2017

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**.

OREGON OFFICE of RURAL HEALTH

ORHA

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CONTENTS

**Does not include the primarily urban counties of Multnomah and Washington*

Acknowledgements

Thank You Facility Participants

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

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

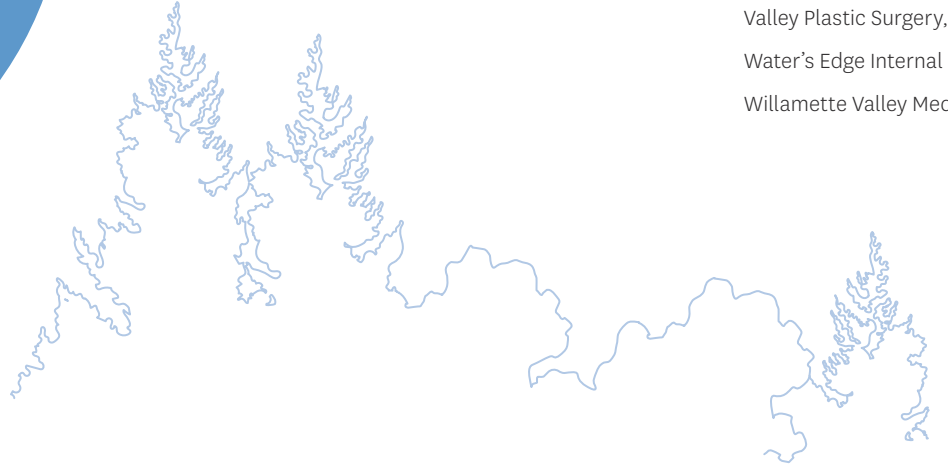
Stone Medical, PC, Ashland

Strawberry Wilderness Community Clinic, John Day

Valley Plastic Surgery, Talent

Water's Edge Internal Medicine Clinic, The Dalles

Willamette Valley Medical Center, McMinnville



Thank You

Participating Partners

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.

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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*

Tamara McNatt, Licensing and Certification Unit Lead, Health Systems Division

INTRODUCTION

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

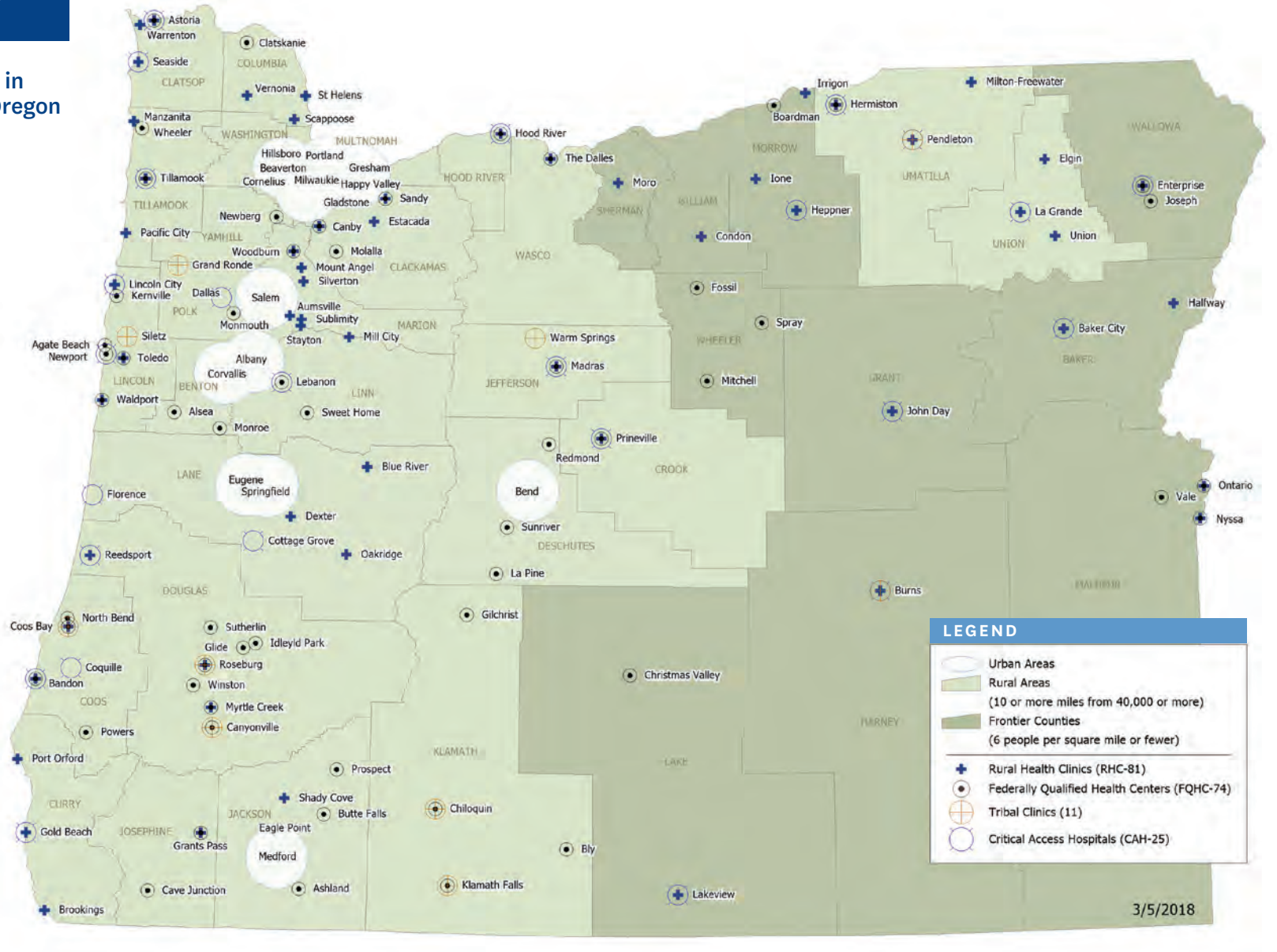
The Oregon Office of Rural Health (ORH) defines rural as any geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more.

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



Key Areas for Advocacy

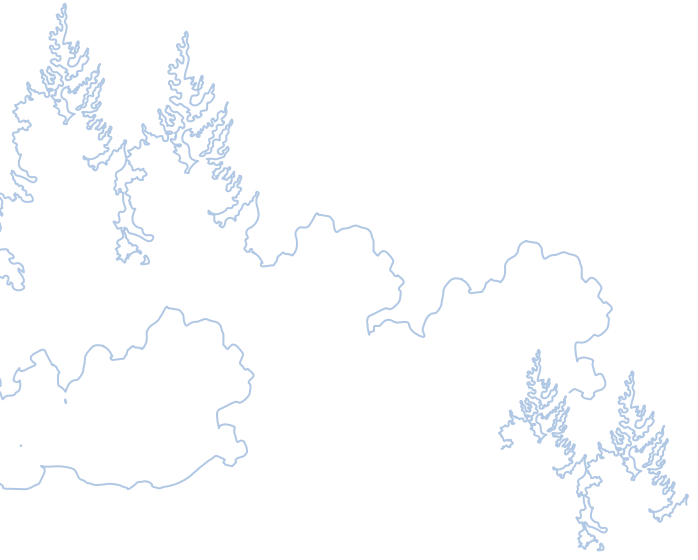
"Political solutions are not policy solutions."

— CHIEF EXECUTIVE OFFICER OF A RURAL HOSPITAL

Overview of Challenges

"We're on the edge of being able to do something special here."

—LAKE COUNTY COMMISSIONER ON THE POTENTIAL FOR INNOVATION AND GREATER INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES IN A FRONTIER COUNTY



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?' "

Little North Santiam River

Mrytle Point

Tamanawas Falls

Behavioral Health Challenges

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.

"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

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.

"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:

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.

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:

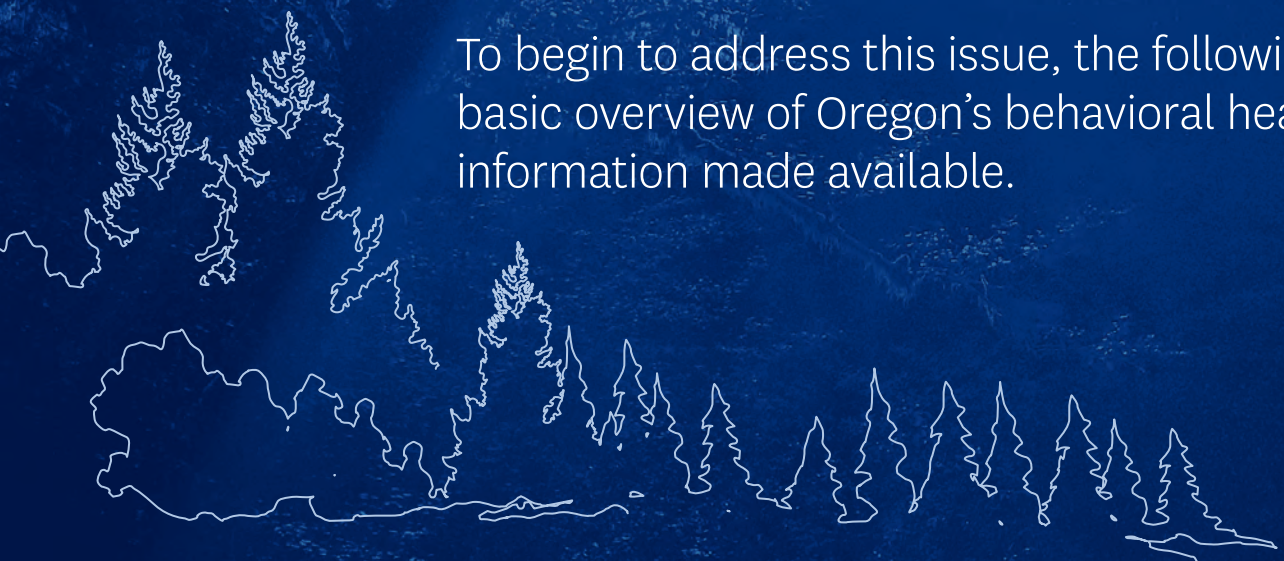
- Impedes communication between agencies and creates competition rather than collaboration,
- Doesn't pay providers at all of the points of care in the system. As a result, patient care opportunities may be missed, which can result in patients not receiving the comprehensive services they need.

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.



State Overview

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, 309-033-0200 through 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.

