THIRD AMENDMENT TO MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES DELEGATION AGREEMENT

THIS THIRD AMENDMENT TO MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES DELEGATION AGREEMENT (this *"Third Amendment"*) dated this fourth day of ~~August~~ October 2016, is entered into by and between Yamhill County Care Organization, Inc., an Oregon nonprofit public benefit corporation dba Yamhill Community Care Organization (*"Yamhill CCO" or "YCCO"*), and Yamhill County, a political subdivision of the State of Oregon, acting by and through Yamhill County Health and Human Services Department (*"YCHHS" or "HHS"*).

RECITALS

A. Yamhill CCO and YCHHS entered into a Mental Health and Substance Abuse Disorders Services Delegation Agreement dated January 1, 2015 ("2015 Agreement")

B. Yamhill CCO and YCHHS entered into a First Amendment to Mental Health and Substance Use Disorders Services Delegation Agreement dated January 1, 2016 ("2016 Amendment"). This Mental Health and Substance Use Disorders Services Delegation Agreement was further amended on August 18, 2016 to incorporate the May 25th, 2016 MOU and the new ABA rate effective July 1, 2016.

C. Yamhill CCO and HHS entered into their first agreement at the initial formation of Yamhill CCO in 2012 that included MVBCN and Yamhill HHS as sub capitated entities who were to manage and/or deliver Mental Health and Substance Use services for Yamhill CCO members. In January of 2015 MVBCN took a much more limited role in authorization and management of these services and in January 2016, HHS became the principal entity to manage Behavioral Health Services for Yamhill CCO and was designated as the single BH Risk Accepting Entity (RAE). In that role as BH RAE, HHS serves as the primary contact with Yamhill CCO for BH provider agencies, and for YCCO's contract with Performance Health Technology Inc. for its claims processing services for Behavioral Health.

D. The purpose of this Third Amendment is to further amend the 2015 Agreement to extend the agreement term through December 31, 2018, and include the Community Prevention and Wellness Implementation Proposal effective September 1, 2016 through December 31, 2018.

E. Capitalized terms used in this Third Amendment, but not otherwise defined in this Third Amendment shall have the same meaning as those in the 2015 Agreement, and the CCO Contract, in that order of priority.

NOW THEREFORE, for good and valuable consideration, the parties agree as follows:

1. Effective date. The effective date of this Third Amendment shall be September 1, 2016.

2. Amendment to Section 3 of the 2015 Agreement. Section 3 of the 2015 Agreement is hereby further amended to include the additional services detailed in Attachment A, which is attached hereto and incorporated herein by this reference.

3. Amendment to Section 6.1. Section 6.1 of the Agreement is hereby amended to extend the termination date of the Agreement from December 31, 2017 to December 31, 2018.

4. Amendments to Exhibit E of the 2015 Agreement. Exhibit E (Compensation) of the 2015 Agreement set forth the Compensation provisions for the 2015 contract year. This Third Amendment hereby further amends Exhibit E of the 2015 Agreement as provided on Attachment A to this Third Amendment, including rates for additional services detailed in Appendix A of Attachment A as long as funding remains available.

5. Ratification. Except as expressly amended by this Third Amendment, the 2015 Agreement shall remain in full force and effect according to its terms.

6. Recitals. The recitals appearing at the top of this Third Amendment are incorporated into this Third Amendment as if fully set forth herein.

The parties hereto have caused this Third Amendment to be duly executed by their duly authorized officers as of the date set forth above.

YAMHILL COUNTY CARE ORGANIZATION, INC.

