

August 4, 2016

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of an Intra-Agency Agreement with
Clackamas County Children, Youth and Families Division for
Alcohol and Drug Prevention Strategies for Families

Purpose/Outcomes	This agreement provides alcohol and drug prevention strategies for families within Clackamas County struggling with substance use disorders.
Dollar Amount and Fiscal Impact	Contract maximum value is \$179,375.00
Funding Source	Oregon Health Authority 2015-2017 Community Mental Health Program (CMHP) Intergovernmental Agreement #147783, specifically Alcohol & Drug (A&D) Prevention Services funds. No County General Funds are involved.
Duration	Effective July 1, 2016 and terminates on June 30, 2017
Previous Board Action	The Board last reviewed and approved this agreement on November 25, 2015, Agenda item 112515-A2
Strategic Plan Alignment	1. Individuals and families in need are healthy and safe. 2. Ensure safe, healthy and secure communities.
Contact Person	Mary Rumbaugh, Interim Director 503-742-5305
Contract No.	7716

BACKGROUND:

The Clackamas County Behavioral Health Division (CCBHD) of the Health, Housing & Human Services Department requests the approval of an Interagency Agreement with the Children, Youth and Families Division (CYFD) to provide strategies for alcohol and drug abuse prevention for families.

This IAA is retroactive due to confirming with the State of Oregon on requirements for this pass through federal funding to CYFD and the required internal reviews. . It is effective July 1, 2016 and terminates on June 30, 2017

This IAA has a maximum contract value of \$179,375.00. This agreement has been reviewed and approved by County Counsel on July 21, 2016

RECOMMENDATION:

Staff recommends the Board approve this agreement and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Director
Health, Housing & Human Services Department

INTRA-AGENCY AGREEMENT
BETWEEN
CLACKAMAS COUNTY HEALTH, HOUSING AND HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
AND
CLACKAMAS COUNTY HEALTH, HOUSING AND HUMAN SERVICES
CHILDREN, YOUTH, AND FAMILIES DIVISION

AGREEMENT # 7716

I. PURPOSE:

This agreement between **Clackamas County Behavioral Health Division** herein referred to as “BHD” and **Clackamas County Children, Youth and Families Division** herein referred to as “CYFD” serves as agreement to pass through A&D 70 funding from the Oregon Health Authority herein referred to “OHA” to CYFD to provides alcohol and drug prevention strategies working with families of Clackamas County.

II. SCOPE OF WORK

CYFD agrees to:

- A. Provides the leadership and management of the Clackamas County Prevention Coalition (CCPC) to reduce alcohol and drug misuse among 12-25 year olds;
- B. CCPC efforts will integrate best practice planning & reporting processes as adopted by the Oregon Addictions and Mental Health Division (e.g. Social –Ecological Domains, Service Populations, Institute of Medicine, Center for Substance Abuse, and Prevention Risk Categories to report program activities;
- C. Focus Population – 12-25 years of age, IOM category: Universal, Selective and Indicated;
- D. Allowable Funded Activities – CSAP Strategies: Information Dissemination (Health Promotions, Media Campaigns, Positive Community Norms Campaign, Curricula Dissemination), Prevention Education, Alternative Activities (After School Programs, Mentoring), Community Based Processes (Coalition Support), and Environmental Approaches (Public Policy Efforts) and
- E. Report Outcome Data sets to Oregon Prevention Data System which could include:
 - (i) Oregon Healthy Teen Survey (OHT) results,
 - (ii) Student Well Survey (SWS) results and
 - (iii) Pre/Post Survey from program participants.
- F. CYFD agrees that its agents and employees shall maintain the confidentiality of any client identifying information, written or otherwise, with which they may come in contact, in accordance with all applicable provisions of state and federal statutes, rules and regulations, and shall comply with the same in the event of requests for information by any person or federal, state or local agency. In addition, the CYFD acknowledges the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191, 45 CFR Parts 160-164, and agrees that CYFD and CYFD’s agents and employees will comply with all applicable requirements of HIPAA related to the confidentiality of client records or other client identifying information.

