



SENT VIA EMAIL

AMENDMENT No. 3 to

**Grant Agreement for Community Health Assess and Treat (CHAT)
Between
CareOregon, Inc.
and
The City of Portland Grant No. 32002585**

This Amendment No. 3 amends Grant No. 32002585 dated January 15, 2022 by and between CareOregon, Inc. (CareOregon) a domestic nonprofit corporation registered in the State of Oregon, and the City of Portland, a municipal corporation of the State of Oregon ("City") by and through their duly authorized representatives. This Amendment may refer to CareOregon and City individually as a "Party" or collectively as the "Parties."

This Amendment is authorized by City Ordinance No. _____.

The Effective Date of this Amendment is October 1, 2023. The purpose of this Amendment is to extend the termination date, add funds and revise provisions.

The Grant Agreement was previously amended as follows:

Amendment 1, dated October 1, 2021, which extended the duration of the Grant Agreement and added provisions.

Amendment 2, dated October, 1, 2022, which extended the duration of the Grant Agreement, added funds and updated the budget.

The Parties agree to Amend the Grant Agreement as follows:

1. The Term is extended from October 1, 2023 to September 30, 2024, unless terminated sooner under the provisions of the Grant.
2. The Grant Agreement not-to-exceed amount of \$ 4,888,575 is increased by \$2,600,000 to a new total not-to-exceed amount of \$7,488,575.
3. Attachment A-1: Budget, is replaced with the attached Attachment A-1: Budget 2024.
4. Attachment B-1: Report Template is replaced with the attached Attachment B-1: 2024 Quarterly Report Template.

5. Exhibit 1: CareOregon Correspondence is added.

All other terms and conditions of the Grant remain unchanged by this Amendment and in full force and effect.

This Amendment No. 3 to Grant No. 32002585 and Exhibit 1: CareOregon Correspondence, when taken together shall constitute one and the same grant amendment.

The Parties agree that they may execute this Amendment by electronic means, including the use of electronic signatures.

IN WITNESS WHEREOF, the Parties hereby cause this Amendment to be executed.

Contract Number: 32002585

Amendment Number: 3

Contract Title: Community Health Assess and Treat (CHAT)

CITY OF PORTLAND SIGNATURES

By: _____ Date: _____
Portland Fire & Rescue Chief
Ordinance #

Approved as to Form:

By: _____ Date: _____
Office of City Attorney

Current Team Status & Costing

FTEs	# of Positions	Annual Wages	Benefits	Total
Medical Responders	22	\$ 64,493.52	\$ 25,797.41	\$ 90,290.93
Nurses	4	\$ 125,444.80	\$ 50,177.92	\$ 175,622.72
Deputy Chief	0.5	\$ 189,113.60	\$ 75,645.44	\$ 264,759.04
Nurse Manager	1	\$ 138,756.80	\$ 55,502.72	\$ 194,259.52
Supervisors	4	\$ 125,444.80	\$ 50,177.92	\$ 175,622.72
Financial Analyst	0.5	\$ 108,513.60	\$ 43,405.44	\$ 151,919.04
Data Analyst	1	\$ 108,513.60	\$ 43,405.44	\$ 151,919.04
Wages Total				\$ 3,945,899.78

Staffing Operations: 7-days/week, Day Shift (0730-1800) Swing Shift (1130-2200)

day, 22 responders provides 1.1 coverage for sick and vacation
 2 RNs per day
 4 days/ week, 10 hr shift Monday - Thursday
 4 days/ week, 10 hr shift Monday - Thursday
 2 Supervisors per day
 4 days/ week, 10 hr shift Monday - Thursday
 5 days/ week, 8 hr shift Monday - Friday

OT Hours

	Hours	Hourly rate	Total
Medical Responders	720	\$ 46.52	\$ 33,490.80
Nurses	140	\$ 90.47	\$ 12,665.10
Supervisors	561	\$ 90.47	\$ 50,750.87
OT Total			\$ 96,906.77

Adjustment for on-call pay status daily from 1800-2200, added to reduce RN OT for short staffing events, vacations and holidays