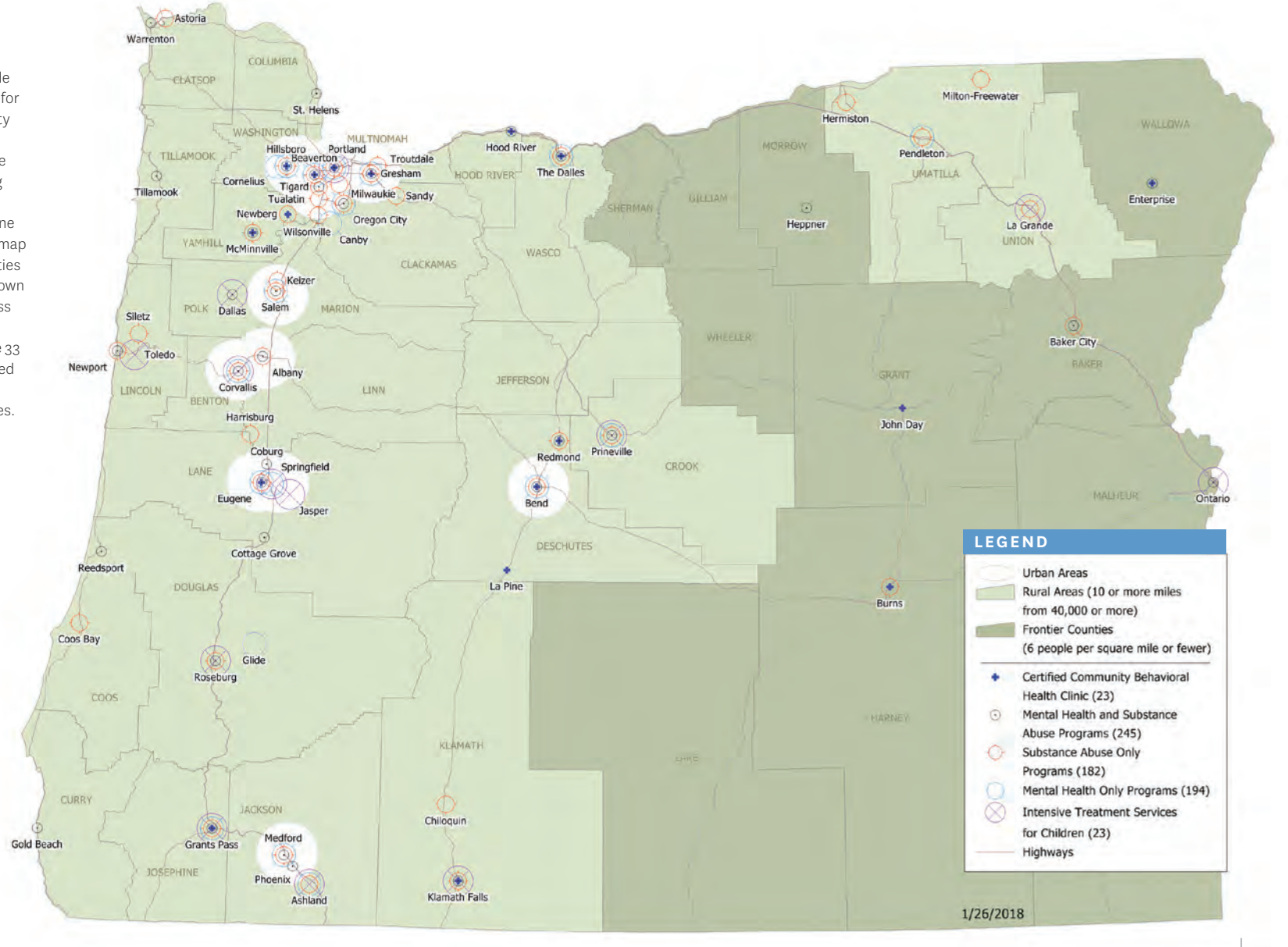
Currently each CCO service area must have a written agreement between the CCO and CMHP (ORS 414.153), with the following:

- 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.

TYPES OF BEHAVIORAL HEALTH PROGRAMS:
Outpatient

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.



SOURCE: *Oregon Health Authority, Office of Health Policy and Analytics*

	WHAT IS IT?	DESIGNATION TYPE AND CRITERIA	SERVICES REQUIRED	OREGON SPECIFICS
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)	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.	**Federal Designation:** Created through Section 223 of the Protecting Access to Medicare Act (PAMA), CCBHCs are a two-year demonstration program based on the Excellence in Mental Health Act. **Designation Criteria:** CCBHCs are certified by OHA and have requirements in six core areas: · Staffing; · Availability and accessibility of services; · Care coordination; · Scope of services; · Quality and reporting; · Organizational authority, governance and accreditation. **More information:** *http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Community-BH-Clinics.aspx*	· 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.)	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.
MENTAL HEALTH AND/ OR SUBSTANCE ABUSE PROGRAMS (MH/SA)	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.	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.	See Behavioral Health Outpatient Programs Map on page 17.

	WHAT IS IT?	DESIGNATION TYPE AND CRITERIA	SERVICES REQUIRED	OREGON SPECIFICS
PATIENT CENTERED PRIMARY CARE HOME (PCPCH)	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.	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	Service criteria to meet each tier level can be found here: *http://www.oregon.gov/oha/HPA/CSI-PCPCH/Documents/TA-Guide.pdf*	More than 635 primary care clinics are recognized as PCPCHs in 35 out of 36 Oregon counties.
OPIOID TREATMENT PROGRAMS (OTP)	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.	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.	· 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.	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. 21 of Oregon's 36 counties have 2 or fewer certified practitioners.

TYPES OF BEHAVIORAL HEALTH PROGRAMS:

Residential

	WHAT IS IT?	DESIGNATION TYPE AND CRITERIA	SERVICES REQUIRED	OREGON SPECIFICS
ADULT FOSTER HOMES (AFH) 5 OR FEWER RESIDENTS	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)	PRTS are residential treatment homes that are staffed 24 hours a day for youth under 18 years of age. Services are provided by a care team led by a child psychiatrist and include a combination of group, individual and family therapies with medication management and daily skills training.	**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: · Weekly individual therapy; · Regular family therapy; · Group therapies; · Monthly psychiatry for medication management and treatment reviews; · Educational services; · Regular skills training.	All youth who access PRTS must be offered either intensive care coordination or wraparound from the CCO. Oregon currently has 3 PRTS providers.
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 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.	Oregon currently has 2 Subacute providers.

	WHAT IS IT?	DESIGNATION TYPE AND CRITERIA	SERVICES REQUIRED	OREGON SPECIFICS
ADULT RESIDENTIAL TREATMENT HOME (RTH) 5 OR FEWER RESIDENTS **ADULT RESIDENTIAL TREATMENT FACILITY (RTF)** 6-16 RESIDENTS	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.	**State Licensed:** These facilities are licensed by OHA.	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; · Behavior management services. If substance use disorder services are available: · Substance use disorder treatment; · Support and access to self-help recovery groups; · Referral to other substance use disorder treatment resources as clinically appropriate.	See each county page for a list of RTHs and RTFs.
SECURE RESIDENTIAL TREATMENT FACILITIES (SRTFS) 6-16 RESIDENTS	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.	**State Licensed:** These facilities are licensed by OHA. These facilities are governed by OAR 309-035-0100 through 309-035-0225.	Provide services on a 24-hour basis. 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; · Behavior management services; · Educational services; · Regular skills training.	See each county page for a list of SRTFs.
THE SECURE CHILDREN'S INPATIENT PROGRAM (SCIP) AGE 13 OR YOUNGER **THE SECURE ADOLESCENT INPATIENT PROGRAM (SAIP):** AGE 14 TO 17	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.	**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 psychiatric treatment facility. These facilities are governed by OARs 309-008-0100 through 309-008-1600 and 309-022-0100 through 309-022-0230.	SCIP/SAIP providers offer: · 24 hour supervision in a secure environment; · 24 hour access to nursing and psychiatric nursing; · Psychiatry and medication management as needed, as well as monthly for treatment plan review; · Ongoing family, individual, and group therapy as recommended by psychiatrist; · Daily skills training.	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.

COUNTY OVERVIEW:

Baker

Key Statistics

POPULATION	Baker	Oregon
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

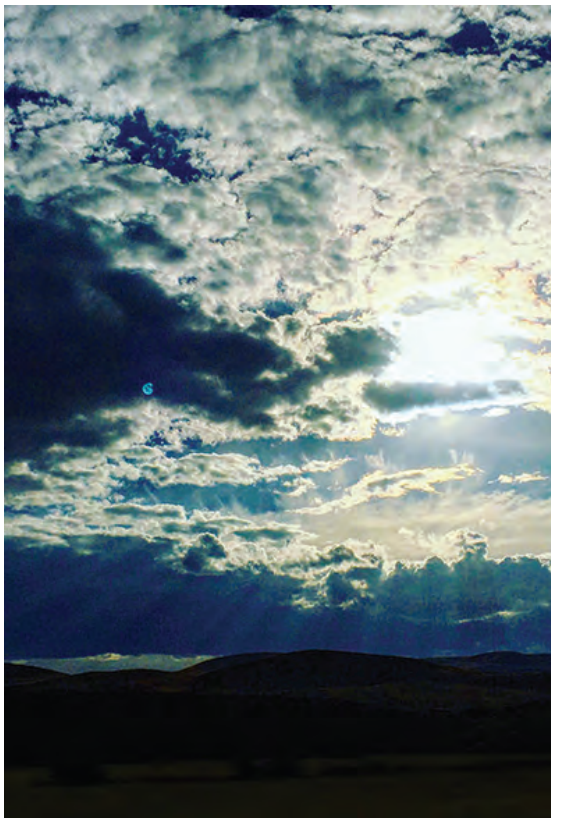
COMMUNITY MENTAL HEALTH PROVIDER: New Directions, Northwest, Inc.
Behavioral Health Director: Shari Selander
General Access Line: 541-523-3646 | Crisis Line: 541.523.3646 (8am -5pm) 541.519.7126 (after hours)
www.newdirectionsnw.org

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

Residential Treatment Facilities

ALCOHOL & DRUG CORRECTIONAL	Capacity
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



Baker City

COUNTY OVERVIEW:
Benton

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): (2012-2015):	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%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Benton County Mental Health Department
Behavioral Health Director: Mitch Anderson 541-766-6805
General Access Line: 541-766-6835 | Crisis Line: 888-232-7192
www.co.benton.or.us/health/page/behavioral-health

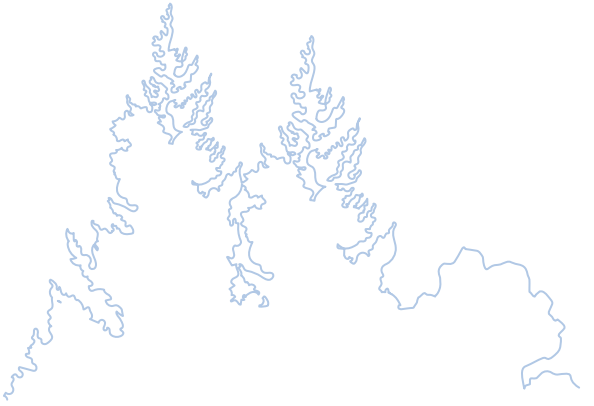
COORDINATED CARE ORGANIZATION: InterCommunity Health Network
Chief Executive Officer: Kelly Kaiser | Behavioral Health Representative: Karen Weiner

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 OVERVIEW:
Clackamas

Key Statistics

POPULATION	Clackamas	Oregon
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%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER:
Clackamas County Health, Housing, & Human Services: Behavioral Health
Behavioral Health Director: Mary Rumbaugh 503-742-5305
General Access Line: 503-742-5335 | Crisis Line: 503-655-8585 | *www.clackamas.us/behavioralhealth/*

