

October 6, 2022

Board of County Commissioners
Clackamas County

Approval of a revenue agreement with CareOregon, Inc. for expansion of intake services. Total value is \$157,000. Funding through CareOregon, Inc.
No County General Funds are involved.

Purpose/Outcomes	The purpose of this agreement is to support expansion of and access to more robust intake services. These services are projected to decrease wait times for individuals seeking services, divert CareOregon members to appropriate crisis services, and positively impact social determinants of health.
Dollar Amount and Fiscal Impact	CareOregon will pay Clackamas Health Centers \$157,000.00
Funding Source	No County funds. This is a revenue agreement with CareOregon, Inc.
Duration	September 1, 2022 – August 31, 2023
Previous Board Action	Issues October 4, 2022
Strategic Plan Alignment	1. Individuals and families in need are healthy and safe. 2. Ensure safe, healthy and secure communities by expanding intake services to include more robust screenings and supports.
Counsel Review	1. September 19, 2022 2. KR
Procurement Review	1. Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> 2. If no, provide brief explanation: Acceptable explanations are: item is revenue agreement.
Contact Person	Sarah Jacobson, Health Center Interim Director – 503-201-1890
Contract No.	10851

BACKGROUND:

Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval of a revenue agreement with CareOregon, Inc. for the behavioral health intake process.

This agreement is to support expansion of and access to intake services. These services are projected to decrease wait times for individuals seeking services, divert clients to appropriate crisis services, and positively impact client social determinants of health. Additional supports can include but are not limited to: crisis supports, medication access, referrals to social determinants of health, and connection to the existing Zero Suicide team. Additionally, these expanded intake services would include a more robust coverage of intake assessment slots.

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There maximum dollar value assigned to this agreement is \$157,000.00. This agreement is effective September 1, 2022 and will terminate August 31, 2023. This agreement is retro-active due to receiving late from CareOregon, Inc.

RECOMMENDATION:

Staff recommends approval of this contract, and authorizes the Chair to sign on behalf of the County.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook, Director
Health, Housing & Human Services Department

CareOregon, Inc.
Letter of Agreement
Intake Process

This Letter of Agreement is between Clackamas County, by and through its Health Centers (Provider) and CareOregon, Inc. (CareOregon) for the time period of September 1, 2022, through August 31, 2023.

Project: Clackamas County Behavioral Health
Provider Contact: Rebecca Howard
E-mail: rhoward@clackamas.us

CareOregon Agreement Number:
CareOregon Contact: Cassi Sturtz
E-mail: sturtzc@careoregon.org

I. Recitals

- a. CareOregon and Provider are independent companies.
- b. CareOregon is an entity sub-contracted with Health Share of Oregon (HSO). HSO is contracted with the Oregon Health Authority (OHA) to operate as a Coordinated Care Organizations under the Oregon Health Plan (OHP) via a Health Plan Services agreement (“CCO Contract”).
- c. Both entities acknowledge this project and its funding is separate from any of CareOregon’s other funding projects.
- d. This Agreement shall be applicable for the time period between September 1, 2022, through August 31, 2023.

II. Background:

Access to Mental Health services in the Metro region has been greatly diminished over the past year. Thus, Members are experiencing increasing wait times with no access to supports during those time. Provider plans to launch a new workflow for new Members accessing care at their clinic.

III. Project Description:

Provider will be revamping their current intake process for new Members. In this new model of access, Members will have access to more robust screening and supports from the moment they attempt to seek services. At first contact, Provider will have the option to complete the clinically identified appropriate screenings, collect additionally needed information, and/or connect the individual with additional supports. Additional supports can include but are not limited to: crisis supports, medication access, referrals to social determinants of health, and connection to the existing Zero Suicide team. Additionally, these expanded intake services would include a more robust coverage of intake assessment slots.

IV. Project Objectives:

The purpose of this Agreement is to support expansion of and access to more robust intake services. These services are projected to decrease wait times for individuals seeking services, divert Members to appropriate crisis services, and positively impact Members social determinants of health.

V. Payment Terms:

- A. The total maximum funding for this Agreement shall be \$157,000.00 from September 1, 2022 through August 31, 2023.
- B. CareOregon will pay the Provider a total of \$78,500.00 upon signature and execution of this Agreement by both parties. A second payment of \$78,500.00 will be paid to Provider no later than December 31, 2022 and based on approval of the required quarterly reports.
- C. Any changes to this Agreement shall be mutually agreed upon in writing through an executed amendment to this Agreement.
- D. Provider agrees these payments are for the period outlined above only and does not imply or guarantee ongoing funding.