Logistics

	Monthly Average	Total
Rent	\$ 9,150.00	\$ 109,800.00
Utilities	\$ 1,550.00	\$ 18,600.00
Location Supplies	\$ 500.00	\$ 6,000.00
EMS Supplies	\$ 1,689.00	\$ 20,268.00
Janitorial	\$ 1,061.53	\$ 12,738.36
Alternative PT Transportation	\$ 1,400.00	\$ 16,800.00
IT Costs (radios, cell phones, laptops, software progams, etc.)		\$ 75,600.00
Logistics Total		\$ 259,806.36

Total includes 50/50 split with PSR
 Total includes 50/50 split with PSR
 Total includes 50/50 split with PSR
 Total includes 50/50 split with PSR
 Total includes 50/50 split with PSR
 Total includes usage by CHAT FY2022-2023

Subtotal

10% Contingency: Contract changes, OT for holidays, target staffing requirements, COLA on OT in July	\$ 430,261.29
--	---------------

Grand Total

Sum of FTE, OT and Logistics

Modified Team Operations

Attachment A-1
Amendment 3 Budget 2024

FTEs						
	# of Positions	Annual Wages	Benefits		Total	
Medical Responders	11	\$ 64,493.52	\$ 25,797.41	\$ 90,290.93	\$ 993,200.21	
Nurses	2	\$ 125,444.80	\$ 50,177.92	\$ 175,622.72	\$ 351,245.44	
Deputy Chief	0.5	\$ 189,113.60	\$ 75,645.44	\$ 264,759.04	\$ 132,379.52	
Nurse Manager	1	\$ 138,756.80	\$ 55,502.72	\$ 194,259.52	\$ 194,259.52	
Supervisors	2	\$ 125,444.80	\$ 50,177.92	\$ 175,622.72	\$ 351,245.44	
Financial Analyst	0.5	\$ 108,513.60	\$ 43,405.44	\$ 151,919.04	\$ 75,959.52	
Data Analyst	0	\$ 108,513.60	\$ 43,405.44	\$ 151,919.04	\$ -	
Wages Total					\$ 2,098,289.65	

Staffing Operations: 4-days/week, Day Shift (0730-1800)

day, 1 responder for logistical support and float to cover short
 2 RNs per day, 10 hr shift Monday - Thursday
 4 days/ week, 10 hr shift Monday - Thursday
 4 days/ week, 10 hr shift Monday - Thursday
 2 Supervisors per day, 10 hr shift Monday - Thursday
 4 days/ week, 10 hr shift Monday - Thursday
 Covered by City, 1 FTE working 5 days/week, Monday - Friday

OT Hours				
	Hours	OT Hourly rate		Total
Medical Responders	550	\$ 46.52		\$ 25,583.25
Nurses	140	\$ 90.47		\$ 12,665.10
Supervisors	400	\$ 90.47		\$ 36,186.00
OT Total				\$ 74,434.35

Adjusted to reflect decreased operations.
 Adjustment for on-call pay status daily from 1800-2200, added to reduce RN OT for short staffing events, vacations and holidays
 Adjusted to reflect decreased operations.

Logistics				
	Monthly Average			Total
Rent				\$ -
Utilities				\$ -
Location Supplies				\$ -
EMS Supplies				\$ -
Janitorial				\$ -
Alternative PT Transportation	\$ 1,000.00			\$ 12,000.00
IT Costs (radios, cell phones, laptops, software progams, etc.)				\$ 50,000.00
Logistics Total				\$ 62,000.00

Same total from above, covered by City
 Same total from above, covered by City
 Same total from above, covered by City
 Same total from above, covered by City
 Same total from above, covered by City
 Reduced 30% to reflect modified operations
 Total includes 50/50 split with PSR for software programming.

Subtotal \$ 2,234,724.00

15% Contingency: Contract changes, OT for holidays, target staffing requirements, COLA on OT in July, new tech needs (secure messaging)	\$ 335,208.60
---	---------------

Grand Total \$ 2,569,932.60

Sum of modified FTE, OT and partial logistics

Attachment B-1
2024 Quarterly Report Template



Submit narrative reports indicated below to communitygivinggrants@careoregon.org, and cc: May Yates (yatesma@careoregon.org) and Shawn DeCarlo (decarlos@careoregon.org), attesting to the utilization of funds, and describing progress within the areas of focus.

