

August 8, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of Amendment #1 to a Revenue Grant Agreement with CareOregon, Inc. for the Strategic Health Care Investment for Transformation program. Amendment value is \$670,000, total value is \$820,000 for 1 Year and 10 Months. Funding through CareOregon. No County General Funds are involved.

Previous Board Action/Review	III.E.1 Approval to Apply for Grant – October 5, 2023 Approval of Original Grant Agreement – County Administrator, March 21, 2024 Briefed at Issues – August 6, 2024		
Performance Clackamas	1. Individuals and families in need are healthy and safe. 2. Ensure safe, healthy and secure communities.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Sarah Jacobson	Contact Phone	503-742-5303

EXECUTIVE SUMMARY: This amendment awards the expected additional funding for CareOregon’s Strategic Healthcare Investment for Transformation (SHIFT) program. This program is a new investment in transforming outpatient behavioral health care agencies across Oregon so individuals with behavioral health needs are truly at the center of care delivery, and care teams thrive. Through a collaborative process, SHIFT will build member-driven, outcomes-focused, team-based care models that reduce health disparities, address social health needs, assure timely access to care and prepare providers for advanced value-based payment models. This funding will support planning, infrastructure development, and additional consultant needs of our Behavioral Health Clinics.

RECOMMENDATION: Staff recommends the Board approve this agreement.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
Health, Housing & Human Services

For Filing Use Only

Healthy Families. Strong Communities.

First Amendment to the SHIFT Grant Agreement

Contract Number BH 24-03

This first Amendment (“Amendment”) is effective September 1, 2024 (“Amendment Effective Date”) and amends the Strategic Healthcare Investment for Transformation (SHIFT) Grant Agreement, Contract #BH 24-03, (“Agreement”) effective March 1, 2024 by and between Clackamas County (“Grantee”) and CareOregon, Inc. (“CareOregon”), each individually a “Party” and collectively the “Parties”.

Whereas, Grantee was distributed grant funds for the Authorized Purpose pursuant to the Agreement subject to the terms and conditions of the Agreement; and,

Whereas, the Parties desire to amend the Agreement to extend the Term of the Agreement \$150,000.00; and,

Therefore, in consideration of the promises, mutual covenants, and agreements herein, the Parties hereto do hereby agree as follows:

1. The Term date of “December 31, 2024” as stated in Section III. Term and Termination, A. Term of the Agreement is hereby replaced with the following: “December 31, 2025”.
2. Section IV. Grant Description, A. Payment Components, Payment, is hereby amended as follows:
 - a. CareOregon is authorizing additional funding in the amount of \$670,000.00. The total Agreement amount will be \$820,000.00, distributed as follows:

ORIGINAL AGREEMENT FUNDING	\$150,000.00
AMENDMENT #1 FUNDING	\$670,000.00
TOTAL AGREEMENT FUNDING	\$820,000.00

3. Exhibit B, Grant Funding Components, is replaced in its entirety with Exhibit B, Grant Funding Components, attached hereto.
4. Exhibit C, Reporting Requirements, is replaced in its entirety with Exhibit C, Reporting Requirements, attached hereto.

All definitions of the Agreement apply to this Amendment. Except as modified herein, all terms, conditions, amount of grant funds, licenses, provisions, rights, obligations and limitations of the Agreement shall remain unchanged and in full force and effect. If any conflict exists between the terms of this Amendment and the terms of the Agreement, then this Amendment shall control.

Each signatory hereto represents and warrants that it is duly authorized to sign, execute, and deliver this Amendment on behalf of the party it represents.

<signature page to follow>

Clackamas County

Name:

Title:

Date: _____

CareOregon, Inc.

Teresa Learn

Chief Financial Officer

Date: _____

Exhibit B. Grant Funding Components

I. Payment:

CareOregon will grant \$670,000.00 to Grantee for the Program subject to the terms and conditions of this Agreement. CareOregon will disburse Grant Funds to Grantee according to the Disbursement Schedule below. Upon completion of the Program, Grantee shall return to CareOregon all disbursed Grant Funds not exclusively used to finance expenses for the Authorized Purpose.

II. Disbursement Schedule:

Disbursement	Conditions Precedent to Disbursement	Disbursement Amount
First Disbursement	Grant Agreement signed by both Parties.	\$150,000.00
Second Disbursement	Payable upon execution of Amendment #1 and contingent on the submission and CareOregon approval of the SHIFT business plan, due no later than August 31, 2024. Payment will be made within 45 days of completion of these deliverables.	\$670,000.00

Exhibit C. Reporting Requirements.

- A. Grantee will provide CareOregon with written report(s) regarding progress to date on the Program and the financial administration of the Grant Funds. The report(s) shall include information regarding how the Program has addressed each of the following:
 - 1. Capacity building for Grantee's provision of services
 - 2. Complete an implementation plan and development of a business plan.
 - 3. Demonstrate an implementation plan those resources required SHIFT platform elements, including leadership capacity and continued engagement, subject matter expertise, data management infrastructure, and program planning, or demonstrate existing and satisfactory capacity in these areas.

- B. Progress report(s) shall be delivered to CareOregon on the following timeline:
 - 1. August 31, 2024: Business plan submission
 - 2. September 30, 2024: Progress Report 1
 - 3. October 31, 2024: Status Report 2
 - 4. November 30, 2024: Status Report 3
 - 5. December 31, 2024: Status Report 4

- C. If Grantee demonstrates existing and satisfactory capacity for the required platform elements, progress reports shall be delivered to CareOregon on the following timeline: (quarterly after business plan submission).
 - 1. August 31, 2024: Business plan submission
 - 2. November 30, 2024 Status Report 1

- D. A method for matching deidentified OpenFIT clients to CareOregon identified data will be established, with subsequent routine (quarterly or greater) data exchange to follow. This data exchange will support the SHIFT/FIT evaluation plan which requires the ability to match member level OpenFIT data to CareOregon data.