



ORDER FORM

This Order Form documents the purchase of Subscription Services and other Services being purchased by the customer listed below (“Customer”) from OnSolve, LLC (“OnSolve”), and is entered into as of the date the Customer signs (the “Effective Date”).

Renewal Term: 1.00 year(s)

Service Start Date: July 01, 2024

Customer Information	Company Name:	Carbon County, MT
	Street Address:	17 West 11th Street, PO Box 887
	City, State, Zip, Country:	Red Lodge, MT, 59068, US
Billing Contact Purchase Order Number	Company Name:	Carbon County, MT
	Name:	Cyrina Allen
	Street Address:	17 West 11th Street, PO Box 887
	City, State, Zip, Country:	Red Lodge, MT, 59068, US
	Phone:	4064461038 x1
	Email:	cyrinaa@co.carbon.mt.us
Primary Contact <i>Note: this contact will be setup in the Services as an Administrator.</i>	Name:	Cyrina Allen
	Title:	Carbon County Emergency Manager/Carbon County Public Health Officer
	Phone:	4064461038 x1
	Email:	cyrinaa@co.carbon.mt.us

Subscription Service Fees

Critical Communications

Item/Description	Order Term	Qty	Annual Price**	Term Total
CodeRED Standard Plus Package	07/01/2024 - 06/30/2027	1	\$6,525.59	\$19,576.76
CodeRED Plus Package includes: 6,900 non-Emergency voice minutes per year. Overage will be billed at USD 0.40 per voice minute in blocks of 690.	07/01/2024 - 06/30/2027	1	\$0.00	\$0.00

Item/Description	Order Term	Qty	Annual Price**	Term Total
CodeRED Weather Warning	07/01/2024 - 06/30/2027	1	\$0.00	\$0.00
CodeRED IPAWS Integration	07/01/2024 - 06/30/2027	1	\$0.00	\$0.00
CodeRED Foreign Language Message Translation	07/01/2024 - 06/30/2027	1	\$0.00	\$0.00
CodeRED Text To Keyword	07/01/2024 - 06/30/2027	1	\$0.00	\$0.00
CodeRED Premium Data	07/01/2024 - 06/30/2027	1	\$0.00	\$0.00
Critical Communications Subscription Fees				\$19,576.76

ORDER TOTAL	\$19,576.76
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Annual Fees

Year 1 Subscription Fees + Non-Recurring Service Fees	\$6,525.59
Year 2 Subscription Fees	\$6,525.59
Year 3 Subscription Fees	\$6,525.59

**The fees shown above may have been rounded to two decimal places for display purposes. As many as ten decimal places may be present in the actual price. The totals for this order were calculated using the actual price, rather than the fees displayed above, and are the true and binding totals for this order.

All pricing is in US Dollars unless otherwise specified

Service Description – Critical Communications

<p>CODE-Plus Pkg</p> <ul style="list-style-type: none"> • CodeRED Subscription Service • Unlimited Emergency voice minutes and TTY • Non-Emergency voice minutes and TTY • Unlimited SMS Text, Email, RSS, and Social Media messages • Unlimited CodeRED Mobile Alert application push notifications • Unlimited initiators • Role based initiator permissions • Esri based mapping • Custom geocoding • Managed Data Services with one (1) annual Data Load • Two-Way messaging for contacts • Dedicated public enrollment web page with branding • Unlimited Opt-in categories • Contact enrollment web page • Web widget with enrollment link • Voice based polling • Reporting and analytics

- Resource Library
- Solution setup
- Base System Updates and Maintenance
- One (1) annual live web-based training – client dedicated
- Unlimited access to monthly web-based live and recorded trainings
- 24/7/365 support

Service Terms

- Use of the Subscription Service is intended for **Carbon County, MT**
- Population: **11,419**. A population increase above 10% may result in increased pricing.
- "Message Unit" equals sixty (:60) seconds of connected voice or TTY call time deducted in six (:06) second increments and/or SMS Text segments of 140 characters. Unused Message Units do not carry over year-to-year.
- Emergency means threat to life and/or property.

Other Terms

Notwithstanding anything to the contrary set forth in the Terms, the following terms apply for purposes of this Order Form:

- This Order will be renewed only upon the mutual agreement of the parties.

All Services being purchased by Customer in this Order Form shall be exclusively governed under the OnSolve standard terms and conditions set forth at the following URL: <https://www.onsolve.com/legal/TC-Government/> (the "Terms"). In the event of a conflict between the Terms and this Order Form, the terms of this Order Form shall control.

