

May 11, 2023

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

Board of County Commissioners  
 Clackamas County

**Approval of an Intergovernmental Agreement with the Oregon Health Authority for Behavioral Health Workforce Initiative Program Funds. Maximum funding of \$381,250.00 for 14 months. Funding through State of Oregon, 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; Issues May 9, 2023		
<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 an Intergovernmental Agreement with Oregon Health Authority (OHA) for Behavioral Health Workforce Initiative Program Funds. These funds are being provided for clinical supervision activities, specialized supervision and culturally specific training. This Agreement is 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 or 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.

These funds will be 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).

The Agreement, effective upon signature and terminating June 30, 2024, has a maximum value of \$381,250.00.

For Filing Use Only

**RECOMMENDATION:** Staff recommends Board approval of this Agreement.

Respectfully submitted,

*Rodney A. Cook*

Rodney A. Cook, Director  
Health, Housing and Human Services



**Grant Agreement Number 179616**

**STATE OF OREGON  
INTERGOVERNMENTAL GRANT 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](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Agreement is 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" (collectively, the "Parties").

The Program to be supported under this Agreement relates principally to OHA's

**BH Behavioral Health Workforce  
500 Summer Street N.E.  
Salem, Oregon 97301  
Agreement Administrator: Bret Golden or delegate  
Telephone: 503-593-9399  
E-mail address: [bret.golden@oha.oregon.gov](mailto:bret.golden@oha.oregon.gov)  
[hsd.contracts@odhsoha.oregon.gov](mailto:hsd.contracts@odhsoha.oregon.gov)**

**1. Effective Date and Duration.**

This Agreement shall become effective on the date this Agreement has been fully executed the Parties and, when required, approved by Department of Justice. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on **June 30, 2024**. Agreement termination or expiration shall not extinguish or prejudice OHA’s right to enforce this Agreement with respect to any default by Recipient that has not been cured.

**2. Agreement Documents.**

- a. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:
  - (1) Exhibit A, Part 1: Program Description
  - (2) Exhibit A, Part 2: Payment and Financial Reporting
  - (3) Exhibit B: Standard Terms and Conditions
  - (4) Exhibit C: Subcontractor Insurance Requirements
  - (5) Exhibit D: Federal Terms and Conditions

There are no other Agreement documents unless specifically referenced and incorporated in this Agreement.

- b. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The documents comprising this Agreement shall be in the following descending order of precedence: this Agreement less all exhibits, Exhibits D, B, A, and C.

**3. Grant Disbursement Generally.**

The maximum not-to-exceed amount payable to Recipient under this Agreement, which includes any allowable expenses, is **\$381,250.00**. OHA will not disburse grant to Recipient in excess of the not-to-exceed amount and will not disburse grant until this Agreement has been signed by the Parties. OHA will disburse the grant to Recipient as described in Exhibit A.

**4. Contractor or Subrecipient Determination.**

In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.104, OHA’s determination is that:

- Recipient is a subrecipient     Recipient is a contractor     Not applicable

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Agreement: N/A

**5. Recipient Data and Certification.**

**a. 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 Facsimile: ( 503 ) 742-5312

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

Workers' Compensation Insurance Company: Self-Insured

Policy #: N/A Expiration Date: Ongoing

**b. Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:

- (1) Recipient is in compliance with all insurance requirements in Exhibit C of this Agreement and notwithstanding any provision to the contrary, Recipient shall deliver to the OHA Contract Administrator (see page 1 of this Agreement) the required Certificate(s) of Insurance within 30 days of execution of this Agreement. By certifying compliance with all insurance as required by this Agreement, Recipient acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. Recipient 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;
- (2) 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;

- (3) The information shown in this Section 5a. "Recipient Information", is Recipient's true, accurate and correct information;
- (4) 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;
- (5) 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>;
- (6) 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/portal/public/SAM/>;
- (7) Recipient is not subject to backup withholding because:
  - (a) Recipient is exempt from backup withholding;
  - (b) 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
  - (c) The IRS has notified Recipient that Recipient is no longer subject to backup withholding; and
- (8) Recipient Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided is true and accurate. If this information changes, Recipient is required to provide OHA with the new FEIN within 10 days.

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

**6. Signatures.** This Agreement and any subsequent amendments may be executed in several 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 the Agreement and any amendments so executed shall constitute an original.

**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: Interim Director, OHA Health Systems Division**

**By:**

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved for Legal Sufficiency:**

\_\_\_\_\_  
Nathan Karman via email on  
Department of Justice

\_\_\_\_\_  
April 10, 2023  
Date

**EXHIBIT A**  
**Part 1**  
**Program Description**

**Behavioral Health Workforce Initiative Program**

**1. Background**

The Behavioral Health Workforce Initiative (BHWi) was created through House Bill 2949 (2021) and refined in HB 4071 (2022). One goal of the legislation is to provide grants that 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.

The State of Oregon is committed to all Oregonians having the opportunity for optimal health. As part of that, it is important to ensure that the distribution of the behavioral health care workforce appropriately meets the needs of all Oregonians and is reflective of the communities being served, and that behavioral health professionals are working in a supportive, culturally responsive environment.

To help advance this goal, the Legislature has approved \$60 million under Agreement Number **6230** to provide incentives to increase the recruitment and retention of providers in the behavioral health care workforce, and \$20 million under Agreement Number **6231** to establish a program to provide grants to licensed psychologists, licensed marriage and family therapists, licensed professional counselors and licensed clinical social workers.

**2. Purpose**

The intent of the BHWi and its Workforce Incentive Program is to help establish an equitable behavioral health system and break down the systemic barriers that reduce access and exacerbate inequities in people of color, tribal members, and other communities harmed by historical and contemporary injustices.

The purpose of the Workforce Incentive Program is to invest in Community Mental Health Programs (CMHPs) to a) support the recruitment and retention of behavioral health providers with associate, bachelor's, master's, doctoral degrees or other credentials and b) provide supervised clinical experience necessary for behavioral health providers to obtain a license to practice through grant monies associated with HB 2949 (2021) (as updated by HB 4071 (2022)).

In 2019, the Oregon Health Policy Board and OHA adopted a definition of health equity:

*Oregon will have established a health system where all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires*



*the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: The equitable distribution or redistribution of resources and power, and recognizing, reconciling, and rectifying historical and contemporary injustices.*

**3. Goals**

The goals of this Agreement are to:

- a. 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;
- b. Increase access to services for rural and underserved communities;
- c. 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
- d. 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.

