCMC Pediatrics, The Dalles
Office of Wendy L. Schilling, MD, Ashland
OHSU Family Medicine, Scappoose
One Community Health, Hood River
PeaceHealth Cottage Grove Community Medical Center, Cottage Grove
PeaceHealth Medical Group, Dexter
Pine Eagle Clinic, Halfway
Providence Hood River Memorial Hospital, Hood River
Rollins Family Health, Ashland
Salem Health West Valley, Dallas
Southern Coos Hospital & Health Center, Bandon
Stone Medical, PC, Ashland
Strawberry Wilderness Community Clinic, John Day
Valley Plastic Surgery, Talent
Water’s Edge Internal Medicine Clinic, The Dalles
Willamette Valley Medical Center, McMinnville

BETWEEN JULY 19 AND NOVEMBER 6, 2017, 56 RURAL AND FRONTIER HEALTHCARE FACILITIES PARTICIPATED IN THE LISTENING TOUR. THEY INCLUDED:

10 Critical Access Hospitals (CAHs)
2 Type B Hospitals (50 and fewer beds)
2 Type C Hospitals (more than 50 Beds)
2 Federally Qualified Health Centers (FQHCs)
28 Rural Health Clinics (RHCs)
11 Rural Clinics
1 Jail Clinic
Facility participants were asked to choose which partners and representatives they would like the Oregon Office of Rural Health to bring to their visit. Thank you to the 25 partners who participated in this year’s Listening Tour.

Thank You
Participating Partners

Columbia Pacific Coordinated Care Organization/Greater Oregon Behavioral Health, Inc. (CPCCO/GOBHI)
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This year’s report was written in collaboration with the Oregon Health Authority’s Health Policy and Analytics and Health Systems Divisions.

Thank you to: Jackie Fabrick, Behavioral Health Policy Analyst, Office of Health Policy and Analytics
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INTRODUCTION

34.9% of Oregon’s population lives in rural and frontier communities.

The Oregon Office of Rural Health (ORH) defines rural as any geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more.

Frontier counties are defined as those with six or fewer people per square mile. ORH has identified 10 of Oregon’s 36 counties as frontier.

For more information on definitions of rural and frontier, visit our website at: www.ohsu.edu/orh
What is Rural and Frontier?

Safety Net Facilities in Rural and Frontier Oregon

LEGEND

- Urban Areas
- Rural Areas (10 or more miles from 40,000 or more)
- Frontier Counties (6 people per square mile or fewer)
- Rural Health Clinics (RHC-81)
- Federally Qualified Health Centers (FQHC-74)
- Tribal Clinics (11)
- Critical Access Hospitals (CAH-25)

3/5/2018
Key Areas for Advocacy

“Political solutions are not policy solutions.”
— CHIEF EXECUTIVE OFFICER OF A RURAL HOSPITAL

Due to the Centers for Medicare and Medicaid Services (CMS) continually narrowing definitions, Critical Access Hospitals (CAHs) are at risk of losing their federal designation. Without CAH designation and reimbursement, these hospitals will close ................................................................. 9

State population-based funding formulas are not sufficient or equitable for rural and frontier service providers and prevent providers from paying for the necessary staff. Consideration of rural versus frontier versus urban cost factors and variables, such as geography and availability of public transportation, is needed........................................................................................................... 9

Facilities request advocacy for reimbursement reform. Current physician-based reimbursement is not aligned with team-based care models........................................................................................................................................... 11

There is a lack of information available about the authority, organizational structure, and roles of the providers responsible for the delivery and reimbursement of behavioral health care .............................................................................................................. 12

There are significant gaps in access to behavioral health and addiction services, including residential treatment programs in rural and especially frontier communities.............................................................................................................. 12-13

Payment reform is needed to integrate and adequately reimburse behavioral health care services at all points in the system in order to improve patient access, care and treatment .............................................................................................................................. 13
The Changing Landscape of Healthcare

The 2017 Listening Tour began as the nation was debating what the future might hold for the Affordable Care Act. At the same time, the Oregon Legislature grappled with the implications of the changing national landscape, along with budget limitations and questions about the direction of Oregon’s Coordinated Care Organizations (CCOs).

How health care is provided is changing alongside the larger conversation about the future of health care. With small patient volume and funding based on population, rural and frontier health care voices can seem diminished. 2017 reminded many that these places may be at a geographic distance from urban centers, but they are central to the issues that need attention in all of Oregon’s communities.

Unlike their urban counterparts that tend to have higher numbers of both providers and staff, rural and frontier providers meet these challenges by taking on a variety of roles - a primary care physician who is also the Emergency Medical Services director and moonlights in a neighboring town’s Emergency Room on weekends, a Nurse Practitioner who manages a clinic and applies for grants during lunch; a Chief Executive Officer who describes the challenges of recruiting physicians at the rotary club pot-luck.

Fifty-six health care facilities discussed their current challenges. The most common were: practice sustainability, workforce, housing and behavioral health services.

Practice Sustainability

Critical Access Hospitals are at risk of losing their federal designation
Changes in population growth, commuting patterns, system expansion and CMS’ designation definitions are putting Oregon’s CAHs at risk of losing their CAH designation. For all CAHs that were not designated or grandfathered in as Necessary Provider, this means they are at continual risk for losing their designation, without which most would be forced to close.

Current population-based funding formulas are not sufficient or equitable in rural and frontier areas
Current county and state population-based funding formulas are detrimental to rural and frontier, low population areas and do not consider the other costly requirements of work in these areas. As a result, rural and frontier facilities and agencies are unable to fund the necessary staffing levels in order to meet uniform state requirements and regulations.

Consideration and standardization of rural, frontier and urban variables is needed to create funding formulas that enable equitable services in all regions in Oregon. For example, rural and frontier cost factors may include: remote health information technology (HIT) infrastructure, the number of staff needed to cover distance...
and terrain to reach patients, levels of unmet primary health care need, and the availability of public transportation for accessing care.

**Viability of the small, independent practice**
Small independent practices noted that they serve high percentages of Medicaid patients and are important points of access for rural and frontier communities. They expressed concerns about sustainability due to costly practice requirements and regulations, high overhead costs (as compared to larger facilities that can create economies of scale), and insufficient Medicaid reimbursement. The most frequently cited challenge was the cost of implementing a quality Electronic Health Record (EHR) as a solo or small, independent practice.

**Available and Affordable Housing**

“I owe a house; I’d like to own a house.”
—FAMILY PRACTICE PHYSICIAN AT A CRITICAL ACCESS HOSPITAL

The lack of affordable housing impacts a facility’s ability to:

- Recruit providers, exacerbating workforce shortages;
- Coordinate care for patients whose housing difficulties can impact their access to healthcare or adherence to care plans.

Listening tour participants described working more with community partners (school systems, housing authorities and local business leaders) to find new ways to address the social determinants of health, such as housing and food insecurity, that are impacting the continuum of care. Facilities noted the lack of funds Medicare and Medicaid are spending on these services and suggested rural and frontier communities with their smaller population and patient volumes are a unique environment to test innovative care model programs.

**Workforce Challenges**

“I’ve never seen a Chief Nursing Officer pull a shift to do a delivery before...”
—NURSE ANESTHETIST AT A CRITICAL ACCESS HOSPITAL

Provider, staff and leadership shortages continue to impact rural and frontier health care facilities statewide. At a state level, incentive programs such as provider tax credits, loan repayment and tuition reimbursement, remain valuable. (More information on Oregon’s incentive programs is available on page 56.) Facilities shared their strategies, including financial incentives for employees to pursue career advancement through education, and engaging the community by presenting at local events on the challenges and efforts to recruit and retain providers.

Facilities described the cascading impacts of workforce shortages, specifically:

- High leadership and administration turnover has resulted in high provider turnover. There is a need to focus on leadership retention as well as provider retention.
• The catch-22 of being dependent on expensive traveler providers to fill staffing gaps. This can have a detrimental impact on permanent staff’s morale and retention due to better shifts and pay for traveler providers.

• The impact provider retention has on patient care. It can take providers time to build trusting relationships with patients—especially those that may have had minimal care previously or those with distrust toward medical providers.

Clinics continue to ask for advocacy for reimbursement reform as a crucial part of being able to staff for team-based care. The current physician-based reimbursement models leave clinic work and payment misaligned.

The Oregon health care provider licensing process continues to be a significant barrier to recruitment. Many facilities would like Oregon to participate in interstate compacts, specifically the nursing compact, and cross jurisdictional licensing.

Finally, many facilities described the role of HIT in recruiting providers. As one CEO noted, “One of the first questions we are asked by providers we are trying to recruit is ‘What EHR are you on?’”
Authority, Responsibility & Coordination

“It feels like an arm wrestle between the county and the contracted [behavioral health] service provider.”
—CHIEF NURSING OFFICER AT A CRITICAL ACCESS HOSPITAL

Facilities described a lack of information about the authority and roles of the various providers responsible for behavioral health care. Relationships and coordination varied; some facilities praised their community mental health provider (CMHP) while some had no information on how to contact their CMHP. However, all facilities expressed concern about the lack of clarity in roles, specifically the county versus the CMHP versus the facility. Further, each county’s service model varies based on factors such as the amount of funding the county receives, how the local mental health authority (LMHA) is structured and who they contract with, and who the CCO contracts with and will pay for services.

The lack of transparency and clarity is creating confusion and, as a result, delays and gaps in care. Authority and responsibility for legally sensitive aspects of care do not always lie with the same organization. This was frequently illustrated when hospitals talked about lengthy Emergency Department (ED) mental health holds. Hospitals described custody extensions (following an initiating hold) as a compliance challenge when dependent on the county and CMHP for patient management. Practitioners are worried about their licenses as they often are left to their own judgment regarding patient rights versus safety.

Access & Integration Barriers

Facilities described the lack of access to behavioral health care, especially frontier facilities that face greater distances for referral and residential services. This included:

Long wait times for patients to see a referred specialist
In some cases facilities cited wait times of 6 months due to a lack of regional providers and a lack of providers that will accept Medicaid patients.

A shortage of providers
Facilities and CMHPs noted difficulties recruiting behavioral health providers, compounded by payers reimbursing behavioral health providers at higher licensed levels.

A lack of pediatric, adolescent and geriatric services
Many facilities described increases in pediatric, adolescent and geriatric behavioral health patients and a respective lack of services and residential beds.

“The current model for behavioral health services is payment-centric rather than patient-centric.”
—VICE PRESIDENT OF PHYSICIAN AND CLINIC SERVICES AT A CRITICAL ACCESS HOSPITAL ON THE CHALLENGE OF PROVIDING PRIMARY CARE BEHAVIORAL HEALTH SERVICES

“Behavioral Health” is defined as mental health, mental illness, addiction disorders, and substance use disorders.
—OREGON HEALTH AUTHORITY BEHAVIORAL HEALTH SERVICES ADMINISTRATIVE RULEBOOK CHAPTER 410, DIVISION 172
The lack of residential facilities regionally, including substance abuse treatment
Crisis scenarios can be complicated by how quickly an inpatient bed can be secured. Access to acute care beds and timely patient transfers continue to be a challenge, resulting in the patient’s increased length of stay in the ED. Even when a residential facility is nearby, it was noted that the lack of beds meant that local patients often weren’t admitted.

The Oregon Legislature directed the OHA to commission a study on the boarding of patients with mental illness in EDs while they wait for a bed in an appropriate setting. The report is available at www.ohsu.edu/xd/outreach/oregon-rural-health/resources/rural-frontier-listening-tour/upload/OHA-Psychiatric-ED-Boarding-Full-Report-Final.pdf

Please see the map on page 62 for Oregon’s hospitals with certified acute care/hold capacity.

Lack of integrated Electronic Health Records
Facilities noted that EHRs often are not or can not be shared between the facility and CMHP, complicating coordinated care.

“Behavioral Health” is defined as mental health, mental illness, addiction disorders, and substance use disorders.
— OREGON HEALTH AUTHORITY BEHAVIOR HEALTH SERVICES ADMINISTRATIVE RULEBOOK CHAPTER 410, DIVISION 172

Funding Model & Reimbursement

“We need a fundamental change to the Oregon Health Plan (OHP) to bring the physical and behavioral health funding streams together.”
— PHYSICIAN AT A RURAL HEALTH CLINIC

Facilities described the challenges of providing integrated care when the funding is siloed for physical and behavioral health:

Inadequate reimbursement for behavioral health services
Facilities noted that behavioral health care is not fully recognized as part of primary care with regard to billing codes. Reimbursement provided for OHP patients does not reflect the actual cost of providing care. The limited reimbursement doesn’t enable facilities to hire enough staff to match patient demand.

Funding carve-outs that limit patient access to care
The funding for behavioral health varies by county and CCO. While some CCO models were complimented, others were criticized for using a single source payment model, which only reimburses the CMHP for behavioral health services. One clinic estimated that 70% of their primary care visits have a behavioral health component but their CCO doesn’t pay for these services. Many clinics expressed concern that their behavioral health services are going unpaid and will not be sustainable. In general, facilities expressed concern that single source funding:

- Impedes communication between agencies and creates competition rather than collaboration,
- Doesn’t pay providers at all of the points of care in the system. As a result, patient care opportunities may be missed, which can result in patients not receiving the comprehensive services they need.

A recent evaluation of Oregon’s Medicaid 2012–2017 Waiver reported that billing restrictions and regulations created challenges with funding integrated physical and behavioral health care services. The authors recommend that the State inventory these billing restrictions in order to promote reform. The report can be accessed at: www.oregon.gov/oha/HPA/Analytics/Pages/Evaluation.aspx
OREGON’S BEHAVIORAL HEALTH SYSTEM

Many examples were given during the Listening Tour of difficult scenarios that prevented providers from being able to deliver the appropriate level of behavioral health care, or kept patients in settings not intended for long-term use. The lack of information available about the authority, organizational structure, and roles of the providers responsible for the delivery and reimbursement of behavioral health care complicated these scenarios.

