

September 12, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval of Amendment #6 to an Intergovernmental Agreement with the Oregon Health Authority for financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services. Amendment value is \$2,000 for 3 months. Agreement value increased to \$17,566,033.35 for 18 months. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review	Agreement March 7, 2024, Agenda Item 20240307 I.C.1; Amendment #01 April 18, 2024, Agenda Item 20240418 III.D.4; Amendment #02 May 2, 2024, Agenda Item 20240502 I.E.2; Amendment # August 3 8, 2024, Agenda Item 20240808 III.D.10; Amendment #04 July 25, 2024, Agenda Item 20240725 III.F.19; Amendment #05 July 25, 2024, Agenda Item 20240725 III.F.20; Amendment #06 Briefed at Issues September 10, 2024		
Performance Clackamas	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
Counsel Review	Yes: Sarah Foreman	Procurement Review	No
Contact Person	Mary Rumbaugh	Contact Phone	503-742-5305

EXECUTIVE SUMMARY: The Behavioral Health Division of the Health, Housing and Human Services Department requests approval of Amendment #06 to the 2024-25 Intergovernmental Agreement #44300-00026004 with the State of Oregon, acting by and through its Oregon Health Authority (OHA) for the financing and operation of Community Mental Health, Addiction Treatment, Recovery & Prevention Services and Problem Gambling programs in Clackamas County. The Board of Commissioners is the Local Mental Health Authority for Clackamas County that operates a Community Mental Health Program funded by this Agreement. The Behavioral Health Division ensures that the funds are administered according to the terms set forth by this Agreement to provide local administration, behavioral health, and addiction services to Clackamas County.

OHA is piloting an incentive program for providers who deliver monitoring, security, and supervision services to clients under the Adult and Juvenile Panels of the Psychiatric Security Review Board (PSRB) jurisdiction. Incentive payments are available to providers that complete Conditional Release Evaluations within 45 calendar days of a PSRB order. Conditional Release Evaluations are part of the contracted duties through Service Element MHS 30.

For Filing Use Only

Amendment #06 adds \$2,000.00 to the Agreement's value, increasing the Agreement's maximum value to \$17,566,033.35.

RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve Amendment #06 (11455) 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

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AGREEMENT # PO-44300-00026004

**SIXTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2024-2025 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT,
RECOVERY, & PREVENTION, AND PROBLEM GAMBLING SERVICES**

This **Sixth** Amendment to Oregon Health Authority 2024-2025 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2024 (as amended, the “Agreement”), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and **Clackamas County** (“County”).

RECITALS

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The financial and service information in the Financial Assistance Award is hereby amended as described in Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with the portion of Exhibit C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

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:

Exempt per OAR 137-045-0050(2)

_____	_____
Oregon Department of Justice	Date

ATTACHMENT 1

EXHIBIT C Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: M0932

CONTRACT#: 026004

CONTRACTOR: CLACKAMAS COUNTY

INPUT CHECKED BY: _____ DATE CHECKED: _____

SE#	FUND	PROJ CODE	CPMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
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FISCAL YEAR: 2024-2025

BASE	INVOICE	SERVICES											
17	804	INVOIC	9/1/2024 - 12/1/2024	0	/NA	\$0.00	\$2,000.00	\$0.00	C	1	N		1
TOTAL FOR SE# 17							\$2,000.00	\$0.00					
TOTAL FOR 2024-2025							\$2,000.00	\$0.00					
TOTAL FOR M0932 026004							\$2,000.00	\$0.00					

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: CLACKAMAS COUNTY
DATE: 08/15/2024

Contract#: 026004
REF#: 010

REASON FOR FAAA (for information only):

Non-OHP Community and Residential Assistance (MHS 17) funds have been awarded for Incentive Payments for PSRB Conditional Release Evaluations Completed On-Time.

The following special condition(s) apply to funds as indicated by the special condition number in column 9. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

M0932 1A) These funds are for MHS 17, which encompasses Invoice Services found in service elements 26 ,27, 28, 30, 34 and 36 from 09/01/2024 to 12/01/2024 with Part C. B) For Services delivered to individuals, financial assistance awarded to County shall be disbursed to County and expended by County in accordance with and subject to the residential rate on the date of service delivery based upon the rate schedule found at www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx and incorporated into this Agreement by reference that is effective as of the effective date of this Agreement unless a new rate schedule is subsequently incorporated by amendment. Any expenditure by County in excess of the authorized rates as set forth www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx may be deemed unallowable and subject to recovery by OHA in accordance with the terms of this Agreement.