**4. Scope of Work**

The funding for this Agreement may be used for the activities authorized by Agreement Number 6230 (“Clinical Supervision Activities”) and for activities authorized by Agreement Number 6231 (“Workforce Incentive Activities”). Recipient shall use grant funds for the following activities, up to the not to exceed (“NTE”) dollar amounts listed:

**Clinical Supervision Activities – NTE: \$281,250.00**

<b>Projects</b>	<b>Description</b>	<b>Expected Impact</b>	<b>Cost Estimates</b>
LCSW Licensure Supervision	Provide licensure supervision for (Priority 1) post-MSW employees who are (a) actively pursuing LCSW licensure, and (b) who are working in positions that require licensure within a specific time frame. As funding allows, licensure supervision shall also be provided to (Priority 2) staff who meet (a) above, but who are not currently in positions that require licensure. Licensure supervision is a benefit that masters-prepared employees who are pursuing licensure consider very highly when they are determining where	Provide licensure supervision that is required for specific positions that are currently challenging to fill and retain, making those positions (and retention) more attractive to the workforce, as well as strengthening and expanding the skill set of our clinical team through additional skilled supervision. Since the licensure	Using a rate of \$150/hour for individual supervision, and \$75/hour for group supervision; total of 25 supervisees (combination of clinical staff working in crisis/safety net services and clinical/care coordination

	<p>they want to work, and how long they may choose to remain. Supervision will be provided by an outside supervisor(s) with a combination of individual and group supervision, in alignment with the LCSW Board guidelines (over the course of their 3500 hours of post-MSW experience, they must receive a total of at least 100 hours of supervision by a qualified supervisor, with at least 50 of those hours being individual).</p>	<p>supervisor will not be required to provide any administrative supervision, this will allow for more flexibility and focus on specialized areas (providing services for underrepresented populations, etc.).</p>	<p>staff working toward licensure), each receiving a total of 50 hours of individual supervision, and 50 hours of group supervision is a total cost of \$281,250.00.</p>
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**Workforce Initiative Activities – NTE: \$100,000.00**

<b>Projects</b>	<b>Description</b>	<b>Expected Impact</b>	<b>Cost Estimates</b>
Other Programs and incentives	Specialized Supervision and culturally specific training: Although the various licensing boards do not require any specialized clinical supervision (for those seeking licensure) intended to address the unique needs of serving underrepresented, culturally specific, or other marginalized populations, Clackamas County believes that it is an essential part of providing a full, robust, inclusive, and equitable supervisory experience. Accordingly, Recipient requests the use of these funds to provide additional specialized supervision and culturally specific training through: (a) bringing in outside special consultants to provide a combination of ongoing group supervision and one-time trainings; and (b) sending staff to external trainings, conferences, etc.	Recipient intends to enhance recruitment and retention of BIPOC staff as well as train up staff to better serve communities of color and rural/ underrepresented communities.	\$100,000.00

**5. Reporting requirements:****a. Recipient Reporting Schedule:**

Recipient shall submit reporting requirements in accordance with the following schedule.

<b>REPORT NAME</b>	<b>FREQUENCY</b>	<b>DUE DATE(S)</b>
Project Performance Plan	One-Time	Immediately after execution of the Agreement but no later than 45 Days after Agreement Effective Date
Quarterly Report	Quarterly	January 15, April 15, July 15, and October 15
Annual Report	Annually	July 15

**b. Project Performance Plan:**

Recipient shall submit to OHA the following information in the Project Performance Plan (see template provided as Attachment 1). An electronic version will be provided by the Agreement Administrator upon execution of the Agreement and will be used for subrecipient monitoring by OHA:

- (1) Problem Statement;
- (2) Goal;
- (3) Rationales;
- (4) Assumptions;
- (5) Resources;
- (6) Activities;
- (7) Outputs;
- (8) Short-Term Outcomes;
- (9) Intermediate Outcomes; and
- (10) Long-Term Outcomes.

**c. Quarterly Reports:**

Recipient shall submit Quarterly Reports to OHA which shall include such information as is necessary to comply with the reporting requirements established by 42 U.S.C. § 802, guidance issued by the U.S. Treasury, and 2 CFR Part 200 (known as the “Super Circular”).

OHA’s Agreement Administrator will provide an Excel version of the Quarterly Report for use (see template provided as Attachment 2). Recipient shall submit the electronic version in accordance with Exhibit A, Part 2 and must include the following required information (requirements subject to change):

- (1) Expenditure Report
  - (a) Quarterly Obligation Amount
  - (b) Quarterly Expenditure Amount
  - (c) Projects
  - (d) Primary Location of Project Performance
  - (e) Detailed Expenditures (categories to be provided by OHA)
- (2) Project Status Update
  - (a) Status of project: not started, completed less than 50 percent, completed 50 percent or more, completed.

- (b) Progress since last update including project outputs and achieved outcomes.
- (c) Identify barriers/risks to outcomes and describe actions taken to mitigate delays/risks to the overall project goal.
- (d) Optional: Share with OHA community outreach/engagement or other positive local news stories.

**d. Annual Reports**

Recipient shall submit to OHA an Annual report that includes the following information, as applicable, (see template provided as Attachment 3). OHA's Agreement Administrator will provide an electronic version for use and must be submitted in accordance with Exhibit A, Part 2.

- (1) How the Project is Promoting Equitable Outcomes, if applicable.
- (2) How the Project is Engaging with the Community, if applicable.

**EXHIBIT A**  
**Part 1 Program Description**  
**Attachment 1**  
**Sample Project Performance Plan**



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# Performance Plan

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Recipient Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Grant #: \_\_\_\_\_

Instructions: Using the sections below, please provide a detailed description your project. This is a one-time requirement, and it will be used by DAS to monitor the progress of the project. In each of the sections, there is a subsection with instructions in *italics*. DAS recognizes that each project is unique and some may not have content for each section. Please complete this Performance Plan to the best of your ability and reach out for assistance to [statefiscal.recoveryfund@das.oregon.gov](mailto:statefiscal.recoveryfund@das.oregon.gov) if you have questions.

## Context

### Problem Statement

*Briefly describe the problem or social issue that your program is working to address. (1-2 sentences)*

### Goal(s)/Mission Statement

*Considering your problem statement, describe the overarching purpose, the goal(s), or mission of your project/program.*

### Rationale

*Considering your problem statement and goal(s)/mission statement above, describe why this work is important to complete now and how the work being done affects the targeted problem or social issue.*

## Planned Work

### Assumptions

*Assumptions are the underlying beliefs about how your project/program will work. Describe key project assumptions below.*

### Resources and External Factors

*List the resources needed to meet your project's goal(s)/mission statement. Also list any external factors in which you have little control that could influence the project's/program's success.*

### Activities

*Please list the major activities for your project below. Each of these activities should move your project toward the intended results in the next section.*

## Intended Results

*This section should be a bulleted list of measurable outcomes that list the expected achievements once all the activities are accomplished. E.g. number of youth referred, program participation rates, frequency, type, or duration of contacts or services.*

## Short-Term Outcomes (If applicable)

*List items here that you expect to accomplish within the first 6 months of your project. Note: If you have a project that is anticipated to be completed within a few months of your project's start, you may skip short-term and/or intermediate outcomes and only complete the long-term or final outcomes.*

## Intermediate Outcomes (If applicable)

*List items here that you expect to accomplish by the middle of your project. Note: If you have a project that is anticipated to be completed within a few months of your project's start, you may skip short-term and/or intermediate outcomes and only complete the long-term or final outcomes.*



**Long-Term Outcomes or Final Outcomes**

*List items here that you expect to accomplish by the end of your project.*

**EXHIBIT A**  
**Part 1**  
**Program Description**  
**Attachment 2a Clinical Supervision Activities**  
**Sample Quarterly Reporting**

Subrecipient	Grant Agreement Number	Unique Entity ID (UEI)	Address Line 1	Address Line 2	City	State Zip	Contact Person	Email	Phone
EIN Number	Entity Type	Is the entity registered in SAM.gov?	If No: in the preceding fiscal year, did the recipient receive 80% or more of its annual gross revenue from federal funds?	If Yes: in the preceding fiscal year did recipient receive \$25 million or more of its annual gross revue from federal funds?	If Yes: Is the total compensation for the organizations five highest paid officers publicly listed or otherwise listed in SAM.gov?	If No: Provide name of each officer and the total compensation received by each. If fewer than 5 please not that information.			

