INTERGOVERNMENTAL AGREEMENT
Between
BENTON COUNTY
and
YAMHILL COUNTY
For
HEALTH ASSESSMENT SERVICES

This Agreement is made and entered into upon execution by and between YAMHILL COUNTY, by and through its Department of Health, hereinafter known as "YAMHILL", and BENTON COUNTY, by and through its Health Department hereinafter known as "BENTON". Both Parties are political subdivisions of the State of Oregon.

Recitals

A. ORS 190.010 permits units of local government agencies to enter into agreements for the performance of required duties or the exercise of permitted powers.

B. "YAMHILL" has the need of technical assistance with local health assessment.

C. BENTON has staff with the proper credentials, licensing and experience to provide such services for local health departments in the region.

THEREFORE, the parties to this intergovernmental agreement agree to the following terms and conditions:

Agreement

SECTION 1. SCOPE OF SERVICES

The Regional Health Assessment & Alignment Collaborative (RHAAC) is a multi-agency partnership of public health agencies, health systems, and key regional partners committed to improving community health in Oregon. The Collaborative is designed to support and enhance locally-led health improvement processes. The strategies the collaborative uses to achieve improvement include:

- Supporting systematic, ongoing collection, management, analysis and interpretation of data curated to a public health focus
- Visualizing data to illustrate the impact of social determinants of health
- Developing and maintaining regional and local health assessments that focus on the strengths, needs and opportunities for health and well-being of people who live, learn, work and play in partner communities.
- Providing technical assistance and training to equip partners with the data and tools to set priorities, make decisions and guide action that leads to improved health outcomes.

B.O. 17-175

The work is supported financially by local public health departments, coordinated care organizations, hospitals, and partners and is staffed by Benton County. The four founding partners who worked together to build a foundation for the RHAAC are IHN-CCO, Linn County, Benton County, and Lincoln County. The founding partners are the organizing body of the RHAAC.

The key goals of the local and regional health assessment and alignment include the following:

- Increase the region's ability to describe the determinants of the most prevalent/costly health issues/conditions based on empirical research findings and use the findings to assess common strengths and challenges in population health across the region
- Provide a standardized method for data collection, analysis, modeling, mapping and sharing data to strengthen and support the health of our region.
- Support primary data analysis (original data collected using first-hand investigation including surveys, focus groups, etc.) from regional residents while sharing secondary data (data obtained from another party) to engage communities in their health, to drive local solutions.
- Provide baseline data and track data trends to evaluate policy and program health outcomes at the community level.
- Support partners in the interpretation of the data and its application in policy and program planning.
- Leverage existing resources and avoid duplicate efforts among partners who are involved in health assessment, improvement planning and outcomes tracking. This includes assisting with and/or coordinating with coordinated care organizations, hospitals, and local health departments to meet their respective health-data requirements.
- Enhance communication and engagement with community stakeholders on health needs for the region.
- Encourage alignment of strategic initiatives and investment of resources to maximize efficiencies and reduce duplication of efforts.
- Support and enhance planning around policy issues, including Health in All Policies, in order to reduce health disparities, enhance social determinants of health, and raise community awareness to regional health concerns.
- Facilitate implementation of a regional data system in order to more fully support the region's innovative health transformation efforts.

SECTION 2. YAMHILL SHALL:

A. Review project updates and provide feedback to the project team within requested timeframes.

B. Review assessment and/or indicator data, visuals/graphical representations of data, and narrative within requested timeframes.

C. Meet with RHAAC team to assist with problem solving, as needed.

D. Assist, as requested, with facilitating connections between key partners and/or with available data sets.

SECTION 3. BENTON SHALL:

Provide the services selected in Attachment A, "2017-2018 Service-Level Options and Pricing" and described in Attachment B, "2017-2018 Scope of Work for Benton County".

SECTION 4. PROVISIONS

A. Contract Period: This agreement shall be effective July 1, 2017 and shall terminate on June 30, 2018, unless this agreement is hereafter modified in writing.