To begin to address this issue, the following section provides a basic overview of Oregon’s behavioral health system based on information made available.
Oregon’s Vision

Oregon’s health system transformation is built on a vision of integrated physical, behavioral and oral health services.

Health system transformation, initiated by House Bill (HB) 3650 in 2011 and affirmed by Senate Bill 1580 in 2012, established a new model of health care delivery for the Oregon Health Plan (OHP) that coordinates and integrates physical, behavioral, and oral health within a Coordinated Care Organization (CCO).

HB 3650 maintains the importance of the responsibilities of counties (Oregon Revised Statutes (ORS) 430.620) to operate community mental health programs (CMHPs).

The Role and Responsibilities of the Oregon Health Authority

The Oregon Health Authority (OHA) is responsible for directing, promoting and coordinating all activities related to behavioral health (mental health and substance use disorder) services in Oregon (ORS 430.021).

The OHA is responsible for licensing and certifying behavioral health outpatient and residential providers that receive Medicaid funds.

The OHA’s vision is a system that:

- Is coordinated, seamless and treats the whole person at the right time and place.
- Puts the individual and their support system at the center of care.
- Integrates behavioral health with physical and oral health.
- Focuses on early intervention, health promotion and prevention.
- Is community focused – systems and stakeholders come together to identify priorities and solutions specific to their community.
The Role and Responsibilities of the County

Each of Oregon’s 36 counties is responsible to act as the local mental health authority (LMHA) in order to provide essential behavioral health services (ORS 430.630). These include:

- Mental health safety net services;
- Mental health crisis services;
- Services for persons at risk of entering or transitioning from the Oregon State Hospital;
- Community-based specialty services;
- Care coordination of residential services.

The LMHA is responsible for designating a community mental health program (CMHP) and for developing a local plan for behavioral health in the county (ORS 430.630).

The Role and Responsibilities of the Community Mental Health Program

A CMHP is an organization that provides services for individuals with a mental health diagnosis or addictive disorders. It is operated by or contractually affiliated with a LMHA in a specified geographic area of the state under an agreement with the OHA.

The CMHP is responsible for:

- Providing screening and evaluation services;
- Providing basic, advanced and placement services;
- Providing crisis stabilization;
- Providing vocational, social and transitional services for continuity of care.

These programs are certified by OHA. These programs are governed by OARs 309-008-0100 through 309-008-1600, 309-014-0000 through 309-014-0040 and 0300 through 0340, 309-033-0970, 309-019-0000 through 309-019-0220 and if applicable 309-019-0225 through 309-019-0320.

See each county page for information on the CMHP.

The Role and Responsibilities of the Coordinated Care Organization

Behavioral health services are the responsibility of the CCO for Medicaid/OHP patients (ORS 414.625 and 414.651). The CCO may contract with providers to provide behavioral health services, including with the CMHP.

Currently each CCO service area must have a written agreement between the CCO and CMHP (ORS 414.153), with the following:

- Agreed upon outcomes;
- Description of the authorization and payments necessary to maintain the mental health safety net system;
- Description of the management of the LMHA responsibilities, with respect to the service needs of members of the CCO.

See each county page for information about CCOs serving that county.
Outpatient Behavioral Health Programs provide non-residential services for persons in the community who are experiencing mental health, substance use or problem gambling disorders. Outpatient programs may provide one or all service types. The map shows five types of facilities certified by OHA. Not shown here are additional access points such as OTPs (see each county page) or the 33 PCPCHs that have attested to providing integrated behavioral health services.
<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>DESIGNATION TYPE AND CRITERIA</th>
<th>SERVICES REQUIRED</th>
<th>OREGON SPECIFICS</th>
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<tbody>
<tr>
<td><strong>CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)</strong></td>
<td>CCBHCs provide a comprehensive range of addiction and mental health services to vulnerable individuals. Services provided are intended to stabilize people in crisis, provide treatment, and to integrate services to ensure recovery and wellness. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.</td>
<td>• Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization; • Screening, assessment and diagnosis including risk management; • Patient-centered treatment planning; • Outpatient mental health and substance use services; • Primary care screening and monitoring; • Targeted case-management; • Psychiatric rehabilitation services; • Peer support, counseling services, and family support services; • Services for members of the armed services and veterans; • Connections and contracts with other providers and systems; (criminal justice, foster care, child welfare, education, primary care, hospitals, etc.)</td>
<td>Oregon is 1 of 8 participating states. The demonstration began in 2017 and has 12 CCBHCs. See Behavioral Health Outpatient Programs Map on page 17.</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH AND/OR SUBSTANCE ABUSE PROGRAMS (MH/SA)</strong></td>
<td>MH/SAs provide services for persons in the community who are experiencing mental health, substance use or problem gambling disorders. They may provide one or all service types. These programs are certified by OHA. These programs are governed by OARs 309-008-0100 through 309-008-1600 and 309-019-0100 through 309-019-0220.</td>
<td>Provide services based on an individualized assessment and plan and may include: • Psychosocial habilitation and rehabilitation; • ADL/IADL skills training; • Personal care and support services; • Medication management services; • Behavioral management services; • Transportation to and from treatment and recovery-oriented activities; • Employment or educational supports; • Parenting education; • Case management, outreach and engagement; • Education about strategies to promote wellness and recovery. • Peer-to-peer services, mentoring or coaching.</td>
<td>See Behavioral Health Outpatient Programs Map on page 17.</td>
</tr>
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<td><strong>PATIENT CENTERED PRIMARY CARE HOME (PCPCH)</strong></td>
<td>Established by the Oregon Legislature in 2009, PCPCHs are health care clinics that have been recognized by OHA for their commitment to providing high quality, patient-centered care. They focus on prevention, wellness and management of chronic conditions.</td>
<td>There are five tiers of recognition for PCPCH clinics, with the highest being Tier 5 (5 STAR). Tiers are based upon the following attributes:  - Access to care  - Accountability  - Comprehensive  - Continuity  - Coordination and integration  - Patient and family-centered</td>
<td>More than 635 primary care clinics are recognized as PCPCHs in 35 out of 36 Oregon counties.</td>
</tr>
<tr>
<td><strong>OPIOID TREATMENT PROGRAMS (OTP)</strong></td>
<td>OTPs are comprehensive substance use disorder (SUD) treatment programs that offer daily dispensing of full and partial agonist opioids (methadone and buprenorphine) for the treatment of opioid use disorder (OUD). Enrolled individuals participate in medication assisted treatment (MAT) for as long as needed to benefit and achieve stability. OTPs are empirically proven to reduce criminality, infectious disease spread, and increase retention in treatment.</td>
<td>OHA certifies 16 of these programs; the 17th is located on Federal property at the VA Medical Center in Portland, and is not required to have State certification to operate. These programs are governed by OARs 309-008-0100 through 309-008-1600 and 415-020-0000 through 415-020-0090.</td>
<td>9 of the OTP programs are in the Portland metro area. See the county pages for a list of OTPs. Approximately 540 MDs, DOs, NPs and PAs are federally certified to prescribe buprenorphine in an office based opioid treatment setting (OBOT); however, only approximately 30-35% of practitioners with this certification provide services.</td>
</tr>
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| • Dispensing of approved opioid agonist medications;  
| • Individual group, or family counseling;  
| • Information and training in parenting skills;  
| • HIV, AIDS, tuberculosis, sexually transmitted diseases, and other infectious disease information;  
| • Completion of HIV, TB, STD risk assessment within 30 days of admission;  
| • Relapse prevention training; and  
| • Prenatal care for pregnant patients. |
## Types of Behavioral Health Programs: Residential

### Adult Foster Homes (AFH)

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| AFHs are community-based 24-hour residential treatment homes for adults. They are designed to maintain the individual's access to the community, and promote their independence, choice, and decision making while providing a safe, secure, homelike environment. | These facilities are licensed by OHA. These facilities are governed by OAR 309-040-0300 through 309-040-0455. | Services are based on an individualized mental health assessment and plan and may include:  
- Psychosocial habilitation and rehabilitation;  
- ADL/IADL skills training;  
- Personal care and support services;  
- Medication management services;  
- Behavioral management services. | There are 123 AFHs in Oregon. 98 of these are in 18 rural and frontier communities. 16 rural and frontier counties do not have an AFH. |

### Youth Psychiatric Residential Treatment Services (PRTS)

| YOUTH SUBACUTE PSYCHIATRIC CARE | Subacute providers are 24-hour intensive mental health services and supports provided in a secure setting to assess, evaluate, stabilize, or resolve the symptoms of an acute episode that occurred as the result of a diagnosed mental health condition. | State and Federal Certification:  
These facilities are certified by OHA, maintain a license from DHS as a child caring agency, and meet federal requirements for a psychiatric treatment facility.  
These facilities are governed by OARs 309-008-0100 through 309-008-1600 and 309-022-0100 through 309-022-0230. | Provide services on a 24-hour basis which include, at a minimum:  
- Daily psychiatric nursing as needed;  
- Regular group, family, and individual therapy as needed;  
- Ongoing medication management and psychiatry. | All youth who access PRTS must be offered either intensive care coordination or wraparound from the CCO. Oregon currently has 3 PRTS providers. |
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<tr>
<td><strong>ADULT RESIDENTIAL TREATMENT HOME (RTH)</strong>&lt;br&gt; 5 OR FEWER RESIDENTS</td>
<td>RTHs and RTFs are community-based 24-hour residential treatment for adults with serious mental illness. Individuals participate in an individualized assessment of strengths and treatment needs to determine the most appropriate level of care. From this assessment, an individualized treatment plan and an individualized recovery plan are developed. These plans outline the services and supports to be provided in the residential setting.</td>
<td><strong>State Licensed:</strong>&lt;br&gt; These facilities are licensed by OHA.</td>
<td>Services are based on an individualized mental health assessment and plan and may include:&lt;br&gt; - Psychosocial habilitation and rehabilitation;&lt;br&gt; - ADL/IADL skills training;&lt;br&gt; - Personal care and support services;&lt;br&gt; - Medication management services;&lt;br&gt; - Behavior management services.&lt;br&gt; If substance use disorder services are available:&lt;br&gt; - Substance use disorder treatment;&lt;br&gt; - Support and access to self-help recovery groups;&lt;br&gt; - Referral to other substance use disorder treatment resources as clinically appropriate.</td>
<td>See each county page for a list of RTHs and RTFs.</td>
</tr>
<tr>
<td><strong>ADULT RESIDENTIAL TREATMENT FACILITY (RTF)</strong>&lt;br&gt; 6-16 RESIDENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECURE RESIDENTIAL TREATMENT FACILITIES (SRTFS)</strong>&lt;br&gt; 6-16 RESIDENTS</td>
<td>SRTFs provide 24-hour secure, residential, intensive psychiatric treatment by restricting a resident’s exit from the facility or its grounds through the use of approved locking devices on resident exit doors, gates or other closures.</td>
<td><strong>State Licensed:</strong>&lt;br&gt; These facilities are licensed by OHA. These facilities are governed by OAR 309-035-0100 through 309-035-0225.</td>
<td>Provide services on a 24-hour basis. Services are based on an individualized mental health assessment and plan and may include:&lt;br&gt; - Psychosocial habilitation and rehabilitation;&lt;br&gt; - ADL/IADL skills training;&lt;br&gt; - Personal care and support services;&lt;br&gt; - Medication management services;&lt;br&gt; - Behavior management services;&lt;br&gt; - Educational services;&lt;br&gt; - Regular skills training.</td>
<td>See each county page for a list of SRTFs.</td>
</tr>
<tr>
<td><strong>THE SECURE CHILDREN’S INPATIENT PROGRAM (SCIP)</strong>&lt;br&gt; AGE 13 OR YOUNGER</td>
<td>SCIP and SAIP are 24-hour residential campus, therapeutic programs. SAIP includes secure forensic mental health treatment for youth who are court mandated for restorative services, for Oregon Youth Authority crisis and petition admissions, and for the Juvenile Psychiatric Security Review Board.</td>
<td><strong>State and Federal Certification:</strong>&lt;br&gt; These facilities are certified by OHA, maintain a license from DHS as a child caring agency, and meet federal requirements for psychiatric treatment facility.&lt;br&gt; These facilities are governed by OARs 309-008-0100 through 309-008-1600 and 309-022-0100 through 309-022-0230.</td>
<td>SCIP/SAIP providers offer:&lt;br&gt; - 24 hour supervision in a secure environment;&lt;br&gt; - 24 hour access to nursing and psychiatric nursing;&lt;br&gt; - Psychiatry and medication management as needed, as well as monthly for treatment plan review;&lt;br&gt; - Ongoing family, individual, and group therapy as recommended by psychiatrist;&lt;br&gt; - Daily skills training.</td>
<td>Oregon contracts for one provider to provide SCIP/SAIP services statewide. SCIP and SAIP are offered on different campuses. OHA provides the initial approval for SCIP and SAIP and makes the final determination for intake and discharge.</td>
</tr>
<tr>
<td><strong>THE SECURE ADOLESCENT INPATIENT PROGRAM (SAIP):</strong>&lt;br&gt; AGE 14 TO 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
COUNTY OVERVIEW:
Baker

Key Statistics

POPULATION
Population below Poverty Level (2016): ........................................ 17.6% ..................... 13.4%
Total OHP Eligibles (Oct 2017): ............................................... 28.8% ..................... 25.1%
Medicare Enrollees (Oct 2017): ........................................... 29.4% ..................... 19.9%
Unemployment (2016): ......................................................... 6.4% ..................... 4.9%
Uninsurance (2014): ............................................................ 2.8% ................. 5.6%
Mental Health Professional Shortage Area: ........................... Yes ..................... N/A

MORTALITY AND PREVALENCE
Alcohol Induced Mortality (2011-2015): ..................................... 29.7 per 100,000 ... 17.96 per 100,000
Suicide Mortality (2011-2015): .............................................. 24.7 per 100,000 ... 17.54 per 100,000
Opioid Related Deaths (2012-2016): .................................... N/A ..................... 6.6 per 100,000
All Drug Related Deaths (2012-2016): .................................. 12.5 per 100,000 ... 9.6 per 100,000
Adults who have depression (self-reported): (2012-2015): ...... 23.9% ..................... 25.2%

