

March 17, 2022

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of Amendment #01 to the 2022 Revenue Agreement with the State of Oregon, acting by and through its Oregon Health Authority for the operation and financing of Community Mental Health, Addiction Treatment, Recovery & Prevention Services, and Problem Gambling Programs. Agreement value of \$8,383,001.70 is unchanged by this Amendment.  
Funding through State of Oregon.  
No County General Funds Involved.

<b>Purpose/Outcomes</b>	Agreement provides funding for the local administration and operation of behavioral health and addiction program services to residents of Clackamas County.
<b>Dollar Amount and Fiscal Impact</b>	Maximum Agreement value of \$8,383,001.70 is unchanged by this Amendment.
<b>Funding Source</b>	No County General Funds are involved. Funding provided through the State of Oregon, Oregon Health Authority.
<b>Duration</b>	Effective upon signature and terminates on December 31, 2022
<b>Previous Board Action</b>	Agreement reviewed and approved December 16, 2021, Agenda Item 20211216 III.a.ii. Amendment #01 at Issues March 15, 2022
<b>Counsel Review</b>	Reviewed and approved February 28, 2022 Kathleen Rastetter
<b>Procurement Review</b>	Was this item reviewed by Procurement? No. This is an amendment to a revenue agreement.
<b>Strategic Plan Alignment</b>	Ensuring safe, healthy and secure communities through the provision of mental health and substance use services.
<b>Contact Person</b>	Mary Rumbaugh, Director – Behavioral Health Division 503-742-5305
<b>Contract No.</b>	10434

**BACKGROUND:**

The Behavioral Health Division of the Health, Housing & Human Services Department requests the approval of Amendment #01 to Intergovernmental Agreement #166036 with the State of Oregon, acting by and through its Oregon Health Authority for the financing and operation of Community Mental Health, Addiction Treatment, Recovery & Prevention Services and Problem Gambling programs in Clackamas County. The Board of County 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.

*Healthy Families. Strong Communities.*

Amendment #01 updated the special conditions regarding MHS 12 Services (Rental Assistance) funds and includes a new Service Description for MHS 30 Services (Monitoring, Security, and Supervision Services for Individuals Under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board) is effective upon signature and terminates December 31, 2022. This Amendment does not change the value of the Agreement.

**RECOMMENDATION:**

Staff recommends Board approval of this Amendment.

Respectfully submitted,

A handwritten signature in cursive script that reads "Rodney Cook".

Rodney A. Cook, Director  
Health, Housing & Human Services Department



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**FIRST AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2022 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF  
COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT, RECOVERY, &  
PREVENTION, AND PROBLEM GAMBLING SERVICES #173129**

This First Amendment to Oregon Health Authority 2022 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2021 (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 are 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. The Service Description **MONITORING, SECURITY, AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD, MHS 30 PSRB**, set forth in Exhibit B-1, is hereby amended to read in its entirety as set forth in Attachment 2, attached hereto and incorporated herein by this reference. 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

Approved as to form: *Kathleen Rastetter* 2/28/2022

**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:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on November 18, 2021; e-mail in contract file.

## Attachment 1 Financial Pages

### MODIFICATION INPUT REVIEW REPORT

MOD#: M0574

CONTRACT#: 173129

CONTRACTOR: CLACKAMAS COUNTY

INPUT CHECKED BY: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

SE#	FUND	PROJ CODE	CFMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
FISCAL YEAR: 2021-2022													
		BASE	RENTAL ASSISTANCE PR										
12	401	RNTAST		1/1/2022 - 6/30/2022	0 /N/A		-\$203,760.00	\$0.00	C	1	Y		1
		BASE	RENTAL ASSISTANCE PR										
12	401	RNTAST		1/1/2022 - 6/30/2022	0 /N/A		\$203,760.00	\$0.00	C	1	Y		2
TOTAL FOR SE# 12							\$0.00	\$0.00					
TOTAL FOR 2021-2022							\$0.00	\$0.00					
FISCAL YEAR: 2022-2023													
		BASE	RENTAL ASSISTANCE PR										
12	401	RNTAST		7/1/2022 - 12/31/2022	0 /N/A		-\$203,760.00	\$0.00	C	1	Y		1
		BASE	RENTAL ASSISTANCE PR										
12	401	RNTAST		7/1/2022 - 12/31/2022	0 /N/A		\$203,760.00	\$0.00	C	1	Y		2
TOTAL FOR SE# 12							\$0.00	\$0.00					
TOTAL FOR 2022-2023							\$0.00	\$0.00					
TOTAL FOR M0574 173129							\$0.00	\$0.00					

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: CLACKAMAS COUNTY  
DATE: 02/10/2022

Contract#: 173129  
REF#: 002

REASON FOR FAAA (for information only):

Rental Assistance Program Services (MHS 12), adding dates in the special condition to cover the full contract period.

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.