B. Payment: YAMHILL shall pay BENTON in four (4) equal installments of $6,250.00. BENTON shall invoice YAMHILL for the initial payment upon full execution of this agreement. Subsequent invoices shall be sent to YAMHILL in January 2018, April 2018 and June 2018. Payments are due to BENTON within 30 days from receipt of the invoice(s). Total payments made to BENTON from YAMHILL shall not exceed $25,000 for the contract period.

C. Termination: This agreement may be terminated by either party. Suspension in whole or in part of this agreement by either party will require fifteen (15) days written notice to the other party.

D. Assignability: This contract is for the exclusive benefits of the parties hereto. It shall not be assigned, transferred, or pledged by either party without the prior written consent of all the remaining parties.

E. Ownership of Work Product: BENTON and YAMHILL will jointly and severally own all right, title and interest in and to the deliverables pursuant to this Agreement (the "Work Product").

F. Discrimination: The parties agree to comply with all applicable federal, state, and local laws, rules, and regulations on nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, disability, sexual orientation, gender identity or source of income.

G. Indemnification: To the extent possible under the limits of the Oregon Tort Claims Act, YAMHILL and BENTON shall hold each other harmless, indemnify and defend each other's officers, agents and employees from any and all liability, actions, claims, losses, damages or other costs that may be asserted by any person or entity arising from, during, or in connection with the performance of the worked described in this agreement, except liability arising out of the sole negligence of either party or its employees. Such indemnification shall also cover claims brought against either party under state or federal workers compensation laws. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification.

H. Public Contracts: All parties shall comply with all federal, state and local laws, ordinances and regulations applicable to the work under this agreement, including, without limitation, the applicable provisions of ORS chapters 279A, B and C, particularly 279B.220-279B.235, as amended.

I. Waiver: Waiver of any breach of any provision of this agreement by either party shall not operate as a waiver of any subsequent breach of this same or any other provision of this agreement.

J. YAMHILL and BENTON are subject employers under the Oregon Workers' Compensation Law and shall comply with ORS 656.017 which requires both Parties to provide workers compensation coverage for all of its subject workers.

K. Any amendment to this agreement shall be in writing and signed by authorized representatives of both parties.

L. In the event that either party to this Agreement shall take any action, judicial or otherwise, to enforce or interpret any of the terms of this Agreement, each party shall be wholly responsible for its own expenses which it may incur in taking such action, including costs and attorney fees, whether incurred in a suit or action or appeal from a judgment or decree therein or in connection with any nonjudicial action.

IN WITNESS WHEREOF, the parties hereto each herewith subscribe the same in duplicate.

BENTON COUNTY

_____

Mitch Anderson, Director
Benton County Health Department
PO Box 579, Corvallis, OR 97339-0579

Date:_____

YAMHILL COUNTY

_____

Silas Halloran-Steiner
Yamhill County Health Department
638 NE Davis St McMinnville, OR 97128

Date: 5/23/17

_____

Stan Primozich, Board Chair Date

Accepted by Yamhill County Board of Commissioners on 6-1-17 by Board Order # 17-175

Reviewed as to form:

_____

Benton County Counsel Date

Reviewed as to form

6/5/17

_____

Yamhill County Attorney Date

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IN WITNESS WHEREOF, the parties hereto each herewith subscribe the same in duplicate.

BENTON COUNTY

Mitch Anderson, Director
Benton County Health Department
PO Box 579, Corvallis, OR 97339-0579

Date: 6-8-17

YAMHILL COUNTY

Silas Halloran-Steiner
Yamhill County Health Department
638 NE Davis St McMinnville, OR 97128

Date: 5/23/17

Stan Primozich, Board Chair Date

Accepted by Yamhill County
Board of Commissioners on
6-1-17 by Board Order
17-175

Reviewed as to form:

6.7.17
Benton County Counsel Date

Reviewed as to form

6/5/17
Yamhill County Attorney Date

ATTACHMENT A – 2017-2018 Service-Level Options & Pricing

Regional Health Assessment and Alignment Collaborative

Pricing

Pricing is based on a service year from July 1 thru June 30. Costs for services that begin prior to July 1 will be prorated using the following formula: total fee/12. Services/deliverables are also based on a 12-month plan and will be a pro rata portion of services and will be agreed upon by the parties.