UTILIZATION
Emergency Department MHSA visits: (2015-2016): ............... 10.4 per 1,000 ....... 15.6 per 1,000
OHP claims for depression disorder (FY2016-2017): .............. 7.7% ..................... 6.3%
OHP claims for any behavioral health disorder (FY2016-2017): ... 25.4% ..................... 23.0%
OHP claims for any mental illness disorder (FY2016-2017): ...... 21.9% ..................... 19.7%
OHP claims for any substance use disorder (FY2016-2017): ...... 8.3% ..................... 5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: New Directions, Northwest, Inc.
Behavioral Health Director: Shari Selander
General Access Line: 541-523-3646 | Crisis Line: 541.523.3646 (8am -5pm) 541.519.7126 (after hours)
www.newdirectionsnw.org

COORDINATED CARE ORGANIZATION: Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson

Residential Treatment Facilities

ALCOHOL & DRUG CORRECTIONAL
Powder River
Alternative Incarceration Program .......... 204

ALCOHOL & DRUG
Elkhorn Adolescent Treatment Center .......... 24
New Directions Northwest
Recovery Village ...................................................... 30
New Directions Northwest Baker House ...... 24
Key Statistics

**POPULATION**
Benton Oregon
Population below Poverty Level (2016): 18.4% 13.4%
Total OHP Eligibles (Oct 2017): 16.7% 25.1%
Medicare Enrollees (Oct 2017): 17.1% 19.9%
Unemployment (2016): 3.9% 4.9%
Uninsurance (2014): 4.8% 5.6%
Mental Health Professional Shortage Area: Low Income/Migrant N/A

**MORTALITY AND PREVALENCE**
Alcohol Induced Mortality (2011-2015): 11.90 per 100,000 17.96 per 100,000
Suicide Mortality (2011-2015): 13.64 per 100,000 17.54 per 100,000
Opioid Related Deaths (2012-2016): 4.6 per 100,000 6.6 per 100,000
All Drug Related Deaths (2012-2016): 6.2 per 100,000 9.6 per 100,000
Adults who have depression (self-reported): 21.0% 25.2%

**UTILIZATION**
Emergency Department MHSA visits (2015-2016): 14.2 per 1,000 15.6 per 1,000
OHP claims for depression disorder (FY2016-2017): 6.6% 6.3%
OHP claims for any behavioral health disorder (FY2016-2017): 26.0% 23.0%
OHP claims for any mental illness disorder (FY2016-2017): 22.9% 19.7%
OHP claims for any substance use disorder (FY2016-2017): 5.1% 5.7%

Residential Treatment Facilities

**ALCOHOL & DRUG**
Capacity
Milestones Family Recovery Nonprofit, Inc. YES House 31
Milestones Family Recovery Nonprofit, Inc. Women’s Residential 15

**RESIDENTIAL TREATMENT FACILITY**
Mental Health Association of Benton County Janus House 13

**RESIDENTIAL TREATMENT HOME**
Sequoia Creek 5
Lewisburg 3

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Benton County Mental Health Department
Behavioral Health Director: Mitch Anderson 541-766-6805
www.co.benton.or.us/health/page/behavioral-health

**COORDINATED CARE ORGANIZATION:** InterCommunity Health Network
Chief Executive Officer: Kelly Kaiser | Behavioral Health Representative: Karen Weiner
Key Statistics

POPULATION
Population below Poverty Level (2016): ........................................ 8.7% 13.4%
Total OHP Eligibles (Oct 2017): ........................................ 17.5% 25.1%
Medicare Enrollees (Oct 2017): ........................................ 19.8% 19.9%
Unemployment (2016): ........................................ 4.4% 4.9%
Uninsurance (2014): ........................................ 7.9% 5.6%
Mental Health Professional Shortage Area: ........................................ No N/A

MORTALITY AND PREVALENCE
Alcohol Induced Mortality (2011-2015): ........................................ 13.57 per 100,000 17.96 per 100,000
Suicide Mortality (2011-2015): ........................................ 15.55 per 100,000 17.54 per 100,000
Opioid Related Deaths (2012-2016): ........................................ 5.7 per 100,000 6.6 per 100,000
All Drug Related Deaths (2012-2016): ........................................ 7.8 per 100,000 9.6 per 100,000
Adults who have depression (self-reported): (2012-2015): .................. 25.4% 25.2%

UTILIZATION
Emergency Department MHSA visits (2015-2016): .................................. 12.6 per 1,000 15.6 per 1,000
OHP claims for depression disorder (FY2016-2017): .................. 6.9% 6.3%
OHP claims for any behavioral health disorder (FY2016-2017): .................. 24.4% 23.0%
OHP claims for any mental illness disorder (FY2016-2017): .................. 20.8% 19.7%
OHP claims for any substance use disorder (FY2016-2017): .................. 5.8% 5.7%

Residential Treatment Facilities

ALCOHOL & DRUG CORRECTIONAL
Pacific Crest Trail Detox L.L.C ............................... 8
NW Behavioral Healthcare Services ........................ 50
Alcohol & Drug Correctional
Coffee Creek .................................................. 54
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RESIDENTIAL TREATMENT FACILITY
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ColumbiaCare Services, Inc. Alder Creek .... 6
Cascadia Behavioral Healthcare
Leland House .................................................. 10
Cascadia Behavioral Healthcare
Pearl House .................................................. 12

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Youth Villages Inc. Mosaic ........................................ 5
ColumbiaCare Services, Inc. Fieldstone ........................ 5
ColumbiaCare Services, Inc.
Mossy Meadows .................................................. 2
ColumbiaCare Services, Inc.
Hearthstone/Bridgestone ........................................ 5
ColumbiaCare Services, Inc. Autumn Ridge ... 5
Cascadia Behavioral Healthcare
Portland Avenue .................................................. 4

SECURE RESIDENTIAL TREATMENT FACILITY
ColumbiaCare Services, Inc.
Johnson Creek .................................................. 8
Kaiser Foundation Hospitals
Brookside Center .................................................. 40

County Directory

COMMUNITY MENTAL HEALTH PROVIDER:
Clackamas County Health, Housing, & Human Services: Behavioral Health
Behavioral Health Director: Mary Rumbaugh 503-742-5305

COORDINATED CARE ORGANIZATION: Health Share
Chief Executive Officer: Janet Meyer | Behavioral Health Program Director: Cheryl Cohen
**COUNTY OVERVIEW:**

**Clatsop**

### Key Statistics

**POPULATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Clatsop</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Population below Poverty Level (2016)</td>
<td>12.9%</td>
<td>13.4%</td>
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<tr>
<td>Total OHP Eligibles (Oct 2017)</td>
<td>27.8%</td>
<td>25.1%</td>
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<tr>
<td>Medicare Enrollees (Oct 2017)</td>
<td>27.6%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016)</td>
<td>4.8%</td>
<td>4.9%</td>
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<tr>
<td>Uninsurance (2014)</td>
<td>2.1%</td>
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<tr>
<td>Mental Health Professional Shortage Area</td>
<td>Yes</td>
<td>N/A</td>
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**MORTALITY AND PREVALENCE**

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>Alcohol Induced Mortality (2011-2015)</td>
<td>22.53 per 100,000</td>
<td>17.96 per 100,000</td>
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<td>Suicide Mortality (2011-2015)</td>
<td>24.14 per 100,000</td>
<td>17.54 per 100,000</td>
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<tr>
<td>Opioid Related Deaths (2012-2016)</td>
<td>7.5 per 100,000</td>
<td>6.6 per 100,000</td>
</tr>
<tr>
<td>All Drug Related Deaths (2012-2016)</td>
<td>10.7 per 100,000</td>
<td>9.6 per 100,000</td>
</tr>
<tr>
<td>Adults who have depression (self-reported): (2012-2015)</td>
<td>29.8%</td>
<td>25.2%</td>
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</table>

**UTILIZATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Clatsop</th>
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<tbody>
<tr>
<td>Emergency Department MHSA visits (2015-2016)</td>
<td>22.4 per 1,000</td>
<td>15.6 per 1,000</td>
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<tr>
<td>OHP claims for depression disorder (FY2016-2017)</td>
<td>6.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017)</td>
<td>23.2%</td>
<td>23.0%</td>
</tr>
<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017)</td>
<td>19.2%</td>
<td>19.7%</td>
</tr>
<tr>
<td>OHP claims for any substance use disorder (FY2016-2017)</td>
<td>6.5%</td>
<td>5.7%</td>
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</table>

### Residential Treatment Facilities

**ALCOHOL & DRUG**

- Coastal Breeze Recovery/Awakenings by the Sea ............... 18
- Sunspire Health Astoria Pointe .................................. 40
- Columbia Community Mental Health, Inc.
  The Bridge to Pathways........................................... 9

**ALCOHOL & DRUG CORRECTIONAL**

- North Coast Youth Correctional Facility............. 27

**RESIDENTIAL TREATMENT FACILITY**

- Clatsop Behavioral Healthcare
  North Coast Crisis Respite Center..................... 16

### County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Clatsop Behavioral Health

- Behavioral Health Director: Amy Baker 541-325-5722 Ext. 225

**COORDINATED CARE ORGANIZATION:** Columbia Pacific

- Director: Mimi Haley | Behavioral Health Representative: Leslie Ford | GOBHI: Kimberly Humann
COUNTY OVERVIEW:
Columbia

Key Statistics

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>Columbia</th>
<th>Oregon</th>
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<tr>
<td>Population below Poverty Level (2016):</td>
<td>11.0%</td>
<td>13.4%</td>
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<td>Total OHP Eligibles (Oct 2017):</td>
<td>22.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>21.0%</td>
<td>19.9%</td>
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<tr>
<td>Unemployment (2016):</td>
<td>6.2%</td>
<td>4.9%</td>
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<tr>
<td>Uninsurance (2014):</td>
<td>3.3%</td>
<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
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</table>

MORTALITY AND PREVALENCE

- Alcohol Induced Mortality (2011-2015): 22.98 per 100,000 \( \approx \) 17.96 per 100,000
- Suicide Mortality (2011-2015): 21.03 per 100,000 \( \approx \) 17.54 per 100,000
- Opioid Related Deaths (2012-2016): 7.3 per 100,000 \( \approx \) 6.6 per 100,000
- All Drug Related Deaths (2012-2016): 10.1 per 100,000 \( \approx \) 9.6 per 100,000
- Adults who have depression (self-reported): (2012-2015): 20.7% \( \approx \) 25.2%

UTILIZATION

- Emergency Department MHSA visits (2015-2016): 12.1 per 1,000 \( \approx \) 15.6 per 1,000
- OHP claims for depression disorder (FY2016-2017): 6.9% \( \approx \) 6.3%
- OHP claims for any behavioral health disorder (FY2016-2017): 26.9% \( \approx \) 23.0%
- OHP claims for any mental illness disorder (FY2016-2017): 22.2% \( \approx \) 19.7%
- OHP claims for any substance use disorder (FY2016-2017): 7.3% \( \approx \) 5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Columbia Community Mental Health
Executive Director: Roland Migchielsen 503-397-5211 ext. 201
www.ccmh1.com

COORDINATED CARE ORGANIZATION: Columbia Pacific
Director: Mimi Haley | Behavioral Health Representative: Leslie Ford | GOBHI: Kimberly Human

Residential Treatment Facilities

ALCOHOL & DRUG
Columbia Community Mental Health, Inc.
Pathways .................................................. 16

RESIDENTIAL TREATMENT FACILITY
Columbia Community Mental Health, Inc.
Alternatives ............................................. 9
Columbia Community Mental Health, Inc.
Cornerstone ............................................. 16
COUNTY OVERVIEW:
Coos

Key Statistics

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<td>Uninsurance (2014):</td>
<td>1.2%</td>
<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
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</table>

MORTALITY AND PREVALENCE

| Alcohol Induced Mortality (2011-2015): | 38.38 per 100,000 | 17.96 per 100,000 |
| Suicide Mortality (2011-2015): | 28.00 per 100,000 | 17.54 per 100,000 |
| Opioid Related Deaths (2012-2016): | 2.6 per 100,000 | 6.6 per 100,000 |
| All Drug Related Deaths (2012-2016): | 5.4 per 100,000 | 9.6 per 100,000 |
| Adults who have depression (self-reported): (2012-2015): | 29.6% | 25.2% |

UTILIZATION

| Emergency Department MHSA visits (2015-2016): | 23.2 per 1,000 | 15.6 per 1,000 |
| OHP claims for depression disorder (FY2016-2017): | 7.2% | 6.3% |
| OHP claims for any behavioral health disorder (FY2016-2017): | 24.5% | 23.0% |
| OHP claims for any mental illness disorder (FY2016-2017): | 21.5% | 19.7% |
| OHP claims for any substance use disorder (FY2016-2017): | 5.1% | 5.7% |

Residential Treatment Facilities

<table>
<thead>
<tr>
<th>RESIDENTIAL TREATMENT FACILITY</th>
<th>Capacity</th>
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<tr>
<td>ColumbiaCare Services, Inc. Coos Crisis Resolution Center</td>
<td>6</td>
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<table>
<thead>
<tr>
<th>RESIDENTIAL TREATMENT HOME</th>
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</thead>
<tbody>
<tr>
<td>ColumbiaCare Services, Inc. Cedar Bay</td>
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</table>

County Directory

COMMUNITY MENTAL HEALTH PROVIDER:
Coos County Health & Wellness
Behavioral Health Director: David Geels 541-266-6738
General Access Line: 541-266-6700 | Crisis Line: 541-266-6800
www.co.coos.or.us/Departments/CoosHealthWellness/BehavioralHealth.aspx

