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

This Fifteenth 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 Attachment 1, attached hereto and incorporated herein by this reference. Attachment 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:



Authorized Signature

STAN PRIMOZICH

Printed Name

Commissioner 12-15-16

Title

Date

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

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Approved via e-mail from Assistant Attorney General Steven Marlowe on July 5, 2015

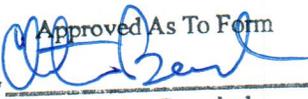
OHA Program:

Approved by Arlenia Broadwell on November 15, 2016, email in Contract file.

Office of Contracts and Procurement:

Regan Dugger, OPBC, CPSM, C.P.M.
Contract Specialist

Date

Approved As To Form
by 
Christian Boenisch
County Counsel
Yamhill County

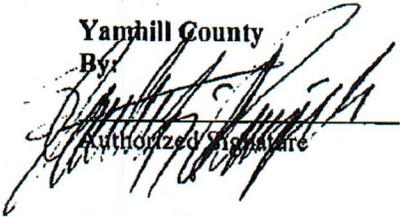
Accepted by Yamhill County
Board of Commissioners on
12-15-16 by Board Order
16-510

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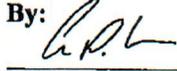
Authorized Signature

STAN PRIMOZIACH
Printed Name

Commissioner 12-15-16
Title Date

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

By:



Authorized Signature

Chris Norman
Printed Name

Member
Title

2/7/17
Date

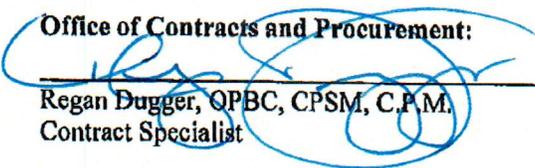
Approved for Legal Sufficiency:

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Office of Contracts and Procurement:


Regan Dugger, QPBC, CPSM, C.P.M.
Contract Specialist

02/07/2017
Date

Accepted by Yamhill County
Board of Commissioners on
12-15-16 by Board Order
16-510

ATTACHMENT 1
Exhibit C
Financial Assistance Award

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

CONTRACTOR: YAMHILL COUNTY
 DATE: 11/01/2016

Contract#: 147808
 Reference#: 016

ALCOHOL AND DRUG 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# 80 PROBLEM GAMBLING PREVENTION SE								
C	10/2016- 6/2017	N/A	\$20,000	\$0	0.	NA	N/A	A0277 1
SUBTOTAL SE# 80			\$20,000	\$0				
TOTAL SECTION 1			\$20,000	\$0				
TOTAL AUTHORIZED FOR ALCOHOL AND DRUG SERVICES						<u>\$20,000</u>		
TOTAL AUTHORIZED FOR THIS FAAA:				<u>\$20,000</u>				

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 11/01/2016

Contract#: 147808
REF#: 016

REASON FOR FAAA (for information only):

Funds are increased for SE 80 Problem Gambling Prevention to implement special project proposed for Adult Outreach and Awareness efforts in community to increase awareness of problem gambling and the availability of treatment. Provider will submit a final report that documents the following: description of the implemented project; outcomes achieved; what activities they will be able to sustain on-going; final budget information; and electronic copies of materials created for the project.

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.

A0277 1 The financial assistance subject to this special condition will be disbursed to County in one lump sum within 30 days after the date this amendment becomes executed.

Keri Hinton

From: Silas Halloran-Steiner
Sent: Friday, December 09, 2016 10:53 AM
To: Mary Starrett; Laura Tschabold
Cc: Lucy Flores Mendez; Keri Hinton; Lindsey Manfrin; Christina Malae; Terry Malay; Tom Eversole
Subject: Board Consideration: OHA #147808-15 Yamhill County
Attachments: 147808-15 rjd Final.pdf

12/16/16
emailed to Regan

Hi Mary and Laura,

Attached is amendment #15 to our agreement with the Oregon Health Authority for the financing of Community Addictions and Mental Health Services. This amendment adds \$20,000 for Problem Gambling Outreach and Awareness in response to our application submitted under BO 16-314 effective October 1, 2016 through June 30, 2017. This grant funding was not included in our Adopted 2016-2017 budget, however, we have sufficient expense authority.

As you may recall, the funds are aimed at increasing awareness of problem gambling and the availability of treatment for the problem gambler and their loved ones at the community level. The target population for these funds will be adults at risk for problem gambling. We will administer the program through our Public Health Division's health promotion team.

I recommend approval of this amendment as written. Please let me know if you have any questions.

Lucy/Keri: please place this item on next week's Board Agenda. Suggested Board Agenda language:

"Approve amendment #15 to the agreement between Yamhill County Health and Human Services and the Oregon Health Authority for \$20,000 effective October 1, 2016 through June 30, 2017."

Contract return instructions are below.

Thanks,

Silas Halloran-Steiner
Director, Yamhill County Health and Human Services Department
Phone: (503) 434-7523
Cell: (503) 435-7572
Fax: (503) 434-9846
627 NE Evans
McMinnville, OR 97128

Our Vision: People in Yamhill County live, work, learn, and play in safe communities that support wellness and dignity.

Our Mission: To promote the public's physical, emotional and social well-being through services, prevention, education, and partnerships.

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From: Dugger Regan J [<mailto:REGAN.J.DUGGER@dhsosha.state.or.us>]
Sent: Thursday, December 08, 2016 7:15 AM
To: Silas Halloran-Steiner; Terry Malay
Subject: Document for Signature: Document #147808-15 Yamhill County

Greetings!

First of all, to ensure timely processing of your contract/amendment, please reply to confirm receipt of this communication and attachment(s).

Next, please complete, sign (where required) and return the following: Entire contact amendment (attached)

The signature block below has my return contact information, so feel free to contact me with any questions. Following your signature and return of these documents, OHA will obtain appropriate counter-signatures and then forward the fully executed document(s) to you for your records.

Important Notice: DHS and OHA no longer issue checks for contract services and supplies. To receive payments, contractors must enroll in Electronic Funds Transfer (EFT), also known as direct deposit. Enrolling in EFT is as easy as completing the Direct Deposit Authorization Form found at: https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/me0189.doc.

Only one form is required per contractor, regardless of how many contracts you have with DHS or OHA. If you already have EFT set up for any type of payment, please do not send in another form. If you have questions regarding EFT, contact the EFT Coordinator at (503) 945-5710.

Thank you for your prompt attention and response!

Regan

Regan Dugger
Contract Specialist 3
DHS/OHA Shared Services, OC&P
regan.j.dugger@state.or.us
503-945-6080

*Please Note: My regular office hours are:
Monday to Thursday, 6:30 am to 4:00 pm
Friday from 8:00 am to Noon.*



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