

SEVENTH AMENDMENT TO MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER SERVICES AGREEMENT

THIS SEVENTH AMENDMENT TO THE MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER AGREEMENT dated this 1st day of January 2026, is entered into by and between Yamhill County Care Organization, Inc., an Oregon nonprofit public benefit corporation dba Yamhill Community Care Organization (“YCCO”) and Yamhill County, a political subdivision of the State of Oregon, acting by and through Yamhill County Health and Human Services Department (“Provider”).

RECITALS

- A. YCCO and Provider entered into a Mental Health and Substance Abuse Disorder Agreement dated January 1st, 2021 (the "Underlying Agreement"). The Underlying Agreement is memorialized in Yamhill County records as Board Order No. 20-457.
- B. The Underlying Agreement was first amended on September 2nd, 2021, memorialized as Board Order No. 21-313 (the “First Amendment”). The Underlying Agreement has been amended on March 15th, 2022, memorialized as Board Order No. 22-48 (the “Second Amendment”), on March 23rd, 2023, memorialized as Board Order No. 23-56 (the “Third Amendment”), amended on July 11th, 2023, memorialized as Board Order No. 23-257 (the “Fourth Amendment”), amended on February 1st, 2024, memorialized as Board Order No. 23-460 (the “Fifth Amendment”) and amended on December 19th, 2024, memorialized as Board Order No. 24-367 (the “Sixth Amendment”).
- C. The primary purpose of this Seventh Amendment is to further amend the Underlying Agreement to reflect changes in compensation effective January 1st, 2026, listed herein as Exhibit A, Compensation.
- D. Capitalized terms used in this Seventh Amendment but not otherwise defined in this Seventh Amendment shall have the same meaning as those in the original Administrative Services Agreement (and corresponding amendments) and the CCO Contract, in that order of priority.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

- 1. Effective Date. The Effective Date of this Seventh Amendment shall be January 1st, 2026.
- 2. Term. The Term of the Underlying Agreement, as amended by this Seventh Amendment, shall begin on the Effective Date and shall, unless extended or terminated earlier in accordance with its terms, continue in effect until it expires on December 31st, 2026.

3. Subsection 4.13 “Financial Reporting”, of Section 4, “Duties of Provider”, as previously amended, is hereby deleted in its entirety and replaced with the following:

4.13 Financial Reporting. Provider shall submit Quarterly Financial Reporting to YCCO, as specified below:

End of Quarter Due Date of Report	Financial Reports Due	Financial Reports Due Date
March 31 st	Exhibit L	May 5th
June 30 th	Exhibit L	August 5 th
September 30 th	Exhibit L	November 5 th
December 31 st	Exhibit L and Rate Setting Reports	April 5th
December 31 st	Year-End MLR Template	August 5 th

The most current CCO Contract Forms can be accessed here:

<https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx>

4. Exhibit A of the Underlying Agreement, as amended by the First, Second, Third, Fourth, Fifth and Sixth Amendments, is hereby deleted in its entirety and replaced with the new Exhibit A, attached hereto, and incorporated herein by this reference.
5. Exhibit B of the Underlying Agreement, as amended by Fifth and Sixth Amendments, is hereby deleted in its entirety and replaced with the new Exhibit B, attached hereto, and incorporated herein by this reference.
6. Ratification. Except as otherwise expressly modified by the terms of this Seventh Amendment, the Underlying Agreement, as amended, shall remain unchanged and continue in full force and effect. All terms, covenants, and conditions of the Underlying Agreement, as amended, not expressly modified herein are hereby confirmed and ratified and remain in full force and effect and constitute valid and binding obligations of YCCO and Provider enforceable according to the terms thereof.
7. Authority. YCCO and Provider and each of the persons executing this Seventh Amendment on behalf of YCCO and Provider hereby covenants and warrants that: (i) such party has full right and authority to enter into this Seventh Amendment and has taken all action required to authorize such party (and each person executing this Fifth Amendment on behalf of such party) to enter into this Seventh Amendment, and (ii) the person signing on behalf of such party is authorized to do so on behalf of such entity.
8. Binding Effect. All of the covenants contained in this Seventh Amendment shall be binding upon and shall ensure the benefit of the parties hereto and their respective heirs, legal representatives and permitted successors and assigns.

