

April 4, 2024

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
 Clackamas County

**Approval of Amendment #1 extending the duration of an Intergovernmental Grant Agreement with the Oregon Health Authority for Behavioral Health Workforce Incentive Funds. Amendment extends agreement by 12 months, agreement value is now \$381,250 over 26 months. Funding is through the Oregon Health Authority. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	Financial Assistance Application Lifecycle January 5, 2023, Agenda Item 20230105 III.D.1 Original Agreement: May 11, 2023, Agenda Item 20230511 IIC.1 Amendment #01: Briefed at Issues, April 2, 2024		
<b>Performance Clackamas</b>	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
<b>Counsel Review</b>	Yes	<b>Procurement Review</b>	No
<b>Contact Person</b>	Mary Rumbaugh	<b>Contact Phone</b>	503-742-5305

**EXECUTIVE SUMMARY:** The Behavioral Health Division (BHD) of the Health, Housing, and Human Services Department requests approval of Amendment #01 to an Intergovernmental Agreement with Oregon Health Authority (OHA) for Behavioral Health Workforce Initiative Program Funds. These funds were provided for clinical supervision activities, specialized supervision, and culturally specific training. The Agreement was the result of a Request for Applications (RFA) issued to Community Mental Health Programs to support the recruitment and retention of behavioral health providers with associate, bachelors, master’s, or doctoral degrees or other credentials and to provide supervised clinical experience necessary for behavioral health providers to obtain a license to practice. Program goals include: 1) Increase access to services that are peer and community-driven and that provide culturally specific and culturally responsive services for people of color, tribal communities, and persons with lived behavioral health experience; 2) Increase access to services for rural and underserved communities, 3) Increase the number of individuals training for and entering the field of behavioral health and improve the recruitment and retention of behavioral health care providers, and 4) Provide supervised clinical experience to associates or other individuals who have the necessary education but need supervised clinical experience to obtain a license to practice.

Amendment #01 extends the Agreement term to twelve (12) months through June 30, 2025. The maximum value of the Agreement, \$381,250.00, is unchanged by Amendment #01. These funds are being used to provide clinical supervision to Division staff on a path toward licensure (estimated 10-12 staff annually) and culturally specific training for all client-facing staff (approximately 90% of the Division).

For Filing Use Only

**RECOMMENDATION:** The staff respectfully requests that the Board of County Commissioners approve this amendment and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

*Rodney A. Cook*

Rodney A. Cook

Director of Health, Housing and Human Services



**Grant Agreement Number 179616**

**AMENDMENT TO  
STATE OF OREGON  
INTERGOVERNMENTAL GRANT AGREEMENT**

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found on page one of the original Agreement, as amended. We accept all relay calls.

This is amendment number **01** to Grant Agreement Number **179616** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “**OHA**,” and

**Clackamas County  
2051 Kaen Rd, Suite 154  
Oregon City, Oregon 97045  
Attention: Mary Rumbaugh  
Telephone: 503-655-8471  
E-mail address: [maryrum@clackamas.us](mailto:maryrum@clackamas.us)**

hereinafter referred to as “**Recipient**.”

1. This amendment shall become effective on the last date all required signatures in Section 6., below have been obtained.
2. The Agreement is hereby amended as follows:
  - a. Section 1 “Effective Date and Duration” is hereby amended to change the expiration date from **June 30, 2024** to **June 30, 2025**.
  - b. Exhibit A Part 2 “Payment and Financial Reporting” Section 1 only to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

Expenditure of Grant Funds and reporting for the period beginning June 5, 2021 through ~~June 30, 2024~~. **June 30, 2025**

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
  - a. Recipient acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any “claim” (as defined by ORS 180.750) that is made by (or caused by) the Recipient and that pertains to this Agreement or to the project for which the grant activities are being performed. Recipient certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. Recipient further acknowledges that in addition to the remedies under this Agreement, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Recipient;
  - b. The information shown in Section 5.a. “Recipient Information” of the original Agreement, as amended is Recipient’s true, accurate and correct information;
  - c. To the best of the undersigned’s knowledge, Recipient has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
  - d. Recipient and Recipient’s employees and agents are not included on the list titled “Specially Designated Nationals” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
  - e. Recipient is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at: <https://www.sam.gov/SAM>;
  - f. Recipient is not subject to backup withholding because:
    - (1) Recipient is exempt from backup withholding;
    - (2) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - (3) The IRS has notified Recipient that Recipient is no longer subject to backup withholding; and
  - c. Recipient’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, Recipient is required to provide OHA with the new FEIN or SSN within 10 days.

**5. Recipient Information.** Recipient shall provide the information set forth below.

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

**Recipient Name (exactly as filed with the IRS):** \_\_\_\_\_

Clackamas County

Street address: 2051 Kaen Road, Suite 154

City, state, zip code: Oregon City, OR 97045

Email address: maryrum@clackamas.us and BHContracts@clackamas.us

Telephone: 503-742-5335 Fax: 503-742-5312

**Recipient Proof of Insurance.** Recipient shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein must be in effect prior to amendment execution.

Workers' Compensation Insurance Company: Self-Insured

Policy #: N/A Expiration Date: Ongoing

**RECIPIENT, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

**6. Signatures.**

**Clackamas County**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**State of Oregon acting by and through its Oregon Health Authority**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved by: Director, OHA Health Systems Division**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved for Legal Sufficiency:**

Not required per OAR 137-045-0030(1)(a)

\_\_\_\_\_  
Oregon Department of Justice

\_\_\_\_\_  
Date