

ANGELA BRANDENBURG Sheriff

April 11, 2023

BCC Agenda Date/Item:

Board of County Commissioners Clackamas County

Approval of Amendment #3 increasing funding of a Subrecipient Agreement with Oregon Health and Science University for implementing system-level diversion strategies. Amendment value is \$12,095, grant value is increased to \$292,058 for 3 years. Funding through the Comprehensive Opioid Abuse Site-Based Program Grant through the United States Department of Justice. No County General Funds are involved.

Previous Board Action/Review	Original Agreement signed by the Board of County Commissioners on March 5, 2020. Agreement No. 2 signed on October 10,2020; Board Agenda Date/Item Number 20221020 III.A.2.		
Performance Clackamas	Ensure safe, healthy and secure communities.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Nancy Artmann CCSO Finance Manager	Contact Phone	(503) 785-5012

EXECUTIVE SUMMARY: \$12,095.00 in early project expenditures incurred during the original agreement were not picked up in subsequent budget amendments. This amendment includes those expenditures to correct the overall project budget.

RECOMMENDATION: Staff recommends approval of this amendment request that the Chair of the Board of County Commissioners, or their designee, sign on behalf of the County.

Respectfully submitted,

enna Morrison

Jenna Morrison Undersheriff

For Filing Use Only

Subrecipient Amendment (FY 22-23) Clackamas County Sheriff's Office Parole & Probation Division

Subrecipient Agreement Number: 20-024	Board Order Number:	
Department/Division: CCSO Parole & Probation	Amendment No. 3	
Subrecipient: OHSU	Amendment Requested By: Ke'ala Adolpho	
Approved to Form:		
County Counsel		
Changes: Scope of Service	⊠ Agreement Budget () Other	

Justification for Amendment:

The project is a collaboration of Clackamas County Parole & Probation and Oregon Health and Science University ("SUBRECIPIENT"). A main goal of the project is to more efficiently and effectively address the growing problem of opioid use in Clackamas County, with special focus on diversion of opioid use disorder ("OUD")-involved "high frequency" utilizers across systems (i.e., justice, healthcare, social services) to reduce opioid use and its impacts, including recidivism.

\$12,095.00 in early project expenditures incurred during the original Agreement were not picked up in subsequent budget amendments. This Amendment #3 includes those expenditures to correct the overall project budget.

This Amendment #3 increases the total amount of award by \$12,095.00, for a new total award amount of \$292,058.00.

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with *"bold/italic"* font for easy reference.

AMEND:

<u>4. Grant Funds.</u> COUNTY's funding for this agreement is the Comprehensive Opioid Abuse Site-Based Program (CFDA #16.838) issued to the COUNTY by the U.S. Department of Justice, Office of Justice Programs (Federal Award Identification # AR-BX-K023). The maximum, not to exceed, grant amount COUNTY will pay is \$279.963.00. This is a cost reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Required Financial Reporting and Reimbursement Request and Exhibit E: Monthly/Quarterly/Final Performance Report. Failure to comply with the terms of his Agreement may result in withholding of payment.

TO READ:

<u>4. Grant Funds.</u> COUNTY's funding for this agreement is the Comprehensive Opioid Abuse Site-Based Program **(ALN #16.838)** issued to the COUNTY by the U.S. Department of Justice, Office of Justice Programs (Federal

Oregon Health and Science University

Subrecipient Agreement 20-024 – Amendment # 3 Page 2 of 4

Award Identification # AR-BX-K023). The maximum, not to exceed, grant amount COUNTY will pay is **\$292.058.00**. This is a cost reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Required Financial Reporting and Reimbursement Request and Exhibit E:Monthly/Quarterly/Final Performance Report. Failure to comply with the terms of his Agreement may result in withholding of payment.

REPLACE EXHIBIT B.1 IN ITS ENTIRETY WITH:

EXHIBIT B: SUBRECIPIENT BUDGET YEAR 3 & CARRYOVER						
Organization:	Oregon Health & Science University					
Funded Program Name:	System-Level Diversion Strategies					
Program Contact:	Elizabeth Waddell					
Agreement Term:	12/1/19-9/30/23					
		Previous	Year 3	TOTAL		
Approved Award Budget Categories		Budget	Budget	BUDGET		
Personnel						
Salary & Wages		72,203.00	63,262.00	135,465.00		
Fringe		24,524.00	22,486.00	47,010.00		
Total Personnel Services		96,727.00	85,748.00	182,475.00		
Travel						
Mileage		647.00	500.00	1,147.00		
BJA Conference Washington D.C. Airfare		-	400.00	400.00		
BJA Conference Hotel		-	500.00	500.00		
BJA Conference Transportation		-	200.00	200.00		
BJA Conference Per Diem		-	225.00	225.00		
Materials and Supplies			·			
Materials and Supplies		-	1,000.00	1,000.00		
Publication Costs		-	2,500.00	2,500.00		
Computer Services		-	1,200.00	1,200.00		
Total Programmatic Costs		647.00	6,525.00	7,172.00		
Indirect Rate: 54% Salary	52,584.00	49,827.00	102,411.00			
(Federally-negotiated Rate)						
Total Grant Costs		149,958.00	142,100.00	292,058.00		

REPLACE EXHIBIT F IN ITS ENTIRETY WITH:

Project Name: System-Level Diversion Strategies	Agreement #: 20-024		
Federal Award #: AR-BX-K023	Date of Submission: XX/XX/XX		
Subrecipient: OHSU			
Has Subrecipient submitted all requests for reimbursement? Y/N			
Has Subrecipient met all programmatic closeout requirements? Y/N			

EXHIBIT F: Final Financial Report

Report of Funds received, expended, and reported as match (if applicable) under this agreement

Total Federal Funds <u>authorized</u> on this agreement:	\$292,058.00
Total Federal Funds <u>requested</u> for reimbursement on this agreement:	
Total Federal Funds <u>received</u> on this agreement:	
Balance of unexpended Federal Funds (Line 1 minus Line 3):	

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Subrecipient's Certifying Official (printed): _____

Subrecipient's Certifying Official (signature): _____

Subrecipient's Certifying Official's title:

Signature page follows

IN WITNESS WHEREOF, the parties hereto have caused this Amendment #3 to be executed by their duly authorized officers.

SUBRECIPIENT

Dated

CLACKAMAS COUNTY

Commissioner: Tootie Smith, Chair Commissioner: Paul Savas Commissioner: Martha Schrader Commissioner: Mark Shull Commissioner: Ben West

By: Tootie Smith Board of County Commissioners Chair Clackamas County

Dated