

August 7, 2025

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of an Amendment to an Intergovernmental Agreement with the Oregon Health Authority for Choice Model care coordination services to adults with serious and persistent mental illness. Amendment Value is \$441,752.51 for 6 months. Total Agreement Value is \$1,784,816.01 for 2 years. Funding is through the Oregon Health Authority. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	Original Agreement: Approved BCC-April 25, 2024, 20240425 III.F.3		
<b>Performance Clackamas</b>	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
<b>Counsel Review</b>	Yes – Ryan Hammond	<b>Procurement Review</b>	NA
<b>Contact Person</b>	Mary Rumbaugh	<b>Contact Phone</b>	503-742-5305

**EXECUTIVE SUMMARY:** The Behavioral Health Division of the Health, Housing, and Human Services Department requests approval of Amendment #01 to Revenue Intergovernmental Agreement #44300-00026102 with the State of Oregon, acting through its Oregon Health Authority, for the operation of Choice Model Services. Choice Model Services are designed to promote the effective use of facility-based mental health treatment, increase care coordination, and enhance accountability at both the local and state levels. The initiative supports adults with serious and persistent mental illness (SPMI) in the least restrictive environment possible and minimizes use of long-term institutional care.

Clackamas County is required to provide Exceptional Needs Care Coordination, as appropriate to the needs, preferences, and choices of each individual, and activities to remove barriers and facilitate integrated services and supports that are not funded through other sources. These activities may include, but are not limited to, coordination with all involved partners (i.e., forensic), room and board payments, rental assistance, utility payments, prescription or over-the-counter medications and medical supplies not covered by Medicaid or other sources, transportation, establishment of guardianship services, and peer-delivered services. Additionally, the program provides technical support and serves as a liaison for local residential service providers with the Oregon Health Authority.

The Choice Model Team served 135 individuals in 2024, including long-standing high-need clients and those requiring complex, shorter-term discharge planning assistance with hospital, forensic, and coordinated care organization partners. The team continued to enhance collaboration with the forensic population through the Aid and Assist program, utilizing a population-specific exceptional needs care coordinator. Additionally, the team has prioritized supporting the expansion of behavioral health adult foster homes in Clackamas County.

This Amendment #01, with a value of \$441,752.51, extends the term of the Agreement six months through December 31, 2025.

For Filing Use Only

**RECOMMENDATION:** Staff respectfully requests that the Board of Commissioners approve Amendment #01 (11496) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

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

Mary Rumbaugh  
Director of Health, Housing and Human Services



**Agreement Number PO-44300-00026102**

**AMENDMENT TO  
STATE OF OREGON  
INTERGOVERNMENTAL AGREEMENT**

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

This is amendment number **01** to Agreement Number **PO-44300-00026102** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “**OHA**,” and

**Clackamas County  
2051 Kaen Road  
Oregon City, Oregon 97045-4035  
Attention: Angela Russell  
Telephone: 503-742-5316  
E-mail address: ARussell@clackamas.us**

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

- 1.** This amendment shall become effective on the later of: (I) June 30, 2025 provided it is (i) approved in writing by the Oregon Department of Justice on or before such date, and (ii) when required, approved in writing by the Oregon Department of Administrative Services, and (iii) is signed by all parties, regardless of the date of the parties’ signatures; or (II) the date this amendment is approved in writing by the Oregon Department of Justice, provided it is (i) when required, approved in writing by the Oregon Department of Administrative Services, and (ii) is signed by all parties, regardless of the date of the parties’ signatures.
- 2.** The Agreement is hereby amended as follows:
  - a.** **Section 1. “Effective Date and Duration”** to extend the expiration date from June 30, 2025 to **December 31, 2025**.
  - b.** **Exhibit E, “Financial Pages,”** is hereby amended as set forth in Attachment 1, attached hereto and incorporated herein by this reference.

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. County certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
  - a. County acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any “claim” (as defined by ORS 180.750) that is made by (or caused by) County and that pertains to this Agreement or to the project for which the Agreement work is being performed. County certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against County, in addition to any remedies that may be available to OHA under the Agreement;
  - b. The information shown in Section 5.a. “County Information” of the original Agreement, as amended is County’s true, accurate and correct information;
  - c. To the best of the undersigned’s knowledge, County has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
  - d. County and County’s employees and agents are not included on the list titled “Specially Designated Nationals” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
  - e. County is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at: <https://www.sam.gov/SAM>;
  - f. County is not subject to backup withholding because:
    - (1) County is exempt from backup withholding;
    - (2) County has not been notified by the IRS that County is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - (3) The IRS has notified County that County is no longer subject to backup withholding; and
  - g. County’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, County is required to provide OHA with the new FEIN or SSN within 10 days.

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

**5. Signatures.**

**Clackamas County**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved by: Director, OHA Behavioral Health Division**

**By:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approved for Legal Sufficiency:**

Jeff Wahl via email on  
Oregon Department of Justice

June 30, 2025  
Date

Attachment 1

EXHIBIT E  
Financial Pages

MODIFICATION INPUT REVIEW REPORT														
MOD#: M1202														
CONTRACT#: 026102														
CONTRACTOR: CLACKAMAS COUNTY -CHOICE														
INPUT CHECKED BY: _____ DATE CHECKED: _____														
SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE	SLOT	RATE	OPERATING	STARTUP PART	PART	PAAF	BASE	CLIENT	SP#
		CODE			DATES	CHANGE/TYPE		DOLLARS	DOLLARS ABC	IV	CD		CODE	
FISCAL YEAR: 2025-2026														
		BASE		CHOICE MODEL SERVICE										
6	804	CHOICE		7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$419,664.88	\$0.00	A	1	Y		
		BASE		CHOICE MODEL SERVICE										
6	804	CHOICE		7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$22,087.63	\$0.00	C	1	Y		1
TOTAL FOR SE# 6								\$441,752.51	\$0.00					
TOTAL FOR 2025-2026								\$441,752.51	\$0.00					
TOTAL FOR M1202 026102								\$441,752.51	\$0.00					

OREGON HEALTH AUTHORITY  
Direct Contract

CONTRACTOR: CLACKAMAS COUNTY -CHOICE  
DATE: 06/29/2025

CONTRACT#: 026102  
AMENDMENT#: 001

REASON FOR CONTRACT/AMENDMENT:

Choice Model Services (MHS 06) payments have been awarded.

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SPECIAL CONDITIONS:

- 1        These payments are for MHS 06 Choice Model Services performance payment.