

January 13, 2026

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval of an Intergovernmental Grant Agreement with the Oregon Health Authority for the community mental health program funds and approval to submit the 2026-27 Community Mental Health Program Local Plan. Agreement Value is \$18,108,772.52 for 18 months. Funding is through the Oregon Health Authority and \$60,000 of Budgeted County General Funds.

Previous Board Action/Review	Policy Session December 9, 2025 Briefed at Issues, January 13, 2026		
Performance Clackamas	Healthy People		
Counsel Review	Yes – Ryan Hammond	Procurement Review	No
Contact Person	Karen Kern	Contact Phone	503-742-5335

EXECUTIVE SUMMARY: The Behavioral Health Division (BHD) of the Health, Housing, and Human Services Department requests approval to accept the 2026-27 Intergovernmental Agreement for the Financing of Community Mental Health Programs, which provides the financing for services outlined in the local plan. The award, with a maximum value of \$18,108,772.52, will cover eligible program expenses for the term of January 1, 2026, through June 30, 2027. Additionally, BHD is seeking approval to submit the 2026-27 Community Mental Health Program Local Plan.

As the Local Mental Health Authority, the County is obligated to provide or contract with community partners for the provision of community mental health and addiction treatment, recovery, and prevention services. The local plan is structured to outline how the Community Mental Health Program (CMHP), which is the Behavioral Health Division, is going to fund and provide services based on the Oregon Health Authority’s (OHA) reprioritization of populations served in the Core Service Areas.

The Core Service Areas identified by OHA are:

- System Management & Coordination
- Crisis Services
- Forensic & Involuntary Services
- Outpatient & Community-Based Services
- Residential & Housing Supports
- Behavioral Health Promotion & Prevention
- Block Grant Funded Services

For Filing Use Only

The Prioritization of Populations established by OHA is as follows:

- **Priority 1:** Involuntary and Mandated Services – Aid & Assist, Psychiatric Services Review Board (PSRB) and Juvenile Psychiatric Review Board (JPSRB), and Civil Commitment
- **Priority 2:** Forensic Services – Jail Diversion, Mental Health Services in Jail, Individuals placed on a hold, but not committed
- **Priority 3:** At risk of hospitalization and crisis or at risk of removal from the home – Mobile Crisis, Crisis Walk-In, Crisis Stabilization
- **Priority 4:** Individuals who have or are at risk of developing a Mental or Emotional Disturbance or Substance Use Disorder

Behavioral Health Division engaged the public, including community partners, stakeholders, and consumers of services, through surveys, focus groups, and key informant interviews to identify unmet needs and inform plan development. A draft of the Local Plan was submitted to OHA on October 1, 2025, with the resulting feedback being incorporated into the final plan.

Board approval of the plan will allow for submission of the final plan to OHA.

RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve the 2026-27 Agreement and 2026-27 Community Mental Health Program Local Plan and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh
Director of Health, Housing and Human Services

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

****CONCEPTION****

Section I: Funding Opportunity Information - To Be Completed by Requester

Direct Appropriation (no application)

Award type: Subrecipient Award Direct Award

Award Renewal? Yes No

Lead Fund # and Department:	240 - Health, Housing and Human Services - Behavioral Health
Name of Funding Opportunity:	2026-27 Intergovernmental Agreement for the Financing of Community Mental Health Programs

Funding Source: Federal – Direct Federal – Pass through State Local

Requestor Information: (Name of staff initiating form)	Karen Kern
Requestor Contact Information:	KKern@clackamas.us
Department Fiscal Representative:	Allie Alexander; AAlexander@clackamas.us
Program Name & Prior Project #: (please specify)	Community Mental Health Programs 400624200

Brief Description of Project:

The 2026-2027 Intergovernmental Agreement for the Financing of Community Mental Health Programs provides financial assistance for the operation or to contract for the operation of community mental health and addiction treatment, recovery and prevention services, and funds services not covered by Medicaid. As the Local Mental Health Authority, the County is obligated to provide or to contract with community partners to provide these services. For this Agreement the County was required to submit a Local Plan that outlines how funds would be utilized based on Oregon Health Authority's reprioritization of populations served in the Core Services Areas. The Core Service Areas are: System Management & Coordination, Crisis Services, Forensic & Involuntary Services, Outpatient & Community-Based Services, Residential & Housing Supports, Behavioral Health Promotion & Prevention; and Block Grant Funded Services. OHA has prioritized service delivery in the Core Service Areas as follows: Priority 1, Involuntary and Mandated Services; Priority 2, Forensic Services; Priority 3, At risk of hospitalization and crisis or at risk of removal from the home; and Priority 4, Individuals who have or are at risk of developing a mental or emotional disturbance or substance use disorder. On October 1, 2025 the Local Plan draft was submitted to OHA. Following feedback from OHA the final Local Plan was updated and will be submitted to OHA following Board of Commissioners' approval.

Name of Funding Agency: State of Oregon, Oregon Health Authority

Notification of Funding Opportunity Web Address: N/A

OR

Application Packet Attached: Yes No

Completed By: Angela Russell Date: December 22, 2025

**** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ****

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

Competitive Application Non-Competing Application Other

Assistance Listing Number (ALN), if applicable:	93.958 and 93.959	Funding Agency Award Notification Date:	December 31, 2025
Announcement Date:	N/A	Announcement/Opportunity #:	Agreement #44300-00054282
Grant Category/Title	N/A	Funding Amount Requested:	\$18,108,772.52
Allows Indirect/Rate:	Yes	Match Requirement:	No
Application Deadline:	N/A	Total Project Cost:	\$27,204,061.83
Award Start Date:	January 1, 2026	Other Deadlines and Description:	N/A
Award End Date	June 30, 2027		
Completed By:	Allie Alexander	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:

These funds are intended to cover the cost of Non-Medicaid clients residing in Clackamas County. Funding for Involuntary Commitment is supplemented with County General Fund and Fund Balance to cover full cost of programs. Some revenue (\$8,392,847.69) from Coordinated Care Organizations (CareOregon and Trillium) intersects with the core functions of this Agreement.

How much General Fund will be used to cover costs in this program, including indirect expenses?

\$60,000.00

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

\$642,441.62

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

Collaboration

1. List County departments that will collaborate on this award, if any.

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

3. What are the fiscal reporting requirements for this funding?

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

2. Who, if any, are the community partners who might be better suited to perform this work?

3. What are the objectives of this funding opportunity? How will we meet these objectives?

Other Information necessary to understand this award, if any.

Program Approval:

Name (Typed/Printed)	Date	Signature
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** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR **
ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Karen Kern

1/5/26

Karen Kern

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Philip Mason-Joyner

Jan 5, 2026

Philip Mason-Joyner

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Jan 6, 2026

Elizabeth Comfort

Name (Typed/Printed)

Date

Signature

EOC COMMAND APPROVAL (WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)

Name (Typed/Printed)

Date

Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications \$150,000 and below:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications up to and including \$150,000 email form to BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.

For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

BCC Agenda item #:

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OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.

H3S-BH-Lifecycle_Fund 240_OHA_Final

Final Audit Report

2026-01-06

Created:	2026-01-06
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAJDcSnOjOYvo8NftgMwltq-E3WjpxKcOd

"H3S-BH-Lifecycle_Fund 240_OHA_Final" History

-  Document created by Qudsia Sediq (QSediq@clackamas.us)
2026-01-06 - 1:40:02 AM GMT- IP address: 198.245.132.3
-  Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature
2026-01-06 - 1:41:26 AM GMT
-  Email viewed by Elizabeth Comfort (ecomfort@clackamas.us)
2026-01-06 - 1:42:03 AM GMT- IP address: 52.44.135.122
-  Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us)
Signature Date: 2026-01-06 - 4:11:21 PM GMT - Time Source: server- IP address: 198.245.132.3
-  Agreement completed.
2026-01-06 - 4:11:21 PM GMT

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AGREEMENT # 44300-00054282

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

This 2026-2027 Intergovernmental Agreement for the Financing of Community Mental Health Programs (this “**Agreement**”) is between the State of Oregon acting by and through its Oregon Health Authority (“**OHA**”) and **Clackamas County**, a political subdivision of the State of Oregon (“**County**”).

RECITALS

1. OHA is authorized to assist Oregon counties and groups of Oregon counties in the establishment and financing of Community Mental Health Programs (as hereinafter defined) operated or contracted for by one or more counties;
2. County has established and proposes, during the term of this Agreement, to operate or contract for the operation of a Community Mental Health Program in accordance with the policies, procedures, and administrative rules of OHA;
3. County has requested Financial Assistance (as hereinafter defined) from OHA to operate or contract for the operation of its Community Mental Health Program;
4. OHA is willing, upon the terms and conditions of this Agreement, to provide Financial Assistance to County to operate or contract for the operation of its Community Mental Health Program to provide the Services (as hereinafter defined); and
5. Various statutes authorize OHA and County to collaborate and cooperate in providing for basic services and incentives for community-based care in a manner that ensures appropriate and adequate statewide Service delivery capacity.

AGREEMENT

NOW, THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. **Effective Date and Duration.** This Agreement shall become effective on January 1, 2026 (the “**Effective Date**”). Unless terminated earlier in accordance with its terms, this Agreement shall expire on June 30, 2027.
2. **Agreement Documents, Order of Precedence.** This Agreement consists of the following documents:

This Agreement without exhibits

Exhibit A	Definitions
Exhibit B	Service Descriptions
Exhibit C	Financial Assistance Award
Exhibit D	Special Terms and Conditions
Exhibit E	General Terms and Conditions
Exhibit F	Standard Terms and Conditions
Exhibit G	Required Federal Terms and Conditions
Exhibit H	Insurance Requirements
Exhibit I	Catalog of Federal Domestic Assistance (CFDA) Number Listing

In the event of a conflict between two or more provisions within any of the documents comprising this Agreement, the language in the provision with the highest precedence will control. The precedence of each of the documents comprising this Agreement is as follows, listed from highest precedence to lowest precedence: (i) this Agreement without exhibits, (ii) Exhibit G, (iii) Exhibit A, (iv) Exhibit C, (v) Exhibit D, (vi) Exhibit B, (vii) Exhibit F, (viii) Exhibit E, (ix) Exhibit H, (x) Exhibit I.

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

3. 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:

Approved by Lisa Gramp, Sr. Assistant Attorney General on December 18, 2025; email in Agreement file

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT A
DEFINITIONS**

As used in this Agreement, the following words and phrases have the indicated meanings. Certain additional words and phrases are defined in the Service Descriptions and Special Conditions. When a word or phrase is defined in a particular Service Description or Special Condition, the word or phrase will not have the ascribed meaning in any part of the Agreement other than the particular Service Description or Special Condition in which it is defined.

1. **“Addiction Treatment, Recovery, & Prevention Services”** means Services for Individuals at risk of developing or diagnosed with SUD.
2. **“Aging and People with Disabilities”** or **“APD”** means a division within the Oregon Department of Human Services that is responsible for management, financing, and regulating services for aging adults and people with disabilities.
3. **“Agreement Settlement”** means OHA’s reconciliation, after termination or expiration of this Agreement, of amounts OHA actually disbursed to County with amounts that OHA is obligated to pay to County under this Agreement from the Financial Assistance Award, as determined in accordance with the Financial Assistance calculation methodologies set forth in the Service Descriptions.
4. **“Allowable Costs”** means the costs described in 2 CFR Part 200 or 45 CFR Part 75, as applicable, except to the extent such costs are limited or excluded by other provisions of this Agreement, whether in the applicable Service Descriptions, Special Conditions identified in the Financial Assistance Award, or otherwise.
5. **“Allowable Services”** means the reasonable, allocable, and necessary Services eligible for funding through this Agreement.
6. **“Behavioral Health”** refers to mental and emotional wellbeing or actions that affect wellness.
7. **“Behavioral Health Disorder”** means a mental illness, Mental or Emotional Disturbance, or Substance Use Disorder.
8. **“Behavioral Health Division”** or **“BHD”** means for the purpose of this Agreement, the division of OHA that is responsible for the functions described in [ORS 430.021\(2\)](#), including but not limited to coordinating, assisting, and directing a Community Mental Health Program in cooperation with local government units and integrate such a program with the state Community Mental Health Program, and direct and coordinate Addiction Treatment, Recovery, & Prevention Services.
9. **“Behavioral Health Prevention”** means interventions to minimize Behavioral Health Problems by addressing determinants of Behavioral Health Problems before a specific Behavioral Health Problem has been identified in the Individual, group, or population of focus.

10. **“Behavioral Health Problem”** means a mental illness, Mental or Emotional Disturbance, Substance Use Disorder, or serious psychological distress and suicide.
11. **“Behavioral Health Promotion”** means a set of strategies that encourage and increase protective factors and health behaviors to help prevent the onset of a diagnosable Behavioral Health Disorders and reduce risk factors that can lead to the development of a Behavioral Health Disorder.
12. **“Budget”** means the written plan of projected income and expenditures for Services paid for with the Financial Assistance, as approved by OHA.
13. **“Community Mental Health Program”** or **“CMHP”** means an entity established under [ORS 430.620](#) that is responsible for planning and delivery of Services for Individuals with or at risk of developing a Behavioral Health Disorder in a specific geographic area of the state under an agreement with OHA or a Local Mental Health Authority.
14. **“Coordinated Care Organizations”** or **“CCO”** means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Oregon Health Authority under [ORS 414.572](#) to be accountable for care management and to provide integrated and coordinated health care for each of the organization’s members.
15. **“County Financial Assistance Administrator”** means a County appointed officer to administer this Agreement and amend the Financial Assistance Award on behalf of County, by execution and delivery of amendments to this Agreement in the name of County, in hard copy or electronically.
16. **“Federal Funds”** means all funds paid to County under this Agreement that OHA receives from an agency, instrumentality, or program of the federal government of the United States.
17. **“Financial Assistance Award”** or **“FAA”** means the description of financial assistance set forth in [Exhibit C](#).
18. **“Financial Assistance”** means all or a portion of the Financial Assistance Award.
19. **“Individual”** or **“Client”** means any person being considered for or receiving Services funded with the Financial Assistance.
20. **“Local Mental Health Authority”** or **“LMHA”** has the meaning set forth in [ORS 430.630\(9\)\(a\)](#).
21. **“Local Plan”** or **“Plan”** means the comprehensive plan, adopted by the Local Mental Health Authority as set forth in [ORS 430.630\(9\)](#) and approved by OHA in accordance with [ORS 430.640\(1\)\(f\)](#). Each Local Mental Health Authority that operates or contracts for the operation of a Community Mental Health Program shall determine the need for local services and adopt a comprehensive Local Plan for the delivery of services for children, families, adults and older adults that describes the methods by which the Local Mental Health Authority shall provide or ensure provision of those services. The Local Plan must describe, among other things, how County will provide or ensure provision of the Services outlined in [Exhibit B](#) with the Financial Assistance. The Plan shall be consistent with content and format to that of OHA’s Local Plan guidelines located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall provide Services in accordance with the Local Plan and Budget.

22. **“Mandated State Data System”** means the OHA data system that stores non-Medicaid Service data submitted by OHA contractors and subcontractors.
23. **“Medicaid”** means the federal grant-in-aid program to state governments to provide medical assistance to eligible individuals under Title XIX of the Social Security Act. ([OAR 309-019-0105](#)(96)).
24. **“Mental or Emotional Disturbance”** means a disorder of emotional reactions, thought processes, or behavior that results in substantial subjective distress or impaired perceptions of reality or impaired ability to control or appreciate the consequences of the person's behavior and constitutes a impairment of the resident's social, educational, or economic functioning. Medical diagnosis and classification must be consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) of the American Psychiatric Association."
25. **“Misexpenditure”** means funds, other than an Overexpenditure, disbursed to County by OHA under this Agreement and expended by County that are:
 - a. Identified by the federal government as expended contrary to applicable statutes, rules, OMB Circulars, or 45 CFR Part 75, as applicable, or any other authority that governs the permissible expenditure of such funds, for which the federal government has requested reimbursement by the State of Oregon, whether in the form of a federal determination of improper use of federal funds, a federal notice of disallowance, or otherwise; or
 - b. Identified by the State of Oregon or OHA as expended in a manner other than that permitted by this Agreement, including without limitation any funds expended by County contrary to applicable statutes, rules, OMB Circulars, or 45 CFR Part 75, as applicable, or any other authority that governs the permissible expenditure of such funds; or
 - c. Identified by the State of Oregon or OHA as expended on the delivery of a Service that did not meet the standards and requirements of this Agreement with respect to that Service.
26. **“ODHS”** means the Department of Human Services of the State of Oregon.
27. **“Older Adults”** means adults who are 60 years old or older.
28. **“OHA Contract Administrator”** means the person identified in Section 16 of [Exhibit F](#) or their designee.
29. **“Overexpenditure”** means funds disbursed to County by OHA under this Agreement and expended by County that is identified by the State of Oregon or OHA, through Agreement Settlement or any other disbursement reconciliation permitted or required under this Agreement, as in excess of the funds County is entitled to as determined in accordance with [Exhibit C](#), “Financial Assistance Award” or in [Exhibit D](#), “Special Terms and Conditions.”
30. **“Provider”** means an entity or qualified person that holds all licenses, certificates, authorizations, and other approvals required by applicable law to deliver the Services. Provider also includes County if County provides the Service directly.
31. **“Provider Contract”** means the agreement by and between County and a Provider under which County subcontracts for the provision of certain Services, the terms and conditions of which must

be consistent with this Agreement with regard to any duties or obligations that are subcontracted. OHA’s consent to any Provider or Provider Contract does not relieve County of any of its duties or obligations under this Agreement and County remains responsible for such duties or obligations regardless of any Provider Contract. The Provider Contract must be in writing, identify for sub-recipients the amount of federal funds included in the Provider Contract and provide the CFDA number.

32. “Qualifying Mental Disorder” means:

- a. A developmental or intellectual disability, traumatic brain injury, brain damage or other biological dysfunction that is associated with distress or disability causing symptoms or impairment in at least one important area of the defendant’s or youth’s functioning and is defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) of the American Psychiatric Association; or
- b. Any diagnosis of a psychiatric condition which is a significant behavioral or psychological syndrome or pattern that is associated with distress or disability causing symptoms or impairment in at least one important area of the defendant’s or youth’s functioning and is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) of the American Psychiatric Association.
- c. Qualifying Mental Disorder does not include:
 - (1) A diagnosis solely constituting the ingestion of substances (e.g., chemicals or alcohol), including but not limited to transitory, episodic alcohol or drug-induced psychosis;
 - (2) An abnormality manifested solely by repeated criminal or otherwise antisocial conduct;
 - (3) An abnormality constituting a personality disorder; or
 - (4) Constituting solely a conduct disorder for a youth.

33. “Required Federal Terms and Conditions” mean the requirements set forth in Exhibit G.

34. “Service(s)” or “Core Service Area(s)” means any one of the following Services or group of related Services as described in the Service Descriptions.

Service Name	Service Code
Core Service Area(s):	BHD 500
a. System Management & Coordination	
b. Crisis Services	
c. Forensic & Involuntary Services	
d. Outpatient & Community-Based Services	
e. Residential & Housing Services	
f. Behavioral Health Promotion & Prevention	
g. Block Grant Funded Services	
h. Invoiced Services	

35. “Service Description” means the description of the Services as set forth in Exhibit B.

36. “Service Priorities” means the tiered provision of Services set forth in Section 2 of Exhibit B, provided that such Service Priorities do not conflict with ORS Ch. 430.

37. **“Special Condition”** means a clause added to a specific line item in the Financial Assistance Award.
38. **“Substance Use Disorder”** or **“SUD”** means, as defined in DSM-5-TR, disorders related to the taking of a drug of abuse including alcohol, the side effects of a medication, or a toxin exposure. The disorders include substance use disorders and substance-induced disorders, which include substance intoxication and withdrawal, and substance-related disorders such as delirium, neuro-cognitive disorders, and substance-induced psychotic disorder.
39. **“Substantial Compliance”** means a level of adherence to applicable administrative rules, statutes, other applicable regulations, and the required metrics associated with each Core Service Area that, even if one or more requirements is not met in the reasonable determination of OHA, subject to any and all ORS 183 appeal rights, does not:
- a. Constitute a danger to the health, welfare, or safety of any Individual or to the public;
 - b. Constitute a willful, negligent, or ongoing violation of the rights of any Individuals as set forth in administrative rules; or
 - c. Constitute significant impairment to the accomplishment of the purposes in providing funding through this Agreement.
40. **“Trauma Informed Services”** means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and substance use services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Trauma Informed Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services. ([OAR 309-019-0105](#)(162)).
41. **“Underexpenditure”** means funds disbursed by OHA under this Agreement that remain unexpended at Agreement termination or expiration, other than funds County is permitted to retain and expend in the future under Exhibit E, “General Terms and Conditions,” section 3.b.”
42. **“Young Adult in Transition”** means an Individual who is developmentally transitioning into independence, sometime between the ages of 14 to 25. ([OAR 309-019-0105](#)(172)).

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT B
SERVICE DESCRIPTIONS**

The parties acknowledge and agree that the Financial Assistance provided in this Agreement may not be sufficient to fully provide the Services to all Individuals. Likewise, the parties acknowledge and agree that the Local Plan and Budget, as well as County's CMHP obligations under ORS 430.630, encompass obligations that are not covered by this Agreement. Nothing in this Agreement entitles a third party to enforce its terms.

In addition, OHA acknowledges that County is not a party to the Mink-Bowman litigation. The intention of this Agreement is, consistent with ORS 430.646(1)-(3) and ORS 430.644, to ensure that the Financial Assistance is prioritized for the Service Priorities. In no event will County be required to use funds other than the Financial Assistance to fund the Services in this Exhibit B. Likewise, this Agreement does not create an obligation for County to create residential infrastructure.

County shall provide the Services described in this Exhibit B with the Financial Assistance Award provided by this Agreement, in accordance with the approved Local Plan and corresponding Budget. In providing the Services described in this Exhibit B, County shall follow the Service Priorities identified in Section 2. of this Exhibit B. To the extent that the Service Priorities set forth in Section 2.a. are adequately funded with the Financial Assistance, then, to the extent that Financial Assistance remains available, County shall provide the lower tiered Service Priorities in Section 2. County's compliance with this Exhibit B will be solely determined based on whether: (i) County has an approved Local Plan and Budget; (ii) is in Substantial Compliance with the required metrics for each Core Service Area in consideration of the approved Local Plan and Budget; and (iii) is in Substantial Compliance with the required services section for each Core Service Area in consideration of the approved Local Plan and Budget.

1. **Goals.** The parties agree that the goals of this Agreement are to:
 - a. Provide a coordinated crisis system to all Individuals within the geographic service area of the County(ies).
 - b. Provide individualized services to ensure that people are served in the least restrictive most integrated setting possible allowing Individuals across the lifespan to live as independently as possible.
 - c. Coordinate access to stable housing to prevent Individuals with Behavioral Health Disorders and their families from being unhoused.
 - d. Services address the unique needs of Individuals without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability.
 - e. Reduce risk of unnecessary emergency department utilization, criminal/legal involvement, and acute psychiatric hospitalizations by providing upstream services.
 - f. Provide a trained, competent and compassionate system for Individuals at risk of involuntary civil or forensic commitment that focuses on diversion these services, when appropriate.
 - g. Engage, and when appropriate, lead in community efforts that decrease deaths by suicide.
 - h. Engage, and when appropriate, lead in community efforts that decrease overdose and overdose deaths.

- i. Engage, and when appropriate, lead in community efforts that decrease unnecessary criminal/legal involvement for Individuals with Behavioral Health Disorders.

2. Service Priorities. The Individuals described under each subsection below are listed in no particular order. County shall be in Substantial Compliance with the required metrics and required services under each Core Service Area in consideration of the approved Local Plan and Budget.

a. County shall give first priority in providing Services to each of the following, based on community need:

- (1) **Aid & Assist – Individuals who the court:**
 - (a) Has reason to doubt are fit to proceed by reason of incapacity (as defined in [ORS 161.360](#)) under [ORS 161.365](#);
 - (b) Has determined lack the fitness to proceed under [ORS 161.370](#) but has not yet determined what action to take under [ORS 161.370\(2\)\(c\)](#);
 - (c) Has found to lack fitness to proceed under [ORS 161.370](#) and are committed to the custody of the superintendent of the Oregon State Hospital (OSH); or
 - (d) Has determined lack of fitness to proceed under [ORS 161.370](#) and are ordered to engage in community restoration services.
 - (e) Has determined to have no substantial probability of gaining or regaining fitness under [ORS 161.367](#) and who are being discharged to the community.
- (2) **Psychiatric Security Review Board (PSRB – Individuals who:**
 - (a) Are found guilty except for insanity of a criminal offense under [ORS 161.327](#) or responsible except for insanity under [ORS 419C.529](#); or
 - (b) Are committed as extremely dangerous persons with qualifying mental disorders under [ORS 426.701](#), or recommitted under [ORS 426.702](#).
- (3) **Civil Commitment - Individuals who:**
 - (a) Are currently committed to OHA for treatment under [ORS 426.130](#) or recommitted to OHA under [ORS 426.307](#);
 - (b) Are diverted through the civil commitment process to voluntary treatment, conditional release, outpatient commitment, and assisted outpatient treatment (AOT) as described in [ORS 426.125](#) through [ORS 426.133](#), or [ORS 426.237](#); or
 - (c) Require emergency hold, custody, or secure transport services under [ORS 426.228](#), [ORS 426.231](#), [ORS 426.232](#) and [ORS 426.233](#), or are being held on a warrant of detention pending a civil commitment hearing under [ORS 426.070](#).

b. Depending on the availability of funds, County shall give second priority in providing Services to Individuals who are 18 years or older, and have a mental illness(es), including co-occurring mental health and Substance Use Disorders, and who as a result of their symptoms from their mental illness:

- (1) Have had law enforcement contact that could have resulted in an arrest, citation, booking, criminal charge, or transport to jail, but have instead been referred to County for Services;
- (2) Are in jail and are in need of mental health treatment; or
- (3) In the previous six months, have been twice detained on an emergency hold under [ORS 426.232](#) or on a warrant of detention under [ORS 426.070](#) but have not yet, as a result, been civilly committed.

- c. **Depending on the availability of funds, County shall give third priority in providing Services to all other Individuals, who do not otherwise qualify under Subsection 2.a and 2.b of Exhibit B, who:**
 - (1) Are at immediate risk of hospitalization for the treatment of Mental or Emotional Disturbances, or are in need of Services to avoid hospitalization or posing a health or safety risk to themselves or others;
 - (2) Are under 18 years of age who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of removal from their homes for treatment of Mental or Emotional Disturbances or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature;
 - (3) Because of the nature of their mental illness, their geographic location or their family income, are least capable of obtaining assistance from the private sector; or
 - (4) In accordance with the assessment of professionals in the field of mental health, are experiencing Mental or Emotional Disturbances but will not require hospitalization in the foreseeable future.
- d. **Depending on the availability of funds, County shall give fourth priority in providing Services to all other Individuals who do not otherwise qualify under Subsections 2.a through 2.c of Exhibit B, and who have or are at risk of developing a Mental or Emotional Disturbance or Substance Use Disorder.**

3. **Core Service Areas**

a. **System Management and Coordination**

(1) **Planning and Service Delivery**

- (a) **Description:** County is responsible for developing a comprehensive Local Plan that describes how County will deliver mental health Services for Individuals that are responsive to the needs of Individuals in their community, as described in [ORS 430.630\(9\)](#).
- (b) **Population:** County shall provide a delivery system for Services responsive to Individuals with Behavioral Health needs in their geographic service area, which specifically addresses the needs of Individuals described in Section 2.a of Exhibit B.
- (c) **Required Services:** County shall:
 - i. Establish and maintain a structure for meaningful system design and oversight of Services funded with the Financial Assistance;
 - ii. Submit a comprehensive Local Plan, consistent with [ORS 430.630\(9\)](#) and this Agreement;
 - iii. Implement the delivery of Services as described in the County’s Local Plan approved by OHA;
 - iv. Monitor the delivery of Services described in the County’s Local Plan approved by OHA;
 - v. Evaluate delivery of Services described in the County’s Local Plan approved by OHA;
 - vi. Ensure adequate administrative support for:
 - A. Activities related to contract negotiation, administration, and monitoring as needed to meet the Service needs of Individuals receiving Services under this Agreement;
 - B. Data collection, performance measurement, and reporting;

- (d) Youth receiving MRSS receive the Services necessary to remain in the community following the initial MRSS response.
- (e) Youth are screened for stabilization services following the initial MCIS response.
- (f) Youth and families that consent to stabilization services are enrolled in stabilization services.
- (g) Youth enrolled in stabilization services are referred to the recommended ongoing Services prior to discharge from stabilization services.

c. Forensic & Involuntary Services

(1) Aid and Assist and Competency Restoration Services:

- (a) **Description:** Competency restoration services are provided to assist Individuals in gaining or regaining their competency in the most integrated, least restrictive setting possible. Competency restoration services, for Individuals found unable to aid and assist in their own defense, are provided either in the community or at OSH. Services include, but are not limited to, community transition planning, treatment designed to restore competency, placement in appropriate community-based care, monitoring and coordination of Services, coordination with providers and the court, and periodic assessment of the Individual’s fitness to proceed.
- (b) **Population:** Individuals who are described in Subsection 2.a(1) of Exhibit B.
- (c) **Required Services:** County shall:
 - i. Ensure that community consultations are conducted as required in [OAR 309-088-0125](#);
 - ii. Provide community restoration services as defined in [OAR 309-088-0115](#) including, but not limited to:
 - A. Competency restoration services as defined in [OAR 309-088-0115](#);
 - B. Forensic care coordination as defined in [OAR 309-088-0115](#); and
 - C. Supportive services as defined in [OAR 309-088-0115](#) necessary to support community integration.
 - iii. Provide competency restoration services during commitment at OSH including, but not limited to:
 - A. Community transition planning defined in [OAR 309-088-0115](#);
 - B. Forensic care coordination defined in [OAR 309-088-0115](#); and
 - C. If applicable, the plan of resolution described in Exhibit D.
 - iv. Ensure compliance with [OAR 309-088-0130](#) including, but not limited to:
 - A. Developing within 30 calendar days of admission and updating at least once every 30 calendar days a community transition plan for the Individual in the least restrictive, most integrated setting appropriate to meet the Individual’s Behavioral Health needs, preferences, choices, and strengths;
 - B. Have both a primary community transition plan and at least one backup community transition plan;

- C.** In developing the community transition plan, County shall be primarily guided by the State Hospital’s treating clinical team’s recommendations. County may provide information to the State Hospital’s treating clinical team to inform their recommendations.
 - D.** The community transition plan must provide information about the availability of the State Hospital treating clinical team’s clinical recommendations in the community, including any reasonable and clinically appropriate alternatives if the State Hospital treating clinical team’s clinical recommendations are not present or available in the community.
 - E.** Completion or coordination of any referrals, screenings, or other work to implement the community transition plan: and
 - F.** Monitoring the status of any referrals, screenings, or other work to implement the community transition plan.
 - G.** At least every 30 calendar days, County staff are required to:

 - I.** Meet with the hospital to facilitate an effective transition back to the community. These meetings are required to create, update, or implement a community transition plan that aligns with the Individual’s specific treatment needs outside of a hospital level of care setting. These meetings must include, but are not limited to:

 - (A)** Attending Treatment Team meetings; or
 - (B)** Speaking with the assigned qualified mental health professional (QMHP).
 - II.** Meet with the Individual (in-person or by phone call or video conference) to discuss transition planning and treatment available in the community. These meetings also help with creating, reviewing, updating or implementing a community transition plan.
 - III.** Determine whether community restoration services have become present and available. Consulting with Providers, agencies, CCOs, exceptional needs care coordinators (ENCCs), and Tribes (if applicable) helps to inform the 30-day review.
- v.** After OSH issues notice that an Individual is ready to place (RTP) under [ORS 161.371\(3\)\(a\) or \(4\)\(a\)](#), and the court orders a community consultation, County shall:
- A.** Attempt to consult with the Individual and with any local entity that would be responsible for providing community restoration services, if the Individual were to be released in the community, to determine whether community restoration services are present and available in the community;

- B.** Identify appropriate Providers that are able to meet the Individual’s Behavioral Health needs and willing to provide that care, treatment, and Services to the Individual;
 - C.** Identify Providers and planning for a community restoration placement, primarily guided by the level of Services, supervision or type of placement identified by OSH in its RTP notice, and advise whether those resources are present and available in the community;
 - D.** Coordinate access to Services provided in the least restrictive and most integrated setting appropriate to meet the Individual’s Behavioral Health needs;
 - E.** Facilitate timely discharge from OSH and diversion from placement at a secure residential treatment facility (SRTF) when consistent with the level of Services, supervision or type of placement identified by OSH in its RTP notice, whenever possible;
 - F.** Obtain any necessary approvals from the Provider to allow admission, if it is a residential placement;
 - G.** Continue to send referrals to Providers until the Individual is accepted and can be immediately placed unless otherwise ordered by the court, if and when the court orders community restoration for the Individual;
 - H.** Complete the standardized consultation report template available at <https://www.oregon.gov/oha/osh/legal/pages/information-mental-health-providers.aspx>; and
 - I.** Within five judicial days, provide a copy of the consultation to OHA at aidand.assistadmin@odhsoha.oregon.gov, the court and OSH if applicable at cmhp.consults@odhsoha.oregon.gov.
 - J.** If the court does not discharge the Individual from OSH due to a lack of an available and appropriate Provider, continue to send referrals and update the community transition plan until the Individual is discharged from OSH, collaborating with the extended care management unit (ECMU) unless otherwise ordered by the court.
- vi.** County shall provide Services to youth under juvenile fitness to proceed who the court:
- A.** Has determined lack of fitness to proceed as defined in [ORS 419C.378](#) and court has ordered into an OHA designated facility for restoration services.
 - B.** Services include case management and placement in appropriate community-based care.

- vii.** As directed by OHA, County shall attend and participate in weekly ECMU care coordination meetings and collaborate with ECMU staff to:

 - A.** Facilitate timely Client transition across the residential system from OSH to supported housing.
 - B.** Facilitate effective utilization of Services and facility-based care in the community.
 - C.** Collaborate with care coordination teams and other state agencies as necessary to secure placements that meet individual Client needs.
 - D.** Begin discharge planning to more integrated settings as soon as an Individual is admitted to OSH, SRTF, RTF settings.
 - E.** Make referrals to the most integrated settings appropriate for the Individual’s assessed needs and level of care.
 - F.** Assist in identification of financial alternatives for Individuals who are over resourced for Medicaid.
- viii.** Participate in OSH interdisciplinary meetings for each Individual within the County’s Service area to update the discharge plan and to coordinate appropriate community-based Services.
- ix.** For Individuals receiving community restoration services, County shall coordinate the Individual’s Behavioral Health and medical treatment in the community:

 - A.** Attempt to conduct an individualized assessment of the Individual and develop a treatment Service plan in coordination with the Individual’s Provider and consistent with any court-ordered conditions; If the Individual does not participate in the initial assessment, continued efforts should be made to engage with the Individual to complete the assessment and develop a treatment Service plan;
 - B.** Monitor the care, custody, and treatment of the Individual while on community restoration;
 - C.** Monitor the Individual’s progress in their treatment Service plan, and identify when the Individual may receive Services in a lower level of care and report that to the court;
 - D.** Ensure treatment Service planning continues throughout the Individual’s receipt of Services with the goal of the Individual receiving Services in the lowest level of care that will maintain their mental and physical health long term;
 - E.** Provide care coordination to facilitate ongoing communication and collaboration to meet the Individual’s needs, such as:

 - I.** Facilitating communication between natural supports, community resources, Providers, agencies (if eligible for APD or I/DD Services) and CCOs (if an enrolled member);

involved in the referral and treatment of Individuals receiving aid & assist Services, that outline:

- A. Roles of each entity;
- B. Sequence and protocols of forensic diversion model including referral process;
- C. Data sharing agreements;
- D. Communication and reporting;
- E. Confidentiality agreements; and
- F. Individual rights while receiving diversion Services.

(d) **Other Allowable Services (Subject to Availability of Funds):** County may coordinate the transition from forensic services for Individuals described in Subsection 2.b of Exhibit B.

(e) **Required Metrics.** County shall be in Substantial Compliance with the following requirements:

- i. Individuals under aid & assist orders or transitioning from OSH or jails are referred to community navigator services.
- ii. Individuals under aid & assist commitment orders on the OSH waitlist are screened for forensic diversion services.
- iii. Individuals under aid & assist orders at OSH who have been found ready to place will have a completed community transition plan by the time the community consult is sent to the court.
- iv. All reports associated with aid & assist populations are completed and returned to OHA as required in OAR Chapter 309 Division 88.

(2) **Monitoring, Security and Supervision Services for Individuals Under the Jurisdiction of the Psychiatric Security Review Board (PSRB)**

(a) **Description:** Monitoring, security, and supervision Services delivered in accordance with OAR 309-019-0160.

(b) **Population:** Individuals who are described in Subsection 2.a(2) of Exhibit B.

(c) **Required Services:** County shall:

- i. Complete requests for evaluation order as required by OAR 309-019-0160;
- ii. Provide supervision and urinalysis drug screen consistent with the requirements of the PSRB Conditional Release Order;
- iii. Coordinate with OSH and OHA (e.g. Civil, ECMU, aid & assist), a hospital, or facility designated by OHA on transition activities related to conditional release of an Individual to the community;
- iv. Provide intensive case management for identified programs at approved budgeted rates;
- v. Complete administrative activities related to the monitoring services described above, including but not limited to:
 - A. Reporting of the Individual’s compliance with the conditional release requirements, as identified in the order for conditional release, through monthly progress notes to the PSRB;
 - B. Providing interim reports for the purpose of communicating the current status of an Individual to the PSRB;

- C. Submitting requests for modifications of conditional release orders to the PSRB;
 - D. Implementing board-approved modifications of conditional release orders;
 - E. Implementing revocations of conditional release due to violation(s) of conditional release orders and facilitating readmission to OSH or facility designated by OHA;
 - F. Contacting the Individual when County is notified by the law enforcement data system that the Individual under the jurisdiction of PSRB has had an encounter with a law enforcement agency; and
 - G. Completion of the annual comprehensive review of supervision and treatment services to determine if significant modifications to the conditional release order should be requested from the PSRB.
 - H. Utilize an OHA approved risk assessment tool for the purposes of providing structured risk feedback to the PSRB, inclusion in the annual comprehensive review, and in determining security payment rates; and
 - I. Report to OHA in writing to the GEI Coordinator at oha.gei.coordinator@odhsoha.oregon.gov the next business day, when there is concern that the County cannot provide the appropriate care and supervision that is needed for an Individual as stated in the conditional release plan. This concern and the communication with OHA must be documented in the Individual's Service record.
- vi. Providing expert witness testimony to the PSRB from both the case monitor and a licensed medical professional who can speak to the Individual's current treatment regimen, including psychotropic medications;
 - vii. Completion of evaluation reports and the summary of conditions of release plan, if the Individual is accepted to a placement, as required [by OAR 309-019-0160](#);
 - viii. Completion of monthly reports as required [by OAR 309-019-0160](#);
 - ix. Completion of annual comprehensive reviews as required [by OAR 309-019-0160](#); and
 - x. Coordinating transition from forensic services for Individuals ending jurisdiction under the PSRB within six months of termination.
- (d) **Required Metrics:** County shall be in Substantial Compliance with the following requirements:
- i. Conditional release evaluations for GEIs are completed and submitted within 30 calendar days of receiving the orders.
 - ii. PSRB monthly reports are submitted to PSRB as required [by OAR 309-019-0160](#);

- iii. Comprehensive annual reviews are submitted to OHA as required [by OAR 309-019-0160](#);
 - iv. Treatment plans are reviewed and updated within 364 calendar days of the previous plan.
 - v. OHA approved risk assessments are updated within 180 calendar days of the previous assessment.
- (3) **Civil Commitment Services**
- (a) **Description:** Civil commitment services include pre-commitment services, placement and post-commitment activities, and outreach and stabilization activities.
 - (b) **Population:** Individuals who are described in Subsection 2.a(3) of [Exhibit B](#).
 - (c) **Required Services:** County shall:
 - i. **Provide pre-commitment services including:**
 - A. Providing notice as required under [ORS 426.070](#), [ORS 426.233](#), [ORS 426.234](#), and [ORS 426.235](#);
 - B. Notifying and directing approved persons or peace officers to take custody and transport Individuals when appropriate;
 - C. Completing reporting and filing requirements relevant to authorized involuntary Services pursuant to [ORS Chapter 426](#) such as custody, admission to nonhospital facilities, and Notices of Mental Illness;
 - D. Receiving Notices of Mental Illness submitted from the community under [ORS 426.070](#) and from the circuit courts under [ORS 426.070 and ORS 426.234](#);
 - E. Overseeing the placement and transfer of Individuals during the pre-hearing period of detention, including providing or arranging for transportation;
 - F. Having a certified mental health investigator initiate and conduct a prehearing investigation, within applicable statutory timeframes, pursuant to [ORS 426.070](#), [ORS 426.074](#), [ORS 426.180](#), [ORS 426.200](#) and [OAR 309-033-0920 through OAR 309-033-0940](#);
 - G. Providing notices required in [ORS Chapter 426](#) and OAR Chapter 309 Division 33 for Individuals eligible for diversion from civil commitment.
 - H. Monitor the Individual's cooperation with the provider's treatment plan throughout and move for a hearing, as appropriate, if the Individual disengages or requests to discharge.
 - I. Writing and submitting an investigation report as required under [ORS 426.070](#), including a recommendation to the court to pursue or not pursue a civil commitment hearing, or to pursue a hearing for AOT;

- J.** Developing a person-centered treatment plan that is in the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices, and strengths, and addresses risk and protective factors;
 - K.** Monitoring the person's progress in completing the treatment plan and provide regular and as-requested updates to the court, including making requests for the appointment of a guardian ad litem when indicated; and
 - L.** Provide linkage to Services that enhance Individuals' life skills abilities including money management, nutrition, hygiene and personal care, shopping, social skills, and cooking.
- ii.** Provide placement and post-commitment Services including:
- A.** In providing recommendations, County shall ensure Individuals:
 - I.** Are recommended for Services in the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs;
 - II.** Are certified for diversion or recommended for AOT whenever appropriate and feasible;
 - III.** Are diverted from placement in OSH, community hospitals or SRTFs whenever possible; and
 - IV.** Are considered for alternatives to inpatient placement such as voluntary treatment, conditional release, outpatient commitment, and, if already in an inpatient setting, trial visit;
 - B.** Ensure that transition planning begins with intake and that the Individual is considered for initial outpatient commitment placement whenever appropriate;
 - C.** Ensure the placement of Individuals with an appropriate provider in the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices and strengths;
 - D.** Issue a written placement order immediately upon the civil commitment of the Individual and as required by [OAR 309-033-0290](#) thereafter. Submit completed placement orders to OHA as required by [OAR 309-033-0290](#);
 - E.** Monitor the Individual's progress in their placement, and identify when the Individual may benefit from a more integrated, less restrictive level of care, up to and including independent living, attributable to symptom improvement; discharging from a facility and accessing more integrated community-based resources and treatment; or discharging from civil commitment because the Individual is no longer a person

with mental illness or the Individual’s best interest is to transfer to a voluntary status;

- F. Monitor the Individual’s progress while placed in an inpatient setting and assess for readiness to step-down on a trial visit or discharge from civil commitment;
 - G. Monitor Individual’s progress while placed on outpatient commitment and assess for readiness to discharge for civil commitment;
 - H. Establish conditions of placement prior to placement on outpatient commitment or trial visit in accordance with [ORS 426.127](#), [ORS 426.273](#), and [ORS 426.278](#);
 - I. Support the Individual in adhering to the conditions of placement and completing the court requirements associated with the order for treatment if the Individual is placed in the community. This may include modifying conditions of placement as indicated in accordance with [ORS 426.273\(5\)](#) and [ORS 426.275\(3\)](#);
 - J. Provide notice to the court when the Individual is not adhering to the conditions of placement and when a revocation hearing is being requested. Complete revocation processes as indicated in [ORS 426.275](#) and [OAR 309-033-0320](#);
 - K. Facilitate communication between and collaborate with the Individual, family, natural supports, community resources, providers, ODHS if eligible for Aging and People with Disabilities (APD) or Intellectual and Developmental Disabilities (I/DD) Services and the courts (when applicable); and
 - L. If discharging the Individual from civil commitment prior to the expiration date of the civil commitment order, file a written certificate discharging the Individual early from civil commitment pursuant to [ORS 426.300](#) with the last committing court and the court in the county of residence.
- (d) **Other Allowable Services (Subject to Availability of Funds).** The County may provide outreach and stabilization services, which include:
- i. Establishing practices and procedures to identify Individuals within the Service area who are eligible for outreach and stabilization services in order to prevent or divert from civil commitment Services;
 - ii. Providing community-based supportive engagement with Individuals with aim of establishing rapport, identifying chronic needs resulting in multiple custodies, detentions, or holds; and proactively engaging in low barrier Services to reduce crisis episodes, access longer term benefits, and prevent civil commitments.
 - iii. Facilitating communication between and collaborate with the Individual, family, natural supports, community resources, providers,

ODHS if eligible for APD or I/DD services and the courts (when applicable);

- iv. Supporting Individuals access to and assistance in completing a Declaration for Mental Health Treatment (DMHT) including coordinating with providers to have the DMHT made part of the medical record; and
- v. Removing barriers to support the life skills development needed for the Individual to live as independently as possible in the community, including but not limited to providing assistance in navigating communities safely, managing prescriptions and health-related needs, shopping, hobbies and social engagement, housekeeping, laundry, and paying bills.