By: _____
Seamus McCarthy
Interim Chief Executive Officer

Date: 10/4/2016

YAMHILL COUNTY BOARD OF COMMISSIONERS

By: _____
Mary Starrett, Chair

Date: 9-9-16

APPROVED AS TO FORM

By: _____
Christian Boenisch
County Counsel

Date: 9/9/16

_____
Silas Halloran-Steiner, Director
Department of Health and Human Services

Date: 9/7/16

Accepted by Yamhill County Board of Commissioners on 9.8.16 by Board Order # 16-365

ATTACHMENT A

Community Prevention and Wellness Implementation Proposal
September 2016 through December 2018

Three Year Plan Implementation

Good Behavior Game

- Implementation in the following grade schools:
  - Yamhill Carlton Elementary
  - Willamina Elementary
  - Sheridan Elementary
- Coordination Activities
  - Identify leads in each school
  - Coordinate school/teacher trainings *(already done)*
  - Purchase of the PAX GBG kit for each teacher
  - Coordinate with Oregon Research Institute (ORI) to provide evaluation and monitoring
  - Plan and coordinate with each school to develop a process for implementation
  - Oversee general implementation coordination, management and problem solving with schools, Yamhill CCO and ORI

Family Check-up

- Implementation in the following grade schools:
  - Patton Middle School (McMinnville)
  - Duniway Middle School (McMinnville)
  - Chehalem Valley Middle School (Newberg)
  - Mountain View Middle School (Newberg)
  - Dayton Middle School
- Coordination Activities
  - Identify leads in each school
  - Coordinate the readiness survey for interested schools
  - Determine who will be the Qualified Family Check-Up provider within each school
  - Coordinate provider training
  - Coordinate with Oregon Research Institute (ORI) to provide evaluation
  - Plan and coordinate with each school to develop process for implementation and workflows for referrals, intervention and follow up
  - Oversee general implementation coordination, management and problem solving with schools, Yamhill CCO and ORI

Healthy Futures Tobacco Cessation Program-

- Program development, implementation, monitoring and data tracking.

- Tracking progression through the program and evaluating implementation of the program
- Coordination with prenatal providers, behaviorists, maternal child health nurses and Yamhill CCO women enrolled in the program.
- Testing for tobacco use.
- Acquisition and disseminating of incentives as appropriate.

Maternal Medical Home

- Data collection from participating prenatal clinics
- Claims data monitoring (pulled by Yamhill CCO) and tracking
- Health outcome monitoring and oversight
- Clinic care model evaluation
- Collect feedback from participating clinics and other partners

Rates – See Appendix A

Appendix A – Rates

	CY 2016 (1)			CY 2017 (2)			CY 2018 (3)			TOTAL (4)	
Salaries		*YCCO Request*	*Match*		*YCCO Request*	*Match*		*YCCO Request*	*Match*	*YCCO Request*	*Match*
Program Coordinator	17,391	13,913	3,478	53,426	42,741	10,685	54,709	43,767	10,942	100,421	25,105
Program Manager	1,097	877	219	3,369	2,696	674	3,450	2,760	690	6,333	1,583
Administrative Staff	739	591	148	2,271	1,817	454	2,325	1,860	465	4,268	1,067
Support Staff	1,889	1,511	378	5,802	4,641	1,160	5,941	4,753	1,188	10,905	2,726
Benefits	12,438	9,951	2,488	38,211	30,569	7,642	39,128	31,302	7,826	71,822	17,955
SUBTOTAL	**33,554**	**26,844**	**6,711**	**103,079**	**82,463**	**20,616**	**105,553**	**84,443**	**21,111**	**193,750**	**48,437**
Materials & Supplies											
Occupancy	2,009	1,607	402	6,171	4,937	1,234	6,319	5,055	1,264	11,599	2,900
Supplies	1,272	1,018	254	3,907	3,126	781	4,001	3,201	800	7,345	1,836
Legal/Payroll	609	487	122	1,871	1,497	374	1,916	1,533	383	3,517	879
Training	114	91	23	350	280	70	359	287	72	659	165
Travel	400	320	80	1,229	983	246	1,258	1,007	252	2,310	577
Urinalysis	317	254	63	975	780	195	998	799	200	1,832	458
Incentives	2,000	1,600	400	9,280	7,424	1,856	9,503	7,602	1,901	16,626	4,157
SUBTOTAL	**6,721**	**5,377**	**1,344**	**23,783**	**19,027**	**4,757**	**24,354**	**19,483**	**4,871**	**43,887**	**10,972**
TOTAL	**40,276**	**32,220**	**8,055**	**126,863**	**101,490**	**25,373**	**129,907**	**103,926**	**25,981**	**237,636**	**59,409**

FOOTNOTES

(1) Assumes September 2016 start (prorated 4 month cost)

