



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@odhs.oregon.gov](mailto:dhs-oha.publicationrequest@odhs.oregon.gov) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**AGREEMENT # PO-44300-00026028**

**FIRST AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2024-2025 INTERGOVERNMENTAL AGREEMENT  
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT,  
RECOVERY, & PREVENTION, AND PROBLEM GAMBLING SERVICES**

This First Amendment to Oregon Health Authority 2024-2025 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2024 (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:

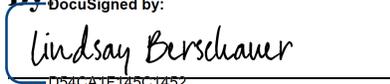
**AGREEMENT**

1. The financial and service information in the Financial Assistance Award is 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.

**6. Signatures.**

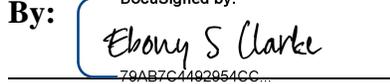
**Yamhill County**

<b>By:</b> <small>DocuSigned by:</small>			
	Lindsay Berschauer	Chair, Board of Commissioners	5/9/2024
<small>D54CA1F145C1452...</small>	<small>E36AB1717C8B41E...</small>		
Authorized Signature	Printed Name	Title	Date

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

<b>By:</b> <small>DocuSigned by:</small>			
	Jon Collins	Business Operations Administrator 2	5/10/2024
<small>E36AB1717C8B41E...</small>			
Authorized Signature	Printed Name	Title	Date

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

<b>By:</b> <small>DocuSigned by:</small>			
	Ebony S Clarke	Director, OHA Behavioral Health	5/10/2024
<small>79AB7C4492954CC...</small>			
Authorized Signature	Printed Name	Title	Date

Approved for Legal Sufficiency:

Approved by Joseph M. Callahan, Assistant Attorney General on March 19, 2024; email in Agreement file.

**Approved by the BOC on: 5/9/24  
via Board Order No.: 24-133**

# ATTACHMENT 1

## EXHIBIT C Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: M0810

CONTRACT#: 026028

CONTRACTOR: YAMHILL COUNTY

INPUT CHECKED BY: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

SE#	FUND	PROJ CODE	CPMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#	
FISCAL YEAR: 2023-2024														
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	-\$133,356.26	\$0.00	A	1	Y		1	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	-\$6,026.00	\$0.00	A	1	Y		1	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	\$3,101.10	\$0.00	A	1	Y			
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	\$59,073.15	\$0.00	A	1	Y			
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	\$14,768.29	\$0.00	C	1	Y		3	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	-\$33,339.07	\$0.00	C	1	Y		1	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	-\$6,026.00	\$0.00	C	1	Y		1	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		1/1/2024 - 6/30/2024	0 /NA	\$0.00	\$3,101.10	\$0.00	C	1	Y		2	
TOTAL FOR SE# 4								<u>-\$98,703.69</u>					<u>\$0.00</u>	
TOTAL FOR 2023-2024								<u>-\$98,703.69</u>					<u>\$0.00</u>	
FISCAL YEAR: 2024-2025														
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	-\$266,712.52	\$0.00	A	1	Y		1	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	\$6,202.21	\$0.00	A	1	Y			
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	-\$12,052.00	\$0.00	A	1	Y		1	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	\$118,146.30	\$0.00	A	1	Y			
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	\$29,536.57	\$0.00	C	1	Y		3	
		<b>BASE</b>	<b>AID &amp; ASSIST PROJECT</b>											
4	804	AAP		7/1/2024 - 6/30/2025	0 /NA	\$0.00	-\$66,678.14	\$0.00	C	1	Y		1	

MODIFICATION INPUT REVIEW REPORT

MOD#: M0810

CONTRACT#: 026028

CONTRACTOR: YAMHILL COUNTY

INPUT CHECKED BY: \_\_\_\_\_

DATE CHECKED: \_\_\_\_\_

SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE	SLOT	RATE	OPERATING	STARTUP PART	PART	PAAF	CLIENT	SP#
		CODE			DATES	CHANGE/TYPE		DOLLARS	DOLLARS ABC	IV	CD	BASE	CODE

FISCAL YEAR: 2024-2025

TOTAL FOR SE# 4	-	\$191,557.58	\$0.00
TOTAL FOR 2024-2025	-	\$191,557.58	\$0.00
TOTAL FOR M0810 026028	-	\$290,261.27	\$0.00

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 03/08/2024

Contract#: 026028  
REF#: 003

REASON FOR FAAA (for information only):

Aid and Assist Client Services (MHS 04) funds have been removed.

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.

- M0810 1 Special Condition #M0792 in Base Agreement, regarding "A) MHS 04 and B) Services" applies.
- M0810 2A) The financial assistance subject to this special condition will be disbursed to County in one lump sum within 30 calendar days after the date this Agreement becomes executed.
- M0810 3A) These funds are for MHS 04 Aid and Assist Client Services. B) The financial assistance subject to this special condition will be disbursed to County in one lump sum within 30 calendar days after the date this Agreement becomes executed.

EXHIBIT A  
BO 24-133