(e) **Required Metrics:** County shall be in Substantial Compliance with the following requirements:

- i. Individuals transitioning from OSH are referred to community navigator services.
- ii. Individuals under civil commitment will be provided a blank DMHT and offered the opportunity to complete one within 30 calendar days of being transferred to County’s supervision.
- iii. All reports associated with civil populations are completed and returned to OHA as required in [OAR Chapter 309 Division 33](#).

(4) **Forensic Diversion Services**

(a) **Description:** Services designed to address Behavioral Health Disorders contributing to criminal behavioral and reduce unnecessary criminal justice involvement.

(b) **Population:** Notwithstanding Section 2 of Exhibit B, the County shall prioritize providing forensic diversion services to:

- i. Individuals described in Subsections 2.a and 2.b in [Exhibit B](#);
- ii. Individuals on the OSH aid & assist waitlist;
- iii. Individuals the court has ordered to be evaluated under [ORS 161.365](#) or [ORS 161.370](#) and are in jail; and
- iv. Individuals who the court has determined lack trial competency under [ORS 161.370](#) at least twice in the preceding 24 months.

(c) **Required Services:** County shall:

- i. Provide Behavioral Health treatment Services in accordance with [ORS 430.450](#), [ORS 430.490-430.515](#), and [ORS 430.630](#);
- ii. Designate a forensic jail liaison(s) to coordinate with the jail, court and health care delivery system to screen defendants who may be suitable for diversion from jail and OSH. The liaison shall:
 - A. Attempt to complete a Behavioral Health screening and, if the screening indicates further referrals, assessment and treatment are necessary, then attempt to coordinate them;
 - B. Identify jail and OSH diversion resources, including but not limited to:

- twice in the preceding 24 months; and
 - ii. Develop a transition plan for Individuals, who a certified forensic evaluator has determined does not need hospital level of care or the CMHP has determined may be appropriate for community placement, within 14 calendar days of that determination. The transition plan must align with the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices, and strengths, and addresses risk and protective factors.
 - d. **Outpatient & Community-Based Support Services**
 - (1) **General Outpatient & Community-Based Support Services**
 - (a) **Description:** A range of Services necessary to ensure that Individuals receive the appropriate level of care in the most integrated setting, based on their needs, to facilitate recovery and enhance overall well-being.
 - (b) **Population:** Individuals with a Mental or Emotional Disturbance or a Substance Use Disorder, subject to the prioritization described in Section 2. of Exhibit B.
 - (c) **Required Services:** County shall provide or ensure provision of:
 - i. **Early Assessment and Support Alliance (EASA).**
 - A. Provide EASA services, delivered in accordance with the fidelity standards located at <https://easacommunity.org/pro-resource/practice-guidelines/>, for Individuals ages 12 through 30 years of age whom:
 - I. Have not had a diagnosable psychotic disorder other than psychosis-risk syndrome, identified by the structured interview for psychosis risk syndrome or other EASA Center for Excellence approved formal assessment, for a period longer than 12 months; and
 - II. Have psychotic symptoms not known to be caused by the temporary effects of substance intoxication, major depression, or attributable to a known medical condition.
 - B. Upon referral to EASA, contact shall be made within two (2) business days of the referral by EASA staff with the referent, the Individual, and the Individual's family in a location that best suits the Individual. Individuals are enrolled in EASA once they are determined to have met the eligibility criteria. The referent and/or the Individual and their family are provided crisis resources and tailored psychoeducation upon first contact;
 - C. Ensure that EASA Services are rendered based on the needs of the Individual and their family as frequently as needed to optimize the EASA program's support and impact on short- and long-term outcomes; and
 - D. Provide access to crisis Services for Individuals enrolled in EASA and their family and primary supports.

- ii. **Outpatient Programs:** Ongoing treatment delivered in a community setting including, but not limited to:
 - A. Individual therapy;
 - B. Group therapy;
 - C. Medication management;
 - D. Skills training; and
 - E. Case management.
 - iii. **Intensive Outpatient Programs:** Structured programs that provide more frequent and intensive therapy while allowing Individuals to live at home. Typically, these programs involve several hours of treatment per week. Intensive outpatient programs may include, but are not limited to, Services such as assertive community treatment (ACT) delivered in accordance with [OAR 309-019-0225 through 309-019-0255](#).
 - iv. **Aftercare and Recovery Support:** Ongoing support Services to help Individuals maintain their recovery and reintegrate into the community including, but not limited to:
 - A. Educational and vocational supports;
 - B. Recovery coaching; and
 - C. Relapse prevention programs.
 - v. **Services to Remove Barriers to Community-Based Care:** Financial Assistance made on behalf of an Individual with a Behavioral Health Disorder which may include, but is not limited to:
 - A. Phone or internet bills;
 - B. Transportation;
 - C. Interpreter services;
 - D. Medical services and medications; and
 - E. Costs associated with obtaining or continuing representative payee or guardianship services.
- (d) **Other Allowable Services (Subject to Availability of Funds):** County may provide:
- i. **Early Intervention:** Services that identify and address mental health or substance use issues at an early stage, often involving screening and brief interventions.
 - ii. **Partial Hospitalization Programs/Day Treatment:** A step between inpatient care and outpatient treatment, providing a higher level of care with daily programming while allowing Individuals to return home in the evenings.
 - iii. **Peer Delivered Services:** Community-based Services provided by peer support specialists, peer wellness specialists, family support specialists, and recovery mentors to Individuals or family members with similar lived experience. These Services are intended to support Individuals and families to engage Individuals in ongoing treatment and to live successfully in the community.

- iv. **Care Coordination:** A process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs including facilitating communication between natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in client staffing meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care.
 - v. **Case Management:** Services to assist Individuals to connect to and gain access to needed Services outlined in an Individual intervention plan; Substance Use Disorder treatment, health care, housing, employment and training, childcare and other applicable Services.
 - vi. **IPS Supported Employment** delivered in accordance with [OAR 309-019-0270 through 309-019-0295](#) or other evidence-based vocational supports.
 - vii. **Supported Education** delivered in accordance with SAMHSA’s Best Practices available at: <https://store.samhsa.gov/sites/default/files/d7/priv/small11-4654-buildingyourprogram-sed.pdf>.
- (e) **Required Metrics:** County shall be in Substantial Compliance with the following requirements:
- i. Individuals are offered an appointment with a licensed medical provider within seven (7) business days of enrollment in EASA.
 - ii. Individuals enrolled in EASA are offered supported employment or supported education services.
 - iii. Individuals enrolled in EASA and their families will have access to structured family psychoeducational groups.
 - iv. Adults with mental illness enrolled in Services are screened for potential home and community-based services eligibility and are referred when indicated.
 - v. New mental illness or Substance Use Disorder diagnoses are followed up by treatment within 14 calendar days of initial diagnosis.
 - vi. New mental illness or Substance Use Disorder diagnoses are followed up by two engagement visits or medication treatments within 30 calendar days of initial treatment.
 - vii. A letter of acceptance and entry is sent to Individuals deemed eligible for Assertive Community Treatment as required by [OAR 309-019-0248](#).

(2) Gero-Specialist Services:

- (a) **Description:** Specialized geriatric Services.
- (b) **Population:** Older or disabled adults subject to the prioritization described in Section 2. of [Exhibit B](#).
- (c) **Required Services:** County shall:
 - i. Provide direct care Services that are either supervised or delivered by a QMHP as defined in [OAR 309-019-0105](#), including, but not limited to:
 - A. Quarterly interagency staffing;

- (2) **Population:** Individuals in need of residential Behavioral Health treatment subject to the prioritization described in Section 2. of Exhibit B.
- (3) **Required Services:** County shall:
 - (a) Ensure that a Service plan is in place for each Individual in the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices, and strengths;
 - (b) Identify an appropriate residential services Provider that is able to meet the Individual's Behavioral Health needs and willing to provide that care, treatment, and Services to the Individual;
 - (c) Ensure that Services are provided in the least restrictive and most integrated setting appropriate to meet the Individual's Behavioral Health needs;
 - (d) Divert the Individual from placement at a state hospital, community hospital, or secure residential treatment facility, whenever possible;
 - (e) Obtain any necessary approvals from the Provider to allow admission, if it is a residential or state hospital placement;
 - (f) Continue to send referrals to Providers until the Individual is placed at or is no longer in need of residential Services;
 - (g) Monitor the Individual's progress in their Service plan while in a residential placement and identify when the Individual may be transferred to a lower level of care; and
 - (h) Ensure that discharge planning is conducted throughout the Individual's placement in a hospital or residential placement with the goal of moving the Individual to the lowest level of care that will maintain their mental and physical health.
 - (i) Provide care coordination to facilitate the Individual's access to Services in the least restrictive, most integrated setting appropriate to meet the Individual's Behavioral Health needs, preferences, choices and strengths, including:
 - i. Facilitate communication between the Individual, family, natural supports, community resources, Providers, and ODHS (if eligible for APD or I/DD Services);
 - ii. Identify Providers that can provide Behavioral Health Treatment Services consistent with the Individual's treatment Service plan, whether it is provided on an inpatient, residential or outpatient basis;
 - iii. Organize, facilitate and participate in interdisciplinary team meetings with the Individual, Providers, and CCO care coordinators (if the Individual is a CCO member);
 - iv. Facilitate access to community-based rehabilitative Behavioral Health treatment services that are recovery-oriented, culturally responsive, and geographically accessible;
 - v. Facilitate access to peer delivered services; and
 - vi. Collaborate with the ODHS, APD and I/DD divisions to support the Behavioral Health treatment needs of Individuals determined service-eligible for APD or I/DD.

- (j) Within the limits of the Part A funds awarded in this Agreement, County shall provide the following housing support services, as clinically indicated, for Individuals who qualify under Subsection 2.a of Exhibit B:
 - i. **Rental Assistance:** Financial Assistance made on behalf of an Individual and their family, when applicable, that covers payment to landlords, property management companies, housing providers, property owners, or specific vendors for all or a portion of the monthly rent, or payment to specific vendors for resident utility expenses. Individuals who receive assistance may be living with other family members (e.g., where a parent is re-assuming custody of one or more children).
 - ii. **Housing Coordination Services:** Staff to support and assist Individuals to locate and secure safe, suitable housing, and provide referrals to other resources.
 - iii. **Services to Remove Barriers to Community-Based Care:** Financial Assistance made on behalf of an Individual may include, but is not limited to:
 - A. Room and board payments;
 - B. Utility deposits and fees including past due utility bills;
 - C. Phone or internet bills;
 - D. Moving and storage costs;
 - E. Household goods and supplies;
 - F. Cleaning or pest management Services; and
 - G. Interpreter Services.
- (4) **Other Allowable Services (Subject to Availability of Funds):** County may provide:
 - (a) **Peer Delivered Services:** Services provided by peer support specialists, peer wellness specialists, family support specialists, and recovery mentors to Individuals or family members with similar lived experience. These Services are intended to support Individuals and families to engage Individuals in ongoing treatment and to live successfully in the community.
 - (b) **Respite Services:** Short-term residential services (less than 30 calendar days) for Individuals who require 24-hour observation and support but do not require acute psychiatric hospitalization. Services include access to multidisciplinary treatment including therapeutic supports and may include treatment with medications.
 - (c) Housing support services, as clinically indicated, for Individuals who meet second, third, or fourth priority criteria outlined in Section 2. above:
 - i. **Rental Assistance:** Financial Assistance made on behalf of an Individual and their family, when applicable, that covers payment to landlords, property management companies, housing providers, property owners, or specific vendors for all or a portion of the monthly rent, or payment to specific vendors for resident utility expenses. Individuals who receive assistance may be living with other family

members (e.g., where a parent is re-assuming custody of one or more children).

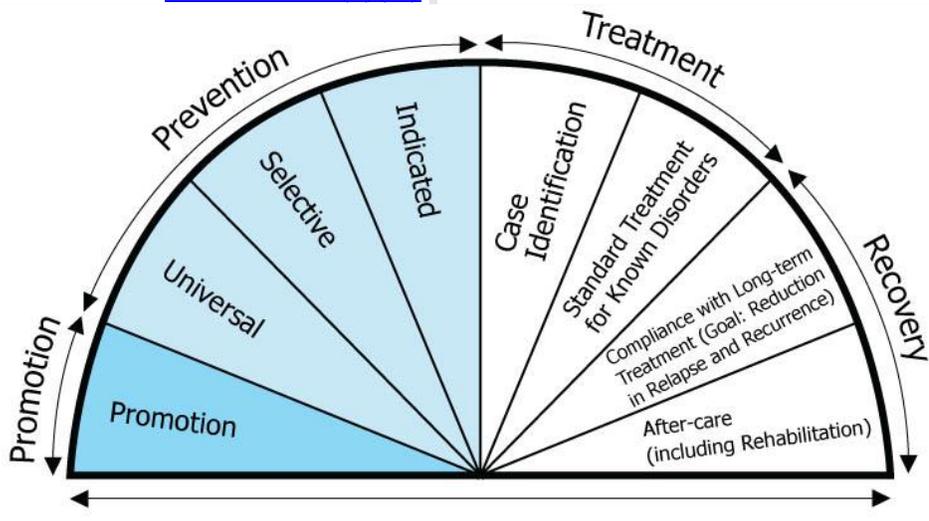
- ii. **Housing Coordination Services:** Staff to support and assist Individuals to locate and secure safe, suitable housing, and provide referrals to other resources.
- iii. **Services to Remove Barriers to Community-Based Care:** Financial assistance made on behalf of an Individual may include, but is not limited to:
 - A. Room and board payments;
 - B. Utility deposits and fees including past due utility bills;
 - C. Phone or internet bills;
 - D. Moving and storage costs;
 - E. Household goods and supplies;
 - F. Cleaning or pest management services; and
 - G. Interpreter services.

- (5) **Required Metrics:** County shall be in Substantial Compliance with the following requirements:
 - (a) Individuals who need residential treatment services are screened for potential home and community-based services eligibility and are referred when indicated.
 - (b) Individuals who receive housing support services are screened for potential home and community-based services eligibility and are referred when indicated.
 - (c) Individuals receiving residential Behavioral Health treatment are offered Services to assist with their transition to outpatient Services prior to discharge from residential treatment.
 - (d) Individuals enrolled in Behavioral Health treatment services establish or maintain housing prior to completion of treatment.

f. **Behavioral Health Promotion & Prevention**

- (1) **Description:** Strategies aimed at improving mental health or preventing mental illness or Substance Use Disorders before they occur.
- (2) **Population:** Individuals with or at risk of developing a Mental or Emotional Disturbance or a Substance Use Disorder, subject to the prioritization described in Section 2 of Exhibit B.
- (3) **Required Services:** Using a framework, such as the Institute of Medicine’s Continuum of Care Model (see graphic below) or other Behavioral Health Promotion and Prevention framework or strategy, the County shall:
 - (a) Create and implement an evidence-based continuum of activities, strategies, and supports that align with existing local prevention and promotion strategies;
 - (b) Provide preventive mental health Services for children and adolescents, including primary prevention efforts, early identification and early intervention Services as described in [ORS 430.630\(3\)\(L\)](#); and
 - (c) Preventive mental health Services for older adults, including primary prevention efforts, early identification and early intervention Services as

described in [ORS 430.630\(3\)\(m\)](#).



- (4) **Other Allowable Services (Subject to Availability of Funds):** County may:
- (a) Develop and implement strategies and/or activities that prioritize the following determinants of Behavioral Health wellness across the life span.
 - (b) Develop and implement strategies to maintain healthy communities: Strategies and/or activities may include but are not limited to, community safety promotion, violence reduction, bullying prevention, social connectivity, and resource dissemination activities;
 - (c) Individual skill development: Strategies and/or activities may include but are not limited to, skill-building programs in schools, community and senior centers, assisted living facilities, and other community-based settings that emphasize social connection, problem solving and development of self-regulation; and
 - (d) Social emotional competence: Strategies and/or activities may include but are not limited to developing or sustaining community infrastructure, parenting/grandparenting education, stress reduction classes, communication skills classes, programs that address social isolation and loneliness, grief and other post distress supports, divorce and other losses, and community-based activities.
- (5) **Required Metrics:** County shall be in Substantial Compliance with the following requirements:
- (a) Individuals receiving Behavioral Health Prevention and Promotion Services report an increased understanding of mental health, substance use prevention, and available resources.
 - (b) Individuals receiving Behavioral Health Prevention and Promotion Services report a change in attitude toward mental health, substance use, or coping strategies.
 - (c) Individuals receiving Behavioral Health Prevention and Promotion Services report an increased likelihood of engaging in behavior change such as accessing counseling Services or delaying or decreasing use of alcohol and other drugs.

g. Block Grant Funded Services:

- (1) **Description:** Activities and Services to address the complex needs of Individuals, families, and communities impacted by mental illness and Substance Use Disorders

and associated problems paid for, in whole or in part, by Substance Use, Prevention, Treatment, and Recovery Services Block Grant (“**SUPTRS BG**”) or Community Mental Health Services Block Grant (“**MHBG**”) funds awarded in this Agreement.

- (2) **Definitions:** For use in this section:
 - (a) “**Serious Mental Illness**” or “**(SMI)**” means an Individual 18 years of age or older who, within the past year, has had a diagnosable mental, behavioral, or emotional disorder that substantially interferes with their life and ability to function.
 - (b) “**Serious Emotional Disturbance**” or “**(SED)**” means an Individual under the age of 18 who, within the past year, has had a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.
- (3) **Population:**
 - (a) County shall ensure that MHBG funds awarded through this Agreement are used to support Services for the MHBG Priority Populations:
 - i. Children with Serious Emotional Disturbance;
 - ii. Adults with Serious Mental Illness including Older Adults; and
 - iii. Individuals with SMI or SED in rural areas and who are experiencing homelessness.
 - (b) County shall ensure that SUPTRS BG funds awarded through this Agreement are used to support Services for the SUPTRS BG Priority Populations:
 - i. Pregnant women with dependent children;
 - ii. Persons who inject drugs;
 - iii. Persons in need of recovery support Services for Substance Use Disorder;
 - iv. Individuals with a co-occurring mental illness and Substance Use Disorder;
 - v. Persons experiencing homelessness;
 - vi. Services for persons with SUD who have or are at risk of:
 - A. HIV/AIDS, designated states per CDC only; or
 - B. Tuberculosis; and
 - vii. Services for Individuals in need of substance use primary prevention.
- (4) **Required Services:** County shall:
 - (a) Comply, and as indicated, require all Providers to comply with the Required Federal Terms and Conditions for Services funded in whole or in part by MHBG or SUPTRS BG funds;
 - (b) Allocate and expend no less than the minimum MHBG amount indicated in the Financial Assistance Award for Crisis Services;
 - (c) Allocate and expend no less than the minimum MHBG amount indicated in the Financial Assistance Award for EASA Services; and
 - (d) County shall ensure that MHBG or SUPTRS BG funds be directed toward the following purposes:
 - i. To fund priority treatment and support Services for Individuals without insurance or who cycle in and out of health insurance coverage;
 - ii. To fund those priority treatment and support Services not covered by Medicaid, Medicare or private insurance and that demonstrate success in improving outcomes and/or supporting recovery;

- iii. To fund universal, selective, and targeted prevention activities and Services;
- iv. To collect performance and outcome data to determine the ongoing effectiveness of Behavioral Health prevention, treatment, and recovery support Services and to plan the implementation of new Services on a nationwide basis. Additionally, SAMHSA strongly supports that states provide additional recovery support Services with SUPTRS BG funds beyond the scope of treatment programs currently available in most communities across the nation;
- v. To ensure Oregonians have access to a comprehensive, integrated physical and Behavioral Health Service array statewide that is inclusive and where Individuals can choose providers that best fit their needs and cultural preferences within their community;
- vi. To ensure that Individuals transitioning from a hospital level of care, including OSH, to community-based settings will be fully supported through care coordination, and inclusive Services and support;
- vii. To ensure that older adults who live in rural areas of Oregon receive accessible and affordable Services;
- viii. To ensure that Individuals have access to necessary Services and eliminate disparities in accessing care;
- ix. To foster healthy families and environments through integrated care that promotes equitable health and well-being, for pregnant and post-partum persons;
- x. To provide peer support services for Individuals transitioning between levels of care;
- xi. To promote and provide activities that support physical health, substance use treatment, and mental health Services for young adults 18-25; or
- xii. To increase prevention efforts including overdose, crisis response, and chronic disease prevention.

(5) Other Allowable Services (Subject to Availability of Funds): County may:

- (a) Promote participation by Individuals with SMI, SED, or Substance Use Disorders in shared decision making and self-direction of their Services;
- (b) Ensure access to effective culturally and linguistically appropriate Services for underserved populations including Tribes, racial and ethnic minorities, and LGBTQI+ Individuals;
- (c) Promote recovery, resiliency, and community integration for adults with SMI and children with SED and their families;
- (d) Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications;
- (e) Conduct outreach to encourage Individuals injecting or using illicit and/or licit drugs to seek and receive treatment;
- (f) Provide early intervention Services for HIV at the sites at which Individuals receive Substance Use Disorder treatment Services;
- (g) Coordinate Behavioral Health Prevention, early identification, treatment and recovery support services with other health and social services;
- (h) Increase accountability for prevention, early identification, treatment, and recovery support activities through uniform reporting regarding substance use

- and abstinence, criminal justice involvement, education, employment, housing, and recovery support services;
- (i) Ensure access to a comprehensive system of care, including education, employment, housing, case management, rehabilitation, dental services, and health services, as well as Behavioral Health services; and
- (j) Provide continuing education regarding substance abuse prevention and Substance Use Disorder treatment services to any facility or program receiving amounts from the SUPTRS BG for such activities or Services.
- (6) **Required Metrics:** County shall be in Substantial Compliance with the following requirements:
 - (a) Reduce the rate at which Individuals with a Mental or Emotional Disturbance or a Substance Use Disorder are admitted to the emergency room.
 - (b) SUD treatment Services are made available to Individuals who are pregnant or post-partum and request such Services.
 - (c) Ensure Individuals have a culturally responsive healthcare provider.
- h. Invoiced Services**
 - (1) **Description:** Services eligible for reimbursement through Part C funds identified in Exhibit C.
 - (2) **Invoiceable Services:** County may invoice OHA for:
 - (a) **Mental Health Residential Services:**
 - i. Daily Service rate for mental health residential treatment Services provided to adults age 18 years old or older in a secure residential treatment facility, residential treatment facility, or residential treatment home licensed under [OAR Chapter 309 Division 35](#), who:
 - A. Are uninsured, underinsured, not eligible for Medicaid, or have exhausted Medicaid Services, including those who meet the criteria for Citizen Alien Waived Medical Program; or
 - B. Have been ordered by a court or PSRB to receive Services in a level of care for which the Individual does not meet medical necessity.
 - ii. Daily Service rate for mental health residential treatment Services provided to young adults in transition (YAT) age 17 through 25 years old in a YAT residential treatment home licensed under [OAR Chapter 309 Division 35](#) who:
 - A. Are uninsured, underinsured, not eligible for Medicaid, or have exhausted Medicaid Services, including those who meet the criteria for citizen alien waived medical program; or
 - B. Have been ordered by a court to receive Services in a level of care for which the Individual does not meet medical necessity.
 - (b) **Room and board for:**
 - i. Adults age 18 years old or older with limited or no income residing in a secure residential treatment facility, residential treatment facility, or residential treatment home licensed under [OAR Chapter 309 Division 35](#); and
 - ii. YAT age 17 through 25 years old with limited or no income residing in a YAT residential treatment home licensed under [OAR Chapter 309 Division 35](#).
 - (c) **Personal Incidental Funds for:**

- i. Adults age 18 years old or older with limited or no income residing in a secure residential treatment facility, residential treatment facility, or residential treatment home licensed under [OAR Chapter 309 Division 35](#); and
- ii. YAT age 17 through 25 years old with limited or no income in a YAT residential treatment home licensed under [OAR Chapter 309 Division 35](#).

(d) PSRB Security and Supervision Services

- i. Security services as identified in the PSRB conditional release order, which are not medically necessary Services but are required for the safety of the Individual and the public, and are covered at a rate based on a determination of the risk and care needs identified in the security services matrix below:

Security Services Matrix (Community)	Low Risk	Med Risk	High Risk
High Care	Rate 1	Rate 2	Rate 3
Med Care	Rate 2	Rate 3	Rate 4
Low Care	Rate 3	Rate 4	Rate 5

- ii. Supervision services are non-medically necessary Services that are necessary for an Individual to maintain compliance with terms set by a court or other supervising authority including, but not limited to:
 - A. Assessment;
 - B. Evaluation (including evaluations ordered beyond typical monitoring required by the PSRB);
 - C. Outpatient treatment; and
 - D. Polygraph if such expenses are needed to maintain compliance with the terms of a conditional release and not covered by some other mechanism.

- (3) Invoice Requirements:** Invoices must be submitted by email to BHD.Contracts@oha.oregon.gov using the BHD’s forms and procedures available at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

4. Reporting Requirements

- a. County shall:
 - (1) Prepare a Local Plan and Budget using forms and procedures prescribed by OHA located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit a draft Local Plan and Budget April 1, 2027 for the 2027-2029 biennium for review and approval by OHA electronically, to BHD.Contracts@oha.oregon.gov no later than June 30, 2027.
 - (2) Prepare quarterly Local Plan implementation and financial expenditure reports using forms and procedures prescribed by OHA located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit the quarterly Local Plan implementation and financial expenditure report electronically, to BHD.Contracts@oha.oregon.gov no later than 45 calendar days following the end of each subject quarter for which Financial Assistance is awarded through this Agreement.

- (3) Prepare and submit monthly aid & assist reports using forms and procedures prescribed by OHA located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. no later than 14 calendar days following the end of each subject month for which Financial Assistance is awarded through this Agreement.
- (4) Prepare a quarterly MCIS report using forms and procedures prescribed by OHA, located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit the quarterly MCIS report electronically, to mobilecrisisinfo@ohsu.edu no later than 30 calendar days following the end of each subject quarter for which Financial Assistance is awarded through this Agreement.
- (5) Prepare a quarterly MRSS report using forms and procedures prescribed by OHA, located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit the quarterly MRSS report electronically, to stabilizationsvcinfo@ohsu.edu no later than 30 calendar days following the end of each subject quarter for which Financial Assistance is awarded through this Agreement.
- (6) Prepare quarterly EASA data using forms and procedures prescribed by OHA, located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit the quarterly EASA data electronically, to Oregon Health & Science University using the EASA RedCap Data System at <https://octri.ohsu.edu/redcap/> no later than 15 calendar days following the end of each subject quarter for which Financial Assistance is awarded through this agreement. Instructions for data entry into RedCap are located at <https://www.easacommunity.org/resources-for-professionals.php>.
- (7) Prepare quarterly older adult Behavioral Health data using forms and procedures prescribed by OHA, located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. County shall submit quarterly older adult Behavioral Health data electronically, to Portland State University through Qualtrics at <https://sso.pdx.edu/idp/profile/SAML2/Redirect/SSO?execution=e1s1> no later than 45 calendar days following the end of each subject quarter for which Financial Assistance is awarded through this agreement.

5. **Financial Assistance Calculation, Disbursement, and Confirmation Requirements**

- a. **OHA provides funding for Services through Part A, B, or C awards.** The award type is identified in Exhibit C, “Financial Assistance Award,” on lines in which column “Part ABC,” contains an “A” for Part A award, a “B” for Part B award, and a “C” for Part C award:
 - (1) Funds awarded to County or Provider are subject to the following:
 - (2) OHA shall not authorize in aggregate, under this “Financial Assistance Calculation and Disbursement” section, Financial Assistance requested for Services in excess of the contractual Not-to-Exceed amount. “Total aggregate funding” means the total of all funding authorized in Exhibit C, “Financial Assistance Award.” The monthly rate will be prorated for any month in which the Individual does not receive Services for a portion of the month. Funding received by County or Service Provider from an Individual, the Individual’s health insurance provider, another person’s health insurance provider under which Individual is also covered, or any other Third-Party Resource (TPR) in support of Individual’s care and Services, in addition to payments received under this Financial Assistance agreement for the same Service, during the

same time period or date of Service for the same Individual, must be returned to OHA unless TPR funding is used to provide additional Service – increasing capacity.

- (3) County must make reasonable efforts to obtain payment first from other resources consistent with [OAR 410-120-1280](#). County is obligated to report to OHA, by email at BHD.Contracts@oha.oregon.gov, any TPR payments received, no later than 30 calendar days following expiration of this Agreement. The following information shall be provided:
 - (a) OHA Contract name and number;
 - (b) Client name and date of birth;
 - (c) Service for which payment was received;
 - (d) Date of Service covered by payment;
 - (e) Date of TPR payment received by County or Service Provider; and
 - (f) Amount of payment.
- (4) County is not entitled to funding in combination with Medicaid funds for the same Service, during the same time period or date of Services for the same Individual;
- (5) At no time will OHA pay above the Medicaid rate.
- (6) OHA is not obligated to provide funding for any Services that are not properly reported in accordance with the “Reporting Requirements” section of this Agreement or as required in an applicable Specialized Service Requirement by the date 60 calendar days after the earlier of expiration or termination of this Agreement, termination of OHA’s obligation to provide funding for Services, or termination of County’s obligation provide Services.

b. Part A awards:

- (1) OHA provides Financial Assistance for Services through Part A awards for non-Medicaid-eligible Services. County and Service Providers shall maintain compliance with [OAR 410-172-0600 through 410-172-0860](#) (Medicaid Payment for Behavioral Health), and [OAR 943-120-0310 through 943-120-0320](#) (Provider Rules).
- (2) Calculation of Financial Assistance: OHA will provide Financial Assistance for Services provided under a particular line of Exhibit C, “Financial Assistance Award,” containing an “A” in column “Part ABC,” from funds identified in that line in an amount equal to that line of the Financial Assistance Award during the period specified in that line. The total of OHA funds for all Services delivered under a particular line of Exhibit C, “Financial Assistance Award” containing an “A” in column “Part ABC,” shall not exceed the total of awards for Services as specified in that line of the Financial Assistance Award and are subject to the limitations described herein.
- (3) Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of Exhibit C, “Financial Assistance Award,” OHA will disburse the Part A allotments for Services provided under a particular line of the Financial Assistance Award containing an “A” in column “Part ABC,” to County in substantially equal monthly allotments during the period specified in that line of the Financial Assistance Award subject to the following:
 - (a) OHA may, upon written request of County, adjust monthly allotments;
 - (b) Upon amendment to the Financial Assistance Award, OHA shall adjust monthly allotments as necessary, to reflect changes in the funds shown for Services provided under that line of the Financial Assistance Award; and
 - (c) OHA may, after 30 calendar days (unless parties agree otherwise) written notice to County, reduce the monthly allotments based on under-used funding

identified through MOTS the state mandated data system and other reports in accordance with the “Reporting Requirements” and “Special Reporting Requirements” sections or applicable special conditions.

c. **Part B awards:** [Reserved – Not currently in use]

d. **Part C awards:**

(1) Part C awards are calculated and applied as follows:

- (a) Unless a different disbursement method is specified in that line of Exhibit C, “Financial Assistance Award,” OHA will disburse the Part C funds for Services provided under a particular line of the Financial Assistance Award containing a “C” in column “Part ABC” to County per receipt and approval of a written invoice with required attachments, as specified below, in the monthly allotment during the period specified in that line of the Financial Assistance Award. Invoice and required attachments are due no later than 45 calendar days following the end of the subject month or quarter, and must be submitted to BHD.Contracts@oha.oregon.gov, with the subject line “Invoice, contract # (your contract number), contractor name.”
- (b) For Services to Medicaid-eligible Individuals for whom the Services provided are not covered under Medicaid but are medically appropriate, County shall attach a copy of the Plan of Care (POC) and Coordinated Care Organization (CCO) refusal of payments for the item or Service. OHA will provide funding at the Medicaid Fee Schedule rate. At no time will OHA provide funding above the Medicaid Fee Schedule rate for Services.
- (c) For Services to non-Medicaid-eligible Individuals, County shall attach a copy of the bill or receipt, for the item or Service, to a combined monthly invoice, itemized by Individual. Part C funding for Psychiatric Security Review Board (PSRB) non-medically approved Services are only for the time period shown and do not carry forward into following years’ allotments.

e. **Confirmation of Performance Requirements:**

- (1) OHA uses Confirmation of Performance requirements at the end of each contracting period.
- (2) County shall be required to demonstrate through the data properly reported in accordance with the “Reporting Requirements section, the qualifying Services to which these Services can be attributed, how funds awarded were utilized consistent with the terms and limitations herein to meet the performance requirements of the Service Description, and that County shall be subject to the monitoring and review of performance requirements and quality measures by the OHA Contract Administrator for the Program under which these Services fall and subject to the terms and limitations in this Agreement.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT C
FINANCIAL ASSISTANCE AWARD**

MOD#: _____

CONTRACT#: _____

CONTRACTOR: _____

INPUT CHECKED BY: _____

DATE CHECKED: _____

COLUMN HEADERS:

<u>SE#</u>	<u>FUND</u>	<u>PROJ CODE</u>	<u>CPMS</u>	<u>PROVIDER</u>	<u>EFFECTIV E DATES</u>
<u>SLOT CHANGE / TYPE</u>	<u>RATE</u>	<u>OPERATING DOLLARS</u>	<u>PART ABC</u>	<u>PAAF CD</u>	<u>BASE</u>
<u>CLIENT CODE</u>	<u>SP#</u>				

Exhibit C Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: A0246

CONTRACT#: 054282

CONTRACTOR: CLACKAMAS COUNTY

INPUT CHECKED BY: _____ DATE CHECKED: _____

SE#	FUND	PROJ	CPMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
FISCAL YEAR: 2025-2026													
		BASEAD	TOBACCO MASTER SETTL										
500	411	TMSA		1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$243,006.04	\$0.00	A	1	Y		
		BASEAD	BEER AND WINE 40%										
500	421	BW40%		1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$135,800.74	\$0.00	A	1	Y		
		BASEAD	MARIJUANA TAX 40%										
500	450	MJTX		1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$279,275.70	\$0.00	A	1	Y		
		BASEAD	SUBSTANCE USE PREVEN										
500	520	SUPTRS		1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$245,797.29	\$0.00	A	1	Y		
		BASEAD	SUD GENERAL FUND										
500	807	SUDGF		1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$10,934.75	\$0.00	A	1	Y		
TOTAL FOR SE# 500							\$914,814.52	\$0.00					
TOTAL FOR 2025-2026							\$914,814.52	\$0.00					
FISCAL YEAR: 2026-2027													
		BASEAD	TOBACCO MASTER SETTL										
500	411	TMSA		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$486,012.08	\$0.00	A	1	Y		
		BASEAD	BEER AND WINE 40%										
500	421	BW40%		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$271,601.48	\$0.00	A	1	Y		
		BASEAD	MARIJUANA TAX 40%										
500	450	MJTX		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$558,551.40	\$0.00	A	1	Y		
		BASEAD	SUBSTANCE USE PREVEN										
500	520	SUPTRS		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$491,594.58	\$0.00	A	1	Y		
		BASEAD	SUD GENERAL FUND										
500	807	SUDGF		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$21,869.50	\$0.00	A	1	Y		
TOTAL FOR SE# 500							\$1,829,629.04	\$0.00					
TOTAL FOR 2026-2027							\$1,829,629.04	\$0.00					
TOTAL FOR A0246 054282							\$2,744,443.56	\$0.00					

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: CLACKAMAS COUNTY
DATE: 10/29/2025

Contract#: 054282
REF#: 000

REASON FOR FAAA (for information only):

Payments provided through the County Financial Assistance Agreement (CFAA) are for the financing of Community Mental Health Programs, as allocated within OHA's 2025-2027 Legislative Approved Budget (LAB). The CFAA may require modification by written amendment to reflect the actual funding amounts remaining in the 2025-2027 LAB. The CFAA may also require modification by administrative amendment, if used only to change the fund source coding and not the amount of funding. It is OHA's intension to issue future amendments to the CFAA to provide LAB funding for 2027-2029 and 2029-2031 respectively.

MODIFICATION INPUT REVIEW REPORT

MOD#: M1310

CONTRACT#: 054282

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#
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FISCAL YEAR: 2025-2026

500	301	CMHS	MH BLOCK GRANT	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$194,381.57	\$0.00	A	1	Y		
500	307	CMHS	MH BLOCK GRANT	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$70,412.29	\$0.00	A	1	Y		
500	309	CMHS	MH BLOCK GRANT	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$35,206.14	\$0.00	A	1	Y		
500	406	BASE	MH TOBACCO TAX	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$476,619.51	\$0.00	A	1	Y		
500	407	BASE	988 STATE TAX	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$683,727.25	\$0.00	A	1	Y		
500	804	BASE	INVOICE SERVICES	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$44,632.25	\$0.00	C	1	Y		1
500	804	BASE	MH GENERAL FUND	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$2,386,051.31	\$0.00	A	1	Y		
500	806	BASE	NIMH GENERAL FUND	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$1,030,244.29	\$0.00	A	1	Y		
500	815	BASE	MOBILE RESPONSE AND	1/1/2026 - 6/30/2026	0 /NA	\$0.00	\$200,168.38	\$0.00	A	1	Y		
TOTAL FOR SE# 500							<u>\$5,121,442.99</u>	<u>\$0.00</u>					
TOTAL FOR 2025-2026							<u>\$5,121,442.99</u>	<u>\$0.00</u>					

FISCAL YEAR: 2026-2027

500	301	CMHS	MH BLOCK GRANT	7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$388,763.13	\$0.00	A	1	Y		
500	307	CMHS	MH BLOCK GRANT	7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$140,824.57	\$0.00	A	1	Y		
500	309	CMHS	MH BLOCK GRANT	7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$70,412.29	\$0.00	A	1	Y		
500	406	BASE	MH TOBACCO TAX	7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$953,239.02	\$0.00	A	1	Y		
500	407	BASE	988 STATE TAX	7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$1,367,454.49	\$0.00	A	1	Y		

MODIFICATION INPUT REVIEW REPORT

MOD#: M1310

CONTRACT#: 054282

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: 2026-2027														
		BASE	INVOICE SERVICES											
500	804	INVOIC		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$89,264.50	\$0.00	C	1	Y		1	
		BASE	MH GENERAL FUND											
500	804	MHGF		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$4,772,102.62	\$0.00	A	1	Y			
		BASE	NIMH GENERAL FUND											
500	806	NIMHGF		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$2,060,488.59	\$0.00	A	1	Y			
		BASE	MOBILE RESPONSE AND											
500	815	MRSS		7/1/2026 - 6/30/2027	0 /NA	\$0.00	\$400,336.76	\$0.00	A	1	Y			
TOTAL FOR SE# 500							\$10,242,885.97	\$0.00						
TOTAL FOR 2026-2027							\$10,242,885.97	\$0.00						
TOTAL FOR M1310 054282							\$15,364,328.96	\$0.00						

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: CLACKAMAS COUNTY
DATE: 10/29/2025

Contract#: 054282
REF#: 001

REASON FOR FAAA (for information only):

Payments provided through the County Financial Assistance Agreement (CFAA) are for the financing of Community Mental Health Programs, as allocated within OHA's 2025-2027 Legislative Approved Budget (LAB). The CFAA may require modification by written amendment to reflect the actual funding amounts remaining in the 2025-2027 LAB. The CFAA may also require modification by administrative amendment, if used only to change the fund source coding and not the amount of funding. It is OHA's intension to issue future amendments to the CFAA to provide LAB funding for 2027-2029 and 2029-2031 respectively.

