Health, Housing & Human Services
CLACKAMAS COUNTY

Richard Swift
Interim Director

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April 16, 2015

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of Amendment #2 to an Intra-Agency Agreement with Clackamas County Health Centers Division (CCBHD), Behavioral Health Clinic to provide Outpatient Mental Health Services

Purpose/Outcomes	To provide outpatient mental health services for people who are Oregon Health Plan (OHP) members' capitated to Clackamas County.
Dollar Amount and Fiscal Impact	The contract does not contain an upper limit. This amendment will add funds totaling $154,945.
Funding Source	Oregon Health Authority - no County General Funds are involved.
Safety Impact	None
Duration	Effective upon signature and terminates on June 30, 2015
Previous Board Action	The original contract was approved by the Board of County Commissioners on July 31, 2014 agenda item 073114-A5.
Contact Person	Jill Archer, Director – Behavioral Health Division – (503)742-5336
Contract No.	6812

BACKGROUND:

Clackamas County Behavioral Health Division (CCBHD) of the Health, Housing & Human Services requests the approval of Amendment #2 to an Intra-Agency Agreement with Clackamas County Health Centers Division (CCHCD), Behavioral Health Clinic for outpatient mental health services for persons covered by Oregon Health Plan.

This Agreement provides outpatient mental health services which include an array of treatments such as individual and group therapy, skills training, case management and psychiatric services for persons enrolled in services through Clackamas County Behavioral Health Division. The Behavioral Health Division has partnered with Clackamas County Health Centers, Behavioral Health Clinic for behavioral health services since 2014. This contract is a continuation of these services.

This is a No Maximum agreement. However, amendment #2 adds funds in the amount of $154.945. The Agreement is effective upon signature and terminates June 30, 2015.

Recommendation

We recommend approval of this amendment and that Richard Swift be authorized to sign on behalf of the Board of County Commissioners.

Respectfully submitted

Richard Swift, Interim Director

Contract Amendment
Health, Housing and Human Services Department

H3S Contract Number **6812** Board Agenda Number 073114-A5

and Date July 31, 2015

Division Behavioral Health Amendment No. 2

Contractor **Clackamas County Health Centers**

Amendment Requested By Jill Archer, Director

Changes:
- ☒ Scope of Services
- ☐ Contract Time
- ☒ Contract Budget
- ☐ Other

Justification for Amendment:

This contract provides intercultural outpatient mental health services to Oregon Health Plan members Capitated to Clackamas County

This amendment adds language to the scope of work stated in Exhibit B, Compensation reflected in Exhibit C and Statement of General Conditions in Exhibit D. Also, in Exhibit D language will be removed with regards to Notice of Actions. This amendment will also add a new exhibit with the approved proposal as part of the whole contract. The amendment will also update the EXHIBIT indication

Maximum compensation for this contract is set with no maximum. However, this amendment adds incentive funds in the amount of $154,945, billable separately from services provided. This amendment is effective **upon signature** and continues through **June 30, 2015.**

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with ***"bold/italic"*** font for easy reference.

AMEND:

EXHIBIT D (signature Page # 3)

GENERAL PERFORMANCE STANDARDS

TO READ:

EXHIBIT D

STATEMENT OF GENERAL CONDITIONS

ADD TO: Exhibit B, Scope of Work

CONTRACTOR has submitted a proposal and received approval to pilot the implementation of an outcome tool. The approval proposal is attached and made a part of this contract. This includes a description of how the CONTRACTOR will:

- ***Implement at least one approved tool by 3/31/15.***
- ***Achieve commitment from leadership to ensure that clinical staff have received training on outcome based care and are actively using the tool(s) with their clients.***
- ***Ensure a sustainable training plan for all staff.***

Program Performance Measure

CONTRACTOR will submit a progress report by June 15th, 2015, demonstrating at least 50% milestone achieved.

Exhibit C, Compensation

Funds will be distributed at 40% upon receipt of accepted written plan and the remaining 60% will be distributed on completion of at least 50% milestone achieved, and must be dispersed by June 30th, 2015.

Compensation

Total award amount is: $154,945

Amount available on execution of contract amendment: $61,978 (40%)

Remainder available on approval of progress report: $92,967 (60%)

Please submit an invoice to:

Clackamas County Behavioral Health Division
Attn: Jill Archer
2051 Kaen Road, # 154
Oregon City, OR 97045

Or electronically to:

Jarcher@clackamas.us

Exhibit D, Statement of General Conditions

7. Reporting

e. Critical Incidents

AGENCY shall report all critical incidents. A critical incident is an unexpected occurrence that occurs on the premises of a program, or one that involves program staff and/or a service delivery activity which results in: death or serious physical or psychological injury, or the risk thereof; clear and present risk to public safety; major illness or accident; act of physical aggression; any other unusual incident that presents a risk to health and safety. Critical incidents also include the death of any clients.

ADD: **EXHIBIT E, Approved Proposal**

HEALTH SHARE OF OREGON
CLACKAMAS, MULTNOMAH, WASHINGTON

TREAT TO TARGET

SUBMISSION FORM

PHASE ONE-PART A

As part of the implementation of Treat to Target for behavioral health services, eligible providers may seek incentive funds to support the implementation of outcome based care.

Eligible providers include those that have been involved in the global budget/case rate workgroup and those providers remained on FFS during the transition year but are moving to case rates January 1st, 2015.

Funds will be distributed at 40% upon receipt of accepted written plan that demonstrates the requirements described in each phase. The remaining 60% will be distributed on completion of at least 50% milestones achieved, and must be dispersed by June 30th, 2015.