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

Residential Treatment Facilities

ALCOHOL & DRUG CORRECTIONAL	Capacity
Pacific Crest Trail Detox L.L.C	8
NW Behavioral Healthcare Services	50
Alcohol & Drug Correctional Coffee Creek	54
L.I.F.T Pathfinders of Oregon at Coffee Creek	25

RESIDENTIAL TREATMENT FACILITY	
ColumbiaCare Services, Inc. Kellogg Creek	6
ColumbiaCare Services, Inc. Alder Creek	6
Cascadia Behavioral Healthcare Leland House	10
Cascadia Behavioral Healthcare Pearl House	12

RESIDENTIAL TREATMENT HOME	
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 OVERVIEW:
Clatsop

Key Statistics

POPULATION	Clatsop	Oregon
Population below Poverty Level (2016):	12.9%	13.4%
Total OHP Eligibles (Oct 2017):	27.8%	25.1%
Medicare Enrollees (Oct 2017):	27.6%	19.9%
Unemployment (2016):	4.8%	4.9%
Uninsurance (2014):	2.1%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	22.53 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	24.14 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	7.5 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	10.7 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	29.8%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	22.4 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	6.1%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	23.2%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	19.2%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	6.5%	5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Clatsop Behavioral Health
Behavioral Health Director: Amy Baker 541-325-5722 Ext. 225
General Access Line: 503-325-5722 | Crisis Line: 503-325-5724 | *www.clatsopbh.org*

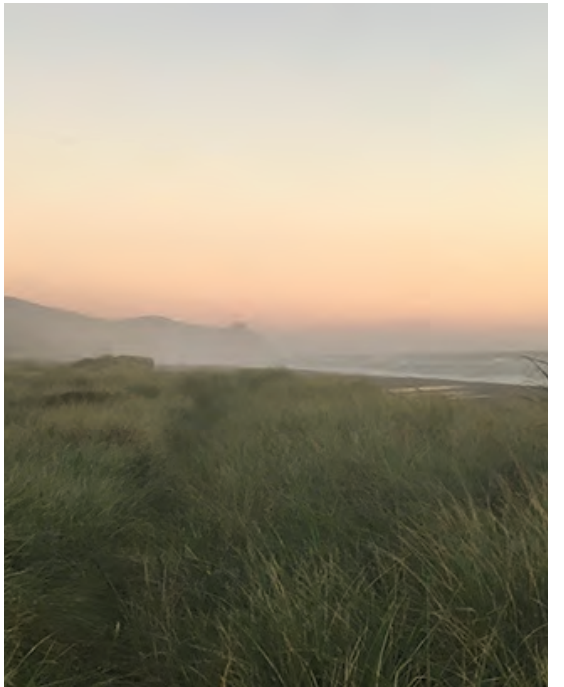
COORDINATED CARE ORGANIZATION: Columbia Pacific
Director: Mimi Haley | Behavioral Health Representative: Leslie Ford | GOBHI: Kimberly Humann

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
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



Gearhart

COUNTY OVERVIEW:
Columbia

Key Statistics

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

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

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	12.1 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):	26.9%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	22.2%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	7.3%	5.7%

County Directory

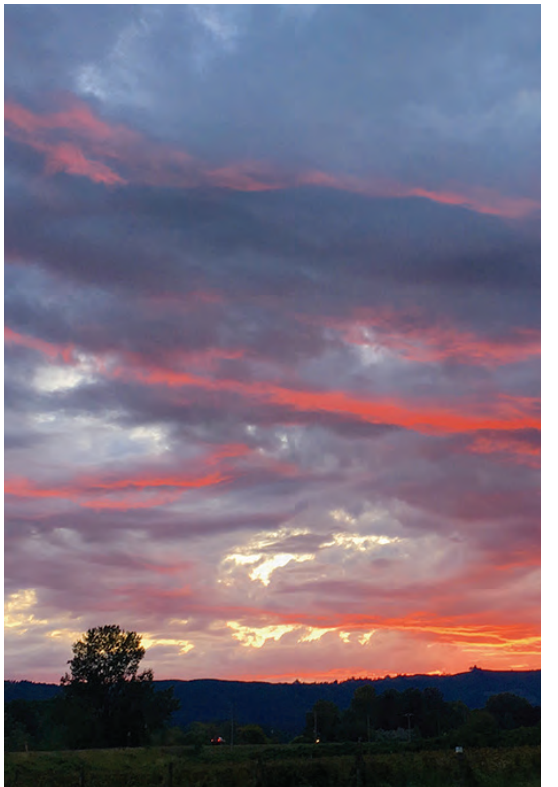
COMMUNITY MENTAL HEALTH PROVIDER: Columbia Community Mental Health
Executive Director: Roland Migchielsen 503-397-5211 ext. 201
General Access Line: 503-397-5211 | Crisis Lines: 866-866-1426; Vernonia 503-397-5211
www.ccmh1.com

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

Residential Treatment Facilities

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

RESIDENTIAL TREATMENT FACILITY	
Columbia Community Mental Health, Inc. Alternatives	9
Columbia Community Mental Health, Inc. Cornerstone	16



Sauvie Island

COUNTY OVERVIEW:
Coos

Key Statistics

POPULATION	Coos	Oregon
Population below Poverty Level (2016):	17.5%	13.4%
Total OHP Eligibles (Oct 2017):	33.0%	25.1%
Medicare Enrollees (Oct 2017):	30.5%	19.9%
Unemployment (2016):	6.5%	4.9%
Uninsurance (2014):	1.2%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

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%

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/BehavorialHealth.aspx

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

Residential Treatment Facilities

RESIDENTIAL TREATMENT FACILITY	Capacity
ColumbiaCare Services, Inc.	
Coos Crisis Resolution Center	6

RESIDENTIAL TREATMENT HOME	
ColumbiaCare Services, Inc. Cedar Bay	5

Bandon

COUNTY OVERVIEW:
Crook

Key Statistics

POPULATION	Crook	Oregon
Population below Poverty Level (2016):	14.2%	13.4%
Total OHP Eligibles (Oct 2017):	31.0%	25.1%
Medicare Enrollees (Oct 2017):	29.7%	19.9%
Unemployment (2016):	7.0%	4.9%
Uninsurance (2014):	1.0%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	23.11 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	21.26 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	9.5 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	14.3 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	35.8%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	17.8 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	6.1%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	22.8%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	19.3%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	5.9%	5.7%

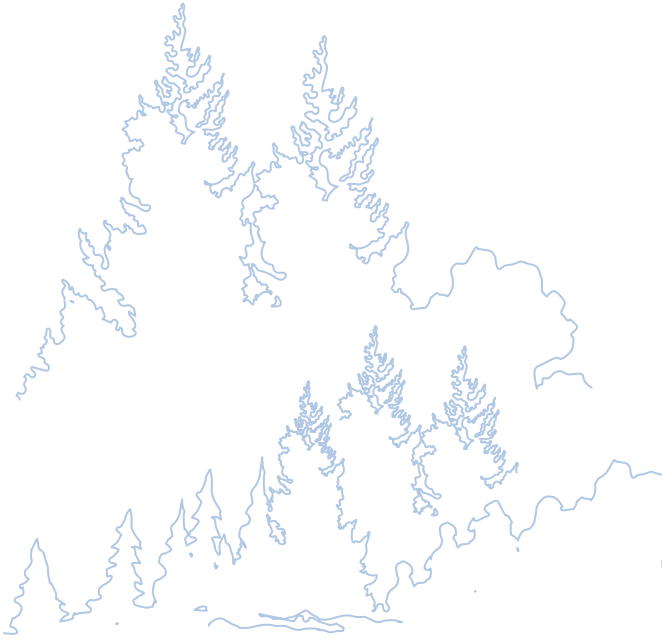
County Directory

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

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

POPULATION	Curry	Oregon
Population below Poverty Level (2016):	14.1%	13.4%
Total OHP Eligibles (Oct 2017):	28.5%	25.1%
Medicare Enrollees (Oct 2017):	37.3%	19.9%
Unemployment (2016):	6.9%	4.9%
Uninsurance (2014):	1.0%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

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%

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

Residential Treatment Facilities

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

RESIDENTIAL TREATMENT HOME	
ColumbiaCare Services, Inc. Bell Cove	5

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	Deschutes	Oregon
Population below Poverty Level (2016):	10.6%	13.4%
Total OHP Eligibles (Oct 2017):	22.7%	25.1%
Medicare Enrollees (Oct 2017):	22.3%	19.9%
Unemployment (2016):	4.9%	4.9%
Uninsurance (2014):	2.6%	5.6%
Mental Health Professional Shortage Area:	Low Income	N/A

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	Capacity
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
General Access Line: 541-322-7500 | Crisis Line: 541-322-7500 Ext. 9 | *www.deschutes.org/health*

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

Crooked River

COUNTY OVERVIEW:
Douglas

Key Statistics

POPULATION	Douglas	Oregon
Population below Poverty Level (2016):	15.6%	13.4%
Total OHP Eligibles (Oct 2017):	31.2%	25.1%
Medicare Enrollees (Oct 2017):	29.6%	19.9%
Unemployment (2016):	6.4%	4.9%
Uninsurance (2014):	3.0%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

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%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Adapt, Inc.
Behavioral Health Director: Gregory Brigham 541-672-2691
General Access Line: 541-440-3532 | Crisis Line: 800-866-9780 | *www.adaptoregon.org*

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

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
ADAPT The Crossroads	32
ADAPT Deer Creek Adolescent Treatment Center	15

Opioid Treatment Program

Adapt, Inc.