Pricing for Level A and Level C includes one Community Health Assessment (CHA) and one Community Health Improvement Plan (CHIP) template every five years. Pricing for Level B includes three County-level CHAs and one Community Health Improvement Plan (CHIP) template every five years. Funding partners are making a good faith commitment to support the collaborative over multiple years in order to keep costs for CHA/CHIP affordable.

Place a check mark to select Service Level and/or Add-On services.

	SERVICE LEVEL	DESCRIPTION	PRICE
	Level A	***Available to Benton, Linn, Lincoln County Health Depts.***	
	Core data and visuals	American Community Survey (demographic and economic data) and BRFSS (chronic disease, risk behaviors, and prevention data), tables, graphs, and maps.	
	Supplemental data	Other data included in a Community Health Assessment, with visuals where appropriate.	
	Survey instrument	Creation of a standardized survey instrument with suggested protocols.	
	Survey administration and data analysis	Up to 40 hours administration of survey according to protocols, including data tabulation, analysis of data, and production of visuals.	
	Customizable CHA and CHIP template	Production of a CHA with core and supplemental data, visuals, and narrative. Provision of CHIP data, formatted for publication. Annual data for CHIP updates. Includes 5 printed copies of the CHA and 5 printed copies of the CHIP and 10 thumb drives containing CHA/CHIP final copies.	
	CHA/CHIP technical assistance	100 hours total. Technical assistance on using CHA/CHIP to meet PHAB measures, assist in community engagement related to CHA/CHIP and CHIP evaluations.	
	General technical assistance	Up to 200 hours of general technical assistance/ availability to work with subscribers on interpreting and using data. Can include presentations on topics of the subscriber's choice.	
	Regional Health Assessment	Production of a RHA with core and supplemental data, visuals, and narrative (**founding partners only**).	
		TOTAL ANNUAL SERVICE PRICE:	**$40,000**

ATTACHMENT A – 2017-2018 Service-Level Options & Pricing

Regional Health Assessment and Alignment Collaborative

Place a check mark to select Service Level and/or Add-On services.

SERVICE LEVEL	DESCRIPTION	PRICE
Level B	***Available to IHN-CCO only***	
Core data and visuals	American Community Survey (demographic and economic data) and BRFSS (chronic disease, risk behaviors, and prevention data), tables, graphs, and maps.	
Supplemental data	Other data included in a Community Health Assessment, with visuals where appropriate.	
Survey instrument	Creation of a standardized survey instrument with suggested protocols.	
Survey administration and data analysis	Up to 40 hours administration of survey according to protocols, including data tabulation, analysis of data, and production of visuals.	
County CHAs and customizable CHIP template	Production of a CHA with core and supplemental data, visuals, and narrative. Provision of CHIP data, formatted for publication. Annual data for CHIP updates.	
Technical Assistance	Up to 300 hours technical assistance including the following.	
CHIP Community Engagement	Assist CAC Coordinator in planning for upcoming CHIP community engagement process.	
Core data and visuals	Provide data and analysis of all CHIP data maintained by the RHA and provide visuals for other data provided to the RHA team by the CAC Coordinator for annual CHIP progress reports.	
CAC Support	Make presentations with data analysis and interpretation to the CAC on outcomes and indicators.	
CHIP Technical Assistance/CAC Support	Work with CAC Coordinator to update CHIP planning and implementation process with the CAC.	
Regional Health Assessment	Production of an updated Regional Health Assessment in the year before the CCO begins community engagement for its new CHIP process.	
CCO Work Group TA (General TA)	Provide technical assistance for CCO work groups. This includes answering data requests and facilitating county engagement where county and CCO work can align.	
Committee Support (General TA)	Liaise with the Regional Health Information Collaborative (RHIC) and/or the Health Information Technology (HITS) work group to work toward greater data collaboration.	
	TOTAL ANNUAL SERVICE PRICE:	**$40,000**

ATTACHMENT A – 2017-2018 Service-Level Options & Pricing

Regional Health Assessment and Alignment Collaborative

Place a check mark to select Service Level and/or Add-On services.

