

February 10, 2022

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of Amendment #02 to a Subrecipient Agreement with The Mental Health & Addiction Association of Oregon for Alcohol and Drug Recovery Peer Delivered Services. Amendment adds \$87,976.73 to the Agreement, increasing the maximum grant value to \$879,764.22.  
Funding through State of Oregon, CMHP funds.  
No County General Funds involved.

<b>Purpose/Outcomes</b>	Provides peer support services for Clackamas County residents at risk of substance use and/or addiction or in alcohol and drug recovery.
<b>Dollar Amount and Fiscal Impact</b>	Amendment #02 add \$87,976.43; increasing the maximum grant value to \$879,764.22.
<b>Funding Source</b>	No County General Funds are involved. Federal pass-through and non-federal funds provided by the State of Oregon, Community Mental Health Program (CMHP) fund this Agreement.
<b>Duration</b>	Effective October 1, 2021 and terminates on February 28, 2022.
<b>Previous Board Action</b>	Agreement reviewed and approved February 6, 2020, Agenda Item 020620-A5, and Amendment #01 July 22, 2021, Agenda Item 072221-A2.
<b>Strategic Plan Alignment</b>	Ensuring healthy, safe and secure communities through the provision of alcohol and drug recovery services.
<b>Counsel Review</b>	Reviewed and approved January 18, 2022, Andrew Naylor
<b>Procurement Review</b>	Was the item processed through Procurement? No Subrecipient agreements and amendments are not processed through Procurement.
<b>Contact Person</b>	Mary Rumbaugh, Director – Behavioral Health Division 503-742-5305
<b>Contract No.</b>	9372

**BACKGROUND:**

The Behavioral Health Division of the Health, Housing & Human Services Department requests the approval of Amendment #02 to a Subrecipient Agreement with The Mental Health & Addictions Association of Oregon (MHA AO) for Alcohol and Drug Recovery Peer Delivered Services. Services support Clackamas County residents at risk of substance use and/or abuse or in alcohol and drug recovery. This Amendment extends the term of the Agreement three (3) months to ensure no gap in services while a formal procurement process is completed.

The Mental Health & Addictions Association of Oregon is an inclusive peer-run nonprofit organization committed to promoting self-directed recovery and wellness for all individuals.

*Healthy Families. Strong Communities.*

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677

Clackamas.us/h3s

MHAO works collaboratively with Behavioral Health to provide peer delivered services to Clackamas County residents.

Amendment #02 is effective October 1, 2021 and continues through February 28, 2022, and adds \$87,976.43 to the value of the Agreement.

**RECOMMENDATION:**

Staff recommends approval of this Amendment.

Respectfully submitted,

*Rodney Cook*

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

## DOCUMENT RETURN STATEMENT

Please complete the following statement and return with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable.

If you have any questions or find errors in the above referenced Document, please contact the contract specialist.

**Document number:** 173255-0 , hereinafter referred to as "Document."

I, \_\_\_\_\_  
Name Title

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and

Clackamas County by email.

**Contractor's name**

On \_\_\_\_\_ ,  
Date

I signed the electronically transmitted Document without change. I am returning the completed signature page, Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable, with this Document Return Statement.

\_\_\_\_\_  
Authorizing signature Date

Please attach this completed form with your signed document(s) and return to the contract specialist via email.

## Subrecipient Amendment

Subrecipient Agreement Number: 20-025 (BH 9372)

Board Order Number: N/A

Department/Division: H3S/Behavioral Health

Amendment No. 02

Subrecipient: The Mental Health Association of Oregon dba Mental Health & Addictions Association of Oregon

Amendment Requested By: Mary Rumbaugh

### Approved as to form:



01/18/2022

County Counsel

Date

Changes:  Scope of Service

Agreement Budget

Agreement Time

Other: Updates contacts

### Justification for Amendment:

This Subrecipient Agreement provides alcohol and drug peer support services.

The Amendment #2 is entered into between The Mental Health Association of Oregon dba Mental Health & Addictions Association of Oregon ("SUBRECIPIENT") and Clackamas County ("COUNTY") and shall become a part of that Subrecipient Grant Agreement ("Agreement") entered into between both parties on February 12, 2020.

Amendment #2 extends the term of Agreement five (5) months through February 28, 2022, extends the period of performance three (3) months through December 31, 2021, and adds additional funding source information.

This Amendment also updates financial reporting dates.

Compensation of \$87,976.43 added for the additional months of service, increasing the maximum Agreement value to \$879,764.22.