Total Pass-Through Funds	\$
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Reports								
Report type:	Project Performance Plan	Q 2*	Annual	Q 3	Q 4	Q 1	Q 2	Annual
Reporting Period:	N/A	Apr – Jun 2023	Apr – Jun 2023	Jul – Sep 2023	Oct – Dec 2023	Jan – Mar 2024	Apr – Jun 2024	Jan – June 2024
Report Due Date:	Within 45 Days of execution	July 5	July 5	October 5	January 5	April 5	July 5	July 5

Detailed Expenditures								
Salaries, Wages and Related Costs:	N/A							
Materials and Supplies:								
Travel:								
Other:								
Equipment and other Capital Costs:								
Total Quarterly Expenditures:								
Remaining Grant Balance:								

\* If signed and executed by March 31st, 2023

Comments about expenditures	
	Project Performance Plan
	Q 2 – 2023
	Annual – 2023
	Q 3 – 2023
	Q 4 – 2023
	Q 1 - 2024
	Q 2 – 2024
	Annual - 2024

**EXHIBIT A**  
**Part 1**  
**Program Description**  
**Attachment 2b Workforce Initiative Activities**  
**Sample Quarterly Reporting**

Subrecipient	Grant Agreement Number	Unique Entity ID (UEI)	Address Line 1	Address Line 2	City	State Zip	Contact Person	Email	Phone
EIN Number	Entity Type	Is the entity registered in SAM.gov?	If No: in the preceding fiscal year, did the recipient receive 80% or more of its annual gross revenue from federal funds?	If Yes: in the preceding fiscal year did recipient receive \$25 million or more of its annual gross revue from federal funds?	If Yes: Is the total compensation for the organizations five highest paid officers publicly listed or otherwise listed in SAM.gov?	If No: Provide name of each officer and the total compensation received by each. If fewer than 5 please not that information.			

Total Pass-Through Funds	\$
--------------------------	----

Reports								
Report type:	Project Performance Plan	Q 2*	Annual	Q 3	Q 4	Q 1	Q 2	Annual
Reporting Period:	N/A	Apr – Jun 2023	Apr – Jun 2023	Jul – Sep 2023	Oct – Dec 2023	Jan – Mar 2024	Apr – Jun 2024	Jan – June 2024
Report Due Date:	Within 45 Days of execution	July 5	July 5	October 5	January 5	April 5	July 5	July 5

Detailed Expenditures								
Salaries, Wages and Related Costs:	N/A							
Materials and Supplies:								
Travel:								
Other:								
Equipment and other Capital Costs:								
Total Quarterly Expenditures:								
Remaining Grant Balance:								

\* If signed and executed by March 31st, 2023

Comments about expenditures	
	Project Performance Plan
	Q 2 – 2023
	Annual – 2023
	Q 3 – 2023
	Q 4 – 2023
	Q 1 - 2024
	Q 2 – 2024
	Annual - 2024

**EXHIBIT A**  
**Part 1**  
**Program Description**  
**Attachment 3**  
**Sample Annual Reporting**



Annual Equitable Outcomes  
and Community Engagement  
Report

Recipient Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Grant #: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

**Promoting Equitable Outcomes**

*The U.S. Treasury encourages uses of funds that promote strong, equitable growth, including racial equity. Describe efforts to promote equitable outcomes, including how programs were designed with equity in mind. Using the four points below: describe how your project will consider and measure equity at the various stages of your project, describe how your project's use of funds prioritizes economic and racial equity as a goal, describe how you identified specific targets intended to produce meaningful equity results at scale and explain the strategies to achieve those targets.*

*The information provided in this section will be used in DAS' annual Recovery Plan Performance Report as required in the Compliance and Reporting Guidance in section C.3.*

**Goals**

*Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction?*

Response:

**Awareness**

*How equal and practical is the ability for residents or businesses to become aware of the services funded by the SLFRF?*

Response:

### Access and Distribution

*Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?*

Response:

### Outcomes

*Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?*

Response:

### Community Engagement

*Describe how your planned or current use of funds incorporates written, oral, and other forms of input that capture diverse feedback from community residents and community-based organizations. Where applicable, this description must include how funds will build the capacity of community organizations to serve people with significant barriers to services, including people of color, people with low incomes, limited English proficient populations, and other traditionally underserved groups.*

*The information provided in this section will be used in DAS' annual Recovery Plan Performance Report as required in the Compliance and Reporting Guidance in section C.4.*

Response:

## EXHIBIT A

### Part 2 Payment and Financial Reporting

**1. Expenditure of Grant Funds and reporting for the period beginning upon execution of the Grant Agreement to June 30, 2024.**

Upon execution of the Grant Agreement, OHA shall disburse grant funds to the Recipient after receipt of an approved invoice that includes the Project Performance Plan.

**2. Invoice.**

Recipient shall invoice in accordance with the following provisions in accordance with the budget provided in Part 1, Section 4, above.

- a. Travel and other expenses of the Recipient are all inclusive and are included in the maximum not-to-exceed amount of this Agreement. Without limiting the foregoing, Grant funds used for travel shall be paid in accordance with the rates set forth in the Oregon Accounting Manual as of the date Recipient incurred the travel or other expenses. The Oregon Accounting Manual is currently available at <https://www.oregon.gov/das/Financial/Acctng/Documents/40%20Travel%20search.pdf>.
- b. No Grant funds may be expended for costs that are not directly related to the operation of Recipient under this Agreement.
- c. Recipient shall submit invoice and required reporting documents. All invoices and reporting documents shall be sent to [hsd.contracts@odhsoha.oregon.gov](mailto:hsd.contracts@odhsoha.oregon.gov) and [bh.workforceinitiative@odhsoha.oregon.gov](mailto:bh.workforceinitiative@odhsoha.oregon.gov) and include:
  - (1) Agreement Number;
  - (2) Agreement Administrator name from cover of this agreement;
  - (3) Date range of billing;
  - (4) Description of Activities included in the billing;
  - (5) Quarterly Reporting documents to be submitted **ELECTRONICALLY IN EXCEL FORMAT** using the form provided by OHA's Agreement Administrator (*requirements subject to change*); and
  - (6) Any other reporting requirements as described in the Agreement.
- d. Recovery of Overpayments. Any overpayment of Grant funds under this Agreement shall be recovered as described in Exhibit B, "STANDARD TERMS & CONDITIONS", Section 5, "Recovery of Overpayments".
- e. Acceptance and approval of progress reports and invoices will be the basis for verifying payments and proper expenditures.

**EXHIBIT B**  
**Standard Terms and Conditions**

**1. Governing Law, Consent to Jurisdiction.**

This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between OHA or any other agency or department of the State of Oregon, or both, and Recipient that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this Section be construed as a waiver by the State of Oregon of the jurisdiction of any court or of any form of defense to or immunity from any Claim, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise. Each party hereby consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum. This Section shall survive expiration or termination of this Agreement.

**2. Compliance with Law.**

Recipient shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to the Recipient and this Agreement. This Section shall survive expiration or termination of this Agreement.

**3. Independent Parties.**

The parties agree and acknowledge that their relationship is that of independent parties and that Recipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.