COORDINATED CARE ORGANIZATION: Western Oregon Advanced Health
Chief Executive Officer: Phil Greenhill | Behavioral Health Directors: David Geels & Erin Porter

Bandon
### Key Statistics

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<th>Category</th>
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<td>Total OHP Eligibles (Oct 2017)</td>
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<tr>
<td>Medicare Enrollees (Oct 2017)</td>
<td>29.7%</td>
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<td>Unemployment (2016)</td>
<td>7.0%</td>
<td>4.9%</td>
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<td>Uninsurance (2014)</td>
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<tr>
<td>Mental Health Professional Area</td>
<td>Yes</td>
<td>N/A</td>
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</table>

### Mortality and Prevalence

- Alcohol Induced Mortality (2011-2015): 23.11 per 100,000
- Suicide Mortality (2011-2015): 21.26 per 100,000
- Opioid Related Deaths (2012-2016): 9.5 per 100,000
- All Drug Related Deaths (2012-2016): 14.3 per 100,000
- Adults who have depression (self-reported): 35.8%

### Utilization

- Emergency Department MHSA visits (2015-2016): 17.8 per 1,000
- OHP claims for depression disorder (FY2016-2017): 6.1%
- OHP claims for any mental illness disorder (FY2016-2017): 19.3%
- OHP claims for any substance use disorder (FY2016-2017): 5.9%

### County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Lutheran Community Services Northwest  
Behavioral Health Director: Laura Placek | General Access and Crisis Line: 541-323-5330  
[www.lcsnw.org/centraloregon](http://www.lcsnw.org/centraloregon)

**COORDINATED CARE ORGANIZATION:** PacificSource Central Oregon  
Chief Executive Officer: Dan Stevens | Behavioral Health Director: Mike Franz

### Residential Treatment Facilities

**ALCOHOL & DRUG**  
Capacity  
Rimrock Trails Adolescent Treatment Services  
................................................. 24
COUNTY OVERVIEW: Curry

Key Statistics

<table>
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<th>POPULATION</th>
<th>Curry</th>
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<td>13.4%</td>
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<td>Total OHP Eligibles (Oct 2017):</td>
<td>28.5%</td>
<td>25.1%</td>
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<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>37.3%</td>
<td>19.9%</td>
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<td>Unemployment (2016):</td>
<td>6.9%</td>
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<tr>
<td>Uninsurance (2014):</td>
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<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
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</table>

MORTALITY AND PREVALENCE

| Alcohol Induced Mortality (2011-2015): | 23.82 per 100,000 | 17.96 per 100,000 |
| Suicide Mortality (2011-2015):        | 47.65 per 100,000 | 17.54 per 100,000 |
| Opioid Related Deaths (2012-2016):   | NA               | 6.6 per 100,000   |
| All Drug Related Deaths (2012-2016):  | 9.9 per 100,000   | 9.6 per 100,000   |
| Adults who have depression (self-reported): (2012-2015): | 20.3% | 25.2% |

UTILIZATION

| Emergency Department MHSA visits (2015-2016): | 14.2 per 1,000 | 15.6 per 1,000 |
| OHP claims for depression disorder (FY2016-2017): | 5.0% | 6.3% |
| OHP claims for any behavioral health disorder (FY2016-2017): | 20.3% | 23.0% |
| OHP claims for any mental illness disorder (FY2016-2017): | 16.8% | 19.7% |
| OHP claims for any substance use disorder (FY2016-2017): | 5.9% | 5.7% |

Residential Treatment Facilities

RESIDENTIAL TREATMENT FACILITY Capacity
ColumbiaCare Services, Inc.
Driftwood Lodge ........................................... 8

RESIDENTIAL TREATMENT HOME
ColumbiaCare Services, Inc. Bell Cove ............5

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Curry Community Health
Behavioral Health Director: Erin Porter
General Access Lines: Gold Beach 541-374-8001; Brookings 541-813-2535; Port Orford 541-373-8085
Crisis Line: 877-519-9322 | www.currych.org

COORDINATED CARE ORGANIZATION:
AllCare
Chief Executive Officer: Doug Flow | Behavioral Health Director: Athena Goldberg
Western Oregon Advanced Health
Chief Executive Officer: Phil Greenhill | Behavioral Health Director: David Geels

Agness Post Office: one of two remaining rural mail boat runs in the United States. The mail boat runs to Agness from Gold Beach on the Rogue River.
COUNTY OVERVIEW: Deschutes

Key Statistics

**POPULATION**

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</thead>
<tbody>
<tr>
<td>Population below Poverty Level (2016):</td>
<td>10.6%</td>
<td>13.4%</td>
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<tr>
<td>Total OHP Eligibles (Oct 2017):</td>
<td>22.7%</td>
<td>25.1%</td>
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<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>22.3%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016):</td>
<td>4.9%</td>
<td>4.9%</td>
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<tr>
<td>Uninsurance (2014):</td>
<td>2.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Low Income</td>
<td>N/A</td>
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</table>

**MORTALITY AND PREVALENCE**

- Alcohol Induced Mortality (2011-2015): 18.54 per 100,000...17.96 per 100,000
- Suicide Mortality (2011-2015): 18.43 per 100,000...17.54 per 100,000
- Opioid Related Deaths (2012-2016): 5.3 per 100,000...6.6 per 100,000
- All Drug Related Deaths (2012-2016): 7.9 per 100,000...9.6 per 100,000
- Adults who have depression (self-reported): (2012-2015): 23.1%...25.2%

**UTILIZATION**

- Emergency Department MHSA visits (2015-2016): 12.9 per 1,000...15.6 per 1,000
- OHP claims for depression disorder (FY2016-2017): 6.5%...6.3%
- OHP claims for any behavioral health disorder (FY2016-2017): ...25.0%...23.0%
- OHP claims for any mental illness disorder (FY2016-2017): ...21.7%...19.7%
- OHP claims for any substance use disorder (FY2016-2017): ...5.9%...5.7%

Residential Treatment Facilities

**ALCOHOL & DRUG**

- Best Care Treatment Services
  - Visions of Hope: 16
- Best Care Treatment Services
  - Brooks Respite & Recovery (Detox): 6

**RESIDENTIAL TREATMENT FACILITY**

- Telecare Mental Health Services
  - 12th Street House: 5
- Telecare Mental Health Services Edge
  - Cliff House: 5
- National Mentor Services L.L.C.
  - Hosmer House: 5

**RESIDENTIAL TREATMENT HOME**

- Elkhorn Adolescent Treatment Center: 24

**SECURE RESIDENTIAL TREATMENT FACILITY**

- Telecare Mental Health Services
  - Deschutes Recovery Center: 16

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:**

Deschutes County Health Services
Behavioral Health Director: DeAnn Carr 541-322-7633

**COORDINATED CARE ORGANIZATION:** Pacific Source Central Oregon
Chief Executive Officer: Dan Stevens | Behavioral Health Director: Mike Franz
Key Statistics

**POPULATION**

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<tr>
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<td>19.9%</td>
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<td>Unemployment (2016)</td>
<td>3.0%</td>
<td>5.6%</td>
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<td>Mental Health Professional Shortage Area</td>
<td>Yes</td>
<td>N/A</td>
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</table>

**MORTALITY AND PREVALENCE**

- Alcohol Induced Mortality (2011-2015): 25.73 per 100,000 ... 17.96 per 100,000
- Suicide Mortality (2011-2015): 27.76 per 100,000 ... 17.54 per 100,000
- Opioid Related Deaths (2012-2016): 7.1 per 100,000 ... 6.6 per 100,000
- All Drug Related Deaths (2012-2016): 10.3 per 100,000 ... 9.6 per 100,000
- Adults who have depression (self-reported): (2012-2015): 26.8% ... 25.2%

**UTILIZATION**

- Emergency Department MHSA visits (2015-2016): 16.9 per 1,000 ... 15.6 per 1,000
- OHP claims for depression disorder (FY2016-2017): 6.6% ... 6.3%
- OHP claims for any behavioral health disorder (FY2016-2017): 24.7% ... 23.0%
- OHP claims for any mental illness disorder (FY2016-2017): 21.3% ... 19.7%
- OHP claims for any substance use disorder (FY2016-2017): 6.0% ... 5.7%

**Residential Treatment Facilities**

**ALCOHOL & DRUG**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>ADAPT The Crossroads</td>
<td>32</td>
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<tr>
<td>ADAPT Deer Creek Adolescent</td>
<td>15</td>
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**Opioid Treatment Program**

Adapt, Inc.

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Adapt, Inc.
Behavioral Health Director: Gregory Brigham 541-672-2691

**COORDINATED CARE ORGANIZATION:** Umpqua Health Alliance
Chief Executive Officer: Brent Eichman | Behavioral Health Director: Scott Mendelson

Tokatee Falls
COUNTY OVERVIEW: Gilliam

Key Statistics

POPULATION
Population below Poverty Level (2016): .................. 12.2% .................. 13.4%
Total OHP Eligibles (Oct 2017): .......................... 21.0% .................. 25.1%
Medicare Enrollees (Oct 2017): ........................... 31.8% .................. 19.9%
Unemployment (2016): ..................................... 5.9% .................. 4.9%
Uninsurance (2014): ......................................... 9.6% .................. 5.6%
Mental Health Professional Shortage Area: ................. Yes .................. N/A

MORTALITY AND PREVALENCE
Alcohol Induced Mortality (2011-2015): .................. 32.36 per 100,000 .. 17.96 per 100,000
Suicide Mortality (2011-2015): ........................... 10.79 per 100,000 .. 17.54 per 100,000
Opioid Related Deaths (2012-2016): ....................... N/A .................. 6.6 per 100,000
All Drug Related Deaths (2012-2016): ..................... N/A .................. 9.6 per 100,000
Adults who have depression (self-reported) (2012-2015): .... 28.8% .................. 25.2%

UTILIZATION
Emergency Department MHSA visits (2015-2016): ........... 5.1 per 1,000 ........ 15.6 per 1,000
OHP claims for depression disorder (FY2016-2017): .......... 6.4% ................ 6.3%
OHP claims for any behavioral health disorder (FY2016-2017): ... 19.1% ........ 23.0%
OHP claims for any mental illness disorder (FY2016-2017): ...... 18.0% ........ 19.7%
OHP claims for any substance use disorder (FY2016-2017): ...... 2.5% ........ 5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Community Counseling Solutions
Behavioral Health Director: Kimberly Lindsay
General Access Lines: Condon 541-384-2666; Arlington 541-454-2223 | Crisis Line: 911
http://communitycounselingsolutions.org

COORDINATED CARE ORGANIZATION: Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann

Residential Treatment Facilities
None available
### Key Statistics

#### POPULATION

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<thead>
<tr>
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<td>23.5%</td>
<td>25.1%</td>
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<td>Medicare Enrollees (Oct 2017)</td>
<td>30.4%</td>
<td>19.9%</td>
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<tr>
<td>Unemployment (2016)</td>
<td>7.8%</td>
<td>4.9%</td>
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<td>Uninsurance (2014)</td>
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#### MORTALITY AND PREVALENCE

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<td>Suicide Mortality (2011-2015)</td>
<td>30.53 per 100,000</td>
<td>17.54 per 100,000</td>
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<tr>
<td>Opioid Related Deaths (2012-2016)</td>
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<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths (2012-2016)</td>
<td>N/A</td>
<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015)</td>
<td>20.0%</td>
<td>25.2%</td>
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#### UTILIZATION

<table>
<thead>
<tr>
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<td>OHP claims for depression disorder (FY2016-2017)</td>
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<td>6.3%</td>
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<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017)</td>
<td>24.4%</td>
<td>23.0%</td>
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<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017)</td>
<td>21.5%</td>
<td>19.7%</td>
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<tr>
<td>OHP claims for any substance use disorder (FY2016-2017)</td>
<td>5.3%</td>
<td>5.7%</td>
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### Residential Treatment Facilities

<table>
<thead>
<tr>
<th>SECURE RESIDENTIAL TREATMENT FACILITY</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>Juniper Ridge Acute Care Center</td>
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### County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Community Counseling Solutions  
Behavioral Health Director: Kimberly Lindsay  

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO  
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson  
GOBHI: Kimberly Humann
### Key Statistics

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<td>Total OHP Eligibles (Oct 2017)</td>
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<tr>
<td>Medicare Enrollees (Oct 2017)</td>
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<td>Unemployment (2016)</td>
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<td>Uninsurance (2014)</td>
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<tr>
<th>MORTALITY AND PREVALENCE</th>
<th>Harney</th>
<th>Oregon</th>
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<tr>
<td>Alcohol Induced Mortality (2011-2015)</td>
<td>44.25 per 100,000</td>
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<td>Suicide Mortality (2011-2015)</td>
<td>27.66 per 100,000</td>
<td>17.54 per 100,000</td>
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<td>Opioid Related Deaths (2012-2016)</td>
<td>N/A</td>
<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths (2012-2016)</td>
<td>N/A</td>
<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015)</td>
<td>22.7%</td>
<td>25.2%</td>
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<table>
<thead>
<tr>
<th>UTILIZATION</th>
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<th>Oregon</th>
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<td>Emergency Department MHSA visits (2015-2016)</td>
<td>12.7 per 1,000</td>
<td>15.6 per 1,000</td>
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<td>OHP claims for depression disorder (FY2016-2017)</td>
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<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017)</td>
<td>20.7%</td>
<td>23.0%</td>
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<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017)</td>
<td>17.1%</td>
<td>19.7%</td>
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<tr>
<td>OHP claims for any substance use disorder (FY2016-2017)</td>
<td>7.2%</td>
<td>5.7%</td>
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### County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Symmetry Care

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann

---

**Residential Treatment Facilities**

<table>
<thead>
<tr>
<th>RESIDENTIAL TREATMENT FACILITY</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>Symmetry Care, Inc. Independence Place</td>
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**County Overview: Hood River**

