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ADMINISTRATIVE SERVICES DIVISION  
Office of Contracts and Procurement



John A. Kitzhaber, MD, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 378-4324

DATE: September 29, 2014

TO: Silas Halloran-Steiner, Director  
Yamhill County

RE: **Amendment #17 to the  
2013-2015 Intergovernmental Agreement for the Financing  
of Community Addictions and Mental Health Services Agreement #141431**

Enclosed is an amendment to the Agreement.

**NOTE: Payment for amendments returned to OHA by the 3<sup>rd</sup> Friday of every month are more likely to be in the following month's allotment or electronic fund transfer.**

The instructions for processing this amendment are as follows:

- Open and print the electronic file containing the amendment for signature by the appropriate authorized County Official(s).
- Obtain the authorized signature(s) on the Amendment and the "Document Return Statement".
- E-mail or Fax only the signature page of the amendment and the completed, signed "Document Return Statement" to [tami.j.goertzen@state.or.us](mailto:tami.j.goertzen@state.or.us) or **503-373-7365**.

Following receipt by OHA of your signed amendment, OHA will route its copy of amendment to the official(s) who is/are authorized to execute the amendment. Once the amendment is signed OHA will scan the Amendment and transmit to the appropriate County official.

If you have questions regarding this financial assistance award, please contact Carmen Armendariz, Mental Health & Addiction Services, at (503) 945-8995 or April D. Barrett at (503) 945-5821.

Sincerely,

April D. Barrett, OPBC  
Contracts Specialist

Attachment(s)

B.O. 14-615



ADMINISTRATIVE SERVICES DIVISION  
Office of Contracts and Procurement



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## DOCUMENT RETURN STATEMENT

**Re:** Amendment #17 to Agreement #141431 hereinafter referred to as "Document."

Please complete the following statement and return it along with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable).

**Important:** If you have any questions or find errors in the above referenced Document, please contact the contract specialist, April D. Barrett at (503) 945-5821.

I Allen Springer, Chair, Board of Commissioners  
(Name) (Title)

received a copy of the above referenced Document, between the State of Oregon, acting by and through its Oregon Health Authority, and **Yamhill County**, by e-mail from Tami Goertzen on September 29, 2014.

On 10.9.2014, I signed the electronically transmitted Document without  
(Date)

change. I am returning the completed signature page and Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable) with this Document Return Statement.

Allen Springer  
(Authorizing Signature)

10-9-14  
(Date)

Accepted by Yamhill County  
Board of Commissioners on  
10.9.14 by Board Order  
# 14-615



ADMINISTRATIVE SERVICES DIVISION  
Office of Contracts and Procurement



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In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**SEVENTEENTH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH  
SERVICES AGREEMENT #141431**

This Seventeenth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services dated as of July 1, 2013(as amended, the "Agreement"), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County ("County").

**RECITALS**

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit D-1 and the OWITS Financial Assistance Award set forth in Exhibit D-2 of the Agreement.

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

**AGREEMENT**

1. The financial and service information in the Financial Assistance Award are hereby amended as described in Exhibit 1 attached hereto and incorporated herein by this reference. Exhibit 1 must be read in conjunction with the portion of Exhibit D-1 of the Agreement that describes the effect of an amendment of the financial and service information.

Accepted by Yamhill County  
Board of Commissioners on  
10.9.14 by Board Order  
# 14-015

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

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

**Yamhill County**

By:

Allen Springer  
Authorized Signature

Chair, Board of Commissioners  
Title

10-9-14  
Date

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

By:

See attached page  
Authorized Signature

Title

Date

Approved As To Form

by Christian Boenisch

Christian Boenisch  
County Counsel  
Yamhill County

Accepted by Yamhill County  
Board of Commissioners on

10-9-14 by Board Order  
# 14-615

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

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

Yamhill County

By:

Allen Fringer  
Authorized Signature

Chair, Board of Commissioners 10-9-14  
Title Date

State of Oregon acting by and through its Oregon Health Authority

By:

[Signature]  
Authorized Signature

DPO  
Title

10/10/14  
Date

Approved As To Form  
by [Signature]  
Christian Boensch  
County Counsel  
Yamhill County