Tokatee Falls

COUNTY OVERVIEW:
Gilliam

Key Statistics

POPULATION	Gilliam	Oregon
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

Condon

COUNTY OVERVIEW:
Grant

Key Statistics

POPULATION	Grant	Oregon
Population below Poverty Level (2016):	16.0%	13.4%
Total OHP Eligibles (Oct 2017):	23.5%	25.1%
Medicare Enrollees (Oct 2017):	30.4%	19.9%
Unemployment (2016):	7.8%	4.9%
Uninsurance (2014):	6.0%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	22.20 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	30.53 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):	20.0%	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):	7.2%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	24.4%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	21.5%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	5.3%	5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Community Counseling Solutions
Behavioral Health Director: Kimberly Lindsay
General Access Line: 541-575-1466 | 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

SECURE RESIDENTIAL TREATMENT FACILITY	Capacity
Juniper Ridge Acute Care Center	11

John Day

COUNTY OVERVIEW:
Harney

Key Statistics

POPULATION	Harney	Oregon
Population below Poverty Level (2016):	16.4%	13.4%
Total OHP Eligibles (Oct 2017):	29.9%	25.1%
Medicare Enrollees (Oct 2017):	26.7%	19.9%
Unemployment (2016):	6.3%	4.9%
Uninsurance (2014):	6.6%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	44.25 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	27.66 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):	22.7%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	12.7 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	5.1%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	20.7%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	17.1%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	7.2%	5.7%

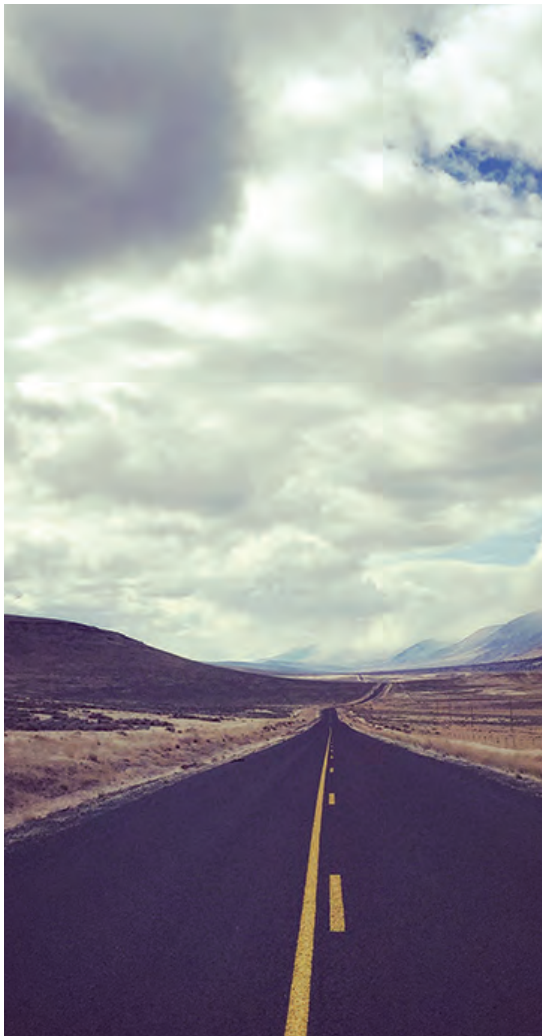
County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Symmetry Care
Director: Chris Siegner | General Access & Crisis Line: 541-573-8376 | *http://symmetrycareinc.com*

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

Residential Treatment Facilities

RESIDENTIAL TREATMENT FACILITY	Capacity
Symmetry Care, Inc. Independence Place	10



Fields-Denio Road

COUNTY OVERVIEW:
Hood River

Key Statistics

POPULATION	Hood River	Oregon
Population below Poverty Level (2016):	10.7%	13.4%
Total OHP Eligibles (Oct 2017):	28.3%	25.1%
Medicare Enrollees (Oct 2017):	16.7%	19.9%
Unemployment (2016):	4.2%	4.9%
Uninsurance (2014):	10.8%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A
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): (2012-2015):	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%

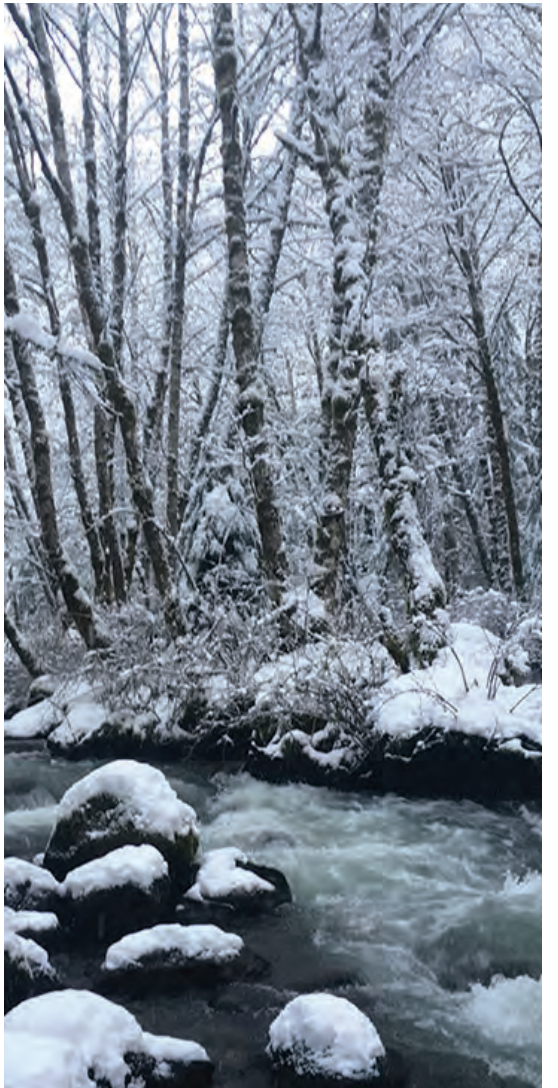
County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Mid-Columbia Center for Living
Director: Barbara Seatter 541-386-2620 Ext. 8130
General Access Line: 541-386-2620 | Crisis Line: 541-386-7534 | *www.mccfl.org*

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

POPULATION	Jackson	Oregon
Population below Poverty Level (2016):	14.6%	13.4%
Total OHP Eligibles (Oct 2017):	30.8%	25.1%
Medicare Enrollees (Oct 2017):	25.4%	19.9%
Unemployment (2016):	5.8%	4.9%
Uninsurance (2014):	4.3%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	21.16 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	22.47 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	7.5 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	10.7 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	28.0%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	18.2 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	5.5%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	22.3%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	18.1%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	6.5%	5.7%

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	Capacity
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

POPULATION	Jefferson	Oregon
Population below Poverty Level (2016):	17.3%	13.4%
Total OHP Eligibles (Oct 2017):	43.6%	25.1%
Medicare Enrollees (Oct 2017):	28.3%	19.9%
Unemployment (2016):	6.7%	4.9%
Uninsurance (2014):	4.6%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	52.4 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	15.7 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):	N/A	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	28.1%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	21.1 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	5.4%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	20.5%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	16.3%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	6.6%	5.7%

County Directory

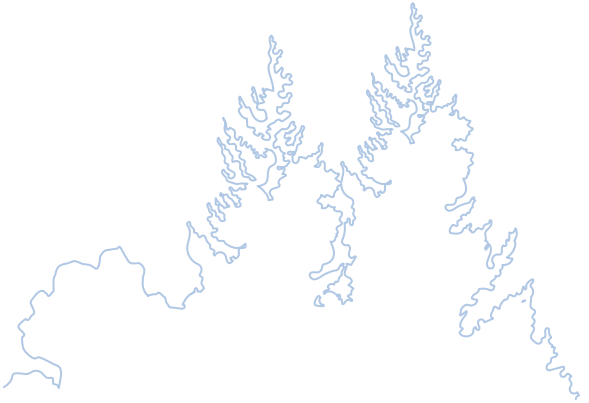
COMMUNITY MENTAL HEALTH PROVIDER: BestCare Treatment Services
Director: Rick Treleaven | General Access Line & Crisis Line: 541-475-6575 | *www.bestcaretreatment.org*

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

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
BestCare Programa de Recuperacion de Madras	13

ALCOHOL & DRUG CORRECTIONAL	
Deer Ridge Correctional Institution	106



COUNTY OVERVIEW:
Josephine

Key Statistics

POPULATION	Josephine	Oregon
Population below Poverty Level (2016):	18.0%	13.4%
Total OHP Eligibles (Oct 2017):	35.7%	25.1%
Medicare Enrollees (Oct 2017):	29.2%	19.9%
Unemployment (2016):	6.6%	4.9%
Uninsurance (2014):	1.0%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	26.10 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	25.87 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	6.0 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	9.6 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	26.7%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	18.1 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	5.6%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	21.1%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	17.5%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	5.4%	5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Options for Southern Oregon
Executive Director: Karla McCafferty
General Access Line: 541-476-2373 | Crisis Line: 541-474-5360 | *www.optionsonline.org*

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	Capacity
OnTrack, Inc. N.W. 6th Street	10
Options for Southern Oregon, Inc. Crisis Resolution Center	3

ALCOHOL & DRUG CORRECTIONAL	
Rogue Valley Youth Correctional Facility	80

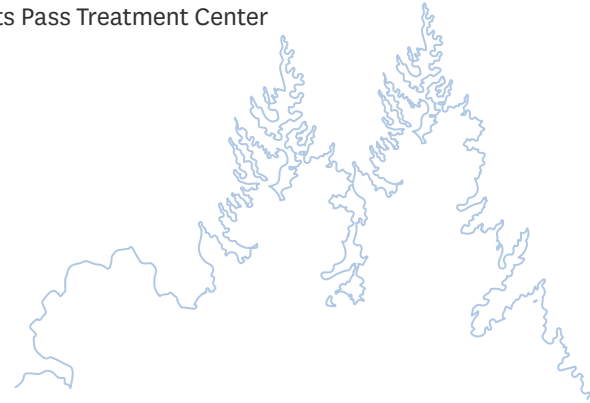
RESIDENTIAL TREATMENT FACILITY	
Options for Southern Oregon, Inc. Carnahan Court	10

RESIDENTIAL TREATMENT HOME	
Kairos Northwest Momentum	5

SECURE RESIDENTIAL TREATMENT FACILITY	
Kairos Northwest Three Bridges	12
Options for Southern Oregon, Inc. Ramsey Place	11
Options for Southern Oregon, Inc. Crisis Resolution Center	15

Opioid Treatment Program

Grants Pass Treatment Center



COUNTY OVERVIEW:
Klamath

Key Statistics

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

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	36.90 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	21.52 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	3.7 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	8.6 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	24.4%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	15.3 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):	24.5%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	21.1%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	6.9%	5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Klamath Basin Behavioral Health
Behavioral Health Director: Stan Gilbert | General Access & Crisis Line: 541-883-1030 | *www.kbbh.org*

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

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
BestCare Klamath Basin Recovery Services	40
Transformations Wellness Center	25

SECURE RESIDENTIAL TREATMENT FACILITY	
Klamath Basin Behavioral Health	
Phoenix Place	16

Crater Lake

COUNTY OVERVIEW:
Lake

Key Statistics

POPULATION	Lake	Oregon
Population below Poverty Level (2016):	15.2%	13.4%
Total OHP Eligibles (Oct 2017):	20.8%	25.1%
Medicare Enrollees (Oct 2017):	27.0%	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):	22.70 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	30.36 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):	20.5 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	21.9%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	11.1per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	4.2%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	20.1%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	16.2%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	6.3%	5.7%