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.

M1310 1 These funds are for invoice services and supports from 1/1/2026 to 6/30/2027 with Part C.

EXPLANATION OF FINANCIAL ASSISTANCE AWARD

The Financial Assistance Award set forth above and any Financial Assistance Award amendment must be read in conjunction with this explanation for purposes of understanding the rights and obligations of OHA and County reflected in the Financial Assistance Award.

1. **Format and Abbreviations in Financial Assistance Award**

a. Heading. The heading of the Financial Assistance Award consists of the following information:

- (1) **MOD#** is the alphanumeric modification code, assigned by the OHA BHD contracts unit staff member, for that specific Financial Assistance Award. A MOD# beginning with an M is a mental health modification; a MOD# beginning with an A is a Substance Use Disorder modification.
- (2) **CONTRACT#** is the unique identification number of this Agreement containing the Financial Assistance Award. This number is assigned by the Office of Contracts & Procurement (OC&P).
- (3) **CONTRACTOR** is the County or the legal entity named in and for that specific Agreement containing the Financial Assistance Award.
- (4) **Input Checked** is for OHA's internal use only.
- (5) **Date Checked** is for OHA's internal use only.

b. Financial and Service Information. Each Service awarded funds is listed by Fiscal Year and then by the Service Element number. The amount of Financial Assistance awarded for each Service and certain other Service information is listed below the Fiscal Year and then by the Service Element number on one or more lines. Financial Assistance awarded for a particular Service may not be used to cover the costs of any other Service, except as permitted under Exhibit E, "General Terms and Conditions," section 3.a, of this Agreement. The funds, as set forth on a particular line, will be disbursed in accordance with and are subject to the restrictions set forth on that particular line. The awarded funds, disbursement information and restrictions on a particular line are displayed in a columnar format as follows:

- (1) **Column 1, SE#:** The Service Element number(s) identifies the Services to be delivered as set forth on that particular line of the Financial Assistance Award.
- (2) **Column 2, Fund:** This column identifies the fund number and description of the funding source, according to BHD's financial system, used for payments for this specific line of the Financial Assistance Award. The types of funds are as follows:
 - (a) **301: Mental Health Block Grant (MHBG) – Federal Funds:** County shall ensure expenditure of MHBG funds only as allowed by [sections 1911-1920 of Title XIX, Part B, Subpart I and III of the Public Health Service Act](#)
 - (b) **307: MHBG EASA Services – Federal Funds:** County shall ensure expenditure of MHBG EASA Services funds only for EASA Services as described in Exhibit B.
 - (c) **309: MHBG Crisis Services – Federal Funds:** County shall ensure expenditure of MHBG Crisis Services funds only for Crisis Services as described in Exhibit B.
 - (d) **401: Mental Health Marijuana Tax – Other Funds:** County shall ensure expenditure of Mental Health Marijuana Tax funds only as allowed by [ORS 475C.726\(d\)\(B\)](#).

- (e) **406: Tobacco Tax New Investments – Other Funds:** County shall ensure expenditure of Tobacco Tax New Investments funds only for Services described in Exhibit B.
- (f) **407: 988 Tax Revenue – Other Funds:** County shall ensure expenditure of 988 Tax Revenue funds only for the expansion and ongoing funding of mobile crisis intervention teams as defined in ORS 430.626.
- (g) **411: Tobacco Master Settlement Account – Other Funds:** County shall ensure expenditure of Tobacco Master Settlement Account funds only for Services described in Exhibit B.
- (h) **421: Beer and Wine Tax (40%) Treatment – Other Funds:** County shall ensure expenditure of Beer and Wine Tax (40%) Treatment funds only as allowed by ORS 430.380.
- (i) **450: Marijuana Tax (40%) – Other Funds:** County shall ensure expenditure of Marijuana Tax (40%) funds only as allowed by ORS 475C.726(d)(B).
- (j) **520: Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) – Federal Funds:** County shall ensure expenditure of SUPTRS BG funds only as allowed by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.
- (k) **804: Mental Health General Fund – General Funds:** County shall ensure expenditure of Mental Health General Fund funds only for Services described in Exhibit B that are provided for Individuals with or at risk of developing a Mental or Emotional Disturbance which may include a co-occurring Substance Use Disorder.
- (l) **806: Mental Health New Investments – General Funds:** County shall ensure expenditure of Mental Health New Investment funds only for Services described in Exhibit B that are provided for Individuals with or at risk of developing a Mental or Emotional Disturbance which may include a co-occurring Substance Use Disorder.
- (m) **807: Alcohol and Drug Treatment – General Funds:** County shall ensure expenditure of Alcohol and Drug Treatment funds only for Services described in Exhibit B provided for Individuals with or at risk of developing a Substance Use Disorder which may include a co-occurring Mental or Emotional Disturbance.
- (n) **815: Mobile Response and Stabilization Services (MRSS) – General Fund:** County shall ensure expenditure of MRSS funds only for MRSS Services as described in Exhibit B.

Additional fund numbers may be added during the term of this Agreement and in the Financial Assistance Award by using an Administrative Memo to Counties via email to the contact person listed in Exhibit F, “Standard Terms and Conditions,” section 16., “Notice.” to note the new code number and description.

The fund numbers with source descriptions identifying General Funds or Other Funds as the funding source may actually be paid under a different fund number and source based upon actual funds available at the time of payment. Changes to the Financial Assistance Award to move amounts from one fund source to another fund source but otherwise Budget neutral will be processed as an Administrative Adjustment rather than issuing an Amendment to the Financial Assistance Award.

The notice of Administrative Adjustment will be sent to County via email to the contact person listed in Exhibit F, “Standard Terms and Conditions,” Section 18., “Notice.” County shall have 30 calendar days to request OHA replace the Administrative Adjustment notice with an Amendment to the Financial Assistance Award. If County does not make such a request, the Financial Assistance Award shall be deemed amended as noted in the Administrative Adjustment and agreed to by both parties.

- (3) **Column 3, Proj Code:** This item is for OHA’s internal use only.
- (4) **Column 4, CPMS:** This item is for OHA’s internal use only.
- (5) **Column 5, Provider:** This is either the Provider’s name or a description for a specific Service as set forth on that particular line of the Financial Assistance Award.
- (6) **Column 6, Effective Dates:** This specifies the time period during which the Service or Service capacity, as applicable, is expected to be delivered utilizing the approved Service funds as set forth on that particular line of the Financial Assistance Award. For purposes of disbursement method “A” (as described in Section (10), “Column 10, Part ABC,” below), these dates also specify the time period during which the approved Service funds will be disbursed to County.
- (7) **Column 7, Slot Change/Type:** This is either the number of slots or number of days of Service or Service capacity, as applicable, OHA anticipates County to deliver during the period specified and utilizing the approved Service funds set forth on that particular line of the Financial Assistance Award. The Service or Service capacity, as applicable, must be delivered in the amounts and over the course of the time period specified on that line of the Financial Assistance Award. This column will be blank, followed by “NA” if the basis of payment set forth in the applicable Service Description is not tied to actual delivery of Services or Service capacity. The Slot Change/Type is the unit of measurement associated with the Effective Dates set forth in column 6. The Slot Change/Type is expressed in three-character designations and have the following meanings:
 - (a) **CSD:** One CSD (or Client Service Day) is one day of Service or Service capacity, as applicable, delivered to one Individual or made available for delivery to one Individual, as applicable.
 - (b) **N/A:** N/A means Slot Change/type is not applicable to the particular line.
 - (c) **SLT:** One SLT (or Slot) is the delivery or capacity to deliver, as applicable, the Service to an Individual during the entire period specified in the corresponding line of the Financial Assistance Award.
- (8) **Column 8, Rate:** This is the cost per day, per month, or per Slot Change/Type measurement for the Service or Service capacity, as applicable, to be delivered utilizing the approved Service funds as set forth on that line of the Financial Assistance Award.
- (9) **Column 9, Operating Dollars:** This is the total amount of Financial Assistance Award for delivery of the Services and is OHA’s maximum, not-to-exceed obligation during the time period specified on that particular line, in support of the Services described on that particular line, of the Financial Assistance Award.
- (10) **Column 10, Part ABC:** This column indicates the method by which OHA disburses the Financial Assistance. The disbursement method listed in this column, as indicated by the letter A, B, or C, will usually be consistent with the disbursement method set forth in the Service Description for the particular Service

Element. The characters A, B and C indicate the following disbursement methods:

- (a) The letter ‘A’ indicates OHA will disburse the awarded funds to County in substantially equal monthly allotments during the period set forth in Column 6, “Effective Dates.”
- (b) [Reserved] (The letter ‘B’ is no longer used.)
- (c) The letter ‘C’ indicates OHA will disburse the awarded funds in the manner specified in Column 14, “SP#.”

If the disbursement method listed in this column is different than the method set forth in the Service Description, the disbursement method listed in this column shall control. This column only indicates the disbursement method to be used should County be entitled to receive Financial Assistance, which shall be determined in accordance with the basis of payment as set forth in the applicable Service Element. Any disbursements made to County in excess of the funds County is entitled to, as determined in accordance with the applicable basis of payment and through the Agreement Settlement process, will be recovered by OHA in accordance with the terms of this Agreement.

- (11) **Column 11, PAAF CD:** This column is the Plan/Amendment Approval Form (PAAF) code, which is the lookup field to title the various sections of the PAAF based on this PAAF code.
- (12) **Column 12, Base:** This is the code used to indicate how the Services being provided, as set forth on that line of the Financial Assistance Award, are to be handled at the end of the respective biennium, as follows:
 - (a) The letter “Y” in this field indicates the Services subject to and modified by this Agreement, hereafter referred to as MOD, as set forth on that line of the Financial Assistance Award may continue into the next biennium. This will be contingent on the Services still being required, at that time and at that level, and upon OHA’s funding being continued at the present funding level or higher, through the legislatively adopted budget for that specific biennium.
 - (b) The letter “N” in this field indicates the Services being modified in this MOD, as set forth on that line of the Financial Assistance Award, are not continuing into the next biennium.
 - (c) The letter “M” in this field indicates the Services being modified in this MOD, as set forth on that line of the Financial Assistance Award, are “maybe” going to continue into the next biennium. This will be determined at the time OHA is preparing the next biennium’s Agreements. This code is typically used for Services paid by Federal Grants.
- (13) **Column 13, Client Code:** This column is used when Service funds, as set forth on that line of the Financial Assistance Award, are for a specific Individual. The coded Individual name indicates the approved Service funds may only be expended on the delivery of the specified Service to the specified Individual. If this column is blank, Service funds are not intended for any particular Individual.
- (14) **Column 14, SP#:** This column is for Special Conditions, if any, that must be complied with when providing the Service using approved Service funds set forth on that line of the Financial Assistance Award. For certain Services, the Special Conditions specify the rate at which Financial Assistance will be calculated for delivery of that Service or delivery of capacity for that Service. The Special Conditions are identified by a numeric code. A table or tables listing the Special

Conditions by numeric code is included in the Financial Assistance Award.

- c. **Format and Abbreviations in Financial Assistance Award Amendments.** The format and abbreviations in a Financial Assistance Award amendment are the same as those used in the initial Financial Assistance Award. If a Financial Assistance Award amendment amends the financial and Service information in the Financial Assistance Award, the financial and Service information line in the amendment will either amend an existing line in the financial and Service information of the Financial Assistance Award or constitute a new line added to the financial and Service information of the Financial Assistance Award. A financial and Service information line in a Financial Assistance Award amendment (an “Amending Line”) amends an existing line of the Financial Assistance Award (a “Corresponding Line”) if the line in the Financial Assistance Award amendment awards funds for the same Service in the Financial Assistance Award and specifies a date range falling within the Effective Dates specified in that existing line (as previously amended, if at all). If an Amending Line has a positive number in the approved Operating Dollars column, those funds are added to the approved Operating Dollars of the Corresponding Line for the period specified in the Amending Line. If an Amending Line has a negative number in the approved Operating Dollars column, those funds are subtracted from the approved Operating Dollars of the Corresponding Line for period specified in the Amending Line. If an Amending Line has a positive number in the Slot Change/Type column, those Slots are added to the Slot Change/Type in the Corresponding Line for the period specified in the Amending Line. If an Amending Line has a negative number in the Slot Change/Type column, those Slots are subtracted from the Slot Change/Type in the Corresponding Line for the period specified in the Amending Line. All Special Conditions identified in a Corresponding Line apply to funds identified on an Amending Line (unless a Special Condition or portion thereof on an Amending Line specifies a rate). If an Amending Line contains a Special Condition or portion of a Special Condition that specifies a rate, that Special Condition or portion thereof replaces, for the period specified in the Amending Line, any Special Condition or portion thereof in the Corresponding Line that specifies a rate. If a financial and Service information line in a Financial Assistance Award amendment is not an Amending Line, as described above, it is a new line added to the Financial Assistance Award.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT D
SPECIAL TERMS AND CONDITIONS**

1. **County Expenditures on Services.** In accordance with [ORS 430.345 to ORS 430.380](#) (the “**Mental Health Alcoholism and Drug Services Account**”), County shall maintain its 2025-2026 financial contribution to alcohol and other drug treatment and prevention services at an amount not less than that for fiscal year 2024. Furthermore, and in accordance with the Mental Health Alcoholism and Drug Services Account, County shall maintain its 2026-2027 financial contribution to alcohol and other drug treatment and prevention services at an amount not less than that for fiscal year 2025. OHA may waive all or part of the financial contribution requirement in consideration of severe financial hardship or any other grounds permitted by law.

2. **Basic Accounting Records.** County shall comply with the basic record keeping standards prescribed in [OAR 309-013-0120 through OAR 309-013-0220](#).

3. **Local Plan Revisions.**
 - a. County shall notify OHA if, at any time, it determines that the Financial Assistance is insufficient to adequately fund the Service Priorities identified in Subsection 2.a. and other mandatory Services in [Exhibit B](#), in which case, the parties shall work in good faith to create a mutually agreed upon revised Local Plan and Budget.
 - b. Once approved, a Local Plan is valid until changes are mutually agreed upon. In no event will County be required to expend funds other than Financial Assistance to fund any such revised Local Plan and Budget for the Services.
 - c. Upon notification from OHA that OHA has received a court order or written court appointed monitor directive that may require a change to the Local Plan and Budget, and if so, the parties shall work in good faith to prepare and complete an agreed upon revised Local Plan and Budget within 30 calendar days of such notification. Any such OHA approved revised Local Plan and Budget must be initiated within 30 calendar days of OHA’s approval or such date that the parties agree. In no event will County be required to expend funds other than Financial Assistance to fund any such revised Local Plan and Budget for the Services.

4. **Services for Children, Youth, and Families.** Services funded with the Financial Assistance must be guided by the following policy:
 - a. Each child and youth is an Individual with unique strengths and needs and must be met with developmentally, culturally and linguistically appropriate and individually responsive services that recognize the as a whole person;
 - b. Children, youth and their families are the experts on their lives and needs and must be meaningfully included in all decisions about their Individual services and be meaningfully included in policy making and service design;
 - c. All children and youth, regardless of the type or severity of diagnoses or the disability they experience, must be supported to live, work, play and attend school in integrated community settings and must be supported to safely and successfully remain in their family homes and local schools to the maximum extent possible;
 - d. The unique strengths and potential of each child, youth, and family must be proactively

- e. recognized and built upon;
 - e. Child, youth, and family-centered supports must be prioritized toward prevention and recovery;
 - f. Children and youth must not be restricted to a single-Service setting or delivery system and must be provided with access to all Services for which the children or youth are eligible regardless of their disability type or family situation; and
 - g. Children, youth and their families must be supported to access the appropriate comprehensive home and community-based services that prevent crises from happening or from reoccurring and that provide support and stabilization in the event of a crisis.
5. **Trauma Informed Services** also referred to as **Trauma Informed Care (TIC)**. County shall ensure that the Services funded by the Financial Assistance comply with [OAR 309-019-0105\(162\)](#) and OHA’s Trauma Informed Care Policy. The Local Plan must include County’s TIC plan and will describe how County has incorporated TIC as a core principle in policies, mission statements, and written program and Service information, in accordance with the OHA Trauma Informed Care (TIC) Policy located at <https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/Trauma-Informed%20Services%20Policy.pdf>. County will initiate and complete an agency self-assessment and have a quality assurance structure/process to further develop and sustain TIC.
6. **Clinical Interventions and Support Services** provided to any Individual enrolled in the Oregon Health Plan (OHP) who is covered for these Services and for which the CCO or Medical Assistance Programs (MAP) pays for these Services are not eligible for Services. The OHP benefit package includes many of the Services provided under this Agreement. The intent is not to duplicate OHP but rather augment the package of Services.
7. **Corrective Action Plan.** Upon OHA’s identification of any deficiencies in County’s performance under this Agreement, including without limitation failure to submit reports as required, failure to expend available funding, or failure to meet performance requirements, County shall prepare and submit to OHA within 30 calendar days a Corrective Action Plan (CAP) to be reviewed and approved by OHA. The CAP shall include, but is not limited to, the following information:
- a. Reason or reasons for the CAP;
 - b. The date the CAP will become effective, with timelines for implementation;
 - c. Planned action already taken to correct the deficiencies, as well as proposed resolutions to address remaining deficits identified, with oversight and monitoring by OHA; and
 - d. Proposed remedies, short of termination, should County not come into compliance within the timeframe set forth in the CAP.
8. **Mandated State Data System Reporting Requirement.** All Individuals receiving Services paid for with the Financial Assistance must be enrolled and that Individual’s record maintained in ROADS (Resilience Outcomes Analysis and Data Submission), the mandated state data system, as required in [OAR 309-019-0135\(1\)\(e\)](#).
9. **Plan of Resolution Related to Individuals in OSH or Community Hospitals**
- a. County acknowledges that OHA does not provide direct Services to the following Individuals, except for some services at Oregon State Hospital, and that OHA provides the Financial Assistance for County to provide placement-related Services to:
 - (1) Individuals who the court:
 - (a) Are found to lack fitness to proceed under [ORS 161.370](#) and are

- (3) If OHA does not approve County's Plan of Resolution, meet with OHA within 10 business days of receipt of the non-approval in order to discuss it, unless the timeframe is extended by the mutual written agreement of County and OHA;
 - (4) After the meeting, submit a first Revised Plan of Resolution to OHA within 10 business days; and
 - (5) Implement the OHA-approved Plan of Resolution or OHA-approved Revised Plan of Resolution within the reasonable deadline set by OHA in its approval notice or by the mutually agreed upon deadline set by the County and OHA, whichever is longer.
- d.** If County's Plan of Resolution and first Revised Plan of Resolution are not approved by OHA, County shall elevate the issue to senior management or appropriate designee.
- (1) County's senior management or their designee shall meet with OHA's senior management or designee to discuss the first Revised Plan of Resolution and the ways OHA can support County in resolving the issue within 10 business days from the date of OHA's notice of non-approval of the first Revised Plan of Resolution.
 - (2) County shall continue to submit Revised Plans of Resolution to OHA for review until it is approved by OHA. If County and OHA agree that further revisions will not resolve the barriers or allow County to provide the Services to the Individual, no further revisions of the Plan of Resolution will be required.
 - (3) If a revised Plan of Resolution is approved by OHA, County shall implement it within the reasonable deadline set by OHA in its approval notice or by the mutually agreed upon deadline set by County and OHA, whichever is longer.
- e.** OHA agrees to provide the following support to County for Services provided to Individuals described in Subsections 9.a of Exhibit D:
- (1) Provide complex case management support to assist County in locating placements or Services for Individuals with placement barriers (e.g., sex offender history, special medical needs, and dual diagnosis).
 - (2) Assist County in resolving coordination issues with Coordinated Care Organizations, ODHS, and any other entities involved in providing or funding the Individual's Services.
 - (3) Act as a good faith partner with County to address shortages in staffing, capacity, or other needs required by County to provide the Services to Individuals described in Subsections 9.a of this Exhibit D.
- f.** If County submits a Plan of Resolution or Revised Plan of Resolution under Subsections 9.c and 9.d of this Exhibit D, OHA shall:
- (1) Review the Plan of Resolution or Revised Plan of Resolution;
 - (2) OHA will send a written notice of approval or non-approval of the Plan of Resolution or Revised Plan of Resolution within three (3) business days of receiving it;
 - (3) If OHA does not approve County's Plan of Resolution or Revised Plan of Resolution, meet with County within 10 business days as described in Subsections 9.c and 9.d of this Exhibit D;
 - (4) Not unreasonably withhold approval of County's Plan of Resolution or Revised Plan of Resolution; and
 - (5) Set a reasonable timeframe, as determined by OHA, to implement the OHA-approved Plan of Resolution or Revised Plan of Resolution based on the type of actions to be implemented by County to resolve the issue.

- g.** If OHA does not approve County's Plan of Resolution and first Revised Plan of Resolution, OHA shall elevate the issue to senior management or appropriate designee.
 - (1)** OHA's senior management or designee shall meet with County's senior management or designee to discuss the first Revised Plan of Resolution and the ways OHA can support County in resolving the issue within 10 business days from the date of OHA's notice of non-approval of the first Revised Plan of Resolution.
 - (2)** OHA shall continue to work with County and review any subsequently submitted Revised Plans of Resolution and shall respond to County with approval or non-approval of that Plan within 3 business days of receiving it. If County and OHA agree that further revisions will not resolve the barriers or allow County to provide the Services to the Individual, no further revisions will be required.

10. Mid-Term Agreement Changes.

- a.** Any changes by OHA to policies, forms, templates, procedures, or other external documents that are referenced by web links without being attached as exhibits to this Agreement that have a material effect require a fifteen (15) calendar day advance written notice of such change by OHA to County, and a copy of such notice must be sent by mail and to any emails designated in writing by County for this purpose. County will then have fifteen (15) calendar days from the date of the notice to consent or object to the change, and an objection can be sent to the email account from which OHA emailed the notice. If County does not object timely to the change, it will be binding on County. Any timely objected to changes will not go into effect unless negotiated and implemented through any amendment.
- b.** Any subsequent change to an administrative rule referenced in this Agreement is not binding on County if such change is determined by a court of competent jurisdiction to exceed OHA's authority or is otherwise invalid.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL PROGRAMS**

**EXHIBIT E
GENERAL TERMS AND CONDITIONS**

- 1. Disbursement and Recovery of Financial Assistance.**
 - a. Disbursement Generally.** Subject to the conditions precedent set forth below, OHA shall disburse the Financial Assistance described in the Financial Assistance Award to County in accordance with the procedures set forth below and, as applicable, in the Service Descriptions and the Financial Assistance Award. Disbursement procedures may vary by Service.
 - (1) Disbursement of Financial Assistance for Services.** As set forth in the Service Description for a particular Service, OHA will generally disburse financial assistance that is described in the Financial Assistance Award to County in monthly allotments in advance of actual delivery of the Service.
 - (2) Disbursements Remain Subject to Recovery.** All disbursements of Financial Assistance, including disbursements made directly to Providers, remain subject to recovery from County, in accordance with Recovery of Financial Assistance section below.
 - b. Conditions Precedent to Disbursement.** OHA’s obligation to disburse Financial Assistance to County is subject to satisfaction, with respect to each disbursement, of each of the following conditions precedent:
 - (1)** No County default, as described in Section 6 of Exhibit F, “Standard Terms and Conditions,” has occurred.
 - (2)** County’s representations and warranties, as set forth in Section 4 of Exhibit F, “Standard Terms and Conditions,” are true and correct on the date of disbursement with the same effect as though made on the date of disbursement.
 - c. Recovery of Financial Assistance.**
 - (1) Notice of Underexpenditure, Overexpenditure.** If OHA believes there has been an Underexpenditure or Overexpenditure of moneys disbursed under this Agreement, OHA shall provide County with written notice thereof, with a detailed spreadsheet providing supporting data of an under or over expenditure, and OHA and County shall engage in the process described in the Recovery of Underexpenditure or Overexpenditure section below. If OHA believes there has been a Misexpenditure of moneys disbursed to County under this Agreement, OHA shall provide County with written notice thereof and OHA and County shall engage in the process described in Recovery of Misexpenditures section below.
 - (2) Recovery of Underexpenditure or Overexpenditure.**
 - (a) County’s Response.** County shall have 90 calendar days from the effective date of the notice of Underexpenditure or Overexpenditure or from the date of receipt of the notice, whichever is later, to pay OHA in full or notify OHA that it wishes to engage in the appeals process set forth in the Appeals Process section below. If County fails to respond within that 90 calendar-day time period, County shall promptly pay the noticed Underexpenditure or Overexpenditure.
 - (b) Appeals Process.** Upon receipt of the final notice, if County notifies OHA that it wishes to engage in the Appeals Process, County and OHA shall

engage in non-binding discussions to give County an opportunity to present reasons why it believes that there was no Underexpenditure or Overexpenditure, or that the amount of the Underexpenditure or Overexpenditure was different than the amount identified by OHA, and to give OHA the opportunity to reconsider its notice. County and OHA may negotiate an appropriate apportionment of responsibility for the repayment of an Underexpenditure or Overexpenditure. At County request, OHA will meet and negotiate with County in good faith concerning appropriate apportionment of responsibility for repayment of an Underexpenditure or Overexpenditure. In determining an appropriate apportionment of responsibility, County and OHA may consider any relevant factors. An example of a relevant factor is the extent to which either party contributed to an interpretation of a statute, regulation or rule prior to the expenditure that was officially reinterpreted after the expenditure. If OHA and County reach agreement on the amount owed to OHA, County shall promptly repay that amount to OHA by issuing payment to OHA or by directing OHA to withhold future payments pursuant to the Recovery from Future Payment section below. If OHA and County are unable to agree to whether there has been an Underexpenditure or Overexpenditure or as to the amount owed, the parties may agree to consider further appropriate dispute resolution processes, including, subject to State of Oregon Department of Justice and County Counsel approval, arbitration. If both parties are unable to agree to further dispute resolution, the parties shall proceed according to the procedures described in the Recovery from Future Payments section below.

- (c) **Recovery from Future Payments.** To the extent that OHA is entitled to recover an Underexpenditure or Overexpenditure pursuant to this Recovery of Underexpenditure or Overexpenditure section, OHA may recover the Underexpenditure or Overexpenditure by offsetting the amount thereof against future amounts owed to County by OHA, including, but not limited to, any amount owed to County by OHA under any other agreement between County and OHA, present or future. OHA shall provide County written notice of its intent to recover the amount of the Underexpenditure or Overexpenditure from amounts owed County by OHA as set forth in this Section and shall identify the amounts, which OHA intends to offset, (including the agreements, if any, under which the amounts owed arose and from those from which OHA wishes to deduct payments). County shall then have 14 calendar days from the date of OHA's notice in which to request the deduction be made from other amounts owed to County by OHA and identified by County. OHA shall comply with County's request for alternate offset. In the event that OHA and County are unable to agree on which specific amounts, owed to County by OHA, OHA may offset in order to recover the amount of the Underexpenditure or Overexpenditure, OHA may select the particular agreements, between OHA and County, and amounts from which it will recover the Underexpenditure or Overexpenditure, after providing notice to County and subject to the following limitations: OHA shall first look to amounts owed to County (but unpaid) under this Agreement. If that amount is insufficient, then OHA may look to any other amounts currently owing or owed in the future to County by OHA. In no

case, without the prior consent of County, shall OHA deduct from any one payment due to County under the agreement from which OHA is offsetting funds an amount in excess of twenty-five percent (25%) of that payment. OHA may look to as many future payments as necessary in order to fully recover the amount of the Underexpenditure or Overexpenditure.

(3) Recovery of Misexpenditure.

- (a)** If OHA believes there has been a Misexpenditure of money disbursed to County under this Agreement, OHA shall provide to County a written notice of recovery, with a detailed spreadsheet providing supporting data of the Misexpenditure attached, and OHA and County shall engage in the process described in the Appeal Process section below.
- (b) County’s Response.** From the effective date of the Misexpenditure notice or from the date of receipt of notice, whichever is later, County shall have the lesser of 60 calendar days; or if a Misexpenditure relates to a federal government request for reimbursement, 30 calendar days fewer than the number of days (if any) OHA has to appeal a final written decision from the federal government, to either:
 - i.** Make a payment to OHA in the full amount of the Misexpenditure as identified by OHA in the notice; or
 - ii.** Notify OHA that County wishes to repay the amount of the Misexpenditure, as identified by OHA in the notice, from future payments pursuant to the Recovery from Future Payments section below; or
 - iii.** Notify OHA that it wishes to engage in the applicable appeal process, as set forth in the Appeal Process section below.

If County fails to respond within the time required by this Section, OHA may recover the amount of the Misexpenditure identified in the notice from future payments as set forth in Recovery from Future Payment section below.

- (c) Appeal Process.** If County notifies OHA that it wishes to engage in an appeal process with respect to a notice of Misexpenditure from OHA, the parties shall comply with the following procedures, as applicable:
 - i. Appeal from OHA-Identified Misexpenditure.** If OHA’s notice of Misexpenditure is based on a Misexpenditure solely of the type described in Section 20(b) or (c) County and OHA shall engage in the process described in this Appeal Process section to resolve a dispute regarding the notice of Misexpenditure. First, County and OHA shall engage in non-binding discussions, to give County an opportunity to present reasons why it believes that there is, in fact, no Misexpenditure or that the amount of the Misexpenditure is different than the amount identified by OHA in the notice, and to give OHA the opportunity to reconsider its notice. County and OHA may negotiate an appropriate apportionment of responsibility for the repayment of the Misexpenditure. At County’s request, OHA will meet and negotiate with County in good faith concerning appropriate apportionment of responsibility for repayment of the Misexpenditure. In determining an appropriate apportionment of responsibility, County and OHA may consider any relevant factors. An example of a

relevant factor is the extent to which either party contributed to an interpretation of a statute, regulation or rule prior to the expenditure that was officially reinterpreted after the expenditure. If OHA and County reach agreement on the amount owed to OHA, County shall promptly repay that amount to OHA by issuing payment to OHA or by directing OHA to withhold future payments pursuant to the Recovery from Future Payments section below. If OHA and County continue to disagree as to whether there has been a Misexpenditure or as to the amount owed, the parties may agree to consider further appropriate dispute resolution processes, including, subject to State of Oregon Department of Justice and County Counsel approval, arbitration.

ii. Appeal from Federal-Identified Misexpenditure.

A. If OHA’s notice of Misexpenditure is based on a Misexpenditure of the type described in Section 20(a) and the relevant federal agency provides a process either by statute or administrative rule to appeal the determination of improper use of federal funds, the notice of disallowance or other federal identification of improper use of funds, and if the disallowance is not based on a federal or state court judgment founded in allegations of Medicaid fraud or abuse, then County may, 30 calendar days prior to the applicable federal appeals deadline, request that OHA appeal the determination of improper use, notice of disallowance or other federal identification of improper use of funds in accordance with the process established or adopted by the federal agency. If County so requests that OHA appeal the determination of improper use of federal funds, federal notice of disallowance or other federal identification of improper use of funds, the amount in controversy shall, at the option of County, be retained by County or returned to OHA pending the final federal decision resulting from the initial appeal. If County requests, prior to the deadline set forth above, that OHA appeal, OHA shall appeal the determination of improper use, notice of disallowance or other federal identification of improper use of funds in accordance with the established process and shall pursue the appeal until a decision is issued by the Departmental Grant Appeals Board of the Department of Health and Human Services (the “Grant Appeals Board”) pursuant to the process for appeal set forth in 45 C.F.R. Subtitle A, Part 16, or an equivalent decision is issued under the appeal process established or adopted by the federal agency. County and OHA shall cooperate with each other in pursuing the appeal. If the Grant Appeals Board or its equivalent denies the appeal then either County, OHA, or both may, at their discretion, pursue further appeals. Regardless of any further appeals, within 90 calendar days of the date the federal decision resulting from the initial appeal is

final, County shall repay to OHA the amount of the Misexpenditure (reduced, if at all, as a result of the appeal) by issuing payment to OHA or by directing OHA to withhold future payments pursuant to Recovery from Future Payments section below. To the extent that County retained any of the amount in controversy while the appeal was pending, County shall also pay to OHA the interest, if any, charged by the federal government on such amount.

- B.** If the relevant federal agency does not provide a process either by statute or administrative rule to appeal the determination of improper use of federal funds, the notice of disallowance or other federal identification of improper use of funds or County does not request that OHA pursue an appeal 30 calendar days prior to the applicable federal appeals deadline, and if OHA does not appeal, within 90 calendar days of the date the federal determination of improper use of federal funds, the federal notice of disallowance or other federal identification of improper use of funds is final, County shall repay to OHA the amount of the Misexpenditure by issuing a payment to OHA or by directing OHA to withhold future payments pursuant to the Recovery from Future Payments section below.
- C.** If County does not request that OHA pursue an appeal of the determination of improper use of federal funds, the notice of disallowance or other federal identification of improper use of funds 30 calendar days prior to the applicable federal appeals deadline but OHA nevertheless appeals, County shall repay to OHA the amount of the Misexpenditure (reduced, if at all, as a result of the appeal), within 90 calendar days of the date the federal decision resulting from the appeal is final, by issuing payment to OHA or by directing OHA to withhold future payments pursuant to the Recovery from Future Payments section below.
- D.** Notwithstanding County’s Response section above, if the Misexpenditure was expressly authorized by OHA rule or an OHA writing that applied when the expenditure was made but was prohibited by federal statutes or regulations that applied when the expenditure was made, County will not be responsible for repaying the amount of the Misexpenditure to OHA, provided that:
 - I.** Where post-expenditure official reinterpretation of federal statutes or regulations results in a Misexpenditure, County and OHA will meet and negotiate in good faith an appropriate apportionment of responsibility between them for repayment of the Misexpenditure.
 - II.** For purposes of this Section, an OHA writing must interpret this Agreement or OHA rule and be signed

by the Director of OHA, the Director of Behavioral Health Division or the Section Director.

OHA shall designate an alternate officer in the event the Behavioral Health Division is abolished. Upon County's request, OHA shall notify County of the names of the Individual officers listed above. OHA shall send OHA writings described in this paragraph to County by mail and email and to County directors by email.

- III.** The OHA writing must be in response to a request from County for expenditure authorization or a statement intended to provide official guidance to County or counties generally for making expenditures under this Agreement. The writing must not be contrary to this Agreement or contrary to law or other applicable authority that is clearly established at the time of the OHA writing.
- IV.** If the OHA writing is in response to a request from County for expenditure authorization, County's request must be in writing and signed by the director of a County department with the authority to make such a request or by County Counsel. It must identify the supporting data, provisions of this Agreement and provisions of applicable law relevant to determining if the expenditure should be authorized.
- V.** An OHA writing expires on the date stated in the writing, or if no expiration date is stated, six years from the date of the writing. An expired OHA writing continues to apply to County expenditures that were made in compliance with the writing and during the term of the writing.
- VI.** OHA may revoke or revise an OHA writing at any time if it determines in its sole discretion that the writing allowed expenditure in violation of this Agreement, law, or any other applicable authority. However, County is not responsible for a Misexpenditure that was based on an OHA writing that was effective at the time of the Misexpenditure.
- VII.** OHA rule does not authorize an expenditure that this Agreement prohibits.

- (d) Recovery from Future Payments.** To the extent that OHA is entitled to recover a Misexpenditure pursuant to the Appeal Process section above, OHA may recover the Misexpenditure by offsetting the amount thereof against future amounts owed to County by OHA, including, but not limited to, any amount owed to County by OHA under this Agreement or any amount owed to County by OHA under any other agreement between County and OHA, present or future. OHA shall provide County written notice of its intent to recover the amount of the Misexpenditure from

amounts owed County by OHA as set forth in this Section, and shall identify the amounts owed by OHA which OHA intends to offset (including the agreements, if any, under which the amounts owed arose and from those from which OHA wishes to deduct payments). County shall then have 14 calendar days from the date of OHA's notice to request the deduction be made from other amounts owed to County by OHA and identified by County. OHA shall comply with County's request for alternate offset. In the event that OHA and County are unable to agree on which specific amounts, owed to County by OHA, OHA may offset in order to recover the amount of the Misexpenditure, then OHA may select the particular agreements between OHA and County and amounts from which it will recover the amount of the Misexpenditure, after providing notice to County, and subject to the following limitations: OHA shall first look to amounts owed to County (but unpaid) under this Agreement. If that amount is insufficient, then OHA may look to any other amounts currently owing or owed in the future to County by OHA. In no case, without the prior consent of County, shall OHA deduct from any one payment due County under the agreement from which OHA is offsetting funds an amount in excess of twenty-five percent (25%) of that payment. OHA may look to as many future payments as necessary in order to fully recover the amount of the Misexpenditure.

- (4) **Additional Provisions related to parties' rights and obligations with respect to Underexpenditures, Overexpenditures and Misexpenditures.**
- (a) County shall cooperate with OHA in the Agreement Settlement process.
 - (b) OHA's right to recover Underexpenditures, Overexpenditures and Misexpenditures from County under this Agreement is not subject to or conditioned upon County's recovery of any money from any other entity.
 - (c) If the exercise of OHA's right to offset under this provision requires County to complete a re-budgeting process, nothing in this provision shall be construed to prevent County from fully complying with its budgeting procedures and obligations, or from implementing decisions resulting from those procedures and obligations.
 - (d) Nothing in this provision shall be construed as a requirement or agreement by County to negotiate and execute any future contract with OHA.
 - (e) Nothing in this Section shall be construed as a waiver by either party of any process or remedy that might otherwise be available.

2. **Use of Financial Assistance.** County shall use the Financial Assistance solely to cover actual Allowable Costs reasonably and necessarily incurred to deliver Services during the term of this Agreement.

3. **Award Adjustments**

- a. County may use Financial Assistance to cover actual Allowable Costs reasonably and necessarily incurred to deliver Services, from the Effective Date of this Agreement through the termination or expiration of this Agreement.
 - (1) If County uses Financial Assistance described in the Financial Assistance Award in reliance on this Award Adjustments section (1) or (2) above, County shall promptly notify OHA in writing of such use.
- b. Financial Assistance disbursed to County under this Agreement that County would be

entitled to retain if used prior to the termination or expiration of this Agreement (as calculated in accordance with the methodologies set forth in the applicable Service Descriptions), may be retained by County even if not used prior to the termination or expiration of this Agreement provided that other provisions of this Agreement do not require the Financial Assistance to be used by County prior to the termination or expiration of this Agreement and provided further that County uses the Financial Assistance solely to deliver future Services for the purpose it was originally awarded.

4. Amendments Proposed by OHA.

- a. Amendments of Financial Assistance Award.** County shall review all proposed amendments to the Financial Assistance Award prepared and presented to County by OHA in accordance with this Section. Amendments to the Financial Assistance Award will be presented to County in electronic form. OHA may withdraw a proposed amendment by and effective upon written notice to County. If not sooner accepted or rejected by County, or withdrawn by OHA, a proposed amendment will be deemed rejected by County 60 calendar days after County's receipt thereof and OHA's offer to amend the Financial Assistance Award will be automatically revoked. If County chooses to accept a proposed amendment presented in electronic form, County shall return the proposed amendment to OHA signed by County Financial Assistance Administrator. Upon OHA's actual physical receipt and signature of a proposed amendment signed by County Financial Assistance Administrator but otherwise unaltered, the proposed amendment will be considered accepted by the parties and the Financial Assistance Award, as amended by the proposed amendment, will become the Financial Assistance Award under this Agreement. If County returns a proposed amendment altered in any way (other than by signature of County Financial Assistance Administrator), OHA may, in its discretion, accept the proposed amendment as altered by County but only if County Financial Assistance Administrator has initialed each alteration. A proposed amendment altered by County and returned to OHA will be considered accepted by OHA on the date OHA initials each alteration and on that date the Financial Assistance Award, as amended by the proposed amendment (as altered), will become the Financial Assistance Award.
- b. Other Amendments.** County shall review all proposed amendments to this Agreement prepared and presented to County by OHA, other than those described in the previous subsection a., promptly after County's receipt thereof. If County does not accept a proposed amendment within 60 calendar days of County's receipt thereof, County shall be deemed to have rejected the proposed amendment and the offer to amend the Agreement, as set forth in the proposed amendment, will be automatically revoked. If County chooses to accept the proposed amendment, County shall return the proposed amendment to OHA signed by a duly authorized County official. Upon OHA's actual physical receipt and signature of a proposed amendment signed by a duly authorized County official but otherwise unaltered, the proposed amendment will be considered accepted by the parties and this Agreement will be considered amended as set forth in the accepted amendment. If County returns a proposed amendment altered in any way (other than by signature of a duly authorized County official), OHA may, in its discretion, accept the proposed amendment as altered by County but only if a duly authorized County official has initialed each alteration. A proposed amendment altered by County and returned to OHA will be considered accepted by OHA on the date OHA initials each alteration and on that date this Agreement will be considered amended as set forth in the accepted amendment.

5. **Provider Contracts.** Except when the Service expressly requires the Service or a portion thereof to be delivered by County directly and subject to the Provider Monitoring section below, County may use the Financial Assistance to purchase a particular Service from a Provider through a Provider Contract. Subject to the Provider Monitoring section below, County may permit a Provider to purchase the Service, or a portion thereof, from another person or entity under a subcontract and such subcontractors will also be considered Providers for purposes of this Agreement and those subcontracts will be considered Provider Contracts under this Agreement. County shall maintain an originally executed copy of each Provider Contract at its office and shall furnish a copy of any Provider Contract to OHA upon request.

6. **Provider Monitoring.** County shall monitor each Provider's delivery of = and promptly report to OHA when County identifies a deficiency in a Provider's delivery of a Service or in a Provider's compliance with the Provider Contract between the Provider and County. County shall promptly take all necessary action to remedy any identified deficiency on the part of the Provider. County shall also monitor the fiscal performance of each Provider and shall take all lawful management and legal action necessary to pursue this responsibility. In the event of a deficiency in a Provider's delivery of a Service or in a Provider's compliance with the Provider Contract between the Provider and County, nothing in this Agreement shall limit or qualify any right or authority OHA has under state or federal law to take action directly against the Provider.

7. **Alternative Formats and Translation of Written Materials, Interpreter Services.**
In connection with the delivery of Services, County shall make available to Client, without charge, upon the Client's reasonable request:
 - a. All written materials related to the Services provided to the Client in alternate formats, including accessible electronic formats, brailled documents, and large print upon request. If County does not have access to such alternate formats, then County can request them from OHA.
 - b. All written materials related to the Services provided to the Client in the Client's language. If County does not have access to such languages, then County can request written materials in the Client's language from OHA.
 - c. Oral interpretation services related to the Services provided to the Client in the Client's language.
 - d. Sign language interpretation services and telephone communications access services related to the Services provided to the Client. County shall work with OHA if it does not have staff that fluently speak the language of an eligible Client, including qualified Sign Language Interpreters for Client's who are deaf or hard of hearing and whose preferred mode of communication is sign language.

