

June 12, 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 Behavioral Health Workforce Initiative program funds. Amendment Value is no fiscal impact for 1 year. Total Agreement Value is \$381,250 for 3 years. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review	Financial Assistance Application Lifecycle January 5, 2023, Agenda Item 20230105 III.D.1; Original Agreement May 11, 2023, Agenda Item 20230511 II.C.1; Amendment # 01 April 4, 2024, Agenda Item 20240404 IV.E.5		
Performance Clackamas	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
Counsel Review	Yes – Sarah Foreman	Procurement Review	No
Contact Person	Elise Thompson	Contact Phone	503-742-5353

EXECUTIVE SUMMARY: The Behavioral Health Division (BHD) of the Health, Housing, and Human Services Department requests approval of Amendment #02 to an Intergovernmental Agreement with Oregon Health Authority (OHA) for Behavioral Health Workforce Initiative Program Funds. These funds were provided for clinical supervision activities, specialized supervision, and culturally specific training.

The agreement was established through a Request for Applications (RFA) issued to Community Mental Health Programs to support the recruitment and retention of behavioral health providers holding associate, bachelor's, master's, doctoral degrees, or equivalent credentials and to provide supervised clinical experience required for licensure in the behavioral health field 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.

Amendment #02 extends the term of the agreement to twelve (12) months through June 30, 2026.

The maximum value of the agreement, \$381,250.00, is unchanged by Amendment #02. These funds are being used to provide clinical supervision to Division staff on a path toward licensure (estimated 10-12 staff annually), culturally specific training for all client-facing staff (approximately 90% of the Division), and workforce retention consulting and training for all division staff.

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RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve this amendment to the agreement (11101) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Director of Health, Housing and Human Services



**Grant Agreement Number 179616
OregonBuys PO-44300-00019580**

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT AGREEMENT**

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found on page one of the original Agreement, as amended. We accept all relay calls.

This is amendment number **02** to Grant Agreement Number **179616/ OregonBuys PO-44300-00019580** 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**

hereinafter referred to as “**Recipient**.”

- 1.** This amendment, when fully executed by every party, shall become effective on **June 30, 2025**.
- 2.** The Agreement is hereby amended as follows:
 - a.** **Section 1 "Effective Date and Duration"** to change the expiration date from June 30, 2025 to **June 30, 2026**.
 - b.** **Exhibit A Part 2, “Payment and Financial Reporting”, Section 1**, as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

Expenditure of Grant Funds and reporting for the period beginning upon execution of this Agreement through June 30, ~~2025~~2026.

- c. **Exhibit A Part 2, “Payment and Financial Reporting”, Section 2.c.** as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

County shall submit invoice and required reporting documents. All invoices and reporting documents shall be sent to ~~hsd.contracts@odhsoha.oregon.gov~~ **BHD.Contracts@oha.oregon.gov** and **bh.workforceinitiative@odhsoha.oregon.gov** and include:

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
 - a. 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;
 - b. The information shown in Section 5.a. “Recipient Information” of the original Agreement, as amended is Recipient’s true, accurate and correct information;
 - c. 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;
 - d. 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>;
 - e. 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/SAM>;
 - f. Recipient is not subject to backup withholding because:
 - (1) Recipient is exempt from backup withholding;
 - (2) 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

(3) The IRS has notified Recipient that Recipient is no longer subject to backup withholding; and

- a. Recipient’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, Recipient is required to provide OHA with the new FEIN or SSN within 10 days.

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

5. 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 Behavioral Health Division
By:

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date

Approved for Legal Sufficiency:

Not required per OAR 137-045-0030(1)(a)	_____
Oregon Department of Justice	Date