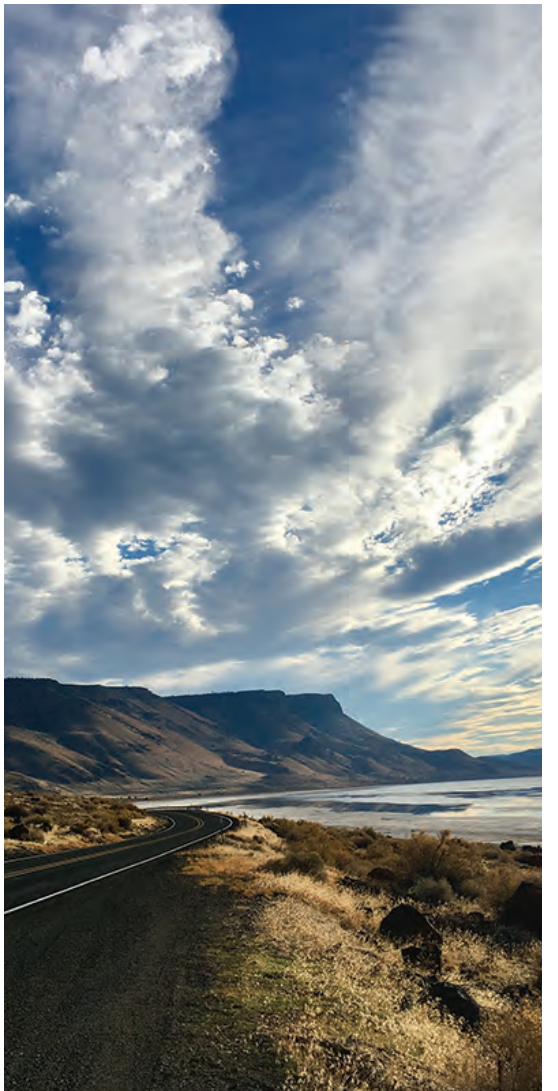
County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Lake Health District
Director: Trace Wonser | General Access & Crisis Line: 541-947-6021 | *www.lakehealthdistrict.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



Abert Rim

COUNTY OVERVIEW:
Lane

Key Statistics

POPULATION	Lane	Oregon
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

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Lane County Behavioral Health Services
Division Manger: 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

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
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 OVERVIEW:
Lincoln

Key Statistics

POPULATION	Lincoln	Oregon
Population below Poverty Level (2016):	19.6%	13.4%
Total OHP Eligibles (Oct 2017):	31.3%	25.1%
Medicare Enrollees (Oct 2017):	30.3%	19.9%
Unemployment (2016):	5.7%	4.9%
Uninsurance (2014):	3.8%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	33.70 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	27.04 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	10.8 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	13.8 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	30.2%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	18.3 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	5.9%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	25.2%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	21.0%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	6.9%	5.7%

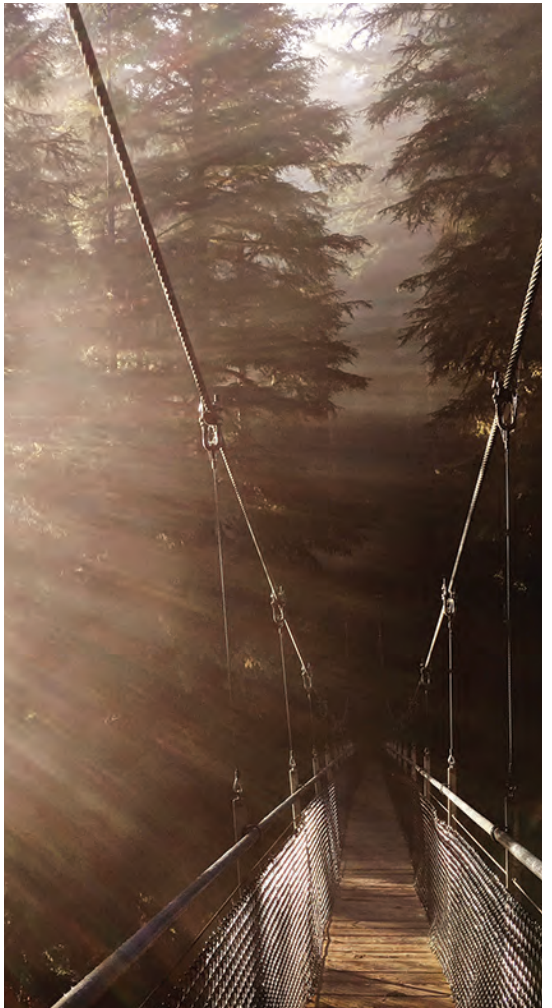
County Directory

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

RESIDENTIAL TREATMENT HOME	Capacity
Shangri-La Benton Place	5
Renew Consulting, Inc. Oceanside	4



Driftwood Trail

COUNTY OVERVIEW:
Linn

Key Statistics

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

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

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	13.7 per 1,000	15.6 per 1,000
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%

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*

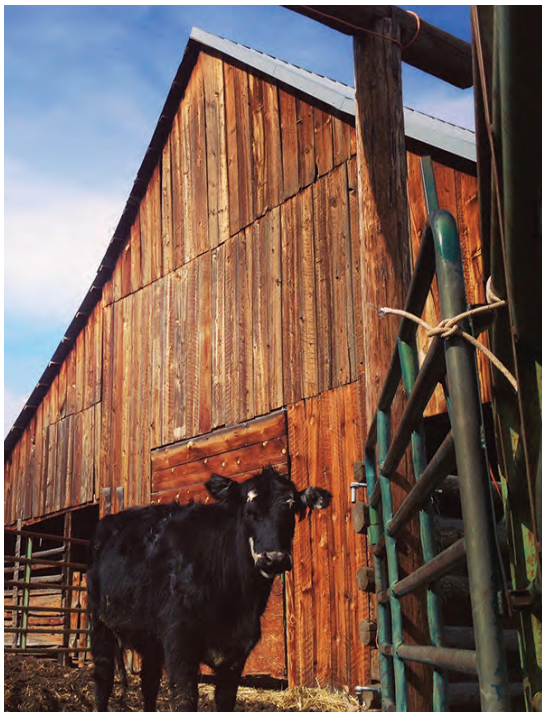
COORDINATED CARE ORGANIZATION: InterCommunity Health Network
Chief Executive Officer: Kelly Kaiser | Behavioral Health Representative: Karen Weiner

Residential Treatment Facilities

ALCOHOL & DRUG CORRECTIONAL	Capacity
Oak Creek Youth Correctional Facility	60

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 OVERVIEW:
Malheur

Key Statistics

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

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	13.01 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	20.82 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	7.9 per 100,000	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):	21.2%	25.2%

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

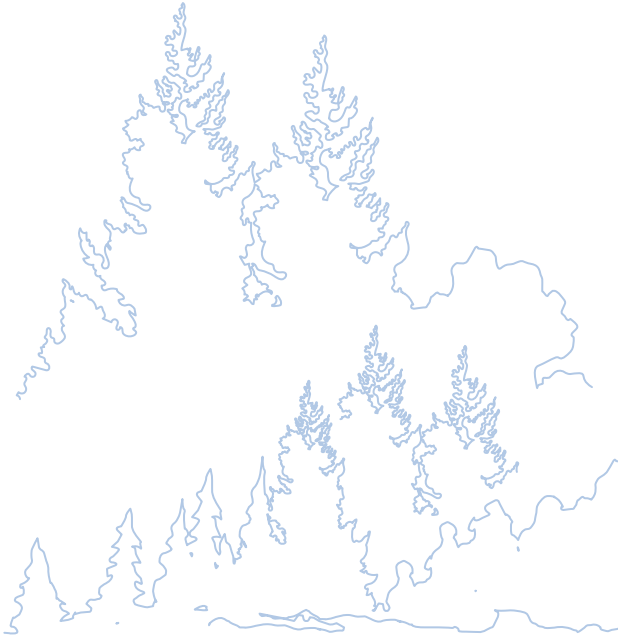
County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Lifeways, Inc.
Behavioral Health Director: Annette Serrano
General Access & Crisis Line: 541-889-9167 | *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	Marion	Oregon
Population below Poverty Level (2016):	13.6%	13.4%
Total OHP Eligibles (Oct 2017):	30.7%	25.1%
Medicare Enrollees (Oct 2017):	17.9%	19.9%
Unemployment (2016):	5.1%	4.9%
Uninsurance (2014):	9.0%	5.6%
Mental Health Professional Shortage Area:	Low Income/Homeless/Migrant	N/A

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

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

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Marion County Health Department
Behavioral Health Division Director: Scott Richards | 503-361-2695
General Access Lines: 503-588-5351; Woodburn: 503-981-5851 | Crisis Line: 503-585-4949
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 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

COUNTY OVERVIEW:
Morrow

Key Statistics

POPULATION	Morrow	Oregon
Population below Poverty Level (2016):	14.8%	13.4%
Total OHP Eligibles (Oct 2017):	30.3%	25.1%
Medicare Enrollees (Oct 2017):	17.6%	19.9%
Unemployment (2016):	5.0%	4.9%
Uninsurance (2014):	9.1%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

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): (2012-2015):	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%

County Directory

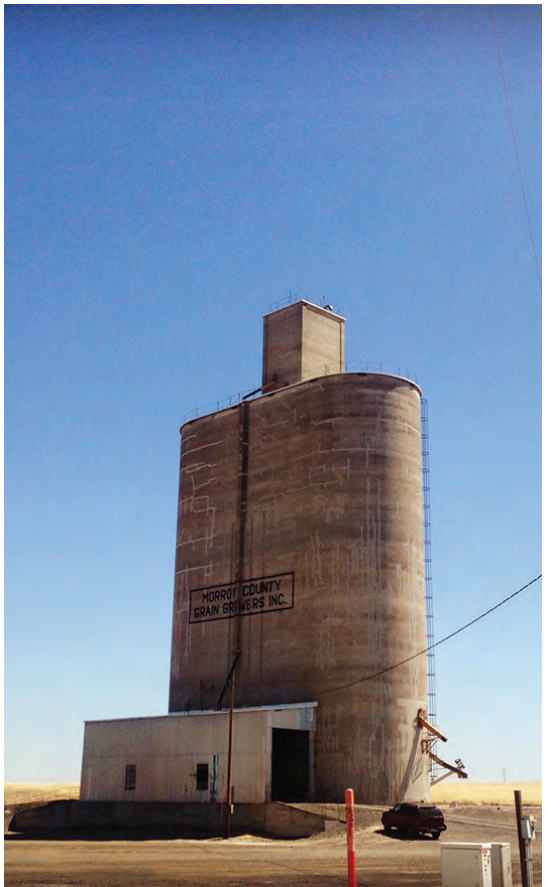
COMMUNITY MENTAL HEALTH PROVIDER: Community Counseling Solutions
Executive Director: Kimberly Lindsay
General Access Lines: Heppner 541-676-9161; Boardman 541-481-2911 | Crisis Line: 911
http://communitycounselingsolutions.org

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

Residential Treatment Facilities

RESIDENTIAL TREATMENT FACILITY	Capacity
ColumbiaCare Services, Inc.	
Columbia River Ranch	12

SECURE RESIDENTIAL TREATMENT FACILITY	
Community Counseling Solutions	
Lakeview Heights	10



COUNTY OVERVIEW:
Polk

Key Statistics

POPULATION	Polk	Oregon
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
General Access Line: Dallas 503-623-9289 | Crisis Lines: 503-581-5535; 800-560-5833
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	Capacity
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

POPULATION	Sherman	Oregon
Population below Poverty Level (2016):	12.2%	13.4%
Total OHP Eligibles (Oct 2017):	24.6%	25.1%
Medicare Enrollees (Oct 2017):	30.0%	19.9%
Unemployment (2016):	4.6%	4.9%
Uninsurance (2014):	5.8%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	35.13 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	11.71 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):	9.4 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	7.0%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	22.4%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	20.1%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	3.5%	5.7%

