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**THIRD AMENDMENT TO
OREGON HEALTH AUTHORITY
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH
SERVICES AGREEMENT #147808**

This Third Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services effective as of July 1, 2015 (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 C 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 C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. 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 Spruign Chair, Board of Commissioners 11-12-15
 Authorized Signature Title Date

State of Oregon acting by and through its Oregon Health Authority

By: Don Wheeler Bus & App Policy Director 11/24/15
 Authorized Signature Title Date

Approved As To Form
 by: Christian Boensch
 Christian Boensch
 County Counsel
 Yamhill County

Accepted by Yamhill County
 Board of Commissioners on
11-12-15 by Board Order
 # 15-1110

**Exhibit 1 to the 3rd Amendment to
Oregon Health Authority
2015-2017 Intergovernmental Agreement for the
Financing of Community Addictions and Mental Health Services Agreement #147808**

OREGON HEALTH AUTHORITY
 Financial Assistance Award Amendment (FAAA)
 2015-2017

CONTRACTOR: YAMHILL COUNTY
 DATE: 10/28/2015

Contract#: 147808
 Reference#: 004

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# 28 RESIDENTIAL TREATMENT SERVICES								
A	7/2015- 6/2016	HOMARY-500609	\$36,934	\$0	12.	SLT	N/A	M0132 1
SUBTOTAL SE# 28			\$36,934	\$0				
TOTAL SECTION 1			\$36,934	\$0				

TOTAL AUTHORIZED FOR MENTAL HEALTH SERVICES \$36,934

TOTAL AUTHORIZED FOR THIS FAAA: \$36,934

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 10/28/2015

Contract#: 147808
RF# #: 004

REASON FOR FAAA (for information only):

Residential Treatment Services (MHS 28) funds are awarded for Service Payment for one client at Parkside, LOI #15-17-1081.

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.

M0132 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 Services at Parkside RTP.

OREGON HEALTH AUTHORITY
 Financial Assistance Award Amendment (FAAA)
 FAAA Totals
 Part A
 2015-2017

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY CONTRACT#: 147808
 DATE: 10/28/2015 REF#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
28	RESIDENTIAL TREATMENT SERVICES	\$272,578	\$0	\$36,934	\$309,512
	TOTAL SE# 28	\$272,578	\$0	\$36,934	\$309,512
30	MONITORING, SECURITY, AND SUPE	\$32,524	\$0	\$0	\$32,524
	TOTAL SE# 30	\$32,524	\$0	\$0	\$32,524
35	OLDER/DISABLED ADULT MENTAL HE	\$236,690	\$0	\$0	\$236,690
	TOTAL SE# 35	\$236,690	\$0	\$0	\$236,690
37	MHS SPECIAL PROJECTS	\$2,416,898	\$201,782	\$0	\$2,618,680
	TOTAL SE# 37	\$2,416,898	\$201,782	\$0	\$2,618,680
		\$2,958,690	\$201,782	\$36,934	\$3,197,406

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 C
 2015-2017

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
 DATE: 10/28/2015

CONTRACT#: 147808
 REF#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
28	RESIDENTIAL TREATMENT SERVICES	\$20,000	\$0	\$0	\$20,000
TOTAL SE# 28		\$20,000	\$0	\$0	\$20,000
30	MONITORING, SECURITY, AND SUPE	\$116,200	\$0	\$0	\$116,200
TOTAL SE# 30		\$116,200	\$0	\$0	\$116,200
		\$136,200	\$0	\$0	\$136,200

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
 2015-2017

***** INFORMATION ONLY *****

CONTRACTOR: YAMHILL COUNTY
 DATE: 10/28/2015

CONTRACT#: 147808
 REF#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
28	RESIDENTIAL TREATMENT SERVICES	\$20,000	\$0	\$0	\$20,000
28	RESIDENTIAL TREATMENT SERVICES	\$272,578	\$0	\$36,934	\$309,512
TOTAL SE# 28		\$292,578	\$0	\$36,934	\$329,512
30	MONITORING, SECURITY, AND SUPE	\$116,200	\$0	\$0	\$116,200
30	MONITORING, SECURITY, AND SUPE	\$32,524	\$0	\$0	\$32,524
TOTAL SE# 30		\$148,724	\$0	\$0	\$148,724
35	OLDER/DISABLED ADULT MENTAL HE	\$236,690	\$0	\$0	\$236,690
TOTAL SE# 35		\$236,690	\$0	\$0	\$236,690
37	MES SPECIAL PROJECTS	\$2,416,898	\$201,782	\$0	\$2,618,680
TOTAL SE# 37		\$2,416,898	\$201,782	\$0	\$2,618,680
CONTRACT TOTAL		\$3,094,890	\$201,782	\$36,934	\$3,333,606

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.

Kate Brown, Governor

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

DOCUMENT RETURN STATEMENT

October 30, 2015

Re: Document #: **147808-3** 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).

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 the Oregon Health Authority, and **Yamhill County**, by e-mail from Tami Goertzen on October 30, 2015.

On 11-12-15, 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 11-12-15
(Authorizing Signature) (Date)