	SERVICE LEVEL	DESCRIPTION	PRICE
X	**Level C**		
	Core data and visuals	American Community Survey (demographic and economic data) and BRFSS (chronic disease, risk behaviors, and prevention data), tables, graphs, and maps.	
	Supplemental data	Other data included in a Community Health Assessment, with visuals where appropriate.	
	Survey instrument	Creation of a standardized survey instrument with suggested protocols.	
	Customizable CHA and CHIP template	Production of a CHA with core and supplemental data, visuals, and narrative. Provision of CHIP data, formatted for publication. Annual data for CHIP updates. Includes 5 printed copies of the CHA and 5 printed copies of the CHIP and 10 thumb drives containing CHA/CHIP final copies.	
	General technical assistance	Up to 100 hours of general technical assistance/ availability to work with subscribers on interpreting and using data. Can include presentations on topics of the subscriber's choice.	
		TOTAL ANNUAL SERVICE PRICE:	**$25,000**

Place a check mark to select Service Level and/or Add-On services.

	SERVICE LEVEL	DESCRIPTION	PRICE
	Level D		
	Core data and visuals	American Community Survey (demographic and economic data) and BRFSS (chronic disease, risk behaviors, and prevention data), tables, graphs, and maps.	
	General technical assistance	Up to 40 hours of general technical assistance/availability to work with subscribers on interpreting and using data. Can include presentations on topics of the subscriber's choice.	
		TOTAL ANNUAL SERVICE PRICE:	**$10,000**

ATTACHMENT A – 2017-2018 Service-Level Options & Pricing

Regional Health Assessment and Alignment Collaborative

Place a check mark to select Add-On services. Add-On services are available with Service Levels A, B or C.

	SERVICE LEVEL	DESCRIPTION	PRICE
	Add-On Services	**Requires Level A, B, or C Service Agreement**	
☐	MPH Intern	Intern located at subscribing organization, providing 200 hours of service, with RHA epidemiologist oversight. RHA will coordinate site visits by epidemiologist as necessary.	**$6,600**
☐	Customized report	Customized report on topic of subscriber's choosing, using data and research that can be drawn from a) products included in general services, b) publically available sources, and/or c) information provided by subscriber.	**$2,000**
☐	Additional presentation	Customized presentation on topic of subscriber's choosing, using data and research that can be drawn from a) products included in general services, b) publically available sources, and/or c) information provided by subscriber. Included are four hours of presentation/prep time.	**$500**
☒	Hourly technical assistance	Technical assistance related to any product subscribed to or other related topics, invoiced at an hourly rate.	**$75/hour**
☐	Translation Services	English to Spanish (or other language) translation of survey materials, CHA/CHIP, etc.	Negotiated rate

ATTACHMENT B – 2017-2018 Scope of Work for Benton County

Regional Health Assessment and Alignment Collaborative

INTRODUCTION

The RHAAC provides four service levels as well as individually priced "add on" services. Add-on services are only available in conjunction with purchase of Level A, B or C services. The services provided at each level are available in Attachment A – "2017-2018 Service-Level Options and Pricing". More detailed "Statement of Work" is provided below.

Timelines

The project year runs from July 1, 2017 through June 30, 2018. Deliverables are to be completed within the project year (by June 30, 2018) and according to agreed-upon timelines. The project team meets regularly with its partners and will keep partners updated on progress.

Project Team

The project team includes 0.5 FTE Epidemiologist and 1.0 Project Coordinator with supervision provided by Benton County Health Systems Improvement Manager and oversight of the Collaborative provided by a Steering Committee. Interns are also an integral part of the project team and serve on an interim basis. Additional team roles are included at the end of this document.

RHAAC Founding Partners

There are four RHAAC founding partners who had a vision for a collaborative approach to regional health assessment, planning and evaluation. The founding partners are the backbone of the RHAAC and have invested in the collaborative financially as well as by providing oversight and direction to the collaborative. These partners are: IHN-CCO, Linn County Health Department, Benton County Health Department and Lincoln County Health Department.