For purposes of the foregoing, "written materials" means materials created by County, in connection with the Service being provided to the requestor. County may develop its own forms and materials and with such forms and materials County shall be responsible for making them available to a Client, without charge to the Client in the prevalent non-English language(s) within County Service area. OHA shall be responsible for making its forms and materials available, without charge to the Client or County, in the prevalent non-English language(s) within County Service area.

8. **Operation of CMHP.** County shall operate or contract for the operation of a CMHP during the term of this Agreement. If County uses Financial Assistance for a particular Service, County shall include that Service in its CMHP from the date it begins using Financial Assistance for that

Service until the earlier of: (a) termination or expiration of this Agreement; (b) termination by OHA of OHA's obligation to provide the Financial Assistance for that Service in accordance with Exhibit F, Termination section; or (c) termination by County, in accordance with Exhibit F, Termination section, of County's obligation to include in its CMHP a Core Service Area that includes that Service.

- 9. OHA Reports.** To the extent resources are available to OHA to prepare and deliver the information, OHA shall, during the term of this Agreement, provide County with the following reports:

 - a.** Summary reports to County and County's Providers from data as reported to OHA through the mandated state data system under this Agreement; and
 - b.** Monthly reports to County that detail disbursement of Financial Assistance under the Financial Assistance Award for the delivery of Services.
- 10. Technical Assistance.** During the term of this Agreement, OHA shall provide technical assistance to County in the delivery of Services to the extent resources are available to OHA for this purpose. If the provision of technical assistance to County concerns a Provider, OHA may require, as a condition to providing the assistance, that County take all action with respect to the Provider reasonably necessary to facilitate the technical assistance.
- 11. Payment of Certain Expenses.** If OHA requests that an employee of County or a Provider or a citizen of County attend OHA training or an OHA conference or business meeting and County has obligated itself to reimburse the Individual for travel expenses incurred by the Individual in attending the training or conference, OHA may pay those travel expenses on behalf of County but only at the rates and in accordance with the reimbursement procedures set forth in the Oregon Accounting Manual available at: <https://www.oregon.gov/das/financial/acctng/pages/oam.aspx> under 40.10.00 as of the date the expense was incurred and only to the extent that OHA determines funds are available for such reimbursement.
- 12. Effect of Amendments Reducing Financial Assistance.** If County and OHA amend this Agreement to reduce the amount of Financial Assistance awarded, County is not required by this Agreement to utilize other County funds to replace the funds no longer received under this Agreement as a result of the amendment and County may, from and after the date of the amendment, reduce the quantity of that Service included in its CMHP commensurate with the amount of the reduction in Financial Assistance awarded for that Service. Nothing in the preceding sentence shall affect County's obligations under this Agreement with respect to Financial Assistance actually disbursed by OHA under this Agreement or with respect to Services actually delivered.
- 13. Resolution of Disputes over Additional Financial Assistance Owed County After Termination or Expiration.** If, after termination or expiration of this Agreement, County believes that OHA disbursements of Financial Assistance under this Agreement are less than the amount of Financial Assistance that OHA is obligated to provide to County under this Agreement, as determined in accordance with the applicable Financial Assistance calculation methodology, County shall provide OHA with written notice thereof. OHA shall have 90 calendar days from the effective date of County's notice to pay County in full or notify County that it wishes to engage in a dispute resolution process. If OHA notifies County that it wishes to engage in a dispute resolution process, County and OHA's Chief Health Systems Officer for the Behavioral Health Division shall engage in non-binding discussion to give OHA an opportunity to present reasons why it believes that it

does not owe County any additional Financial Assistance or that the amount owed is different than the amount identified by County in its notices, and to give County the opportunity to reconsider its notice. If OHA and County reach agreement on the additional amount owed to County, OHA shall promptly pay that amount to County. If OHA and County continue to disagree as to the amount owed, the parties may agree to consider further appropriate dispute resolution processes, including, subject to Department of Justice and County Counsel approval, binding arbitration. Nothing in this Section shall preclude County from raising underpayment concerns at any time prior to termination or expiration of this Agreement under Alternative Dispute Resolution below.

- 14. Alternative Dispute Resolution.** The parties should attempt in good faith to resolve any dispute arising out of this Agreement. This may be done at any management level, including at a level higher than persons directly responsible for administration of the agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation.
- 15. Purchase and Disposition of Equipment.**
- a. For purposes of this Section, “Equipment” means tangible, non-expendable personal property having a useful life of more than one year and a net acquisition cost of more than \$10,000 per unit. However, for purposes of information technology equipment, the monetary threshold does not apply (except as provided below for Software and storage devices). Information technology equipment shall be tracked for the mandatory line categories listed below:
 - (1) Network;
 - (2) Personal Computer;
 - (3) Printer/Plotter;
 - (4) Server;
 - (5) Storage device that will contain Client information;
 - (6) Storage device that will not contain Client information, when the acquisition cost is \$100 or more; and
 - (7) Software, when the acquisition cost is \$100 or more.
 - b. For any Equipment authorized by OHA for purchase with funds from this Agreement, ownership shall be in the name of County and County is required to accurately maintain the following Equipment inventory records:
 - (1) Description of the Equipment;
 - (2) Serial number;
 - (3) Where Equipment was purchased;
 - (4) Acquisition cost and date; and
 - (5) Location, use, and condition of the Equipment.
 - c. County shall provide the Equipment inventory list electronically to the Agreement Administrator at BHD.Contracts@oha.oregon.gov no later than 45 calendar days following the end of this Agreement. County shall be responsible to safeguard any Equipment and maintain the Equipment in good repair and condition while in the possession of County or any Providers. County shall depreciate all Equipment, with a value of more than \$10,000, using the straight-line method.
 - d. Upon termination of this Agreement, or any Service thereof, for any reason whatsoever, County shall, upon request by OHA, immediately, or at such later date specified by OHA, tender to OHA any and all Equipment purchased with funds under this Agreement as OHA may require to be returned to the State. At OHA’s direction, County may be required to deliver said Equipment to a subsequent contractor for that contractor’s use in the delivery of

Services formerly provided by County. Upon mutual agreement, in lieu of requiring County to tender the Equipment to OHA or to a subsequent contractor, OHA may require County to pay to OHA the current value of the Equipment. Equipment value will be determined as of the date of Agreement or Service termination.

- e. If funds from this Agreement are authorized by OHA to be used as a portion of the purchase price of Equipment, requirements relating to title, maintenance, Equipment inventory reporting and residual value shall be negotiated, and the agreement reflected in a Special Condition authorizing the purchase.
- f. Notwithstanding anything herein to the contrary, County shall comply with [45 CFR 75.320](#), which generally describes the required maintenance, documentation, and allowed disposition of equipment purchased with federal grant funds.

- 16.** Nothing in this Agreement shall cause or require County or OHA to act in violation of state or federal constitutions, statutes, regulations, or rules. The parties intend this limitation to apply in addition to any other limitation in this Agreement, including limitations in Disbursement and Recovery of Financial Assistance above.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT F
STANDARD TERMS AND CONDITIONS**

- 1. Governing Law, Consent to Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, “Claim”) between the parties that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within a circuit court for the State of Oregon of proper jurisdiction. THE PARTIES, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENT TO THE IN PERSONAM JURISDICTION OF SAID COURTS. Except as provided in this section, neither party waives any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court. The parties acknowledge that this is a binding and enforceable agreement and, to the extent permitted by law, expressly waive any defense alleging that either party does not have the right to seek judicial enforcement of this Agreement.
- 2. Compliance with Law.** Both parties shall comply with laws, regulations, and executive orders to which they are subject, and which are applicable to the Agreement or to the delivery of Services. Without limiting the generality of the foregoing, both parties expressly agree to comply with the following laws, rules, regulations and executive orders to the extent they are applicable to the Agreement:

 - a. [OAR 943-005-0000 through 943-005-0070](#), prohibiting discrimination against Individuals with disabilities and all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations;
 - b. All state laws governing operation of Community Mental Health Programs, including without limitation, all administrative rules adopted by OHA related to Community Mental Health Programs or related to Client rights;
 - c. All state laws requiring reporting of Client abuse;
 - d. [ORS 659A.400 to 659A.409](#), [ORS 659A.145](#); and
 - e. 45 CFR 164 Subpart C, and all regulations and administrative rules established pursuant to those laws in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of Services.
 - f. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. All employers, including County and OHA that employ subject workers who provide services in the State of Oregon shall comply with [ORS 656.017](#) and provide the required Workers’ Compensation coverage, unless such employers are exempt under [ORS 656.126](#).
- 3. Independent Contractors.** The parties agree and acknowledge that their relationship is that of independent contracting parties and that County is not an officer, employee, or agent of the State of Oregon as those terms are used in [ORS 30.265](#) or otherwise.
- 4. Representations and Warranties.** County represents and warrants as follows:

 - a. **Organization and Authority.** County is a political subdivision of the State of Oregon

duly organized and validly existing under the laws of the State of Oregon. County has full power, authority, and legal right to make this Agreement and to incur and perform its obligations hereunder.

- b. Due Authorization.** The making and performance by County of this Agreement: (a) have been duly authorized by all necessary action by County; (b) do not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board, or other administrative agency or any provision of County's charter or other organizational document; and (c) do not and will not result in the breach of, or constitute a default or require any consent under any other agreement or instrument to which County is a party or by which County may be bound or affected. No authorization, consent, license, approval of, filing or registration with or notification to any governmental body or regulatory or supervisory authority is required for the execution, delivery, or performance by County of this Agreement.
- c. Binding Obligation.** This Agreement has been duly executed and delivered by County and constitutes a legal, valid, and binding obligation of County, enforceable in accordance with its terms subject to the laws of bankruptcy, insolvency, or other similar laws affecting the enforcement of creditors' rights generally.
- (1) County has the skill and knowledge possessed by well-informed members of its industry, trade or profession and County will apply that skill and knowledge with care and diligence to perform the Services in a professional manner and in accordance with standards prevalent in County's industry, trade, or profession;
 - (2) County shall, at all times during the term of this Agreement, be qualified, professionally competent, and duly licensed to perform the Services; and
 - (3) County prepared its proposal related to this Agreement, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.
- d. Services.** To the extent Services are performed by County, the delivery of each Service will comply with the terms and conditions of this Agreement and meet the standards for such Service as set forth herein, including but not limited to, any terms, conditions, standards, and requirements set forth in the Financial Assistance Award, applicable Service Description, and applicable Specialized Service Requirement.
- e. OHA represents and warrants as follows:**
- (1) **Organization and Authority.** OHA has full power, authority, and legal right to make this Agreement and to incur and perform its obligations hereunder.
 - (2) **Due Authorization.** The making and performance by OHA of this Agreement: (a) have been duly authorized by all necessary action by OHA; (b) do not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board, or other administrative agency; and (c) do not and will not result in the breach of, or constitute a default or require any consent under any other agreement or instrument to which OHA is a party or by which OHA may be bound or affected. No authorization, consent, license, approval of, filing or registration with or notification to any governmental body or regulatory or supervisory authority is required for the execution, delivery, or performance by OHA of this Agreement, other than approval by the Department of Justice if required by law.
 - (3) **Binding Obligation.** This Agreement has been duly executed and delivered by OHA and constitutes a legal, valid, and binding obligation of OHA, enforceable in

accordance with its terms subject to the laws of bankruptcy, insolvency, or other similar laws affecting the enforcement of creditors' rights generally.

- f. **Warranties Cumulative.** The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

5. Ownership of Intellectual Property.

- a. Except as otherwise expressly provided herein, or as otherwise required by state or federal law, OHA will not own the right, title and interest in any intellectual property created or delivered by County or a Provider in connection with the Services. With respect to that portion of the intellectual property that County owns, County grants to OHA a perpetual, worldwide, non-exclusive, royalty-free and irrevocable license, subject to any provisions in the Agreement that restrict or prohibit dissemination or disclosure of information, to: (1) use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the intellectual property; (2) authorize third parties to exercise the rights set forth in Section 5.a.(1) on OHA's behalf; and (3) sublicense to third parties the rights set forth in Section 5.a.(1).
- b. If state or federal law requires that OHA or County grant to the United States a license to any intellectual property, or if state or federal law requires that OHA or the United States own the intellectual property, then County shall execute such further documents and instruments as OHA may reasonably request in order to make any such grant or to assign ownership in the intellectual property to the United States or OHA. To the extent that OHA becomes the owner of any intellectual property created or delivered by County in connection with the Services, OHA will grant a perpetual, worldwide, non-exclusive, royalty-free, and irrevocable license, subject to any provisions in the Agreement that restrict or prohibit dissemination or disclosure of information, to County to use, copy, distribute, display, build upon and improve the intellectual property.
- c. County shall include in its Provider Contracts terms and conditions necessary to require that Providers execute such further documents and instruments as OHA may reasonably request in order to make any grant of license or assignment of ownership that may be required by federal or state law.

6. County Default. County shall be in default under this Agreement upon the occurrence of any of the following events:

- a. County fails to perform, observe, or discharge any of its covenants, agreements or obligations set forth herein;
- b. Any representation, warranty or statement made by County herein or in any documents or reports made in connection herewith or relied upon by OHA to measure the delivery of Services, the expenditure of Financial Assistance or the performance by County is untrue in any material respect when made;
- c. County: (1) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property; (2) admits in writing its inability, or is generally unable, to pay its debts as they become due; (3) makes a general assignment for the benefit of its creditors; (4) is adjudicated a bankrupt or insolvent; (5) commences a voluntary case under the Federal Bankruptcy Code (as now or hereafter in effect); (6) files a petition seeking to take advantage of any other law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts; (7) fails to controvert in a timely and appropriate manner, or acquiesces in writing to, any petition filed against it in an involuntary case under the Bankruptcy Code; or (8) takes any action for the

- purpose of effecting any of the foregoing;
- d. A proceeding or case is commenced, without the application or consent of County, in any court of competent jurisdiction, seeking:
- (1) The liquidation, dissolution or winding-up, or the composition or readjustment of debts, of County;
 - (2) The appointment of a trustee, receiver, custodian, liquidator, or the like of County or of all or any substantial part of its assets; or
 - (3) Similar relief in respect to County under any law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, and such proceeding or case continues undismissed, or an order, judgment, or decree approving or ordering any of the foregoing is entered and continues unstayed and in effect for a period of sixty consecutive days, or an order for relief against County is entered in an involuntary case under the Federal Bankruptcy Code (as now or hereafter in effect); or
 - (4) The delivery of any Service fails to comply with the terms and conditions of this Agreement or fails to meet the standards for Service as set forth herein, including but not limited to, any terms, condition, standards, and requirements set forth in the Financial Assistance Award and applicable Service Description.

7. **OHA Default.** OHA shall be in default under this Agreement upon the occurrence of any of the following events:

- a. OHA fails to perform, observe, or discharge any of its covenants, agreements, or obligations set forth herein; or
- b. Any representation, warranty or statement made by OHA herein or in any documents or reports made in connection herewith or relied upon by County to measure performance by OHA is untrue in any material respect when made.

8. **Termination.**

- a. **County Termination.** County may terminate this Agreement in its entirety or may terminate its obligation to include a particular Program Area in its CMHP:
 - (1) For its convenience, upon at least three calendar months advance written notice to OHA, with the termination effective as of the first day of the month following the notice period;
 - (2) Upon 45 calendar days advance written notice to OHA, if County does not obtain funding, appropriations, and other expenditure authorizations from County’s governing body, federal, state, or other sources sufficient to permit County to satisfy its performance obligations under this Agreement, as determined by County in the reasonable exercise of its administrative discretion;
 - (3) Upon 30 calendar days advance written notice to OHA, if OHA is in default under this Agreement and such default remains uncured at the end of said 30 calendar day period or such longer period, if any, as County may specify in the notice; or
 - (4) Immediately upon written notice to OHA, if Oregon statutes or federal laws, regulations or guidelines are modified, changed, or interpreted by the Oregon Legislative Assembly, the federal government, or a court in such a way that County no longer has the authority to meet its obligations under this Agreement.
- b. **OHA Termination.** OHA may terminate this Agreement in its entirety or may terminate its obligation to provide Financial Assistance:
 - (1) For its convenience, upon at least three calendar months advance written notice to

- County, with the termination effective as of the first day of the month following the notice period;
- (2) Upon 45 calendar days advance written notice to County, if OHA does not obtain funding, appropriations, and other expenditure authorizations from federal, state, or other sources sufficient to meet the payment obligations of OHA under this Agreement, as determined by OHA in the reasonable exercise of its administrative discretion. Notwithstanding the preceding sentence, OHA may terminate this Agreement in its entirety or may terminate its obligation to provide Financial Assistance under this Agreement for one or more particular Services, immediately upon written notice to County or at such other time as it may determine if action by the Oregon Legislative Assembly or Emergency Board reduces OHA's legislative authorization for expenditure of funds to such a degree that OHA will no longer have sufficient expenditure authority to meet its payment obligations under this Agreement, as determined by OHA in the reasonable exercise of its administrative discretion, and the effective date for such reduction in expenditure authorization is less than 45 calendar days from the date the action is taken;
 - (3) Immediately upon written notice to County if Oregon statutes or federal laws, regulations or guidelines are modified, changed, or interpreted by the Oregon Legislative Assembly, the federal government, or a court in such a way that OHA no longer has the authority to meet its obligations under this Agreement or no longer has the authority to provide the Financial Assistance from the funding source it had planned to use;
 - (4) Upon 30 calendar days advance written notice to County, if County is in default under this Agreement and such default remains uncured at the end of said 30 calendar day period or such longer period, if any, as OHA may specify in the notice;
 - (5) Immediately upon written notice to County, if any license or certificate required by law or regulation to be held by County or a Provider to deliver a Service described in the Financial Assistance Award is for any reason denied, revoked, suspended, not renewed, or changed in such a way that County or a Provider no longer meets requirements to deliver the Service. This termination right may only be exercised with respect to the particular Service or Services impacted by loss of necessary licensure or certification; or
 - (6) Immediately upon written notice to County, if OHA reasonably determines that County or any of its Providers have endangered or are endangering the health or safety of a Client or others in performing the Services covered in this Agreement.

9. Effect of Termination.

a. Entire Agreement.

- (1) Upon termination of this Agreement in its entirety, OHA shall have no further obligation to pay or disburse Financial Assistance to County under this Agreement, whether or not OHA has paid or disbursed to County all Financial Assistance described in the Financial Assistance Award except: (a) with respect to funds described in the Financial Assistance Award, to the extent OHA's disbursement of Financial Assistance for a particular Service, the Financial Assistance for which is calculated on a rate per unit of Service or Service capacity basis, is less than the applicable rate multiplied by the number of applicable units of Service or Service capacity of that type performed or made available from the effective date of this

Agreement through the termination date; and (b) with respect to funds described in the Financial Assistance Award, to the extent OHA's disbursement of Financial Assistance for a particular Service, the Financial Assistance for which is calculated on a cost reimbursement basis, is less than the cumulative actual Allowable Costs reasonably and necessarily incurred with respect to delivery of that Service, from the effective date of this Agreement through the termination date.

- (2) Upon termination of this Agreement in its entirety, County shall have no further obligation under this Agreement to operate a CMHP.

b. Individual Program Area or Service.

- (1) Upon termination of OHA's obligation to provide Financial Assistance for a particular Service, OHA shall have no further obligation to pay or disburse any Financial Assistance to County for that Service, whether or not OHA has paid or disbursed to County all Financial Assistance described in the Financial Assistance Award for that Service except: (a) with respect to funds described in the Financial Assistance Award and if the Financial Assistance for that Service is calculated on a rate per unit of Service or Service capacity basis, to the extent that OHA's prior disbursement of Financial Assistance for that Service is less than the applicable rate multiplied by the number of applicable units of Service or Service capacity of that type performed or made available during the period from the first day of the period for which the funds were awarded through the earlier of the termination of OHA's obligation to provide Financial Assistance for that Service or the last day of the period for which the funds were awarded; and (b) with respect to funds described in the Financial Assistance Award and if the Financial Assistance for that Service is calculated on a cost reimbursement basis, to the extent that OHA's prior disbursement of Financial Assistance for that Service is less than the cumulative actual Allowable Costs reasonably and necessarily incurred by County with respect to delivery of that Service, during the period from the effective date of this Agreement through the termination of OHA's obligation to provide Financial Assistance for that Service.
- (2) Upon termination of OHA's obligation to provide Financial Assistance for a particular Service, County shall have no further obligation under this Agreement to include that Service in its CMHP.
- (3) Upon termination of County's obligation to include a Program Area in its CMHP, OHA shall have (a) no further obligation to pay or disburse Financial Assistance to County for System Management and Coordination –whether or not OHA has paid or disbursed to County all Financial Assistance described in the Financial Assistance Award for local administration of Services in that Program Area; and (b) no further obligation to pay or disburse any Financial Assistance to County for Services in that Program Area, whether or not OHA has paid or disbursed to County all Financial Assistance described in the Financial Assistance Award for those Services except: (1) with respect to funds described in the Financial Assistance Award, to the extent OHA's disbursement of Financial Assistance for a particular Service falling within that Program Area, the Financial Assistance for which is calculated on a rate per unit of Service or Service capacity basis, is less than the applicable rate multiplied by the number of applicable units of Service or Service capacity of that type performed or made available during the period from the Effective Date of this Agreement through the termination of County's obligation to include the Program Area, in which that Service falls, in County's

CMHP; and (2) with respect to funds described in the Financial Assistance Award, to the extent OHA’s disbursement of Financial Assistance for a particular Service falling within that Program Area, the Financial Assistance for which is calculated on a cost reimbursement basis, is less than the cumulative actual Allowable Costs reasonably and necessarily incurred by County with respect to delivery of that Service, during the period from the Effective Date of this Agreement through the termination of County’s obligation to include the Program Area, in which that Service falls, in County’s CMHP.

(4) Upon termination of County’s obligation to include a Program Area in its CMHP, County shall have no further obligation under this Agreement to include that Program Area in its CMHP.

c. **Disbursement Limitations.** Notwithstanding subsections (a) and (b) above:

(1) Under no circumstances will OHA be obligated to provide Financial Assistance to County in excess of the amount awarded under this Agreement for that Service as set forth in the Financial Assistance Award; and

(2) Under no circumstances will OHA be obligated to provide Financial Assistance to County from funds described in the Financial Assistance Award in an amount greater than the amount due County under the Financial Assistance Award for Services, as determined in accordance with the Financial Assistance calculation methodologies in the applicable Services Descriptions.

d. **Survival.** Exercise of a termination right set forth in the Termination section of this exhibit or expiration of this Agreement in accordance with its terms, shall not affect County’s right to receive Financial Assistance to which it is entitled hereunder, as described in subsections a. and b. above and as determined through the Agreement Settlement process, or County’s right to invoke the dispute resolution processes under Sections 14 and 15 of Exhibit E. Notwithstanding subsections a. and b. above, exercise of the termination rights in Section 8 of this exhibit or expiration of this Agreement in accordance with its terms, shall not affect County’s obligations under this Agreement or OHA’s right to enforce this Agreement against County in accordance with its terms, with respect to Financial Assistance actually disbursed by OHA under this Agreement, or with respect to Services actually delivered. Specifically, but without limiting the generality of the preceding sentence, exercise of a termination right set forth in Section 8 of this exhibit or expiration of this Agreement in accordance with its terms shall not affect County’s representations and warranties, reporting obligations, record-keeping and access obligations, confidentiality obligations, obligation to comply with applicable federal requirements, the restrictions and limitations on County’s use of Financial Assistance actually disbursed by OHA hereunder, County’s obligation to cooperate with OHA in the Agreement Settlement process, or OHA’s right to recover from County, in accordance with the terms of this Agreement, any Financial Assistance disbursed by OHA under this Agreement that is identified as an Underexpenditure, Overexpenditure or Misexpenditure. If a termination right set forth in Section 8 of this exhibit is exercised, both parties shall make reasonable, good faith efforts to minimize unnecessary disruption or other problems associated with the termination.

10. **Insurance.** County shall require Providers to maintain insurance as set forth in Exhibit H, “Provider Insurance Requirements,” which is attached hereto.

11. **Information Privacy/Security/Access.** If the Services performed under this Agreement requires County or its Provider(s) to access or otherwise use any OHA Information Asset or Network and

Information System to which security and privacy requirements apply, and OHA grants County, its Provider(s), or both access to such OHA Information Assets or Network and Information Systems, County shall comply and require its Provider(s) to which such access has been granted to comply with the terms and conditions applicable to such access or use, including [OAR 943-014-0300 through OAR 943-014-0320](#). For purposes of this section, “Information Asset” means any information, also known as data, provided through OHA, regardless of the source or media, which requires measures for security and privacy of the information ([OAR 943-014-0305\(6\)](#)) and “Network and Information System” means the State of Oregon's computer infrastructure, which provides personal communications, client records and other sensitive information assets, regional, wide area and local area networks, and the internetworking of various types of networks on behalf of OHA ([OAR 943-014-0305\(7\)](#)).

- 12. Assignment of Agreement, Successors in Interest.**

 - a.** County shall not assign or transfer its interest in this Agreement without prior written approval of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions as OHA may deem necessary. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in this Agreement.
 - b.** The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties to this Agreement, and their respective successors and permitted assigns.
- 13. No Third Party Beneficiaries.** OHA and County are the only parties to this Agreement and are the only parties entitled to enforce its terms. The parties agree that County’s performance under this Agreement is solely for the benefit of OHA to assist and enable OHA to accomplish its statutory mission. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are Individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.
- 14. Amendment.** No amendment, modification or change of terms of this Agreement will bind either party unless in writing and signed by both parties and when required by the Department of Justice. Such amendment, modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given.
- 15. Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
- 16. Notice.** Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, or mailing the same, postage prepaid to County or OHA at the address or number set forth below, or to such other addresses or numbers as either party may indicate pursuant to this section. Any communication or notice so addressed and mailed shall be effective five calendar days after mailing. Any communication or notice given by personal delivery shall be effective when actually delivered to the addressee.

OHA: Marisha L. Elkins
CFAA Administrator
500 Summer Street NE, E-86
Salem, OR 97301
Telephone: 971-900-7366
E-mail address: CFAA.Administrator@oha.oregon.gov

COUNTY: Karen Kern
Director, Clackamas County Behavioral Health
2051 Kaen Road, Suite 154
Oregon City, OR 97045
Telephone: 503-742-5335
E-mail address: KKern@clackamas.us and BHContracts@clackamas.us

17. **Headings.** The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement.
18. **Counterparts.** This Agreement and any subsequent amendments may be executed in several 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 Agreement and any amendments so executed shall constitute an original.
19. **Integration and Waiver.** This Agreement, including all exhibits, constitutes the entire Agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. The failure of either party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision. No waiver or consent shall be effective unless in writing and signed by the party against whom it is asserted.
20. **Construction.** This Agreement is the product of extensive negotiations between OHA and County. The provisions of this Agreement are to be interpreted and their legal effects determined as a whole. An arbitrator or court interpreting this Agreement shall give a reasonable, lawful, and effective meaning to the Agreement to the extent possible, consistent with the public interest.
21. **Contribution.** If any third party makes any claim or brings any action, suit or proceeding alleging a tort as now or hereafter defined in [ORS 30.260](#) ("Third Party Claim") against a party (the "Notified Party") with respect to which the other party ("Other Party") may have liability, the Notified Party must promptly notify the Other Party in writing of the Third Party Claim and deliver to the Other Party a copy of the claim, process, and all legal pleadings with respect to the Third Party Claim. Either party is entitled to participate in the defense of a Third-Party Claim, and to defend a Third-Party Claim with counsel of its own choosing. Receipt by the Other Party of the notice and copies required in this paragraph and meaningful opportunity for the Other Party to participate in the investigation, defense, and settlement of the Third-Party Claim with counsel of its own choosing are conditions precedent to the Other Party's liability with respect to the Third-Party Claim.

With respect to a Third-Party Claim for which the State is jointly liable with County (or would be if joined in the Third-Party Claim), the State shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by County in such proportion as is appropriate to reflect the relative fault of the State on the one hand and of County on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of the State on the one hand and of County on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines, or settlement amounts. The State's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if the State had sole liability in the proceeding.

With respect to a Third Party Claim for which County is jointly liable with the State (or would be if joined in the Third Party Claim), County shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the State in such proportion as is appropriate to reflect the relative fault of County on the one hand and of the State on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of County on the one hand and of the State on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines, or settlement amounts. County's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if it had sole liability in the proceeding.

- 22. Indemnification by Providers.** County shall include in all Provider Contracts with Provider(s) that are not units of local government as defined in [ORS 190.003](#), if any, a requirement to indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents (the "**Indemnitee**") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys' fees) arising from a tort (as now or hereafter defined in [ORS 30.260](#)) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Provider or any of the officers, agents, employees or subcontractors of Provider ("**Claims**"). It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Provider from and against any and all Claims. Provided, however, neither Provider nor any attorney engaged by Provider may defend any Claim in the name of the Indemnitee, nor purport to act as legal representative for the Indemnitee, without first receiving from the Oregon Attorney General in a form and manner determined appropriate by the Oregon Attorney General, authority to act as legal counsel for the Indemnitee, nor may Provider settle any Claim on behalf of the Indemnitee without the approval of the Oregon Attorney General.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT G
REQUIRED FEDERAL TERMS AND CONDITIONS**

In addition to the requirements of Section 2 of Exhibit F, County shall comply, and as indicated, require all Providers to comply with the following federal requirements when federal funding is being used. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws.

- 1. Miscellaneous Federal Provisions.** County shall comply and require all Providers to comply with all federal laws, regulations, and executive orders applicable to the Agreement or to the delivery of Services. Without limiting the generality of the foregoing, County expressly agrees to comply and require all Providers to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement:
 - a. Title VI and VII of the Civil Rights Act of 1964, as amended;
 - b. Sections 503 and 504 of the Rehabilitation Act of 1973, as amended;
 - c. The Americans with Disabilities Act of 1990, as amended;
 - d. Executive Order 11246, as amended;
 - e. The Health Insurance Portability and Accountability Act of 1996, as amended;
 - f. The Age Discrimination in Employment Act of 1967, as amended;
 - g. The Age Discrimination Act of 1975, as amended;
 - h. The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended;
 - i. All regulations and administrative rules established pursuant to the foregoing laws;
 - j. All other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and
 - k. All federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. No federal funds may be used to provide Services in violation of 42 U.S.C. 14402.

- 2. Equal Employment Opportunity.** [RESERVED]

- 3. Clean Air, Clean Water, EPA Regulations.** If this Agreement, including amendments, exceeds \$100,000 then County shall comply and require all Providers to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. County shall include and require all Providers to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this section.

- 4. Energy Efficiency.** County shall comply and require all Providers to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon

energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. seq. (Pub. L. 94-163).

- 5. Truth in Lobbying.** By signing this Agreement, County certifies, to the best of County's knowledge and belief that:
- a.** No federal appropriated funds have been paid or will be paid, by or on behalf of County, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
 - b.** If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, County shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
 - c.** County shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
 - d.** This certification is a material representation of fact upon which reliance was placed when this Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Agreement imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - e.** No part of any federal funds paid to County under this Agreement shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government.
 - f.** No part of any federal funds paid to County under this Agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
 - g.** The prohibitions in subsections (e) and (f) of this section shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- h.** No part of any federal funds paid to County under this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
- 6. Resource Conservation and Recovery.** County shall comply and require all Providers to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.
- 7. Audits.** Sub recipients, as defined in 45 CFR 75.2, which includes, but is not limited to County, shall comply, and County shall require all Providers to comply, with applicable Code of Federal Regulations (CFR) governing expenditure of federal funds including, but not limited to, if a sub-recipient expends \$500,000 or more in Federal funds (from all sources) in its fiscal year beginning prior to December 26, 2014, a sub-recipient shall have a single organization-wide audit conducted in accordance with the Single Audit Act. If a sub-recipient expends \$750,000 or more in federal funds (from all sources) in a fiscal year beginning on or after December 26, 2014, it shall have a single organization-wide audit conducted in accordance with the provisions of 45 CFR part 75, subpart F. Copies of all audits must be submitted to OHA within 30 calendar days of completion. If a sub recipient expends less than \$500,000 in Federal funds in a fiscal year beginning prior to December 26, 2014, or less than \$750,000 in a fiscal year beginning on or after that date, it is exempt from Federal audit requirements for that year. Records must be available for review or audit by appropriate officials.
- 8. Debarment and Suspension.** County shall not permit any person or entity to be a Provider if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension". (See 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Providers with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.
- 9. Drug-Free Workplace.** County shall comply and require all Providers to comply with the following provisions to maintain a drug-free workplace: (i) County certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in County's workplace or while providing Services to Clients. County's notice shall specify the actions that will be taken by County against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, County's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon

employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of Services under this Agreement a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide Services under this Agreement, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction; (v) Notify OHA within ten (10) calendar days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any Provider to comply with subparagraphs (i) through (vii) above; (ix) Neither County, or any of County's employees, officers, agents or Providers may provide any Service required under this Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe County or County's employee, officer, agent, or Provider has used a controlled substance, prescription or non-prescription medication that impairs County or County's employee, officer, agent, or Provider's performance of essential job function or creates a direct threat to Clients or others. Examples of abnormal behavior include, but are not limited to hallucinations, paranoia, or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of this Agreement.

- 10. Pro-Children Act.** County shall comply and require all Providers to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. Section 6081 et. seq.).
- 11. Medicaid Services.** To the extent County provides any Service in which costs are paid in whole or in part by Medicaid, County shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. Section 1396 et. seq., including without limitation:
- a. Keep such records as are necessary to fully disclose the extent of the Services provided to Individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. Section 1396a (a) (27); 42 CFR Part 431.107(b)(1) & (2).
 - b. Comply with all disclosure requirements of 42 CFR Part 1002.3(a) and 42 CFR 455 Subpart (B).
 - c. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. Section 1396 (a) (57) and (w), 42 CFR Part 431.107 (b) (4), and 42 CFR Part 489 subpart I.
 - d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. County shall acknowledge County's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
 - e. Entities receiving \$5 million or more annually (under this Agreement and any other

Medicaid agreement) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, Providers and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. § 1396a (1)(68).

12. **ADA.** County shall comply with Title II of the Americans with Disabilities Act of 1990 (codified at 42 U.S.C. 12131 et. seq.) in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of Services.
13. **Agency-Based Voter Registration.** If applicable, County shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an Individual may apply for or receive an application for public assistance.
14. **Disclosure.**
 - a. 42 CFR 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (Individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an Individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (Individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (Individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
 - b. 42 CFR 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste, and abuse under federal law. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider who has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.
 - c. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive) from the provider, fiscal agent, or managed care entity.

15. Special Federal Requirements Applicable to Addiction Treatment, Recovery, & Prevention Services for Counties receiving Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant funds.

a. Order for Admissions:

- (1) Pregnant women who inject drugs;
- (2) Pregnant substance abusers;
- (3) Other Individuals who inject drugs; and
- (4) All others.

b. Pregnant Women. If County provides any Addiction Treatment, Recovery, & Prevention Services, County must:

- (1) Within the priority categories, if any, set forth in Exhibit B - Service Descriptions, give preference in admission to pregnant women in need of treatment, who seek or are referred for and would benefit from such Services, within 48 hours;
- (2) If County has insufficient capacity to provide treatment Services to a pregnant woman, County must refer the women to another Provider with capacity or if no available treatment capacity can be located, the outpatient Provider that the Individual is enrolled with will ensure that Interim Services are being offered. Counseling on the effects of alcohol and drug use on the fetus must be given within 48 hours, including a referral for prenatal care; and
- (3) Perform outreach to inform pregnant women of the availability of treatment Services targeted to them and the fact that pregnant women receive preference in admission to these programs.

c. Intravenous Drug Abusers. If County provides any Addiction Treatment, Recovery, & Prevention Services, County must:

- (1) Within the priority categories, if any, set forth in Exhibit B - Service Descriptions and subject to the preference for pregnant women described above, give preference in admission to intravenous drug abusers;
- (2) Programs that receive funding under the grant and that treat Individuals for intravenous substance abuse, upon reaching 90 percent of its capacity to admit Individuals to the program, must provide notification of that fact to the State within 7 calendar days;
- (3) If County receives a request for admission to treatment from an intravenous drug abuser, County must, unless it succeeds in referring the Individual to another Provider with treatment capacity, admit the Individual to treatment not later than:
 - (a) 14 calendar days after the request for admission to County is made;
 - (b) 120 calendar days after the date of such request if no Provider has the capacity to admit the Individual on the date of such request and, if Interim Services are made available not less than 48 hours after such request; or
 - (c) If County has insufficient capacity to provide treatment Services to an intravenous drug abuser, refer the intravenous drug abuser to another Provider with capacity or if no available treatment capacity can be located, the outpatient provider that the Individual is enrolled with will ensure that Interim Services are being offered. If the Individual is not enrolled in outpatient treatment and is on a waitlist for residential treatment, the provider from County of the Individual's residence that is referring the Individual to residential Services will make available counseling and education about human immunodeficiency virus (HIV) and tuberculosis(TB), risk of sharing needles, risks of transmission to sexual

partners and infant, steps to ensure HIV and TB transmission does not occur, referral for HIV or TB treatment Services, if necessary, within 48 hours.

- (d) **“Interim Services”** as described in 45 CFR §96.121, means:
 - i. Services provided, until an Individual is admitted to substance abuse treatment program, for reducing the adverse health effects of such abuse, promoting the health of the Individual, and reducing the risk of transmission of disease. At a minimum Interim Services include counseling and education about HIV and tuberculosis, the risks of needle sharing, the risks of transmission of disease to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis transmission does not occur;
 - ii. Referral for HIV or TB treatment Services, where necessary; and
 - iii. Referral for prenatal care, if appropriate, until the Individual is admitted to a Provider’s Services.
 - iv. If County treats recent intravenous drug users (those who have injected drugs within the past year) in more than one-third of its capacity, County shall carry out outreach activities to encourage Individual intravenous drug users in need of such treatment to undergo treatment and shall document such activities.

d. **Infectious Diseases.** If County provides any Addiction Treatment, Recovery, & Prevention Services, County shall:

- (1) Complete a risk assessment for infectious disease including Human Immunodeficiency Virus (HIV) and tuberculosis, as well as sexually transmitted diseases, based on protocols established by OHA, for every Individual seeking Services from County; and
- (2) Routinely make tuberculosis Services available to each Individual receiving Services for alcohol/drug abuse either directly or through other arrangements with public or non-profit entities and, if County denies an Individual admission on the basis of lack of capacity, refer the Individual to another provider of tuberculosis Services.
- (3) For purposes of (2) above, “tuberculosis Services” means:
 - (a) Counseling the Individual with respect to tuberculosis;
 - (b) Testing to determine whether the Individual has contracted such disease and testing to determine the form of treatment for the disease that is appropriate for the Individual; and
 - (c) Appropriate treatment Services.

e. **OHA Referrals.** If County provides any Addiction Treatment, Recovery, & Prevention Services, within the priority categories, if any, set forth in Exhibit B - Service Descriptions and subject to the preference for pregnant women and intravenous drug users described above, give preference in Addiction Treatment, Recovery, & Prevention Service delivery to persons referred by OHA.

f. **Barriers to Treatment.** Where there is a barrier to delivery of any Addiction Treatment, Recovery, & Prevention Service due to culture, gender, language, illiteracy, or disability, County shall develop support Services available to address or overcome the barrier, including:

- (1) Providing, if needed, hearing impaired or foreign language interpreters.
- (2) Providing translation of written materials to appropriate language or method of

communication.

- (3) Providing devices that assist in minimizing the impact of the barrier.
- (4) Not charging Clients for the costs of measures, such as interpreters, that are required to provide nondiscriminatory treatment.

- g. **Misrepresentation.** County shall not knowingly or willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or Services for which payments may be made by OHA.
- h. **Oregon Residency.** Addiction Treatment, Recovery, & Prevention Services funded through this Agreement may only be provided to residents of Oregon. Residents of Oregon are Individuals who live in Oregon. There is no minimum amount of time an Individual must live in Oregon to qualify as a resident so long as the Individual intends to remain in Oregon. A child's residence is not dependent on the residence of his or her parents. A child living in Oregon may meet the residency requirement if the caretaker relative with whom the child is living is an Oregon resident.
- i. **Tobacco Use.** If County has Addiction Treatment, Recovery, & Prevention Services treatment capacity that has been designated for children, adolescents, pregnant women, and women with dependent children, County must implement a policy to eliminate smoking and other use of tobacco at the facilities where the Services are delivered and on the grounds of such facilities.
- j. **Client Authorization.** County must comply with 42 CFR Part 2 when delivering an Addiction Treatment, Recovery, & Prevention Service that includes disclosure of Client information for purposes of eligibility determination. County must obtain Client authorization for disclosure of billing information, to the extent and in the manner required by 42 CFR Part 2, before a Disbursement Claim is submitted with respect to delivery of an Addiction Treatment, Recovery, & Prevention Service to that Individual.