### Key Statistics

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<th>POPULATION</th>
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<tr>
<td>Total OHP Eligibles (Oct 2017)</td>
<td>28.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017)</td>
<td>16.7%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016)</td>
<td>4.2%</td>
<td>4.9%</td>
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<tr>
<td>Uninsurance (2014)</td>
<td>10.8%</td>
<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
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</tbody>
</table>

### Mortality and Prevalence

| Alcohol Induced Mortality (2011-2015)          | 9.96 per 100,000 | 17.96 per 100,000 |
| Suicide Mortality (2011-2015)                  | 11.62 per 100,000| 17.54 per 100,000|
| Opioid Related Deaths (2012-2016)             | N/A          | 6.6 per 100,000   |
| All Drug Related Deaths (2012-2016)            | N/A          | 9.6 per 100,000   |
| Adults who have depression (self-reported):    | 21.1%        | 25.2%             |

### Utilization

| Emergency Department MHSA visits (2015-2016)   | 7.8 per 1,000 | 15.6 per 1,000 |
| OHP claims for depression disorder (FY2016-2017)| 3.9%          | 6.3%            |
| OHP claims for any behavioral health disorder (FY2016-2017) | 16.0% | 23.0% |
| OHP claims for any mental illness disorder (FY2016-2017) | 14.4% | 19.7% |
| OHP claims for any substance use disorder (FY2016-2017) | 3.0% | 5.7% |

### County Directory

**Community Mental Health Provider:** Mid-Columbia Center for Living  
Director: Barbara Seatter 541-386-2620 Ext. 8130  

**Coordinated Care Organization:** PacificSource Columbia Gorge  
Chief Executive Officer: Lindsey Hopper | Behavioral Health Representative: Mike Franz

### Residential Treatment Facilities

None available
COUNTY OVERVIEW: Jackson

Key Statistics

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<thead>
<tr>
<th>POPULATION</th>
<th>Jackson</th>
<th>Oregon</th>
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<tr>
<td>Population below Poverty Level (2016):</td>
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<td>Total OHP Eligibles (Oct 2017):</td>
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<td>Medicare Enrollees (Oct 2017):</td>
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<td>Unemployment (2016):</td>
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Mortality and Prevalence

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<tr>
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<tr>
<td>Alcohol Induced Mortality (2011-2015):</td>
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<td>Suicide Mortality (2011-2015):</td>
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<td>Opioid Related Deaths (2012-2016):</td>
<td>7.5 per 100,000</td>
<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths (2012-2016):</td>
<td>10.7 per 100,000</td>
<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015):</td>
<td>28.0%</td>
<td>25.2%</td>
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Utilization

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<td>OHP claims for depression disorder (FY2016-2017):</td>
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<td>6.3%</td>
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<td>OHP claims for any behavioral health disorder (FY2016-2017):</td>
<td>23.3%</td>
<td>23.0%</td>
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<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017):</td>
<td>18.1%</td>
<td>19.7%</td>
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<tr>
<td>OHP claims for any substance use disorder (FY2016-2017):</td>
<td>6.5%</td>
<td>5.7%</td>
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County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Jackson County Health and Human Services
Behavioral Health Director: Stacy Brubaker | General Access & Crisis Line: 541-774-8201
https://jacksoncountyor.org/hhs/Mental-Health

**COORDINATED CARE ORGANIZATION:**
AllCare
Chief Executive Officer: Doug Flow | Behavioral Health Director: Athena Goldberg

Jackson Care Connect
Chief Executive Officer: Jennifer Lind | Behavioral Health Director: Jill Archer

Residential Treatment Facilities

**ALCOHOL & DRUG **
Addictions Recovery Center, Inc. ................. 28
Addictions Recovery Center, Inc. Front Street ........................................... 12
OnTrack, Inc. DADS Program.......................... 10
OnTrack, Inc. HOME/Mom’s Program ............. 45

**RESIDENTIAL TREATMENT HOME**
ColumbiaCare Services, Inc. Springbrook ........ 5

**SECURE RESIDENTIAL TREATMENT FACILITY**
Options for Southern Oregon, Inc. Hazel Center ............................................ 16
### COUNTY OVERVIEW: Jefferson

#### Key Statistics

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<tr>
<th>POPULATION</th>
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<td>Unemployment (2016):</td>
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<td>Uninsurance (2014):</td>
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#### MORTALITY AND PREVALENCE

<table>
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<tr>
<th>Mortality and Prevalence</th>
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<tbody>
<tr>
<td>Alcohol Induced Mortality (2011-2015):</td>
<td>52.4 per 100,000</td>
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<td>Suicide Mortality (2011-2015):</td>
<td>15.7 per 100,000</td>
<td>17.54 per 100,000</td>
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<tr>
<td>Opioid Related Deaths (2012-2016):</td>
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<td>6.6 per 100,000</td>
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<td>All Drug Related Deaths (2012-2016):</td>
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<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015):</td>
<td>28.1%</td>
<td>25.2%</td>
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#### UTILIZATION

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<td>Emergency Department MHSA visits (2015-2016):</td>
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<td>6.3%</td>
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<td>OHP claims for any behavioral health disorder (FY2016-2017):</td>
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<td>OHP claims for any mental illness disorder (FY2016-2017):</td>
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#### Residential Treatment Facilities

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<tr>
<td>BestCare Programa de Recuperación de Madras</td>
<td>13</td>
</tr>
<tr>
<td>ALCOHOL &amp; DRUG CORRECTIONAL</td>
<td></td>
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<tr>
<td>Deer Ridge Correctional Institution</td>
<td>106</td>
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</table>

### County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** BestCare Treatment Services  

**COORDINATED CARE ORGANIZATION:** PacificSource Central Oregon  
Chief Executive Officer: Dan Stevens | Behavioral Health Representative: Mike Franz
### Key Statistics

#### POPULATION

<table>
<thead>
<tr>
<th></th>
<th>Josephine</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Population below Poverty Level (2016)</td>
<td>18.0%</td>
<td>13.4%</td>
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<tr>
<td>Total OHP Eligibles (Oct 2017)</td>
<td>35.7%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017)</td>
<td>29.2%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016)</td>
<td>6.6%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Uninsurance (2014)</td>
<td>1.0%</td>
<td>5.6%</td>
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</table>

#### MORTALITY AND PREVALENCE

<table>
<thead>
<tr>
<th>Event</th>
<th>Josephine</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Induced Mortality (2011-2015)</td>
<td>26.10 per 100,000</td>
<td>17.96 per 100,000</td>
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<tr>
<td>Suicide Mortality (2011-2015)</td>
<td>25.87 per 100,000</td>
<td>17.54 per 100,000</td>
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<tr>
<td>Opioid Related Deaths (2012-2016)</td>
<td>6.0 per 100,000</td>
<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths (2012-2016)</td>
<td>9.6 per 100,000</td>
<td>9.6 per 100,000</td>
</tr>
<tr>
<td>Adults who have depression (self-reported)</td>
<td>26.7%</td>
<td>25.2%</td>
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</table>

#### UTILIZATION

<table>
<thead>
<tr>
<th>Event</th>
<th>Josephine</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department MHSA visits (2015-2016)</td>
<td>18.1 per 1,000</td>
<td>15.6 per 1,000</td>
</tr>
<tr>
<td>OHP claims for depression disorder (FY2016-2017)</td>
<td>5.6%</td>
<td>6.3%</td>
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<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017)</td>
<td>21.1%</td>
<td>23.0%</td>
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<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017)</td>
<td>17.5%</td>
<td>19.7%</td>
</tr>
<tr>
<td>OHP claims for any substance use disorder (FY2016-2017)</td>
<td>5.4%</td>
<td>5.7%</td>
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### County Directory

#### COMMUNITY MENTAL HEALTH PROVIDER:
Options for Southern Oregon
Executive Director: Karla McCafferty

#### COORDINATED CARE ORGANIZATION:
AllCare
Chief Executive Officer: Doug Flow | Behavioral Health Director: Athena Goldberg

Primary Health of Josephine County
Chief Executive Officer: Roylene Dalke | Behavioral Health Director: Karla McCafferty

### Residential Treatment Facilities

#### ALCOHOL & DRUG

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>OnTrack, Inc. N.W. 6th Street</td>
<td>10</td>
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<tr>
<td>Options for Southern Oregon, Inc.</td>
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<td>Crisis Resolution Center</td>
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#### ALCOHOL & DRUG CORRECTIONAL

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>Rogue Valley Youth Correctional Facility</td>
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#### RESIDENTIAL TREATMENT FACILITY

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
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</thead>
<tbody>
<tr>
<td>Options for Southern Oregon, Inc.</td>
<td>10</td>
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<tr>
<td>Carnahan Court</td>
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#### SECURE RESIDENTIAL TREATMENT FACILITY

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
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</thead>
<tbody>
<tr>
<td>Kairos Northwest Momentum</td>
<td>5</td>
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<td>Kairos Northwest Three Bridges</td>
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<tr>
<td>Ramsey Place</td>
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<tr>
<td>Options for Southern Oregon, Inc.</td>
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<tr>
<td>Crisis Resolution Center</td>
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</table>

#### Opioid Treatment Program

Grants Pass Treatment Center
**COUNTY OVERVIEW:**
Klamath

**Key Statistics**

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>Klamath</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Population below Poverty Level (2016):</td>
<td>19.0%</td>
<td>13.4%</td>
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<tr>
<td>Total OHP Eligibles (Oct 2017):</td>
<td>33.8%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>24.5%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016):</td>
<td>6.9%</td>
<td>4.9%</td>
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<tr>
<td>Uninsurance (2014):</td>
<td>4.4%</td>
<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
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</table>

**MORTALITY AND PREVALENCE**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Alcohol Induced Mortality</td>
<td>36.90 per 100,000</td>
<td>17.96 per 100,000</td>
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<tr>
<td>Suicide Mortality</td>
<td>21.52 per 100,000</td>
<td>17.54 per 100,000</td>
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<tr>
<td>Opioid Related Deaths</td>
<td>3.7 per 100,000</td>
<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths</td>
<td>8.6 per 100,000</td>
<td>9.6 per 100,000</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2012-2015</th>
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</thead>
<tbody>
<tr>
<td>Adults who have depression (self-reported):</td>
<td>24.4%</td>
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**UTILIZATION**

<table>
<thead>
<tr>
<th></th>
<th>FY2016-2017</th>
<th>FY2016-2017</th>
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<tbody>
<tr>
<td>Emergency Department MHSA visits</td>
<td>15.3 per 1,000</td>
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<tr>
<td>OHP claims for depression disorder</td>
<td>6.8%</td>
<td>6.3%</td>
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<tr>
<td>OHP claims for any behavioral health disorder</td>
<td>24.5%</td>
<td>23.0%</td>
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<tr>
<td>OHP claims for any mental illness disorder</td>
<td>21.1%</td>
<td>19.7%</td>
</tr>
<tr>
<td>OHP claims for any substance use disorder</td>
<td>6.9%</td>
<td>5.7%</td>
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</tbody>
</table>

**Residential Treatment Facilities**

**ALCOHOL & DRUG**

- BestCare Klamath Basin Recovery Services: 40
- Transformations Wellness Center: 25

**SECURE RESIDENTIAL TREATMENT FACILITY**

- Klamath Basin Behavioral Health: Phoenix Place: 16

**County Directory**

**COMMUNITY MENTAL HEALTH PROVIDER:** Klamath Basin Behavioral Health

**COORDINATED CARE ORGANIZATION:**
Cascade Health Alliance
Chief Executive Officer: Tayo Akins | Behavioral Health Director: Shelly Morton
PacificSource Central Oregon
Chief Executive Officer: Dan Stevens | Behavioral Health Representative: Mike Franz
## Key Statistics

### POPULATION

<table>
<thead>
<tr>
<th></th>
<th>Lake</th>
<th>Oregon</th>
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<td>Population below Poverty Level (2016):</td>
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<td>Total OHP Eligibles (Oct 2017):</td>
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<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>27.0%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016):</td>
<td>6.4%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Uninsurance (2014):</td>
<td>2.8%</td>
<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
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### MORTALITY AND PREVALENCE

<table>
<thead>
<tr>
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<th>Lake</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Alcohol Induced Mortality (2011-2015):</td>
<td>22.70 per 100,000</td>
<td>17.96 per 100,000</td>
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<td>Suicide Mortality (2011-2015):</td>
<td>30.36 per 100,000</td>
<td>17.54 per 100,000</td>
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<tr>
<td>Opioid Related Deaths (2012-2016):</td>
<td>NA</td>
<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths (2012-2016):</td>
<td>20.5 per 100,000</td>
<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015):</td>
<td>21.9%</td>
<td>25.2%</td>
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### UTILIZATION

<table>
<thead>
<tr>
<th></th>
<th>Lake</th>
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<tbody>
<tr>
<td>Emergency Department MHSA visits (2015-2016):</td>
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<td>15.6 per 1,000</td>
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<tr>
<td>OHP claims for depression disorder (FY2016-2017):</td>
<td>4.2%</td>
<td>6.3%</td>
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<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017):</td>
<td>20.1%</td>
<td>23.0%</td>
</tr>
<tr>
<td>OHP claims for any mental health disorder (FY2016-2017):</td>
<td>16.2%</td>
<td>19.7%</td>
</tr>
<tr>
<td>OHP claims for any substance use disorder (FY2016-2017):</td>
<td>6.3%</td>
<td>5.7%</td>
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</tbody>
</table>

## Residential Treatment Facilities

None available

---

### County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Lake Health District  

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO  
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson  
GOBHI: Kimberly Humann
Key Statistics

**POPULATION**
Population below Poverty Level (2016): ........................................... 18.3% ........................ 13.4%
Total OHP Eligibles (Oct 2017): ......................................................... 26.7% ........................ 25.1%
Medicare Enrollees (Oct 2017): ............................................................ 22.4% ........................ 19.9%
Unemployment (2016): ................................................................. 5.1% ........................ 4.9%
Uninsurance (2014): .............................................................. 6.0% ........................ 5.6%
Mental Health Professional Shortage Area: .................. West Lane and Oakridge only ... N/A