SERVICES

The services described below correspond to services listed in "Service-Level Options and Pricing". The full menu of available services is described below. By contracting for a service level and/or add-on services, YAMHILL is entitled to receive those services associated with their service level and/or purchased add-ons.

A. Core Data and Visuals (Levels A, B, C & D)

Benton shall:

1. Provide all American Community Survey (ACS) and Behavioral and Risk Factors Surveillance Survey (BRFSS) data, tables, graphs and visuals contained in the 2015 RHA with county-level focus for local health departments, regional focus for regional partners, or hospital-area focus for hospital regional health needs assessment.

2. ACS data, table and graphs will include demographic and economic data. BRFSS data, table and graphs will include chronic disease, risk behaviors, and prevention data.

3. Core data, tables and graphs will be updated annually and made available in electronic format.

B. Supplemental Data (Levels A, B, & C)

Benton shall:

1. Provide all other secondary data included in the 2015 RHA with visuals where appropriate. Supplemental data will be specific to the agency with county-level focus for local health departments, regional focus for regional partners, or hospital-area focus for hospital regional health needs assessment. Secondary data is data collected by another entity for another purpose.

2. Supplemental data and tables will be updated annually and made available in electronic format.

C. Survey instrument (Levels A, B & C)

Benton shall:

1. Develop a standardized health perceptions survey instrument and a standardized health resources survey instrument. Surveys will be accompanied by suggested protocols for survey administration, and provide the instrument and protocols to subscriber. Other survey tools or modifications to the two standardized survey instruments are not included in this deliverable.

D. **Survey administration and data analysis** (Levels A & B)

Benton shall:

1. Provide up to 40 hours administration of standardized English language survey according to protocols, including data tabulation, analysis of data, and production of visuals.

2. Survey administration will be led by agency staff and coordinated with RHAAC staff and may include assistance with survey formatting (for print and/or online), distribution, and other administration. Agency is responsible for distribution list, as well as printing and postage costs.

E. Customizable CHA (Levels A, B & C)

Benton shall:

1. Prepare a customizable, print-ready English language CHA which describes the population health status of the respective community or region. The CHA will incorporate core and supplemental data and be accompanied by descriptive narrative.

2. Include the following content in the CHA:
   i. Table of contents, standardized introduction and conclusion.
   ii. Individual chapters on Demographics, Environment, Social Determinants of Health, Access to Health Care, Morbidity and Mortality, Behavioral Health, Healthy and Risk Behaviors, Challenges to Equity.
   iii. A section analyzing health disparities, including those impacting lower-income populations.
   iv. Survey results and analysis. (Level A only)
   v. Standard front and back cover pages using photos supplied by YAMHILL. Alternatively, YAMHILL may design and supply front and back cover pages with mutual agreement of both parties.

3. Provide a draft CHA for review and recommended edits and incorporate agreed-upon changes to narrative content. In addition, provide a final, print-ready CHA for review, approval and sign off by YAMHILL.

4. Provide each County the respective color-printed copies of the CHA and thumb drive copies of the CHA in MS Word and Adobe PDF formats. Number of copies/thumb drives are specified in the attached "Service-Level" document.

5. Provide IHN-CCO with thumb drive copies of the CHA for Benton, Linn and Lincoln Counties in Adobe PDF format.

F. Customizable CHIP (Levels A, B & C)

Benton shall:

1. Prepare a customizable, print-ready Community Health Improvement Plan (CHIP) which describes the health priorities of the respective community or region. Development of the CHIP template for Linn, Benton & Lincoln Counties will include input from IHN-CCO and Linn, Benton and Lincoln Counties.

2. The CHIP will include cover pages, a table of contents, and a chapter for each identified priority with content on Situational Analysis, Best Practices, and Local Data.