- 16. **Community Mental Health Block Grant (MHBG)** funds, if any, awarded under this Agreement are subject to the federal use restrictions and requirements set forth in Catalog of Federal Domestic Assistance Number 93.958 and to the federal statutory and regulatory restrictions imposed by or pursuant to the Community Mental Health Block Grant portion of the Public Health Services Act, 42 U.S.C. 300x-1 *et. seq.*, and County shall comply with those restrictions.
- 17. **Substance Use Prevention, Treatment, and Recovery Support Services (SUPTRS BG).** To the extent County provides any Service in which costs are paid in whole or in part by the Substance Use, Prevention, Treatment, and Recovery Services Block Grant, County shall comply with federal rules and statutes pertaining to the Substance Use, Prevention, Treatment, and Recovery Services Block Grant, including the reporting provisions of the Public Health Services Act (42 U.S.C. 300x through 300x-66) and 45 CFR 96.130 regarding the sale of tobacco products. Regardless of funding source, to the extent County provides any substance abuse prevention or treatment Services, County shall comply with the confidentiality requirements of 42 CFR Part 2. County may not use the funds received under this Agreement for inherently religious activities, as described in 45 CFR Part 87.
- 18. **Information Required by 2 CFR Subtitle B with guidance at 2 CFR Part 200.** All required data elements in accordance with 45 CFR 75.352 are available at: <https://www.oregon.gov/oha/hsd/amh/Pages/federal-reporting.aspx>.
- 19. **Super Circular Requirements.** 2 CFR Part 200, or the equivalent applicable provision adopted by

the awarding federal agency in 2 CFR Subtitle B, including but not limited to the following:

- a. Property Standards.** 2 CFR 200.313, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, which generally describes the required maintenance, documentation, and allowed disposition of equipment purchased with federal funds.
- b. Procurement Standards.** When procuring goods or services (including professional consulting services), applicable state procurement regulations found in the Oregon Public Contracting Code, ORS chapters [279A](#), [279B](#), and [279C](#) or 2 CFR §§ 200.318 through 200.326, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, as applicable.
- c. Contract Provisions.** The contract provisions listed in 2 CFR Part 200, Appendix II, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, that are hereby incorporated into this exhibit, are, to the extent applicable, obligations of recipient, and recipient shall also include these contract provisions in its contracts with non-Federal entities.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT H
PROVIDER INSURANCE REQUIREMENTS**

County shall require its first tier Providers(s) that are not units of local government as defined in [ORS 190.003](#), if any, to: i) obtain insurance specified under TYPES AND AMOUNTS and meeting the requirements under ADDITIONAL INSURED, "TAIL" COVERAGE, NOTICE OF CANCELLATION OR CHANGE, and CERTIFICATES OF INSURANCE before the Providers perform under contracts between County and the Providers (the "Provider Contracts"); and ii) maintain the insurance in full force throughout the duration of the Provider Contracts. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. County shall not authorize Providers to begin work under the Provider Contracts until the insurance is in full force. Thereafter, County shall monitor continued compliance with the insurance requirements on an annual or more frequent basis. County shall incorporate appropriate provisions in the Provider Contracts permitting it to enforce Provider compliance with the insurance requirements and shall take all reasonable steps to enforce such compliance. Examples of "reasonable steps" include issuing stop work orders (or the equivalent) until the insurance is in full force or terminating the Provider Contracts as permitted by the Provider Contracts, or pursuing legal action to enforce the insurance requirements. In no event shall County permit a Provider to work under a Provider Contract when County is aware that the Provider is not in compliance with the insurance requirements. As used in this section, a "first tier" Provider is a Provider with whom County directly enters into a Provider Contract.

TYPES AND AMOUNTS.

1. **Workers Compensation:** Must be in compliance with [ORS 656.017](#), which requires all employers that employ subject workers, as defined in [ORS 656.027](#), to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under [ORS 656.126\(2\)](#).

2. **Professional Liability:** **Required by OHA** **Not required by OHA.**
 Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the Services to be provided under the Provider Contract, with limits not less than the following, as determined by OHA, or such lesser amount as OHA approves in writing:
 Per occurrence for all claimants for claims arising out of a single accident or occurrence: \$1,000,000 per occurrence with \$2,000,000 aggregate.

3. **Commercial General Liability:** **Required by OHA** **Not required by OHA.**
 Commercial General Liability Insurance covering bodily injury, death, and property damage in a form and with coverages that are satisfactory to OHA. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence form basis, with not less than the following amounts as determined by OHA, or such lesser amount as OHA approves in writing:
Bodily Injury, Death and Property Damage:
 Per occurrence for all claimants for claims arising out of a single accident or occurrence:

\$1,000,000 per occurrence with \$2,000,000 aggregate.

4. **Automobile Liability:** **Required by OHA** **Not required by OHA.**
 Automobile Liability Insurance covering all owned, non-owned and hired vehicles. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for “Commercial General Liability” and “Automobile Liability”).
 Automobile Liability Insurance must be in not less than the following amounts as determined by OHA, or such lesser amount as OHA approves in writing:
Bodily Injury, Death and Property Damage:
 Per occurrence for all claimants for claims arising out of a single accident or occurrence: \$1,000,000 per occurrence with \$2,000,000 aggregate.

5. **Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance must include the State of Oregon, its officers, employees, and agents as Additional Insureds but only with respect to the Provider's activities to be performed under the Provider Contract. Coverage must be primary and non-contributory with any other insurance and self-insurance.

6. **Notice of Cancellation or Change.** The Provider or its insurer must provide written notice to County at least 30 calendar days before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

7. **“Tail” Coverage.** If any of the required insurance policies is on a “claims made” basis, such as professional liability insurance, the Provider shall maintain either “tail” coverage or continuous “claims made” liability coverage, provided the effective date of the continuous “claims made” coverage is on or before the effective date of the Provider Contract, for a minimum of 24 months following the later of : (i) the Provider’s completion and County ’s acceptance of all Services required under the Provider Contract; or (ii) the expiration of all warranty periods provided under the Provider Contract. Notwithstanding the foregoing 24-month requirement, if the Provider elects to maintain “tail” coverage and if the maximum time period “tail” coverage reasonably available in the marketplace is less than the 24-month period described above, then the Provider may request and OHA may grant approval of the maximum “tail” coverage period reasonably available in the marketplace. If OHA approval is granted, the Provider shall maintain “tail” coverage for the maximum time period that “tail” coverage is reasonably available in the marketplace.

8. **Certificate(s) of Insurance.** County shall obtain from the Provider a certificate(s) of insurance for all required insurance before the Provider performs under the Provider Contract. The certificate(s) or an attached endorsement must specify: i) all entities and Individuals who are endorsed on the policy as Additional Insured; and ii) for insurance on a “claims made” basis, the extended reporting period applicable to “tail” or continuous “claims made” coverage.

**2026-2027 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS**

**EXHIBIT I
CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER LISTING**

- 1. 93.958 – Block Grants for Community Mental Health Services (MHBG)**
- 2. 93.959 – Block Grants for Prevention and Treatment of Substance Abuse (SUPTRS BG)**

Clackamas County Behavioral Health Division (CCBHD)

Local Plan Submission - December 2025

The Clackamas County Behavioral Health Division (CCBHD), which functions as our Community Mental Health Program (CMHP), serves the third largest county in the state. CCBHD, along with Multnomah County and Washington County, is one of three Metro-Region CMHPs that often operate in tandem to serve the larger Tri-County community.

CCBHD is weathering a time of change and uncertainty with federal, state, and local funding shifts along with other local and state entities across the nation. As services align to meet the new requirements of our County Financial Assistance Agreement (CFAA), CCBHD is faced with some challenging decisions on how to maintain a robust system of care for children, adults and families experiencing serious mental illness and substance use disorders in our community. The funding received through the CFAA is not sufficient to support service delivery, and the elimination or risk of elimination of other revenue sources necessary to support the system of care requires a redesign of service delivery.

CCBHD will see a \$3m reduction in revenue due to the elimination of CCO funding from CareOregon by December 31, 2025, which represents about 7% of the total FY 2025-26 annual budget. That investment is vital to support the care coordination needs of Medicaid beneficiaries in crisis or returning to the community following a civil commitment or forensic involvement. This loss of revenue resulted in the laying off of 11.0 FTE from the Intensive Care Coordination Team and 3.0 FTE on the CHOICE Team, and CCBHD will restructure and add resources to what was once CHOICE into the Adult Treatment, Linkage and Advocacy Services (ATLAS) Team that meets the requirements of the CFAA and the needs of the community. This will require reallocation of CFAA dollars and reimagining current care coordination FTE.

Between January and June 2026, CCBHD will engage in a deep assessment and analysis of current direct care and support positions, internal team and clinic services and contracted services to develop an implementation plan and timeline that addresses unmet needs and is efficient with the budget we have moving into the future. This will entail assessing the administrative burden of various reporting requirements and developing better data collection systems and workflows to enable data-driven decisions and efficiency with reporting. This in turn will lead to a better understanding of the capacity to develop additional metrics to target outcomes related to the investment in services. CCBHD is considering this Local Plan as a foundation for an iterative process and expects that service provision and coordination will look different by the end of this contract period.

Part I of this plan outlines the continuum of behavioral health services as it stands now, and how the CMHP partners with community providers to serve the community. Part II highlights a draft restructuring of the CMHP to align with the new priorities under the CFAA program and funding requirements. CCBHD will be meeting those priorities by leveraging or braiding additional resources, indicated in Part II in each Core Service Area. CCBHD held several sessions with staff in October to further this effort, which, along with the

results of the community engagement and feedback from OHA, is reflected throughout the plan, and will drive the changes to support unmet needs highlighted in Part IV. In Part II, the narrative for each Core Service Area ties to the relevant tab in the budget template and indicates the funding breakdown by revenue source.

For Part III, CCBHD engaged multiple partners, stakeholders and community members in this planning process to ensure a good understanding of the strengths of our CMHP, but more importantly the barriers, needs and gaps experienced across the continuum. This work was completed in October. Community and stakeholder engagements showed a clear desire to invest in the upstream services needed to support people before they experience crisis or destabilization, which is reflected in Part IV under unmet needs and gaps. This population represents the lowest priority with the CFAA, and there is not sufficient funding to support the prevention and early intervention services aimed at reducing the need for higher acuity utilization. CCBHD staff identified untimely access and gaps in outpatient services focused on supporting priority populations, including co-occurring and culturally specific services, to maintain stability and recovery. This feedback directly influenced the restructuring of services to meet those unmet needs under the priority populations. Internal systems barriers were also identified, with workflows, EHR and data collection, and communication as critical improvement needs under systems management and coordination. Reducing the barriers and meeting those unmet needs will be the work accomplished over the next 18 months.

CCBHD developed a crosswalk of required metrics and identified some gaps there too, reflected in Part V, and will be working toward ensuring that data collection is improved. The budget narrative in Part IV ties to the description of core services in Part II and budget found in Attachment 1. CCBHD already runs with a very lean administrative overhead and has costs tied to central County administrative functions over which we have no control and will not be reducing in this area.

Part I: Description of County's Current Continuum of Behavioral Health Care

The Local Mental Health Authority in Clackamas County is the Board of County Commissioners, and the Clackamas County Behavioral Health Division (CCBHD) of the Health, Human and Housing Services (H3S) Department is the CMHP. CCBHD does not have any official partnerships, contracts or agreements with any Tribal Agencies. CCBHD works closely with the following entities to support the behavioral health system of care in Clackamas County. Any formal agreements, cooperative agreements, MOUs or data-sharing agreements are indicated in **bold**. Examples of how CCBHD collaborates and/or coordinates with each entity are also noted in **bold**. CCBHD leverages revenue from some formal agreements, and works with other entities tied to Medicaid behavioral health services that are carved out of Coordinated Care Organizations (CCOs) and managed fee-for-service. Those partnerships are also indicated in **bold**.

Coordinated Care Organizations: Clackamas County Medicaid beneficiaries are served by two Coordinated Care Organizations (CCOs) – Health Share (administered through

CareOregon) and Trillium Community Health Plan. About 90% of Oregon Health Plan (OHP) members in our county are established with CareOregon, with the remaining 10% established to Trillium. CCBHD has **formal contracts** with both CCOs to carry out various services to meet the needs of their members. As an **example** of coordinating efforts, CCBHD staff meet regularly with both CCOs in multiple venues and workgroups at the service team and executive level and participate in workgroups as part of the Tri-County regional continuum of service delivery. CCBHD contributes data and service reports on CCO members to help inform health and population needs in our County. CCBHD and our two CCOs share in supporting the following services:

1. Care Coordination: CCBHD has historically had agreements with CareOregon to support the care coordination needs of their members experiencing a serious mental illness or emotional disturbance, including Intensive Care Coordination, Choice, and Jail Diversion. As of December 31, 2025, those agreements will be eliminated, requiring a change in our care coordination model (See Part II). CCBHD also has an agreement with Trillium to fund care coordination services for their members.
2. Wraparound Care Coordination for Youth: CCBHD has an agreement with CareOregon and Trillium to support evidence-based Wraparound Services and care coordination for youth with complex needs and their families. CCBHD provides this service to fidelity.
3. Mobile Crisis and Crisis Walk-In Clinic: CCBHD has an agreement with CareOregon to support both Mobile Crisis and Crisis Walk-in services and Trillium to support Mobile Crisis. **This revenue is braided with CFAA dollars** to support the crisis needs in our community, and without it, we would not be able to fund the full continuum of crisis services.
4. Peer Support Services: CCBHD has an agreement with CareOregon to fund embedded and community-based peer services across the continuum.
5. Health Promotion and Prevention: CCBHD partners with CareOregon to fund Promotion and Prevention activities. This funding is passed through to the Public Health Division of H3S.
6. Crisis Stabilization Center: CCBHD is excited to bring a Crisis Stabilization Center to our County this year. CareOregon has partnered with CCBHD on this project providing limited-term funding to support partial operations. Until Crisis Stabilization is added to an amended State Plan with Medicaid rates, CCBHD does not have a sustainable funding source to continue to support Center operations.

Home and Community-Based Services: The CCBHD Wraparound team provides care coordination for youth involved in Intensive In-Home Behavioral Health Treatment (IIBHT), currently provided by Catholic Community Services, Trillium Child and Family Services, and Youth Villages, as well as youth involved in intensive in-home crisis stabilization services through Intercept, also operated by Youth Villages. These services prevent children from entering out-of-home care and support reunification of children

and families as quickly as possible if a period of out-of-home care is necessary. CCBHD has a **formal agreement** to work with these agencies through the CareOregon Provider Agreement and contracts with Catholic Community Services to provide Mobile Response & Stabilization Services (MRSS) as a home-based service linked to our mobile crisis team. As mentioned in Part II, our mobile crisis team is funded by CFAA dollars as well as by CareOregon. Mobile crisis provides encountering data to CareOregon and Trillium for services provided to their members. As an **example** of how we work with home-based services, a youth involved with Wraparound and discharging from Children’s Farm Home receives care coordination that pulls in one of the IIBHT agencies to ensure home-based services are secured.

Behavioral Rehabilitation Services (BRS): CCBHD works closely with BRS homes and ODH involved youth. Most BRS homes are located outside of Clackamas County with the exception of Parrot Creek (slated to open beds next year). CCBHD coordinates care for youth in Wraparound Services while they are placed in BRS homes and supports their needs.

Federally Qualified Health Centers (FQHC), School-based Health, and Rural Health Centers: CCBHD **leverages** our relationship with our six County FQHC Health Centers and Fee-for Service Medicaid billing to serve the behavioral health needs in urban and rural areas of the community. Lake Road Health Center (Milwaukie) is a behavioral health FQHC serving children, adolescents, adults and families, and Sandy Health Center has a large behavioral health focus for children, adolescents and adults. CCBHD care coordinators help families and individuals access services across the system of care, walk-in clinic and mobile crisis staff all work closely with Health Centers and support warm handoffs, coordination of care and two-way referrals.

Locations include:

- Beavercreek Health Center (Oregon City) – Primary and Behavioral Health Care serving both urban and rural areas in southwest Clackamas County, including Beavercreek, Molalla, Estacada, Canby and Oregon City
- Gladstone Health Center (Gladstone) – Primary and Behavioral Health Care serving Gladstone, Jennings, Milwaukie, Oak Grove, Linwood, Jennings Lodge
- Lake Road (Milwaukie) – Behavioral Health Care serving the southwest areas of Clackamas County
- Sandy Health Center (Sandy) – Primary and Behavioral Health Care serving the urban and rural areas in northeast Clackamas County, including Sandy, Boring, Rhododendron, Government Camp, and Welches.
- Sunnyside Health Center (Clackamas) - Primary and Behavioral Health Care serving Happy Valley, Clackamas, Eagle Creek and Damascus.

Our County Health Centers also operate School-based Health Centers in seven schools serving students K-12th grade:

- Adrienne C Nelson High School (Happy Valley)
- Clackamas High School (Clackamas)
- Estacada High School (Estacada) – operated by Orchid Health

- Milwaukie High School and Academy of the Arts (Milwaukie)
- Oregon City High School (Oregon City)
- Rex Putnam High School (Milwaukie)
- Sandy High School (Sandy) – operated by Orchid Health

CCBHC care coordinators working with youth and families have developed relationships with Health Center providers and clinics and involve them in team-based planning processes. The goal is to ensure that the youth’s treatment is coordinated across the system of care. School-based clinicians participate in Wraparound team meetings when identified by youth and families as a care provider, and the Wraparound team receives referrals from Health Centers.

As an **example**, crisis or care coordination staff help individuals access ongoing dental, primary, and/or behavioral health care by assisting with scheduling appointments and at times providing a warm hand off and support. Another **example** would be FQHC staff requesting support from crisis services when a patient is experiencing a behavioral health crisis.

An **example** of collaboration with a School-based Health Center would be a Wraparound facilitator assisting in connecting a youth’s treatment plan to their school environment, supporting the school in implementing a treatment plan or de-escalation strategy, and/or advocating for the youth/ family’s voice to be heard in the educational system. In addition, school counselors and other school staff contact the Clackamas County crisis line for crisis support.

Hospital Collaboration: Clackamas County does have a **data-sharing agreement** with local hospitals, and our residents receive hospital care throughout the Tri-County region and in Marion County. CCBHD works closely with hospitals across the region on discharge, transition and follow-up care coordination and we provide services aimed at reducing or preventing reliance on Emergency Departments for mental health care. These services include the Urgent Walk-In Clinic, Mobile Crisis Response Team, and a 23-Hour Crisis Stabilization Center. Hospitals can make direct referrals to the MRSS team for youth and young adults up to age 21.

CCBHD has working relationships with hospital partners related to Notice of Mental Illness and Involuntary Commitment. Adults who are on an involuntary commitment, either by court order or by guardian, are screened for services and coordinated with hospital staff. The Forensic and Crisis teams coordinate closely with the hospitals when clients are transported from the jail or community for emergency psychiatric services. The Wraparound team coordinates with SAIP and SCIP (Secure Adolescent Inpatient Program/ Secure Child Inpatient Program).

Examples of collaboration with the hospital system include providing direct access to Stabilization Services for youth. CCBHD contracts with Catholic Community Services, who meet with youth and families in the hospital to complete the enrollment for services so that youth leave with a follow up plan of care. The involuntary commitment team has close relationships with hospital staff across the region and frequently visit individuals on

the unit to complete their investigations and assess care coordination needs. Care Coordinators are assigned to every individual who is committed and work closely with hospital staff to develop discharge plans and support an individual's transition into the community.

Justice System Partnerships: CCBHD works closely with the Justice System and Court Partners to support populations that are arguably the most vulnerable and have the highest level of need. As **an example**, the Forensic and Involuntary Commitment programs coordinate with judges, defense and prosecuting attorneys, and court clerks, and CCBHD's Civil Commitment team hosts a quarterly meeting with court partners, schedule hearings and develop and maintain contracts with Mental Health Examiners.

CCBHD's Aid and Assist team meets with court partners weekly to discuss the current docket and involved participants (both individuals being restored in the Oregon State Hospital and in the community). Communication occurs throughout the week to establish restoration services and discuss the status of community consultations. The Aid and Assist team also hold quarterly general meetings with court partners, including the dedicated Aid and Assist docket judge. These meetings allow the team to discuss system level and process issues as well as develop specific programming.

Law Enforcement (LE) and Community Corrections: CCBHD has close partnerships with our local law enforcement (LE) agencies and Community Corrections, and we have **formal MOUs or agreements** with all of them. There are nine different law enforcement agencies operating in Clackamas County and eight have embedded Behavioral Health clinicians. The Cities of Wilsonville and Gladstone have contracted with CCBHD to provide, train, and support the clinical staff assigned to their cities, the clinicians in other jurisdictions are employed by their respective cities or law enforcement agencies. These clinicians are available to respond with LE on calls that come through dispatch. They often partner or collaborate with the CCBHD crisis teams.

CCBHD's Crisis Team responds to mobile crisis requests through 988 and the Clackamas County Crisis and Support Line, and the Mobile Crisis Response Team (MCRT) works closely with law enforcement and other first responders. As an **example**, MCRT has a backline that First Responders use to request immediate assistance as well as an email address for non-urgent and follow-up requests. The overnight mobile crisis position is currently stationed in the 911 dispatch center so they can support both individuals who need additional support from the crisis line as well as individuals in a behavioral health crisis calling 911. Embedding this position in the dispatch center works to build relationships with LE partners and dispatch as a strategy to increase call volume throughout the day. In addition, CCBHD staff also serve as subject matter experts on the Adult and Youth Threat Assessment teams and meet monthly with 911 dispatch staff to receive referrals for high volume callers. CCBHD has **formal MOUs** with both law enforcement dispatch centers, LCOM and CCOM.

The Forensic Services teams are very closely connected to the jail and attend a weekly START meeting (Strategic Transition and Re-entry Team) which includes staff from the jail,

probation, and mental health staff from other LE agencies. As an **example**, this team reviews currently incarcerated individuals who are experiencing symptoms of mental illness to determine how best to support them and provide assessments for participation with our Forensics Diversion team. They may communicate with enrolled community-based providers to ensure services are scheduled either during or post-incarceration.

The CCBHD Aid and Assist and Forensic Services team have the ability to work in the jail and partner closely with Community Corrections to serve the forensic population, including care coordination at re-entry. An **example** of this partnership would be an Aid and Assist clinician meeting with an individual in the jail to complete a community consultation. If appropriate for community restoration, the Aid and Assist team can start working on setting up treatment services, housing, etc. before the individual is released from custody. Access to the jail allows the team the freedom to meet with individuals more frequently, which allows them to better meet individual needs.

MCRT also responds to our Juvenile Intake and Assessment Center (JIAC). Youth who are detained by law enforcement may be held at JIAC for up to five hours. As an **example** of collaboration, while youth are at JIAC, staff complete screening tools and call for mobile crisis support if the youth appears to be in psychiatric distress or indicates thoughts of harming themselves or others. CCBHD collaborates with Community Corrections through the IMPACTS grant as well, providing a Care Coordinator on site at the probation building who specializes in helping individuals whose psychiatric symptoms inhibit their ability to complete the terms of their probation.

The Mental Health Abuse Investigators cross report to law enforcement and work in tandem when there is a criminal matter.

Both the Behavioral Health Division and H3S Directors have voting seats on LPSCC (the Local Public Safety Coordinating Council) and work closely on public safety issues.

Schools: CCBHD collaborates both with individual schools and the ten public school districts in Clackamas County. As an **example**, our Wraparound team members are active participants in IEP meetings with school staff and sometimes principals and attends the regular Threat Assessment meetings to consult on threat assessments. A high percentage of Wraparound team referrals come from schools. CCBHD facilitates a “Barrier Busters” weekly meeting via Zoom for anyone working in the children’s continuum of care that is widely attended by school clinicians or social workers and sometimes teachers to provide consultation and share resources. CCBHD provides WRAP 101 classes for school districts to train about Wraparound services and how it can support students.

The MCRT provides stabilization services for youth ages 20 and below and responds to schools to assess for crisis and de-escalate situations where students are involved, referring to Mobile Response Support Services (MRSS) for follow up care. The Crisis and Support Line staff are available for consultation, referrals, and suicide safety screening. School staff also refer youth and families to our Behavioral Health Walk-in Clinic, Clackamas Mental Health Clinic (MHC).

Oregon Youth Authority: Youth and young adults who are under the jurisdiction of the

Oregon Youth Authority have access to the full continuum of services, including Wraparound or our crisis support teams. Our Crisis and Support Line also functions as an information and referral line where OYA counselors can call to access resources in our area or near a youth's home if they are residing in the community. CCBHD does not have any formal agreements with OYA. The vast majority of our referrals from juvenile justice come from JIAC, the intake and assessment center, discussed above.

Community Action Agencies and Housing Authorities: CCBHD works closely with our Housing Continuum of Care (CoC) and Housing Authority. Behavioral Health and Housing and Community Development (HCDD) are division partners under the Health, Housing, and Human Services Department (H3S) in Clackamas County. An **example** of the connection between HCDD and CCBHD includes an **interagency agreement** to place housing navigators on our care coordination and crisis teams.

Another **example** of the collaboration between CCBHD and HCDD is the co-creation of a Behavioral Health Housing Retention Team (BHRT) that will provide crisis support, short-term case management, care coordination and stabilization support to individuals or families who are at risk of losing their housing due to symptoms or functioning challenges related to behavioral health disorders. CCBHD is providing the clinical staff and expertise to support this program, which will be entirely funded through HCDD.

CCBHD works closely with members of our Coordinated Housing Access Line (CHA) to help individuals and families access housing support. **Examples** include: facilitating a mental health workshop as part of the Housing First Aid training, training Mobile Crisis Care Coordinators to complete CHA assessments and consciously connecting the CHA and crisis teams.

CCBHD also collaborates with the Social Services Division Community Action Agency (CAA) programs on services for people with low incomes through the Community Action Board (CAB). CAB Members provide input on the Community Needs Assessment, which determines the underlying causes and conditions of poverty and identifies resources to address unmet needs. The most recent assessment shows that 38% of county residents do not have enough income to cover the basic cost of living here, and for some of them, behavioral health conditions are a factor.

Clackamas County Social Services: Clackamas County Social Services is the Area Agency on Aging (AAA) serving Clackamas County. Through the AAA, CCBHD works with ten senior centers, the Senior Citizens Council, Legal Aid and our DHS and APD branches (see ODHS below). The AAA developed a plan with three main strategies: 1) Reduce barriers to accessing services throughout the county, especially for populations that have historically been underserved; 2) Create and update quality assurance efforts to ensure program quality; and 3) Expand programming to meet the needs of a growing older adult population. As an **example**, CCBHD supports activities that fall under these strategies to improve the health of older adults in our community.

CCBHD also partners with Clackamas County Social Services Veteran Service Office.

CCBHD supports the Veteran’s Rental Assistance Program (VRAP) program to assist Veterans in our community in obtaining or maintaining housing, and we work collaboratively to facilitate additional behavioral health support when needed outside of the VA Facility.

Oregon Department of Human Services (ODHS): CCBHD works closely with ODHS to review access to services for individual cases and provide general information about services. Care coordinators assist ODHS in understanding the mental health and substance use systems of care and accessing appropriate services for community members receiving Long-Term Services and Supports (LTSS) who are living at home. CCBHD’s Older Adult Specialist works closely with Aging and Disability Services to coordinate care for older adults receiving mental health services. LTSS are not funded through our CCOs for Medicaid beneficiaries, so close coordination on individual cases is critical.

CCBHD management staff coordinates with ODHS's Preventative Staffing committee to make recommendations/decisions to connect families to resources and Agile Funding that aims to keep youth out of the foster care system. ODHS regularly refers to the Wraparound team for cases where children or families are experiencing mental health challenges, and we participate in case consultation or meetings for the families in our care.

CCBHD contracts with multiple community providers to provide treatment services for families who are ODHS system-involved and work toward a recovery path.

Care coordinators work with youth involved with ODHS temporary lodging. An **example** of this is how care coordinators work with youth, families and ODHS to provide case coordination and creative problem solving to address placement challenges. CCBHD has **informal agreements** through CareOregon to participate in temporary lodging meetings and prioritize supports for those youth in accessing foster homes throughout the system of care, including DHS, mental health residential or DD residential.

Behavioral Health Resource Network (BHRN): CCBHD’s Behavioral Health Resource Network (BHRN) is a collaborative group of providers in Clackamas County who receive funding to provide substance use treatment and recovery services for free as part of Measure 110. BHRN providers develop a recovery plan through screening and referrals, treatment, crisis support, peer services, harm reduction services, and employment and housing services. As an **example**, CCBHD participates in BHRN meetings as part of the provider network and also for case consultation and resource navigation.

CCBHD’s BHRN network offers culturally responsive services across the lifespan for Clackamas County residents. Access to these services is low-barrier and available through our CCBHD website at <https://www.clackamas.us/behavioralhealth/network>. Our provider network includes:

- 4D Recovery - 4th Dimension Recovery offers peer support services to folks ages 18-35 that struggle with substance use disorders.

- Bridges to Change - Bridges to Change is a peer-centered housing, behavioral health, and peer provider organization. BTC has a continuum of housing and a variety of treatment services.
- Cascadia - Cascadia provides mental health services, addiction recovery support, primary care, wellness programs, permanent housing solutions, and affordable housing for people of all ages.
- Harmony Academy - Harmony Academy is a public charter school based in Lake Oswego. Recovery is the foundation of the school program and community as recovery is infused into the high school curriculum to better support youth in finding their way towards a healthier way of life.
- Outside In - Outside In offers harm reduction, peer support and substance use disorder treatment programs. Outside In programs are free of charge, available to all and guided by a harm reduction model, where everyone deserves respect and is a valued member of the community.
- Parrot Creek Child and Family Services - Parrott Creek offers outpatient substance use disorder (SUD) and Mental Health services for youth and adults with Medicaid (CareOregon and Trillium). In addition, they offer rental assistance for people engaged in outpatient SUD treatment throughout Clackamas County. Parrott Creek has recovery housing for female-identifying parents reuniting with their children who are in DHS custody.
- The Peer Company - The Peer Company (formerly Mental Health and Addiction Association of Oregon) provides peer support and recovery mentor services free of charge and open to anyone who would like support. This is a nonclinical support service offered by someone with the personal lived experience of having struggled with mental health or substance use/addiction issues.
- Recovery Works NW - Recovery Works NW provides medicine assisted treatment (MAT), outpatient drug & alcohol treatment, and addictions-specific mental health and peer services to help people get their lives back from opioid, alcohol, methamphetamine, and other addictions. All services are guided by a judgement-free, compassion-first ethos. Recovery Works NW accept news clients on the same or next business day for medications.
- Transcending Hope - Transcending Hope is a Measure 110 stabilization low barrier housing program, with a 6- to 8-month stay fully funded with flex funds for participants. Participants will work with housing Navigators, House Managers, and Community Supports to reach goals and work on transition planning into housing.
- YouthERA - YouthERA offers peer support, including recovery/substance use-specific support, to youth ages 14-25. "We've been there so we can speak from our own experience. We will listen to you, help create next steps, and honor your voice in the process. Our programs are cost-free and available by referral or simply by walking into our program."

In addition to the formal BHRN provider network, OHA currently provides funding for a variety of Substance Use Disorder Services through the Federal SAMHSA SUPTRS Block Grant. Those include treatment services through Fora Health, CODA, LWNW, Parrot Creek and Cascadia.

Deflection: Clackamas County's Deflection Program is operated by the District Attorney's Office. Clackamas County's Operations Management Group (OMG) oversees the program tailored to Clackamas County residents while also enhancing public safety. This group includes leaders representing law enforcement, community corrections, CCBHD, H3S, Clackamas County Community Court defense attorneys, court staff, the county's BRHN partners as well as other outreach and treatment partners. The group meets periodically to review the program and has access to all the program's data. The group will help the Clackamas County District Attorney's Office manage the forward path of the program.

Mental Health and Addiction Council (MHAC): CCBHD looks to the MHAC to advise the Board of County Commissioners and the Behavioral Health Division Director on community needs, gaps in services, barriers and priorities related to providing mental health and addictions services in the County. The CMHP Director hosts the monthly MHAC meetings and provides a report on current initiatives and programs and then hears from the various ad hoc or subcommittees on issues important to the continuum of care.

Local and Regional Groups: CCBHD attends, collaborates, and facilitates multiple meetings locally and regionally. These include (but aren't limited to) the Alliance of Culturally Specific Providers, 911 (CCOM and LOCOM) providers, Clackamas County BHRN meeting, Clackamas County SUD provider meeting, Clackamas County and Trillium Community Health Plan meeting, AOCMHP monthly meeting and various special meetings, LPSCC, Housing CoC, ODHS Preventive Staffing Committee, OABHI meetings, Tri-County CMHP Partners meeting, Joint Behavioral Health Workgroup with Health Share, as well as the various groups and meetings referenced above.

Part II: Description of Core Service Areas

1. Required and other Allowable Services:

CCBHD is developing a plan redesign of service delivery to provide the highest quality and most efficient care for the priority populations across the core service areas, and the unmet needs identified here will become the foundation for the development of an implementation plan and timeline over the next 6 months. Based on unmet needs identified during the planning process, CCBHD is creating new service lines for adults and will be implementing these changes:

- **The Adult Treatment, Linkage and Advocacy Services (ATLAS) Team** will support the complex care coordination needs for adults across core service areas. This team will have capacity to work across teams and community providers (including hospital and CCO referrals) to manage complex needs and ensure individuals are connected to needed services. To achieve this, CCBHD will add additional FTE to this team.

- **Enhanced short-term outpatient or bridge services** for adults will be housed in our walk-in crisis clinic and serve mobile and walk-in crisis clients where timely access to community services is an unmet community need. They will also serve to support people as they are re-entering the community through involuntary programs or jail. These services will also provide specialized support for older adults and access to a prescriber.
- CCBHD will work with Dr. Cloud to **enhance data collection and reporting functions** to support system management and coordination. This will enable us to collect data more consistently and reduce current data gaps.

CCBHD will enhance coordination across priority populations for adults and determine whether current design of our Aid and Assist, Involuntary Commitment and Forensic teams are meeting client and system needs. Youth in crisis will continue to be served through mobile crisis or walk-in clinic services and MRSS will be provided through a contracted provider with connections to community-based clinics and services. CCBHD will continue to provide a fidelity Wraparound team. Young adults in transition will also be served through mobile and walk-in crisis services and then supported through EASA and other outpatient services provided by contracted providers. Below is the current, best assessment that ensures delivery of the Required Services, as well as any Other Allowable Services, for each Core Service Area. This plan is considered a living document and may be amended over the next 18 months.

[System Management and Coordination \(See Attachment 1 – Budget, System Management tab\):](#)

Funding Breakdown:

CFAA: \$1,016,620

Other: \$251,077

CCBHD has a well-established structure for meaningful system design and oversight of services. This includes the Division Director, Operations, Administrative, and Quality Management Managers, and a dedicated Supervisor for each service area.

Ultimately, the Behavioral Health Division Director is responsible for completion and submission of this plan, as approved by the Board of County Commissioners, however this is a project that includes all levels of CCBHD staff. Performance monitoring and evaluation will be completed by Managers, Supervisors, and Quality Management staff. CCBHD used a consultant as described in Part III to compile data from existing sources as well as to conduct a survey and host several focus groups for community, stakeholder, and consumer input, and then CCBHD managers engaged staff from across the organization in every role to do a deep dive not just on service delivery, but on support and infrastructure functions as well. That engagement resulted in identified improvements in systems management that CCBHD will undertake over the next year. Part of the restructuring of programs to best meet the needs of the priority populations will include an assessment of administrative and quality management support - these areas already run lean and may need additional support to manage reporting and monitoring. EHR forms will also need to

be developed or redeveloped to accommodate specific data and reporting needs as this is another area of improvement. This project will likely get underway in FY 2027.

Complex case consultation, care coordination and transition planning have been the responsibility of staff across the continuum. The reduction in CCO funding for care coordination will result in shifting resources from other services to develop the SPMI Care Coordination team as described with additional care coordination embedded into our Aid and Assist and Civil Commitment teams.

CCBHD currently has two Protective Services Investigators. We are doing some analysis to determine whether we need 2.0 FTE to manage the call volume for abuse allegations. The expanded diagnoses and required additional case management and crisis support will be factored in that decision.

Crisis teams provide training to various groups about mental health symptoms and de-escalation. CCBHD funds a portion of a Suicide Prevention Coordinator (See Attachment 1 – Budget, BHPP tab). CCBHD staff participate in the County Emergency Operations Center (EOC) and crisis team staff are trained in Psychological First Aid and ready to be deployed in the event of a disaster or emergency. CCBHD participates in a mutual aid agreement with Multnomah and Washington Counties to support the Tri-County area.

Due to the investment in the required services, CCBHD does not anticipate having additional funding to provide many of the “Other Allowable Services” and will be reviewing what is possible under the current CFAA requirements. Some activities, including community education and information, are captured informally.

Crisis Services (See Attachment 1 – Budget, Crisis Services tab):

Funding Breakdown:

CFAA: \$6,957,058

Other: \$8,575,784

1. Mobile Crisis: CCBHD has invested in expanding 24/7 Mobile Crisis Services over the past two years to support the people in our community that are experiencing an increase in symptomology or reduction in functioning due to their behavioral health condition or have behaviors that may be escalating and in need of immediate intervention to prevent them from requiring involuntary services. The Mobile Crisis Response Team (MCRT) adopted the Crisis Now model and has 24-hour coverage Sunday through Wednesday, with one open overnight position that has been under continuous recruitment for over 500 days and covers 12:00 to 7:30am Wednesday through Saturday. The shift pattern is under review and may change, however the volume of calls requiring an in-person response is minimal in the overnight hours.

CCBHD subcontracts our Mobile Response Support Services (MRSS) to Catholic Community Services, who provide MRSS services throughout the tri-county area for youth and youth in transition to adulthood (up to age 20). Capacity with this vendor has been limited in the past and they have worked to improve access.

The community and staff engagement activities reflected in the work described in Part III identified the need for more presence in rural communities. Figure 1 shows MCRT response to rural areas (increased response to and engagement with rural communities was identified as an unmet need). The historical data in Figure 1 below reflect MCRT calls since the team has been operating by urban or rural location using zip codes. 13% (196 out of a total 1,457 calls) responded to a rural location. CCBHD is exploring how to better connect with rural communities to provide some education about services provided and has identified the library system as one potential resource to reach people in rural communities. The Clackamas County Probation has a Mobile Stabilization Outreach Unit for probationers at libraries in Sandy, Milwaukie and Canby and CCBHD is exploring a partnership to provide education about crisis services in Clackamas County and ensure people have access to the crisis line should they need help.

Figure 1 – Historical Data on Crisis Response by Rurality

Historical Data Tables

Rurality

Rurality	2023		2024		2025				Grand Total	
	Count	%	Count	%	Q1	Q2	Q3	Q4	Count	%
Urban	407	85%	539	86%	130	83%	169	86%	1,245	85%
Rural	64	13%	81	13%	26	17%	25	13%	196	13%
Missing Zip	8	2%	5	1%			3	2%	16	1%
Grand Total	479	100%	625	100%	156	100%	197	100%	1,457	100%

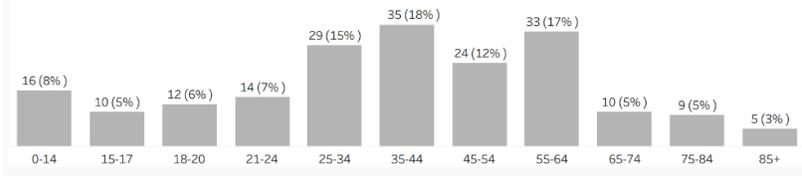
To better address people’s needs across the age range, and specifically address more direct care needed for older adults in our community, CCBHD looked at age data captured through MCRT calls. Figure ws that 36% of calls between October and December 2025 responded to adults 55 years old and older, and 19% of calls responded to young people 20 years old and younger. Catholic Community Services supports youth with MRSS services in our community, providing intensive follow up to a crisis call for up to two months, but there is not a corresponding program for adults. Beginning next year, CCBHD will develop follow-up and bridge outpatient services, with connection to a psychiatric provider and other community resources, through our Crisis Walk-In Clinic.

Figure 2 – October through December 2025 Mobile Crisis Response by Age

MCIS Q2 2025 Quarterly Report (Total Dispatches: 197)

Demographic Information

Age (n= 197)



2. Crisis Walk-In Clinic: CCBHD operates a Behavioral Health Urgent Walk-In Center - the Clackamas Mental Health Center (MHC). Currently the clinic is open from 9:00am to 7:00pm Monday through Friday and is open to anyone in the community, regardless of payor or age. The walk-in clinic was open on Saturday and Sunday as well, however the volume did not show sufficient need to operate on weekends and people are directed to the crisis line. There is a full team of peers, clinicians and a provider to support people during walk-in and follow up. Staff at MHC answer the Crisis Support Line during clinic hours. Outside of clinic hours the crisis line is answered by the Multnomah County Crisis line team. Clackamas MHC and the Crisis and Support Line are currently receiving some funding through an agreement with CareOregon to augment CFAA dollars. Crisis services is our highest cost service line.

As part of the restructuring referenced above, Clackamas MHC will be utilized as an enhanced outpatient service bridge to priority populations with formalized cross-team workflows. There is also an opportunity to develop more robust Older Adult Services with the new CFAA requirements outside of the current Older Adult Behavioral Health Initiative (OABHI) and provide direct initiation and stabilization services for our aging population.

CCBHD opened a Crisis Stabilization Center, please see Part IV, Unmet Needs.

Forensic and Involuntary Services (See Attachment 1 – Budget, Forensic and Involuntary tab):

Funding Breakdown:

CFAA: \$3,669,416

Other: \$248,245

Generally, there are different transition paths as people move through forensic services. Details for adults are provided below, however the path for youth is different. Clackamas County does not have a Juvenile Detention Center and contracts with Marion County if a youth adjudicates to incarceration. Clackamas County’s Juvenile Department operates the Juvenile Intake and Assessment Center (JIAC), described in Part I, which functions as a holding center for youth

involved in the juvenile justice system. CCBHD assesses youth in JIAC for behavioral health conditions and safety, provides a recommendation, and contacts and meets with the guardian to help them develop a plan. If the youth transitions back to the community, CCBHD will follow up with the family and youth. If they go to Juvenile Hall, our recommendations go with the record.

1. Aid and Assist: CCBHD recently separated our Aid and Assist team from other involuntary programs. In addition to the supervisor, we currently have 4.2 FTE supporting this program (one of whom is a Peer Support Specialist). The next phase in program restructuring is to merge our Forensic diversion team, an additional 3.35 FTE with the Aid and Assist team. This will allow for more seamless transition between jail diversion and Aid and Assist and allow the teams to work together when the Aid and Assist population is high. Quick turnarounds at the State Hospital, a lack of placements for community restoration, and the new requirements under HB 2005 drive the need for additional FTE dedicated to this program and at least one additional QMHP FTE and a Community Navigator (per HB 2005) is needed, and community navigation will be supported through care coordination and peer support.

CCBHD's Aid and Assist staff provide support to individuals both in the State Hospital (by attending IDTs and working on discharge planning) and in Community Restoration services. CCBHD is a connected and highly respected partner of the court, completing community consultations, restoration plans, progress updates, and all other required documentation on time.

When clients in OSH are ready to place, OSH sends us a letter. The Aid and Assist Team sets up a virtual community consultation meeting with the client and develops a transition plan. The team has already been working on options for the client as sometimes their time at OSH is brief. Depending on the plan, the clients is transported back to jail via the Clackamas County Sheriff's transport, or, if they can transition directly to a residential program, the team will arrange a secure transport and then meet with the client at the residential program. CCBHD works with residential programs across the state, so if distance is an issue, the team will work with residential staff to set up a virtual meeting.