(2) 2.4% COLA

(3) 2.4% COLA

(4) 80%/20% split

Appendix B

Healthy Futures: Tobacco Free Pregnancy and Beyond

Abstract

Tobacco use increases risk of complications for mothers during pregnancy, as well as the risk of adverse birth outcomes, and health care costs. This paper describes a pilot intervention that leverages collaboration between Yamhill County Public Health (YCPH), Yamhill Coordinated Care Organization (YCCO) Maternal medical Home clinics, and OHP Cessation Benefits. The proposed pilot project is an incentive program that targets pregnant women to quit smoking during pregnancy and to remain smoke-free post-partum. The resources in the proposed pilot aim to improve birth outcomes, reduce the costs of hospital stays, and overall healthcare costs that arise from complications in pregnancy due to smoking in Yamhill County's pregnant OHP population.

Description of the problem

Use of tobacco products during pregnancy is a critical factor of adverse health and birth outcomes. More specifically, mothers who smoke during their pregnancy are at a higher risk for having a miscarriage, stillbirth, and premature birth. Mothers who smoke during pregnancy are also at higher risk for experiencing problems with the placenta, suffering from preterm labor, and ectopic pregnancy. In addition, babies born to mothers who smoke during pregnancy are more likely have certain birth defects, lower birth weight and Sudden Infant Death Syndrome (SIDS)[i]. Mothers who do not smoke but are exposed to secondhand smoke are also at risk for the same negative health outcomes.

Complications associated with such adverse health outcomes increase costs of prenatal and postnatal care. They negatively influence early childhood growth and development. Research has shown that for preterm births (< 37 weeks gestation), the average length of stay in a hospital is anywhere from 10 days to 46 days, and average hospital costs range from $51,083 to $280,811 respectively[ii].

In Yamhill County, 12% of pregnant women smoked cigarettes, as compared to 11% of pregnant women statewide from the year 2008-2012[iii]. This percentage is even higher among Medicaid clients in Oregon, with an estimated 22% of pregnant women smoking cigarettes[iv]. In 2014, 10%[v] of live births in Yamhill County were to mothers who used tobacco during their pregnancy (approx. 114 babies[vi]). Therefore, approximately 114 babies may suffer preventable adverse health outcomes and can be a huge burden to the health care system for our county.

Tobacco cessation interventions for pregnant women are extremely cost effective, because they can reduce the number of perinatal deaths, the number of premature and low birthweight births, use of NICUs, and the length of stay in NICUs. They provide an opportunity to improve health outcomes for both babies and mothers and decrease service intensity of the health care system.

Healthy Futures: Tobacco Free Pregnancy and Beyond –A Proposed Pilot Intervention

The target population for this pilot project is OHP pregnant women in Yamhill County who smoke. The goals of the intervention are to:

- Increase the percentage of pregnant woman who quit tobacco and stay abstinent following the birth of their baby in Yamhill County

- Increase the amount of tobacco cessation resources used by pregnant women in Yamhill County and
- Decrease medical costs associated with consequences of tobacco use during pregnancy in Yamhill County (e.g., premature, low weight and NICU).

Promotion of the program would occur in Maternal Medical Home provider offices and through Public Health Maternal Child Health staff.

The proposed pilot intervention is called "Healthy Futures: Tobacco Free Pregnancy and Beyond". It is an incentive program based on Lane County's Quit Tobacco Incentive Program (QTIP)[vii] that combines cessation counseling with increasing incentives for OHP insured pregnant women to stop smoking during pregnancy and to continue smoke free post-partum. Pregnant women will be eligible to enroll as soon as they find out they are pregnant and declare they are currently smoking. Provider referrals are preferred, but self-referrals, ratified by the participant's provider are also accepted. Pregnant women who have recently quit due to their pregnancy will also be eligible to enroll.

The intervention would be composed of four vital components:

1. Motivational interviewing, or cessation counseling provided by clinic behaviorist
2. Increasing incentives for increasing length of abstinence from tobacco use
3. Periodic urine screening and
4. Maternity Case Management provided by a registered nurse.