9. Counterparts. This Seventh Amendment may be executed in multiple counterparts, each of which shall be an original, but all of which shall constitute one and the same Seventh Amendment.

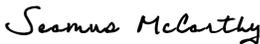
10. Recitals. The foregoing recitals are intended to be a material part of this Seventh Amendment and are incorporated herein by this reference.

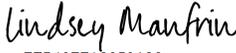
NOW, THEREFORE, the Parties hereto have caused this Seventh Amendment to be executed on the dates indicated below:

Yamhill County, Oregon

Yamhill Community Care Organization, Inc.

By: 
Name (printed) Kit Johnston
Title: Chair, Board of Commissioners
Dated: 1/15/2026

By: 
Name (printed) Seamus McCarthy
Title: CEO
Dated: 1/22/2026

Signed by:
By: 
Name (printed) Lindsey Manfrin
Title: Health and Human Services Director
Dated: 01/15/2026

FORM APPROVED BY

By: 
Name Printed: Christian Boenisch
Title: County Counsel
Dated: 1/15/2026

Approved by the Yamhill County Board of Commissioners on 01/15/2026 via Board Order 26-012.

Exhibit A Compensation

Part 1: PMPM Rates (Effective 01/01/2026)

Direct Member Services	OHP Per Member Per Month	HOP Per Member Per Month	BHP Per Member Per Month
Mental Health Non-Inpatient	\$28.74	\$4.63	\$4.99
Substance Abuse Disorder Outpatient	\$7.92	\$3.10	\$0.68
Physician Services	\$1.58	\$0.06	\$0.15
System of Care Wraparound	\$1.81	\$0.01	\$0.37
ACT/SE	\$4.25	\$0.34	\$2.29
LMHA Care Coordination	\$0.85	-	-
Total PMPM	\$45.15	\$8.14	\$8.49

Mental Health Non-Inpatient services include those services provided by Provider and the local YCCO network which only includes Oregon Crisis Management, Oregon Family Support Network. Other Fee-For-Service payments are the responsibility of YCCO.

Substance Use Disorder Outpatient services include those services provided by Provider and the local YCCO network which only includes Provoking Hope. Other Fee-For-Service payments are the responsibility of YCCO.

Physician Services include any other mental health non-inpatient services encountered through claims that are not included above including labs, supplies, etc.

System of Care Wraparound is a planning process that follows a series of steps to support youth, and their families accomplish the goals needed in order to reach their vision. Wraparound is a trauma-informed practice that begins with getting to know the youth and family to learn about their strengths, needs, and culture.

ACT/SE is an evidence-based service model that provides community-based treatment to persons with severe and persistent mental illnesses (SPMI). The ACT program targets individuals who have a history of psychiatric hospitalizations (three visits in the last year or one visit in the last six months, or currently reside in the Oregon State Hospital), are at risk for re-hospitalization, and have an SPMI diagnosis and would appear to benefit from an outreach program. The ACT team is made up of a Therapist/Case Manager, Substance Abuse Specialist, Peer Support Specialist, Supportive Employment Specialist, Medical Provider (MD or PMHNP), Registered Nurse (RN), 1915i Tech, and ACT Supervisor.

LMHA Care Coordination services includes working with YCCO staff to ensure YCCO members can appropriately access or transition in/out of specific behavioral health services including safety net services, crisis services, mental health and addictions residential services, detoxification or state hospital services, care coordination of residential behavioral health services, specific community-based services (such as ACT and IPS), specialized services to promote re-integration and reduce recidivism in the criminal justice system, children’s Wraparound, IIBHT, and foster care placement stability.

Membership counts to be calculated by the Provider based on membership for the 15th of the service month. YCCO to be responsible for verification of membership counts. YCCO will pay invoiced amounts within 30 days after Provider has invoiced YCCO. In the event YCCO identifies a discrepancy between Provider Membership count and YCCO’s Membership count, YCCO shall notify Provider and the parties shall use all reasonable efforts to resolve the discrepancy and make applicable invoice adjustments within 30 days from the notice to Provider of the discrepancy.