Youth Aid and Assist support comes from Clackamas County's Juvenile Department Team.

2. Forensic Diversion: As stated above, CCBHD currently has 3.35 FTE in Forensic Diversion Services. This team will merge with Aid and Assist to allow both teams to work together fluidly. CCBHD will need to update the screening and assessment forms and develop tracking tools to move proactively identify individuals who meet criteria for Forensic Diversion. There is substantial cross over between the duties of the Forensic Diversion team and the structure of the Aid and Assist team (for example Aid and Assist, in coordination with the Jail, are responsible for communicating with the courts and coordinating rapid forensic evaluations), so connecting these two teams makes sense. This will require updating job descriptions and clarifying the duties of each position so that roles are clear, and all

duties outlined in the CFAA, for both service areas, are assigned.

CCBHD has a contract to provide one rapid forensic evaluation per week.

3. PSRB/JPSRB: CCBHD currently has 1.1 FTE assigned to Psychiatric Security Review Board (PSRB) monitoring, security, and supervision. Juvenile PSRB is managed by our Juvenile Department. This number of FTE is currently adequate to serve our PSRB population.
4. Civil Commitment: CCBHD currently has 4.35 FTE dedicated to Civil Commitment Services and is assessing if that will be adequate to meet the needs identified in the local planning process as well as HB 2005. CCBHD is very interested in providing outreach and stabilization services to divert individuals from Civil Commitment and Forensic services. This may be one of the most powerful service options for assisting individuals in accessing the appropriate level of care prior to a loss of civil liberties. This will also, however, require an assessment of the funding for the required services to determine how to best support them.

CCBHD is working with the Extended Care Management Unit (ECMU) and will continue to participate in those meetings. Staff already support individuals with referrals to residential treatment, care coordination, and other aspects of discharge planning.

5. Law Enforcement Collaboration: CCBHD contracts with The City of Wilsonville through the Clackamas County Sheriff's Office to provide 1.0 FTE Mental Health Specialist to work within the Wilsonville Police Department to provide crisis response, follow-ups, care coordination and community trainings related to mental health within the City.

The City of Gladstone also contracts with CCBHD through Gladstone Police Department to house 1.0 FTE Certified Alcohol and Drug Counselor (CADC) within their police department to provide outreach and support to individuals living in the City of Gladstone and struggling with symptoms of mental health and substance use disorders.

CCBHD provides 1.0 FTE to Clackamas County Probation as part of the IMPACTS grant (Improving People's Access to Community-based Treatment, Supports, and Services) to provide care coordination and work with individuals who are on probation because of crimes related to mental health conditions or for whom mental health conditions make it difficult to meet their legal requirements. Clackamas County Probation is reapplying for this grant to continue funding in the future with the potential to expand and connect to diversion through the Crisis Stabilization Center.

6. Sequential Intercept Map (SIM) Alignment: CCBHD participated in an update of our Sequential Intercept Mapping in November 2024. Behavioral Health Care Coordination is available at intercept 0, 1, and 3-5 through our Crisis Walk-In Clinic and Mobile Crisis teams. Our Jail Diversion team currently works across all six

intercepts, having direct access to our jail to support individuals in custody. Through continued restructuring, we will further strengthen and formalize our partnerships between our Behavioral Health Walk-in Clinic and Forensic services.

Outpatient and Community Based Services (See Attachment 1 – Budget, Outpatient tab):

Funding Breakdown:

CFAA: \$2,484,050

Other: \$4,024

1. CCBHD currently passes all funding allocated to Early Assessment and Support Alliance (EASA) through to Lifeworks NW to work with this vulnerable population. Our current CFAA allocation has not been enough to cover the cost of providing these services to substantial compliance and we are assessing how we can make additional investment in this population. Note that the MHBG-funded portion of EASA Services will be reflected in the “Block Grants” tab of Attachment 1.

Lifeworks NW served 38 unduplicated transition-aged youths in FY 25 with 1635 discrete services. The average number of services per client was 43.

2. CCBHD contracts with multiple community partners to provide an array of outpatient services, and we have also identified some gaps and unmet needs in this area, particularly with Intensive Outpatient Treatment, Intensive Case Management (ICM) and Assertive Community Treatment (ACT) as described in Part IV. As part of our restructuring, we will be looking for dollars to pull over to support expansion of these services in the community, which may require supplementing Fee-for-Service billing for some of our vendors, at least for start-up.

CCBHD currently has contracts with the following organizations to provide Outpatient Services: Cascadia Health, Clackamas County Health Centers, CODA, Inc, Fora Health, Lifeworks NW, and Parrott Creek Child and Family Services. Lifeworks NW also provides intensive community-based treatment. Contracted Aftercare and Recovery Support Providers include the outpatient providers listed above as well as peer services provided through Dual Diagnosis Anonymous, Folk Time, Transcending Hope, YouthERA, NAMI, and The Peer Company.

Note that outpatient services funded by MHBG funds will be reflected in the “Block Grants” tab of the budget template.

CCBHD has also allocated a small amount of flexible funding to each of our service areas to remove barriers to community-based care. These might cover one-time costs for documents like birth certificates or IDs, costs associated with moving into housing, cell phones and activation cards, transportation (including both taxi and public transit), medications, and medical services, or other needs that present a barrier to clients’ forward movement on their recovery path. CCBHD first works with other resources available to the client or check for other natural supports or community organizations that can provide support. CCBHD is cautious about providing funding for ongoing costs that we may not be able to sustain in the

future.

CCBHD's Gero-Specialist Services have historically been provided by one team member who was primarily focused on the objectives of the Older Adult Behavioral Health Initiative (OABHI). We will be shifting this position to better align with the priority populations and CFAA requirements and in response to internal data about the volume of older adults using crisis and clinic services. The 1.0 FTE currently focused on Older Adults will continue as the trainer for Older Adult services with our Crisis Intervention Teams (with a focus on training law enforcement), developing a training series for mobile crisis team members, and joining case conferences with the Civil Commitment Team and Choice to provide case consultation in addition to open invitation trainings and complex care coordination meetings, which have been ongoing in our County.

As mentioned above, the mobile crisis and walk-in clinic data show sufficient intervention with older adults to build out more robust direct services. The expansion of older adult outpatient support to align with the Gero-specialist requirements in the CFAA will include 1.0 FTE stationed within the crisis walk-in clinic who will provide both direct services and community-focused components of this service area, including quarterly training and complex case consultation.

Residential and Housing Supports (See Attachment 1 – Budget, Residential and Housing tab):

Funding Breakdown:

CFAA: \$3,110,044

Other: \$76,979

The services described in this section of the CFAA have historically been done by a combination of our Residential Specialist, Choice Care Coordinators, and Aid and Assist Staff. In the absence of Choice and with the reduction of our Care Coordination staff due to the CareOregon contract termination, this service area will need to be redesigned, and FTE capacity needs will be assessed. As mentioned above, CCBHD has developed a new care coordination team, ATLAS, to manage the complex care needs of adults in our system of care, including care coordination and transition planning for individuals receiving residential behavioral health services in another county.

Clients in residential services will have an assigned Care Coordinator embedded in their respective service team. Care Coordinators will be responsible for ensuring a service plan is developed, identifying appropriate and available placements, making referrals for residential services, providing diversion support from state hospital or secure residential services, monitoring service plans, and ensuring that discharge planning is conducted throughout the individual's placement. Diversion from community hospitals would fall to our mobile crisis and walk-in clinic staff.

With our Part A funding, CCBHD contracts with community-based providers to provide residential services. Funding for these services is braided with the invoiced services funding stream and other funding sources. See "Residential & Housing" tab in Exhibit A for

further detail.

CCBHD contracts with Cascadia and Jackson House to provide respite services, though these services are fully funded by our internal Fund Balance and as a result may not be sustainable. Individuals with housing needs are referred to the Coordinated Housing Access line for Housing Coordination.

Our Housing and Community Development Department (HCDD) is contracting with CCBHD to place 2.0 FTE Housing Navigators within our programs and 2.0 FTE new positions to provide Behavioral Health Housing Retention. HCDD is utilizing SHS (Supportive Housing Services) funds from the regional income tax levied in the Portland Metro Area to fund homeless and housing services. These limited-term Care Coordinators will assist individuals at risk of houselessness due to symptoms of mental health conditions.

Behavioral Health Promotion and Prevention (BHPP) (See Attachment 1 – Budget BHPP tab):

Funding Breakdown:

CFAA: \$61,672

Other: \$327,909

CCBHD collaborates with our Public Health Division to provide behavioral health promotion and prevention activities. This includes supporting a department-wide Suicide Prevention Coordinator. CCBHD currently uses CCO dollars to supplement this area and have redeployed most of the CFAA funds previously allocated to BHPP to maintain other service areas. While listed as required in the CFAA, the preventative services defined in ORS 430.630(3)(L) and (3)(m) are clearly described in statute as “subject to the availability of funds.” We do not anticipate having sufficient funding to support additional allowable activities. BHPP goals and objectives are listed in Part III.

Block Grant Funded Services (See Attachment 1 – Budget, Block Grants tab)

Funding Breakdown:

CFAA: \$1,272,651

Other: n/a

CCBHD currently has Block Grant-funded services as described below and we anticipate continuing those services at the same level in the next cycle of the CFAA. The summary of Block Grant-funded contracts and activities below reflects services funded by Mental Health Block Grant (301) funds, SUPTRS Block Grant (520) funds, MHBG Crisis (308) funds, and MHBG EASA (307) funds. Note that we are following any potential federal impacts to Block Grant service areas, which may require us to shift services in the future.

CCBHD’s contracts and service areas utilizing funds from both Block Grants funding include:

CONTRACTOR(S)/PROGRAMS	DESCRIPTION	FUNDING SOURCE
Parrott Creek Child & Family Services	MH & SUD Outpatient Services	301 MHBG
Lifeworks NW	MH & SUD Outpatient Services	301 MHBG
Lifeworks NW	EASA Services	307 MHBG EASA & 806 MH New Investments & 804 MH General Fund
FolkTime	Mobile Crisis Embedded Peer Services	309 MHBG Crisis & 804 MH General Fund & 407- 988 Tax Revenue
CCBHD	Forensic Jail Discharge Staffing & Admin	520 SUPTRS BG & 301 MHBG
CCBHD	Forensic Aid & Assist Staffing	301 MHBG
CCBHD	Forensic PSRB Staffing & Admin	520 SUPTRS BG
CCBHD	Civil Commitment Materials & Services	520 SUPTRS BG

Invoiced Services:

Invoiced services are identified by Care Coordinators and other clinical staff who work with our accounting team to seek reimbursement for invoiced services. CCBHD contracts with Cascadia Behavioral Health and ColumbiaCare Services to provide residential services for PSRB clients who meet clinical needs and other uninsured individuals identified as Clackamas County residents. See the budget narrative section below for further details on invoiced services funding.

2. The role of Peers in provision of the Core Service Areas

The role of peers is to foster collaborative relationships with individuals from a perspective of lived and living experience. These relationships provide support that can inspire hope and encourage individuals to move towards their self-determined goals. Peers can support individuals with navigating complex systems and normalizing mental health/substance use challenges.

CCBHD involves peer support throughout our provision of the Core Service Areas and we embed peers into every team, For adult services, CCBHD contracts with Folk-Time to embed 10.0 FTE peers within our Core Service Areas.

CCBHD also integrates peer support in youth services. Our Wraparound team has 2.0 FTE family peer support specialists contracted through Oregon Family Support Network and CCBHD Local Plan Draft

2.0 FTE youth peers contracted through YouthERA. CCBHD supports Youth ERA operate the peer-run Youth Drop-in Center in Milwaukie.

Integrating peers with clinical teams provides multidisciplinary support to individuals who have expressed an interest in working with a peer. The peer also provides the perspective of lived experience to the team at large, providing unique insights and giving peers the opportunity to advocate for individuals if needed.

Our community-based peer programs are led by contracted organizations to provide peer support to adults, youth, and family members. Additionally, our contracted organizations provide support to the community around self-help and education related to mental health challenges.

Additional services contracted include Peer Delivered Services with Folktime and The Peer Company, IPS Supported Employment with Lifeworks and Clackamas County Health Centers, and VRAP which is a partnership with Clackamas County Social Services.

3. Trauma-Informed Behavioral Health Services

CCBHD is committed to providing services that are trauma-informed, recognizing that a person's life experiences, including trauma, profoundly impact their mental health and well-being. Our approach is rooted in the understanding that trauma can influence how people interact with the world. Our goal is always to create an environment of safety, trust, and collaboration. This philosophy shapes every interaction, from the time a person first walks through our doors to the care they receive from various staff. Our services are designed to be respectful and empowering, avoiding re-traumatization and supporting everyone's journey toward healing.

In 2015 we contracted with Trauma Informed Oregon (TIO) to train our entire staff in the principles of trauma-informed care (TIC). A few years later, recognizing the crucial role of leadership, we partnered with TIO to develop a specialized supervision training specifically for our management staff. This unique training equipped our leaders to not only model TIC principles but also to support and supervise their teams in a way that fosters a trauma-informed culture throughout the division. This investment in our staff has been foundational to our ability to deliver high-quality, compassionate care.

Through these trainings we created a series of one-pagers related to each of the principles of Trauma Informed Care. These are used regularly by supervisors to keep the conversation and principles alive in our work. New hires receive training in TIC as part of their onboarding.

Over the years, our commitment to TIC has become an integral part of our agency's identity CCBHD continues to evolve and engage new resources, like Blue EQ on Psychological Safety and Nadine Burke Harris on ACES. Most recently, CCBHD engaged Parfait Bassalé to provide training on leadership development, belonging frameworks, and conflict transformation using a trauma-informed lens. The importance of TIC is continuously reviewed, not just in the services provided to the community, but also in support of our own staff's well-being.

TIC principles were applied in our reassessment of the entire Division to meet the new CFAA requirements, but also to understand gaps and in efficient processes and workflows. This comprehensive review will help in evaluation of our progress, identification of areas for growth, and reinforce the dedication to being a truly trauma-informed organization for both clients and employees.

Finally, Trauma-Informed Care extends beyond the internal work at CCBHD. Contract language for community providers includes the expectation that services rendered take a trauma-informed approach and that the principles are extended to services in the community.

4. Delivery of culturally and linguistically responsive and appropriate behavioral health services.

CCBHD strives to provide culturally and linguistically responsive and appropriate behavioral health services. The CCBHD director and Systems Coordination Manager attend a tri-county meeting with the Alliance for Culturally Specific Providers monthly and is in the process of contracting with the following culturally specific providers: Raices de Bienstar and Asian Health and Services Center.

All individuals seeking support from CCBHD have access to interpretation services either through Medicaid providers (for OHP members) or through Linguava, IRCO, and Passport to Languages.

CCBHD works with the Human Resources Department to attempt to recruit and retain a diverse workforce. Data is used to determine the need for bilingual/ bicultural positions. Individuals on interview panels are encouraged to take a course on Minimizing Bias in the Hiring Process, and all staff receive training at the Department and Division level on equity and inclusion.

CCBHD is in the process of translating our vital documents into the primary languages in Clackamas County (Spanish, Chinese, Russian, and Vietnamese), and we have staff certified in Health Literacy available to review public facing materials.

Care coordination and transition planning processes

As stated throughout, a recent elimination in CareOregon funding is leading to a significant workforce reduction of care coordination staff. This is a reduction of approximately 62% of our adult care coordinators (across all service areas). Youth care coordination is supported by a team of 12.0 FTE (with an additional 2.0 FTE for supervisors) Wraparound Care Coordinators. This team is entirely funded by Care Oregon.

To continue to meet the need for care coordination across the lifespan and priority populations, CCBHD developed the ATLAS team, mentioned above. To support adults with complex needs, and each individual in residential care will be assigned a Care Coordinator in line with the CFAA agreement as mentioned in the Residential section above. Additionally, individuals in Aid and Assist and on a Civil Commitment will be assigned to Care Coordination as described above.

Commented [KK1]: Beef up

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Part III: Description of Community Needs Assessment and Planning Process

- 1. Population-based and Community Needs Assessment Process:** CCBHD worked with a consultant to develop a County-wide community needs assessment process and took a broad approach to community engagement. Four methods were employed to generate feedback on the themes of the Local Plan and determine strengths, gaps and needs: 1) review of recent data and local needs assessments already completed; 2) presentations and discussions with community partners, stakeholders, behavioral health provider networks, and housing support provider networks; 3) Key Informant Interviews (KIIs) with subject matter experts; and 4) a detailed survey. In Part IV we address some of the unmet needs and gaps referenced throughout the community and stakeholder engagement activities and survey, however some areas are more global to the system of care rather than specific priority populations, and those will be addressed across the system rather than in one core service area .
 - CCBHD coordinated our local planning with the Community Health Improvement Plan (CHIP) and our sister H3S Division, Public Health. While there were some consistent needs identified, the Local Plan activities yielded more granular behavioral health needs relating to CMHP activities, where the CHIP identified broader population health needs. CCBHD will align any future planning efforts with the CHIP.
 - CCBHD involved consumers, advocates, families, service providers, schools and other interested parties, including CCBHD staff, in planning efforts. CCBHD developed a survey for broad distribution to all the groups mentioned above to generate data across the system of care to elicit responses about strengths, needs and gaps as well as priorities. The survey was conducted in JotForm and was provided through a link and a QR code.
 - Local Mental Health Advisory Committee: As mentioned above, CCBHD held a focus group during the September Mental Health and Addictions Council (MHAC) meeting. MHAC members reviewed a presentation on the current CMHP services and budget, and the priorities of the new CFAA. Live polling elicited immediate response during the meeting and members then took the survey provided for a deep dive into strengths, needs and gaps.
 - Local Public Safety Coordinating Council (LPSCC): CCBHD held a held a focus group during the September LPSCC meeting. LPSCC members reviewed a presentation on the current CMHP services and budget, and the priorities of the new CFAA. CCBHD facilitated a discussion on the unique position of LPSCC in ensuring that justice and law enforcement partners provide input on the plan and perspectives were noted. LPSCC members were also provided with a link to take the survey.
 - CCOs: CCBHD coordinated efforts with development of the community health improvement plan by the CCOs in our region by facilitating a Metro Region group with CareOregon and Trillium to understand CCO priorities and coordination of care for people with behavioral health needs. Outside of our regular regional CCO meeting,

CCBHD set up a separate focus group to identify needs and gaps with our regional CMHPs and Health Share, Trillium and CareOregon.

- To ensure an inclusive set of potential needs CCBHD facilitated Key Informant interviews with culturally linguistic service providers, children and youth providers, and school districts, including members of the Alliance for Culturally Specific Services and North Clackamas and Estacada School Districts. Access to culturally specific services was identified as a gap. CCBHD will work with the Alliance of Culturally Specific Providers to ensure that referral pathways are open and well-socialized.
- CCBHD included questions about housing and housing supports needed locally for individuals with behavioral health disorders and their families and housing and housing supports was identified as a gap. CCBHD will work with our Social Service Division Partners to ensure that VRAP/RAP funds are fully expended and the referral process and connection is strong. CCBHD is partnering with the Housing and Community Development Division (HCDD) of H3S to support 2.0 FTE in assisting with Housing Retention and Supports beginning January 2025. CCBHD is also partnering with HCDD on the HUD Notice of Funding Opportunities (NOFO) application to expand housing opportunities locally for people with behavioral health disorders and treatment needs.

Community needs assessment activities included:



Survey results by ranked choice are below (Figures 3, 4 and 5), and themes identified by focus groups, key informant interviews, and CCBHD staff engagement are highlighted in Part IV.

Fig. 3: The most important BH challenges Clackamas County is facing **Overall rank**

Individuals & families living with substance use issues	1
<i>MH, Emotional (Depression, anxiety) issues</i>	3
Not enough services available	2
<i>Crisis (Adults, children, or youth)</i>	4
Barriers to accessing care	6
Unhoused individuals or those experiencing housing instability accessing behavioral health services	5
Not enough behavioral health staff	7
Suicidal thoughts & behaviors	8
Older Adult Isolation & Loneliness	9
Individuals with mental health or substance use issues involved with the justice system	10

Fig. 4: The most important mental health services and supports for people in Clackamas County

	Overall rank
Short term stabilization supports for mental health	1
Case management/care coordination supports for mental health	2
Residential (inpatient) mental health treatment and supports	3
Crisis Services for mental health -- crisis & support line, mobile outreach, stabilization	4
Outpatient treatment and supports for mental health	4
Geographic access to mental health services and supports	7
Peer Services supports for mental health	6
<i>Homelessness-related services</i>	9
Culturally and linguistically specific or responsive mental health providers & care	10
Mental Health Prevention Services - Suicide Prevention, Safe Storage, Coping Skills, Mental Health Awareness, Loneliness Prevention, Build Connections	8
Dual Diagnosis (for substance use & mental health) services & supports	10

Fig. 5: The most important substance use services & supports

	Overall rank
Detox and withdrawal management for substance use	4
Short term stabilization supports medication assistance (MAT) for substance use	1
Residential (inpatient) substance use treatment & supports	2
Case management/care coordination supports for substance use	3
Outpatient substance use treatment & supports	5
Peer Services supports for substance use and recovery	6

Geographic access to substance use treatment and supports	7
Culturally and linguistically specific or responsive substance use providers & care	8
Dual Diagnosis (for substance use & mental health) services & supports	10
Substance Use Housing Supports -- rent assistance, supported housing for those who need it, in home supports for basic needs, in home supports for medication management, case management/care coordination	8
Substance Use Prevention Services - Substance Use Prevention, Suicide Prevention, Safe Storage, Overdose Prevention	11

2. Behavioral Health Promotion and Prevention (BHPP): CCBHD worked with Clackamas County Public Health on the BHPP and reviewed local data, reports and evidence of need to drive goal strategies, how they align with existing local prevention and promotion strategies, how they prioritize the determinants of behavioral health and wellness, and how they develop and maintain healthy communities, build skill development and enhance social-emotional competence across the lifespan. There are several areas that support CCBHD interventions upstream, though those are lower priority populations in the CFAA and CCBHD passes through funding to Public Health to carry out BHPP activities. Based on data, CCBHD identified a need to focus on youth (see charts below).

Figure 6: Student Self-harm Behaviors by State and Clackamas County

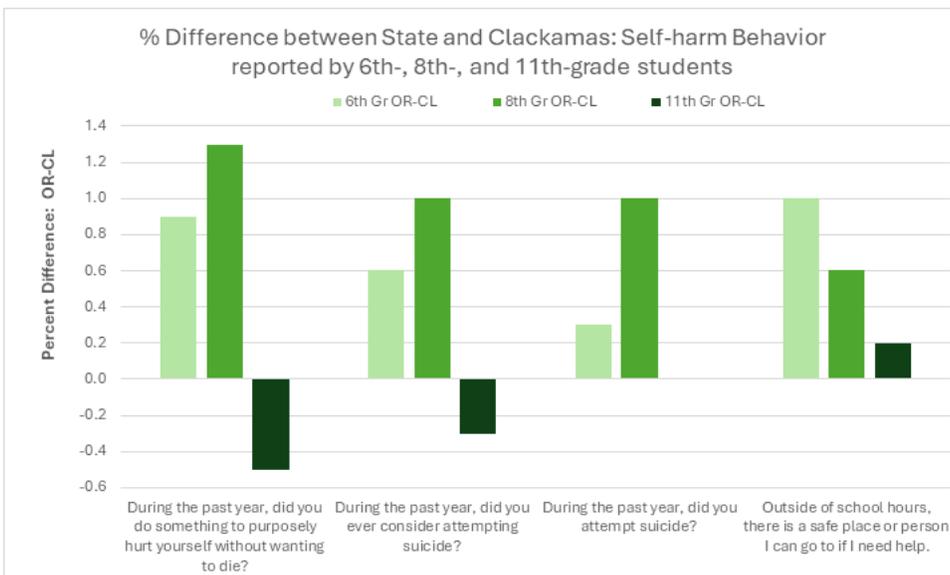
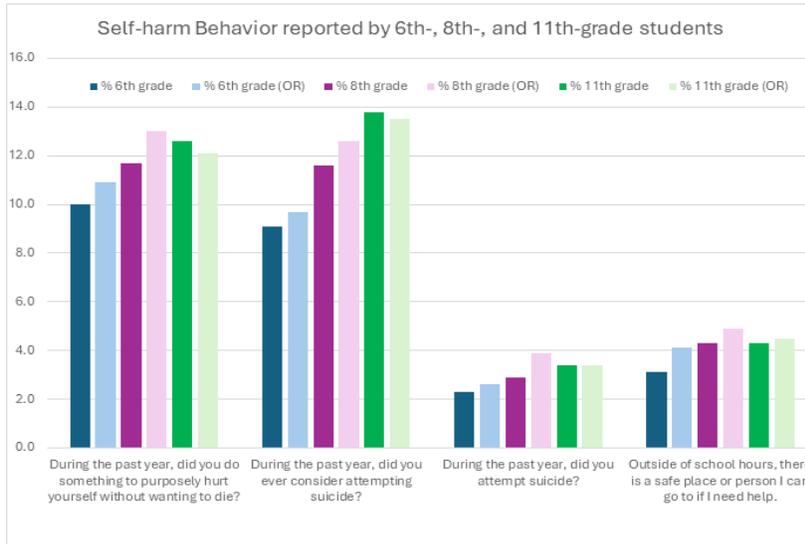


Figure 7: Student Self-harm Behavior survey responses



Here is a summary of the four BHPP goals and associated strategies:

Strategic Goal #1: Promote mental health and well-being across the lifespan by creating protective environments that help people stay healthy and reduce the need for mental health care.

1. Promote programs that reduce isolation and build connection (e.g., men’s sheds, peer groups, community cafes)
2. Provide stress reduction and emotional regulation opportunities in community settings.
3. Destigmatize mental health and promote early help-seeking through public messaging.
4. Develop culturally responsive campaigns in partnership with BIPOC, LGBTQIA2S+, Veteran, and older adult communities.

Strategic Goal #2: Equip communities to recognize and respond to suicide risk

1. Deliver evidence-based trainings such as QPR, Be Sensitive Be Brave, and CALM.
2. Provide technical assistance and consultation to community organizations.
3. Create culturally and linguistically relevant resources with diverse community organizations.
4. Promote trauma-informed, equity-centered education.

Strategic Goal #3: Empower individuals and communities by increasing health literacy and

resilience to support lifelong mental health and well-being.

1. Provide culturally and linguistically relevant mental health education
2. Integrate clear, supportive messaging into public health campaigns and services.
3. Normalize help-seeking as an act of courage and strength.
4. Build capacity within communities most affected by suicide, such as older white men and rural residents.

Strategic Goal #4: Expand Access to Lethal Means Safety

1. Offer lethal means safety training.
2. Distribute secure storage items (e.g., lockboxes, safes).
3. Deliver safety messaging through culturally relevant platforms, including but not limited to the firearm community.

Part IV: Description of Unmet Service Needs and Critical Gaps

1. Description of unmet needs by priority populations: CCBHD completed a final analysis of both community and stakeholder engagement and CCBHD staff engagement. The overall themes identified across engagement activities apply to specific priority populations and the System of Care in general. Unmet needs were identified in the areas of timely and sufficient access to services, sufficient outpatient and residential services at all levels of care, a broader array of mobile crisis services and crisis follow-up, and short-term or bridge services for people coming out of involuntary services or hospitals for adults. Also identified were internal CCBHD improvements, including data collection and documentation workflows in Dr. Cloud, potential efficiencies gained in intra-team coordination and communication, general de-siloing, understanding outcomes, both with CCBHD-delivered services and contracted services.

Priority Population	Unmet Needs
<i>Priority 1 – Involuntary and Mandated Services: Aid and Assist</i>	<ul style="list-style-type: none"> • Insufficient residential treatment and secure residential treatment capacity. • Insufficient community services for people when they return – including residential treatment, outpatient support, housing or housing supports.
<i>Priority 1 – Involuntary and Mandated Services: PSRB/JPSRB</i>	No unmet needs identified
<i>Priority 1 – Involuntary and Mandated Services: Civil Commitment</i>	<ul style="list-style-type: none"> • Insufficient support at re-entry • Insufficient residential SUD and MH services for adults • Access to housing, including adult foster homes, SRO, in-home supports • Insufficient case management and clinical support to ensure people thrive in the community when off

	commitment.
<p><i>Priority 2 – Forensic Services</i> Jail Diversion Mental Health Services in Jail Individuals Placed on Hold but not Committed</p>	<p>No specific feedback on unmet needs for this priority population</p> <p>Note: The Clackamas County Jail has earned the National Commission on Correctional Health Care (NCCHC) Pinnacle Award, recognizing its high-quality correctional healthcare services. This achievement is based on the jail receiving NCCHC accreditation in three critical areas: health services, mental health, and opioid treatment programs (OTP).</p> <p>CCBHD provides care coordination for people at re-entry and follow-up support post-hospitalization, but there is room to remove some internal barriers to accessing those services.</p>
<p><i>Priority 3 – At Risk of Hospitalization and Crisis: Mobile Crisis</i></p>	<ul style="list-style-type: none"> • The criteria for receiving mobile outreach services are not understood • Need for a broader array of crisis and mobile services, so response was more effective.
<p><i>Priority 3 – At Risk of Hospitalization and Crisis: Crisis Walk-In Clinic</i></p>	<ul style="list-style-type: none"> • Timely access to psychiatric provider or same day/next day access • Internal barriers to working with law enforcement for drop-off • More robust array of services and care coordination • More robust drop-in peer activities and/or more community awareness that services are available
<p><i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder: Prevention</i></p>	<p>Primary prevention is a priority and should receive more funding - prevention has been proven to be successful, yet the focus of resources is intervention and treatment</p>
<p><i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional</i></p>	<ul style="list-style-type: none"> • Insufficient housing resources to support people with behavioral health

<i>Disturbance or Substance Use Disorder:</i> Housing	<p>issues</p> <ul style="list-style-type: none"> • More supportive services to keep people housed • Need more access to housing at various levels of care • Shelter and housing resources for youth
<i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder:</i> Culturally Specific Services	<ul style="list-style-type: none"> • Need more culturally specific services/staff • Need more bi-lingual and bi-cultural staff, services and providers • Better strategies to increase the workforce. • Culturally specific services can require more skills and abilities than is recognized; fee levels should reflect the additional skill
<i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder:</i> Rural Communities	<ul style="list-style-type: none"> • Greater access for rural communities, particularly for crisis situations. • More transportation options

2. Addressing unmet needs and gaps identified in the needs assessment:

CCBHD is currently working on a restructuring of service delivery to align with CFAA priority areas and will develop an implementation plan and timeline between January and June of 2026 to address unmet needs and improvements identified above, with workstreams across the core service areas dedicated to direct and community-based services and internal operations and systems management. In the immediate term, the gap in care coordination created by reduction in CCO funding necessitates the development of a new care coordination team for adults with complex needs, ATLAS, as referenced above, which will be comprised of at least 6.0 FTE and will work closely with embedded care coordination in priority areas. CCBHD will leverage the Integrated Behavioral Health Teams in our Clackamas County FQHC Health Centers and School Health Centers to support children, youth and adults who are at risk of or have developed a behavioral health condition.

CCBHD plans to address the unmet needs identified above in each priority population through an ongoing planning and implementation project targeting the Unmet needs identified in the table below. An implementation timeline will be developed over the next 6 months and CCBHD expects that new or amended workstreams may emerge during the planning process.

Priority Population	Addressing Unmet Needs
<i>Priority 1 – Involuntary and Mandated Services: Aid and Assist</i>	<p>Focus on enhanced support for people re-entering the community from locked care. This will include:</p> <ul style="list-style-type: none"> • Direct linkage to Adult Care Coordination and potential to embed additional care coordination with the team. • Addressing communication and referral process barriers with community residential and housing providers. • Leveraging the walk-in clinic to provide coordinated outpatient support until the client can establish or re-establish with community providers. Note – this may look like an ICM-lite or similarly enhanced level of touch, to be determined. • Work with community providers to expand access to ACT and/or ICM services available in our community.
<i>Priority 1 – Involuntary and Mandated Services: PSRB/JPSRB</i>	No change.
<i>Priority 1 – Involuntary and Mandated Services: Civil Commitment</i>	<p>Focus on enhanced support for people re-entering the community from locked care, similar to Aid and Assist. This will include:</p> <ul style="list-style-type: none"> • Direct linkage to Adult Care Coordination and potential to embed additional care coordination with the team. • Addressing communication and referral process barriers with community residential and housing providers. • Leveraging the walk-in clinic to provide coordinated outpatient support until the client can establish or re-establish with community providers. Note – this may look like an ICM-lite or similarly enhanced level of touch, to be determined. • Work with community providers to expand access to ACT and/or ICM services available in our community.
<i>Priority 2 – Forensic Services Jail Diversion Mental Health Services in Jail Individuals Placed on Hold but not</i>	<ul style="list-style-type: none"> • Continue providing care coordination for people at re-entry and follow-up support post-hospitalization. • Remove some internal barriers to accessing

Committed	<p>those services.</p> <ul style="list-style-type: none"> • Merge with Aid and Assist team to support cross-functional needs and care coordination.
<i>Priority 3 – At Risk of Hospitalization and Crisis: Mobile Crisis</i>	<ul style="list-style-type: none"> • Develop a public communication campaign to educate the public on mobile crisis • Develop workflows that allow Mobile Crisis follow up interventions for adults to leverage outpatient services at the Walk-In Clinic
<i>Priority 3 – At Risk of Hospitalization and Crisis: Crisis Walk-In Clinic</i>	<ul style="list-style-type: none"> • Develop a scheduling protocol to allow for timely access to psychiatric provider or same day/next day access • Assess and amend protocols to improve working with law enforcement for drop-off • Leveraging the walk-in clinic to provide coordinated outpatient support until the client can establish or re-establish with community providers. Note – this may look like an ICM-lite or similarly enhanced level of touch, to be determined. • Develop and disseminate information to support an increase in volume for drop-in peer activities and promote community awareness that services are available
<i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder:</i> Prevention	<ul style="list-style-type: none"> • CCBHD will leverage our Public Health partnership to ensure BHPP goals are met or amended as needed. • Leverage walk-in clinic expansion, and mobile crisis and the crisis stabilization center to connect people to services and avoid hospitalization, forensic involvement and future crises.
<i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder:</i> Housing	<ul style="list-style-type: none"> • CCBHD will work collaboratively with our HCDD partners on the HUD NOFO application to expand treatment housing in the community for mental health and SUD. • CCBHD will review VRAP and rental assistance programs to ensure we are maximizing those funds.

<p><i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder:</i> Culturally Specific Services</p>	<ul style="list-style-type: none"> • CCBHD will partner with the Tri-County Alliance for Culturally Specific Services to understand barriers and develop more seamless pathways into those services.
<p><i>Priority 4 – Individuals who have or are at risk for developing a Mental or Emotional Disturbance or Substance Use Disorder:</i> Rural Communities</p>	<ul style="list-style-type: none"> • CCBHD will develop a public communication campaign to educate the public on mobile crisis, potentially partnering with libraries

3. Crisis Stabilization Center:

CCBHD opened a voluntary Crisis Stabilization Center and has contracted with Clarvida to operate 8 chairs. This has been an identified gap that will help support people in that third priority and potentially reduce psychiatric inpatient stays and Emergency Department visits for mental health conditions. The Crisis Stabilization Center will be accessible to our MCRT as well as law enforcement. In addition, HCDD is contracting with The Father’s Heart to operate a 12 bed short-term transitional housing program attached to the Crisis Stabilization Center.

The Crisis Stabilization Center operating costs are funded through CareOregon for the first 12 months as long as that funding stays stable, and CCBHD is participating in multiple workgroups with OHA and AOCMHP to explore potential changes to statutory requirements, rule sets, and rate requirements.

Part V: Metrics

1. CCBHD identified how the required metrics in each Core Service Area are tracked including how we accomplish the reporting, the report frequency and any system or partner involvement. We will build these metrics into our electronic health record and train our staff on the new reporting requirements as part of our implementation process. See Attachment 5 for a full description of how metrics are tracked, including responsible parties or teams and cadence of reporting. Additionally, all required reports are tracked on an internal monitoring system and communicated to staff and contracted providers.
2. CCBHD does not wish to report any additional metrics at this time, however an assessment of our internal performance and utilization data points will likely lead to collecting more thorough information for future program development.

Part VI: Budget Narrative

1. Yes, CCBHD coordinates with the budgetary cycles of state and local governments that provide funding for behavioral health services. CCBHD is housed within the Clackamas County government. Therefore, the Division complies with and develops its

budget in coordination with the local government budget cycle. Additionally, the county budget cycle follows the same fiscal year calendar as the state budget cycle, with the primary difference being the County's annual budget cycle as opposed to the state's biennial budget cycle.

2. As indicated in the budget template, the majority of resources are spent on consumers and administrative expenses are minimized. This methodology, however, has created an administrative infrastructure that is frankly too lean to meet the support needs of the organization, and part of the upcoming assessment will likely shift some additional resources to administrative function, or at the very least restructure how the current resources are allocated.

Throughout the budget template, CCBHD identifies County General Fund as an "Other Public Funding Stream". These funds come from the Behavioral Health Division's Fund Balance, which includes one-time carryover funds for special projects, underspent. The fund balance is made up of revenue from previous fiscal years, and funds moved out of settlement from previous biennium cycles as the Community Mental Health Plan, and has been used in prior years to fund ongoing operations to fill gaps.

CCBHD will receive an allocation of \$133,896.75 effective January 1, 2026. This funding stream is not delineated from the 804 Mental Health General Fund funding stream in the budget template. Invoiced services funds will be used to fund Residential Treatment Services provided by Columbia Care and Cascadia Health. At the direction of OHA, residential treatment services funded by invoiced services funding are not reflected in the updated budget template. See "Residential & Housing" tab in the Attachment 1 - Budget for further detail.

Other funding streams indicated as "CCO Funding" reflect revenue from CareOregon or Trillium Community Health Plan primarily made up of Medicaid pass-through funds. CCBHD does not receive Medicaid revenue directly from billable services. Billable revenue has been extremely limited in the past two fiscal years. All leveraged Medicaid funding sources are reflected in CCO revenue indicated throughout the budget template. Where possible, CCBHD leverages CCO revenue to compliment CFAA funded services to ensure appropriate service delivery capacity. CCBHD does not track revenue spent by age across funding streams and this level of reporting is not required by funders. Therefore, a breakdown of CFAA funds by the three identified age ranges is not provided.

Historically, CCBHD has received a fraction of the funding needed to operate forensic programs to meet statutory requirements via its CFAA revenue through the Community Mental Health Plan agreement. The majority of operating costs have been funded by the Division's fund balance in years past. The updated budget template reflects forensic programs fully funded by CFAA revenue in line with prioritization of required services. It is important to note that current staffing levels for forensic programs may not be sufficient to meet the community needs and service requirements outlined in statute and the CFAA. CCBHD anticipates that

staffing expenses for forensic programs will increase in the coming months as system redesign activities get underway and resources are redeployed to meet community and contractual needs. Forensic program expenses are primarily reflected on the “Forensic & Involuntary” tab, while some block grant-funded forensic expenses are reflected on the “Block Grants” tab. Clackamas County did not complete the “General-Indirect Admin” tab because all indirect and administrative services are directly attributed to individual core service areas.

3. As referenced in Part II, CCBHD has restructured its Block-Grant funded programming in the upcoming CFAA cycle, and the table of funded services indicates where Block Grant funding is used to supplement existing resources and not supplant them. Block Grant funds are used to supplement other CFAA funding streams where revenue is insufficient to cover staffing and administrative costs. Because OHA is responsible for fully funding forensic programs as outlined in the CFAA, there is no risk in supplanting other revenue sources for this program area. As noted in the budget template, CCBHD has historically received limited CCO funding for Jail Discharge services. However, with diminishing CCO revenue, CCBHD no longer receives this revenue despite increased service needs. As a reflection of this reduction, CCBHD has eliminated one position on its Jail Discharge Services Team. Additionally, Outpatient Mental Health and Substance Use Disorder subrecipient agreements with Parrott Creek Child and Family Services and Lifeworks NW funded by Block Grant revenue, have historically been funded by CFAA service elements Mental Health Services 20 and Alcohol and Drug 66. Both of these service elements have historically passed through block grant funds via the CFAA. Therefore, the utilization of the Block Grant funds for these agreements is consistent with historic practices and does not supplant other revenue sources.

CCBHD uses a complex chart of accounts to track spending and revenue across service elements in the CFAA. The chart of accounts has enabled the division to track contract and grant agreements as well as individual staff members funded by specific service elements. Tracking and monitoring at the service element level has also enabled the Division to separate federal and state funding sources to ensure fiscal compliance with additional federal funding requirements. The CMHP agreement has historically been assigned a single project code, with each service element assigned an activity code to track spending and revenue at a granular level. Until now, this has meant that the Division has tracked CMHP revenue and spending across 15-20 unique financial categories. With the incorporation of requirements to track revenue sources, core service areas, and program areas, CCBHD anticipates that the administrative burden of financial reporting and management will double under the new CFAA. This is particularly concerning given that the CFAA funding allocation remains static without additional funds to support the significant increase in the administrative burden.

Part VII: Description of Technical Assistance Needs

Required Outcomes and Financial Reporting

CCBHD is concerned that we will not have sufficient time to build the data fields and

collection needs into our EHR in time to report, and we may need technical assistance in ensuring we set our reporting system up to reflect the changes.

As mentioned throughout, CCBHD is concerned that our overall budget, including revenue from the CFAA and other sources, is insufficient to meet the requirements of the priority areas to sufficient compliance. So many of the more complex services targeted in the first two priorities have nuanced needs that will require continuous improvement to our service delivery while becoming more efficient and leaner.

CCCBHD is interested in any technical assistance or grants that may be available to support the start-up/implementation costs for additional community-based capacity for outpatient services. We are particularly interested in ACT or ICM, Day Treatment or Partial Hospitalization, and IOP.

Part VIII: Required Attachments

All attachments sent as separate documents.

Attachment 1 – Budget

Attachment 2 – Current Organizational Chart

Attachment 3 – Key Contacts

Attachment 4 - List of Subcontractors

Attachment 5 - Metrics

Overview and Purpose

The 2026-2027 CFAA Budget template outlines the projected income and expenses for services funded fully or partially by the CFAA from **January 1, 2026, to June 30, 2027**.

This template is flexible, allowing each CMHP to categorize or group items as needed. However, to meet State and Federal reporting requirements, funding for specific programs or services must be clearly identified.

Tips for completing the requested information are included at the top of each workbook and **complete instructions are available at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>**.

