

June 18, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of an Amendment to an Intergovernmental Agreement with the Oregon Health Authority for forensic evaluations. Amendment Value adjusts funding source only, no fiscal impact. Agreement Value remains \$17,509,981.22 for 18 months. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review	<ul style="list-style-type: none"> • Original Agreement March 7, 2024, Agenda Item 20240307 I.C.1 • Amendment # 01 - April 18, 2024, Agenda Item 20240418 III.D.4 • Amendment # 02 - May 2, 2024, Agenda Item 20240502 I.E.2 • Amendment # 03 - August 3 8, 2024, Agenda Item 20240808 III.D.10 • Amendment # 04 - July 25, 2024, Agenda Item 20240725 III.F.19 • Amendment # 05 - July 25, 2024, Agenda Item 20240725 III.F.20 • Amendment # 06 - September 6 12, 2024, Agenda Item 20240912 I.C.6 • Amendment # 07 - September 7 19, 2024, Agenda Item 20240919 II.D.1 • Amendment # 08 - November 27, 2024, Agenda Item 20241127 I.D.5 • Amendment # 09 - January 9, 2025, Agenda Item 20250109 III.D.3 • Amendment #10 - March 6, 2025, Agenda Item 20250306 III.D.7 • Amendment #11 - April 10, 2025, Agenda Item 20250410 IV.C.2 		
Performance Clackamas	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
Counsel Review	Yes – Ryan Hammond	Procurement Review	No
Contact Person	Elise Thompson	Contact Phone	503-742-5353

EXECUTIVE SUMMARY: The Behavioral Health Division of the Health, Housing and Human Services Department requests approval of Amendment #12 to the 2024-25 Intergovernmental Agreement #44300-00026004 with the State of Oregon, acting by and through its Oregon Health Authority (OHA) for the financing and operation of Community Mental Health, Addiction Treatment, Recovery & Prevention Services and Problem Gambling programs in Clackamas County. The Board of Commissioners is the Local Mental Health Authority for Clackamas County that operates a Community Mental Health Program (CMHP) funded by this Agreement. The Behavioral Health Division ensures that funds are administered in accordance with the terms outlined in this Agreement and all amendments, providing local administration, behavioral health, and addiction services to Clackamas County.

Amendment #12 makes an administrative change to update the funding source used for the funds awarded through Amendment #09 through MHS 04, Aid and Assist Services for Forensic Evaluations, to alleviate the waitlist at the Oregon State Hospital Evaluation Service. OHA's funding source changed from Mental Health Block Grant American Rescue

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Plan Act of 2021 (ARPA) funds to Mental Health Block Grant (MHBG) funds.

The maximum agreement value of \$17,509,981.22 is unchanged by Amendment #12.

RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve Amendment #12 (11455) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

A handwritten signature in cursive script that reads "Mary Rumbaugh".

Mary Rumbaugh
Director of Health, Housing and Human Services

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AGREEMENT # PO-44300-00026004

**TWELFTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2024-2025 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT,
RECOVERY, & PREVENTION, AND PROBLEM GAMBLING SERVICES**

This **Twelfth** Amendment to Oregon Health Authority 2024-2025 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2024 (as amended, the “Agreement”), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and **Clackamas County** (“County”).

RECITALS

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The financial and service information in the Financial Assistance Award is hereby amended as described in Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with the portion of Exhibit C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

6. Signatures.

Clackamas County

By:

Authorized Signature

Printed Name

Title

Date

State of Oregon, acting by and through its Oregon Health Authority

By:

Authorized Signature

Printed Name

Title

Date

Approved by: Director, OHA Health Systems Division

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Exempt per OAR 137-045-0050(2)

Oregon Department of Justice

Date

ATTACHMENT 1
EXHIBIT C
Financial Pages

MODIFICATION INPUT REVIEW REPORT													
MOD#: M1103													
CONTRACT#: 026004													
CONTRACTOR: CLACKAMAS COUNTY													
INPUT CHECKED BY: _____ DATE CHECKED: _____													
SE#	FUND	PROJ CODE	CPMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
FISCAL YEAR: 2023-2024													
		BASE	AID & ASSIST PROJECT										
4	331	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	-\$13,333.33	\$0.00	C	1	N		1
TOTAL FOR SE# 4							-\$13,333.33	\$0.00					
TOTAL FOR 2023-2024							-\$13,333.33	\$0.00					
FISCAL YEAR: 2024-2025													
		BASE	AID & ASSIST PROJECT										
4	331	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	-\$26,666.67	\$0.00	C	1	N		1
		BASE	AID & ASSIST PROJECT										
4	301	AAP		1/1/2025 - 6/30/2025	0 /NA	\$0.00	\$40,000.00	\$0.00	C	1	N		2
TOTAL FOR SE# 4							\$13,333.33	\$0.00					
TOTAL FOR 2024-2025							\$13,333.33	\$0.00					
TOTAL FOR M1103 026004							\$0.00	\$0.00					

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: CLACKAMAS COUNTY
DATE: 05/16/2025

Contract#: 026004
REF#: 016

REASON FOR FAAA (for information only):

This Amendment is to correct Funding Type for Aid and Assist Client Services (MHS 04) to expand community restoration forensic evaluation capacity.

The following special condition(s) apply to funds as indicated by the special condition number in column 9. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

- | | |
|-------|--|
| M1103 | 1 Special Condition #M1008-1 in Amendment 026004-9 regarding "MHS 04" Applies. |
| M1103 | 2 The financial assistance subject to this special condition will be disbursed to County in one lump sum within 30 calendar days after the date this Agreement becomes executed. |