3. Make the county-level CHIP templates available for IHN use to support alignment of CCO and county CHIPs.

4. Prepare annual CHIP evaluation templates for each identified priority with updated Local Data where available.

G. Technical assistance on using CHA/CHIP (Level A & B)

Benton shall:

1. Plan for upcoming Community Health Assessment (CHA) processes in coordination with YAMHILL to support the production of a PHAB-compliant CHA.

2. Conduct advance planning with YAMHILL to prepare for community engagement regarding the CHA and CHIP process.

3. Assist in community engagement activities related to CHA/CHIP and CHIP evaluations.

4. Share best practices with YAMHILL for PHAB compliance in regard to CHA and CHIP.

5. Document which PHAB measures RHAAC products are designed to fulfill.

H. General technical assistance (Levels A, B, C & D)

Benton shall:

1. Provide technical assistance to YAMHILL to develop, extend and/or improve use of data and tools to set priorities, make decisions and guide action that leads to improved health outcomes. Technical assistance may include:

    i. Assistance with interpreting and using data for public health planning, programming, and policy development.

    ii. Development and presentation on topics of the subscriber's choice and within the scope of RHAAC expertise.

    iii. Customized content for the CHA (e.g. "community voices", customized introduction, customized conclusion, list of contributors, community assets and similar material.)

    iv. Customized content for the CHIP (e.g. goals, strategies, potential partners, additional resources, and similar material).

    v. Additional material and work associated with CHA/CHIP documents.

I. IHN-CCO Community Advisory Committee (CAC) support (Level B)

Benton shall:

1. Assist the CAC coordinator in developing a sustainable process for annual CHIP progress reports.

2. Provide data and analysis of all CHIP data that is maintained by the RHA for CHIP progress reports within timelines agreed upon by the CAC coordinator and RHA project coordinator.

3. Make presentations with data analysis and interpretation to the CAC on CHIP outcomes and indicators.

4. Collaborate with the CAC coordinator on drafting the CHIP progress report.

J. Regional Health Assessment (founding partners only)

Benton shall:

1. Prepare a customizable, print-ready English language Regional Health Assessment (RHA) which describes the population health status of the region. The RHA will incorporate core and supplemental data and be accompanied by descriptive narrative.

2. Include the following content in the RHA:
   i. Table of contents, introduction, conclusion.
   ii. Individual chapters on Demographics, Environment, Social Determinants of Health, Access to Health Care, Morbidity and Mortality, Behavioral Health, Healthy and Risk Behaviors, Challenges to Equity.
   iii. Survey results and analysis.

3. Provide a color-printed copy to each founding partner and thumb drive copies of the RHA in Adobe PDF format.

K. Additional Add-On Services

Benton shall provide additional service(s) based on contracted service level. These additional services are described and separately priced in Attachment A ("2017-2018 Service-Level Options and Pricing"). Add-on services may include MPH intern, customized report(s), additional presentation(s), and hourly technical assistance.

L. Ongoing and Administrative deliverables

Benton shall:

1. Facilitate RHAAC Steering Committee meetings, Regional Health Collaborative meetings, and other meetings as requested and time permits.

2. Deliver progress reports to Level A & B partners on a quarterly basis.

3. Conduct ongoing surveillance for new and/or better data.

4. Provide final expenditure report at the request of YAMHILL. Expenditures will be reported at a project level.

5. After review of the final expenditure report, the founding partners shall mutually agree on how to utilize or disburse any unexpended funds.

TEAM ROLES

Benton shall manage the collaborative project using the following staff:

- Project Coordinator (1.0 FTE) who will convene project team meetings; assist with coordinating multiple regional efforts; serve as a liaison to IHN-CCO's Health Information Technology (HITS) work group; assist with collection of primary data (focus group or surveys).
- Epidemiologist/Data Lead (0.5 FTE) who will lead quantitative and qualitative assessment efforts using social determinants of health data, public health data, previous assessments, and other data as needed.
- Epidemiology Intern(s) to assist with qualitative and quantitative data analysis and support.
- Health Systems Improvement Manager who will lead the project team in day-to-day operations and decision-making and ensure that overall project deliverables and the team's work are aligned and progressing well.