Carbon County, MT

By: _____

Name:

Title:

Date:

STATEMENT OF WORK (SOW) FOR BEAMON & COOMBS CONSULTING
IN SUPPORT OF THE CARBON COUNTY PUBLIC HEALTH:
MENTAL HEALTH EXPANSION PROJECT

Submitted by: Emily R. Beamon, PhD, MA, MPH
Nicholas C. Coombs, PhD, MSTAT

Section 1: Statement of Work

This SOW is intended to specify the work that Drs. Emily R. Beamon & Nicholas C. Coombs (henceforth called B&C Consulting) will undertake for the Carbon County Public Health (CCPH). Further, this SOW will detail the deliverables B&C will produce for colleagues at CCPH.

Section 2: Overview

The Health Department Director within CCPH has requested assistance from B&C to develop, implement, and evaluate programming that will expand mental health services within Carbon County, Montana. This evaluation will focus efforts specifically in the town of Fromberg, MT. The current project will be separated into three stages that will be further described in Section 4.

- Stage 1: Mental Health Screening & Referrals in the Schools
- Stage 2: Mental Health Screening & Referrals in the Community
- Stage 3: Mental Health Programming in the Schools

Section 3: B&C Consulting's Role

Drs. Beamon & Coombs as well as colleagues at CCPH convened in the Fall of 2023 to discuss the logistics of expanding mental health services to the greater Carbon County community. B&C Consulting will provide support and guidance to CCPH in the completion of all stages of the expansion project. CCPH will assume all ownership and free use of all data collected, cleaned, and aggregated, as well as all programs and products delivered by B&C.

Section 4: Project Stages

Stage 1: Mental Health Screening & Referrals in the Schools

Stage 1 will begin by addressing mental health (MH) needs within the Fromberg school system. During Summer 2024, public health will determine what current practices exist for MH referrals within the Fromberg school system, and what concerns exist with the current school counselor. CCPH will collaborate with the Mental Health Center (MHC; Billings, MT) to determine if any of the screening protocol needs revising, so that once students return from summer break, screening can begin. Public health will schedule with the Fromberg schools to determine the best time frame for implementation. Students will be screened within the first 3 weeks of the fall semester. Once students have been screened, and appropriate referrals have been made for services, CCPH will check in with the MHC to determine the number of students referred to their services, as well as current caseload capacity.

Stage 2: Mental Health Screening & Referrals in the Community

Public health will collaborate with the MHC to determine the best mental health screener(s) to use for community members of varying ages. Public Health will work with the MHC to determine the proper referral process for community members once screeners are completed. We will also aid in the advertisement of the new referral process to encourage community members to utilize this new service. By July 2024, we anticipate fully rolling out the screening services and determining if tele-mental health services are feasible within the new Fromberg PH facility.

Stage 3: Mental Health programming (“SOMA Skills”) in the Schools

We will implement and evaluate the “SOMA Skills” program within Fromberg schools. B&C Consulting will continue an ongoing evaluation of this programming at large, and will continue to implement evaluation and measurements within Fromberg.

Section 5: Evaluation & Deliverables

B&C Consulting will provide evaluations of the screening and referral process on an iterative basis. Every academic semester, data will be collected noting the number of students screened, those referred to services, the number who attended an intake session, those who continued care, and those who discontinued (and reasons why) care. This evaluation process will also apply to the community sample who utilize screening procedures.

B&C will provide CCPH with access to all data collected for this assessment, as well as a final report and presentation. This report will include a comprehensive overview of the quantitative and qualitative analyses for the expansion project. B&C will produce tables and figures that best describe the characteristics of the sample and needs at hand. At the conclusion of the study, B&C will present the results in Red Lodge, MT.

Section 6: Budget

Drs. Beamon and Coombs will be overseeing all project stages. The table below provides the anticipated budget for B&C to complete this work. Payment to B&C will require 50% at the initiation of work for CCHD (due by the end of July 2024), and the remaining 50% of the balance at the conclusion of the project.

	Task	Total
Overall	Overall program management of all screening, referral, collaboration efforts	\$8,000
Stage 1	Data collection for screening, referrals, follow up on Stage 1	\$4,000
Stage 2	Data analysis for screening, referral, follow up on Stage 2	\$4,000
Travel	Drs. Coombs & Beamon travel to Carbon County	\$3,100
		\$19,100

Dr. Emily R. Beamon
B&C Consulting

Date: June 14, 2024

Dr. Nicholas C. Coombs
B&C Consulting

Date: June 14, 2024

Scott Miller
Bridger District #1 Commissioner
Carbon County, Montana

Date: June 14, 2024

MEMORANDUM OF UNDERSTANDING

BETWEEN

RIVERSTONE HEALTH

AND

CARBON COUNTY HEALTH DEPARTMENT

AND

**Montana Department of Public Health and Human Services (DPHHS)
Immunization Program**

FOR

**Deputizing and Oversight of Public Health Departments to Provide Vaccines for
Children (VFC) Purchased Vaccine to Entitled Underinsured Children**

The Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services have issued guidance regarding deputization by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) of other VFC providers in their state to authorize those providers to immunize the federally vaccine-eligible children category of underinsured children.