Implementation of the project will call for a partnership between behaviorists in targeted Maternal Medical Home clinics, Maternity Case Managers (i.e., YCPH home visiting nurses), and prenatal providers in Yamhill County. Designated project staff will design, implement and coordinate the program as well as coordinate referrals into the intervention among providers and Maternal Child Health nurses across Yamhill County. Project staff will also track data related to the program. The TPEP coordinator from Yamhill County Public Health will provide tobacco-related technical assistance to the program coordinator.

Pregnant smokers would speak with project staff about enrolling in the program. If they decide to enroll, participants will receive a small incentive for enrolling. After enrolling, each participant will be assigned a Maternity Case Manager (a RN) to ensure women successfully access all available services throughout their pregnancy. The Program Coordinator will be responsible for tracking progression through the program and evaluating faithful implementation of the program.

Maternity Case Managers (a YCPH home-visiting nurse) or Maternal Medical Home clinic staff will test women for cigarette use using urine samples at multiple stages during their pregnancy as appropriate. Those who have not used tobacco will receive incentives to continue to stop smoking. These incentives will increase in value the longer participants go without smoking and will be largest in value 6 months post-partum.

Women will be tested once during their first trimester (around a 3 month mark), once during their second trimester (around a 6 month mark) and once during their third trimester (around a 9 month mark). They will also undergo testing 6 weeks postpartum, when studies have shown relapse to be most likely to occur, 3 months post-partum and 6 months post-partum. Incentives will increase in value for each negative test during their pregnancy.

Recommendations

The proposed pilot project described is a perfect opportunity to influence immediate health outcomes and long-term costs. It aligns well with the Community Health Improvement Plan (CHIP), the

Strategic Plan and goals of the YCCO. The project will support CHIP Priority Goal #1 to: "promote overall well-being by reducing prevalence of chronic conditions" such as childhood asthma due to second hand smoke. That improved health outcome is foundational to the Early Learning Hub Strategic plan (consistent school attendance). It achieves Focus Area 2 of the 2016-19 Action Plan for Better Health (to Improve community wellness through proactive engagement and outreach with members, providers and other stakeholders). The proposed pilot project builds capacity in the following priority areas desired by YCCO: Population Health Initiatives, CHW network expansion, and Member Engagement.

This pilot project is based on Lane County's Quit Tobacco in Pregnancy program (QTIP). The QTIP program was based out of Lane County's Women, Infants and Children (WIC) program, where it was coordinated by a Tobacco Treatment Specialist. Quit attempts were validated through CO monitoring. The QTIP program offered incentives for enrollment and used cessation services in addition to incentives for quitting tobacco. The program also offered cessation incentives at two points postpartum (3 months and 6 months).

Preliminary QTIP results demonstrated that 60% of pregnant women who self-identified as smokers at WIC (119/197) spoke with the program coordinator about enrolling in the program. Of those who met with program coordinator, 98% (117/119) actually enrolled in the program. In the first six months of the program, 65% (66/101) had one successful CO monitor reading and received a $20 cessation incentive. Half of these women were current smokers at the time of enrollment (33/66). Of the 66 women that had an initial successful CO monitoring reading, 49% of eligible participants (28/57) had a second successful CO monitor reading and received a $30 cessation incentive. Approximately 39% of these women were current smokers at the time of enrollment (11/28). Finally, 57% of eligible participants (16/28) women had three successful CO monitor readings and received a $50 cessation incentive. Approximately 44% of women who received the $50 incentive were current smokers at the time of enrollment (7/16).

The QTiP Program was challenged by women being lost to follow-up (either not coming in for follow-up appointments or unresponsive to calls and letters). In addition, lack of engagement on behalf of prenatal care providers posed a lost opportunity for promotion of the program. These challenges will be addressed in our pilot project by employing a nurse to serve as a Maternal Case Manager to ensure that participants successfully undertake and complete the cessation program. They also will support all those involved in providing care in fostering engagement in the tobacco cessation program for a collective impact.