Accepted by Yamhill County  
Board of Commissioners on  
10-9-14 by Board Order  
# 14-1215

**Exhibit 1 to the 17th Amendment to  
Oregon Health Authority  
2013-2015 Intergovernmental Agreement for the  
Financing of Community Addictions and Mental Health Services Agreement #141431**

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)  
2013-2015

CONTRACTOR: YAMHILL COUNTY  
DATE: 09/29/2014

Contract#: 141431  
Reference#: 011

MENTAL HEALTH SERVICES

SECTION: 1  
SERVICE REQUIREMENTS MEET EXHIBIT B AND, IF INDICATED, EXHIBIT B-2

Part	Start/End Dates	Client Code	Approved Service Funds	Approved Start-up	Serv. Units	Unit Type	EXHIB B2 Codes	Spec Cond#
SE# 20 NON-RESIDENTIAL ADULT MH SERV								
A	1/2014- 6/2014	HOMARY-500609	\$22,559	\$0	0.	NA	N/A	
A	7/2014- 6/2015	HOMARY-500609	\$45,118	\$0	0.	NA	N/A	
SUBTOTAL SE# 20			\$67,677	\$0				
SE# 28 RESIDENTIAL TREATMENT SERVICES								
A	1/2014- 6/2014	HOMARY-500609	\$18,467	\$0	1.	SLT	N/A	M0314 1
A	7/2014- 6/2015	HOMARY-500609	\$36,934	\$0	12.	SLT	N/A	M0314 1
SUBTOTAL SE# 28			\$55,401	\$0				
TOTAL SECTION 1			\$123,078	\$0				

TOTAL AUTHORIZED FOR MENTAL HEALTH SERVICES

\$123,078

TOTAL AUTHORIZED FOR THIS FAAA: \$123,078

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 09/29/2014

Contract#: 141431  
REF#: 011

REASON FOR FAAA (for information only):

Non-Residential Adult Mental Health (General) (MHS 20) funds are awarded for Treatment for one client at Parkside, LOI #13-15-1488.

Residential Treatment Services (MHS 28) funds are awarded for Service Payment for one client at Parkside, LOI #13-15-1488.

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.

M0314 1 A) MHS 28 Rate: For services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$3,077.82 per month per individual. B) These funds are for Service Payment at Parkside RTF.

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)  
FAAA Totals  
Part A  
2013-2015

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
20	NON-RESIDENTIAL ADULT MH SERV	\$12,784	\$0	\$67,676	\$80,460
TOTAL SE# 20		\$12,784	\$0	\$67,676	\$80,460
28	RESIDENTIAL TREATMENT SERVICES	\$282,771	\$0	\$55,401	\$338,172
TOTAL SE# 28		\$282,771	\$0	\$55,401	\$338,172
37	MHS SPECIAL PROJECTS	\$0	\$435,894	\$0	\$435,894
TOTAL SE# 37		\$0	\$435,894	\$0	\$435,894
		\$295,555	\$435,894	\$123,077	\$854,526

CONTRACTOR: YAMHILL COUNTY  
DATE: 09/29/2014

CONTRACT#: 141431  
REF#: 011

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY  
 Financial Assistance Award Amendment (FAAA)  
 FAAA Totals

Part B  
 2013-2015

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

CONTRACTOR: YAMHILL COUNTY  
 DATE: 09/29/2014

CONTRACT#: 141431  
 REF#: 011

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
20	NON-RESIDENTIAL ADULT MH SERV	\$268,529	\$0	\$0	\$268,529
20	NON-RESIDENTIAL ADULT MH SERV	\$443,879	\$0	\$0	\$443,879
TOTAL SE# 20		\$712,408	\$0	\$0	\$712,408
22	CHILD & ADOLES MH SERVICES	\$476,674	\$0	\$0	\$476,674
TOTAL SE# 22		\$476,674	\$0	\$0	\$476,674
28	RESIDENTIAL TREATMENT SERVICES	\$535,689	\$0	\$0	\$535,689
TOTAL SE# 28		\$535,689	\$0	\$0	\$535,689
31	ENHANCED CARE SERVICES	\$285,342	\$0	\$0	\$285,342
TOTAL SE# 31		\$285,342	\$0	\$0	\$285,342
34	ADULT FOSTER CARE MHS	\$180,450	\$0	\$0	\$180,450
34	ADULT FOSTER CARE MHS	\$11,299	\$0	\$0	\$11,299
TOTAL SE# 34		\$191,749	\$0	\$0	\$191,749
36	PASARR MHS	\$126,606	\$0	\$0	\$126,606
TOTAL SE# 36		\$126,606	\$0	\$0	\$126,606

