



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306
Salem, OR 97301
Voice: (503) 945-5818
FAX: (503) 378-4324

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**ELEVENTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH
SERVICES AGREEMENT #141431**

This Eleventh Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services dated as of July 1, 2013(as amended, the "Agreement"), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and **Yamhill County** ("County").

RECITALS

WHEREAS, OHA and County wish to modify Exhibit MHS 37-Flexible Funding to Service Description MHS Special Projects as set forth in Exhibit B-1 of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. Exhibit MHS 37-Flexible Funding to Service Description MHS 37 Special Projects, is hereby amended to read in its entirety as set forth in Exhibit 1 attached hereto and incorporated herein by this reference.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

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- 3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit G of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
- 4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
- 5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

Yamhill County

By:

Allen Springer Chair, Board of Commissioners 5/29/14
 Authorized Signature Title Date

State of Oregon acting by and through its Oregon Health Authority

By:

[Signature] DPO 6/3/14
 Authorized Signature Title Date

Document date: 05/13/2014
Reference # NA

Amendment # 11

Accepted by Yamhill County
 Board of Commissioners on
5/29/14 by Board Order
 # 14-287

**Exhibit 1 to the 11th Amendment to
Oregon Health Authority
2013-2015 Intergovernmental Agreement for the
Financing of Community Addictions and Mental Health Services Agreement #141431**

Exhibit MHS 37 - Flexible Funding
MHS Special Projects

1. Service Description

Promotion, prevention, early identification and intervention of conditions that lead to mental health, substance use and addiction disorders represent the array of interventions supported by Flexible Funding. This focus will lead to improved outcomes and enhanced healthcare experiences for individuals as well as reduce overall expenditures.

County will have the flexibility to allocate the funds to meet community needs and statutory requirements.

Based upon the source of the funds shown in OWITS, County shall prioritize persons to be served as outlined in ORS 430.644, federal Mental Health and Substance Abuse Prevention and Treatment block grants, and OAR 309-019-0135.

County is responsible to establish and maintain a structure for meaningful system design and oversight that includes involvement by individuals and families across all ages that have or are receiving substance abuse or mental health services.

System design and oversight structure must include:

- a. Planning
- b. Implementation
- c. Monitoring
- d. Evaluation of services and supports
- e. Involvement in activities that focus on:
 - (1) Resource allocation
 - (2) Outcomes
 - (3) Quality improvement
 - (4) Advisory councils

2. Performance Requirements

County shall provide the following services, subject to availability of funding. Services may be reduced commensurate with reductions in funding by OHA:

- a. Behavioral Health Promotion and Prevention.
 - (1) Behavioral Health Promotion and Prevention is distinct from treatment.
 - (2) Behavioral Health Promotion and Prevention is focused on changing common influences on the development of individuals across their lifespan, reducing risk factors and increasing protective factors.

- (3) Behavioral Health Promotion and Prevention is designed to target universal, selected and indicated populations based on risk.
 - (4) Behavioral Health Promotion and Prevention must incorporate the Strategic Prevention Framework (SPF). The SPF provides an effective, comprehensive prevention process and a common set of goals to be adopted and integrated at all levels. This process is built upon state and local data assessment, building capacity, development of a comprehensive strategic plan, implementation of evidence-based strategies, and evaluation of work.
 - (5) The SPF takes a public health approach to prevent community problems. The focus is on change for entire populations, collections of individuals who have one or more personal or environmental characteristics in common. Population-based public health considers an entire range of factors that determine health.
 - (6) The SPF strives to infuse data in decisions made across all steps. Deliberate processes to collect, analyze, interpret and apply lessons from data will drive state prevention efforts.
- b. Outreach (Case Finding), Early Identification and Screening, Assessment and Diagnosis.
- (1) Outreach: Partner with healthcare providers and other social service partners who provide screening for the presence of behavioral health conditions to facilitate access to appropriate services.
 - (2) Early Identification and Screening: Conduct periodic and systematic methods that identify individuals with behavioral health conditions and potential physical health consequences of behavioral health conditions which consider epidemiological and community factors, as identified in the Biennial Implementation Plan (BIP), or Regional Health Improvement Plan (RHIP) as applicable, pursuant to Exhibit C;
 - (3) Assessment and Diagnosis: Perform multidimensional biopsychosocial assessment as appropriate based on OAR 309-019-0135 to guide person-centered services and supports planning for behavioral health and co-existing physical health conditions.
 - (a) Use the following standardized protocols and tools to identify the level of service need and intensity of care and coordination, addressing salient characteristics such as age, culture and language.
 - i. American Society of Addiction Medicine (ASAM) for individuals receiving alcohol and drug services
 - ii. Level of Care Utilization System (LOCUS) for adults transitioning between the state hospitals, licensed mental health residential services and intensive community services. “Intensive community services” are defined as assertive

community treatment, intensive case management and supported/supportive housing.

iii. Level of Service Intensity Determination for children including use of Child and Adolescent Service Intensity Instrument (CASII) and Early Childhood Service Intensity Instrument (ECSII) for children receiving services with an Intensive Community-Based Treatment and Support Services or Intensive Treatment Services as described in OAR 309-022.

