

To request translation or disability-related accommodations, please contact us at **BHContracts@clackamas.us** | 503-742-5335

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **BHContracts@clackamas.us** | **503-742-5335**

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **BHContracts@clackamas.us** | **503-742-5335**

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **BHContracts@clackamas.us** | 503-742-5335

如需翻译服务或残障相关的协助，请与我们联系：**BHContracts@clackamas.us** | **503-742-5335**

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **BHContracts@clackamas.us** | **503-742-5335**



**Clackamas County**  
www.clackamas.us

June 25, 2026

BCC Agenda Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of an Amendment to an Intergovernmental Agreement with the Multnomah County to increase service level and compensation. Amendment Value is \$340,480.00 for 15 months. Total Agreement Value is \$2,454,760.00 for 36 months. Funding is through the Oregon Health Authority, CareOregon, Inc. and Trillium Community Health Plan. No County General Funds are involved.**

**Previous Board Action/Review:** Original Agreement June 20, 2024, Agenda Item 20240620 XII.C.6  
**Performance Clackamas:** Healthy People  
**Counsel Review:** Yes – Andrew Naylor  
**Contact Person:** Karen Kern  
**Procurement Review:** N/A  
**Contact Phone:** 503-742-5335

**EXECUTIVE SUMMARY:** The Behavioral Health Division of the Health, Housing and Human Services Department requests approval of Amendment #01 an Intergovernmental Agreement with Multnomah County for Crisis and Support Line Services. Amendment #01 expands Multnomah County operation of the Crisis and Support Line to twenty-four (24) hours per day, seven (7) days per week.

As a community mental health program (CMHP), Clackamas County is mandated to provide crisis line services under ORS 430.630 (2). Clackamas County, through this Amendment, formally delegates operation of the Clackamas County Crisis and Support Line functions from the Behavioral Health Division to Multnomah County’s Behavioral Health Call Center (BHCC). Multnomah County BHCC will respond the callers from Clackamas County experiencing a mental health crisis or representing someone currently in crisis.

Amendment #01 adds \$340,480.00. \$20,000 is funded through CareOregon, \$102,468 if funded through Oregon Health Authority and \$217,532 is funded through Trillium Community Health Plan; increasing the maximum agreement value to \$2,454,760.00.

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve this Amendment (11608-01) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

*Mary Rumbaugh*

Mary Rumbaugh  
Director of Health, Housing and Human Service

For Filing Use Only

**AMENDMENT #01  
TO THE INTERGOVERNMENTAL AGREEMENT DOCUMENTS WITH MULTNOMAH  
COUNTY FOR CRISIS AND SUPPORT LINE SERVICES  
Agreement #11608**

This Amendment #01 is entered into between **Multnomah County** (“Agency”) and Clackamas County (“County”) and shall become part of the Agreement documents entered into between both parties on **June 20, 2024** (“Agreement”).

The Purpose of this Amendment #01 is to make the following changes to the Agreement:

1. Section 3. **Consideration** is hereby amended as follows:  
Due to the change in service level for the Work, the total Agreement value is increased by \$340,480.00 to the original compensation amount of \$2,114,280.00. The maximum County shall compensate Agency is an amount not to exceed **\$2,454,760.00**.
2. Exhibit A, **Scope of Work** is hereby amended as follows:  
Exhibit A of the Agreement is hereby replaced in its entirety by Exhibit A attached to this Amendment #01 and incorporated herein.
3. Exhibit B, **Compensation** is hereby amended as follows:  
Exhibit B of the Agreement is hereby replaced in its entirety by Exhibit B attached to this Amendment #01 and incorporated herein.

ORIGINAL AGREEMENT	\$ 2,114,280.00
AMENDMENT #01	\$ 340,480.00 + Replaced Exhibit A, Scope
<b><u>of Work and Exhibit B, Compensation</u></b>	
<b>TOTAL AMENDED AGREEMENT</b>	<b>\$ 2,454,760.00</b>

Except as expressly amended above, all other terms and conditions of the Agreement shall remain in full force and effect. By signature below, the parties agree to this Amendment #01, effective upon the date of the last signature below.