- M0574 1 Special Condition #M0514 in Base Agreement regarding A) MHS 12 and B) Services applies.
- M0574 2 These funds are for MHS 12 Services. B) The funds subject to this special condition will be disbursed to Contractor upon receipt of quarterly invoices from 1/1/2022-12/31/2022.

**Attachment 2**

31. Service Name: **MONITORING, SECURITY, AND SUPERVISION SERVICES FOR INDIVIDUALS UNDER THE JURISDICTION OF THE ADULT AND JUVENILE PANELS OF THE PSYCHIATRIC SECURITY REVIEW BOARD**

Service ID Code: **MHS 30**

**a. Service Description**

Monitoring, Security, and Supervision Services for Individuals under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board (PSRB & JPSRB) (MHS 30 Services). MHS 30 Services are delivered to Individuals who are placed in their identified service area by Order of Evaluation or Conditional Release Order as designated by OHA.

**(1) Monitoring Services include:**

- (a)** Assessment and evaluation for the court, and the PSRB or JPSRB of an Individual under consideration for placement on a waiting list or for Conditional Release from the Oregon State Hospital (OSH), a hospital, jail, or facility designated by OHA, to determine if the Individual can be treated in the community, including identification of the specific requirements for the community placement of an Individual;
- (b)** Supervision and urinalysis drug screen consistent with the requirements of the PSRB or JPSRB Conditional Release Order;
- (c)** Coordination with OSH, a hospital, or facility designated by OHA on transition activities related to Conditional Release of an Individual;
- (d)** Provide supported housing and intensive case management for identified programs at approved budgeted rates; and
- (e)** Administrative activities related to the Monitoring Services described above, including but not limited to:
  - i. Reporting of the Individual's compliance with the conditional release requirements, as identified in the order for Conditional Release, as identified in the Order for Conditional Release, through monthly progress notes to the PSRB or JPSRB;
  - ii. Providing interim reports for the purpose of communicating current status of an Individual to the PSRB or JPSRB;
  - iii. Submitting requests for modifications of Conditional Release Orders to the PSRB or JPSRB;
  - iv. Implementing board-approved modifications of Conditional Release Orders;
  - v. Implementing revocations of Conditional Release due to violation(s) of Conditional Release Orders and facilitating readmission to OSH;
  - vi. Responding to Law Enforcement Data System (LEDS) notifications as a result of contact by the Individual receiving MHS 30 Services with law enforcement agencies; and

- vii. An annual comprehensive review of supervision and treatment Services to determine if significant modifications to the Conditional Release Order should be requested from the PSRB or JPSRB.

(2) Security and Supervision Services includes:

- (a) Security Services include: Services identified in the PSRB or JPSRB Conditional Release Order, which are not medically approved Services but are required for safety of the Individual and the public, and are covered at a rate based on a determination of the risk and care needs, as identified in the Security Services Matrix below:

Security Services Matrix	Low Risk	Med Risk	High Risk
High Care	Rate 1	Rate 2	Rate 3
Med Care	Rate 2	Rate 3	Rate 4
Low Care	Rate 3	Rate 4	Rate 5

- (b) Supervision Services include approved Services that are not covered by another resource and will be funded at the current Medicaid Fee Schedule rate as a basis for reimbursement purposes. Disbursement will be made by invoice in accordance with the “Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures” section below. Approved Supervision Services may include one or more of the following:

- i. Additional staffing;
- ii. Transportation;
- iii. Interpreter services;
- iv. Medical services and medications;
- v. Rental assistance, room and board, and person and incidental funds;
- vi. Payee
- vii. Guardianship (initial and ongoing) costs;
- viii. To obtain legal identification for Individuals receiving supported housing and intensive case management services as identified in Monitoring Services section above; and
- ix. Non-medically approved services including, but not limited to assessment, evaluation, outpatient treatment, and polygraph.

**b. Performance Requirements**

- (1) Providers of MHS 30 Services funded through this Agreement shall comply with OAR 309-019-0160, as such rule may be revised from time to time.
- (2) Providers of MHS 30 Services funded through this Agreement shall maintain a Certificate of Approval in accordance with OAR 309-008-0100 through OAR 309-008-1600, as such rules may be revised from time to time.

**c. Reporting Requirements**

See Exhibit E, 10.

**d. Special Reporting Requirements**



Upon request County shall submit one or more of the following to the OHA Contract Administrator for MHS 30 Services:

- (1) Conditional Release Plan or Conditional Release Order;
- (2) Monthly progress notes;
- (3) Incident reports;
- (4) Evaluations and assessments;
- (5) Notifications of Revocation and Order of Revocation;
- (6) Treatment Plans
- (7) Notification of Change of Residence; or
- (8) Any other documentation deemed necessary for monitoring and implementing MHS 30 Services.

e. **Financial Assistance Calculation, Disbursement, and Agreement Settlement Procedures**

See Exhibit D, “Payment, Settlement, and Confirmation Requirements.”

Use Payment and Settlement language, Section 1.f.(1).