AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Amendment to Interagency Agreement; State Innovati

Action Requested: County Manager Signature

Parties to the Agreement: BOCC & Ouray Co. Public Health Agency

Term Begins: 8/1/17 **Term Ends:** 7/31/2018 **Grant Contract #:**

Summary:

This is IGA with Ouray Co. PH for Yr.2 of 3 yr. grant cycle for regional work. Gunnison Co. will work as subcontractor for Ouray Co PH who has contract with CDPHE to address mental health stigma reduction & integration of mental health into primary care. This is a project with West Central

Fiscal Impact: $9,560

Submitted by: C Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Renewal of ongoing program. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/16/2017

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 8/30/17

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 8/30/2017 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/31/2017

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 9/5/2017

Revised April 2015

Amendment to Interagency Agreement

State Innovation Model (SIM) Local Public Health Agency Grant Program
West Central Public Health Partnership Behavioral Health Project

THIS agreement, made this **August 1st, 2017**, by and between the Ouray County Board of County Commissioners, on behalf of Ouray County Public Health Agency (OCPHA) and West Central Public Health Partnership (WCPHP) counties of Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel, each of which is individually referred to as Subcontractor, but in no event is a county responsible for performance of any obligations or financial contributions of any other county.

Recitals:

WHEREAS, the State of Colorado Department of Public Health & Environment (CDPHE) has allocated Center for Medicare and Medicaid Services (CMS) State Innovation Model (SIM) grant funds to OCPHA for the purpose of providing funding for the SIM Project in the WCPHP communities, and

WHEREAS, each of the Subcontractors provides the staff to complete the strategic goals identified in the scope of work (attached), and

WHEREAS, the parties hereto entered into an Interagency Agreement dated July 5, 2016 to carry out the work to be performed under the SIM project; and

WHEREAS, CDPHE has now extended the contract for the work to be performed for another year from August 1, 2017 to July 31, 2018, and the parties desire to amend their Agreement to conform to the extended contract as modified by CDPHE,

NOW THEREFORE, it is hereby agreed that

1. Paragraph 2 of the Intergovernmental Agreement among the parties is hereby changed to read as follows:

2. Payment Amount and Billing Procedure

OCPHA agrees to pay each Subcontractor, in consideration for the services to be performed, an amount not to exceed **$9,560 for Delta, Gunnison, Hinsdale, Montrose and San Miguel County public health agencies** for each grant year during the period of this agreement. If allocated funds are not 80% spent or encumbered by each Subcontractor by May 31, 2018, OCPHA reserves the right to redirect the balance. Grant funds will be disbursed to the Subcontractor on a reimbursement of actual cost basis. Payment will be made to the Subcontractor upon receipt of legitimate requests for reimbursement and copies of receipts, invoices, and bill of expenditures from the Subcontractor for eligible SIM expenses. Documentation is to be submitted on the standard CDPHE Reimbursement Invoice Form and must match the amount requested. Any difference will be disallowed unless additional documentation is provided. Each **Subcontractor's Reimbursement request must be submitted monthly and within fifteen (15) days after month-end and must include the Subcontractor's General Ledger reports, timesheets and invoice documentation**

supporting the reimbursement request. Each Subcontractor shall also retain in its files copies of all supporting documents for the request for reimbursement.

2. Paragraph 3 of the Intergovernmental Agreement among the parties is hereby changed to read as follows:

3. Performance Term

Both parties agree that the term of this interagency agreement is from **date the contract between CDPHE and Ouray County Public Health Agency is fully executed in 2017** through July **31, 2018.**

3. Paragraph 7 of the Intergovernmental Agreement among the parties is herby changed to read as follows:

7. Reporting

Report Period	Report Type	Due Date
August 1 – October 31, 2017	Quarterly Progres	November 5, 2017
November 1, 2017 –January 31, 2018	Quarterly Progress	February 5, 2018
February 1 – April 30, 2018	Quarterly Progress	May 5, 2018
May 1 – July 31, 2018	Quarterly Progress	July 31, 2018

OCPHA reserves the right to require additional reporting if required by CDPHE; at which time a reporting deadline will be established.

4. All other terms, conditions, and provisions of the Intergovernmental Agreement dated July 5, 2016 remain as approved and adopted by the parties and their respective Boards of County Commissioners or Boards of Health.