**Multnomah County**

*Derrick D. Moten for Rachael Banks*  
 Authorized Signature                      Date 6/5/26  
 Derrick Moten Interim Director FBM  
Rachael Banks Health Department Director  
 Printed Name

**Clackamas County**

\_\_\_\_\_  
 Signature    Date  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Approved for Legal Sufficiency:**  
*[Signature]*    06/08/2026  
 \_\_\_\_\_  
 County Counsel    Date

## **EXHIBIT A SCOPE OF WORK**

Clackamas County is mandated to provide crisis line services as the community mental health program for Clackamas County under ORS 430.630(2). This Inter-Governmental Agreement (IGA) formally delegates afterhours and weekend Clackamas County Crisis and Support Line functions from Clackamas County Behavioral Health Division (BHD) to Multnomah County's Behavioral Health Call Center (BHCC). The primary objective of this IGA is for Multnomah County BHCC, within the specified timeframe outlined below, to respond to callers from Clackamas County experiencing a mental health crisis or representing someone currently in crisis.

### **1. Crisis Line Services**

- a.** Services will encompass crisis triage, intervention, consultation, and referral, aligning with the standards outlined in OAR 309-019-0150(1) and OAR 309-019-0300, as well as the protocols detailed below. Multnomah County BHCC workforce members will assess the situation for each call and may provide any of the following:
  - i.** Crisis assessment, triage, intervention, de-escalation, and referral as needed. This may include consultation with family members, schools, agencies, first responders, and community members as appropriate and permitted under applicable law.
  - ii.** Screening to assess the immediate service needs of adults or children seeking assistance, or for whom assistance is requested. This screening includes the evaluation for the daytime use of the Clackamas Mental Health Center (CMHC) or the immediate use of the Clackamas County Mobile Crisis Response Team (MCRT), with a referral made to either team when indicated.
  - iii.** Suicide intervention and prevention, including lethal means counseling and safety planning for individuals at risk for suicide.
  - iv.** Referral to local law enforcement or other first responders for an immediate on-site response when indicated (e.g., in the event of life-threatening emergencies or situations involving violence).
  - v.** Referral to a local emergency department for further assessment and evaluation when indicated.
  - vi.** Assistance to callers reporting a grievance against Clackamas County providers by documenting the complaint and forwarding it to the Clackamas County Behavioral Health Division Quality Team for investigation and resolution (by emailing complaints to [BH-QualityManagement@clackamas.us](mailto:BH-QualityManagement@clackamas.us)).
  - vii.** Hospital diversion, including exploring less restrictive alternatives, and engaging the Clackamas County Mobile Crisis Response Team (MCRT) when indicated.
  - viii.** Information and referral, including linking with mental health providers and providing contact information for local resources to meet an individual's basic needs. This will also include performing information and referral services for individuals seeking help for alcohol, drug, or gambling problems. Clackamas County does not categorize its Crisis and Support Line as a program directly governed by 42 CFR Part 2.
  - ix.** Aid in disposition planning for Clackamas County residents when local Emergency Departments call for guidance, information, or referral.

- b.** The Multnomah County BHCC will support Clackamas County callers in the least restrictive setting whenever possible. This involves actively facilitating the exploration of alternatives to higher levels of care. Hospitalization will be considered a last resort, only pursued when necessary to maintain safety, and after all other clinically appropriate options have been thoroughly explored and exhausted.

## **2. Staff and Training**

- a.** The Multnomah County BHCC will be staffed by Qualified Mental Health Associates (QMHA) and/or Qualified Mental Health Professionals (QMHP) under the supervision of a QMHP with a minimum of 2 years of post-graduate experience in clinical crisis response services. A QMHP will be accessible to callers at all times. All services will be delivered in a safe, professional, culturally competent, gender-sensitive, and language-appropriate manner as determined by Multnomah County.
- b.** Formal interpretation services must be available to individuals and families who request services in languages not spoken by Multnomah County BHCC staff. Language assistive devices must be provided for individuals who are deaf or hard of hearing. Multnomah County will make a good faith effort to have bilingual staff persons fluent in Spanish available to respond to callers.
- c.** Training for Multnomah County BHCC staff will align with the requirements outlined in OAR 309-019-0315 for personnel working in a capacity similar to Clackamas County staff. The training curriculum will cover triage protocol, referral resources specific to Clackamas County, crisis plan development, and screening for a Declaration for Mental Health Treatment. Additionally, training will encompass best practices in the following areas: risk assessment, including suicide risk assessment; suicide intervention and prevention; safety planning; lethal means counseling; de-escalation methods; crisis intervention; recovery support, including peer-delivered services; trauma-informed care; and cultural awareness. Furthermore, Multnomah County BHCC will provide training to their staff regarding the contractual expectations outlined in this IGA, and will ensure staff follow the protocol outlined below.