VI. Reporting:

- A. Provider shall send reporting to CareOregon designee on a quarterly basis. The first report shall be due November 15, 2022 for a reporting period of September 1, 2022 through October 31, 2022. The next report shall be due January 31, 2023, for a reporting period of November 1, 2022 through December 31, 2022, the third reporting period due to CareOregon no later than July 31, 2023, for a reporting period of January 1, 2023 through June 30, 2023. The final report shall be due to CareOregon no later than October 31, 2023 for a reporting period of July 1, 2023 through August 31, 2023. Reports shall be sent to BHProviderReporting@careoregon.org
 - a. Provider will report on the following:
 - i. Number of Members and brief description of provided services while awaiting services
 - ii. Impact on clinician access and capacity
 - iii. Narrative: Sharing successes and challenges in implementing new intake process.

VII. Miscellaneous:

- A. Should Provider's Health Care Services Agreement with CareOregon terminate this funding will cease immediately upon written notification of termination and Provider agrees to refund any paid amounts prorated from the date of termination to the end of the time period outlined above.
- B. Provider agrees that the Provider Contact named above is responsible for all aspects of the Agreement, including monitoring progress and performance, obtaining all necessary data and information, and notifying CareOregon of any significant obstacles or delays. Provider will notify CareOregon if the Provider Contact changes.
- C. Both parties agree to seek written approval for, and provide a copy of, any news releases or any other external communication related to the Agreement. Email approval by CareOregon or the Provider Contact will suffice as written approval.

- D. If there is a reasonable threat to the health or safety of staff or members, CareOregon may immediately terminate this Agreement in its entirety or suspend or restrict a particular employee of Provider from participating under this Agreement.

VIII. General Provisions:

- A. Provider is not eligible to participate in or receive funding associated with this Agreement if Provider is placed on the Tier Monitoring System by CareOregon's Peer Review Committee or has documented contract and/or compliance issues. All funding associated with this Agreement will be discontinued until Provider is removed from the CareOregon Tier Monitoring System or has resolved compliance issue(s) to CareOregon's satisfaction. Any discontinued funding that has been withheld will not be disbursed.
- B. CareOregon can terminate this Agreement immediately if the safety or health of a member or staff person is threatened. Any remaining balance of the payment disbursed under this Agreement at the time of immediate termination will be returned to CareOregon.
- C. Should the Provider's Health Care Services Agreement with CareOregon terminate, this funding will cease immediately upon written notification of termination and the Provider agrees to refund any amounts paid in advance prorated from the date of termination to the end of the time period outlined above.
- D. Either party can terminate this Agreement with or without cause upon providing 30 days written notice to the other party. Any payments yet not made at the time of termination will not be made.
- E. Neither party shall be deemed in default of this Agreement to the extent that any delay or failure in the performance of its obligations results from any cause beyond its reasonable control and without its negligence.
- F. No amendment, modification, assignment, discharge of this Agreement, and no waiver hereunder, shall be valid or binding without prior written consent (which shall not be unreasonably withheld) of the Party against whom enforcement of the amendment, modification, assignment, discharge or waiver is sought.
- G. Provider agrees to uphold all confidentiality provisions of the Agreement between CareOregon and Provider, and specifically safeguard the health information of CareOregon members as it applies to activities related to this program.
- H. Both parties agree to seek written approval for, and provide, a copy of, any news releases or any other external communication related to the Agreement. Email approval by CareOregon or the Provider Contact will suffice as written approval.
- I. Provider agrees that the Provider Contact named above is responsible for all aspects of the Agreement, including monitoring progress and performance, obtaining all necessary data and information, and notifying CareOregon of any significant obstacles or delays. Provider will notify CareOregon if the Provider Contact changes.

Agreed to on behalf of Clackamas
County, by and through its Health
Centers _____

Signature: _____

Name: _____

Title: _____

Date: _____

Agreed to on behalf of CareOregon, Inc.

Signature: _____

Name: Teresa K. Learn _____

Title: Chief Financial Officer _____

Date: _____

COVER SHEET

- New Agreement/Contract
- Amendment/Change/Extension to _____
- Other _____

Originating County Department: _____

Other party to contract/agreement: _____

Description:

After recording please return to: _____

- County Admin
- Procurement

If applicable, complete the following: _____

Board Agenda Date/Item Number: _____