Organization	City of Portland Fire & Rescue CHAT Program
Date Report Submitted	
Reporting Period	Reports are due no later than: <ul style="list-style-type: none">• April 30, 2024, for the reporting period January 1, 2024 – March 31, 2024• July 31, 2024, for the reporting period April 1, 2024 – June 30, 2024• October 31, 2024, for the reporting period July 1, 2024 – September 30, 2024
Submitted by (name, email)	

1. Please describe how CHAT interventions and workflows have impacted patient outcomes in the following areas:
 - a. Reduction in ED utilization
 - b. Patient Satisfaction
 - c. Increased patient engagement with their health care providers (PCP, BH, etc)

2. During this quarter, please describe successes and process improvements in the following areas:
 - a. Building partnerships and relationships with clinical providers and community-based organizations to connect members to necessary resources
 - b. Long term program sustainability planning and implementation

3. Please describe any systems barriers and/or gaps that CHAT teams are experiencing in their work with our members, providers, and community partners.

Complete the quantifiable result of the following metrics and include in the summary above:

CHAT On Scene	Q1 2024	Q2 2024	Q3 2024
Total Calls Received			
# and % of calls that had on scene services provided (Patient treated, released or Patient treated, transported)			
# and % of ED Visits diverted			
# and % of ambulance transports diverted			
# and % of members who received follow up support			
CHAT Follow Up			
Total # of unique members team attempted			
# of unique members with successful encounters			
Total in person follow ups encounters			
Total telephonic follow up encounters			
Average length of in person visits			
Average length of phone visits			
Average number of in person visits per member			
Average number of encounters per member			
Average number of referrals made per person			

Data Sharing and Reporting

Data Sharing

- *Quarterly data submissions of all CHAT and Follow Up team responses and interventions.*
Minimum information required:

- o **CHAT On Scene**

- i. Name, Date of Birth, Address (please document if houseless), and Phone Number
- ii. Date of Service
- iii. Place of Service
- iv. Incident complaint reported by dispatch
- v. Reason for visit and provider primary impression
- vi. Services delivered
- vii. Outcome of services
 - a. including specific documentation of transportation to any secondary place of service (e.g., emergency department, urgent care, crisis center, primary care provider, community-based organization)
- viii. Results of any positive screenings related to social determinants of health

- o **CHAT Follow Up**

- i. Member Name, Date of Birth, Address (please document if houseless), and Phone Number
- ii. Date of service
- iii. Reason for visit and provider primary impression
- iv. Services delivered
- v. How services were delivered (in person or on phone)
- vi. Outcome of services provided (example: appointment with primary care provider scheduled, housing secured, established care with BH provider/ Medical provider, enrolled in health insurance, etc)

Quarterly Reporting

Provider shall submit written quarterly reports inclusive of narrative explanation of program successes, improvements and barriers, as well as quantitative summaries of metrics using the provided quarterly reporting template. .

See attached template for quarterly reporting.

Exhibit 1: CareOregon Correspondence



October 18, 2023

Portland Fire and Rescue – CHAT Program
Attn: Michelle LaVina
55 SW Ash St.
Portland, OR 97204

Dear Michelle,

CareOregon is pleased to inform you that we have selected Portland Fire and Rescue CHAT Program as an awardee from our 2023 community grant fund in the amount of \$2,600,000 to support your proposal CHAT Program FY 23-24. We are excited to contribute to your organization which does so much to improve the health and well-being of Oregonians.

We look forward to connecting with you to learn more about the progress you are making in achieving your goals. If you have questions, please contact Shawn DeCarlo at decarlos@careoreogn.org or May Yates at yatesm@careoregon.org.

Thank you for your commitment to helping break the cycle of poverty and promoting health equity.

In service to the community,

A handwritten signature in blue ink that reads "Jh B. Rigsby".

Jeremiah Rigsby
Chief of Staff, CareOregon