



## **AGENDA REQUEST & STAFF REPORT**

### **For Board Business Meeting of March 25, 2015**

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**DATE:** March 16, 2015

**FROM:** Nancy Mooney, Contract Specialist, Deschutes County Health Services, 322-7516

**TITLE OF AGENDA ITEM:**

Consideration of Board Signature of Document #2015-100, Amendment #20 to the Intergovernmental Financial Agreement Award #141408 between Deschutes County Health Services, Behavioral Health Division and the Oregon Health Authority for the financing of Community Addictions and Mental Health Services for year 2013-2015.

**PUBLIC HEARING ON THIS DATE?** No.

**BACKGROUND AND POLICY IMPLICATIONS:**

Deschutes County Health Services (DCHS) provides or coordinates the provision of mental health and developmental disability treatment services to individuals; services may include alcohol and drug treatment, problem gambling prevention treatment services, transportation services, housing services and the provision of peer resources.

The intergovernmental agreement between the Oregon Health Authority (OHA) and DCHS provides the financing for mental health and addiction services and sets forth the guidelines for DCHS to provide or coordinate provision of mental health services to individuals.

Amendment #20 awards Deschutes County \$193,750 for the time period 2/1/2015 through 6/30/2015 for the Emergency Department (ED) Diversion Project. At the heart of the Health Integration Project is the ED Diversion Project, which connects patients -- who use the emergency room multiple times a year -- with a primary care provider. Community health workers are non-traditional health professionals who work directly with patients, as guides and advocates, to help them navigate the healthcare system. Health engagement teams led by a primary care physician are developed to coordinate patient care including a case manager who's a registered nurse, a psychologist or social worker, community health workers and representatives from the primary medical home. Currently, ten (10) clinics in Central Oregon either have such teams in place or in the development process. The team creates an "individualized plan of care" for each patient -- a road map of interventions and goals tailored to their needs. It details information such as the patient's demographics, their primary reason for a visit, a treatment plan for chronic conditions, including medications and other courses of action if the patient goes to the emergency room again.

The Central Oregon Health Council has determined that the ED diversion project has been successful in achieving the goals of the Triple Aim: better health, better care, and lower cost, and as such has become an important intervention in the Central Oregon community. Learnings from this project continue to inform the development of integration projects locally and across the state, using the collaborative care models developed in this initial project.

**FISCAL IMPLICATIONS:**

Funding is \$193,750.

**RECOMMENDATION & ACTION REQUESTED:**

Approval and signature of Document #2015-100, Amendment #20 to Intergovernmental Financial Agreement Award #141408 between Deschutes County Health Services, Behavioral Health and the Oregon Health Authority is requested.

**ATTENDANCE:** Request Consent Agenda

**DISTRIBUTION OF DOCUMENTS:** Fax or E-mail the signature page and completed, signed "Document Return Statement" and the signature page to Tami Goertzen; tami.j.goertzen@state.or.us or (503) 373-7365, fully executed copy to Nancy Mooney.

## DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections above the Official Review line.

**Date:**

**Department:**

**Contractor/Supplier/Consultant Name:**

**Contractor Contact:**       **Contractor Phone #:**

**Type of Document:**    Amendment #20 to #141408

**Goods and/or Services:** Amendment #20 awards Deschutes County \$193,750 for the time period 2/1/2015 through 6/30/2015 for the Emergency Department (ED) Diversion Project.

**Background & History:** Deschutes County Health Services (DCHS) provides or coordinates the provision of mental health and developmental disability treatment services to individuals; services may include alcohol and drug treatment, problem gambling prevention treatment services, transportation services, housing services and the provision of peer resources.

The intergovernmental agreement between the Oregon Health Authority (OHA) and DCHS provides the financing for mental health and addiction services and sets forth the guidelines for DCHS to provide or coordinate provision of mental health services to individuals.

At the heart of the Health Integration Project is the ED Diversion Project, which connects patients -- who use the emergency room multiple times a year -- with a primary care provider. Community health workers are non-traditional health professionals who work directly with patients, as guides and advocates, to help them navigate the healthcare system. Health engagement teams led by a primary care physician are developed to coordinate patient care including a case manager who's a registered nurse, a psychologist or social worker, community health workers and representatives from the primary medical home. Currently, ten (10) clinics in Central Oregon either have such teams in place or in the development process. The team creates an "individualized plan of care" for each patient -- a road map of interventions and goals tailored to their needs. It details information such as the patient's demographics, their primary reason for a visit, a treatment plan for chronic conditions, including medications and other courses of action if the patient goes to the emergency room again.

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**Agreement Starting Date:**       **Ending Date:**

**Annual Value:**

Insurance Certificate Received (check box)  
Insurance Expiration Date:

Check all that apply:

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget?  Yes  No

If **No**, has budget amendment been submitted?  Yes  No

Is this a Grant Agreement providing revenue to the County?  Yes  No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter:  Yes  No

Contact information for the person responsible for grant compliance: Name:   
Phone #:

Departmental Contact and Title:   
Phone #:

Deputy Director Approval: *JS for DeAnn Carr* 3/13/15  
Signature Date

Department Director Approval: *Jane Smith* 3/13/15  
Signature Date

Distribution of Document: Fax or E-mail the signature page and completed, signed "Document Return Statement" and the signature page to Tami Goertzen; tami.j.goertzen@state.or.us or (503) 373-7365, fully executed copy to Nancy Mooney.

Official Review:  
County Signature Required (check one):  BOCC  Department Director (if <\$25K)  
 Administrator (if >\$25K but <\$150K; if >\$150K, BOCC Order No. \_\_\_\_\_)

Legal Review *nm* Date 3-16-15

Document Number: 2015-100



In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**TWENTIETH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH  
SERVICES AGREEMENT #141408**

This Twentieth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services dated as of July 1, 2013(as amended, the "Agreement"), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and **Deschutes County** ("County").

**RECITALS**

WHEREAS, OHA and County wish to modify the OWITS Financial Assistance Award set forth in Exhibit D-2 of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

**AGREEMENT**

1. The financial and service information in the OWITS Financial Assistance are hereby amended as described in Exhibit 1 attached hereto and incorporated herein by this reference. Exhibit 1 must be read in conjunction with the portion of Exhibit D-2 of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit G of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

**Deschutes County**

**By:**

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Authorized Signature

Title

Date

**State of Oregon acting by and through its Oregon Health Authority**

**By:**

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Authorized Signature

Title

Date

**Exhibit 1 to the 20th Amendment to  
Oregon Health Authority  
2013-2015 Intergovernmental Agreement for the  
Financing of Community Addictions and Mental Health Services Agreement #141408**