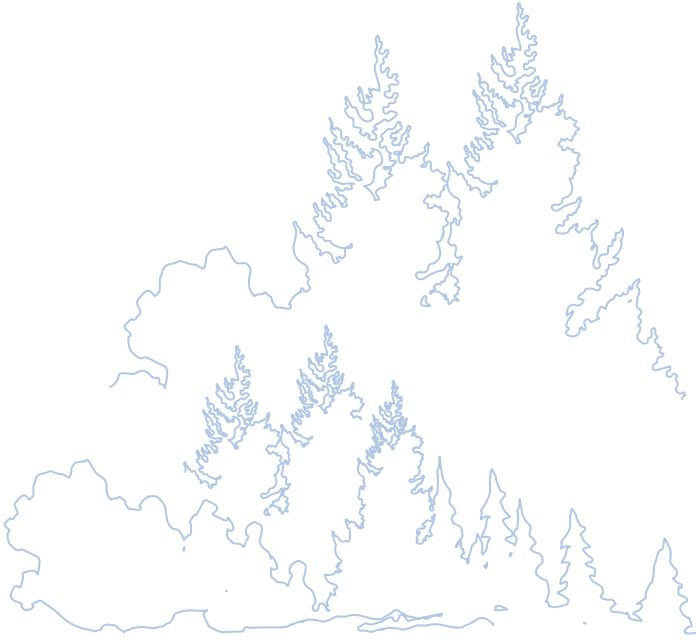
County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Mid-Columbia Center for Living
Director: Barbara Seatter | General Access & Crisis Line: 541-296-5452 | *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

Key Statistics

POPULATION	**Tillamook**	**Oregon**
Population below Poverty Level (2016):	12.9%	13.4%
Total OHP Eligibles (Oct 2017):	27.4%	25.1%
Medicare Enrollees (Oct 2017):	29.3%	19.9%
Unemployment (2016):	5.0%	4.9%
Uninsurance (2014):	7.7%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	30.08 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	16.97 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	13.4 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	16.6 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):	17.8 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	5.4%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	19.6%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	16.3%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	5.4%	5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Tillamook Family Counseling Center
Executive Health Director: Frank Hanna-Williams
General Access & Crisis Line: 503-842-8201 | *www.tfcc.org*

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

Residential Treatment Facilities

None available

Tillamook Air Museum

COUNTY OVERVIEW:
Umatilla

Key Statistics

POPULATION	Umatilla	Oregon
Population below Poverty Level (2016):	15.7%	13.4%
Total OHP Eligibles (Oct 2017):	28.7%	25.1%
Medicare Enrollees (Oct 2017):	17.6%	19.9%
Unemployment (2016):	5.4%	4.9%
Uninsurance (2014):	8.8%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	13.60 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	15.65 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	3.1 per 100,000	6.6 per 100,000
All Drug Related Deaths (2012-2016):	5.2 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	20.8%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	9.7 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	4.2%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	19.0%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	15.3%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	5.7%	5.7%

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

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
Eastern Oregon Alcoholism Foundation	36
Eastern Oregon Alcoholism Foundation Detox Center	14
The Power House Residential Drug Treatment Center	15
The Power House Extension	15

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 OVERVIEW:
Union

Key Statistics

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

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	12.12 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	18.18 per 100,000	17.54 per 100,000
Opioid Related Deaths (2012-2016):	5.5 per 100,000	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):	19.6%	25.2%

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

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*

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

La Grande Pioneer Cabin

COUNTY OVERVIEW:

Wallowa

Key Statistics

POPULATION	Wallowa	Oregon
Population below Poverty Level (2016):	14.6%	13.4%
Total OHP Eligibles (Oct 2017):	27.7%	25.1%
Medicare Enrollees (Oct 2017):	33.2%	19.9%
Unemployment (2016):	6.7%	4.9%
Uninsurance (2014):	4.5%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	20.08 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	31.55 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):	18.0%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	8.7 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):	25.2%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	21.6%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	7.8%	5.7%

County Directory

COMMUNITY MENTAL HEALTH PROVIDER: Wallowa Valley Center for Wellness
Executive Director: Chantay Jett
General Access: 541-426-4524 | Crisis Line: 541-398-1175 | *www.wvcenterforwellness.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 FACILITY	Capacity
Wallowa Valley Center for Wellness	
River House	11
Pioneer Guest Home II, Inc.	16

RESIDENTIAL TREATMENT HOME	
Wallowa Valley Center for Wellness	
Joseph House	5

COUNTY OVERVIEW:
Wasco

Key Statistics

POPULATION	Wasco	Oregon
Population below Poverty Level (2016):	14.2%	13.4%
Total OHP Eligibles (Oct 2017):	31.4%	25.1%
Medicare Enrollees (Oct 2017):	23.9%	19.9%
Unemployment (2016):	4.9%	4.9%
Uninsurance (2014):	10.5%	5.6%
Mental Health Professional Shortage Area:	Yes	N/A
MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	25.8 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	22.0 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):	5.5 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	28.8%	25.2%
UTILIZATION		
Emergency Department MHSA visits (2015-2016):	13.9 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	6.3%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	24.4%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	21.0%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	5.5%	5.7%

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

Residential Treatment Facilities

RESIDENTIAL TREATMENT FACILITY	Capacity
ColumbiaCare Services, Inc. Creekside	12

Grain Stacks

COUNTY OVERVIEW:
Wheeler

Key Statistics

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

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	28.69 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	28.69 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):	28.4%	25.2%

UTILIZATION		
Emergency Department MHSA visits (2015-2016):	3.2 per 1,000	15.6 per 1,000
OHP claims for depression disorder (FY2016-2017):	9.3%	6.3%
OHP claims for any behavioral health disorder (FY2016-2017):	24.9%	23.0%
OHP claims for any mental illness disorder (FY2016-2017):	22.7%	19.7%
OHP claims for any substance use disorder (FY2016-2017):	4.7%	5.7%

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 Courthouse

COUNTY OVERVIEW:
Yamhill

Key Statistics

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

MORTALITY AND PREVALENCE		
Alcohol Induced Mortality (2011-2015):	16.05 per 100,000	17.96 per 100,000
Suicide Mortality (2011-2015):	16.81 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):	7.4 per 100,000	9.6 per 100,000
Adults who have depression (self-reported): (2012-2015):	25.8%	25.2%

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

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

Residential Treatment Facilities

ALCOHOL & DRUG	Capacity
Hazelden Betty Ford Foundation	95

RESIDENTIAL TREATMENT FACILITY	
Parkside Living Center	16

Evergreen Aviation and Space Museum

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.

Oregon provider incentive programs that include behavioral health providers

Primary Healthcare Loan Forgiveness Program (PCLF)

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.

Oregon Partnership State Loan Repayment Program (SLRP)

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.

Health Care Provider Incentive Loan Repayment

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.

Scholars for a Healthy Oregon Initiative (SHOI)

An Oregon Health & 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.

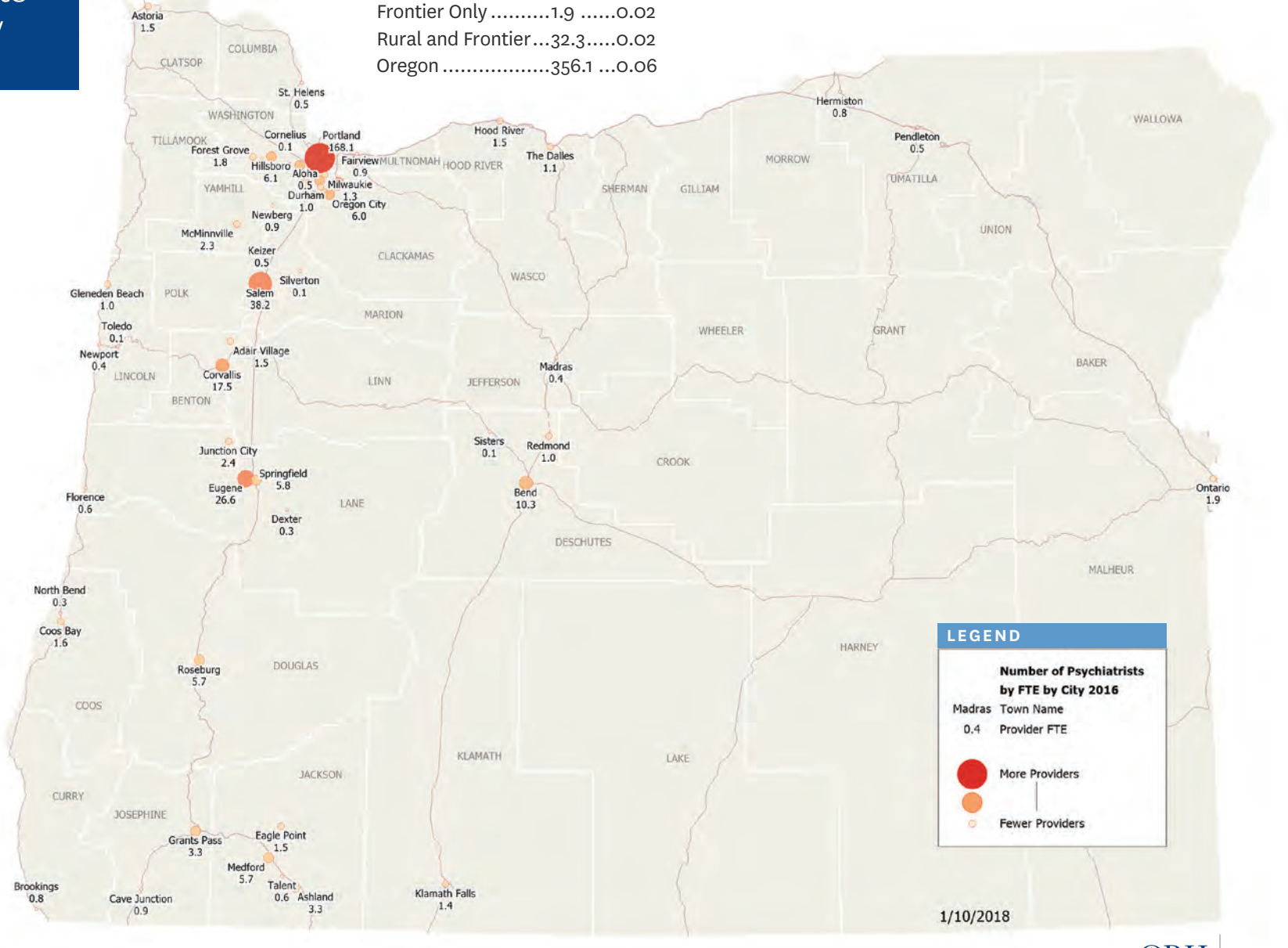
National Health Service Corps (NHSC)

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.

