

## Mental Health Organization Contract

### Integration

#### 1. Physical Health Care Providers

Contractor shall:

- a. Consult and communicate with the OHP Member's physical health care provider as medically appropriate and within laws governing confidentiality as specified in OAR 410-141-0180, Oregon Health Plan Prepaid Health Plan Recordkeeping.
- b. Consult with and provide technical assistance to physical health care providers in Contractor's service area to help in the early identification of mental disorders so that intervention and prevention strategies can begin as soon as possible.
- c. Develop and implement methods of coordinating with FCHPs for the appropriate coordination of services delivered to OHP Members, particularly OHP Members with exceptional service needs. Such coordination shall be conducted within laws governing confidentiality.

#### 2. Chemical Dependency Providers

Contractor shall coordinate with chemical dependency providers as medically appropriate and within laws governing confidentiality and shall provide technical assistance for the identification and referral of OHP Members with dual diagnoses. Contractor shall work with FCHPs and chemical dependency providers certified by DHS to develop the capacity to provide appropriate services to dually diagnosed OHP Members so the needs of such persons can be better met.

#### 3. Integration Activities

Contractor shall develop, implement and participate in activities supportive of a continuum of care that integrates mental health, addiction and physical health interventions in ways that are seamless and whole to the OHP Member. Integration activities may span a continuum ranging from communication to coordination to co-management to co-location to the fully integrated, person-centered health care home.

Contractor shall demonstrate involvement in integration activities such as, but not limited to:

- a. Facilitation of communication and coordination between physical and behavioral health care providers
- b. Enhanced communication and coordination between Contractor and FCHPs, DCOs, physical health providers and chemical dependency providers
- c. Implementation of integrated prevention, early intervention and wellness activities
- d. Development of infrastructure support for sharing information, coordinating care and monitoring results
- e. Use of screening tools, treatment standards and guidelines that support integration
- f. Support of a shared culture of integration across prepaid health plans and service delivery systems
- g. Implementation of a system of care approach, incorporating models such as the Four Quadrant Clinical Integration Model of the National Council for Community Behavioral Healthcare.