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AGREEMENT # PO-44300-00026028

**NINTH 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 **Ninth** 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

By:

<small>DocuSigned by:</small>  <small>8E58DDAC84AB478...</small>	Kit Johnston	County Commissioner	4/15/2025
_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

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

By:

<small>DocuSigned by:</small>  <small>E36AB1717C8B41F</small>	Jon Collins	Dep Dir BHD	4/15/2025
_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

Approved by: Director, OHA Health Systems Division

By:

<small>Signed by:</small>  <small>79AB7C4492954CC...</small>	Ebony Clarke	BHD Director	4/15/2025
_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

Approved for Legal Sufficiency:

Exempt per OAR 137-045-0050(2)

_____	_____
Oregon Department of Justice	Date

Approved by the BOC on: 04/10/2025
via Board Order No.: 25-103

ATTACHMENT 1
EXHIBIT C
Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: M1074
 CONTRACTOR: YAMHILL COUNTY
 INPUT CHECKED BY: _____ DATE CHECKED: _____
 PROJ EFFECTIVE SLOI STARTUP PART PART PAAF CLIENT
 SE# FUND CODE CPMS PROVIDER DATES CHANGE/TYPE RATE DOLLARS DOLLARS ABC IV CD BASE CODE SP#

FISCAL YEAR: 2024-2025

BASE AID & ASSIST PROJECT

4	804	APP	1/1/2025 - 6/30/2025	0	/NA	90.00	\$17,161.15	\$0.00	A	1	N
							\$17,161.15	\$0.00			
TOTAL FOR SE# 4							\$17,161.15	\$0.00			
TOTAL FOR 2024-2025							\$17,161.15	\$0.00			
TOTAL FOR M1074 026028							\$17,161.15	\$0.00			

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 03/12/2025

Contract#: 026028
REF#: 011

REASON FOR FAAA (for information only):

Aid and Assist Client Services (MHS 04) funds have been awarded to cover housing related needs beginning January 1, 2025. County must complete and submit a monthly Flex Funding CMHP Reporting Template that was provided to CMHPs by Behavioral Health program staff to HSD.Contracts@odhsoha.oregon.gov by the last day of the month following the reporting period. OHA will review this report to determine whether funds are spent in accordance with eligible expense listed on the reporting form such as rental assistance, eviction protection and utility assistance.

BO 25-103
Exhibit A
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