**4. Grant Funds; Payments.**

- a.** Recipient is not entitled to compensation under this Agreement by any other agency or department of the State of Oregon. Recipient understands and agrees that OHA's participation in this Agreement is contingent on OHA receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to participate in this Agreement.
- b.** Disbursement Method. Disbursements under this Agreement will be made by Electronic Funds Transfer (EFT) and shall be processed in accordance with the provisions of OAR 407-120-0100 through 407-120-0380 or OAR 410-120-1260 through OAR 410-120-1460, as applicable, and any other OHA Oregon Administrative Rules that are program-specific to the billings and payments. Upon request, Recipient must provide its taxpayer identification number (TIN) and other necessary banking information to receive EFT payment. Recipient must

maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all disbursements under this Agreement. Recipient must provide this designation and information on a form provided by OHA. In the event that EFT information changes or the Recipient elects to designate a different financial institution for the receipt of any payment made using EFT procedures, Recipient will provide the changed information or designation to OHA on a OHA-approved form.

**5. Recovery of Overpayments.**

Any funds disbursed to Recipient under this Agreement that are expended in violation or contravention of one or more of the provisions of this Agreement (“Misexpended Funds”) or that remain unexpended (“Unexpended Funds”) on the earlier of termination or expiration of this Agreement must be returned to OHA. Recipient shall return all Misexpended Funds to OHA promptly after OHA’s written demand and no later than 15 days after OHA’s written demand. Recipient shall return all Unexpended Funds to OHA within 14 days after the earlier of termination or expiration of this Agreement. OHA, in its sole discretion, may recover Misexpended or Unexpended Funds by withholding from payments due to Recipient such amounts, over such periods of time, as are necessary to recover the amount of the overpayment. Prior to withholding, if Recipient objects to the withholding or the amount proposed to be withheld, Recipient shall notify OHA that it wishes to engage in dispute resolution in accordance with Section 14 of this Exhibit. This Section shall survive expiration or termination of this Agreement.

**6. Ownership of Work Product. Reserved.**

**7. Contribution.**

If any third party makes any claim or brings any action, suit or proceeding alleging a tort as now or hereafter defined in ORS 30.260 (“Third Party Claim”) against a liability, the Notified Party must promptly notify the Other Party in writing of the Third Party Claim and deliver to the Other Party a copy of the claim, process, and all legal pleadings with respect to the Third Party Claim. Either party is entitled to participate in the defense of a Third Party Claim, and to defend a Third Party Claim with counsel of its own choosing. Receipt by the Other Party of the notice and copies required in this paragraph and meaningful opportunity for the Other Party to participate in the investigation, defense and settlement of the Third Party Claim with counsel of its own choosing are conditions precedent to the Other Party’s liability with respect to the Third Party Claim.

With respect to a Third Party Claim for which the State is jointly liable with the Recipient (or would be if joined in the Third Party Claim ), the State shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the Recipient in such proportion as is appropriate to reflect the relative fault of the State on the one hand and of the Recipient on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable



considerations. The relative fault of the State on the one hand and of the Recipient on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. The State's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if the State had sole liability in the proceeding.

With respect to a Third Party Claim for which the Recipient is jointly liable with the State (or would be if joined in the Third Party Claim), the Recipient shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the State in such proportion as is appropriate to reflect the relative fault of the Recipient on the one hand and of the State on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of the Recipient on the one hand and of the State on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. The Recipient's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if it had sole liability in the proceeding.

This Section shall survive expiration or termination of this Agreement.

## **8. Indemnification by Subcontractors.**

Recipient shall take all reasonable steps to require its contractor(s) that are not units of local government as defined in ORS 190.003, if any, to indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents ("Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys' fees) arising from a tort (as now or hereafter defined in ORS 30.260) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Recipient's contractor or any of the officers, agents, employees or subcontractors of the contractor ("Claims"). It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the contractor from and against any and all Claims. This Section shall survive expiration or termination of this Agreement.

## **9. Default; Remedies; Termination.**

**a. Default by Recipient.** Recipient shall be in default under this Agreement if:

- (1) Recipient fails to perform, observe or discharge any of its covenants, agreements or obligations set forth herein;
- (2) Any representation, warranty or statement made by Recipient herein or in any documents or reports relied upon by OHA to measure compliance with this Agreement, the expenditure of disbursements or the desired outcomes by Recipient is untrue in any material respect when made;

- (3) Recipient (1) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property, (2) admits in writing its inability, or is generally unable, to pay its debts as they become due, (3) makes a general assignment for the benefit of its creditors, (4) is adjudicated a bankrupt or insolvent, (5) commences a voluntary case under the Federal Bankruptcy Code (as now or hereafter in effect), (6) files a petition seeking to take advantage of any other law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, (7) fails to controvert in a timely and appropriate manner, or acquiesces in writing to, any petition filed against it in an involuntary case under the Bankruptcy Code, or (8) takes any action for the purpose of effecting any of the foregoing; or
- (4) A proceeding or case is commenced, without the application or consent of Recipient, in any court of competent jurisdiction, seeking (1) the liquidation, dissolution or winding-up, or the composition or readjustment of debts, of Recipient, (2) the appointment of a trustee, receiver, custodian, liquidator, or the like of Recipient or of all or any substantial part of its assets, or (3) similar relief in respect to Recipient under any law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, and such proceeding or case continues undismissed, or an order, judgment, or decree approving or ordering any of the foregoing is entered and continues unstayed and in effect for a period of sixty consecutive days, or an order for relief against Recipient is entered in an involuntary case under the Federal Bankruptcy Code (as now or hereafter in effect).

**b.** OHA's Remedies for Recipient's Default. In the event Recipient is in default under Section 9.a., OHA may, at its option, pursue any or all of the remedies available to it under this Agreement and at law or in equity, including, but not limited to:

- (1) termination of this Agreement under Section 9.c.(2);
- (2) withholding all or part of monies not yet disbursed by OHA to Recipient;
- (3) initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief; or
- (4) exercise of its right of recovery of overpayments under Section 5. of this Exhibit B.

These remedies are cumulative to the extent the remedies are not inconsistent, and OHA may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever. If a court determines that Recipient was not in default under Section 9.a., then Recipient shall be entitled to the same remedies as if this Agreement was terminated pursuant to Section 9.c.(1).

**c. Termination.**

- (1) OHA's Right to Terminate at its Discretion. At its sole discretion, OHA may terminate this Agreement:
  - (a) For its convenience upon 30 days' prior written notice by OHA to Recipient;
  - (b) Immediately upon written notice if OHA fails to receive funding, appropriations, limitations, allotments or other expenditure authority at levels sufficient to continue supporting the program;
  - (c) Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OHA's support of the program under this Agreement is prohibited or OHA is prohibited from paying for such support from the planned funding source; or
  - (d) Immediately upon written notice to Recipient if there is a threat to the health, safety, or welfare of any person receiving funds or benefitting from services under this Agreement "OHA Client", including any Medicaid Eligible Individual, under its care.
- (2) OHA's Right to Terminate for Cause. In addition to any other rights and remedies OHA may have under this Agreement, OHA may terminate this Agreement immediately upon written notice to Recipient, or at such later date as OHA may establish in such notice if Recipient is in default under Section 9.a.
- (3) Mutual Termination. The Agreement may be terminated immediately upon mutual written consent of the parties or at such other time as the parties may agree in the written consent.
- (4) Return of Property. Upon termination of this Agreement for any reason whatsoever, Recipient shall immediately deliver to OHA all of OHA's property that is in the possession or under the control of Recipient at that time. This Section 9.c.(4) survives the expiration or termination of this Agreement.
- (5) Effect of Termination. Upon receiving a notice of termination of this Agreement or upon issuing a notice of termination to OHA, Recipient shall immediately cease all activities under this Agreement unless, in a notice issued by OHA, OHA expressly directs otherwise.