(b) Identify individuals who need intensive care coordination.

c. Initiation and Engagement.

Promote initiation and engagement of individuals receiving services and supports which may include but are not limited to:

- (1) Brief motivational counseling;
- (2) Supportive services to facilitate participation in ongoing treatment; and
- (3) Withdrawal management for Substance Use and Addiction Disorders, supportive pharmacotherapy to manage symptoms and adverse consequences of withdrawal, following assessment.

d. Therapeutic Interventions.

(1) General Community Based Services which may include:

- (a) Condition management and a whole person approach to single or multiple chronic conditions based on goals and needs identified by the individual;
- (b) General outpatient services;
- (c) Medication Management for:
 - i. Mental Health disorders
 - ii. Substance Use disorders
 - (A) Includes pharmacotherapy for adults diagnosed with opioid dependence, alcohol dependence or nicotine dependence and without medical contraindications. Publicly funded programs will not discriminate in providing access to services for individuals using medications to treat and manage addictions.
 - (B) Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment and support.

(d) Detoxification for alcohol and drug dependent individuals under OAR 415-012-0000 through 415-012-0090 and 415-050-0000 through 415-050-0095 and the equivalent type of service for

pathological gamblers. Supportive pharmacotherapy may be provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of symptoms and risk of serious adverse consequences related to the withdrawal process.

- (e) Meaningful individual and family involvement; and
 - (f) Services provided by peers. The County is encouraged to make available services and supports delivered by peers. If the County lacks these services and supports, the County is encouraged to develop a plan to expand the array of services and supports provided by peers in a manner that is consistent with their Biennial Implementation Plan (BIP), or Regional Health Improvement Plan (RHIP) as applicable, and in consultation with AMH.
- (2) Provide Crisis Services including but not limited to 24 hours a day, seven days a week screening to determine the need for immediate services for any individual requesting assistance or for whom assistance is requested.
- (3) Mobile crisis services are crisis services delivered in a person's home, a public setting, in a school, in a residential program or in a hospital to enhance community integration. Mobile crisis services may include:
- (a) Mental health crisis assessment
 - (b) Brief crisis intervention
 - (c) Assistance with placement in crisis respite or residential services
 - (d) Initiation of civil commitment process if applicable,
 - (e) Assistance with hospital placement, and
 - (f) Connecting individual with ongoing services and supports.
- (4) Provide Pre-Commitment Services:
- (a) Pre-commitment investigation
 - (b) Treatment planning and referral
 - (c) Adherence to the individual's rights through all legal proceedings.
- (5) Provide Acute Care Services in accordance with ORS 430.630 and ORS 426.241. Except as provided by ORS 426.241(1), which states that "[t]he county is responsible for the cost when state funds available therefore are exhausted," County need only provide services up to the funding amount outlined in the document found at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>

Acute Care Services shall be provided to:

- (a) An individual in need of emergency hold services under ORS 426.232 and ORS 426.233.
 - (b) An individual committed to the Oregon Health Authority under ORS 426.130.
 - (c) An individual voluntarily seeking crisis services provided that service capacity is available and the individual satisfies one or more of the following criteria:
 - i. The individual is at high risk for an emergency hold or civil commitment without voluntary inpatient psychiatric services; or
 - ii. The individual has a history of psychiatric hospitalization and is beginning to decompensate and for whom a short period of inpatient psychiatric treatment may provide stabilization; or
 - iii. The individual is an appropriate candidate for inpatient psychiatric treatment but other inpatient psychiatric treatment resources are unavailable.
- (6) Provide monitoring and supervision services, described below, to all individuals under the Jurisdiction of the Psychiatric Security Review Board (PSRB) or the Juvenile Psychiatric Security Review Board (JPSRB) that have been referred to County:
- (a) Assessment and evaluation for the Court and the PSRB or JPSRB of an individual for Conditional Release from a state hospital or facility designated by OHA or placement on a waiting list for conditional release from a state hospital or facility designated by OHA to determine if the individual can be treated in the community; this includes identification of the specific requirements for the community placement of an individual.
 - (b) Supervision and Urinalysis Drug Screen consistent with the Conditional Release Order.
 - (c) Coordination with a state hospital or facility designated by OHA on transition activities related to conditional release of an individual.
 - (d) Administrative activities related to the supervision services described above, including but not limited to:
 - i. Modification of Conditional Release Orders.
 - ii. Revocations of conditional release.
 - iii. Admission or re-admission to a state hospital.

