

September 26, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval of Amendment #1 to a Provider Agreement with CareOregon, Inc. for Behavioral Health Services. Amendment value is \$1,416,250 for 6 months. Total Agreement value is increased to \$7,253,146.00 for 1 Year. Funding is through the Oregon Health Plan. No County General Funds are involved.

Previous Board Action/Review	Original Agreement June 6, 2024, Agenda Item 20240606 II.D.8 Amendment #01 Briefed at Issues September 24, 2024		
Performance Clackamas	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Mary Rumbaugh	Contact Phone	503-742-5305

EXECUTIVE SUMMARY: The Behavioral Health Division of the Health, Housing, and Human Services Department requests the approval of Amendment #01 to a revenue provider agreement with CareOregon, Inc. to fund certain behavioral health services. The Agreement provides the funds for Wraparound Services for youth seventeen years and younger; Behavioral Health Crisis and Safety Net Services, which includes the crisis walk-in clinic, mobile crisis services and teams; the 24-Hour Crisis Line; Peer Support Services; and Health Promotion and Prevention Services. In addition, the Agreement provides funds for the Jail Care Coordination pilot project that will support assumed CareOregon members who are currently incarcerated and have a known behavioral health and/or substance use condition.

Amendment #01 adds \$1,416,250.00 for Wraparound Services for July through December 2024. Wraparound Services are provided to eligible children, adolescents, teenagers, and young adults. Wraparound is a voluntary and definable care planning process that results in a unique set of community services and supports individualized youth and families in achieving positive outcomes.

Amendment #01 increases the funding of the Agreement to \$7,253,146.00. The updated breakdown of the funding provided through the Agreement is as follows:

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Service(s)	Amount
Wraparound	\$2,709,710.00
Behavioral Health Crisis and Safety Net	\$2,270,666.00
24-Hour Crisis Line	\$ 140,000.00
Peer Support	\$1,298,084.00
Health Promotion and Prevention	\$ 218,686.00
Jail Care Coordination	\$ 166,000.00

RECOMMENDATION: The staff respectfully requests that the Board of County Commissioners approve Amendment # 1 to this Agreement (11540) and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,



Rodney A. Cook
Director of Health, Housing and Human Services

CAREOREGON

**FIRST AMENDMENT TO
PROVIDER PARTICIPATION AGREEMENT**

This first amendment to the Provider Participation Agreement (“Amendment”) is between CareOregon Inc., an Oregon nonprofit corporation (“CareOregon”), and Clackamas County: Health and Human Services (“Provider”).

RECITALS

- A. The parties entered into the following Agreement: Provider Participation Agreement dated January 1, 2024 (“Agreement”).
- B. The parties desire to amend the Agreement.

AMENDMENT

- 1. **Amendment(s).** The Agreement is amended effective July 1, 2024, as follows:
- 2. Exhibit C-1, Wraparound Service Rate Exhibit, are hereby replaced in its entirety.
- 3. **Other Provisions.** Except as modified hereby, the Agreement shall remain in full force and effect.
- 4. **Signatures.** This Agreement may be signed in counterparts. Delivery of an executed signature page of this Agreement by fax or by electronic transmission of a PDF file will be effective as delivery of a manually executed counterpart of this Agreement.

CAREOREGON, INC.

**CLACKAMAS COUNTY: HEALTH
AND HUMAN SERVICES**

Signature: _____

Signature: _____

Name: Teresa K. Learn

Name: _____

Title: Chief Financial Officer

Title: _____

Date: _____

Date: _____

Tax ID: 93-6002286

EXHIBIT C-1
WRAPAROUND SERVICES RATE EXHIBIT

A. Rate and Payment Terms

1. Not-to-Exceed Amounts. Payment for wraparound services under Exhibit C, shall not exceed the amount set forth in this Exhibit C-1.
 - a. The maximum, not-to-exceed compensation payable to Provider for wraparound services under this Exhibit for the time period of July 1, 2024 to December 31, 2024, which includes any allowable expenses, is \$1,416,250.00.
 - b. The maximum, not-to-exceed compensation payable to Provider under this Exhibit for wraparound services for the time period of July 1, 2024 to December 31, 2024, will be detailed in an amendment of this Agreement to be mutually agreed upon by the parties.

2. CareOregon will pay Provider based on actual costs not to exceed the agreed upon amounts by the 20th day of the first month following the end of a quarter for wraparound services.

3. Provider shall submit invoices to CareOregon at covendorinvoices@careoregon.org on a quarterly basis. Invoices submitted by Provider to CareOregon under this Exhibit shall:
 - a. Specify actual costs and the dates for which service was provided.
 - b. Be verifiable with supporting payrolls, time records, invoices, contracts, vouchers, orders, and any other accounting documents pertaining in whole or in part to this Agreement.
 - c. Include the total amount billed to date by Provider prior to the current invoice.
 - d. Be segregated by service items.
 - e. Abide by Generally Accepted Accounting Principles (GAAP).

4. This Exhibit contains confidential and proprietary information and they are considered a trade secret of CareOregon. To the extent authorized by Oregon law, neither party will disclose this or any other proprietary information or trade secret without the express written approval of the other party.