**10. Insurance.**

All employers, including Recipient, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Recipient shall require subcontractors to maintain insurance as set forth in Exhibit C, which is attached hereto.

**11. Records Maintenance, Access.**

Recipient shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Recipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient, whether in paper, electronic or other form, that are pertinent to this Agreement, in such a manner as to clearly document Recipient's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "Records." Recipient acknowledges and agrees that OHA and the Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Recipient shall retain and keep accessible all Records for the longest of:

- a. Six years following final payment and termination of this Agreement;
- b. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
- c. Until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement.

**12. Information Privacy/Security/Access.**

If this Agreement requires or allows Recipient or, when allowed, its subcontractor(s), to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Recipient or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Recipient shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this Section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

**13. Assignment of Agreement, Successors in Interest.**

- a. Recipient shall not assign or transfer its interest in this Agreement without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions required by OHA. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in this Agreement.
- b. The provisions of this Agreement shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.

**14. Resolution of Disputes.**

The parties shall attempt in good faith to resolve any dispute arising out of this Agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation. This Section shall survive expiration or termination of this Agreement.

**15. Subcontracts.**

Recipient shall not enter into any subcontracts for any part of the program supported by this Agreement without OHA's prior written consent. In addition to any other provisions OHA may require, Recipient shall include in any permitted subcontract under this Agreement provisions to ensure that OHA will receive the benefit of subcontractor activity(ies) as if the subcontractor were the Recipient with respect to Sections 1, 2, 3, 6, 7, 8, 10, 11, 12, 13, 15, 16, and 17 of this Exhibit B. OHA's consent to any subcontract shall not relieve Recipient of any of its duties or obligations under this Agreement.

**16. No Third Party Beneficiaries.**

OHA and Recipient are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement. This Section shall survive expiration or termination of this Agreement.

**17. Severability.**

The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid. This Section shall survive expiration or termination of this Agreement.

**18. Notice.**

Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, e-mail, or mailing the same, postage prepaid to Recipient or OHA at the address or number set forth in this Agreement, or to such other addresses or numbers as either party may indicate pursuant to this Section. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by e-mail shall be deemed received and effective five days after the date of e-mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the Recipient, or on the next business day if transmission was outside normal business hours of the Recipient. Notwithstanding the foregoing, to be effective against the other party, any notice transmitted by facsimile must be confirmed by telephone notice to the other party. Any communication or notice given by personal delivery shall be deemed effective when actually delivered to the addressee.

**OHA:** Office of Contracts & Procurement  
635 Capitol Street NE, Suite 350  
Salem, OR 97301  
Telephone: 503-945-5818  
Fax: 503-378-4324

This Section shall survive expiration or termination of this Agreement.

**19. Headings.**

The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement.

**20. Amendments; Waiver; Consent.**

OHA may amend this Agreement to the extent provided herein, the solicitation document, if any from which this Agreement arose, and to the extent permitted by applicable statutes and administrative rules. No amendment, waiver, or other consent under this Agreement shall bind either party unless it is in writing and signed by both parties and when required, the Department of Justice. Such amendment, waiver, or consent shall be effective only in the specific instance and for the specific purpose given. The failure of either party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision. This Section shall survive the expiration or termination of this Agreement.

**21. Merger Clause.**

This Agreement constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Agreement.

**22. Limitation of Liabilities.**

NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS AGREEMENT. NEITHER PARTY SHALL BE LIABLE FOR ANY DAMAGES OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS AGREEMENT OR ANY PART HEREOF IN ACCORDANCE WITH ITS TERMS.

## EXHIBIT C

### SUBCONTRACTOR INSURANCE

Recipient shall require its first tier contractor(s) (Contractor) that are not units of local government as defined in ORS 190.003, if any, to: i) obtain insurance specified under TYPES AND AMOUNTS and meeting the requirements under ADDITIONAL INSURED, CONTINUOUS CLAIMS MADE COVERAGE, NOTICE OF CANCELLATION OR CHANGE, and CERTIFICATES OF INSURANCE before the contractors perform under contracts between Recipient and the contractors (the "Subcontracts"), and ii) maintain the insurance in full force throughout the duration of the Subcontracts. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. Recipient shall not authorize contractors to begin work under the Subcontracts until the insurance is in full force. Thereafter, Recipient shall monitor continued compliance with the insurance requirements on an annual or more frequent basis. Recipient shall incorporate appropriate provisions in the Subcontracts permitting it to enforce contractor compliance with the insurance requirements and shall take all reasonable steps to enforce such compliance. Examples of "reasonable steps" include issuing stop work orders (or the equivalent) until the insurance is in full force or terminating the Subcontracts as permitted by the Subcontracts, or pursuing legal action to enforce the insurance requirements. In no event shall Recipient permit a contractor to work under a Subcontract when the Recipient is aware that the contractor is not in compliance with the insurance requirements. As used in this section, a "first tier" contractor is a contractor with which the county directly enters into a contract. It does not include a subcontractor with which the contractor enters into a contract.

#### **TYPES AND AMOUNTS**

##### **WORKERS' COMPENSATION & EMPLOYERS' LIABILITY**

All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Contractor shall require and ensure that each of its subcontractors complies with these requirements. If Contractor is a subject employer, as defined in ORS 656.023, Contractor shall also obtain employers' liability insurance coverage with limits not less than \$500,000 each accident. If contractor is an employer subject to any other state's workers' compensation law, Contractor shall provide workers' compensation insurance coverage for its employees as required by applicable workers' compensation laws including employers' liability insurance coverage with limits not less than \$500,000 and shall require and ensure that each of its out-of-state subcontractors complies with these requirements.

##### **COMMERCIAL GENERAL LIABILITY:**

###### **Required**

Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that are satisfactory to the State. This insurance shall include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this contract, and have no limitation of coverage to designated premises, project or operation. Coverage shall be written on an occurrence basis in an amount of not less than \$1,000,000 per occurrence. Annual aggregate limit shall not be less than \$2,000,000.

##### **EXCESS/UMBRELLA INSURANCE:**

A combination of primary and excess/umbrella insurance may be used to meet the required limits of insurance.

##### **ADDITIONAL COVERAGE REQUIREMENTS:**

Contractor's insurance shall be primary and non-contributory with any other insurance. Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any.

**ADDITIONAL INSURED:**

All liability insurance, except for Workers' Compensation, Professional Liability, and Network Security and Privacy Liability (if applicable), required under this Subcontract must include an additional insured endorsement specifying the State of Oregon, its officers, employees and agents as Additional Insureds, including additional insured status with respect to liability arising out of ongoing operations and completed operations, but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance. The Additional Insured endorsement with respect to liability arising out of your ongoing operations must be on ISO Form CG 20 10 07 04 or equivalent and the Additional Insured endorsement with respect to completed operations must be on ISO form CG 20 37 07 04 or equivalent.

**WAIVER OF SUBROGATION:**

Contractor shall waive rights of subrogation which Contractor or any insurer of Contractor may acquire against OHA or State of Oregon by virtue of the payment of any loss. Contractor will obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not OHA has received a waiver of subrogation endorsement from the Contractor or the Contractor's insurer(s).