Group Code	Category of Aid	Line of Business
I	TANF/PCR	OHP
E	PLMA/PWO	OHP
J	PLMA/PWO	OHP
Q	CHILD 00-01	OHP
R	CHILD 00-01	OHP
S	CHILD 01-05	OHP
T	CHILD 06-18	OHP
A	DUAL-MEDS	OHP
F	DUAL-MEDS	OHP
M	DUAL-MEDS	OHP
B	ABAD & OAA	OHP
O	ABAD & OAA	OHP
C	CAF/Foster	OHP
1	ACA 19-34	OHP
HI	ACA 35-44	OHP
2	ACA 45-54	OHP
3	ACA 55-64	OHP
HM	YSHCN	OHP
X	BCCP	OHP
H8	HOP(CAK) 0-1	HOP
HB	HOP(CAK) 1-5	HOP
H3	HOP(CAK) 6-18	HOP
H1	HOP 19-34	HOP
HJ	HOP 35-44	HOP
HG	HOP 45-54	HOP
H2	HOP 55-64	HOP
H4	HOP OAA	HOP
H5	HOP PCR	HOP
H7	HOP Postpartum 0-365 Days	HOP
H6	HOP Pregnant	HOP
HA	HOP Postpartum 0-365 Days	HOP
H9	HOP Pregnant	HOP
HF	HOP ACS/BH	HOP

Group Code	Category of Aid	Line of Business
HC	HOP ACS/BH	HOP
HD	HOP EPD	HOP
HE	HOP LTC	HOP
HL	HOP YSHCN	HOP
HO	HOP OSIPM	HOP
DV	CCO-F Vets	Non-Medicaid
DC	CCO-F COFA	Non-Medicaid
P1	Bridge Medicaid 19-34	OHP
P2	Bridge Medicaid 35-44	OHP
P3	Bridge Medicaid 45-54	OHP
P4	Bridge Medicaid 55-64	OHP
B1	Bridge BHP 19-34	BHP
B2	Bridge BHP 35-44	BHP
B3	Bridge BHP 45-54	BHP
B4	Bridge BHP 55-64	BHP

Part 2: Monthly Capacity Rates (Effective 01/01/2026)

Direct Member Services	January 2026 – June 2026	July 2026 – December 2026	CY2026
	Per Month	Per Month	Annual
Mental Health Outpatient – LCS - School-based mental health outpatient services	\$45,535.17	-	\$273,211.04
Transitional Treatment Recovery Services	\$81,387.66	\$81,387.66	\$976,651.92
Peers/Crisis Services PAC House	\$11,475.00	\$11,475.00	\$137,700.00
Mental Health Respite	\$41,559.67	\$41,559.67	\$498,716.04
Health Related Services	Per Month	Per Month	Annual
Dual Diagnosis Anonymous	\$2,326.70	-	\$13,960.20
Warmline	\$2,666.64	\$2,666.64	\$31,999.62
Lines for Life	\$9,137.84	\$9,137.84	\$109,654.03
YHHS Flex Purchases	\$6,095.11	-	\$36,570.67
Total Capacity	\$200,183.79	\$146,226.80	\$2,079,463.52

Scopes of Services

School-Based Mental Health Outpatient Services partners with local school districts to provide mental health services for all students in each district that they serve, regardless of insurance status. In addition, they also offer limited drug/alcohol prevention and treatment when requested by youth, parents, or schools. Some schools also offer medical care, behavioral health services, and preventive health services through School-Based Health Centers (SBHCs) in Willamina, Newberg, and McMinnville.

Transitional Treatment Recovery Services (TTRS) through LCSNW and Provoking Hope provides drug and alcohol-free housing along with intensive substance use treatment, and other supportive and family stabilization services in a structured, supervised environment for parents and their children. This program is designed to promote the return of children to their parent's care sooner or eliminate the need to place children in foster care by providing treatment, support, and guidance.