- iv. Respond to Law Enforcement Data System (LEDS) notifications as a result of contact by the individual with law enforcement agencies.

- (7) Provide alcohol and drug treatment services in accordance with ORS 813.270. County shall be responsible for meeting service targets communicated by the Oregon Health Authority and are subject to regular review and reconciliation.

Treatment program and Driving under the Influence of Intoxicants (DUII) information program services shall be provided to:

- (a) Individuals who enter diversion agreements under ORS 813.200 and who are found to be indigent.
- (b) Individuals required to comply with the obligations imposed under ORS 813.020 or ORS 471.432 and who are found to be indigent.

OHA may redistribute the funding allocations quarterly, based on utilization data.

- (8) Provide Secured Transport.
- (9) Provide Supported Employment (SE) services in a manner that is consistent with fidelity standards established in OAR 309-016-0825 through 309-016-0855 and consistent with their BIP, or RHIP as applicable. If County lacks qualified Providers to deliver SE services and supports, County shall implement a plan, in consultation with AMH, to develop a qualified Provider network for Clients to access SE. The SE services must be provided by Providers that meet fidelity standards found at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.
- (10) Assertive Community Treatment (ACT) and Early Assessment and Support Alliance (EASA). When providing these services, the County shall provide ACT and EASA services in a manner that is consistent with fidelity standards established by AMH and which incorporate the following:
 - (a) Assess individuals to determine whether ACT and EASA services and supports are appropriate.
 - (b) Provide those services with the individual's engagement and choice.
 - (c) EASA services are to be provided to young adults aged 14 to 24 who:
 - i. Have an IQ of 70 or above,

- ii. Have not received treatment for a psychotic illness prior to the last 12 months, and
 - iii. Have psychotic symptoms not known to be caused by the temporary effects of substance intoxication, major depression, or attributable to a known medical condition.
 - (d) EASA services shall also include
 - i. Rapid access to psychiatric and counseling services
 - ii. Education about causes, treatment and management of psychosis
 - iii. Coaching on rights regarding access to employment, school, housing and additional resources
 - iv. Family psycho-education and support groups
 - v. Support for vocational education and independent living goals
 - vi. Access to local teams including psychiatrists, social workers, psychologists and occupational therapists
 - (e) The assessment and ACT or EASA services and supports must be provided by Providers that meet fidelity standards found at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.
 - (f) If the County lacks qualified Providers to deliver ACT or EASA services and supports, the County is encouraged to develop a plan to develop qualified Provider network or to access ACT or EASA for individuals in a manner that is consistent with their BIP, or RHIP as applicable, and in consultation with AMH.
- (11) Provide pre-booking and post-booking jail diversion services that increase interaction with justice-involved people with Serious and Persistent Mental Illness (SPMI) that result in the reduction or avoidance of jail time through the availability of alternative community based services, programs, or treatment approaches.
 - (a) Create partnerships or diversion agreements between law enforcement agencies, jails, both circuit and municipal courts, and local mental health providers.
 - (b) Create opportunities for individuals to access housing in addition to vocational and educational services.
 - (c) Provide support services to prevent or curtail relapses and other crises.

- (d) Assist people to negotiate and minimize continuing criminal sanctions as they make progress in recovery and meet criminal justice obligations.
 - (e) Promote peer support and the social inclusion of individuals with or in recovery from mental and substance use disorders in the community.
- e. Continuity of Care and Recovery Management.
- (1) Continuity of Care
 - (a) Coordinate and facilitate access to appropriate housing services and community supports in the individual's community of choice.
 - (b) Facilitate access to appropriate levels of care and coordinate management of services and supports based on an individual's needs in the community of choice.
 - (c) Facilitate access to services and supports provided in the community and individual's home designed to assist children and adults with mental health disorders whose ability to function in the community is limited and for whom there is significant risk of higher level of care needed.
 - (d) Coordinate with other agencies to provide intensive care coordination sufficient to help individuals prevent placement in a more restrictive level of care and to be successfully served in their community of choice.
 - (2) Recovery Management
 - (a) Continuous case management.
 - (b) Monitoring of conditions and ongoing recovery and stabilization.
 - (c) Individual and family engagement.
 - (d) Transition planning that addresses the individual's needs and goals.