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.

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**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

*Subrecipient Agreement 20-025 – Amendment #02*

Page 2 of 9

**AMEND Section 1 of the Agreement:**

1. **Term and Effective Date.** Pursuant to the terms of the grant award, this Agreement shall be effective **July 1, 2019** and shall expire **September 30, 2021**, unless sooner terminated or extended pursuant to the terms hereof.

**TO READ:**

1. **Term and Effective Date.** Pursuant to the terms of the grant award, this Agreement shall be effective **July 1, 2019** and shall expire on **February 28, 2022**, unless sooner terminated or extended pursuant to the terms hereof. ***The period of eligible expenditures is July 1, 2019 through December 31, 2021.***

**AMEND Section 4 of the Agreement:**

4. **Grant Funds.** COUNTY's funding for this Agreement is the 2019-2021 Intergovernmental Agreements for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 159159 and 166036) and unrestricted funds. The maximum, not to exceed, grant amount that COUNTY will pay is **\$791,787.79**. 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: Performance Reporting**. Failure to comply with the terms of this Agreement may result in withholding of payment. Funding for this Agreement is from the following sources:

- 4.1. **Federal Funds: \$746,582.90** in federal funds are provided through the Intergovernmental Agreements for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 159159 and 166036) (**CFDA 93.959**) issued to COUNTY by the State of Oregon acting by and through its OHA. The State of Oregon receives funds through the Substance Abuse, Prevention, and Treatment ("SAPT") Block Grant from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration.

- 4.2. **Other Funds: \$45,204.89** in other funds are provided for funding of other items in the program budget.

**TO READ:**

4. **Grant Funds.** COUNTY's funding for this Agreement is the 2019-2021 Intergovernmental Agreements for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 159159 and 166036) and unrestricted funds. The maximum, not to exceed, grant amount that COUNTY will pay is **\$879,764.22**. This is a cost reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in **Exhibit B: Subrecipient Budget, Exhibit D: Required Financial Reporting and Reimbursement Request** and **Exhibit E: Performance Reporting**. Failure to comply with the terms of this Agreement may result in withholding of payment. Funding for this Agreement is from the following sources:

- 4.1. **Federal Funds: \$829,536.58** in federal funds are provided through the Intergovernmental **Agreements** for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 159159 and 166036) (**CFDA 93.959**) issued to COUNTY by the State of Oregon acting by and through its OHA. The State of Oregon receives funds through the Substance Abuse, Prevention, and Treatment ("SAPT") Block Grant from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration.

- 4.2. **Other Funds: \$50,227.64** in other funds are provided for funding of other items in the program budget.

**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

Subrecipient Agreement 20-025 – Amendment #02

Page 3 of 9

**AMEND Amendment Budget to Exhibit B, Subrecipient Program Budget:**

<b>A&amp;D PEER SUPPORT 2021 AMENDMENT BUDGET</b>		JULY-SEP 2021
<b>FEDERALLY FUNDED EXPENDITURES</b>		
<b>Personnel Services</b>		
Salary	\$	50,189.00
Payroll taxes	\$	5,244.75
Workers Compensation	\$	130.49
Benefits	\$	8,900.35
<i>Personnel Services Total</i>	<i>\$</i>	<i>64,464.59</i>
<b>Materials, Supplies &amp; Services</b>		
<u>Contractual</u>		
Web Works	\$	531.25
Professional Services	\$	1,250.00
<u>Travel and Transportation</u>		
Local Travel	\$	5,125.05
Peerpocalypse	\$	1,205.12
<i>Materials, Supplies &amp; Services Total</i>	<i>\$</i>	<i>8,111.42</i>
<b>Operating Expenses</b>		
Continuing Education/Training	\$	610.13
Fees, Licenses & Permits	\$	183.04
Program Supplies	\$	625.00
Copies	\$	75.00
Software	\$	76.97
Postage	\$	37.50
Phone	\$	878.58
CDL	\$	336.00
Dropbox	\$	14.20
<i>Operating Expenses Total</i>	<i>\$</i>	<i>2,836.42</i>
<i>Federal Subtotal</i>	<i>\$</i>	<i>75,412.43</i>
<b>Federal Indirect - 10%</b>	<b>\$</b>	<b>7,541.24</b>
<b>FEDERAL TOTAL</b>		<b>\$ 82,953.67</b>