Peers/Crisis Services PAC House through Project Able provides 24-hour support in a voluntary setting for eligible individuals experiencing psychiatric crises in Yamhill County. PAC offers a comfortable, non-institutional, recovery-focused environment to support individuals in achieving psychiatric stabilization within the community as an alternative to the emergency department, acute care, or jail. The program is also intended for individuals stepping down from acute care or state hospitalization who require additional support for a successful transition back to the community.

Mental Health Respite provides short-term, voluntary supports to help a person stabilize, resolve problems, and connect with additional supports after experiencing a mental health-related crisis. Respite services are a community-based alternative to psychiatric hospitalization, or as a step-down from higher levels of care. Respite occurs in a supportive environment, away from everyday stressors that may impact an individuals' road to recovery and wellness.

Dual Diagnosis Anonymous are services provided by Dual Diagnosis Anonymous of Oregon to a fellowship of persons who share their experiences, strengths, weaknesses, feelings, fears, and hopes with one another to resolve our dual diagnosis and/or learn to live at peace with unresolved problems. The only requirement for membership in DDA is a desire to develop healthy, addiction-free lifestyles.

Warmline provides phone, chat, or text lines that provide empathetic listening and peer support to individuals who may be experiencing distress or loneliness, or those seeking validation from a peer with lived experience who identifies with their concerns and can offer a confidential and non-judgmental space for connection and self-directed exploration of possible solutions and alternatives.

Lines for Life provides mental health and suicide crisis intervention services, treatment referral and drug prevention education through crisis lines services, substance abuse prevention in schools, community coalition building and policy work.

In the event the costs to the Provider exceed the capitated compensation received for the services above, the YCCO will negotiate an additional payment to the Provider to offset the difference. Provider will be required to provide supplemental financial statements (Exhibit L) for the reconciliation of payments as well as to support required OHA filings by YCCO.

BH QDP Payments: Retroactive Settlements

- *CLSS Claims Submissions (upon attestation)*
22% for Non-Rural/27% for Rural supplemental payment for applicable State Plan rate on service date for qualifying claims submitted with modifier
- *ICOD Claims Submissions (upon attestation)*
10% for QMHAs and Peers/20% for QMHPs, LHCPs, MH Interns supplemental payment of applicable State Plan rate on service date for qualifying claims submitted with modifier.

Note that Healthier Oregon Program (HOP) members are excluded from the increased payments listed above.

All Other Physical Health Services

Reimbursement for encountered services not listed on behavioral health DMAP fee schedule will be reimbursed from the medical DMAP fee schedule at one hundred percent (100%) of the current Oregon Medicaid Fee-for-Service (FFS) Schedule.

Exhibit B
Quality Incentive Funding

Provider will participate in the YCCO Pay for Performance (P4P) quality pool measures as determined and approved by YCCO’s Board of Directors and P4P committee. The P4P available under this Agreement is dependent on funds passed through CCO Contract #161768 to YCCO and then onto Provider. The next available payout will be in calendar year 2027 for services rendered in calendar year 2026.

The P4P payment will be based on the achievement of the annual YCCO Improvement Target for the following OHA quality measures related to mental health and substance abuse disorder services:

Basic Health Plan (BHP) and Healthier Oregon Program (BOP) members are excluded from these incentive measures.

Measure	Measure Description
Disparity Measure: Emergency Department Utilization among Members with Mental Illness	Number of ED visits per 1,000 member months for adult members enrolled within the organization who are identified as having experienced mental illness
Physical Health and Oral Health Assessment within 30 Days for Children in DHS Custody. Mental Health Assessment within 60 days for Children in DHS Custody	Percentage of children ages 0-17 who received a physical health assessment, children ages 1-17 who received a dental health assessment, and children ages 3-17 who received a mental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care).
Initiation and Engagement of Substance Use Disorder Treatment	Percentage of new substance use disorder (SUD) diagnosis episodes that resulted in initiation of treatment within 14 days and continued engagement within 34 days of the initial treatment.
Meaningful language access to culturally responsive health care services	The proportion of visits with spoken and sign language interpreter needs that were provided with OHA qualified or certified interpreter services.