For the first distribution, providers must meet Phase One requirements which include piloting **one tool** in the county of each RAE from which they are requesting funds. Each RAE will have base funding available and the remaining funds will be distributed based on the RAE's market share, on top of the base rate. Providers may be using multiple tools but for Phase One are only required to report the piloting of one tool.

Instructions:

For consideration for an incentive payment, complete the following submission form. Please submit completed form to appropriate RAE(s) no later than May 1st to ensure distribution of funds by June 30, 2015.

Contact Information

Contact Person	First Name: Tracy MI: M. Last Name: Garell Suffix (MD, RN, etc): LCSW Job Title: Behavioral Health Center Manager
Provider Organization	Clackamas County Health Centers- Behavioral Health Centers
Street Address	998 Library Court
City/State/Zip code	City: Oregon City State: OR Zip: 97045
Telephone number	503-723-4803
FAX number	503-655-8429
Email address	tgarell@clackamas.us

Phase One, Part A

Establishing Readiness

- Participation in selection of outcome tool
- Implement at least one tool by 1/31/15
- Commitment from leadership to ensure clinical staff have received training on outcome based care and are actively using the tool(s) with their clients

Description of Measure or Tool

Name of measurement	ACORN
Population or program to be measured	**(Client population or program measured)** Adult (18 and older) Outpatient (mental health & co-occurring) and Child & Family (6-18 years old) Outpatient (mental health& co-occurring).
Source of measurement information	**(Self report/Caregiver or Clinician Report)** Self report from client, as per ACORN. The ACORN database and clinician's toolkit will also be used for measurement information.

What are you measuring through this process?	**(Check a box)** X Client Engagement(Alliance) Improvement in Function Improvement in Relationships X Reduction in symptoms
Frequency of measurement	**(How often will measurements be conducted?)** Clients will complete a baseline ACORN upon intake and will complete an ACORN assessment at subsequent individual service appointments. Frequency will depend on client's schedule of individual service appointments.
Relationship to clinical outcome	**(How does your organization intend to use the selected tool to help achieve clinical outcome goals?)** We, at Clackamas County Behavioral Health Centers, are committed to improving client service delivery and client outcomes. We will use the tool to help guide treatment progress and to augment treatment services or modalities as indicated. The tool will also be used with clients in their individual sessions to discuss progress toward treatment goals, their ACORN self-reported global distress scores, and perception of alliance with their therapist. All of these factors can have a significant impact on the clinical outcome.

Measure Testing	
Benchmarks	**(Identify the benchmarks for this measure which your organization will be measuring against including: 1) % of staff who will use the tool; 2) Estimated number of clients in which the tool will be administered; 3) How supervisors will review the use of the tool by staff during clinical supervision)** 1) 70% of the target population (as measured by the # of unique client entries vs. the # of eligible visits) will complete an ACORN assessment. 2) At least 60% of clients will complete a repeat ACORN assessment. 3) At least 50% of the clinicians using the ACORN will spend 20 minutes/month total time on line using the tool kit. 4) Clinical supervisors will use the on line ACORN tool kit at least once a quarter with each clinician using the ACORN during clinical supervision, as reported by clinician and supervisor and documented in supervision notes.
Interrater reliability	**(For clinician initiated tools, how will your organization determine Interrater effect on this measure?)** N/A. The ACORN is not a clinician initiated tool.
Staff Involvement	
Strategy	**(What strategies will be deployed to increase staff buy-in)** We will utilize the help of several staff champions and early adopters of the ACORN to increase staff buy-in among their colleagues. In addition, we will share benchmark data with all staff on a quarterly basis, thus spreading awareness and buy-in. Finally, supervisors will work closely with staff to identify barriers to buy-in, and whenever possible those barriers will be reduced.

Training	**(What training needs have been identified as part of implementation)** Clinicians and Supervisors will take part in multi-modal training (in person, video, and manual) exploring ways in which the ACORN could be used in sessions and in clinical supervision. Clinicians and supervisors will report an increase in their proficiency in utilizing the ACORN tool kit. More specifically, at All Staff meeting, 4/8/15, staff will engage in 30 minute training which will include both Jeb Brown via WebEx, as well as two staff champions, focusing on the topic of: best clinical practice in use of ACORN. Staff will be provided with a handout of material covered, including slides on use of the ToolKit. At the conclusion of the All Staff meeting, staff will be invited to give input (via written survey) re: further training topics desired/needed. This feedback will be used to inform trainings to be provided at Team meetings (Quarterly) and in Clinical Supervision (as needed). In addition, the feedback will be used to inform the creation of training videos to be created by Clinical Informatics, the creator of ACORN, and made available to staff on an as needed basis.

REMOVE: Exhibit D, Statement of General Conditions

3. Clinical Standards

e. Standards of Care

(8) AGENCY shall have written policies and procedures that insure individuals receive a Notice of Action when service is denied, terminated, suspended or reduced without the client's agreement.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed by their duly authorized officers.

Clackamas County Health Centers

By: Deborah Cockrell
Deborah Cockrell, Director

Date
2051 Kaen Road
Street Address
Oregon City, Oregon 97045
City/State/Zip
(503) 742-5945
Phone / Fax

CLACKAMAS COUNTY
Commissioner: John Ludlow, Chair
Commissioner: Jim Bernard
Commissioner: Paul Savas
Commissioner: Martha Schrader
Commissioner: Tootie Smith

Signing on Behalf of the Board:

Richard Swift, Interim Director
Health, Housing and Human Services Department

Date