



**Marion County**

OREGON

**HEALTH DEPARTMENT**

**BOARD OF  
COMMISSIONERS**

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**Consultation Service to Primary Care Providers  
for Oregon Health Plan Members**

Marion County Psychiatric Crisis Center (PCC) recognizes that there is increasing burden placed on primary care to manage mental health issues in their patients. Unfortunately, there are less and less available psychiatric providers. The Psychiatric Crisis Center is working to put together solutions. We are re-introducing a program which will provide psychiatric consultation services to Primary Care Providers (PCP's) for clients who reside in Marion County. This consultation service is designed to support PCP's who have questions regarding psychiatric conditions and medications.

The PCP may call the Psychiatric Crisis Center to request a consultation service for an OHP member with WVCH CCO. Once a determination has been made regarding eligibility for the services, a PCP referral form (see attachment) will be sent to the PCP. The form will include the fax number to return the requested information to.

The PCP office will be asked to provide a short form which includes some historical information and the questions that the psychiatric consultant can address.

Once the Prescriber Case Manager (PCM) receives the complete referral packet, the PCM will call the OHP member, set up an assessment date, and convey the appointment time to the PCP's office. On the date of the assessment the PCM will call to confirm the OHP member kept the appointment, and remind the PCP office that the assessment will be faxed once it is completed and signed.

The services provided are:

- A mental health assessment by the PMHNP or Psychiatrist at PCC with definitive recommendations for medical management and long-term suggestions.
- Education to the patient as to the nature of the condition and treatment plan.
- There may be rare cases in which the PMHNP/Psychiatrist may see the patient in follow-up. This will be the exception.
- The PMHNP/Psychiatrist will be available for consultation regarding the recommendations.
- Please note an OHP member can be referred for further consultation services should new issues arise after the original consultation.



Members may call PCC for this service and while the PCM will work with them to verify insurance and educate them on the service, the member will be referred back to their PCP to facilitate the referral for the consultation services.

Members who do not have a PCP will be referred to Willamette Valley Community Health for assignment to a PCP. Individuals seeking ongoing treatment services, including medication, will be given agency referral information. If the OHP member is enrolled with a provider, the member will be directed to their treatment provider. If the member presents with a mental health medication emergency, the provider should consider a referral of the OHP member to PCC for crisis evaluation. The crisis evaluation will be the tool used to determine access to a crisis prescriber appointment. PCC will continue to work with the provider to make an appropriate referral to ongoing mental health services.

If you have any questions feel free to call Susan Hines at the Psychiatric Crisis Center at 503.585.4949.



# Psychiatric Service Request

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **OHP#** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Client's SSN:** \_\_\_\_\_  
**Client address:** \_\_\_\_\_  
**Client's Phone (H):** \_\_\_\_\_ **(C)** \_\_\_\_\_  
 OK to leave message with client?  Yes  No Interpreter Needed?  Yes  No Language Needed: \_\_\_\_\_

Consultation Information	Clinic Information
PCP:	Known psychiatric diagnosis:
Clinic Name:	
Clinic Address:	
Ph#: _____ Fax: _____	
What is the specific question you would like our psychiatric nurse practitioner to address?	Other relevant medical problems:
List concerns in order of importance:	Fax <b><i>pertinent</i></b> medical records to:
	Susan Hines at 503.361.2697
	Suicidal Ideation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Current Medications:	Homicidal Ideation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	History of aggressive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Inpatient TX history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Outpatient TX history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
List Psychiatric Medication Class Restrictions:	Recent alcohol/substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Patient expectations:	

**Disposition:** \_\_\_\_\_ **Appointment date/time:** \_\_\_\_\_

To expedite your process and avoid delay please make sure the form is filled out as completely and specifically as possible. Incomplete or nonspecific forms may result in delay of services.

Completed packet received on: \_\_\_\_\_

Acceptance of Referral Is Not an Assumption of Care.