Program Cessation Incentives ($200 per woman who successfully completes the program and pro-rated for others)*

- $10 gift card for enrolling
- $20 gift card for abstaining from smoking after 3 months
- $25 gift card for abstaining from smoking after 6 months
- $25 gift card for abstaining from smoking after 9 months
- $30 gift card for quitting smoking 6 weeks post-partum
- $40 gift card for quitting smoking 3 months post-partum
- $50 gift card for quitting smoking 6 months post-partum

*Explanation of cost estimates:

Number of live births in Yamhill County for 2014: 1,145
Percentage of Oregon births financed by Medicaid (OHP): 50%
Prevalence of tobacco use in pregnant women served by Medicaid (OHP): 22%

➔ $1{,}145 \times 0.50 =$
$450(approximate\ number\ of\ live\ births\ financed\ by\ Medicaid\ in\ Yamhill\ County)$

➔ $450 \times 0.22 = 99\ (OHP\ births\ to\ smoking\ mothers\ in\ Yamhill\ County)$

Cost estimates of program cessation incentives are based on estimate of 126 pregnant women on OHP in Yamhill County using tobacco annually, 80% participation in the program and 30% success rate in completing the program (30 fully completing and 71 abstaining smoking during the entirety of their pregnancy). Calculations assume live births are one birth per woman per year in Yamhill County.

➔ $99 \times 0.80\ (participation\ rate) = 80\ participants$

➔ $80\ participants \times 0.30\ (success\ rate) =$
$24\ women\ successfully\ completing\ the\ program$

➔ $(24\ women\ who\ complete\ the\ program \times \$200) +$
$(56\ women\ who\ quit\ smoking\ during\ pregnancy \times \$80 = \$9{,}280$

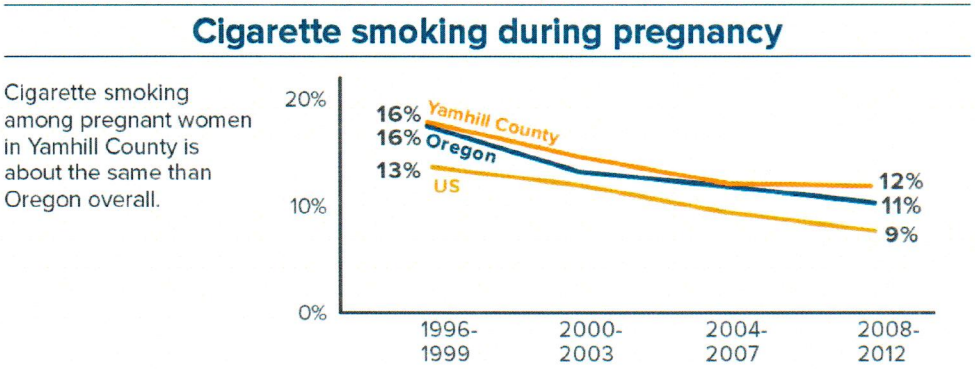

Figure 1. Source: Oregon Health Authority. Tobacco Factsheets by County: Yamhill County 2014.

Table 1. Length of Stay and Hospital Charges Among Special Care Nursery Admissions

Gestational Age	Average Length of Stay (Days)	Average Hospital Charges (Dollars)
All Admissions	13.2	$76,164
<32 weeks	46.2	$280,811
32-33 weeks	20.3	$102,182
34-36 weeks	9.8	$51,083
37-38 weeks	5.9	$37,137
39-41 weeks	4.9	$29,771
42+ weeks	6.5	$47,282

Figure 2. Source: March of Dimes. National Perinatal Information System Special Care Nursery Admissions. 2011

[i] CDC: Tobacco Use and Pregnancy.
http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm
[ii] March of Dimes: Special Care Nursery Admissions.
https://www.marchofdimes.org/peristats/pdfdocs/nicu_summary_final.pdf
[iii] Tobacco Factsheets. Yamhill County
[iv] Medicaid.gov. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Tobacco.html
[v] Oregon Health Authority. Live births with maternal tobacco use by county.
https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Documents/PerinatalTrends/tobacco19902014.pdf
[vi] Oregon Health Authority. Live births by county.
https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Documents/PerinatalTrends/birthcount19902014.pdf
[vii] Lane County Semi-Annual Board of Health Report.
http://www.lanecounty.org/departments/hhs/documents/11%2003%2015%20boh.pdf