## **3. Protocol**

- a.** Multnomah County BHCC staff will answer all calls forwarded from the Clackamas County Crisis and Support Line – 503-655-8585 – with the following greeting: “Clackamas County Crisis and Support Line, this is (staff first name), how can I help you?”
- b.** Staff will make efforts to gather the complete name, date of birth (DOB), location/address, County of residence, and phone number for every individual seeking assistance, or for whom assistance is requested.
- c.** Staff will attempt to resolve calls over the phone when possible, including providing assessment, triage, intervention, de-escalation, information, and referral as needed.
- d.** Staff will explore the possible use of Clackamas Mental Health Center (CMHC) when an individual is a resident of Clackamas County, is in need of urgent or emergent outpatient mental health services, and is otherwise not enrolled in such services. Clackamas MHC is open 9am – 7pm, Monday through Friday. Callers should be told to walk in during open Center hours, or to call the Crisis and Support line (503-655-8585) after 8:45am on a weekday for more information and/or to schedule an appointment.

- e. For calls that are emergent or urgent in nature and necessitate on-site mobile crisis intervention, staff will promptly contact Clackamas County MCRT staff at 503-722-6262 or 503-722-6267 to request mobile outreach.
- f. If MCRT staff do not respond within five (5) minutes, staff will make a second attempt at contact. If MCRT staff do not respond after an additional five (5) minutes, BHCC staff will contact the Clackamas County Administrator On Call at 503-722-6263 to request assistance.
- g. In the event of programmatic or procedural changes, Clackamas County will communicate new information via email. Multnomah County BHCC will promptly enter this information into the relevant database and notify line staff of these changes.

#### **4. Documentation**

Multnomah County BHCC staff will record each episode of contact involving clinical intervention or referral to service for a Clackamas County caller in the Multnomah County electronic health record (EHR). Access to the Multnomah County EHR will not be granted to Clackamas County staff. Instead, a daily report summarizing calls taken on behalf of Clackamas County will be provided, with call details organized by name of individual seeking assistance (or for whom assistance was requested). Additional information may be disclosed upon request, subject to applicable law, and specifically in situations involving a serious and imminent threat of harm.

#### **5. Other Responsibilities**

- a. Directing non-crisis callers to relevant information (e.g., CMHC front desk at 503-722-6200, our website at <https://www.clackamas.us/behavioralhealth/urgentmentalhealth>) and resolving non-crisis questions or issues without contacting Clackamas County staff.
- b. Ensuring privacy and confidentiality of information in accordance with federal and state requirements.
- c. Communicating with the Clackamas County Mobile Crisis Response Team (MCRT) in response to mobile assessment requests from the Clackamas County Juvenile Intake and Assessment Center (JIAC).
- d. Adhering to child abuse laws (ORS 419B.005 – 419B.050), mentally ill and developmentally disabled abuse laws (ORS 430.731 – 430.768, OAR 419-110-0000 through 419-110-0010 and OAR 419-100-0000 through 419-100-0010) and elder abuse reporting laws (ORS 124.050 – 124.092), and reporting as if a mandatory abuse reporter. If not mandatory reporters by statute, staff will comply with reporting requirements during work hours only, reporting immediately to the relevant state or law enforcement agency. Their report will include documentation of the circumstances and information supporting reasonable cause to believe that any person has abused a child, mentally ill or developmentally disabled adult, or elderly person, or that any such person has been abused.
- e. Generating and logging Crisis Alerts, while ensuring that copies of all alerts are forwarded to Clackamas County for inclusion in their Electronic Health Record (EHR).
- f. Referring/supporting callers from outside Clackamas County to appropriate services near them, including local or national crisis lines.
- g. Contacting the BHD on-call supervisor at 503-722-6263 and the Psychiatric Security Review Board (PSRB) at 503-229-5596 to report crises involving individuals under the jurisdiction of the PSRB.