Psychiatrists FTE by City

Key Statistics

	FTE SUM	FTE PER 1,000 POPULATION
Urban	291.5	0.11
Rural Only	30.4	0.02
Frontier Only	1.9	0.02
Rural and Frontier	32.3	0.02
Oregon	356.1	0.06

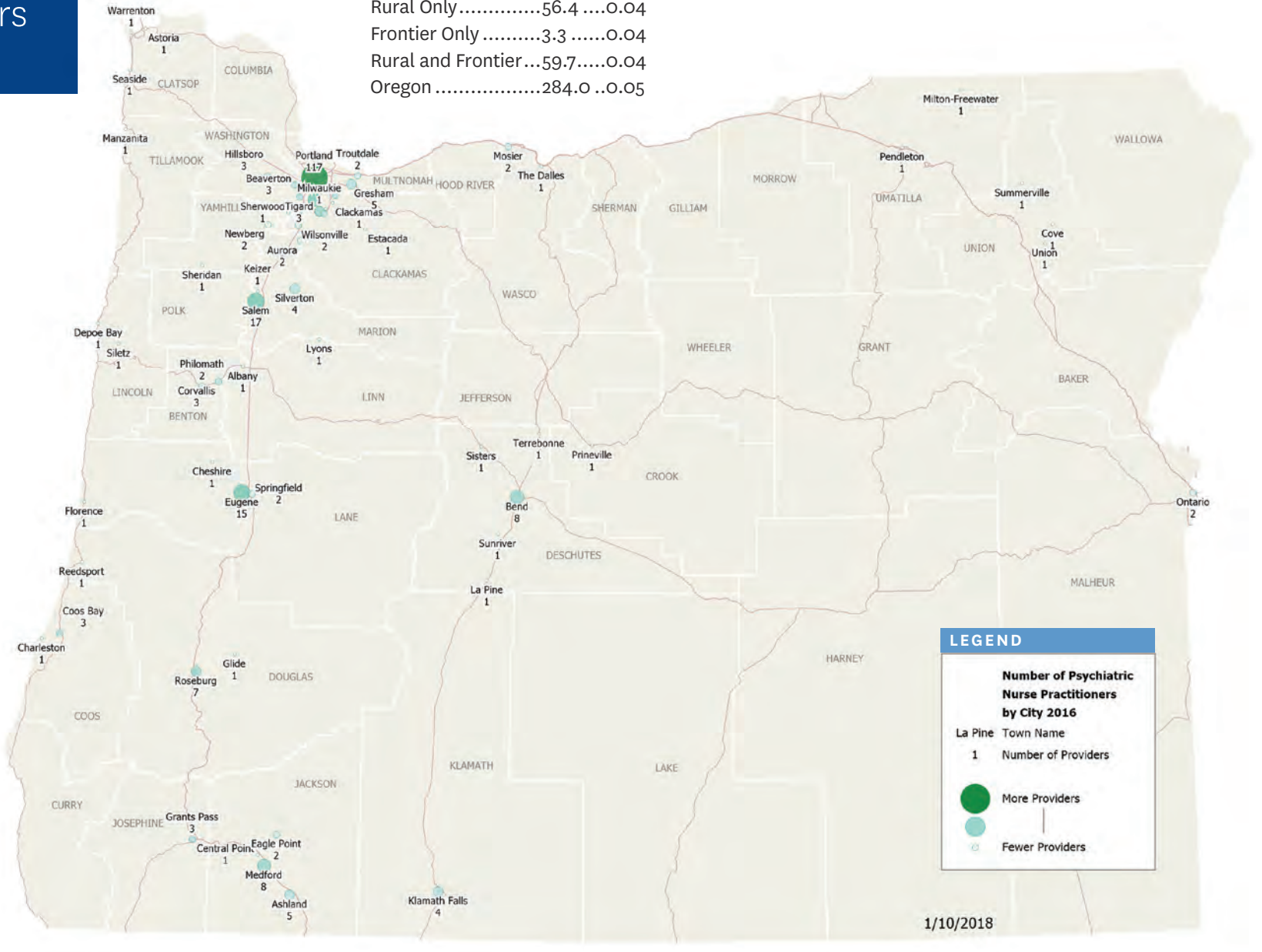


SOURCE: *Survey data from Oregon Medical Board, 2016*

Psychiatric Nurse Practitioners by City

Key Statistics

	FTE SUM	FTE PER 1,000 POPULATION
Urban	164.6	0.06
Rural Only	56.4	0.04
Frontier Only	3.3	0.04
Rural and Frontier	59.7	0.04
Oregon	284.0	0.05

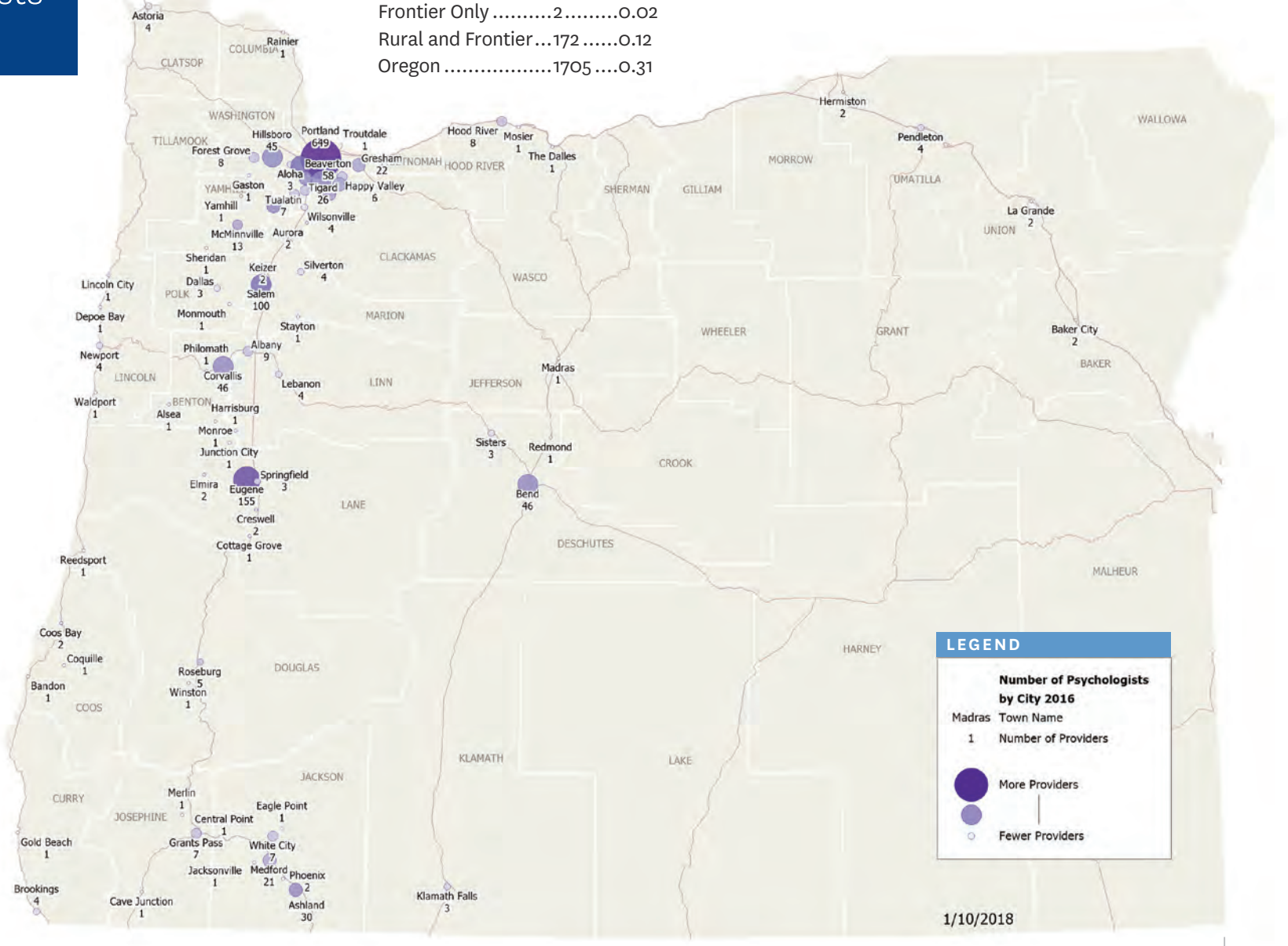


SOURCE: *Survey data from Oregon State Board of Nursing and Oregon Health Authority Health Care Workforce Reporting, 2016*

Psychologists by City

Key Statistics

	SUM	LICENSES PER 1,000 POPULATION
Urban	1361	0.51
Rural Only	170	0.13
Frontier Only	2	0.02
Rural and Frontier	172	0.12
Oregon	1705	0.31