**MORTALITY AND PREVALENCE**
Alcohol Induced Mortality (2011-2015): ...................................... 19.56 per 100,000 ... 17.96 per 100,000
Suicide Mortality (2011-2015): ....................................................... 19.72 per 100,000 ... 17.54 per 100,000
Opioid Related Deaths (2012-2016): ........................................... 9.3 per 100,000 ...... 6.6 per 100,000
All Drug Related Deaths (2012-2016): ....................................... 14.1 per 100,000...... 9.6 per 100,000
Adults who have depression (self-reported): (2012-2015): .......... 27.6% ........................ 25.2%

**UTILIZATION**
Emergency Department MHSA visits (2015-2016): ..................... 19.2 per 1,000 ...... 15.6 per 1,000
OHP claims for depression disorder (FY2016-2017): ................. 7.4% ........................ 6.3%
OHP claims for any behavioral health disorder (FY2016-2017): ... 27.1% ........................ 23.0%
OHP claims for any mental illness disorder (FY2016-2017): ....... 23.9% ........................ 19.7%
OHP claims for any substance use disorder (FY2016-2017): ...... 5.9% ........................ 5.7%

**Opioid Treatment Programs**
Lane County Methadone Treatment Program | Integrated Health Management

Residential Treatment Facilities

**ALCOHOL & DRUG**
Willamette Family, Inc.
Women’s Program ............................................................... 57
Willamette Family, Inc.
Carlton House ................................................................. 27
Willamette Family, Inc.
Buckley Center ................................................................. 22
Looking Glass Community Services
Pathways Program ............................................................. 13
Serenity Lane ................................................................. 90
Serenity Lane Coburg ......................................................... 96

**RESIDENTIAL TREATMENT FACILITY**
Rainrock Treatment Center .................................................... 16
Halfway House Services, Inc.
Alder Street Residence ...................................................... 8
Halfway House Services, Inc.
William Ware Residence ................................................... 10
Gateway Assisted Living, Inc.
Gateway 2 Community Living ............................................ 13

**RESIDENTIAL TREATMENT HOME**
Kairos Northwest Tempo
Young Adult Services ......................................................... 5
ColumbiaCare Services, Inc. Clear Vue ................................. 5
Shangri-La Danebo ............................................................. 5
Shangri-La Myers Road ....................................................... 5

**SECURE RESIDENTIAL TREATMENT FACILITY**
ColumbiaCare Services, Inc.
Heeran Center/River Bridge .................................................. 16
ShelterCare Garden Place ................................................... 12
Oregon State Hospital ......................................................... 75
ElderHealth & Living Corp ................................................... 5

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Lane County Behavioral Health Services
Division Manager: Carla Ayres | General Access Line: 541-682-3608 | Crisis Line: 541-687-4000
www.lanecounty.org/cms/One.aspx?portalId=3585881&pageId=4133179

**COORDINATED CARE ORGANIZATION:** Trillium Community Health Plan
Chief Executive Officer: Chris Ellertson | Medical Director: Coleen Connolly
Key Statistics

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>Lincoln</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Population below Poverty Level (2016):</td>
<td>19.6%</td>
<td>13.4%</td>
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<tr>
<td>Total OHP Eligibles (Oct 2017):</td>
<td>31.3%</td>
<td>25.1%</td>
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<tr>
<td>Medicare Enrollees (Oct 2017):</td>
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<td>19.9%</td>
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<tr>
<td>Unemployment (2016):</td>
<td>5.7%</td>
<td>4.9%</td>
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<tr>
<td>Uninsurance (2014):</td>
<td>3.8%</td>
<td>5.6%</td>
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<tr>
<td>Mental Health Professional Shortage Area:</td>
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<td>N/A</td>
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Mortality and Prevalence

<table>
<thead>
<tr>
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<th>Oregon</th>
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<tr>
<td>Alcohol Induced Mortality (2011-2015):</td>
<td>33.70 per 100,000</td>
<td>17.96 per 100,000</td>
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<tr>
<td>Suicide Mortality (2011-2015):</td>
<td>27.04 per 100,000</td>
<td>17.54 per 100,000</td>
</tr>
<tr>
<td>Opioid Related Deaths (2012-2016):</td>
<td>10.8 per 100,000</td>
<td>6.6 per 100,000</td>
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<tr>
<td>All Drug Related Deaths (2012-2016):</td>
<td>13.8 per 100,000</td>
<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015):</td>
<td>30.2%</td>
<td>25.2%</td>
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Utilization

<table>
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<tr>
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<tr>
<td>Emergency Department MHSA visits (2015-2016):</td>
<td>18.3 per 1,000</td>
<td>15.6 per 1,000</td>
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<tr>
<td>OHP claims for depression disorder (FY2016-2017):</td>
<td>5.9%</td>
<td>6.3%</td>
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<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017):</td>
<td>5.2%</td>
<td>3.0%</td>
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<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017):</td>
<td>1.0%</td>
<td>19.7%</td>
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<tr>
<td>OHP claims for any substance use disorder (FY2016-2017):</td>
<td>6.9%</td>
<td>5.7%</td>
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</tbody>
</table>

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Lincoln County Health & Human Services
Behavioral Health Division Director: Barbara Turrill 541-265-0530
General Access Lines: Adults 541-574-5960; Children 541-265-4179; Lincoln City 541-265-4196
Crisis Line: 888-232-7192
www.co.lincoln.or.us/hhs/page/mental-health-substance-abuse-and-problem-gambling

**COORDINATED CARE ORGANIZATION:**
InterCommunity Health Network
Chief Executive Officer: Kelly Kaiser | Behavioral Health Representative: Karen Weiner

Residential Treatment Facilities

<table>
<thead>
<tr>
<th>RESIDENTIAL TREATMENT HOME</th>
<th>Capacity</th>
</tr>
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<tbody>
<tr>
<td>Shangri-La Benton Place</td>
<td>5</td>
</tr>
<tr>
<td>Renew Consulting, Inc. Oceanside</td>
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</table>
COUNTY OVERVIEW: Linn

Key Statistics

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<th>POPULATION</th>
<th>Linn</th>
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<tbody>
<tr>
<td>Population below Poverty Level (2016):</td>
<td>13.1%</td>
<td>13.4%</td>
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<tr>
<td>Total OHP Eligibles (Oct 2017):</td>
<td>28.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>22.9%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016):</td>
<td>5.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Uninsurance (2014):</td>
<td>2.1%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Low Income/Migrant N/A</td>
<td></td>
</tr>
</tbody>
</table>

MORTALITY AND PREVALENCE

| | per 100,000 | per 100,000 |
| Alcohol Induced Mortality | 21.71 | 17.96 |
| Suicide Mortality (2011-2015): | 14.68 | 17.54 |
| Opioid Related Deaths (2012-2016): | 8.1 | 6.6 |
| All Drug Related Deaths (2012-2016): | 12.1 | 9.6 |
| Adults who have depression (self-reported): (2012-2015): | 27.4% | 25.2% |

UTILIZATION

| | 2015-2016 | 2015-2016 |
| | per 1,000 | per 1,000 |
| Emergency Department MHSA visits | 13.7 | 15.6 |
| OHP claims for depression disorder (FY2016-2017): | 6.3% | 6.3% |
| OHP claims for any behavioral health disorder (FY2016-2017): | 25.4% | 23.0% |
| OHP claims for any mental illness disorder (FY2016-2017): | 21.8% | 19.7% |
| OHP claims for any substance use disorder (FY2016-2017): | 5.7% | 5.7% |

Residential Treatment Facilities

<table>
<thead>
<tr>
<th>ALCOHOL &amp; DRUG CORRECTIONAL</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oak Creek Youth Correctional Facility</td>
<td>60</td>
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RESIDENTIAL TREATMENT FACILITY

| Linn County Health Services Springer House | 7 |

RESIDENTIAL TREATMENT HOME

| Shangri-La Casa Rio | 5 |
| Shangri-La Old oak | 5 |
| Trillium Family Services Sender House Young Adult Program | 4 |
| Renew Consulting, Inc. Colorado | 4 |

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Linn County Health Services
Mental Health Director: Todd Noble 541-924-6916 Ext. 2052
General Access & Crisis Line: 541-967-3866 | www.linncountyhealth.org/mh

COORDINATED CARE ORGANIZATION: InterCommunity Health Network
Chief Executive Officer: Kelly Kaiser | Behavioral Health Representative: Karen Weiner
COUNTY OVERVIEW: Malheur

Key Statistics

**POPULATION**
- Population below Poverty Level (2016): 22.9% (Malheur) / 13.4% (Oregon)
- Total OHP Eligibles (Oct 2017): 38.0% (Malheur) / 25.1% (Oregon)
- Medicare Enrollees (Oct 2017): 19.4% (Malheur) / 19.9% (Oregon)
- Unemployment (2016): 5.6% (Malheur) / 4.9% (Oregon)
- Uninsurance (2014): 7.0% (Malheur) / 5.6% (Oregon)
- Mental Health Professional Shortage Area: Yes (Malheur) / N/A (Oregon)

**MORTALITY AND PREVALENCE**
- Alcohol Induced Mortality (2011-2015): 13.01 per 100,000 (Malheur) / 17.96 per 100,000 (Oregon)
- Suicide Mortality (2011-2015): 20.82 per 100,000 (Malheur) / 17.54 per 100,000 (Oregon)
- Opioid Related Deaths (2012-2016): 7.9 per 100,000 (Malheur) / 6.6 per 100,000 (Oregon)
- All Drug Related Deaths (2012-2016): 9.9 per 100,000 (Malheur) / 9.6 per 100,000 (Oregon)
- Adults who have depression (self-reported): 21.2% (Malheur) / 25.2% (Oregon)

**UTILIZATION**
- Emergency Department MHSA visits (2015-2016): 13.1 per 1,000 (Malheur) / 15.6 per 1,000 (Oregon)
- OHP claims for depression disorder (FY2016-2017): 5.3% (Malheur) / 6.3% (Oregon)
- OHP claims for any behavioral health disorder (FY2016-2017): 19.7% (Malheur) / 23.0% (Oregon)
- OHP claims for any mental illness disorder (FY2016-2017): 17.2% (Malheur) / 19.7% (Oregon)
- OHP claims for any substance use disorder (FY2016-2017): 4.5% (Malheur) / 5.7% (Oregon)

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Lifeways, Inc.
Behavioral Health Director: Annette Serrano
General Access & Crisis Line: 541-889-9167 | [www.lifeways.org](http://www.lifeways.org)

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann

Residential Treatment Facilities

**ALCOHOL & DRUG**
- **Capacity**
  - Lifeways, Inc. Recovery Center: 60
COUNTY OVERVIEW: Marion

Key Statistics

POPULATION
Population below Poverty Level (2016): 13.6% Marion, 13.4% Oregon
Total OHP Eligibles (Oct 2017): 30.7% Marion, 25.1% Oregon
Medicare Enrollees (Oct 2017): 17.9% Marion, 19.9% Oregon
Unemployment (2016): 5.1% Marion, 4.9% Oregon
Uninsurance (2014): 9.0% Marion, 5.6% Oregon
Mental Health Professional Shortage Area: Low Income/Homeless/Migrant N/A

MORTALITY AND PREVALENCE
Alcohol Induced Mortality (2011-2015): 16.49 per 100,000 Marion, 17.96 per 100,000 Oregon
Suicide Mortality (2011-2015): 13.48 per 100,000 Marion, 17.54 per 100,000 Oregon
Opioid Related Deaths (2012-2016): 4.1 per 100,000 Marion, 6.6 per 100,000 Oregon
All Drug Related Deaths (2012-2016): 6.8 per 100,000 Marion, 9.6 per 100,000 Oregon
Adults who have depression (self-reported): (2012-2015): 26.5% Marion, 25.2% Oregon

UTILIZATION
Emergency Department MHSA visits (2015-2016): 14.1 per 1,000 Marion, 15.6 per 1,000 Oregon
OHP claims for depression disorder (FY2016-2017): 5.3% Marion, 6.3% Oregon
OHP claims for any behavioral health disorder (FY2016-2017): 21.4% Marion, 23.0% Oregon
OHP claims for any mental illness disorder (FY2016-2017): 18.7% Marion, 19.7% Oregon
OHP claims for any substance use disorder (FY2016-2017): 4.4% Marion, 5.7% Oregon

County Directory
COMMUNITY MENTAL HEALTH PROVIDER: Marion County Health Department
Behavioral Health Division Director: Scott Richards | 503-361-2695
www.co.marion.or.us/HLT/Pages/directory.aspx

COORDINATED CARE ORGANIZATION: Willamette Valley Community Health
Chief Executive Officer: Nancy Rickenbach | Behavioral Health Representative: Cindy Becker

Residential Treatment Facilities

ALCOHOL & DRUG
Capacity
Pacific Ridge Alcohol & Drug .................................................... 15
Treatment Center ................................................................. 15
Bridgeway Recovery Services, Inc. ......................................... 27
Bridgeway Recovery Services, Inc. Gambling ......................... 8
Bridgeway Recovery Services, Inc. Sandra Bloom .................. 8

ALCOHOL & DRUG CORRECTIONAL
Freedom and Recovery Program at OSCI ......................... 25
Hillcrest Youth Correctional Facility ................................. 60
MacLaren Youth Correctional Facility .............................. 30

RESIDENTIAL TREATMENT FACILITY
Carroll’s Group Care Home, Inc. ................................. 16
Carroll’s Group Care Home, Inc. Royvonne House ................. 10
Marion County Health Department Horizon House .................. 8

RESIDENTIAL TREATMENT HOME
Kairos Northwest Cadenza ................................................. 5
Shangri-La Via Verde .......................................................... 5
Shangri-La Adams Lane ......................................................... 5
Pelton Project, L.L.C. Chinook House ................................. 5

SECURE RESIDENTIAL TREATMENT FACILITY
Telecare Recovery Center at Woodburn .......................... 15
Oregon State Hospital Bridges Program ....................... 114