- h.** Taking information/questions from acute care hospital staff concerning individuals placed on an involuntary mental health hold initiated by a Notification of Mental Illness (NMI), and passing information/questions to Clackamas County staff at 503-722-6200 for follow-up by the Involuntary Commitment Program (ICP).
- i.** Taking information from acute care hospital staff notifying Clackamas County Behavioral Health that an individual has been placed on a 12-hour transport custody, and relaying that information to Clackamas County staff at 503-722-6200.
- j.** Handling alarms and facility emergencies (e.g., report that a County building was broken into) by calling our Facility Management emergency line at 503-557-6416.
- k.** Prompting County staff calling in sick to contact their supervisor for immediate coverage concerns and leave a message at Clackamas Mental Health Center's front desk, 503-722-6200.
- l.** Contacting the BHD on-call supervisor at 503-722-6263 when clinical or logistical issues arise that cannot be resolved by Multnomah County BHCC's supervisory or QMHP staff.

## **6. Reporting, Performance Standards, and Oversight**

- a.** Multnomah County BHCC will provide a quarterly report within thirty (30) days following the end of each quarter. The report will include the following metrics:
  - i.** Call volume
  - ii.** Average speed of answer
  - iii.** Average length of call
  - iv.** Call abandonment rate
  - v.** Percentage of calls resolved by phone
  - vi.** Number of MCRT dispatches
- b.** Multnomah County BHCC will maintain and report on the following minimum performance standards:
  - i.** Wait time before the system initially picks up each call must be less than thirty (30) seconds, commencing from the first ringtone.
  - ii.** Wait time before a live clinical staff picks up each call must be less than thirty (30) seconds, commencing from the initial system pickup.
  - iii.** When the response time deviates from these expectations in more than 5% of calls, Multnomah County BHCC will investigate the reasons and proactively report efforts to improve to Clackamas County.
- c.** As required by the Oregon Health Authority, Multnomah County BHCC shall provide data quarterly to Clackamas County:
  - i.** The monthly aggregate number of calls received by caller type:
    - 1.** Identified Client
    - 2.** Significant Other/Spouse of Identified Client
    - 3.** Other Family of Identified Client
    - 4.** Peer/Friend of Identified Client
    - 5.** Bystander/Community Member
    - 6.** 988 Dispatcher
    - 7.** 911 Dispatcher
    - 8.** Emergency Department or Hospital Personnel
    - 9.** Law Enforcement Officer/Dispatch
    - 10.** EMS Personnel/Dispatch

11. Not Listed
- ii. The monthly aggregate number of calls received by age of the person experiencing the behavioral health crisis:
  1. Ages 0-5
  2. Ages 6-12
  3. Ages 13-14
  4. Ages 15-17
  5. Ages 18-20
  6. Ages 21-24
  7. Ages 25-34
  8. Ages 35-44
  9. Ages 45-54
  10. Ages 55-64
  11. Ages 65-74
  12. Ages 75-84
  13. Ages 85+
  14. Age Unknown
- iii. The monthly aggregate number of calls received by need or presenting issue:
  1. Mental or emotional health concerns (mental health, eating/body image, recent psychiatric hospitalization, anger, anxiety, loneliness/isolation, depression, grief/loss)
  2. Non-suicidal harm to self or others (harm/risk of harm to others, harm/risk of harm to self, harm/risk of harm to property)
  3. Family or relationship concerns (family issues, relationship issues, peer difficulties, etc.)
  4. Interpersonal abuse, bullying, or violence (abuse/victimization, bullying, interpersonal conflict or violence, child abuse and neglect, dating violence, domestic violence, sexual assault, sexual exploitation, sexual harassment, stalking, bullying, hazing, elder abuse, etc.)
  5. Suicidal thoughts or attempt (suicidality, suicide attempt)
  6. Substance use or addiction concerns
  7. Social service or financial concerns (financial/basic needs, houselessness, job loss, legal, needing social services, etc.)
  8. Personal health or identity concerns (physical health concerns, disability, gender identity, VA/active duty military, sexuality, aging concerns existential issues)
  9. Traumatic person or world event (exposure to someone else's suicide, exposure to traumatic death, major current event, trauma, etc.)
  10. Caller with complex needs (regular caller)
  11. Unknown
- iv. The monthly aggregate number of calls received by the call resolution type:
  1. Resolved with no additional supports
  2. Resolved with referrals, follow up or self-transport to hospital
  3. Resolved with MCIS/MRSS dispatch
  4. Resolved with EMS dispatch
  5. Resolved with law enforcement dispatch
  6. Resolved with other emergency services