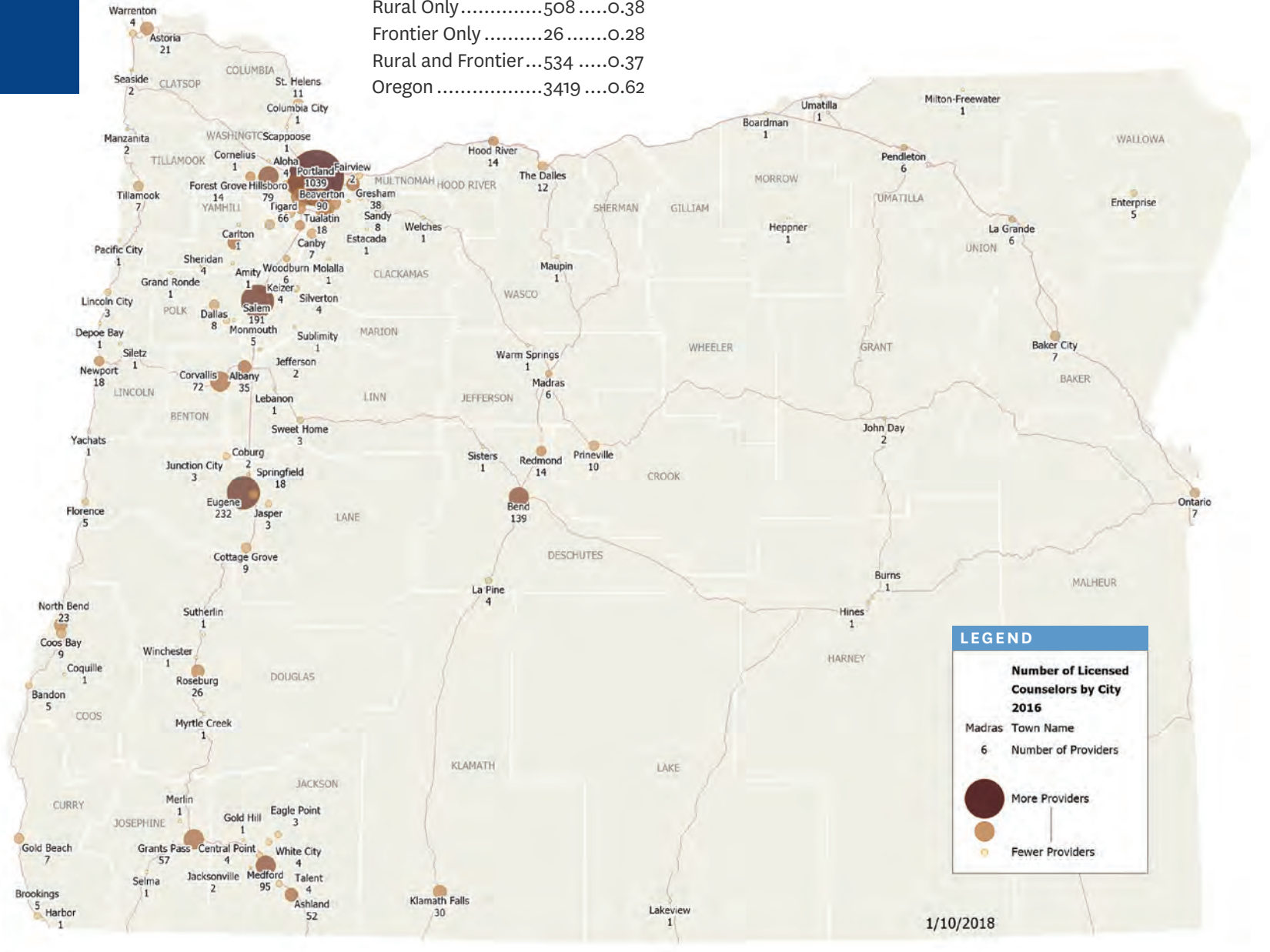


SOURCE: *State Board of Psychologist Examiners, 2016*

Marriage and Family Therapists by City

Key Statistics

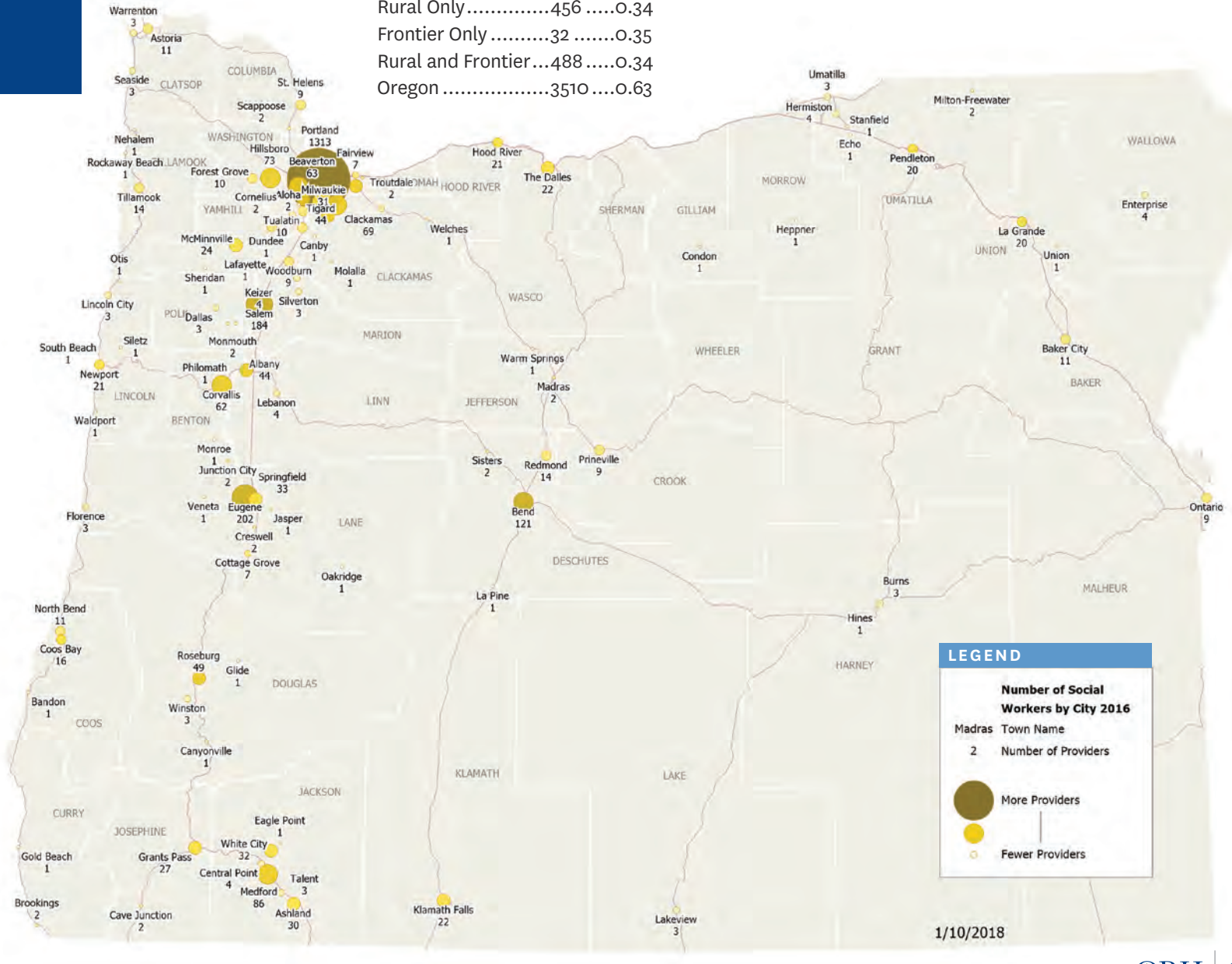
	SUM	LICENSES PER 1,000 POPULATION
Urban	2351	0.88
Rural Only	508	0.38
Frontier Only	26	0.28
Rural and Frontier	534	0.37
Oregon	3419	0.62



SOURCE: *Oregon Board of Licensed Professional Counselors and Therapists, 2016*

Clinical Social Workers by City

Key Statistics	SUM	LICENSES PER 1,000 POPULATION
Urban	2534	0.95
Rural Only	456	0.34
Frontier Only	32	0.35
Rural and Frontier	488	0.34
Oregon	3510	0.63



SOURCE: *State Board of Clinical Social Workers, 2016*

Crisis & Commitment Facilities

How is a Local Hospital Involved?

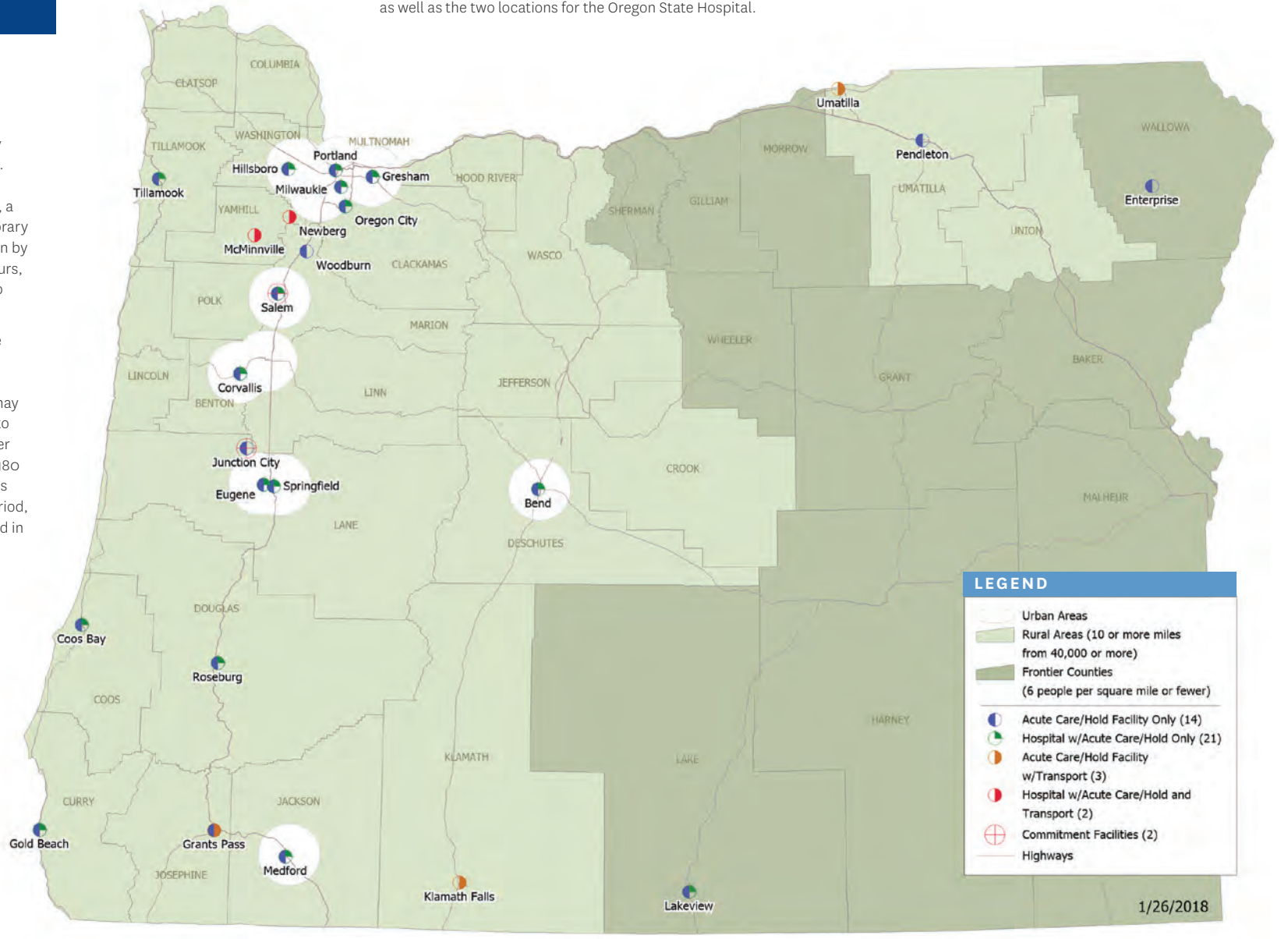
A person may present or be brought to an ED where they are evaluated by a physician. If they refuse treatment, but are deemed to meet criteria, a physician can place a temporary hold pending an investigation by the CMHP. If the CMHP concurs, the person can be held up to five days pending a hearing.

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.

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.



SOURCE: *Oregon Health Authority, Office of Health Policy and Analytics*

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

RHCs: *http://www.oregon.gov/oha/ph/providerpartnerresources/healthcareprovidersfacilities/healthcarehealthcareregulationqualityimprovement/documents/rhclist.pdf*

FQHCs: *http://www.oregon.gov/oha/ph/providerpartnerresources/healthcareprovidersfacilities/healthcarehealthcareregulationqualityimprovement/documents/fqhclist.pdf*

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

Poverty: 2016, *https://www.census.gov/programs-surveys/saipe.html*

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

Medicare Enrollees: Oct 2017, *https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html*

Unemployment: 2016, *https://www.qualityinfo.org*

Uninsurance: 2014, *http://www.ohsu.edu/xd/research/centers-institutes/center-for-health-systems-effectiveness/upload/Health-Insurance-Coverage-in-Oregon-County-Results.pdf*

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

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

Opioid/All Drug Deaths: 2012-2016, *http://www.oregon.gov/oha/ph/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx*

Depression: 2012-2015, *http://www.oregon.gov/oha/PH/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORCountyBRFSS_diseases.pdf*

Emergency Department Mental Health Substance Abuce (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.)

Facilities: Detail can be found at *https://bhw.hrsa.gov/shortage-designation/hpsas* and *http://www.oregon.gov/oha/HPA/HP-PCO/Pages/HPSA-Designation.aspx*

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