**CONTINUOUS CLAIMS MADE COVERAGE:**

If any of the required liability insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, then Contractor shall maintain continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the effective date of the Contract, for a minimum of 24 months following the later of:

- (i) Contractor's completion and OHA's acceptance of all Services required under the Contract, or
- (ii) OHA or Contractor termination of this Contract, or
- (iii) The expiration of all warranty periods provided under this Contract.

**CERTIFICATE(S) AND PROOF OF INSURANCE:**

Recipient shall obtain from the Contractor a Certificate(s) of Insurance for all required insurance before delivering any Goods and performing any Services required under this Contract. The Certificate(s) shall list the State of Oregon, its officers, employees and agents as a Certificate holder and as an endorsed Additional Insured. The Certificate(s) shall also include all required endorsements or copies of the applicable policy language effecting coverage required by this contract. If excess/umbrella insurance is used to meet the minimum insurance requirement, the Certificate of Insurance must include a list of all policies that fall under the excess/umbrella insurance. As proof of insurance OHA has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Contract.

**NOTICE OF CHANGE OR CANCELLATION:**

The Contractor or its insurer must provide at least 30 days' written notice to Recipient before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

**INSURANCE REQUIREMENT REVIEW:**

Contractor agrees to periodic review of insurance requirements by OHA under this agreement and to provide updated requirements as mutually agreed upon by Contractor and OHA.

**STATE ACCEPTANCE:**

All insurance providers are subject to OHA acceptance. If requested by OHA, Contractor shall provide complete copies of insurance policies, endorsements, self-insurance documents and related insurance documents to OHA's representatives responsible for verification of the insurance coverages required under this Exhibit C.



## EXHIBIT D

### Federal Terms and Conditions

**General Applicability and Compliance.** Unless exempt under 45 Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Recipient shall comply and, as indicated, require all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Agreement, to Recipient, or to the grant activities, or to any combination of the foregoing. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

#### 1. Miscellaneous Federal Provisions.

Recipient shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Agreement or to the delivery of grant activities. Without limiting the generality of the foregoing, Recipient expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal laws requiring reporting of OHA Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. No federal funds may be used to provide grant activities in violation of 42 U.S.C. 14402.

#### 2. Equal Employment Opportunity.

If this Agreement, including amendments, is for more than \$10,000, then Recipient shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).

#### 3. Clean Air, Clean Water, EPA Regulations.

If this Agreement, including amendments, exceeds \$100,000 then Recipient shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate

Regional Office of the Environmental Protection Agency. Recipient shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this Section.

**4. Energy Efficiency.**

Recipient shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. seq. (Pub. L. 94-163).

**5. Truth in Lobbying.** By signing this Agreement, the Recipient certifies, to the best of the Recipient's knowledge and belief that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of Recipient, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Recipient shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c. The Recipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
- d. This certification is a material representation of fact upon which reliance was placed when this Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Agreement imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- e. No part of any federal funds paid to Recipient under this Agreement shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative

action, or order issued by the executive branch of any State or local government itself.

- f.** No part of any federal funds paid to Recipient under this Agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- g.** The prohibitions in subsections (e) and (f) of this Section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- h.** No part of any federal funds paid to Recipient under this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

## **6. Resource Conservation and Recovery.**

Recipient shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.

## **7. Audits.**

- a.** Recipient shall comply, and require all subcontractors to comply, with applicable audit requirements and responsibilities set forth in this Agreement and applicable state or federal law.
- b.** If Recipient expends \$750,000 or more in federal funds (from all sources) in a federal fiscal year, Recipient shall have a single organization-wide audit conducted in accordance with the provisions of 2 CFR Subtitle B with guidance at 2 CFR Part 200. Copies of all audits must be submitted to OHA within 30 days of completion. If Recipient expends less than \$750,000 in a federal fiscal year, Recipient is exempt from Federal audit requirements for that year. Records must be available as provided in Exhibit B, "Records Maintenance Access".

**8. Debarment and Suspension.**

Recipient shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension" (See 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

**9. Pro-Children Act.**

Recipient shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. 6081 et. seq.).

**10. Medicaid Services.**

Recipient shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. 1396 et. seq., including without limitation:

- a.** Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. 1396a (a)(27); 42 CFR Part 431.107(b)(1) & (2).
- b.** Comply with all disclosure requirements of 42 CFR Part 1002.3(a) and 42 CFR Part 455 Subpart (B).
- c.** Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. 1396(a)(57) and (w), 42 CFR Part 431.107(b)(4), and 42 CFR Part 489 Subpart I.
- d.** Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Recipient shall acknowledge Recipient's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
- e.** Entities receiving \$5 million or more annually (under this Agreement and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. 1396a(a)(68).

**11. Agency-based Voter Registration.**

If applicable, Recipient shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

**12. Disclosure.**

- a.** 42 CFR Part 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
- b.** 42 CFR Part 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.
- c.** As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last 10 years.
- d.** Recipient shall make the disclosures required by this Section to OHA. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

**13. Federal Intellectual Property Rights Notice.**

The federal funding agency, as the awarding agency of the funds used, at least in part, for the activities performed under this Agreement, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms “grant” and “award” refer to funding issued by the federal funding agency to the State of Oregon. The Recipient agrees that it has been provided the following notice:

- a.** The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work, and to authorize others to do so, for Federal Government purposes with respect to:
  - (1) The copyright in any work developed under a grant, subgrant or contract under a grant or subgrant; and
  - (2) Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b.** The parties are subject to applicable federal regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements.”
- c.** The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

**14. Federal Whistleblower Protection.** Recipient shall comply, and ensure the compliance by subcontractors or subgrantees, with 41 U.S.C. 4712, Enhancement of contractor protection from reprisal for disclosure of certain information.

**15.** Information Required by 2 CFR Subtitle B with guidance at 2 CFR Part 200. All required data elements in accordance with 45 CFR 75.352 are available at <https://www.oregon.gov/OHA/HSD/AMH/Pages/federal-reporting.aspx>.

## Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

**If renewal, complete sections 1, 2 & 4 only. If direct appropriation, complete page 1 and Dept/Finance signatures only.**

**If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC**

\*\*CONCEPTION\*\*

### Section I: Funding Opportunity Information - To Be Completed by Requester

Award type:  Direct Appropriation (no application)  Subrecipient Award  Direct Award

Award Renewal?  Yes  No

<b>Lead Fund # and Department:</b>	Fund 240 H3S - Behavioral Health Division
<b>Name of Funding Opportunity:</b>	Request for Behavioral Health HB2949 Workforce Incentive Funds

Funding Source:  Federal – Direct  Federal – Pass through  State  Local

Requestor Information: (Name of staff initiating form)	Mary Rumbaugh
Requestor Contact Information:	maryrum@clackamas.us; 503-406-7005
Department Fiscal Representative:	Kim Russell; krussell@clackamas.us
Program Name & Prior Project #: (please specify)	Clinical Supervision (No prior project number as this is a new program)

**Brief Description of Project:**

The purpose of this investment to Community Mental Health Programs (CMHPs) is to a) support the recruitment and retention of behavioral health providers with associate, bachelor's, master's or doctoral degrees or other credentials and b) provide supervised clinical experience necessary for behavioral health providers to obtain a license to practice through grant monies associated with HB2949 (2021) and HB4071 (2022). To this end, the funding will be distributed by an equitable formula to Community Mental health Programs through new Grant Agreement/Intergovernmental Grant Agreements.