- 7. Additional supports declined
- 8. Not applicable/non-transactional call (silent/prank/call dropped/disconnected)
- v. The monthly aggregate number of calls received by the preferred language of the caller:
  - 1. English
  - 2. Spanish
  - 3. Vietnamese
  - 4. Chinese
  - 5. Russian
  - 6. Korean
  - 7. Thai
  - 8. French
  - 9. Ukrainian
  - 10. Arabic
  - 11. Japanese
  - 12. German
  - 13. Tagalog
  - 14. Italian
  - 15. Khmer
  - 16. Punjabi
  - 17. Marshallese
  - 18. Burmese
  - 19. Other
- vi. Were third-party interpreter services necessary to complete the call?
  - 1. Yes
  - 2. No
  - 3. Unknown
- vii. Were third-party interpreter services provided?
  - 1. Yes
  - 2. No
  - 3. Unknown
- viii. If third-party interpreter services were needed, but not provided, indicate why:
  - 1. Interpreter Not Available
  - 2. Other
- ix. If “Other” indicated, describe reason(s)
- d. Multnomah County BHCC and Clackamas County staff will convene at least quarterly to discuss call volumes and program outcomes, address issues, problem-solve, and enhance protocols.
- e. Clackamas County will develop mechanisms and processes to oversee and monitor the work of Multnomah County BHCC staff to ensure compliance and contractual obligations. Monitoring activities can include inspection of documents, files, logs, etc.
- f. Multnomah County BHCC will actively engage in oversight reviews initiated by Clackamas County, encompassing evaluations of policies and procedures, staff training curriculum, and the grievance/complaint process, among other relevant aspects.

## 7. Complaints Process

- a. Multnomah County BHCC is required to establish and implement distinct policies and procedures to comprehensively document any potential complaints or grievances raised by callers. These procedures should be separate from those related to assisting callers reporting a grievance against Clackamas County providers. The policies and procedures must cover all stages of the process, starting from the receipt of a complaint or grievance, through the investigative process, and concluding with the notification of resolution to the grievant, if the grievant requests such notification.
- b. Multnomah County BHCC is obligated to resolve all complaints or grievances within thirty (30) calendar days and must furnish a copy of the processes and procedures to Clackamas County within the first sixty (60) days after the Agreement's effective date.
- c. The documentation for all complaints/grievances and their respective resolutions must be comprehensive. Upon Clackamas County's request, Multnomah County BHCC will promptly provide a copy of the documentation related to a complaint/grievance.

**8. Clackamas County Contacts**

Contact Person	Contact Info	Purpose / Reason to Contact
Clackamas County Mobile Crisis Response Team (MCRT)	503-722-6262 503-722-6267	Requests for onsite mobile response
Clackamas County Administrator On Call	503-722-6263	To forward reported PSRB client issues If MCRT does not respond x2 Unresolved logistical issues
Psychiatric Security Review Board (PSRB)	503-229-5596	To forward reported PSRB client issues
Clackamas County Non-Emergency Dispatch (CCOM)	503-655-8211	Requests for law enforcement/AMR
Clackamas County Facility Management	503-557-6416	For Clackamas County building issues
Clackamas County Behavioral Health Division Quality Team	<a href="#">BHD Quality</a>	Complaints about Clackamas County providers or staff
Clackamas Mental Health Center (CMHC)	503-722-6200	To leave a message for Center staff To relay information/questions from hospitals or emergency departments