Background:

In many states, the capacity of FQHC/RHCs to serve underinsured children is not sufficient to meet the need of underinsured children entitled to VFC vaccine. Until underinsurance among children is eliminated by full implementation of the Patient Protection and Affordable Care Act (ACA), extending VFC authority to other VFC providers serves as a bridging mechanism by which underinsured children will have increased access to VFC vaccine at additional provider sites.

In conformance with VFC Deputization Guidance dated 04/30/2012, and as may be revised,

1. The undersigned **Federally Qualified Health Center/Rural Health Clinic** hereby confers authority to (i.e., deputize) the VFC providers listed above to serve as their agents in immunizing federally vaccine-eligible children who are underinsured as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act, with the understanding that –

- a. such other VFC providers have been identified by the undersigned Montana DPHHS Immunization Program and approved by the CDC for such designation;
 - b. the Montana DPHHS Immunization Program and CDC retain their respective responsibilities for oversight of all VFC operations by such deputized VFC providers, including oversight of their roles in immunizing underinsured children;
 - c. federally purchased vaccine for use by deputized VFC providers in immunizing underinsured children is provided directly by CDC's vaccine distribution system to the deputized providers;
 - d. the Montana DPHHS Immunization Program and/or CDC may remove any deputized VFC provider in their roles of VFC program oversight in which case such provider shall lose deputization status;
 - e. each undersigned FQHC/RHC must comply with the requirements of such VFC Deputization Guidance;
 - f. any undersigned FQHC/RHC may withdraw from this MOU with 90 days written notice to the undersigned Montana DPHHS Immunization Program official; and
 - g. each deputizing FQHC/RHC retains all of its authorities as a VFC provider, including the ability to immunize underinsured children.
2. Each **deputized VFC provider** listed above shall comply with the requirements in such VFC Deputization Guidance, this deputization MOU, and with all other applicable VFC program requirements, including –
- a. agreement to vaccinate “walk-in” VFC-eligible underinsured children as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act;
 - b. screening for VFC eligibility, including for underinsured status, at every visit by any child less than 19 years of age;
 - c. reporting to the VFC awardee, in manner and time as decided by the awardee, all requirements set forth in the guidance; and
 - i. report annually the number of individual children who have received VFC vaccine in deputized clinics because they were underinsured at one or more clinic visits, by age category (ages <1, 1-6, and 7-18), as captured on the VFC Provider Profile.
 - d. compliance with any additional VFC requirements as the Montana DPHHS Immunization Program or CDC may from time to time impose.

We, the undersigned, have read and agree to the terms and conditions set forth in this MOU and will retain a copy of this MOU.

By: Riverstone Health

Print Name: Brenda Koch

Signature of Director:  _____

Date: 6/10/2024

By: Carbon County Health Department

Print Name: Carbon CC

Signature of Director: _____

Date: _____

I hereby acknowledge the responsibilities as delineated above:

Montana DPHHS Immunization Program

Section Supervisor: _____

Signature of Supervisor: _____

Date: _____

Montana DPHHS Public Health and Safety Division

Division Administrator: _____

Signature of Administrator: _____

Date: _____



BUYING GROUP AFFILIATION DECLARATION FORM

Date: _____

RE: Declaration Form

To Moderna Membership,

This Buying Group Affiliation Declaration Form (this “Declaration Form”) is to declare that the undersigned facility is a Member of the buying group noted below specifically for the procurement of Moderna US, Inc. (“Moderna”) products.

I, the undersigned, acknowledge that any changes in our buying group affiliation may impact procurement processes and contractual obligations. By signing this Declaration Form, our facility agrees to adhere to all terms and conditions associated with the below-designated buying group for the entire duration of the Term of the purchasing Agreement between Moderna and such buying group. This means, for example, that our facility agrees to remain under the below-designated buying group’s Letter of Commitment with Moderna for the duration of such Term.

Facility Name	
Facility Street Address	
Facility City, State Zip	
DEA or HIN Number	
Current Designated Buying Group	Primary Care Alliance, Inc.
Future Designated Buying Group	Primary Care Alliance, Inc.
Health System Affiliation (if any)	
Effective Date	

A signed copy of this the Declaration Form is being electronically sent to contractops@modernatx.com with a copy to modernauscontracts@modernatx.com.

Sincerely,

[Authorized Signature]

[Authorized Signature Title]

[Authorized Signature Name]

[Authorized Signature Email]