Instructions for Completing this Template

1. Select your organization's county from the drop-down box in **Cell E3**. This input will auto-populate **Cell E4**.
2. Complete the information in **Cell E6, Cell E7, Cell E8, and Cell E9**.
3. All cells in this workbook that are shaded "yellow" are intended for input.
4. **This workbook includes "protected" cells in each tab. If you encounter an error message, that is because you are trying to enter data or modify the structure of the workbook.**

CFAA Te

County (Select Drop-Down):

CMHP Name (auto populated):

Reporting Period (Select Drop-Down):

Prepared Data (Input Date mm/dd/yyyy):

Prepared by (Input Name):

Contact Email (Input):

Contact Phone:

TEMPLATE KEY:

INPUT / ENTER INFORMATION

INFORMATION / FORMULA / CALCULATION

Template Submitter Information

Clackamas
Clackamas County Health and Human Services
January 1, 2026 - June 30, 2027
12.10.2025
Allie Alexander
aalexander@clackamas.us
971-494-0819

Acronym	Definition
CFAA	County Financial Assistance Agreements
CSA	Core Service Area
BHPP	Behavioral Health Promotion and Prevention
MH	Mental Health
BG	Block Grant
EASA	Early Assessment and Support Alliance
SUPTRS	Substance Use Prevention, Treatment, and Recovery Services
SUD	Substance Use Disorder
MRSS	Mobile Response and Stabilization Services

About this Tab

- You **are not** asked to input any values in this tab.
- This tab serves as a summary of all the expenses and funding from the other tabs.
- Please review and verify that the summary totals in this tab are accurate.

Personnel	
Employed Staff	Total Expense (Salary + Benefits)
General/Indirect Admin	\$ -
System Management	\$ 801,542.16
Crisis Services	\$ 5,018,244.57
Forensic & Involuntary Services	\$ 2,589,764.81
Outpatient & Community-Based Services	\$ 275,540.58
Residential & Housing Services	\$ 1,444,561.14
Behavioral Health Promotion & Prevention	\$ -
Block Grant Funded Services	\$ 1,009,907.88
TOTAL	\$ 11,139,561.14
Contracted Staff	Total Expense (Salary + Benefits)
General/Indirect Admin	\$ -
System Management	\$ -
Crisis Services	\$ 475,512
Forensic & Involuntary Services	\$ 330,648
Outpatient & Community-Based Services	\$ -
Residential & Housing Services	\$ 95,509
Behavioral Health Promotion & Prevention	\$ -
Block Grant Funded Services	\$ -
TOTAL	\$ 901,668.71

Contracted Services	
	Total Expense
General/Indirect Admin	\$ -
System Management	\$ -
Crisis Services	\$ 3,848,531.73
Forensic & Involuntary Services	\$ 60,000.00

Outpatient & Community-Based Services	\$	2,215,633.07
Residential & Housing Services	\$	1,039,689.48
Behavioral Health Promotion & Prevention	\$	61,672.65
Block Grant Funded Services	\$	91,223.17
TOTAL	\$	7,316,750.10

CSA Administrative Costs	
	Total Expense
General/Indirect Admin	\$ -
System Management	\$ 215,077.98
Crisis Services	\$ 1,030,052.92
Forensic & Involuntary Services	\$ 728,885.65
Outpatient & Community-Based Services	\$ 59,452.21
Residential & Housing Services	\$ 371,292.78
Behavioral Health Promotion & Prevention	\$ -
Block Grant Funded Services	\$ 209,828.52
TOTAL	\$ 2,614,590.07

CSA Totals	
	Total Expense
General/Indirect Admin	\$ -
System Management	\$ 1,016,620.15
Crisis Services	\$ 10,372,340.92
Forensic & Involuntary Services	\$ 3,709,298.19
Outpatient & Community-Based Services	\$ 2,550,625.86
Residential & Housing Services	\$ 2,951,052.69
Behavioral Health Promotion & Prevention	\$ 61,672.65
Block Grant Funded Services	\$ 1,310,959.57
TOTAL	\$ 21,972,570.01

Age-Specific CFAA Funding	
	Amount
Children/Youth - Under 18	\$ -
YAT - Age 14-25	\$ -
Older Adults - 60+	\$ -
TOTAL	\$ -

FTE Counts

Employed Staff	FTE Count
General/Indirect Admin	-
System Management	3.34
Crisis Services	14.50
Forensic & Involuntary Services	12.90
Outpatient & Community-Based Services	1.00
Residential & Housing Services	5.80
Behavioral Health Promotion & Prevention	-
Block Grant Funded Services	1.10
TOTAL	38.64
Contracted Staff	FTE Count
General/Indirect Admin	-
System Management	-
Crisis Services	5.50
Forensic & Involuntary Services	2.40
Outpatient & Community-Based Services	-
Residential & Housing Services	1.75
Behavioral Health Promotion & Prevention	-
Block Grant Funded Services	-
TOTAL	9.65



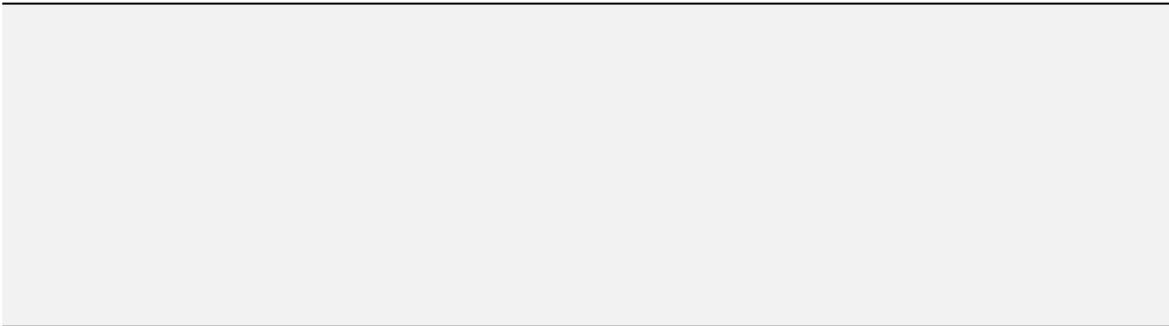
301 - MHBG			307 - MHBG EASA			309 - MHBG Crisis		
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\$	444,036.50		\$	-		\$	-	
\$	444,036.50		\$	-		\$	-	
301 - MHBG			307 - MHBG EASA			309 - MHBG Crisis		
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\$	-		\$	-		\$	105,618.43	
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\$	-		\$	-		\$	105,618.43	

301 - MHBG			307 - MHBG EASA			309 - MHBG Crisis		
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\$	-	\$	211,236.86	\$	-
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\$	-	\$	-	\$	-
\$	91,223.17	\$	-	\$	-
\$	91,223.17	\$	211,236.86	\$	-

301 - MHBG		307 - MHBG EASA		309 - MHBG Crisis	
\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	91,223.17	\$	-	\$	-
\$	91,223.17	\$	-	\$	-

301 - MHBG		307 - MHBG EASA		309 - MHBG Crisis	
\$	626,482.84	\$	211,236.86	\$	105,618.43



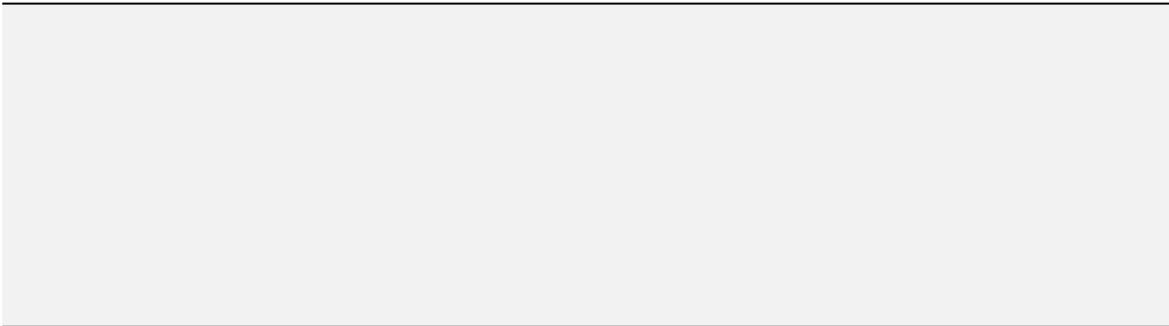
401 - Marijuana Tax	406 - Tobacco Tax	407 - 988 Tax Revenue
\$ -	\$ -	\$ -
\$ -	\$ 801,542.16	\$ -
\$ -	\$ -	\$ 1,650,638.35
\$ -	\$ 271,288.88	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 1,072,831.04	\$ 1,650,638.35
401 - Marijuana Tax	406 - Tobacco Tax	407 - 988 Tax Revenue
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 70,126.06
\$ -	\$ 40,138.43	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 40,138.43	\$ 70,126.06

401 - Marijuana Tax	406 - Tobacco Tax	407 - 988 Tax Revenue
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\$	-	\$	61,672.65	\$	-
\$	-	\$	-	\$	-
\$	-	\$	61,672.65	\$	-

401 - Marijuana Tax		406 - Tobacco Tax		407 - 988 Tax Revenue	
\$	-	\$	-	\$	-
\$	-	\$	215,077.98	\$	-
\$	-	\$	-	\$	330,417.30
\$	-	\$	40,138.43	\$	-
\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	255,216.41	\$	330,417.30

401 - Marijuana Tax		406 - Tobacco Tax		407 - 988 Tax Revenue	
\$	-	\$	1,429,858.53	\$	2,051,181.71



CFAA Funding

411 - Tobacco Settlement	421 - Beer & Wine Tax	450 - Marijuana Tax (40%)
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ 471,544.16	\$ -	\$ -
\$ -	\$ -	\$ -
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\$ -	\$ -	\$ -
\$ 471,544.16	\$ -	\$ -

411 - Tobacco Settlement	421 - Beer & Wine Tax	450 - Marijuana Tax (40%)
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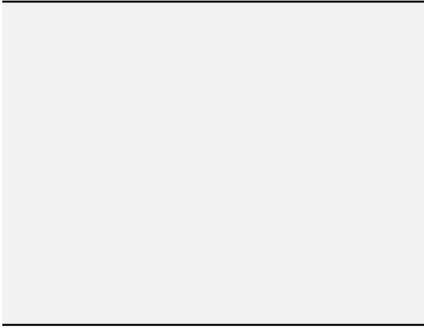
CFAA Funding

411 - Tobacco Settlement	421 - Beer & Wine Tax	450 - Marijuana Tax (40%)
\$ -	\$ -	\$ -
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\$	153,594.84	\$	347,177.75	\$	837,827.10
\$	-	\$	60,251.47	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	153,594.84	\$	407,429.22	\$	837,827.10

CFAA Funding					
411 - Tobacco Settlement		421 - Beer & Wine Tax		450 - Marijuana Tax (40%)	
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	103,879.12	\$	-	\$	-
\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	103,879.12	\$	-	\$	-

CFAA Funding Totals					
411 - Tobacco Settlement		421 - Beer & Wine Tax		450 - Marijuana Tax (40%)	
\$	729,018.12	\$	407,429.22	\$	837,827.10



520 - SUPTRS BG	804 - MH General Fund	806 - MH New Investments
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 2,497,922.17	\$ 233,883.96
\$ -	\$ 1,826,285.63	\$ 454,219.19
\$ -	\$ 275,540.58	\$ -
\$ -	\$ 720,365.45	\$ 724,195.69
\$ -	\$ -	\$ -
\$ 565,871.38	\$ -	\$ -
\$ 565,871.38	\$ 5,320,113.83	\$ 1,412,298.84
520 - SUPTRS BG	804 - MH General Fund	806 - MH New Investments
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 299,767.21	\$ -
\$ -	\$ 209,587.67	\$ 114,229.64
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 95,509.29
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 509,354.88	\$ 209,738.93

520 - SUPTRS BG	804 - MH General Fund	806 - MH New Investments
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 60,000.00	\$ -

\$	-	\$	341,232.16	\$	291,770.44
\$	-	\$	285,139.75	\$	694,298.26
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	686,371.91	\$	986,068.70

520 - SUPTRS BG		804 - MH General Fund		806 - MH New Investments	
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	492,520.52	\$	103,235.98
\$	-	\$	530,451.95	\$	158,295.25
\$	-	\$	59,452.21	\$	-
\$	-	\$	150,197.60	\$	221,095.18
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	1,232,622.28	\$	482,626.41

520 - SUPTRS BG		804 - MH General Fund		806 - MH New Investments	
\$	565,871.38	\$	7,748,462.89	\$	3,090,732.88

807 - SUD General Fund	815 - MRSS	Medicaid
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 164,255.93	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
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\$ -	\$ -	\$ -
\$ -	\$ 164,255.93	\$ -
807 - SUD General Fund	815 - MRSS	Medicaid
\$ -	\$ -	\$ -
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\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

807 - SUD General Fund	815 - MRSS	Medicaid
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 436,249.20	\$ -
\$ -	\$ -	\$ -

\$	32,804.25	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	32,804.25	\$	436,249.20	\$	-

807 - SUD General Fund		815 - MRSS		Medicaid	
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
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807 - SUD General Fund		815 - MRSS		Medicaid	
\$	32,804.25	\$	600,505.13	\$	-

\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-

Other Public Funding Stream

Opioid Settle		B&W Tax		Marijuana Tax	
\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

Other Public Funding Stream

Opioid Settle		B&W Tax		Marijuana Tax	
\$	-	\$	-	\$	-

ams

M110 Funds	County GF	Other
\$ -	\$ -	\$ -
\$ -	\$ 94,637.76	\$ 71,168.43
\$ -	\$ 207,964.50	\$ 3,513,195.01
\$ -	\$ 2,436.00	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 72,360.76	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 377,399.02	\$ 3,584,363.43
M110 Funds	County GF	Other
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 335,252.12
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 335,252.12

ams

M110 Funds	County GF	Other
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 3,412,282.53
\$ -	\$ 60,000.00	\$ -

\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	327,909.00
\$	-	\$	-	\$	-
\$	-	\$	60,000.00	\$	3,740,191.53

Teams

M110 Funds	County GF	Other
\$ -	\$ -	\$ -
\$ -	\$ 70,590.81	\$ 15,427.17
\$ -	\$ -	\$ 328,467.71
\$ -	\$ 185,809.50	\$ -
\$ -	\$ 4,023.94	\$ -
\$ -	\$ 4,618.35	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 265,042.59	\$ 343,894.88

ns Totals

M110 Funds	County GF	Other
\$ -	\$ 702,441.62	\$ 8,003,701.96

Instructions for Completing this Template - Complete instructions are available at [http://www.cmhp.org/](#)

- This tab requires inputs for **Administrative** expenses and funding.
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direct employees
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employing contractors
 - 3) **Contracted Services**: Programs/service areas that are entirely contracted
 - 4) **Other Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contractor information
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more service elements

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Admin

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
<ENTER PROGRAM / CATEGORY>	\$ -

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ -	\$ -

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

1, 2026 through June 30, 2027.

ct staff.
ng contracted staff.
ted out.

r information for each table.

l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the
categories. If a CMHP receives other public funds not already listed, input the amounts in

s in this workbook and/or other services. Please allocate the staff to each service elem

	Fund Type #1	Fund Type #2
FTE Counts	Choose one...	Choose one...
-	\$ -	\$ -

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ -	\$ -	\$ -

n input the relevant CFAA Funding amount below.

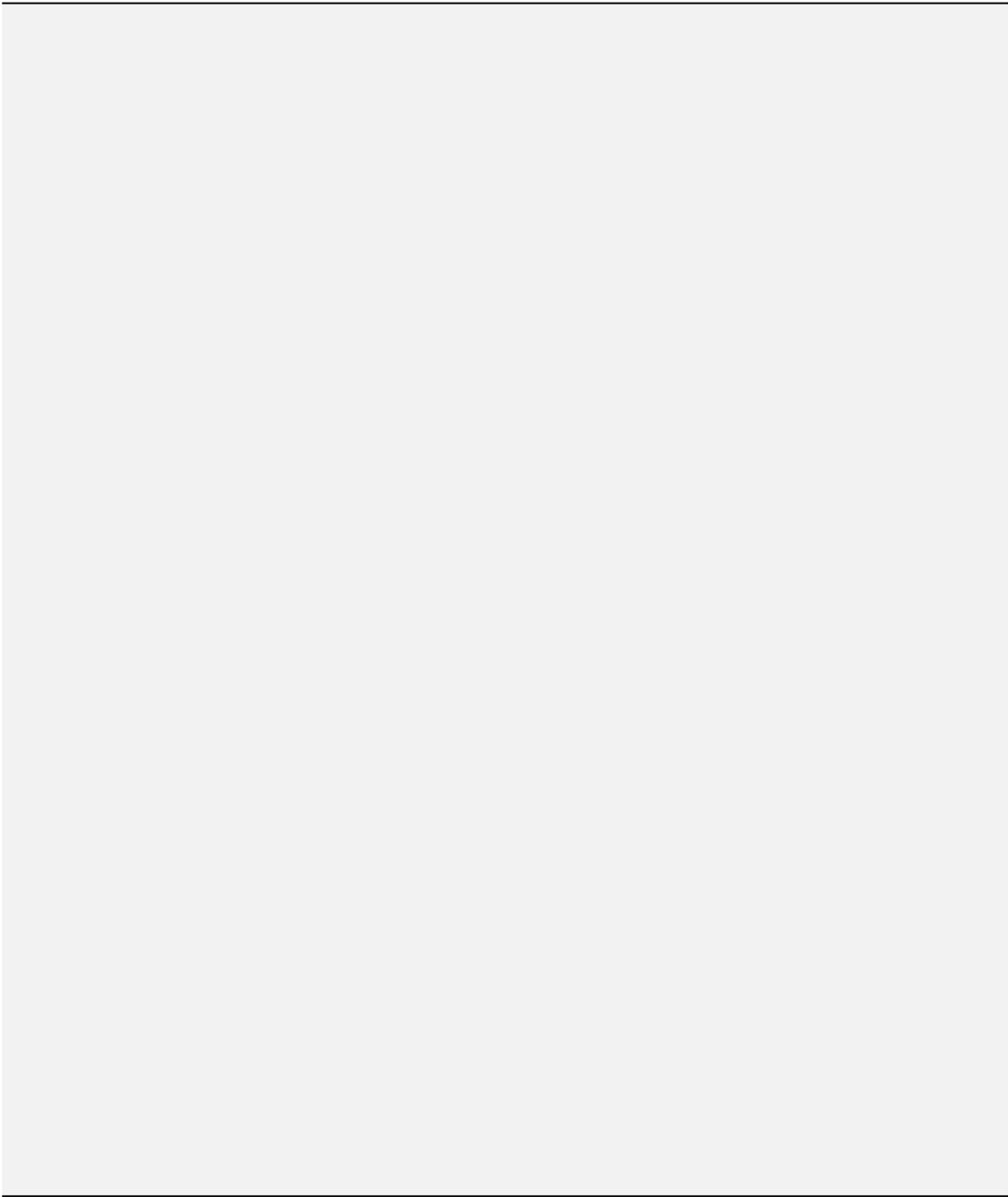
n the Other category in **column R**.

ent according to your preferred methodology, ensuring there is no duplication of FTEs. Whe

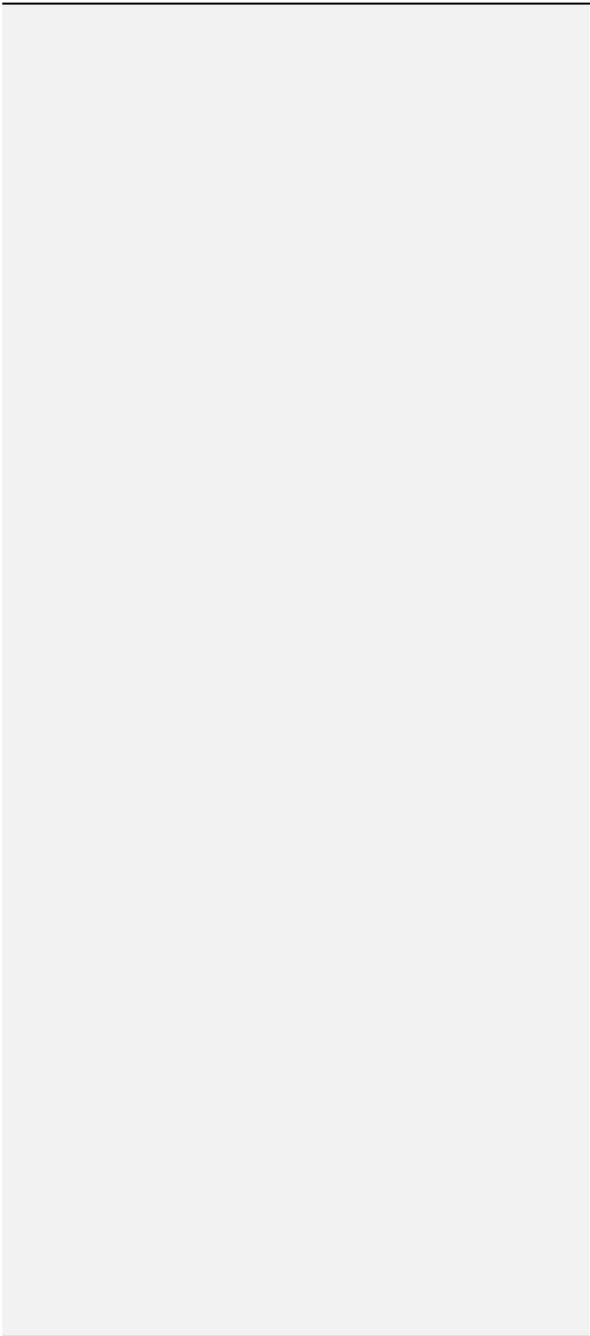
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ -



Notes

Instructions for Completing this Template - Complete instructions are available at [http://www.cmhp.org](#)

- This tab requires inputs for **System Management** expenses and funding.
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direct employees
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employing contractors
 - 3) **Contracted Services**: Programs/service areas that are entirely contracted
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contractor information
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **CSA Administrative Costs**: If applicable, input administrative costs specific to this C
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Areas

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
Protective Services	\$ -

<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ -

CSA Administrative Costs	
Category	Enter Total Expense
System Coordination- Materials & Services	\$ 26,001.98
System Coordination- Allocated Costs	\$ 102,427.05
System Coordination- Indirect Costs	\$ 86,648.96
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ 215,077.98

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ 801,542.16	\$ -

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

1, 2026 through June 30, 2027.

ct staff.
ng contracted staff.
ted out.

r information for each table and must provide estimated costs associated with CSA-sp
l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the
categories. If a CMHP receives other public funds not already listed, input the amounts in
Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1	Fund Type #2
FTE Counts	406 - Tobacco Tax	Choose one...
-	\$ -	\$ -

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ -	\$ 215,077.98	\$ 1,016,620.15

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

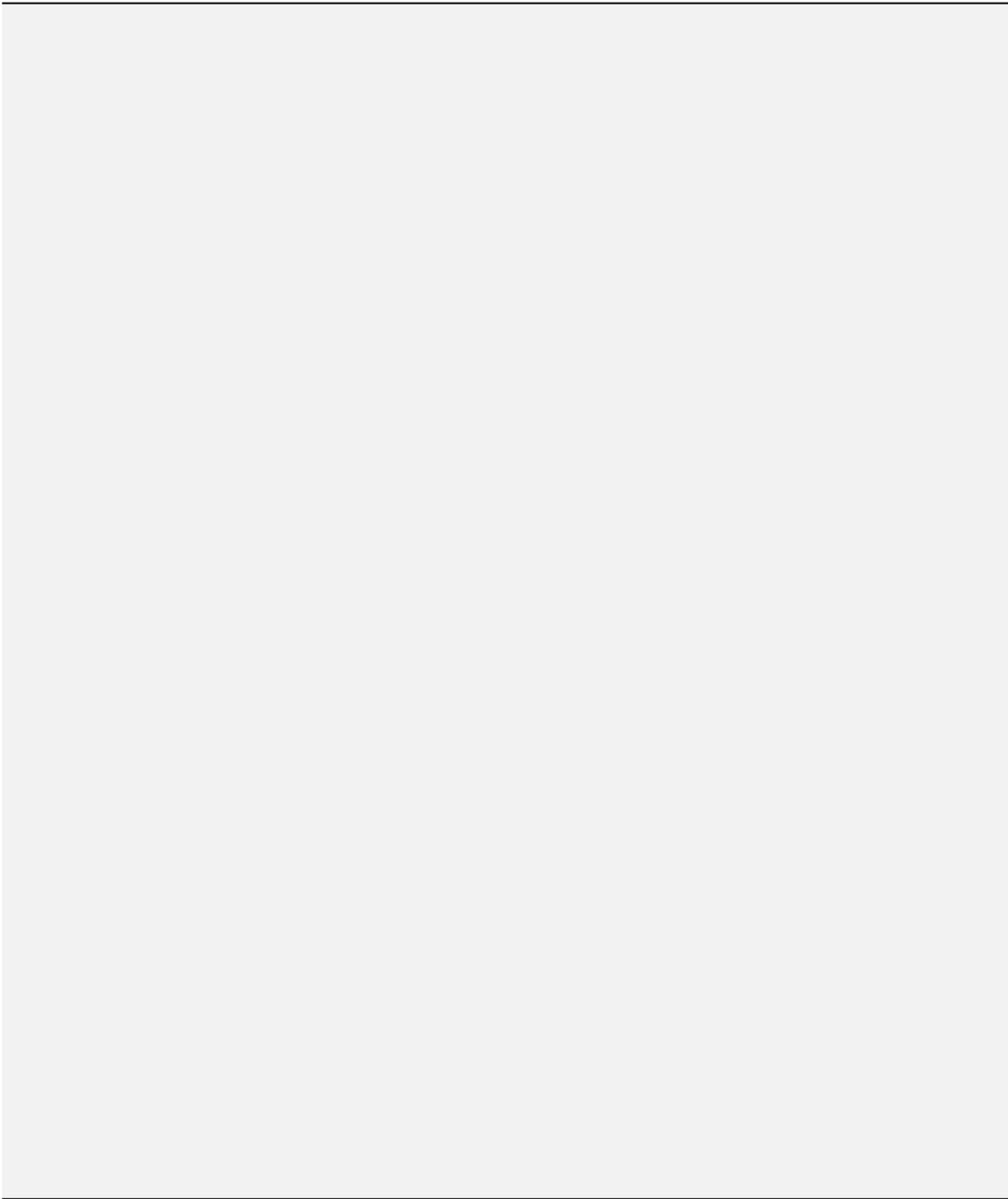
Enter the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

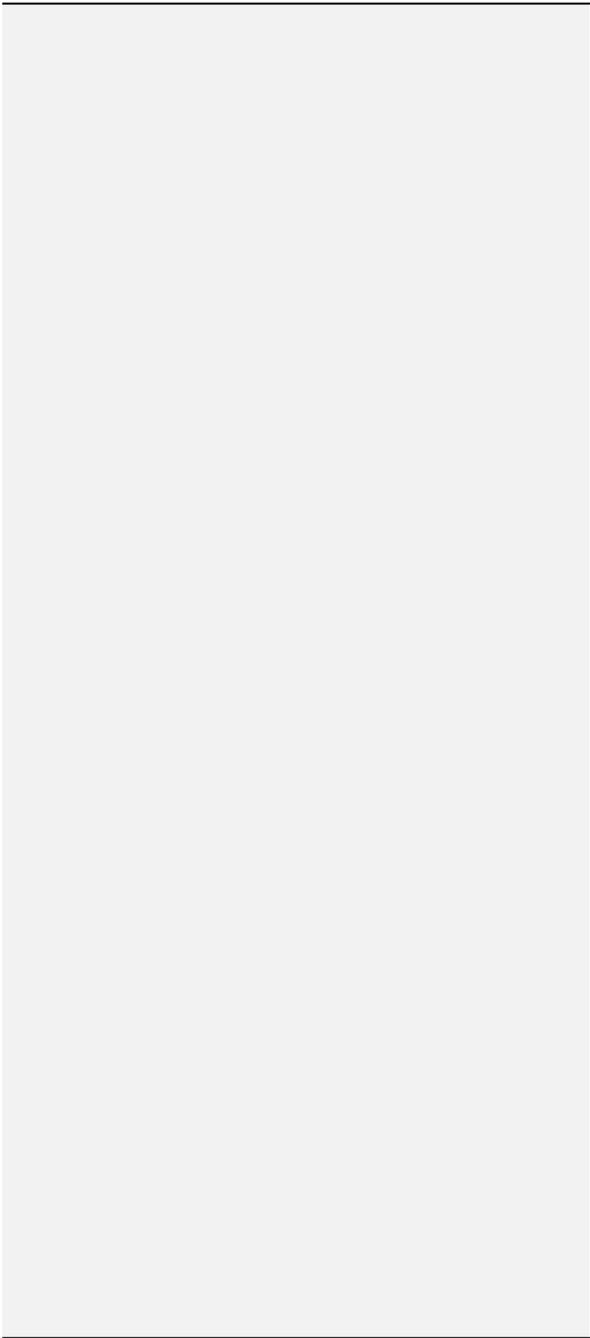
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ -



Instructions for Completing this Template - Complete instructions are available at [http://www.cmhp.ca.gov/](#)

- This tab requires inputs for **Crisis Services** expenses and funding.
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direct employees
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employing contractors
 - 3) **Contracted Services**: Programs/service areas that are entirely contracted
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contractor information
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **CSA Administrative Costs**: If applicable, input administrative costs specific to this C
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Areas

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
MCIS	\$ 3,609,183.99

<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ 3,848,531.73

CSA Administrative Costs	
Category	Enter Total Expense
Mobile Crisis- Allocated Costs	\$ 190,106.88
Mobile Crisis- Materials & Services	\$ 101,722.40
Mobile Crisis- Indirect Costs	\$ 356,544.48
Mobile Crisis Support- Allocated Costs	\$ 62,482.20
Mobile Crisis Support- Indirect Costs	\$ 86,247.15
Mobile Crisis Support- Materials & Services	\$ 5,076.00
Crisis Services Lease	\$ 21,255.00
Crisis Services Indirect Costs	\$ 67,280.01
Crisis Services- Allocated Costs	\$ 104,265.60
Crisis Services- Materials & Supplies	\$ 32,073.20
Licensure Supervision (Contractors TBD)	\$ 3,000.00
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ 1,030,052.92

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ 5,018,244.57	\$ 475,511.70

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

1, 2026 through June 30, 2027.

ct staff.
ng contracted staff.
ted out.

r information for each table and must provide estimated costs associated with CSA-sp
l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the
ategories. If a CMHP receives other public funds not already listed, input the amounts in
Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1	Fund Type #2
FTE Counts	309 - MHBG Crisis	407 - 988 Tax Revenue
8.10		\$ 1,650,638.35

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ 436,249.20	\$ 1,030,052.92	\$ 6,960,058.39

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

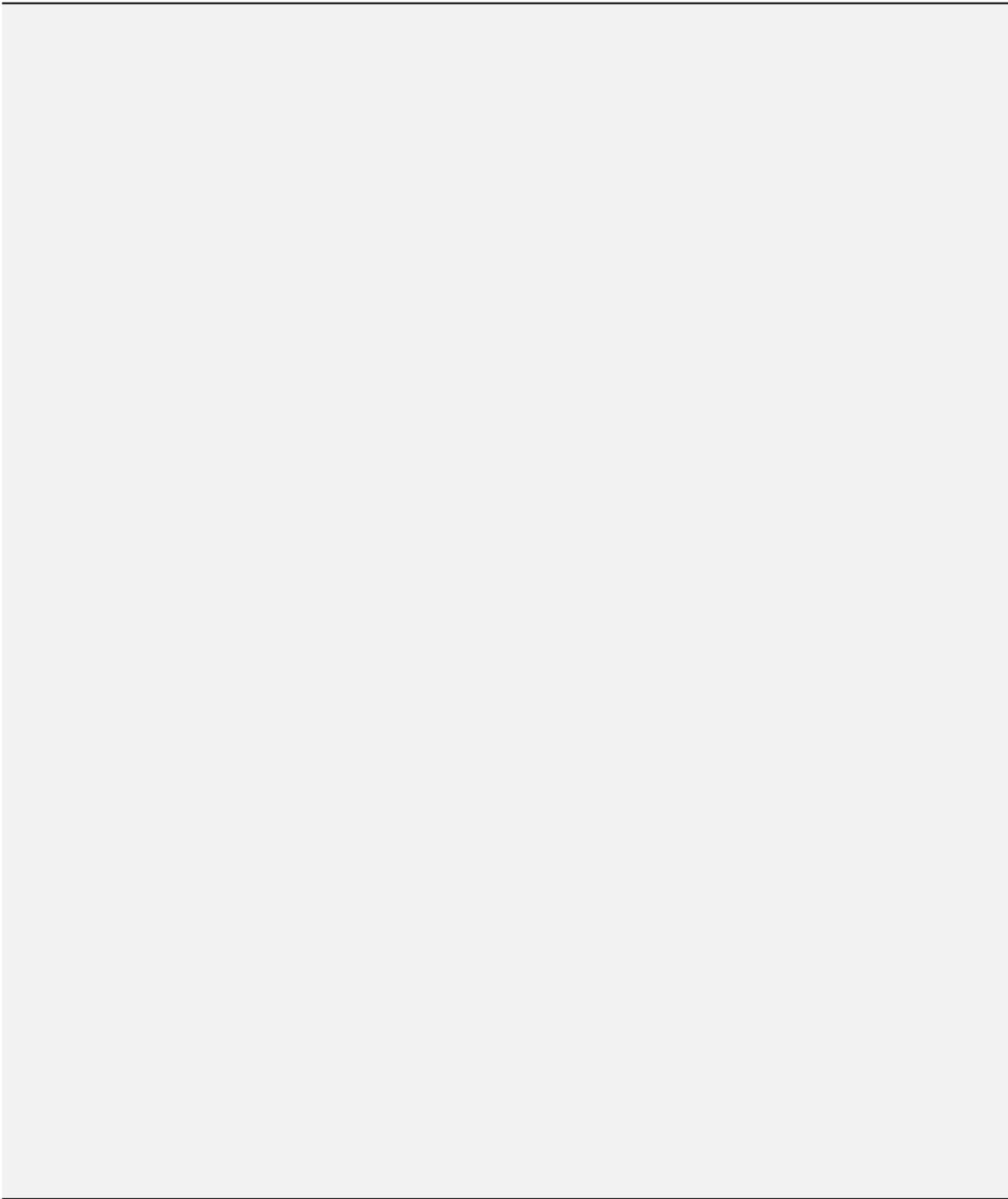
Input the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

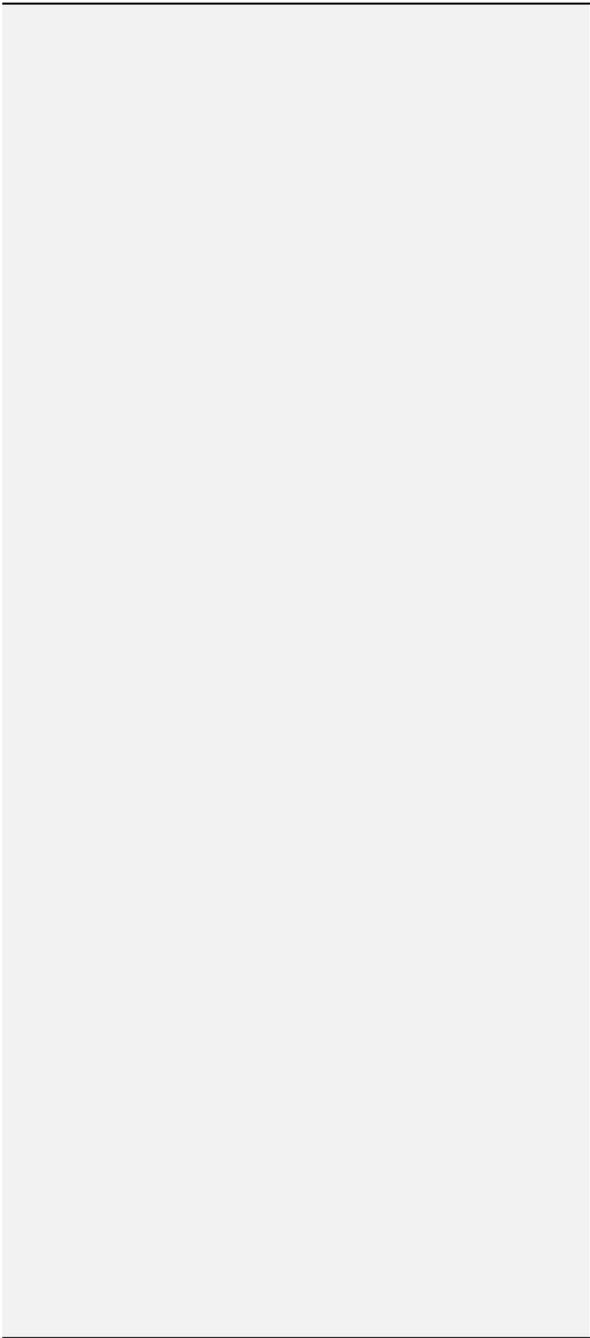
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
815 - MRSS	804 - MH General Fund	806 - MH New Investments
\$ 164,255.93	\$ 1,088,861.59	\$ 233,883.96

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
411 - Tobacco Settlement	Choose one...	Choose one...
\$ 471,544.16	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ 1,908,955.50	\$ 3,609,183.99

Notes
CCO Funding

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04.51 is CCO Funding, \$289,129.50 is interagency revenue

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Notes

CCO Funding

CCO Funding

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Notes

CCO Funding, Limited Term

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Instructions for Completing this Template - Complete instructions are available at [http://www.cmhp.org](#)

- This tab requires inputs for **Forensic & Involuntary** expenses and funding.
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direct employees
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employing contractors
 - 3) **Contracted Services**: Programs/service areas that are entirely contracted
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contractor information
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **CSA Administrative Costs**: If applicable, input administrative costs specific to this C
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Areas

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
Aid & Assist	\$ 1,043,191.34

Protective Services	\$ 271,288.88
Civil Commitment	\$ 1,075,284.60
Forensic Diversion	\$ 200,000.00
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
TOTAL	\$ 2,589,764.81

Contracted Staff

Contractor Information	Enter Total Expense (Salary + Benefits)
Aid & Assist Peer Services (FolkTime)	\$ 290,509.29
Community Navigator Differential (Contract TBD)	\$ 40,138.43
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ 330,647.72

Contracted Services

Contractor Information	Enter Total Expense
Rapid Forensic Evaluation Services (Clackamas Sheriff's Office)	\$ 37,500.00
Residential Treatment (Columbia Care)	\$ 15,000.00
Eval & Treatment for PSRB Clients Services (D. Schuesser)	\$ 7,500.00
Court Examiner Services (Al Belais)	
Court Examiner Services (contract forthcoming)	
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -

<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ 60,000.00

CSA Administrative Costs	
Category	Enter Total Expense
Aid & Assist Allocated Costs	\$ 91,274.70
Jail Discharge Allocated Costs	\$ 31,244.80
Involuntary Commitment Allocated Costs	\$ 138,433.37
Involuntary Commitment Indirect Costs	\$ 87,384.50
Jail Discharge Indirect Costs	\$ 30,637.99
Aid & Assist Indirect Costs	\$ 147,270.16
Aid & Assist: Materials & Services	\$ 137,231.31
Jail Discharge: Materials & Services	\$ 25,270.40
Protective Services- Allocated Costs	\$ 24,457.95
Protective Services- Indirect Costs	\$ 15,680.48
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ 728,885.65

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ 2,551,793.70	\$ 363,955.74

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

1, 2026 through June 30, 2027.

ct staff.
ng contracted staff.
ted out.

r information for each table and must provide estimated costs associated with CSA-sp
l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the
categories. If a CMHP receives other public funds not already listed, input the amounts in
Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1		Fund Type #2	
FTE Counts	804 - MH General Fund		806 - MH New Investments	
4.20	\$	1,043,191.34		

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ 60,000.00	\$ 728,885.62	\$ 3,704,635.06

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

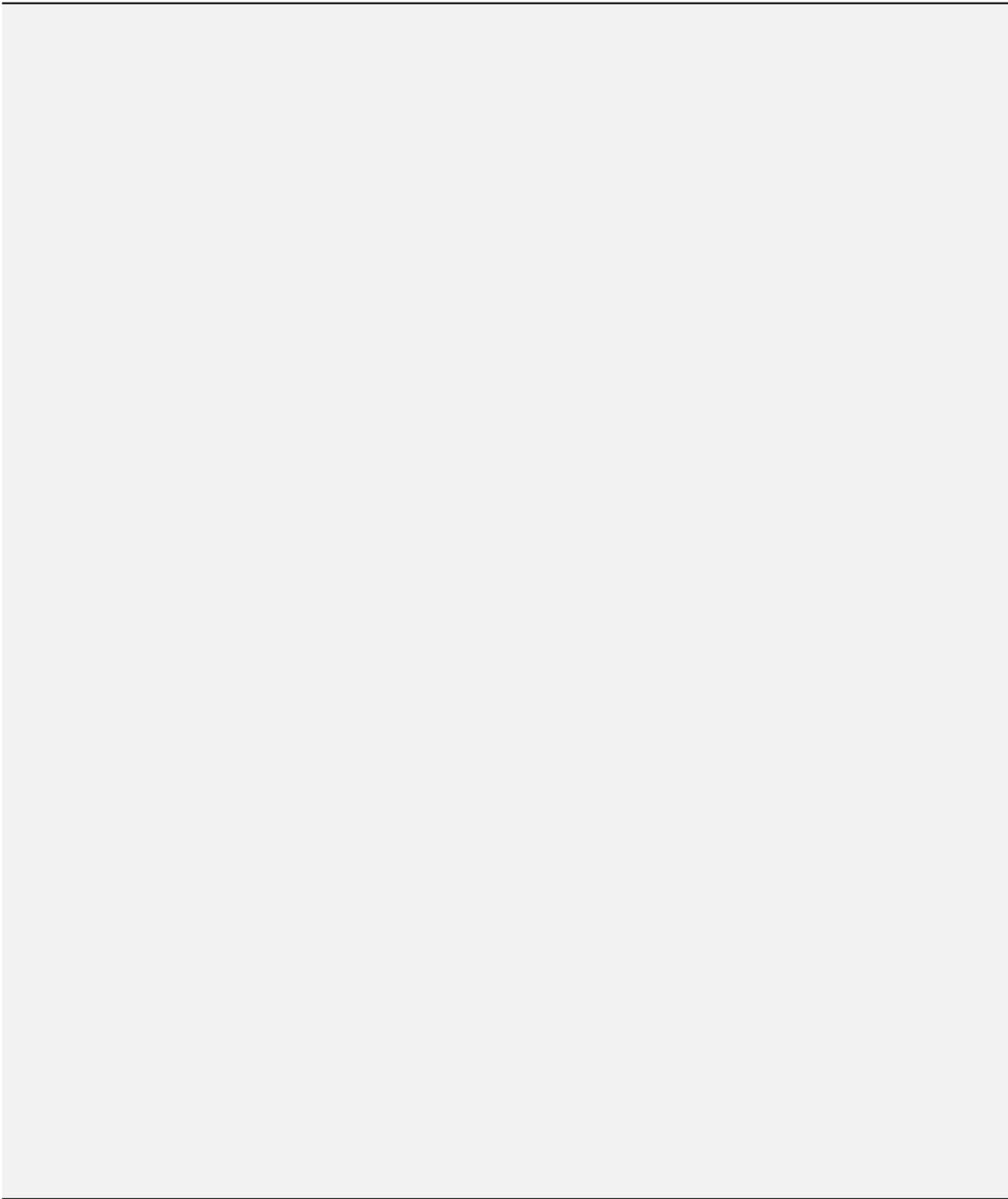
Input the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

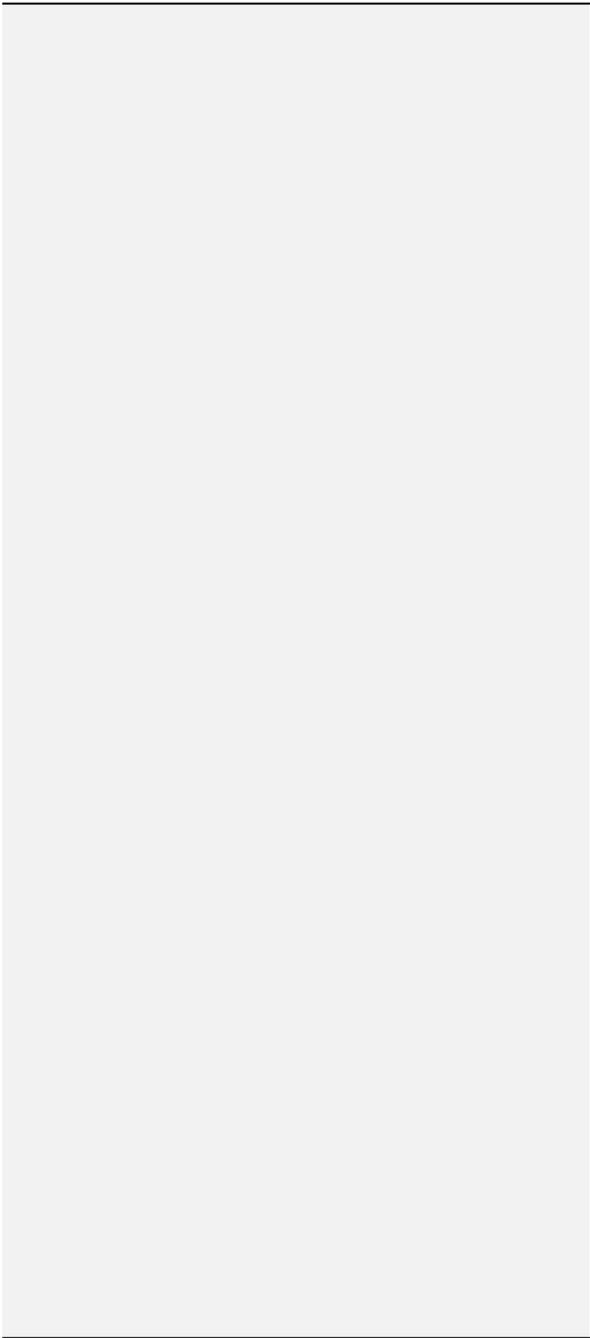
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
406 - Tobacco Tax	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

\$	-	\$	-	\$	-
\$	-	\$	-		
\$	-	\$	-	\$	2,436.00
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	2,436.00

Marijuana Tax	M110 Funds	County GF			
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF			
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	37,500.00
\$	-	\$	-	\$	22,500.00
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

Other	Total CFAA Funding
\$ -	\$ 1,043,191.34

Notes
See Block Grants Tab for remaining funding

Instructions for Completing this Template - Complete instructions are available at [http://www.cfaa.org](#)

- This tab requires inputs for **Outpatient and Community-Based Services** expenses as
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direc
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employin
 - 3) **Contracted Services**: Programs/service areas that are entirely contract
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contracto
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **CSA Administrative Costs: If applicable**, input administrative costs specific to this C
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Are

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
EASA	\$ -

Gero-Specialist Services	\$ 275,540.58
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
TOTAL	\$ 275,540.58

Contracted Staff

Contractor Information	Enter Total Expense (Salary + Benefits)
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ -

Contracted Services

Contractor Information	Enter Total Expense
Peer Drop-In Services (The Peer Company)	\$ 483,112.50
A&D Housing Assistance (Parrott Creek)	\$ 322,681.65
Community Peer Youth Services (Youth Era)	\$ 131,281.25
Community Peer Family Services (Transcending Hope)	\$ 209,276.59
Community Peer Outreach/Education/Engagement Services (Dual D	\$ 100,251.60
Guardianship Services (Ashley Taylor)	\$ 21,883.50
Third Party Administrator Services (Ayin)	\$ 30,000.00
MH & A&D Outpatient Services (Clackamas Health Centers)	\$ 15,000.00
MH & A&D Outpatient Services (Fora Health)	\$ 37,500.00
EASA Services (Lifeworks NW)	\$ 638,369.15

Supported Employment (Clackamas County Health Centers)	\$	90,000.00
Support Employment (Lifeworks NW)	\$	22,500.00
Culturally Specific MH Services (Contractors Pending)	\$	52,500.00
MH & A&D Outpatient Services (Lifeworks NW)	\$	23,776.83
MH & SUD Outpatient Services (Cascadia)	\$	19,500.00
SUD Outpatient Services (CODA)	\$	18,000.00
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
TOTAL	\$	2,215,633.07

CSA Administrative Costs	
Category	Enter Total Expense
Older Adults Allocated Costs	\$ 25,560.71
Older Adults Indirect Costs	\$ 33,891.50
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ 59,452.21

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ 275,540.58	\$ -

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

nd funding.