**9. Crisis and Support Line Hours of Operation**

- a. The Clackamas Crisis and Support Line (503-655-8585) will be forwarded to Multnomah County BHCC per the following schedule:

**Twenty-four (24) hour a day, seven (7) days a week**  
**Monday, Tuesday, Wednesday, Thursday: 6:30 p.m. through 8:45 a.m.**

<b>Friday: 6:30 p.m. through 8:45 a.m. Monday (Saturday and Sunday: Clackamas Mental Health Center CLOSED)</b>		
<b>HOLIDAYS</b>	<b>BHCC HOURS</b>	<b>CENTER HOURS</b>
Independence Day, July 4	Midnight July 4 through 8:45 a.m. July 5	CLOSED
Labor Day, First Monday in September	Midnight – 10:30 a.m.; 6:30 p.m. through 8:45 a.m. Tuesday	10 a.m. – 7 p.m.
Veteran’s Day, November 11	Midnight – 10:30 a.m.; 6:30 p.m. through 8:45 a.m. November 12	10 a.m. – 7 p.m.
Thanksgiving Day, Fourth Thursday in November	Midnight Thursday through 8:45 a.m. Friday	CLOSED
Christmas Day, December 25	Midnight December 25 through 8:45 a.m. December 26	CLOSED
New Year’s Day, January 1	Midnight January 1 through 8:45 a.m. January 2	CLOSED
MLK Day, Third Monday in January	Midnight – 10:30 a.m.; 6:30 p.m. through 8:45 a.m. Tuesday	10 a.m. – 7 p.m.
President’s Day, Third Monday in February	Midnight – 10:30 a.m.; 6:30 p.m. through 8:45 a.m. Tuesday	10 a.m. – 7 p.m.
Memorial Day, Last Monday in May	Midnight – 10:30 a.m.; 6:30 p.m. through 8:45 a.m. Tuesday	10 a.m. – 7 p.m.
Juneteenth, June 19	Midnight – 10:30 a.m.; 6:30 p.m. through 8:45 a.m. June 20	10a.m. – 7p.m.

- b.** Upon notification from Clackamas County, Multnomah County BHCC will allow County to forward the Crisis and Support Line outside of the above scheduled times.

**10. Termination**

The IGA allows either party to terminate the Agreement with a 120-day prior written notice to the other party.

**EXHIBIT B  
COMPENSATION**

- a. Payment for all Work performed under this Agreement shall not exceed the total maximum sum of **\$2,454,760.00 (Maximums: \$704,760.00 for Fiscal Year 2024-25; \$875,000.00 annually for Fiscal Years 2025-26 and 2026-27)**.

Compensation funds the following FTE:

- 3.7 FTE Call Center Staff
    - Includes additional 15% for overtime for these positions
  - 1.0 FTE Behavioral Health Program Supervisor
- b. Multnomah shall submit **itemized monthly invoices by the 10<sup>th</sup> day of the month** following the month Work was performed. The invoice shall include:

Agreement **#11608**,  
Work details,  
Date(s) of Work performed,  
Total amount due for all Work provided during the month, and  
Total amount billed to date by Multnomah prior to the current invoice.

If Multnomah fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Multnomah waives any rights to present such invoice thereafter and to receive payment therefor.

All invoices and supporting documentation shall be sent by email or mail to:

[BHAP@clackamas.us](mailto:BHAP@clackamas.us) and [JeffreyAnd@clackamas.us](mailto:JeffreyAnd@clackamas.us)

Clackamas County Behavioral Health Division  
Accounts Payable  
2051 Kaen Road, Suite #154  
Oregon City, Oregon 97045

When submitting electronically, designate Multnomah County and Agreement **#11608** in the subject of the email.

- c. Payments shall be made to Multnomah, within thirty (30) days, following Clackamas' review and approval of invoices submitted by Multnomah. Multnomah shall not submit invoices for, and Clackamas will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Agreement, the amendment must be fully effective before Multnomah performs Work subject to the amendment.