Programs Goals:  
 - 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

Name of Funding Agency:

Notification of Funding Opportunity Web Address:

**OR**

Application Packet Attached:  Yes  No

Completed By: Mary Rumbaugh Date: 11/30/2022

**\*\* NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE \*\***

### Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

Competitive Application  Non-Competing Application  Other

Assistance Listing Number (ALN), if applicable:	N/A	Funding Agency Award Notification Date:	November 16, 2022
Announcement Date:	November 16, 2022	Announcement/Opportunity #:	N/A
Grant Category/Title	Behavioral Health HB2949 Workforce Incentives Funds	Funding Amount Requested:	Up to \$474,987.00
Allows Indirect/Rate:	5 - 7%	Match Requirement:	N/A
Application Deadline:	December 16, 2022	Total Project Cost:	\$474,987.00
Award Start Date:	TBD	Other Deadlines and Description:	
Award End Date	December 31, 2024		
Completed By:	Mary Rumbaugh	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	N/A		

**Additional funding sources available to fund this program? Please describe:**

This would be one-time funding from OHA, they are using state ARPA funds and we would not continue funding the clinical supervision beyond this grant unless additional funding became available.

How much General Fund will be used to cover costs in this program, including indirect expenses?  
 No General Fund will be used within the program.

How much Fund Balance will be used to cover costs in this program, including indirect expenses?  
 No Fund Balance will be used within the program.

## In the next section, limit answers to space available.

### Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

#### Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

The Behavioral Health network has a severe workforce shortage. This RFGA has two funding opportunities: 1) workforce incentives to recruit and retain BH providers and 2) provide supervised clinical experience necessary for behavioral health providers to obtain a license through grant monies. H3S-BHD will only be applying for #2. While we are able to provide some clinical supervision for licensure, we have not had a budget to cover the additional cost of providing that in-house or contracting this out. A trained and stable workforce ensure that H3S meets one of our goals for safe and healthy communities.

2. Who, if any, are the community partners who might be better suited to perform this work?

We would both use the grant monies to cover the cost of county employees providing this clinical supervision and to pursue a contract with a licensed/certified clinician who could also meet this need.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

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.

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

No, while we have a few staff who can provide clinical supervision, this has not been a formal program and we have not had funding to backfill this duty as it takes the individual away from their day to day work, up to 3 hours a month.

#### Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Yes, both in-house we have certified staff and can contract out.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

We would partner with a licensed/certified clinician(s) who can provide this service.

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

The funding has to be allocated by 12/31/2024 and we have until 2026 to spend down the funds and we would expect that we would need to go back to how we were providing clinical supervision prior to this funding opportunity unless additional state funding becomes available.

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

The funding has to be allocated by 12/31/2024 and we have until 2026 to spend down the funds and we would expect that we would need to go back to how we were providing clinical supervision prior to this funding opportunity unless additional state funding becomes available.



**Collaboration**

1. List County departments that will collaborate on this award, if any.

N/A

**Reporting Requirements**

1. What are the program reporting requirements for this grant/funding opportunity?

There are no program reporting requirements listed in the RFGA but would expect at least annual, if not a quarterly financial report on how funds have been spent to date.

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

We will track how many employees receive their license within the time frame of the grant.

3. What are the fiscal reporting requirements for this funding?

There are no fiscal reporting requirements listed in the RFGA but would expect at least annual, if not a quarterly financial report on how funds have been spent to date.

**Fiscal**

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

N/A

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

N/A

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Yes, between 5-7% is allowable.

Other information necessary to understand this award, if any.

N/A

Program Approval:

Mary Rumbaugh

November 30, 2022

Mary Rumbaugh

Digitally signed by Mary Rumbaugh  
Date: 2022.11.30 16:56:04 -08'00'

Name (Typed/Printed)

Date

Signature

**\*\* NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR \*\***

**\*\*ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN\*\***

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Mary Rumbaugh

November 30, 2022

Mary Rumbaugh Digitally signed by Mary Rumbaugh Date: 2022.11.30 16:56:16 -08'00'

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Dec 7, 2022

Denise Swanson Digitally signed by Denise Swanson Date: 2022.12.07 09:00:00 PST

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

12.8.2022

Elizabeth Comfort

Name (Typed/Printed)

Date

Signature

EOC COMMAND APPROVAL (WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)

Name (Typed/Printed)

Date

Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications less than \$150,000:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications greater than \$150,000 or which otherwise require BCC approval:

BCC Agenda item #: 20230105 III.D.1

Date:

OR

Policy Session Date:

Jeta Smith

County Administration Attestation

County Administration: re-route to department at and Grants Manager at financegrants@clackamas.us when fully approved.

Department: keep original with your grant file.

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](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

# **Request for Behavioral Health HB2949 Workforce Incentives Funds**



## **Request for Applications**

**Posted Date: November 16, 2022**

**Deadline: Applications must be received by December 16, 2022.**

### **1. Background and Behavioral Health HB 2949 Workforce Incentives Description:**

The purpose of this investment to Community Mental Health Programs (CMHPs) is to a) support the recruitment and retention of behavioral health providers with associate, bachelor's, master's or doctoral degrees or other credentials and b) provide supervised clinical experience necessary for behavioral health providers to obtain a license to practice through grant monies associated with HB 2949 (2021) (as updated by HB 4071 (2022)). To this end, the funding will be distributed by an equitable formula to Community Mental Health Programs through new Grant Agreements/Intergovernmental Grant Agreements.

#### **Program Goals:**

- 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.
- Increase access to services for rural and underserved communities
- 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.
- 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

### **2. Grant Eligibility.**

Community mental health programs (CMHPs) described in ORS 430.640.

### **3. Requirements of the Applicants:**

Applicants must complete Attachment 1 providing a description of a) how they intend to use the funds, b) the impact they expect to achieve and c) a cost estimate. Please keep the following requirements in mind:

#### *Clinical Supervision:*

There is one allocation of funding that is available for clinical supervision. You may use up to that amount for clinical supervision. If the cost estimate is below the amount allocated to you, those funds may be given to another CMHP applicant.

#### *Workforce Incentives*

There is another allocation of funding that is available for workforce recruitment and retention incentives. Flexibility exists as to how the monies can be used, but must stay within the CMHP allocations, as well as the incentives outlined in Attachment 1. If the total cost estimate is below the amount allocated to you for workforce incentives, those funds may be given to another CMHP applicant.

### *Administrative Costs*

Between 5-7% of gross grant can be allocated towards staffing costs required to provide administrative support to these grant-funded programs.

### *ARPA Reporting:*

Please note, the workforce development dollars associated with HB 4071 for this Biennium are American Rescue Plan (ARPA) monies and have specific reporting requirements associated with them until funds are exhausted. Quarterly reporting on how the monies are being used will be a requirement of awarded grant funds for Community Mental Health Programs.

## **4. Allowable Grant Activities**

*Clinical Supervision* - These funds must be used to 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:

- (a) Psychology;
- (b) Marriage and family therapy, as defined in ORS 675.705;
- (c) Professional counseling, as defined in ORS 675.705;
- (d) Clinical social work, as defined in ORS 675.510; or
- (e) Another behavioral health care discipline as prescribed by the authority by rule.

*Workforce Incentives* - These incentives may be used to increase the number of individuals training for and entering the field of behavioral health and to improve the recruitment and retention of behavioral health care providers in this state. They may be used for recruitment and retention of providers with associate, bachelor's, master's or doctoral degrees or other credentials. Examples of incentives eligible for grant funding are listed below, using the letters corresponding to those incentives described in HB 4071 for reference. This list of incentives is not exhaustive, but any eligible incentives must be consistent with HB 4071.