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY  
 Financial Assistance Award Amendment (FAAA)  
 FAAA Totals

Part B  
 2013-2015

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

CONTRACT#: 141431  
 REF#: 011

CONTRACTOR: YAMHILL COUNTY  
 DATE: 09/29/2014

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
		\$2,328,468	\$0	\$0	\$2,328,468

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY  
 Financial Assistance Award Amendment (FAAA)  
 FAAA Totals  
 Summary  
 2013-2015

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
20	NON-RESIDENTIAL ADULT MH SERV	\$281,313	\$0	\$67,676	\$348,989
20	NON-RESIDENTIAL ADULT MH SERV	\$443,879	\$0	\$0	\$443,879
TOTAL SE# 20		\$725,192	\$0	\$67,676	\$792,868
22	CHILD & ADOLES MH SERVICES	\$476,674	\$0	\$0	\$476,674
TOTAL SE# 22		\$476,674	\$0	\$0	\$476,674
28	RESIDENTIAL TREATMENT SERVICES	\$818,460	\$0	\$55,401	\$873,861
TOTAL SE# 28		\$818,460	\$0	\$55,401	\$873,861
31	ENHANCED CARE SERVICES	\$285,342	\$0	\$0	\$285,342
TOTAL SE# 31		\$285,342	\$0	\$0	\$285,342
34	ADULT FOSTER CARE MHS	\$180,450	\$0	\$0	\$180,450
34	ADULT FOSTER CARE MHS	\$11,299	\$0	\$0	\$11,299
TOTAL SE# 34		\$191,749	\$0	\$0	\$191,749
36	PASARR MHS	\$126,606	\$0	\$0	\$126,606
TOTAL SE# 36		\$126,606	\$0	\$0	\$126,606
37	MHS SPECIAL PROJECTS	\$0	\$435,894	\$0	\$435,894

CONTRACTOR: YAMHILL COUNTY  
 DATE: 09/29/2014  
 CONTRACT#: 141431  
 REF#: 011

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)  
FAAA Totals  
Summary  
2013-2015

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

CONTRACTOR:	YAMHILL COUNTY	CONTRACT#:	141431		
DATE:	09/29/2014	REF#:	011		
SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
TOTAL SE# 37		\$0	\$435,894	\$0	\$435,894
CONTRACT TOTAL		\$2,624,023	\$435,894	\$123,077	\$3,182,994

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

**Exhibit 2 to the 17th Amendment to  
Oregon Health Authority  
2013-2015 Intergovernmental Agreement for the  
Financing of Community Addictions and Mental Health Services Agreement #141431**

B.O. 14-615

OREGON HEALTH AUTHORITY  
OWITS FINANCIAL ASSISTANCE AWARD  
2013-2015

Exhibit D-2

CONTRACT NAME: Yamhill County      CONTRACT #: 141431  
EFFECTIVE DATE: 7/1/2013 12:00:00 AM      AMENDMENT#: 17

ADDICTIONS AND MENTAL HEALTH SERVICES

SERVICE REQUIREMENTS MEET EXHIBIT B, MHS 37- FLEXIBLE FUNDING

Yamhill County-141431

Fund Source Description	Start Date	End Date	Approved Funding Level	Payment Frequency	Special Condition
0804 MH GENERAL FUND GF VENDOR	08/01/2014	08/31/2014	\$56,718.00	Lump Sum	
Total Authorized Amount of this Amendment			\$56,718.00		

Amendment Reason: Funds are awarded for MOTS Incentive Payment.

B.O. 14-615