**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

*Subrecipient Agreement 20-025 – Amendment #02*

Page 4 of 9

<b>NON-FEDERAL FUNDED EXPENDITURES</b>		
Client Engagement and Support	\$	1,250.00
Computers and Equipment	\$	343.75
Equipment Lease - Copier	\$	125.93
Rent - Office	\$	2,647.94
	<i>State Subtotal</i>	\$ 4,367.62
<b>Other Indirect - 15%</b>	\$	655.14
<b>NON-FEDERAL FUNDS</b>		<b>\$ 5,022.76</b>
<b>TOTALS</b>		<b>\$ 87,976.43</b>

**TO READ:**

**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

Subrecipient Agreement 20-025 – Amendment #02

Page 5 of 9

<b>A&amp;D PEER SUPPORT 2021 AMENDMENT BUDGETS</b>		
	AMENDMENT #01 JULY-SEP 2021	AMENDMENT #02 OCT-DEC 2021
<b>FEDERALLY FUNDED EXPENDITURES</b>		
<b>Personnel Services</b>		
Salary	\$ 50,189.00	\$ 50,189.00
Payroll taxes	\$ 5,244.75	\$ 5,244.75
Workers Compensation	\$ 130.49	\$ 130.49
Benefits	\$ 8,900.35	\$ 8,900.35
<i>Personnel Services Total</i>	<b>\$ 64,464.59</b>	<b>\$ 64,464.59</b>
<b>Materials, Supplies &amp; Services</b>		
<u>Contractual</u>		
Web Works	\$ 531.25	\$ 531.25
Professional Services	\$ 1,250.00	\$ 1,250.00
<u>Travel and Transportation</u>		
Local Travel	\$ 5,125.05	\$ 5,125.05
Peerpocalypse	\$ 1,205.12	\$ 1,205.12
<i>Materials, Supplies &amp; Services Total</i>	<b>\$ 8,111.42</b>	<b>\$ 8,111.42</b>
<b>Operating Expenses</b>		
Continuing Education/Training	\$ 610.13	\$ 610.13
Fees, Licenses & Permits	\$ 183.04	\$ 183.04
Program Supplies	\$ 625.00	\$ 625.00
Copies	\$ 75.00	\$ 75.00
Software	\$ 76.97	\$ 76.97
Postage	\$ 37.50	\$ 37.50
Phone	\$ 878.58	\$ 878.58
CDL	\$ 336.00	\$ 336.00
Dropbox	\$ 14.20	\$ 14.20
<i>Operating Expenses Total</i>	<b>\$ 2,836.42</b>	<b>\$ 2,836.42</b>
<i>Federal Subtotal</i>	<b>\$ 75,412.43</b>	<b>\$ 75,412.43</b>
<b>Federal Indirect - 10%</b>	<b>\$ 7,541.24</b>	<b>\$ 7,541.24</b>
<b>FEDERAL TOTAL</b>	<b>\$ 82,953.67</b>	<b>\$ 82,953.67</b>
<b>NON-FEDERAL FUNDED EXPENDITURES</b>		
Client Engagement and Support	\$ 1,250.00	\$ 1,250.00
Computers and Equipment	\$ 343.75	\$ 343.75
Equipment Lease - Copier	\$ 125.93	\$ 125.93
Rent - Office	\$ 2,647.94	\$ 2,647.94
<i>State Subtotal</i>	<b>\$ 4,367.62</b>	<b>\$ 4,367.62</b>
<b>Other Indirect - 15%</b>	<b>\$ 655.14</b>	<b>\$ 655.14</b>
<b>NON-FEDERAL FUNDS</b>	<b>\$ 5,022.76</b>	<b>\$ 5,022.76</b>
<b>TOTALS</b>	<b>\$ 87,976.43</b>	<b>\$ 87,976.43</b>



**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

*Subrecipient Agreement 20-025 – Amendment #02*

Page 6 of 9

**AMEND Section 2 of Exhibit D, Required Financial Reporting and Reimbursement Request:**

2. Requests for reimbursement shall be submitted by the **15th of the month** for the previous month. The final request for reimbursement shall be submitted by October 15, 2021 for September 30, 2021 expenses.

**TO READ:**

2. Requests for reimbursement shall be submitted by the **15th of the month** for the previous month. The final request for reimbursement shall be submitted by **January 15, 2022 for December 31, 2021** expenses.