G. Comply with any and all reporting requirements.

BHD agrees to:

A. Pass through funding awarded through OHA to CYFD.

B. Ensure compliance with any and all reporting requirements

III. REPORTING REQUIREMENTS

CYFD will provide monthly progress reports that track the number of clients receiving services and submit a progress report to Oregon Prevention Database. CYFD will notify BHD upon submission of each progress report by forwarding a copy of the report to BHD with the monthly Interfund request.

IV. COMPENSATION

Compensation shall consist of the following components:

A. CYFD will be compensated monthly based on actual expenditures for the programs listed.

The total compensation for programs supported by A&D 70 pass through funds and administered by CYFD is:

(1) Drug/Alcohol Prevention Services: **\$120,000.00**

a) Northwest Family Services - \$72,000

b) Todos Juntos - \$48,000

(2) Mentoring: **\$10,000.00**

a) Estacada School District - \$10,000

(3) Coalition Oversight: **\$40,407.00**

a) CYF – \$40,407

(4) Administrative Overhead: **\$8,968.00**

a) CYF- \$8,968

Total A&D 70 Funds: Prevention Plan **\$179,375.00**

B. The total compensation to CYFD under this agreement shall not exceed **\$179,375.00**

C. CYFD will submit monthly Interfund requests with itemized reimbursement expenditure invoice attached to BHD for a transfer of funds. Invoices must describe all work performed with particularity, including by whom it was performed and must itemize and explain all expenses for which reimbursement is claimed. BHD will transfer funds to CYFD through an Interfund based on the request and supporting documentation. CYFD will submit progress reports, expenditure reports and Interfund requests to:

Behavioral Health Division
Attention: Accounts Payable
BHAP@co.clackamas.or.us

V. LIASON RESPONSIBILITY

Mary Rumbaugh (503)-742-5305 will act as liaison from BHD.

Rodney Cook (503)650-5677 will act as liaison from CYFD.

VI. TERM OF AGREEMENT

This agreement becomes effective **July 1, 2016**, and will continue through until **June 30, 2017**. This agreement is subject to early termination by either of the parties when thirty (30) days' written notice has been provided to the other party.

ATTACHEMENT 1



Mary Rumbaugh, Director
 Behavioral Health Division

INTERFUND INVOICE

Agency/Contractor <u>Children, Youth and Families</u>	Invoice Month/Year: _____
Address: <u>2051 Kaen Rd</u>	Contract #: 7716
<u>Oregon City, OR 97045</u>	Submit electronically to:
Contact Person: <u>Rodney Cook, Director</u>	BHAP@co.clackamas.or.us
Phone Number: <u>503-742-5677</u>	

Budget Category	Budget	Current Draw Request	Previously Requested	Balance
Drug & Alcohol Prevention- Northwest Family Services	\$ 72,000.00			\$ 72,000.00
Drug & Alcohol Prevention -Todos Juntos	\$ 48,000.00			\$ 48,000.00
Mentoring- Estacada School District	\$ 10,000.00			\$ 10,000.00
Coalition Oversight- CFYD	\$ 40,407.00			\$ 40,407.00
Administrative Overhead-CYFD	\$ 8,968.00			\$ 8,968.00
	\$ 179,375.00	\$ -	\$ -	\$ 179,375.00

Total Amount Current Interfund

PAYMENT TERMS: CYFD will submit monthly Interfund requests with itemized reimbursement expenditure in-voice attached to BHD for a transfer of funds. Invoices must describe all work performed with particularity, including by whom it was performed and must itemize and explain all ex-penses for which reimbursement is claimed. BHD will transfer funds to CYFD through an Interfund based on the request and supporting documentation.

CERTIFICATION: I certify that this report is true and correct to the best of my knowledge and that all expenditures reported have been made in accordance with the budget and other provisions contained in Intra-Agency Agreement #7716

Prepared by: _____

Authorized Signer: _____ Date: _____

CLACKAMAS COUNTY BEHAVIORAL HEALTH DIVISION
ACCTS PAYABLE
 2051 Kaen Rd, Suite 154 Oregon City, OR 97045
 Direct Line: (503)742-5335
 Fax: (503)742-5312
BHAP@co.clackamas.or.us

For Admin Use ONLY:
 241-4332-08931-36006-431919