Approved by the parties hereto as follows:

Ouray County Board of County Commissioners
Acting as the Board of Health

August 1, 2017

Ben Tisdel, Chairman Date

Enclosed: Subcontractor Scope of Work

SUBCONTRACTOR:

Delta County Public Health

_____

Authorized Signature Date

SUBCONTRACTOR:

Gunnison County Health Department

_____

Authorized Signature Date

SUBCONTRACTOR:

Hinsdale County Health Department

Authorized Signature Date

SUBCONTRACTOR:

Montrose County Public Health Agency

_____

Authorized Signature Date

SUBCONTRACTOR:

San Miguel County Health Department

_____

Authorized Signature Date

STATEMENT OF WORK
To Original Contract Routing Number 17 FHLA 92582
Contract Amendment #2 Routing Number 18 FHLA 103247

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. **Entity Name:** Ouray County Public Health Agency
Term: August 1, 2017-July 31, 2018

II. **Project Description:**

This project serves to conduct outreach, engagement and community development of behavioral health care and reduction of the associated stigma of behavioral health help-seeking attitudes and behavior in the low socioeconomic status population of the West Central Public Health Partnership region (Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties).This project seeks to do so by educating the public about behavioral health and its association with different stages of life, and by maximizing access to behavioral health preventive services through assessment, partnerships, systems-building and community-clinical linkages.

III. **Definitions:**

1. **Behavioral health:** SIM defines behavioral health to be a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders, and behavioral health, as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians, as well as nurse practitioners and physician assistants.
2. **CDHS:** Colorado Department of Human Services
3. **CDPHE:** Colorado Department of Public Health and Environment
4. **CMH:** Center for Mental Health
5. **FQHC:** Federally Qualified Health Centers
6. **IGA:** intergovernmental agreement
7. **LPHA:** Local public health agency
8. **MHFA:** Mental Health First Aid
9. **Primary Care:** health care at a basic rather than specialized level for people making an initial approach for treatment.
10. **RCCO:** Regional Care Collaborative Organization
11. **SES:** socioeconomic status
12. **SIM:** State Innovation Model
13. **TCHN:** Tri County Health Network
14. **WCPHP:** West Central Public Health Partnership that comprises Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties.

IV. **Work Plan:**

Goal #1: Improve behavioral health help-seeking attitudes and practices of the SES status population of the WCPHP region that is comprised of Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties.	
Objective #1: No later than the expiration of the contract, provide a stigma reduction campaign on behavioral health issues to low SES populations to encourage behavioral healthcare seeking behavior in the WCPHP region.	
Primary Activity #1	The Contractor shall continue to implement the selected behavioral health stigma reduction campaign.

Sub-Activities #1	1. The Contractor shall continue to implement the stigma reduction campaign as outlined in the implementation and dissemination plan, via public service announcements and other modes of delivery as determined most effective for the target audience and population by the Steering Committee. 2. The Contractor shall promote other behavioral health resources in tandem with the stigma reduction campaign such as the Colorado Crisis Services hotline, CDHS and the Midwestern Center for Mental Health by distributing a minimum of 900 informational cards and brochures to a minimum of 12 primary care practices. 3. The Contractor shall promote other behavioral health resources in tandem with the stigma reduction campaign such as the Colorado Crisis Services hotline, CDHS and the Midwestern Center for Mental Health by distributing a minimum of 75 informational cards and brochures to local public health agency clinical settings, including WIC, schools, social services offices, local law enforcement agencies, fire and emergency medical service agencies, and hospitals in the WCPHP region. 4. The Contractor shall promote other behavioral health resources in tandem with the stigma reduction campaign such as the Colorado Crisis Services hotline, CDHS and the Midwestern Center for Mental Health by distributing informational cards and brochures during two (2) community events in each county of the WCPHP region. 5. The Contractor shall host two (2) Mental Health First Aid trainings; one (1) youth class, and one (1) adult class. 6. The Contractor shall assist sub-contractors in scheduling Mental Health First Aid trainings and reaching target audiences during quarterly conference calls. 7. The Contractor shall continue to collaborate with local efforts that are offering similar educational campaigns to maximize resource use and impact, such as at schools, colleges and other community organizations. 8. The Contractor shall place a minimum of three (3) social media ads per quarter (12 ads total).	
Standards and Requirements	1. The Contractor shall attend the SIM-approved meeting to be held in Denver. 2. The Contractor shall participate in all technical assistance meetings conducted by the CDPHE SIM team. 3. The Contractor shall submit all deliverables by e-mail, unless otherwise stated, to CDPHE SIM Health Systems Specialist.	
Expected Results of Activity(s)	1. Decrease in behavioral health stigma among low SES populations in WCPHP region. 2. Increase in behavioral health screenings and referrals among low SES populations.	
Measurement of Expected Results	1. A final report including: 1. The reach and scope of the stigma reduction campaign 2. Number of Mental Health First Aid training participants	
		Completion Date
Deliverables	1. The Contractor shall provide a CDPHE-approved progress report, including: a. documentation of participation in Mental Health First Aid trainings (e.g. date, number of participants). b. documentation of key informant interview (e.g. number of interviews conducted, date of interview, type of informant, key findings) c. documentation of dissemination of stigma reduction materials (e.g. type of material, method of dissemination; reach)	No later than the last day of October, January, April, and July

