



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: July 25, 2018

Department: Health Agenda Planning Date: July 19, 2018 Time required: 10 min

Audio/Visual aids

Contact: Cydney Nestor, Division Director Phone: 503-585-4911

Department Head Signature: [Signature]

TITLE Youth MOVE Oregon, #HE-1746-17 Amendment 2; Provision of Peer Support Services to Youth

Issue, Description & Background Youth MOVE currently provides peer support services to youth enrolled in MCHHS' MV Wrap, and Y-RAP Programs. In addition, MCHHS has clinical oversight to Contractor's WVCH pass-thru Transformation Grant program. Amendment 2 removes the continuation of tasks and remaining funds for YRAP and MV-Wrap programs. The clinical oversight to Contractor's WVCH pass-thru Transformation Grant program shall continue through its term; December 31, 2019 .

Financial Impacts: Contract through Amendment 1 is funded \$535,708. Amendment 2 reduces <\$175,041.84> in funding. The new total funds for the term of the Agreement shall be \$360,666.16

Impacts to Department & External Agencies Mid-Valley Behavioral Care Network shall no longer provide pass-thru funds to MCHHS in support of MV-Wrap Program, and shall create its own direct contractual relationship with the Contractor for MV-Wrap program. In addition, going forward MCHHS shall utilize its own clinical staff in providing peer support services for its YRAP program.

Options for Consideration: 1. Approve Amendment 2 to Youth MOVE Oregon, #HE-1746-17. 2. Deny approval of Amendment 2 to Youth MOVE Oregon, #HE-1746-17. 3. Take no action at this time.

Recommendation: MCHHS recommends approval of Amendment 2.

List of attachments: Youth MOVE Oregon, #HE-1746-17 Amendment 2

Presenter: Cydney Nestor, Division Director

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Linda Wilson, lwilson@co.marion.or.us



# Contract Review Sheet

Contract #: HE-1746-17

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: \_\_\_\_\_

Contract  Amendment # 2  Lease  IGA  MOU  Grant (attach approved grant award transmittal form)

Title: Provide PEER Support Services to Youth

Contractor's Name: Youth MOVE Oregon

Term - Date From: August 1, 2017 Expires: Dec. 31, 2019

Contract Total: \$535,708.00 Amendment Amount: \$-175,041.84 New Contract Total: \$360,666.16

Source Selection Method: Special Procurement (attach approval) # \_\_\_\_\_

### Additional Considerations (check all that apply)

- Board Order # 17-086
- Incoming Funds
- Independent Contractor (LECS) approval date: \_\_\_\_\_
- Insurance Waiver (attach)
- Feasibility Determination (attach approved form)
- Federal Funds (attach sub-recipient / contractor analysis)
- Reinstatement (attach written justification)
- Retroactive (attach written justification)

### Description of Services or Grant Award:

**Contractor provides program specific intensive youth peer support services to County programs. Amendment 2: Removes the continuation of tasks and unused funds associated with providing peer support services to the County's Y-RAP and MV-Wrap programs. County shall continue to provide pass-thru funds for the WVCH Transformation Program Project Grant through the Grant's term December 31, 2019.**

### FOR FINANCE USE

Date Finance Received: \_\_\_\_\_ BOC Planning Date: \_\_\_\_\_ Date Legal Received: \_\_\_\_\_

Comments: \_\_\_\_\_

### REQUIRED APPROVALS:

Finance - Contracts \_\_\_\_\_ Date \_\_\_\_\_ Risk Manager \_\_\_\_\_ Date \_\_\_\_\_

Legal Counsel \_\_\_\_\_ Date \_\_\_\_\_ Chief Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_  To be filed  Added to master list

Returned to \_\_\_\_\_ Department for \_\_\_\_\_ signatures



AMENDMENT 2 to the  
CONTRACT FOR SERVICES

between

MARION COUNTY and YOUTH MOVE OREGON #HE-1746-17

This Amendment No. 2 to the Contract for Services (as amended from time to time, the "Contract"), dated August 1, 2017 through December 31, 2019 between Marion County, a political subdivision of the State of Oregon, hereafter called County, and Youth MOVE Oregon, hereafter called Contractor.