Opioid Treatment Programs
CRC Health Oregon, Inc.
Marion County Drug Treatment Program
Key Statistics

<table>
<thead>
<tr>
<th>POPULATION</th>
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<td>Total OHP Eligibles (Oct 2017)</td>
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<td>Unemployment (2016)</td>
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<td>Uninsurance (2014)</td>
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<tr>
<td>Mental Health Professional</td>
<td>Yes</td>
<td>N/A</td>
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</table>

MORTALITY AND PREVALENCE

| Alcohol Induced Mortality (2011-2015) | 19.48 per 100,000 | 17.96 per 100,000 |
| Suicide Mortality (2011-2015)        | 8.86 per 100,000  | 17.54 per 100,000 |
| Opioid Related Deaths (2012-2016)    | N/A               | 6.6 per 100,000   |
| All Drug Related Deaths (2012-2016)  | N/A               | 9.6 per 100,000   |
| Adults who have depression (self-reported) | 22.0%        | 25.2%          |

UTILIZATION

| Emergency Department MHSA visits (2015-2016) | 8.1 per 1,000 | 15.6 per 1,000 |
| OHP claims for depression disorder (FY2016-2017) | 4.9%          | 6.3%           |
| OHP claims for any behavioral health disorder (FY2016-2017) | 15.8%         | 23.0%          |
| OHP claims for any mental illness disorder (FY2016-2017) | 14.0%         | 19.7%          |
| OHP claims for any substance use disorder (FY2016-2017) | 3.0%          | 5.7%           |

Residential Treatment Facilities

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<thead>
<tr>
<th>RESIDENTIAL TREATMENT FACILITY</th>
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<td>ColumbiaCare Services, Inc.</td>
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<tr>
<td>Columbia River Ranch</td>
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<table>
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<th>SECURE RESIDENTIAL TREATMENT FACILITY</th>
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<tbody>
<tr>
<td>Community Counseling Solutions</td>
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<tr>
<td>Lakeview Heights</td>
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</tbody>
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County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Community Counseling Solutions
Executive Director: Kimberly Lindsay
General Access Lines: Heppner 541-676-9161; Boardman 541-481-2911 | Crisis Line: 911
http://communitycounselingsolutions.org

COORDINATED CARE ORGANIZATION: Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann
Key Statistics

**POPULATION**
Population below Poverty Level (2016): 12.1% 13.4%
Total OHP Eligibles (Oct 2017): 24.2% 25.1%
Medicare Enrollees (Oct 2017): 23.2% 19.9%
Unemployment (2016): 5.1% 4.9%
Uninsurance (2014): 5.0% 5.6%
Mental Health Professional Shortage Area: Low Income/Homeless/Migrant N/A

**MORTALITY AND PREVALENCE**
Alcohol Induced Mortality (2011-2015): 12.38 per 100,000 17.96 per 100,000
Suicide Mortality (2011-2015): 11.88 per 100,000 17.54 per 100,000
Opioid Related Deaths (2012-2016): 3.8 per 100,000 6.6 per 100,000
All Drug Related Deaths (2012-2016): 5.4 per 100,000 9.6 per 100,000
Adults who have depression (self-reported): (2012-2015): 22.9% 25.2%

**UTILIZATION**
Emergency Department MHSA visits (2015-2016): 11.8 per 1,000 15.6 per 1,000
OHP claims for depression disorder (FY2016-2017): 6.8% 6.3%
OHP claims for any behavioral health disorder (FY2016-2017): 22.5% 23.0%
OHP claims for any mental illness disorder (FY2016-2017): 22.4% 19.7%
OHP claims for any substance use disorder (FY2016-2017): 5.1% 5.7%

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Polk County Behavioral Health
Executive Director: Noelle Carroll 503-623-9289 Ext. 2123
www.co.polk.or.us/bh

**COORDINATED CARE ORGANIZATION:** Willamette Valley Community Health
Chief Executive Officer: Nancy Rickenbach | Behavioral Health Representative: Cindy Becker

Residential Treatment Facilities

**RESIDENTIAL TREATMENT FACILITY**
Fir Hill Group Home, L.L.C. 13

**RESIDENTIAL TREATMENT HOME**
New Foundations, L.L.C. Linden Lane 5
Renew Consulting, Inc. Freestone 2
**COUNTY OVERVIEW:**

Sherman

**Key Statistics**

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<td>25.1%</td>
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<td>Medicare Enrollees (Oct 2017):</td>
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<td>19.9%</td>
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<td>Unemployment (2016):</td>
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**MORTALITY AND PREVALENCE**

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<td>17.54 per 100,000</td>
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<td>Opioid Related Deaths (2012-2016):</td>
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<td>6.6 per 100,000</td>
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<td>All Drug Related Deaths (2012-2016):</td>
<td>N/A</td>
<td>9.6 per 100,000</td>
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<tr>
<td>Adults who have depression (self-reported): (2012-2015):</td>
<td>28.8%</td>
<td>25.2%</td>
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**UTILIZATION**

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<td>23.0%</td>
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<td>OHP claims for any mental illness disorder (FY2016-2017):</td>
<td>20.1%</td>
<td>19.7%</td>
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<tr>
<td>OHP claims for any substance use disorder (FY2016-2017):</td>
<td>3.5%</td>
<td>5.7%</td>
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**County Directory**

**COMMUNITY MENTAL HEALTH PROVIDER:** Mid-Columbia Center for Living
Director: Barbara Seatter | General Access & Crisis Line: 541-296-5452 | [www.mccfl.org](http://www.mccfl.org)

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann

*Residential Treatment Facilities*

None available
**COUNTY OVERVIEW:**

**Tillamook**

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**Key Statistics**

**POPULATION**
- Population below Poverty Level (2016): .................................................12.9%  
  Oregon: .............................................................................13.4%
- Total OHP Eligibles (Oct 2017): ..............................................27.4%  
  Oregon: .............................................................................25.1%
- Medicare Enrollees (Oct 2017): ..................................................29.3%  
  Oregon: .............................................................................19.9%
- Unemployment (2016): ...............................................................5.0%  
  Oregon: .............................................................................4.9%
- Uninsurance (2014): .................................................................7.7%  
  Oregon: .............................................................................5.6%
- Mental Health Professional Shortage Area: ..............................Yes  
  None available

**MORTALITY AND PREVALENCE**
- Alcohol Induced Mortality (2011-2015): ..................................30.08 per 100,000  
  Oregon: ................................................................................17.96 per 100,000
- Suicide Mortality (2011-2015): .................................................16.97 per 100,000  
  Oregon: ................................................................................17.54 per 100,000
- Opioid Related Deaths (2012-2016): ........................................13.4 per 100,000  
  Oregon: ................................................................................6.6 per 100,000
- All Drug Related Deaths (2012-2016): ........................................16.6 per 100,000  
  Oregon: ................................................................................9.6 per 100,000
- Adults who have depression (self-reported): (2012-2015): ..........29.6%  
  Oregon: .............................................................................25.2%

**UTILIZATION**
- Emergency Department MHSA visits (2015-2016): ..................17.8 per 1,000  
  Oregon: ................................................................................15.6 per 1,000
- OHP claims for depression disorder (FY2016-2017): .................5.4%  
  Oregon: ................................................................................6.3%
- OHP claims for any behavioral health disorder (FY2016-2017): ...19.6%  
  Oregon: ................................................................................23.0%
- OHP claims for any mental illness disorder (FY2016-2017): ......16.3%  
  Oregon: ................................................................................19.7%
- OHP claims for any substance use disorder (FY2016-2017): ......5.4%  
  Oregon: ................................................................................5.7%

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**County Directory**

- **COMMUNITY MENTAL HEALTH PROVIDER:** Tillamook Family Counseling Center
  - Executive Health Director: Frank Hanna-Williams
- **COORDINATED CARE ORGANIZATION:** Columbia Pacific
  - Director: Mimi Haley | Behavioral Health Representative: Leslie Ford | GOBHI: Kimberly Humann

---

**Residential Treatment Facilities**

None available
Key Statistics

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<th>POPULATION</th>
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<td>Total OHP Eligibles (Oct 2017)</td>
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<td>Medicare Enrollees (Oct 2017)</td>
<td>17.6%</td>
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<tr>
<td>Unemployment (2016)</td>
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<td>4.9%</td>
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<td>Uninsurance (2014)</td>
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<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
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</table>

Mortality and Prevalence

Alcohol Induced Mortality (2011-2015): 13.60 per 100,000
Suicide Mortality (2011-2015): 15.65 per 100,000
Opioid Related Deaths (2012-2016): 3.1 per 100,000
All Drug Related Deaths (2012-2016): 5.2 per 100,000
Adults who have depression (self-reported): 20.8%

Utilization

Emergency Department MHSA visits (2015-2016): 9.7 per 1,000
OHP claims for depression disorder (FY2016-2017): 4.2%
OHP claims for any behavioral health disorder (FY2016-2017): 19.0%
OHP claims for any mental illness disorder (FY2016-2017): 15.3%
OHP claims for any substance use disorder (FY2016-2017): 5.7%

Residential Treatment Facilities

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<th>Alcohol &amp; Drug</th>
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<td>Eastern Oregon Alcoholism Foundation</td>
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<td>Eastern Oregon Alcoholism Foundation Detox Center</td>
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<tr>
<td>The Power House</td>
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<td>Residential Drug Treatment Center</td>
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<td>The Power House Extension</td>
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Residential Treatment Home

| ColumbiaCare Services, Inc. New Roads       | 5        |
| ColumbiaCare Services, Inc. Salmon Run      | 5        |
| Lifeways, Inc. Westgate House               | 5        |

Secure Residential Treatment Facility

| Lifeways, Inc. McNary Place                | 16       |
| State of Oregon Pendleton Cottage          | 16       |

County Directory

Community Mental Health Provider: Lifeways, Inc.
Executive Director: Micaela Cathey
General Access Lines: Hermiston 541-922-6226; Milton-Freewater & Pendleton 541-276-6207
Crisis Lines: Hermiston & Milton-Freewater 1-866-343-4473; Pendleton 541-276-6207
www.lifeways.org

Coordinated Care Organization: Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann
Key Statistics

**POPULATION**
- Population below Poverty Level (2016): 16.0% in Union, 13.4% in Oregon
- Total OHP Eligibles (Oct 2017): 28.0% in Union, 25.1% in Oregon
- Medicare Enrollees (Oct 2017): 23.6% in Union, 19.9% in Oregon
- Unemployment (2016): 5.9% in Union, 4.9% in Oregon
- Uninsurance (2014): 7.9% in Union, 5.6% in Oregon
- Mental Health Professional Shortage Area: Yes in Union, N/A in Oregon

**MORTALITY AND PREVALENCE**
- Alcohol Induced Mortality (2011-2015): 12.12 per 100,000 in Union, 17.96 per 100,000 in Oregon
- Suicide Mortality (2011-2015): 18.18 per 100,000 in Union, 17.54 per 100,000 in Oregon
- Opioid Related Deaths (2012-2016): 5.5 per 100,000 in Union, 6.6 per 100,000 in Oregon
- All Drug Related Deaths (2012-2016): 12.5 per 100,000 in Union, 9.6 per 100,000 in Oregon
- Adults who have depression (self-reported): 19.6% in Union, 25.2% in Oregon

**UTILIZATION**
- Emergency Department MHSA visits (2015-2016): 8.5 per 1,000 in Union, 15.6 per 1,000 in Oregon
- OHP claims for depression disorder (FY2016-2017): 4.8% in Union, 6.3% in Oregon
- OHP claims for any behavioral health disorder (FY2016-2017): 23.8% in Union, 23.0% in Oregon
- OHP claims for any mental illness disorder (FY2016-2017): 18.0% in Union, 19.7% in Oregon
- OHP claims for any substance use disorder (FY2016-2017): 8.3% in Union, 5.7% in Oregon

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Center for Human Development for Union County
Mental Health Director: Dwight Dill | General Access & Crisis Line: 541-962-8800 | [www.chdinc.org](http://www.chdinc.org)

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann

Residential Treatment Facilities

**RESIDENTIAL TREATMENT HOME**
Center for Human Development, Inc.
Respite Facility ........................................5
Key Statistics

**POPULATION**
- Population below Poverty Level (2016): 14.6% (Wallowa) vs. 13.4% (Oregon)
- Total OHP Eligibles (Oct 2017): 27.7% (Wallowa) vs. 25.1% (Oregon)
- Medicare Enrollees (Oct 2017): 33.2% (Wallowa) vs. 19.9% (Oregon)
- Unemployment (2016): 6.7% (Wallowa) vs. 4.9% (Oregon)
- Uninsurance (2014): 4.5% (Wallowa) vs. 5.6% (Oregon)

**MORTALITY AND PREVALENCE**
- Alcohol Related Mortality (2011-2015): 20.08 per 100,000 vs. 17.96 per 100,000
- Suicide Mortality (2011-2015): 31.55 per 100,000 vs. 17.54 per 100,000
- Opioid Related Deaths (2012-2016): N/A vs. 6.6 per 100,000
- All Drug Related Deaths (2012-2016): N/A vs. 9.6 per 100,000
- Adults who have depression (self-reported): 18.0% (Wallowa) vs. 25.2% (Oregon)

**UTILIZATION**
- Emergency Department MHSA visits (2015-2016): 8.7 per 1,000 vs. 15.6 per 1,000
- OHP claims for depression disorder (FY2016-2017): 6.5% vs. 6.3%
- OHP claims for any behavioral health disorder (FY2016-2017): 25.2% vs. 23.0%
- OHP claims for any mental illness disorder (FY2016-2017): 21.6% vs. 19.7%
- OHP claims for any substance use disorder (FY2016-2017): 7.8% vs. 5.7%

