

June 27, 2024

BCC Agenda Date/Item: _____

Board of Commissioners
 Clackamas County

Approval of Amendment #2 extending the term and increasing funding of a Federal Subrecipient Grant Agreement with LifeWorks NW for Intensive Case Management Services. Amendment value is \$129,318.30 for nine months, Agreement value is increased to \$517,273.20 for 36 months. Funding through Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review	Agreement April 28, 2022, Agenda Item 20220428 II.E.vi; Amendment #02 briefed at Issues June 25, 2024		
Performance Clackamas	Ensuring safe, healthy and secure communities through the provision of mental health and substance use services.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Mary Rumbaugh	Contact Phone	503-742-5305

EXECUTIVE SUMMARY: The Behavioral Health Division of the Health, Housing and Human Services Department requests the approval of Amendment #02 to Federal Subrecipient Grant Agreement with LifeWorks NW for Intensive Case Management (ICM) Services to individuals who are eligible Clackamas County residents. This Amendment extends the term of the Agreement to align procurement of services with CareOregon, Inc. for Oregon Health Plan clients.

Intensive Case Management Services are provided with evidence-based, culturally and linguistically appropriate clinical services and strategies, which support mental health recovery for Clackamas County clients. Services include, but are not limited to, mental health assessment, treatment planning, coordination of care, client family and group therapy, mental health and addiction services, hospital discharge planning, psychiatric assessment and medication evaluation, management and/or monitoring, access to resources, support services, family support and education, and substance abuse services. Services may also include activities to promote symptom stability, physical health, and restoration of personal, community living and social skills. These services are considered part of the traditional supports that an individual received in an Outpatient Level of Care and are part of a Recovery Oriented System of Care for those seeking or in recovery.

Amendment #02 adds \$129,318.30 for nine additional months of services expiring December 31, 2024. This Amendment increases the Agreement value to \$517,273.20.

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve this Amendment and authorize Chair Smith to sign on behalf of Clackamas County.

For Filing Use Only

Respectfully submitted,

Rodney A. Cook

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

Subrecipient Amendment

<u>Subrecipient Agreement Number: 22-023 (H3S 10553)</u>	<u>Board Order Number:</u>
<u>Department/Division: H3S – Behavioral Health</u>	<u>Amendment No. 02</u>
<u>Subrecipient: LifeWorks NW</u>	<u>Amendment Requested By: Mary Rumbaugh</u>
Changes: <input type="checkbox"/> Scope of Service	<input checked="" type="checkbox"/> Agreement Budget
<input checked="" type="checkbox"/> Agreement Time	<input type="checkbox"/> Other:

Justification for Amendment:

This Amendment #02 is entered into by and between Clackamas County (“COUNTY”) and LifeWorks NW (“SUBRECIPIENT”) and will become a part of that subrecipient agreement (“Agreement”) originally entered by and between the parties on April 28, 2022.

This Amendment #02 extends the agreement term nine (9) months through December 31, 2024 to align with procurement of services for OHP clients by CareOregon, and adds to the maximum compensation available through this Agreement.

Maximum compensation is increased by \$129,318.30 to a revised value of \$517,273.20. This Amendment #02 is effective upon signature and continues through December 31, 2024.

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 Agreement, Section 1, Term and Effective Date:

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed. Eligible expenses for this Agreement may be charged during the period beginning **January 1, 2022** and expiring **March 31, 2024**, subject to additional restrictions set forth below and to exhibits attached hereto, and unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.

TO READ:

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed. Eligible expenses for this Agreement may be charged during the period beginning **January 1, 2022** and expiring **December 31, 2024**, subject to additional restrictions set forth below and to exhibits attached hereto, and unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.

AMEND Agreement, Section 4, Grant Funds:

4. **Grant Funds.** COUNTY's funding for this Agreement is the 2022 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement #173129). The maximum, not to exceed, grant amount that County will pay is **\$387,954.90**. This is a rate-based agreement 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 Measures and 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: \$387,954.90** in federal funds are provided through the Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 173129) (CFDA 93.958) issued to COUNTY by the State of Oregon acting by and through its OHA. The State of Oregon receives funds through the Mental Health Block Grant (MHBG) funds from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration.

TO READ:

4. **Grant Funds.** COUNTY's funding for this Agreement is the 2022 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement #173129). The maximum, not to exceed, grant amount that County will pay is **\$517,273.20**. This is a rate-based agreement 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 Measures and 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: \$517,273.20** in federal funds are provided through the Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 173129) (CFDA 93.958) issued to COUNTY by the State of Oregon acting by and through its OHA. The State of Oregon receives funds through the Mental Health Block Grant (MHBG) funds from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration.

AMEND EXHIBIT B, SUBRECIPIENT PROGRAM BUDGET:

PROJECT NAME: Intensive Case Management (Fund Source: Community Mental Health Block Grant, CFDA 93.958)	AGREEMENT No. 22-023
SUBRECIPIENT: LifeWorks NW	

SUBRECIPIENT shall be compensated a capacity payment, for **nine (9) slots, of \$14,368.70 per month, not to exceed \$387,954.90** for the term of the Agreement.

TO READ:

PROJECT NAME: Intensive Case Management (Fund Source: Community Mental Health Block Grant, CFDA 93.958)	AGREEMENT No. 22-023
SUBRECIPIENT: LifeWorks NW	

SUBRECIPIENT shall be compensated a capacity payment, for **nine (9) slots, of \$14,368.70 per month, not to exceed \$517,273.20** for the term of the Agreement.

AMEND the following portion of EXHIBIT D, REQUIRED FINANCIAL REPORTING AND REIMBURSEMENT REQUEST:

2. Requests for reimbursement shall be submitted by the **10th of the month** for the previous month. The final request for reimbursement shall be submitted by April 10, 2024 for March 31, 2024 expenses.

TO READ:

2. Requests for reimbursement shall be submitted by the **10th of the month** for the previous month. The final request for reimbursement shall be submitted by **January 10, 2025** for **December 31, 2024** expenses.

(Signature page follows)

SIGNATURE PAGE

IN WITNESS WHEREOF, the parties hereto have caused this Amendment #02 to be executed by their duly authorized officers.

CLACKAMAS COUNTY

By: _____

Its: _____


Dated: _____

Approved as to form:

By:  _____
County Counsel

Dated: 06/04/2024

LIFEWORCS NW

By:  _____

Its: President & CEO

Dated: 05/24/2024