The Contract is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by brackets [ ]):

**2. CONSIDERATION.**

A. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is \$[535,708] \$360,666.16.

B. Interim payments to Contractor shall be made in accordance with the payment schedule and requirements in [Exhibit A] Exhibit A; Revision 1

**EXHIBIT A**  
**STATEMENT OF WORK**  
**Revision 1**

**1. STATEMENT OF SERVICES**

A. GENERAL INFORMATION. Contractor shall provide program specific intensive youth peer support services to [youth enrolled in Mid-Valley Wraparound Services (MV-Wrap), and Youth Rental Assistance Program (YRAP) through the term of June 30, 2019, and] Youth & Family Crisis Services Program [beginning January 1, 2018] through the term of December 31, 2019.

B. REQUIRED SERVICES, DELIVERABLES AND DELIVERY SCHEDULE. Contractor shall deliver services in accordance with Contractor's Statement of Work and Budget [MV-Wrap and YRAP, Attachment A dated July 31, 2017, and] as stated in the WVCH Transformation Program Project Application in the amount of \$180,708 pass-thru funds attached as Attachment B dated August 10, 2017, attached herein and incorporated by reference.

Contractor shall;

- [1. Have staff attend bi-monthly or monthly Marion County Wrap Committee meetings, to include; CCCC, Community Partners, MC Wrap Review meetings to provide consistent training and support to team members.]
- [2. Use an approved template to complete all progress notes and required documentation for encountering by Medicaid and/or Contractor with 5 days of completion of service. Progress notes shall be submitted via fax, secure email or agreed upon process within seven (7) days of service.]
- [3. Receive regular clinical supervision from a Marion County Qualified Mental Health Professional (QMHP) by way of regular one-on-one group peer coaching to direct service staff and shall maintain a log of coaching.]
- [4. Receive one-on-one peer support coaching and supervision from a Marion County QMHP at a minimum of one hour per week each and one hour per month of group support coaching for Contractor's Lead Wraparound Youth Partner and Youth Peer Support Specialist.]
- [5. Work with professional partners to model principles of System of Care and co-train with System of Care partners to provide and advocate involvement with System of Care partners.]
- [6. Have all peer support specialists complete required training; Peer Plus Certification training, annual training and complete OHA approved forty (40) hour peer delivered services training,

receive certification as a Traditional Health Worker and submit necessary paperwork to OHA to credential staff as Peer Support Specialists (PSS) within ninety (90) days of hire.]

- [7. Maintain a certification log of trainings to be available upon request by the County.]
- [8. Communicate appropriately with Marion County program staff to ensure adherence with policies, procedures and program specifics, and process contractual documents in a timely manner.]
- 9. Provide a 1.0 FTE certified Youth Peer Support Specialist (YPSS) trained in crisis peer response & support.
- 10. Utilize flexible work hours and respond independently or with the mobile crisis team.
- 11. Follow Peer Intercept programming procedure to assist in stabilization and transition to appropriate levels of care/programming.
- 12. Utilize flex funds to engage youth in their communities through youth-focused activities, one-on-one and team support, social media, text/chat, and other independent and group activities that are driven by youth interests and strengths.
- 13. Connect youth to additional supports including local Youth M.O.V.E. Oregon programming and the Empowerment Recovery Academy as appropriate.
- 14. Work with care teams (Wraparound etc.) to facilitate a smooth transition from crisis service to outpatient programs/services.

**2. COMPENSATION.** The total amount available for payment to Contractor under Exhibit A, section 2.A and for authorized reimbursement to Contractor under Exhibit A, section 2.C is [~~\$535,708~~] \$360,666.16. Contractor may expend up to [~~\$355,000~~] \$179,958.16 for work performed in support of MV-Wrap Services, Y-RAP Services and \$180,708 for work performed in support of Youth & Family Crisis Services.