**AMEND the Reporting Schedule of Exhibit E, Performance Reporting:**

<b>Reporting Schedule</b>		
	<b>Reporting Period</b>	<b>Report Due</b>
<b>1<sup>st</sup> Report</b>	July 1 – September 30, 2019	No later than October 30, 2019
<b>2<sup>nd</sup> Report</b>	October 1 – December 31, 2019	No later than January 30, 2020
<b>3<sup>rd</sup> Report</b>	January 1 – March 31, 2020	No later than April 30, 2020
<b>4<sup>th</sup> Report</b>	April 1 – June 30, 2020	No later than July 30, 2020
<b>5<sup>th</sup> Report</b>	July 1 – September 30, 2020	No later than October 30, 2020
<b>6<sup>th</sup> Report</b>	October 1 – December 31, 2020	No later than January 30, 2021
<b>7<sup>th</sup> Report</b>	January 1 – March 31, 2021	No later than April 30, 2021
<b>8<sup>th</sup> Report</b>	April 1 – June 30, 2021	No later than July 30, 2021
<b>9<sup>th</sup> Report</b>	July 1 – September 30, 2021	No later than October 30, 2021

**TO READ:**

<b>Reporting Schedule</b>		
	<b>Reporting Period</b>	<b>Report Due</b>
<b>1<sup>st</sup> Report</b>	July 1 – September 30, 2019	No later than October 30, 2019
<b>2<sup>nd</sup> Report</b>	October 1 – December 31, 2019	No later than January 30, 2020
<b>3<sup>rd</sup> Report</b>	January 1 – March 31, 2020	No later than April 30, 2020
<b>4<sup>th</sup> Report</b>	April 1 – June 30, 2020	No later than July 30, 2020
<b>5<sup>th</sup> Report</b>	July 1 – September 30, 2020	No later than October 30, 2020
<b>6<sup>th</sup> Report</b>	October 1 – December 31, 2020	No later than January 30, 2021

**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

*Subrecipient Agreement 20-025 – Amendment #02*

Page 7 of 9

<b>7<sup>th</sup> Report</b>	January 1 – March 31, 2021	No later than April 30, 2021
<b>8<sup>th</sup> Report</b>	April 1 – June 30, 2021	No later than July 30, 2021
<b>9<sup>th</sup> Report</b>	July 1 – September 30, 2021	No later than October 30, 2021
<b>10<sup>th</sup> Report</b>	<b>October 1 – December 31, 2021</b>	<b>No later than January 30, 2022</b>

**REPLACE Exhibit F, Final Financial Report, in its entirety with:**

<b>PROJECT NAME: A&amp;D Peer Support</b> (Fund Source: Substance Abuse, Prevention, and Treatment Block Grant, CFDA 93.959)	<b>Agreement #: 20-025</b> <b>Date of Submission: XX/XX/XX</b>
<b>SUBRECIPIENT: MENTAL HEALTH &amp; ADDICTIONS ASSOCIATION OF OREGON</b>	
<b>Has SUBRECIPIENT submitted all requests for reimbursement? Yes / No</b>	
<b>Has SUBRECIPIENT met all programmatic closeout requirements? Yes / No</b>	

## Final Financial Report

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

Total Federal Funds authorized on this Agreement:	<b>\$829,536.58</b>
Year-to-Date Federal Funds requested for reimbursement on this Agreement:	
Total Federal Funds received on this Agreement:	
Total Other Funds authorized on this Agreement:	<b>\$50,277.64</b>
Year-to-Date Other Funds requested for reimbursement on this Agreement:	
Total Other Funds received on this Agreement:	
Balance of unexpended Federal Funds (Line 1 minus Line 3):	
Balance of unexpended Other Funds (Line 4 minus Line 6):	

*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*

**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

*Subrecipient Agreement 20-025 – Amendment #02*

Page 8 of 9

*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): Janie Gullickson

SUBRECIPIENT's Certifying Official (signature): Janie Gullickson

SUBRECIPIENT's Certifying Official's Title: Executive Director

**[Signature page follows]**

**Mental Health & Addictions Association of Oregon #9372 – A&D Peer Support**

*Subrecipient Agreement 20-025 – Amendment #02*

Page 9 of 9

**SIGNATURE PAGE**

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

**THE MENTAL HEALTH ASSOCIATION OF OREGON**

**COUNTY OF CLACKAMAS  
BOARD OF COMMISSIONERS**

*Janie Gullickson*

01.13.2022

Authorized Signature

Date

Commissioner: Tootie Smith, Chair

Commissioner: Sonya Fischer

Commissioner: Paul Savas

Commissioner: Martha Schrader

Commissioner: Mark Shull

Janie Gullickson, Executive Director

Name / Title (Printed)

\_\_\_\_\_  
Tootie Smith, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_