Goal #2: Improve access to behavioral health preventive services for low SES populations through assessment, partnerships, systems building and community-clinical linkages in the WCPHP region.

Objective #1: No later than the expiration date of this contract, collaborate with stakeholders including other SIM-funded organizations in the WCPHP region to assess the behavioral healthcare needs, including resources and gaps in services.		
Primary Activity #1	The Contractor shall finalize the community behavioral health resource and service gap assessment for all six counties in the WCPHP region.	
Sub-Activities #1	1. The Contractor shall expand the behavioral health resource and service gap assessment plan with input from the Steering Committee and key informants. 2. The Contractor shall ensure at least one (1) key informant interview is conducted in each county of WCPHP region. 3. The Contractor shall continue developing relationships with health systems and other stakeholders who serve low-SES populations (e.g. RCCO, county social service directors, juvenile diversion staff, early childhood councils, private behavioral health service providers, community members and healthcare provider leaders at clinics who serve low SES populations such as Federally Qualified Health Centers (FQHCs) and Rural Health Clinics) through meetings to assess gaps and resources in serving behavioral health needs of low SES populations. 4. The Contractor shall collect and analyze baseline patient behavioral health screening and referral data through surveys.	
Objective #2: No later than the expiration date of the contract, implement the plan to increase integration of behavioral health and primary care systems and services in the WCPHP region.		
Primary Activity #1	The Contractor shall assist primary care practices in the adoption of behavioral health integration.	
Sub-Activities #1	1. The Contractor and subcontractors shall compile and disseminate a packet to at least two (2) primary care provider(s) per county in the WCPHP region with information including integration resources, tools, continuing education and funding opportunities. 2. The Contractor shall promote peer-to-peer services (e.g.., PSYCHline and C-PACK) and tools for primary care practices to integrate behavioral health resources. 3. The Contractor and subcontractors shall assist primary care practices in creating linkages between practices, community resources and public health.	
Standards and Requirements	1. The Contractor shall attend the SIM-approved meeting to be held in Denver. 2. The Contractor shall participate in all technical assistance meetings conducted by the CDPHE SIM team. 3. The Contractor shall submit all deliverables by e-mail, unless otherwise stated, to CDPHE SIM Health Systems Specialist.	
Expected Results of Activity(s)	1. Improved understanding of resources and gaps in behavioral health and primary care system and service integration in WCPHP.	
Measurement of Expected Results	1. A final report, containing: a. packet of compiled resources for primary care; b. summary findings from gap assessment (key informant interviews, screening and referral survey data)	
		Completion Date
Deliverables	1. The Contractor shall provide a CDPHE-approved progress report, including: a. documentation of key informant interview (e.g. number of interviews conducted, date of interview, type of informant, key findings) b. summary findings from screening and referral survey data	No later than the last day of October, January, April, and July

	2. The Contractor shall submit packet of resources for primary care providers to CDPHE SIM staff for approval before dissemination.	No later than April 30

V. Monitoring:

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by CDPHE SIM Health Systems Specialist. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

VI. Resolution of Non-Compliance:

The Contractor will be notified in writing within 15 calendar days of discovery of a compliance issue. Within 30 calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to CDPHE SIM Health Systems Specialist and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.