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Integrated Health Care (IHC) of Washtenaw County
Program Logic Model

SYSTEM CONDITIONS

1.1 **Target population:**
- Patients of Packard Clinic who are directly affected by mental illness and/or substance abuse; also those who are currently shared CSTS clients.
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1.2 **Consumers needs:**
- Vulnerable consumers are in need of integrated, cost-effective care through a collaborative partnership that would enable them to obtain services in one location, their medical home.
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1.3 **Administrators :**
- The program is sponsored by Washtenaw Community Health Organization (WCHO).
- CSTS Adult MI Services and Packard Community Clinic are providers and co-administrators.
- Mental health professional and Psychiatrist are CSTS employees.

MAJOR PROGRAM COMPONENTS / PROGRAM ACTIVITIES

2.1 Redesigned financing and services

3.1a CSTS bill off site for services provided at PCC.
3.1b Track and determine all costs associated with project
3.1c Approved budget - including staff and supervision
3.1d Explore future Mental Health and Primary Care services under a common funding stream which to promote integrated health care

2.2 PCC Packard Community Clinic

3.2a Integrate CSTS staff with PCC staff
3.2b Provide behavioral healthcare in collaboration with primary care at facility
3.2c Work as an interdisciplinary team
3.2d Incorporate health education into psychiatric and substance abuse rehabilitation
3.2e Integrate the Four Quadrant Clinical Model

2.3 CSTS Community Support and Treatment Services

3.3a Integrate CSTS staff with PCC staff
3.3b Provide supervision of behavioral health provider
3.3c Continue to advance "Community of Interest" collaboration
3.3d Integrate the Four Quadrant Clinical Model
3.3e Develop a shared vision via a retreat to include all stakeholder
3.3.f Develop a blueprint to export model to other primary care sites

2.4 Sustainability

3.4a Cost and Benefit Analysis & 6th month review by 09/30/04
3.4b Obtain grant to extend collaboration into year two
3.4c Effective collaborative administrative & clinical protocols to establish standards for future endeavors.

PARTICIPANT OUTCOMES

Immediate Outcomes
- Improve the health care of consumers/patient
- Enhanced services for vulnerable populations at PCC.

Intermediate Outcomes
- People in the broader community will receive behavioral healthcare in a primary care setting, and the gap between the medical and behavioral healthcare systems will be bridged
- Offer opportunity for quality improvement of care within both the primary care and specialty BH setting
- Seriously mentally ill and/or substance abusing individuals will have better access to public behavioral health services and primary care
- Eliminate costly intermediaries, promotes wellness, and improve health outcomes
- Enhance patient and family satisfaction
- Provide mutual teaching and learning across healthcare disciplines