Residential Treatment Facilities

**RESIDENTIAL TREATMENT FACILITY**
- Wallowa Valley Center for Wellness — 11
- River House — 16

**RESIDENTIAL TREATMENT HOME**
- Wallowa Valley Center for Wellness — Joseph House — 5

County Directory

**COMMUNITY MENTAL HEALTH PROVIDER:** Wallowa Valley Center for Wellness
Executive Director: Chantay Jett

**COORDINATED CARE ORGANIZATION:** Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann
**COUNTY OVERVIEW:**

**Wasco**

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**Key Statistics**

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<td>Total OHP Eligibles (Oct 2017):</td>
<td>31.4%</td>
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<td>Medicare Enrollees (Oct 2017):</td>
<td>23.9%</td>
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<td>Unemployment (2016):</td>
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<td>Uninsurance (2014):</td>
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<table>
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<td>Alcohol Induced Mortality (2011-2015):</td>
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<td>Adults who have depression (self-reported): (2012-2015):</td>
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<td>OHP claims for any substance use disorder (FY2016-2017):</td>
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**Residential Treatment Facilities**

**RESIDENTIAL TREATMENT FACILITY**  Capacity

ColumbiaCare Services, Inc. Creekside ........ 12

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**County Directory**

**COMMUNITY MENTAL HEALTH PROVIDER:** Mid-Columbia Center for Living
Director: Barbara Seatter | General Access Line: 541-296-5452
Crisis Lines: 541-296-6307; 888-877-9167 (after hours) | www.mccfl.org

**COORDINATED CARE ORGANIZATION:** PacificSource Central Oregon
Chief Executive Officer: Lindsey Hopper | Behavioral Health Representative: Mike Franz
COUNTY OVERVIEW:
Wheeler

Key Statistics

<table>
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<th>POPULATION</th>
<th>Wheeler</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population below Poverty Level (2016):</td>
<td>19.6%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Total OHP Eligibles (Oct 2017):</td>
<td>27.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Medicare Enrollees (Oct 2017):</td>
<td>28.3%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Unemployment (2016):</td>
<td>4.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Uninsurance (2014):</td>
<td>6.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Mental Health Professional Shortage Area:</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MORTALITY AND PREVALENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Induced Mortality (2011-2015):</td>
</tr>
<tr>
<td>Suicide Mortality (2011-2015):</td>
</tr>
<tr>
<td>Opioid Related Deaths (2012-2016):</td>
</tr>
<tr>
<td>All Drug Related Deaths (2012-2016):</td>
</tr>
<tr>
<td>Adults who have depression (self-reported): (2012-2015):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UTILIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department MHSA visits (2015-2016):</td>
</tr>
<tr>
<td>OHP claims for depression disorder (FY2016-2017):</td>
</tr>
<tr>
<td>OHP claims for any behavioral health disorder (FY2016-2017):</td>
</tr>
<tr>
<td>OHP claims for any mental illness disorder (FY2016-2017):</td>
</tr>
<tr>
<td>OHP claims for any substance use disorder (FY2016-2017):</td>
</tr>
</tbody>
</table>

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Community Counseling Solutions
Executive Director: Kimberly Lindsay | General Access Line: 541-763-2746 | Crisis Line: 911
http://communitycounselingsolutions.org

COORDINATED CARE ORGANIZATION: Eastern Oregon CCO
Chief Executive Officer: Kevin Campbell | Behavioral Health Director: Bonnie Thompson
GOBHI: Kimberly Humann

Residential Treatment Facilities

None available
COUNTY OVERVIEW: Yamhill

**Key Statistics**

**POPULATION**
- Population below Poverty Level (2016): 11.7% (Oregon: 13.4%)
- Total OHP Eligibles (Oct 2017): 24.6% (Oregon: 25.1%)
- Medicare Enrolees (Oct 2017): 18.7% (Oregon: 19.9%)
- Unemployment (2016): 4.7% (Oregon: 4.9%)
- Uninsurance (2014): 8.1% (Oregon: 5.6%)
- Mental Health Professional Shortage Area: Yes (Oregon: N/A)

**MORTALITY AND PREVALENCE**
- Alcohol Induced Mortality (2011-2015): 16.05 per 100,000 (Oregon: 17.96 per 100,000)
- Suicide Mortality (2011-2015): 16.81 per 100,000 (Oregon: 17.54 per 100,000)
- Opioid Related Deaths (2012-2016): 5.3 per 100,000 (Oregon: 6.6 per 100,000)
- All Drug Related Deaths (2012-2016): 7.4 per 100,000 (Oregon: 9.6 per 100,000)
- Adults who have depression (self-reported): 25.8% (Oregon: 25.2%)

**UTILIZATION**
- Emergency Department MHSA visits (2015-2016): 13.4 per 1,000 (Oregon: 15.6 per 1,000)
- OHP claims for depression disorder (FY2016-2017): 6.2% (Oregon: 6.3%)
- OHP claims for any behavioral health disorder (FY2016-2017): 23.3% (Oregon: 23.0%)
- OHP claims for any mental illness disorder (FY2016-2017): 20.3% (Oregon: 19.7%)
- OHP claims for any substance use disorder (FY2016-2017): 5.6% (Oregon: 5.7%)

**County Directory**

**COMMUNITY MENTAL HEALTH PROVIDER:** Yamhill County Health & Human Services
- Director: Silas Halloran-Steiner
- General Access Line: Family & Youth 503-434-7462; Adult 503-434-7523
- Crisis Lines: 503-434-7523; 844-842-8200 (after hours) | [http://hhs.co.yamhill.or.us](http://hhs.co.yamhill.or.us)

**COORDINATED CARE ORGANIZATION:** Yamhill Community Care
- Chief Executive Officer: Seamus McCarthy | Medical Director: Bhavesh Rajani

**Residential Treatment Facilities**

**ALCOHOL & DRUG**
- Hazelden Betty Ford Foundation: 95

**RESIDENTIAL TREATMENT FACILITY**
- Parkside Living Center: 16
Access to Behavioral Health Providers

Urban areas have over 2.5 times the number of mental health providers per 1,000 people compared to rural and frontier areas.

<table>
<thead>
<tr>
<th>Program</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Healthcare Loan Forgiveness Program (PCLF)</td>
<td>Provides loans to students who are training in a rural specific program. Loans are forgiven if the student completes a post-graduation service obligation, in primary care, at an approved site in a rural Oregon community. Primary care includes, but is not limited to, community psychiatry and psychiatric mental health.</td>
</tr>
<tr>
<td>Oregon Partnership State Loan Repayment Program (SLRP)</td>
<td>Supported by a grant from the Health Resource Service Administration and matched 1:1 by participating sites. Eligible providers must be serving in primary care. Primary care includes, but is not limited to, Clinical or Counseling Psychologists, Clinical Social Workers, Professional Counselors, Marriage and Family Therapists, and Psychiatric Nurse Specialists.</td>
</tr>
<tr>
<td>Health Care Provider Incentive Loan Repayment</td>
<td>Offers loan repayment to qualified health providers who commit to serving the health care needs of Medicaid and Medicare enrollees in both rural and non-rural underserved areas of the state. Eligible providers include, but are not limited to, Licensed Professional Counselors, Marriage and Family Therapists, Clinical Psychologists, and Clinical Social Workers.</td>
</tr>
<tr>
<td>Scholars for a Healthy Oregon Initiative (SHOI)</td>
<td>An Oregon Health &amp; Science University specific full scholarship for qualified students. Post-graduation, students are required to serve the health care needs of Medicaid and Medicare enrollees in both rural and non-rural underserved areas of the state. SHOI recipients may chose to practice in the field of behavioral health.</td>
</tr>
<tr>
<td>National Health Service Corps (NHSC)</td>
<td>Offers loan repayment for qualified health providers in exchange for a service commitment at an NHSC-approved site. Eligible providers include, but are not limited to, Allopathic and Osteopathic Physicians – Psychiatry, Health Service Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, Psychiatric Nurse Specialists, Nurse Practitioners—Mental Health, and Physician Assistants—Mental Health.</td>
</tr>
</tbody>
</table>
Psychiatrists
FTE by City

**Key Statistics**

<table>
<thead>
<tr>
<th>Type</th>
<th>FTE</th>
<th>FTE PER 1,000 POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>291.5</td>
<td>0.11</td>
</tr>
<tr>
<td>Rural Only</td>
<td>30.4</td>
<td>0.02</td>
</tr>
<tr>
<td>Frontier Only</td>
<td>1.9</td>
<td>0.02</td>
</tr>
<tr>
<td>Rural and Frontier</td>
<td>32.3</td>
<td>0.02</td>
</tr>
<tr>
<td>Oregon</td>
<td>356.1</td>
<td>0.06</td>
</tr>
</tbody>
</table>

**Source:** Survey data from Oregon Medical Board, 2016
### Key Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>FTE SUM</th>
<th>FTE PER 1,000 POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>164.6</td>
<td>0.06</td>
</tr>
<tr>
<td>Rural Only</td>
<td>56.4</td>
<td>0.04</td>
</tr>
<tr>
<td>Frontier Only</td>
<td>3.3</td>
<td>0.04</td>
</tr>
<tr>
<td>Rural and Frontier</td>
<td>59.7</td>
<td>0.04</td>
</tr>
<tr>
<td>Oregon</td>
<td>284.0</td>
<td>0.05</td>
</tr>
</tbody>
</table>

**SOURCE:** Survey data from Oregon State Board of Nursing and Oregon Health Authority Health Care Workforce Reporting, 2016
Key Statistics

<table>
<thead>
<tr>
<th>Region</th>
<th>Licenses</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>1361</td>
<td>0.51</td>
</tr>
<tr>
<td>Rural Only</td>
<td>170</td>
<td>0.13</td>
</tr>
<tr>
<td>Frontier Only</td>
<td>2</td>
<td>0.02</td>
</tr>
<tr>
<td>Rural and Frontier</td>
<td>172</td>
<td>0.12</td>
</tr>
<tr>
<td>Oregon</td>
<td>1705</td>
<td>0.31</td>
</tr>
</tbody>
</table>

SUM LICENSES PER 1,000 POPULATION

SOURCE: State Board of Psychologist Examiners, 2016
Key Statistics

<table>
<thead>
<tr>
<th></th>
<th>SUM</th>
<th>LICENSES PER 1,000 POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>2351</td>
<td>0.88</td>
</tr>
<tr>
<td>Rural Only</td>
<td>508</td>
<td>0.38</td>
</tr>
<tr>
<td>Frontier Only</td>
<td>26</td>
<td>0.28</td>
</tr>
<tr>
<td>Rural and Frontier</td>
<td>534</td>
<td>0.37</td>
</tr>
<tr>
<td>Oregon</td>
<td>3419</td>
<td>0.62</td>
</tr>
</tbody>
</table>

SUM LICENSES PER 1,000 POPULATION

Marriage and Family Therapists by City

SOURCE: Oregon Board of Licensed Professional Counselors and Therapists, 2016
Clinical Social Workers by City

Key Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>SUM</th>
<th>LICENSES PER 1,000 POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>2534</td>
<td>0.95</td>
</tr>
<tr>
<td>Rural Only</td>
<td>456</td>
<td>0.34</td>
</tr>
<tr>
<td>Frontier Only</td>
<td>32</td>
<td>0.35</td>
</tr>
<tr>
<td>Rural and Frontier</td>
<td>488</td>
<td>0.34</td>
</tr>
<tr>
<td>Oregon</td>
<td>3510</td>
<td>0.63</td>
</tr>
</tbody>
</table>

SOURCE: State Board of Clinical Social Workers, 2016
**What is Civil Commitment?**

A process in which a judge decides whether a person alleged to be mentally ill should be required to accept mental health treatment. It is not a criminal conviction and will not go on a criminal record. The process can be initiated by a police officer, a CMHP Director’s Designee, or any two people can file a Notice of Mental Illness petition with the local circuit court.

These services are certified by OHA. The map shows the certified acute care and hold facilities, as well as the two locations for the Oregon State Hospital.

**How is a Local Hospital Involved?**

A person may present or be brought to an ED where they are evaluated by a physician. If they refuse treatment, but are deemed to meet criteria, a physician can place a temporary hold pending an investigation by the CMHP. If the CMHP concurs, the person can be held up to five days pending a hearing.

If a hearing is held, the judge decides whether the person should be committed. If the person is committed, they may be hospitalized or required to undergo treatment in another setting for a period of up to 180 days. If the person still meets criteria at the end of that period, another hearing must be held in order to continue the hold.
Data Source Information

Page 6: Percentage of Population in Rural and Frontier Oregon

Population numbers by zipcode: Claritas 2017

Page 7: Safety Net Facilities in Rural and Frontier Oregon


Tribal Clinics: http://www.npaihb.org/member-tribes/#1450475820392-65215ee8-17e6

CAHs: http://www.ohsu.edu/xd/outreach/oregon-rural-health/hospitals/cah.cfm

Pages 22 to 55: Key Statistics


Oregon Health Plan (OHP) Eligibles: Oct 2017, Oregon Health Authority, Office of Health Policy and Analytics


Mental Health HPSAs: https://datawarehouse.hrsa.gov/tools/anlyzers/hpsafind.aspx

Alcohol/Suicide Mortality: 2011-2015, Oregon Health Authority, Center for Health Statistics


Emergency Department Mental Health Substance Abuse (MHSA) Visits: 2015-2016, Apprise Oregon Hospital Discharge Database

OHP Service Claims: FY 2016-2017, Oregon Health Authority, Office of Health Policy and Analytics

What is a HPSA?

Health Professional Shortage Areas (HPSAs) are federal designations, requested by the state through the Oregon Health Authority Primary Care Office and approved by the federal Health Resources and Services Administration, that indicate health care provider shortages in primary care, dental health; or mental health. These shortages may be geographic, population, or facility-based:

Geographic Area: A shortage of providers for the entire population within a defined geographic area.

Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, homeless, etc.)

Get in touch

1.866.674.4376
503.494.4450
www.ohsu.edu/orh

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Oregon Office of Rural Health
Oregon Health & Science University
3030 SW Moody Ave, Suite 200
Portland, OR 97201

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