1, 2026 through June 30, 2027.

ct staff.

ng contracted staff.

ted out.

r information for each table and must provide estimated costs associated with CSA-sp

l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the

ategories. If a CMHP receives other public funds not already listed, input the amounts in

Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1		Fund Type #2	
FTE Counts	307 - MHBG EASA		804 - MH General Fund	
-	\$	-	\$	-

1.00	\$ -	\$ 275,540.58
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
1.00	\$ -	\$ 275,540.58

	Fund Type #1	Fund Type #2
FTE Counts	307 - MHBG EASA	Choose one...
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -

	Fund Type #1	Fund Type #2
	307 - MHBG EASA	806 - MH New Investments
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ 30,000.00
	\$ -	\$ -
		\$ 4,695.75
	\$ 211,236.86	\$ 220,267.49

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ 2,182,839.15	\$ 59,452.21	\$ 2,517,831.94

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

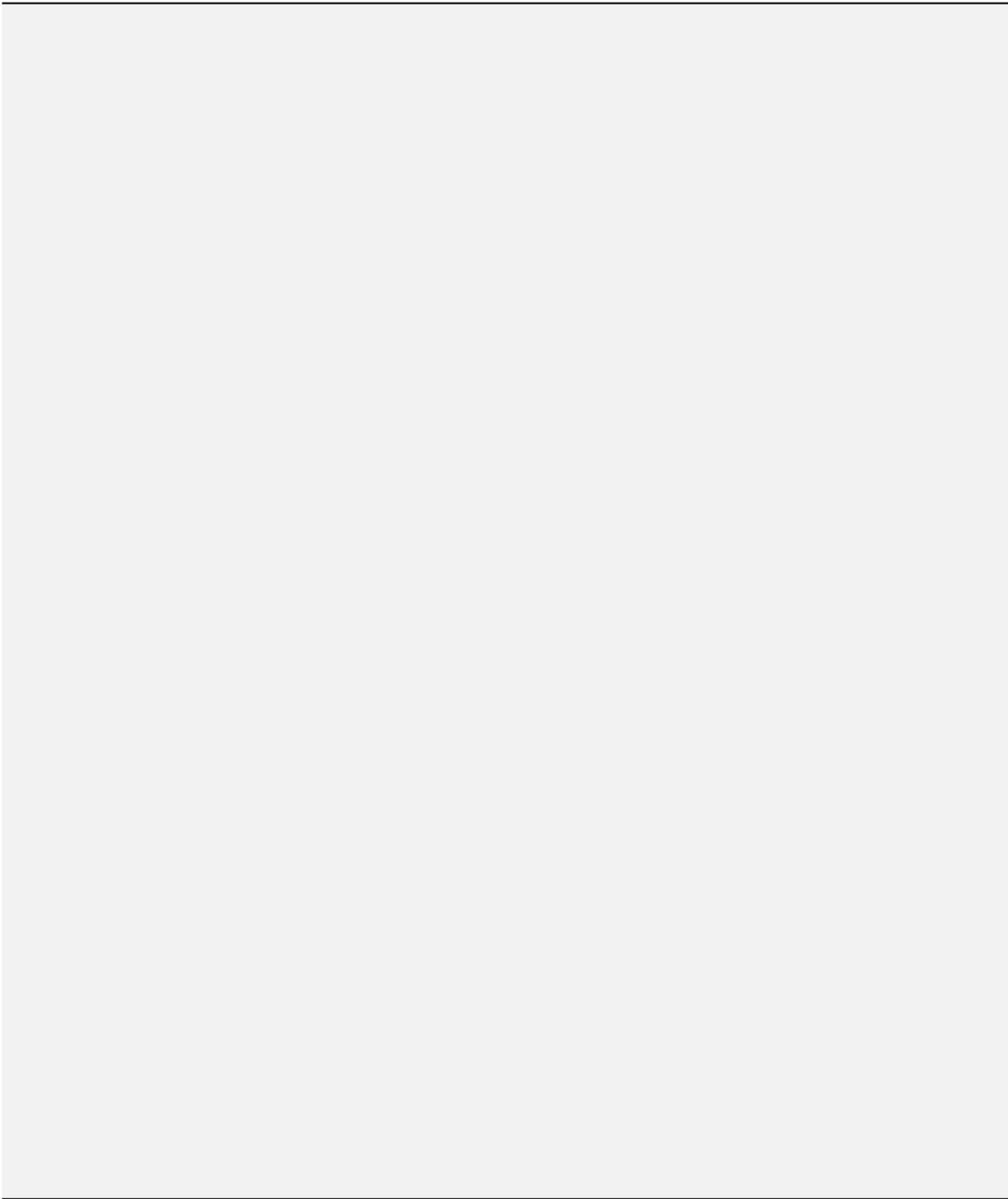
Enter the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

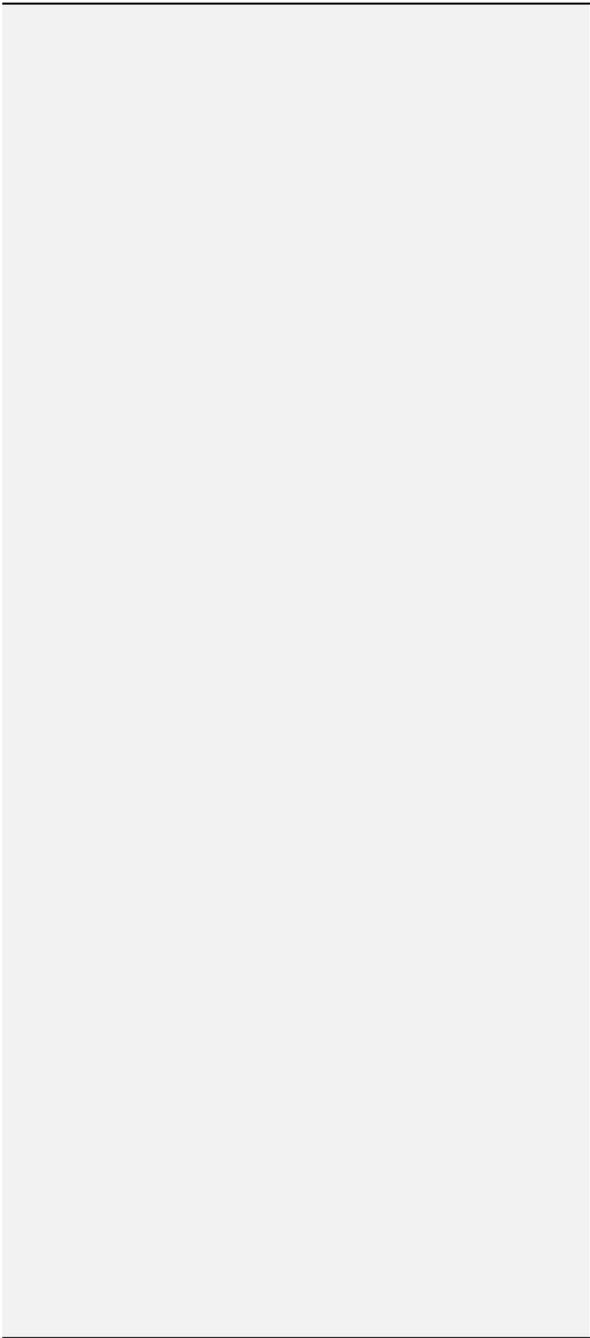
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ -

\$ -	\$ 275,540.58
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ 275,540.58
Other	Total CFAA Funding
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ 483,112.50
\$ -	\$ 322,681.65
\$ -	\$ 131,281.25
\$ -	\$ 209,276.59
\$ -	\$ 100,251.60
\$ -	\$ 21,883.50
\$ -	\$ 30,000.00
\$ -	\$ 15,000.00
\$ -	\$ 37,500.00
\$ -	\$ 638,353.01



Notes

Instructions for Completing this Template - Complete instructions are available at [http://www.cmhp.org](#)

- This tab requires inputs for **Residential and Housing Services** expenses and funding
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direct employees
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employing contractors
 - 3) **Contracted Services**: Programs/service areas that are entirely contracted out
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contractor information
- **Total Expenses**: Input the actual total expenses for the given category. For personnel, include salaries and benefits.
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the given category.
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the table, the fund types are listed.
- **Other Public Funding Streams**: Input other public funding streams in the relevant category.
- **CSA Administrative Costs**: If applicable, input administrative costs specific to this Category.
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Areas

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
Housing Coordination	\$ -

Adult CareCoordination Staffing	\$ 1,179,629.53
Adult Residential Staffing	\$ 264,931.61
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
<ENTER PROGRAM / CATEGORY>	\$ -
TOTAL	\$ 1,444,561.14

Contracted Staff

Contractor Information	Enter Total Expense (Salary + Benefits)
Adult CareCoordination Embedded Peer Services (FolkTime	\$ 95,509.29
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ 95,509.29

Contracted Services

Contractor Information	Enter Total Expense
<ENTER CONTRACTOR DESCRIPTION / NAME>	
A&D Recovery Housing Contract (Parrott Creek)	\$ 70,063.99
<ENTER CONTRACTOR DESCRIPTION / NAME>	
Guardianship Services (contractor variable)	\$ 22,500.00
PASARR Services (Psych Med Associates)	\$ 3,300.00
Residential Treatment (Columbia Care)	\$ 750.00
Residential Treatment Invoiced Services (Cascadia)	\$ 5,000.00
Respite Services (Jackson House)	\$ 40,000.00
Residential Treatment Invoiced Services (Columbia Care)	\$ 7,758.99
VWRAP Administration (Clackamas Social Services Division)	\$ 244,036.50

VWRAP Rental Assistance (Clackamas Social Services Divisio	\$	611,280.00
Respite Services (Cascadia)	\$	35,000.00
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$	-
TOTAL	\$	1,039,689.48

CSA Administrative Costs	
Category	Enter Total Expense
Adult Residential Indirect Costs	\$ 32,579.00
Adult Residential : Materials & Services	\$ 20,000.00
Adult CareCoordination Allocated Costs	\$ 85,511.81
Adult CareCoordination Indirect Costs	\$ 188,050.43
Adult CareCoordination Materials & Services	\$ 12,633.90
Adult Care Coordination Lease Costs	\$ 12,279.00
Adult Residential Indirect Costs	\$ 20,238.64
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ 371,292.78

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ 1,444,561.14	\$ 95,509.29

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

1, 2026 through June 30, 2027.

ct staff.
ng contracted staff.
ted out.

r information for each table and must provide estimated costs associated with CSA-sp
l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the
categories. If a CMHP receives other public funds not already listed, input the amounts in
Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1		Fund Type #2	
FTE Counts	806 - MH New Investments		804 - MH General Fund	
-	\$	-	\$	-

4.80	\$	724,195.69	\$	455,433.84
1.00	\$	-	\$	264,931.61
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
-	\$	-	\$	-
5.80	\$	724,195.69	\$	720,365.45

	Fund Type #1	Fund Type #2
FTE Counts	806 - MH New Investments	Choose one...
1.75	\$ 95,509.29	
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
1.75	\$ 95,509.29	\$ -

	Fund Type #1	Fund Type #2
	804 - MH General Fund	806 - MH New Investments
	\$ -	\$ -
	\$ -	\$ 9,812.52
	\$ -	\$ -
	\$ -	\$ 22,500.00
	\$ -	\$ 3,300.00
	\$ -	\$ 750.00
	\$ -	\$ 5,000.00
	\$ 40,000.00	
	\$ 1,103.25	\$ 6,655.74
	\$ 244,036.50	

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ 1,039,689.48	\$ 371,292.78	\$ 2,951,052.69

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

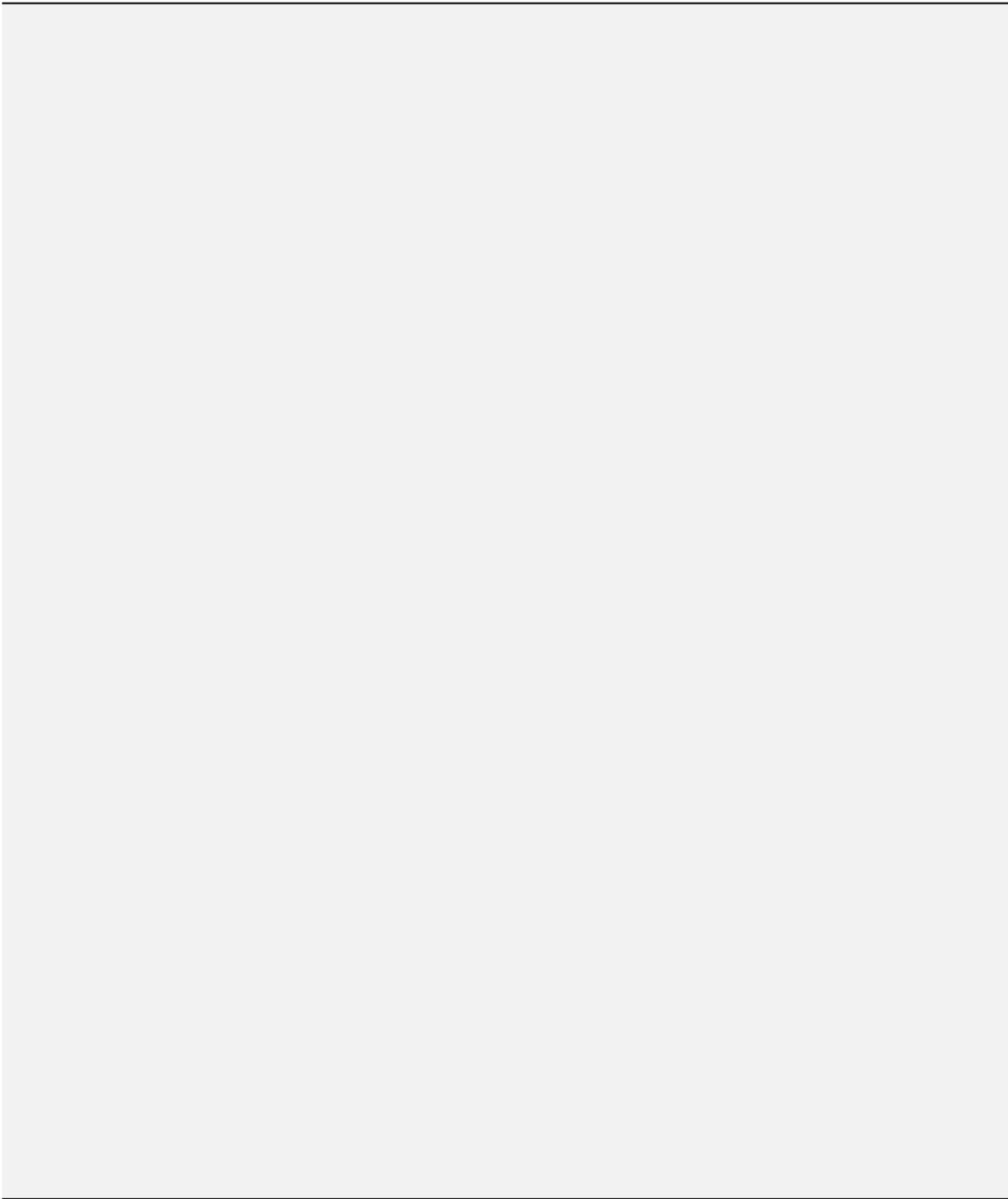
Enter the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

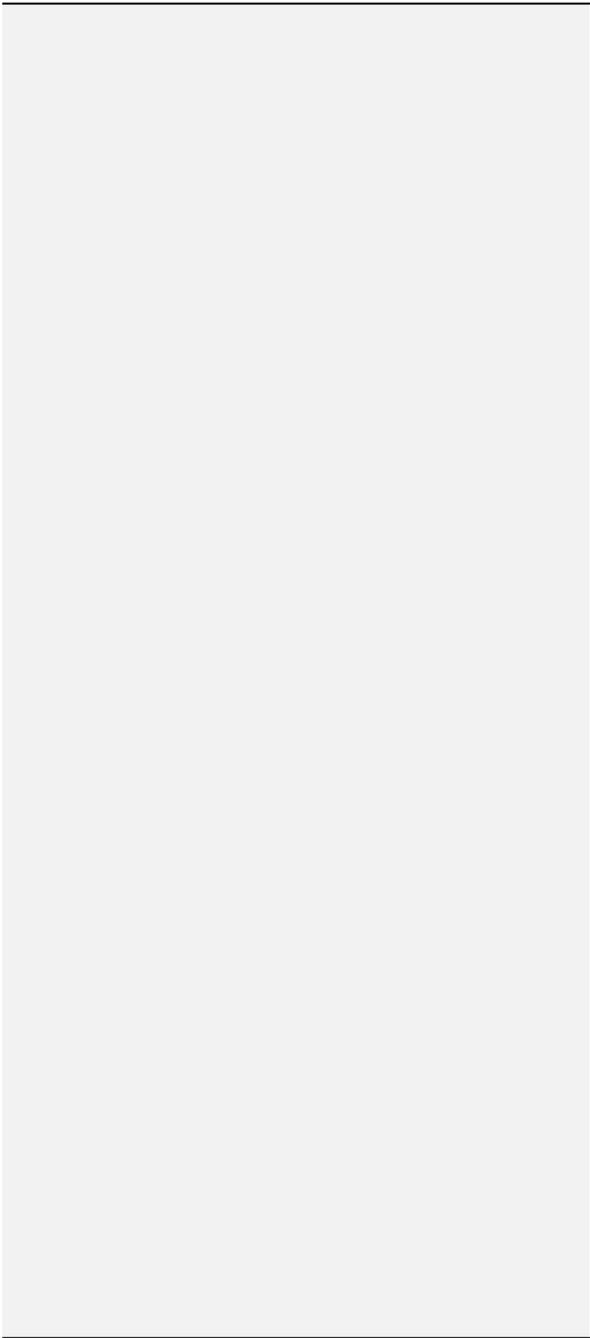
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ -

\$ -	\$ 1,179,629.53
\$ -	\$ 264,931.61
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ 1,444,561.14
Other	Total CFAA Funding
	\$ 95,509.29
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ 95,509.29

Other	Total CFAA Funding
\$ -	\$ -
\$ -	\$ 70,063.99
\$ -	\$ -
\$ -	\$ 22,500.00
\$ -	\$ 3,300.00
\$ -	\$ 750.00
\$ -	\$ 5,000.00
\$ -	\$ 40,000.00
\$ -	\$ 7,758.99
\$ -	\$ 244,036.50



Notes

Instructions for Completing this Template - Complete instructions are available at [http://www.cmhp.org](#)

- This tab requires inputs for **Behavioral Health Promotion and Prevention Services** e
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direc
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employin
 - 3) **Contracted Services**: Programs/service areas that are entirely contract
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contracto
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **CSA Administrative Costs**: If applicable, input administrative costs specific to this C
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Are

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
<ENTER PROGRAM / CATEGORY>	\$ -

<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ 61,672.65

CSA Administrative Costs	
Category	Enter Total Expense
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ -

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ -	\$ -

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

expenses and funding.

1, 2026 through June 30, 2027.

ct staff.

ng contracted staff.

ted out.

r information for each table and must provide estimated costs associated with CSA-sp

l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the

categories. If a CMHP receives other public funds not already listed, input the amounts in

Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1		Fund Type #2	
FTE Counts	Choose one...		Choose one...	
-	\$	-	\$	-

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ 61,672.65	\$ -	\$ 61,672.65

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

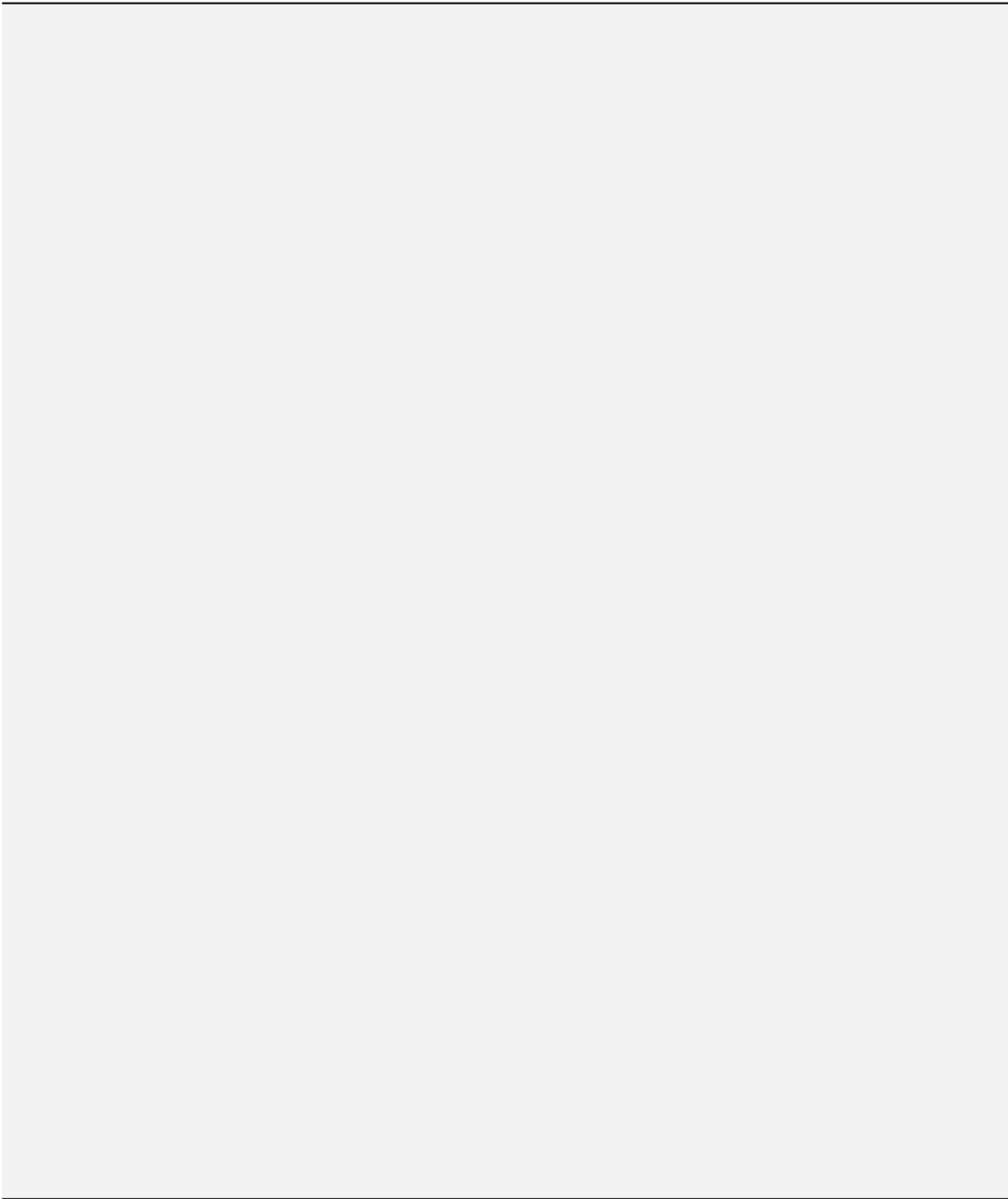
Enter the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

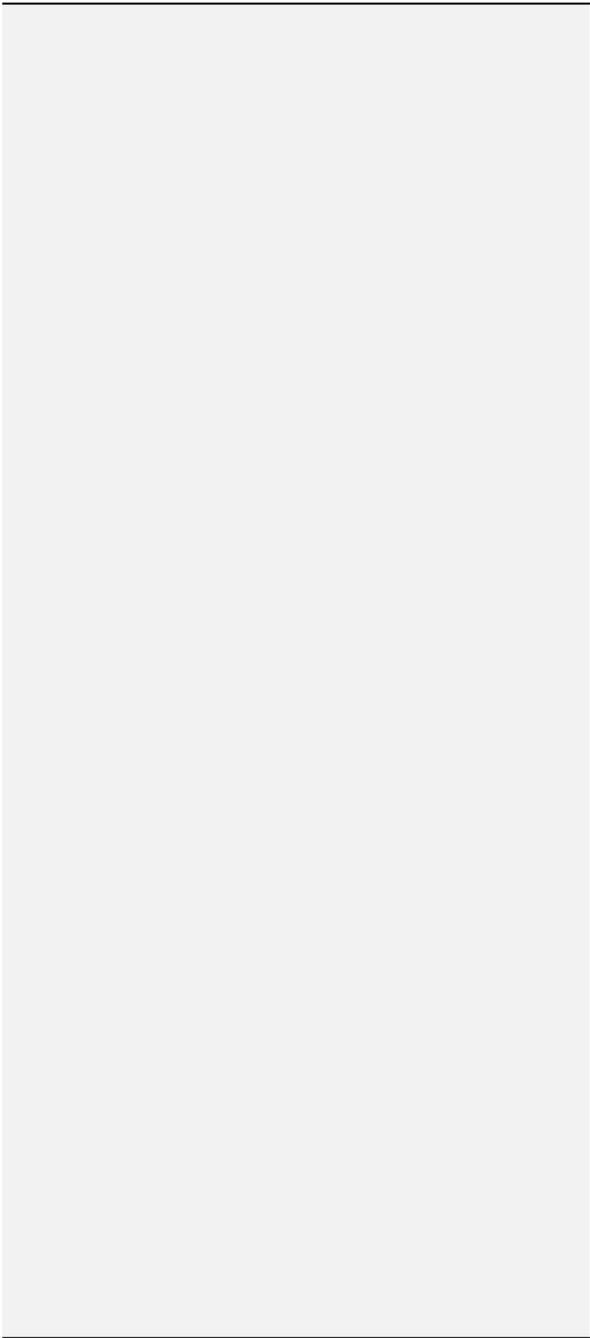
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ -



Instructions for Completing this Template - Complete instructions are available at [http://www.cmhpa.org/Portals/0/CMHPA%20Budget%20Template%20Instructions%202018%2019.pdf](#)

- This tab requires inputs for **Block Grants** expenses and funding.
- Please Populate the yellow shaded cells with estimated budget amounts for **January**
- There are sections for:
 - 1) **Employed Staff** : Programs/service areas rendered by the CMHP's direct employees
 - 2) **Contracted Staff**: Programs/service areas where the CMHP is employing contractors
 - 3) **Contracted Services**: Programs/service areas that are entirely contracted
 - 4) **CSA Administrative Costs**: Other Administrative costs.

Information Requested

- **Program/Category/Contractor Information**: Input the Program/Category/Contractor information
- **Total Expenses**: Input the actual total expenses for the given category. For personnel
- **Unique Full-Time Equivalent (FTE) Count**: This is the estimated FTE budgeted for the
- **CFAA Funding**: There are four columns (**H:K**) to input fund types. In the header of the
- **Other Public Funding Streams**: Input other public funding streams in the relevant ca
- **CSA Administrative Costs**: If applicable, input administrative costs specific to this C
- **Notes/Comments**: Section to provide any notes/commentary about the data inputs.
- **CFAA Funding by Age**: Input the total CFAA funding for the given age breakouts:
 - 1) Children/Youth Under 18
 - 2) YAT (14-25)
 - 3) Older Adults (60+)

Staff FTE and Expense Allocations

In some cases, employed and contracted staff may support one or more Core Service Areas

TEMPLATE KEY:

INPUT / ENTER INFORMATION
INFORMATION / FORMULA / CALCULATION

Personnel	
Employed Staff	
Program/Category	Enter Total Expense (Salary + Benefits)
Jail Discharge Staff	\$ 448,396.81

<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
<ENTER CONTRACTOR DESCRIPTION / NAME>	\$ -
TOTAL	\$ 91,223.17

CSA Administrative Costs	
Category	Enter Total Expense
Jail Discharge Allocated Costs	\$ 21,511.00
PSRB Allocated Costs	\$ 23,568.60
PSRB Indirect Costs	\$ 38,034.63
Jail Discharge Indirect Costs	\$ 45,956.99
Jail Discharge: Materials & Services	\$ 25,115.70
PSRB: Materials & Services	\$ 32,516.00
Involuntary Commitment: Materials & Services	\$ 23,125.60
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
<OTHER - ENTER CATEGORY>	\$ -
TOTAL	\$ 209,828.52

Totals	Personnel Employed Staff	Personal Contracted Staff
CFAA Funding	\$ 1,009,907.88	\$ -

Estimate CFAA Funding Allocation By Age Group	Type Estimated CFAA Funding Per Age Group
Children/Youth Under 18	<Add funding>
YAT (14-25)	<Add funding>
Older Adults (60+)	<Add funding>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>.

1, 2026 through June 30, 2027.

ct staff.
ng contracted staff.
ted out.

r information for each table and must provide estimated costs associated with CSA-sp
l, this is salary plus benefits.

e January 1, 2026 through June 30, 2027 time period.

table, labeled **Choose One...**, choose a funding source from the dropdown menu, the
categories. If a CMHP receives other public funds not already listed, input the amounts in
Core Service Area.

va in this workbook and/or programs within a Core Service Area. Please allocate the sta

	Fund Type #1		Fund Type #2	
FTE Counts	301 - MHBG		520 - SUPTRS BG	
-	\$	200,000.00	\$	248,396.81

Contracted Services	CSA Other Costs	CFAA Total Dollars
\$ 91,223.17	\$ 209,828.52	\$ 1,310,959.57

Specific programming outlined in the **Instructions tab**.

Input the relevant CFAA Funding amount below.

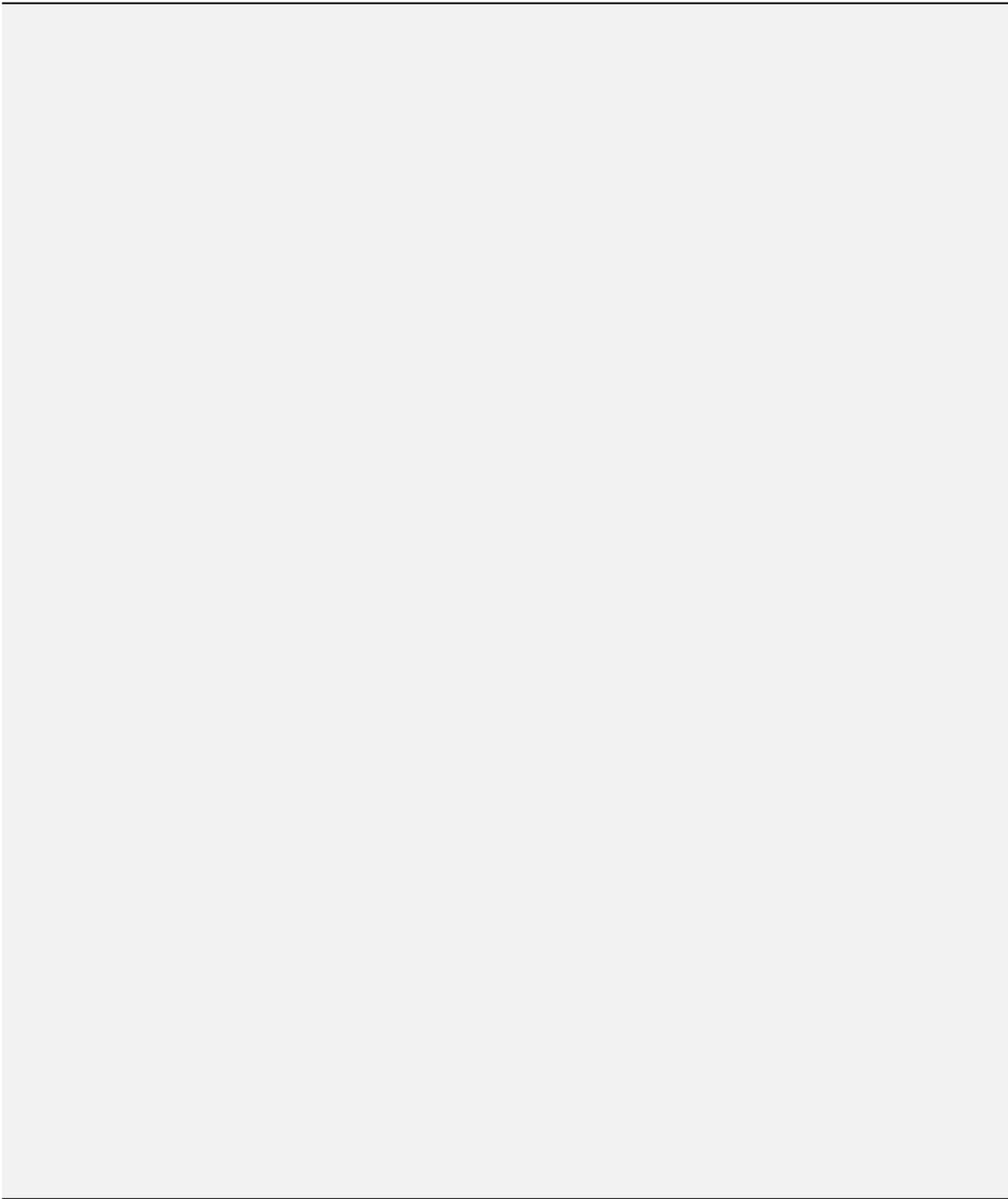
Enter the Other category in **column R**.

Adjust according to your preferred methodology, ensuring there is no duplication of FTEs. When

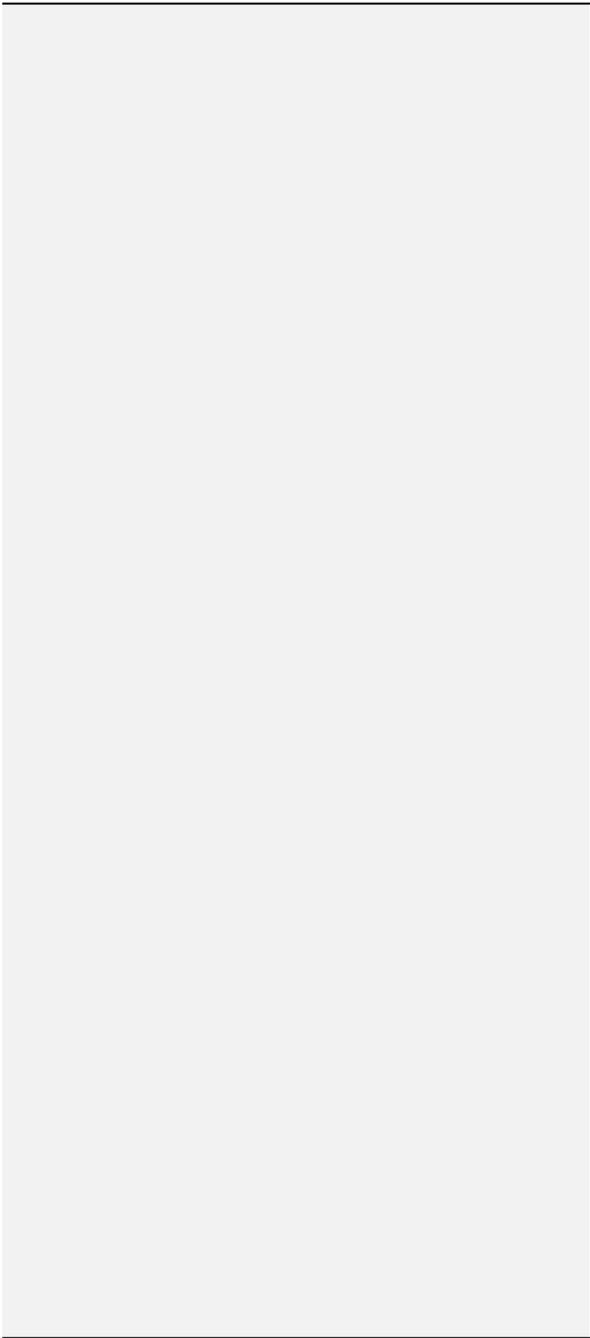
CFAA Funding		
Fund Type #3	Fund Type #4	Fund Type #5
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -

When allocating the FTE count, salary and benefit expense must be adjusted.

Fund Type #6	Fund Type #7	Fund Type #8
Choose one...	Choose one...	Choose one...
\$ -	\$ -	\$ -



Medicaid	Opioid Settle	B&W Tax
\$ -	\$ -	\$ -



Other Public Funding Streams

Marijuana Tax	M110 Funds	County GF
\$ -	\$ -	\$ -

Other	Total CFAA Funding
\$ -	\$ 448,396.81