3. **Special Reporting Requirements**

- a. Biennial Implementation Plan (BIP) as identified in ORS 430.630 (9) (c) except for Central Oregon counties subject to the Regional Health Improvement Plan (RHIP) as identified in Senate Bill 204 (2011), Section 16. The components of the RHIP are identified in OAR 309-014-0320.
 - (1) Components of the BIP or RHIP can be found at <http://www.oregon.gov/OHA/amh/Pages/reporting-regs.aspx>
 - (2) Submit BIP, or RHIP as applicable, in compliance with AMH BIP Policy and Procedures as specified in OHA's BIP Guidelines located at:

<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>. For counties subject to the RHIP, submit RHIP in compliance with OAR 309-014-0340.

- (a) 2015-2017 BIP or RHIP due to OHA no later than March 1, 2015. County must participate in the collaboration process for revisions that result in an approved BIP or RHIP.

b. Supported Employment Services

- (1) County shall submit a written quarterly summary report, on delivery of Supported Employment services funded in whole or in part with funds provided under this Special Project, to OHA no later than the 15th of October, January, April, and July during the period for which funds are awarded for Supported Employment under this Agreement.
- (2) Reports must be prepared using forms and procedures prescribed by OHA.

c. EASA:

- (1) Counties providing EASA services directly to clients will submit data as specified to the EASA Center for Excellence.
- (2) For Counties in the implementation phase, a report will be developed to describe progress made in implementing the described plan within the EASA solicitation to include staff hired, trained, community outreach efforts and expected start date of service provision.
- (3) Quarterly and year-to-date budget expenditures.
- (4) Providers must prepare and submit a written annual summary of project accomplishments and challenges and a narrative interpretation of project data on outcomes, including fidelity review outcomes. Reports must be prepared using forms and procedures prescribed by OHA, and sent to:

Oregon Health Authority
Addictions and Mental Health Division
Attention: Karen Wheeler, Administrator
500 Summer Street N.E. E86
Salem, OR 97301-1118
amhcontract.administrator@state.or.us

d. PSRB/JPSRB Supervision Services

- (1) County must submit a copy of the Conditional Release Order to AMH for all individuals conditionally released into the community each month no later than 15 calendar days following the month the conditional release occurred.

- (2) PSRB/JPSRB monthly progress report: County must submit a copy of each individual's monthly progress report to the PSRB/JPSRB directly, with a copy to OHA no later than 15 calendar days following the month supervision services were delivered.

e. Jail Diversion

- (1) For Services fully or partially funded with this financial assistance:
 - (a) Report the total number of people that received services designated as pre-booking or post-booking diversion. Break out the following information:
 - i. Report the number of people that received services designated as pre-booking diversion.
 - ii. Report the number of people that were arrested that received services designated as post-booking diversion.
 - (b) Report the number of incidences where charges were dismissed or dropped as a result of jail diversion services.
 - (c) Report the number of people that were diverted from the Oregon State Hospital for 161.370 aid & assist services.
 - (d) Report the charges for which people were arrested that received jail diversion services.
 - (e) Provide a description of jail diversion services that people received in the current reporting period.
 - (f) Provide a detailed description of any jail diversion service created prior to the current reporting period.
 - (g) Provide information regarding any activities related to jail diversion that involve law enforcement agencies, jails, circuit and municipal courts, community corrections, and local mental health providers.
- (2) The reporting schedule is as follows:

Data from July 1-December 31, 2013 due February 14, 2014
Data from January 1-June 30, 2014 due August 15, 2014
Data from July 1-December 31, 2014 due February 14, 2015
Data from January 1-June 30, 2015 due August 15, 2015
- (3) Data will be submitted on a form provided by AMH.

f. Co-management

County shall facilitate transition of individuals at a state hospital campus following the Ready To Transition (RTT) date as determined by the Oregon State Hospital (OSH) when the County is identified by OHA as the County of Responsibility.

4. **Data Reporting**

a. The following reporting is required as applicable:

- (1) All individuals receiving Services with funds provided under this Special Project must be enrolled and that client's record maintained in either:
 - (a) the Client Processing Monitoring System (CPMS) as specified in OHA's CPMS manual located at:
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>; or
 - (b) the Measures and Outcomes Tracking System (MOTS) as specified in OHA's MOTS manual located at:
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.

Over the next two years, AMH will be closing the CPMS system and replacing it with the MOTS system. Providers will be notified of the change.