(C) Housing Assistance- Housing stipends may be paid to behavioral health care workers that move to a rural area for employment **or** a behavioral health care worker that is recruited to any area in Oregon from outside the state of Oregon.

(E) Part-time and flex time opportunities- Incentives to increase recruitment and retention of behavioral health providers in part-time and flex time positions.

(I) Childcare Subsidies- This subsidy is to help parent(s) and or caregivers of children pay for childcare while attending classes, receiving clinical supervision in pursuit of certification and/or licensure in the behavioral health field, or unable to provide behavioral health services without childcare support.

(J) Subsidized Dual Certification with a Specific Focus on Rural and Vulnerable Populations and Pay Equity- Provide increase in wages for behavioral health care workers based upon dual certification pursuit or status, support dual credentialing for behavioral health care workers that may not be solely mental health or substance use disorder related (e.g., Music and Art Therapy licensees, or Rehabilitation related credentials (e.g., Certified Rehabilitation Counselor (CRC)), or offering to pay for testing preparation for professionals seeking dual credentialing.

(K) Tuition Assistance: - example Behavioral health professional is attending online courses and CMHPs would like to support them in their online program(s).

(L) Bonuses and Stipends for Supervisors of Interns- example Provide clinical supervision at no cost to clinical supervisees using monthly disbursements from funds allocated for this grant.

(O) Other Programs and Incentives: example- Health and wellness or recognition programs to promote retention of behavioral health professionals.

## **5. Funding Availability**

Total CMHP Allocation

\$6,600,000 for Clinical Supervision

\$16,000,000 for Workforce Incentives

*See attached for each county's allocation.*

## **6. Grant Process**

Entities interested in providing services under the Behavioral Health HB2949 Workforce Incentives Program may apply for grant funding by submitting the document described in Section 3 by December 14, 2022.

## **7. Application Submission, Evaluation, and Selection Process:**

### **RFA Sole Point of Contact (SPC):**

All communications concerning this RFA must be directed only to the sole point of contacts named below. Any unauthorized contact regarding this RFA with other State employees or officials may result in Application rejection. Any oral communications will be considered unofficial and non-binding.

Frederick D. Staten  
OHA Health Systems Division  
500 Summer St NE  
Salem, Oregon 97301  
Telephone: (503) 510-4382  
Email: frederick.d.staten@dhsaha.state.or.us [alfonso.ramirez@dhsaha.state.or.us](mailto:alfonso.ramirez@dhsaha.state.or.us)

### **Closing Date for Submittal of Applications:**

OHA must receive Applications by December 16, 2022 11:59 pm (PST). Applications received after the closing date and time are late and will not be considered. Applications must be sent via email to the RFA SPC at

frederick.d.staten@dhsaha.state.or.us

Application Evaluation:

OHA will receive Applications on an ongoing basis between November 16, 2022 and December 16, 2022 As Applications are received the applications will be reviewed.

### **Final Selection:**

OHA will review applications as they are submitted and award grants based upon satisfaction of the terms of this application.

### **Negotiable Items:**

OHA may negotiate the following items, with an apparent successful Applicant:

The description of Program Activities to be provided; and

The approved budget line items of the grant award.

Other terms and conditions of the award will be determined in the discretion of OHA and embodied in the final grant agreement.

**Changes/Modification and Clarifications:**

When appropriate in the sole discretion of OHA, OHA will issue revisions, substitutions, or clarifications as addenda to this RFA. Changes and modifications to the RFA shall be recognized only if in the form of written addenda issued by OHA.

**Reservation of OHA Rights:**

OHA reserves all rights regarding this RFA, including, without limitation, the rights to:  
Amend or cancel this RFA without liability if it is in the best interest of the OHA to do so;  
Waive any minor informality or non-conformance with the provisions or procedures of this RFA;  
Seek clarification of any Application;  
Negotiate the Program Activities described in this RFA;  
Amend or extend the term of any Agreement that is issued as a result of this RFA;  
Engage Applicant(s) by selection or procurement for different or additional Program Activities independent of this RFA process and any agreements entered into pursuant hereto;  
Enter into direct negotiations to execute a Grant Agreement with a successful Applicant, in the event that the Applicant is the sole Applicant to this RFA, and OHA determines that the Applicant satisfies the minimum RFA requirements;  
Enter direct negotiations to execute a Grant Agreement with any person, in the event that no successful Applicant applies for an activity described herein, and OHA determines that the person satisfies the minimum RFA requirements; and  
Reject any Application upon finding that to accept the Application may impair the integrity of the solicitation process or that rejecting the Application is in the best interest of OHA.

**Selection Notice:**

The apparent successful Applicant(s) shall be notified in writing by the OHA.

**Release of Information:**

Except as required by the Oregon Public Records Law or other applicable law, no information shall be given to any Applicant (or any other individual) relative to its standing in relation to other Applicants during the RFA process.

**Public Information:**

After the Recipients are notified, the grant solicitation file is subject to public disclosure in accordance with the Oregon Public Records Law (ORS 192.311–192.478). If any part of a Application is considered a trade secret as defined in Oregon Revised Statutes 192.501(2) or otherwise exempt from disclosure under Oregon Public Records Law, the Applicant shall submit one additional copy of their Application that redacts only the exempt language. Any person may request copies of public information. However, copies of Applications will not be provided until the evaluation process has been completed and the Recipients are notified, except as required by the Oregon Public Records Law or other applicable law. Requests for copies of public information shall be in writing. Requestors will be charged according to the current OHA policies and rates for public records requests in effect at the time OHA receives the written request for public information. Fees, if applicable, must be received by OHA before the records are delivered to the requestor.

**Cost of Applications and Obligation:**

All costs incurred in preparing and submitting a Application in response to this RFA will be the responsibility of the Applicant and will not be reimbursed by OHA. All Applicants who submit a Application in response to this RFA understand and agree that OHA is not obligated to select any Applicant and, further, has absolutely no financial obligation to any Applicant arising from this RFA.

**Grant Agreement Documents:**

The completed application after any required changes negotiated between applicant and OHA shall act as the template for the Program Activities described in the grant agreement.

**Attachment 1 (Represents the \$16 million dollars associated with Recruitment and Retention)**

Projects or Services	Description	Expected Impact	Cost Estimate
(C) Housing assistance			
(E) Part-time and flex time opportunities			
(I) Childcare subsidies			
(J) Subsidized dual certification with a specific focus on rural and vulnerable populations and pay equity			
(K) Tuition Assistance			
(L) Bonuses and stipends for supervisors of interns			
(O) Other Programs and Incentives			
Additional Consideration: Assistance with Administrative costs associated with supporting these incentives	<p align="center">Funds can be used for Administration:</p> <ul style="list-style-type: none"> <li>• Between 5-10% of gross grant can be allocated towards hiring additional staff to provide support to these incentives.</li> </ul> <p>[OHA may be able to provide technical assistance with some of these incentives around how to operationalize to fulfill the requirements of these incentives.]</p>	This will enable CMHPs to create and manage programs surrounding the funds awarded to implement incentives with the end goal of increasing retention, hiring, and adding to the pipeline efforts for Behavioral Health professionals.	



**Attachment 2 (Represents the \$6.6 million dollars associated with Clinical Supervision)**

<b>Projects or Services</b>	<b>Description</b>	<b>Expected Impact</b>
Clinical Supervision		