Except as expressly amended above, all other terms and conditions of the original contract are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

**MARION COUNTY SIGNATURE  
BOARD OF COMMISSIONERS:**

\_\_\_\_\_  
Chair Date

\_\_\_\_\_  
Commissioner Date

\_\_\_\_\_  
Commissioner Date

Authorized Signature:  \_\_\_\_\_ 7-10-18  
Cary Moller, Administrator Date

Authorized Signature:  \_\_\_\_\_ 7/10/18  
Cydney Nestor, Division Director Date

Authorized Signature:  \_\_\_\_\_ 7/10/18  
Jeremiah Elliott, Sr. Administrative Services Mgr. Date

Authorized Signature: \_\_\_\_\_  
Chief Administrative Officer Date

Reviewed by Signature: \_\_\_\_\_  
Marion County Legal Counsel Date

Reviewed by Signature: \_\_\_\_\_  
Marion County Contracts & Procurement Date

**YOUTH MOVE OREGON**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

## Oregon Workers' Compensation Certificate of Insurance



**Certificate holder:**

MARION COUNTY HEALTH DEPARTMENT  
3180 CENTER STREET NE STE 2100  
SALEM, OR 97301

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.

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<b>Insured</b> Youth M.O.V.E. Oregon PO Box 583 Eugene, Or 97440-0583	<b>Producer/contact</b> Pacific Benefit Consultants Pacific Benefit Consultants 541.484.6624 clpolicies@pbcins.com
<b>Issued</b> 04/02/2018 <b>Policy</b> 790428 <b>Period</b> 05/01/2018 to 05/01/2019	<b>Limits of liability</b> Bodily Injury by Accident \$500,000 each accident Bodily Injury by Disease \$500,000 each employee Body Injury by Disease \$500,000 policy limit

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**Description of operations/locations/special items**

**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE POLICYHOLDER AND CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS AND OREGON LAW. SAIF WILL ENDEAVOR TO PROVIDE WRITTEN NOTICE WITHIN 30 DAYS WHENEVER POSSIBLE.

Authorized representative

A handwritten signature in black ink, appearing to read "Kerry Barnett", is written over a light blue horizontal line.

Kerry Barnett  
President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.584.9812



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Pacific Benefit Consultants 450 Country Club Road #330 Eugene OR 97401		<b>CONTACT NAME:</b> Tammy Syrek <b>PHONE (A/C, No, Ext):</b> (541) 484-6624 <b>E-MAIL ADDRESS:</b> tsyrek@pbcins.com <b>FAX (A/C, No):</b> (541) 686-2726	
<b>INSURED</b> Youth MOVE Oregon 44 W Broadway #226 Eugene OR 97401		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Companies INSURER B: SAIF Corp INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL1821524808

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		PHPK1763613	3/8/2018	3/8/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1763613	3/8/2018	3/8/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist property \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB614487	3/8/2018	3/8/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	790428	5/1/2017	5/1/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors and Officers			PHSD1315165	3/8/2018	3/8/2019	Policy Term \$1,000,000
A	Professional Liability			PHPK1763613	3/8/2018	3/8/2019	Each Claim/Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*Except 10 days notice in event cancellation for non payment of premium.

State of Oregon, Marion County, it's officers, agents, employees, and volunteers are included as additional insured as respects to operations usual to the named insured per contract 1919 & 2048. Additional insured per form CG2026 (04/13) attached

**CERTIFICATE HOLDER**

(503) 373-3777 msaechao@co.marion.or.us

State of Oregon  
 Marion County Health Department  
 Attn: Linda Wilson  
 3180 Center Street NE  
 Salem, OR 97301

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tammy Syrek/TAS

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

State of Oregon, Marion County  
It's officers, agents, employees and volunteers

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.