- (2) If the Services are provided in a designated psychiatric acute care setting, the Services must be reported in Oregon Patient and Resident Care System (OP/RCS) by the hospital providing the service, as specified in the OP/RCS Manual located at
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>,
- (3) Submission of applicable substance abuse prevention data via the Minimum Data Set for Prevention (MDS). All substance abuse prevention services delivered by County or its Providers must be entered into MDS on a quarterly basis. The MDS system can be found on the internet at:
<https://mds.hr.state.or.us>.

Mental Health Promotion and Prevention service activity shall be captured by submitting quarterly expenditure and service reports to OHA subject to this Special Project as indicated at
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.

- (4) Submission of applicable gambling services data as defined in the Gambling Process Management System (GPMS) Manual located at
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.

- (5) County must participate in User Acceptance Testing and implementation activities for a new reporting system as designated by OHA. Once Testing has been completed, County must ensure data is submitted for all individuals receiving services with funds provided under this Special Project by way of one of the following options:
 - (a) comply with data submission using the Oregon Web Infrastructure for Treatment Services (OWITS) system as specified in the OHA OWITS Memorandum of Understanding located at:
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>, or
 - (b) comply with the data submission specifications for submitting data using File Transfer from an existing Electronic Health Record (other than OWITS) as specified in the AMH File Transfer Specifications located at
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>, or
 - (c) comply with data submission specifications by entering data in the MOTS (Measures and Outcomes Tracking) Client Entry Data Collection User Guide application as specified in the AMH MOTS user guide located at:
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.
- (6) Submission of reports for child and adolescent mental health services provided with funds under this Special Project as applicable:
 - (a) comply with Level of Service Intensity Determination Data located at: <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>, or
 - (b) comply with Integrated Service Array (ISA) Progress Review Report located at:
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>.

b. The reporting schedule is as follows:

- (1) Claims paid data from July 1-December 31, 2013 due February 14, 2014
- (2) Claims paid data from January 1-June 30, 2014 due August 15, 2014
- (3) Claims paid data from July 1-December 31, 2014 due February 14, 2015
- (4) Claims paid data from January 1-June 30, 2015 due August 15, 2015

5. **Financial Reporting**

- a. County shall submit all Financial Reports as indicated at
<http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx> .
- b. County shall submit a narrative that addresses the following:
 - (1) Utilization of existing services and programs;
 - (2) Innovative strategies, programs or services which have been implemented;

- (3) Strategies, programs or services that are being planned;
- (4) Barriers experienced when planning, implementing or providing services or programs; and
- (5) Analyzing the service data they have reported.

c. The reporting schedule is as follows:

- (1) Data from July 1-December 31, 2013 due February 14, 2014
- (2) Data from January 1-June 30, 2014 due August 15, 2014
- (3) Data from July 1-December 31, 2014 due February 14, 2015
- (4) Data from January 1-June 30, 2015 due August 15, 2015

6. **Financial Assistance Calculation, Disbursement & Reconciliation Procedures**

a. Calculation of Financial Assistance.

OHA will provide financial assistance identified in Exhibit D-2, "OWITS Financial Assistance Award", from funds identified on that line in an amount equal to the amount set forth in that line of the OWITS Financial Assistance Award, subject to the following:

Total OHA financial assistance for this Special Project under a particular line of Exhibit D-2, "OWITS Financial Assistance Award", shall not exceed the total funds awarded for this Special Project as specified on that line.

b. Disbursement of Financial Assistance.

Unless a different method is specified, OHA will disburse the funds awarded for this Special Project on a particular line of Exhibit D-2, "OWITS Financial Assistance Award", to County in substantially equal monthly allotments during the period specified in the OWITS Financial Assistance Award, subject to the following:

- (1) Upon amendment to the OWITS Financial Assistance Award, OHA shall adjust monthly allotments to reflect changes in the funds awarded for this Special Project on that line of the OWITS Financial Assistance Award.

c. Calculation of Incentive Payment:

OHA will provide incentive payments when applicable (as indicated at <http://www.oregon.gov/OHA/amh/Pages/reporting-reqs.aspx>) identified in Exhibit D-2, "OWITS Financial Assistance Award", with a special condition attached.

d. Disbursement of Incentive Payment:

OHA will disburse the funds awarded for this Special Project incentive payment on a particular line of Exhibit D-2, "OWITS Financial Assistance Award", to County in a one-time payment during the period specified in the OWITS Financial Assistance Award.

e. Agreement Reconciliation:

Agreement Reconciliation will be used to:

- (1) Verify services were provided to priority populations and County complied with specific funding stream requirements, using data properly reported as required in this Special Project.
- (2) Verify County service delivery is consistent with the OHA approved BIP or RHIP as identified in Exhibit C.

