



JUVENILE DEPARTMENT
JUVENILE INTAKE AND ASSESSMENT CENTER
 2121 KAEN ROAD | OREGON CITY, OR 97045

December 10, 2020

Board of County Commissioners
 Clackamas County

Members of the Board:

Approval of Amendment to an Intergovernmental Agreement
 With Oregon Health Authority for
Behavioral Rehabilitation Services (BRS) Reimbursements

Purpose/Outcomes	To correct the language in the Intergovernmental Agreement to read “Shelter Services” instead of “Intensive Rehabilitation” in accordance with Oregon Administrative Rules (OAR) 410-170-0000 through 410-170-0120.
Dollar Amount and Fiscal Impact	No fiscal impact.
Funding Source	Oregon Health Authority.
Duration	Effective January 1, 2019 through December 31, 2020
Previous Board Action	The original IGA was signed by Don Krupp, County Administrator, on 12/23/2013; Amendment 1 signed by Ellen Crawford, Juvenile Director, on 2/5/14; Amendment 2 signed by Don Krupp, County Administrator on 2/18/2015; Amendment 3 signed by Don Krupp, County Administrator, on 12/12/16; Amendment 4 was signed by Jim Bernard, Chair, on 5/23/19.
Strategic Plan Alignment	1. Provide interventions, compliance monitoring, and restorative services to youth so they can be accountable to victims and the community to repair the harm they have caused 2. Ensure safe, healthy and secure communities.
Counsel Review	This contract has been reviewed and approved by County Counsel on November 30, 2020
Contact Person	Ed Jones, Juvenile Dept. Administrative Services Manager – 503-650-3169
Contract No.	144378-5

BACKGROUND:

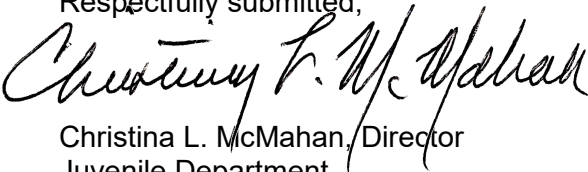
Attached is an Amendment to the Intergovernmental Agreement with Oregon Health Authority (OHA) for the partial reimbursement of shelter care bed costs. This amendment corrects the name of Behavior Rehabilitation Services (BRS) the Juvenile Department contracts to be

provided to youth, and matches changes to the Oregon Health Authority's 7/1/2020 BRS rate sheet.

RECOMMENDATION:

Staff recommends the Board approval of the Amendment to Intergovernmental Agreement No. 144378-5.

Respectfully submitted,



Christina L. McMahan, Director
Juvenile Department

For more information on this issue or copies of attachments, please contact Lisa Krzmarzick at 503-655-8788



Agreement Number 144378

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This is amendment number **5** to Agreement Number **144378** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA” and

Clackamas County
By and through its Clackamas County Juvenile Department
2121 Kaen Road
Oregon City, OR 97045
Attention: Christina McMahan
Telephone: (503) 650-3180
Facsimile: (503) 655-8448
E-mail address: emcmahan@co.clackamas.or.us

hereinafter referred to as “County.”

1. Upon signature by all applicable parties, this Amendment shall be effective on (a) **December 31, 2018** or (b) when required, the date this Amendment has been approved by the Department of Justice, regardless of the date the Amendment is actually signed by all other parties.
2. The Agreement is hereby amended as follows:
 - a. Exhibit A, Part I Statement of Work Section 1. a. only, is amended as follows: Deleted language is struck through and new language is underlined and bold.
 1. County shall:
 - a. Provide ~~Intensive Rehabilitation~~ **Shelter Services for the Behavior Rehabilitation Services (BRS) program** as defined in, and in accordance with Oregon Administrative Rules (OAR) 410-170-0000 through 410-170-0120.

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. County certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the County hereby certifies under penalty of perjury that:
 - a. The County is in compliance with all insurance requirements of Exhibit C of the original Agreement and notwithstanding any provision to the contrary, County shall deliver to the OHA Agreement Administrator (see page 1 of this Agreement) the required Certificate(s) of Insurance for any extension of the insurance coverage required by Exhibit C of the original Agreement, within 30 days of execution of the original Agreement Amendment. By certifying compliance with all insurance as required by this Agreement, County acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. County may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;
 - b. The County 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 County and that pertains to this Agreement or to the project for which the Agreement work is being performed. The County 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. County 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 County;
 - c. The information shown in County Data and Certification, of original Agreement or as amended is County’s true, accurate and correct information;
 - d. To the best of the undersigned’s knowledge, County 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;
 - e. County and County’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>;
 - f. County is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Nonprocurement Programs” found at: <https://www.sam.gov/portal/public/SAM/>;

- g. County is not subject to backup withholding because:
 - (1) County is exempt from backup withholding;
 - (2) County has not been notified by the IRS that County is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (3) The IRS has notified County that County is no longer subject to backup withholding.
- h. County Federal Identification Number (FEIN) provided to OHA is true and accurate. If this information changes, County is also required to provide OHA with the new FEIN within 10 days.

4. **County Data.** This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

County Name (exactly as filed with the IRS): Clackamas County

Street address: 2051 Kaen Road

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

Email address: lkrzmarzick@clackamas.us

Telephone: (503) 655-8788 / 503-919-1306 Facsimile: (503) 655-8448

Proof of Insurance: County shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers' Compensation Insurance Company: Self-Insured

Policy #: _____ Expiration Date: _____

5. Signatures.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

**Clackamas County
By and through its Clackamas County Juvenile Department
By:**

_____	Jim Bernard
Authorized Signature	Printed Name
_____	_____
Chair	Date
_____	_____
Title	Date

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

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date

Approved for Legal Sufficiency:

Exempt per OAR 137-045-0050(2)	_____
Department of Justice	Date

OHA Health Systems

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date