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AGREEMENT # PO-44300-00026028

**TWELFTH 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 **Twelfth** Amendment (this “**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 July, 1, 2025 (the “**Effective Date**”) by and between the State of Oregon acting by and through its Oregon Health Authority (“**OHA**”) and **Yamhill County** (“**CMHP**” or “**County**”).

**RECITALS**

- A.** OHA and County finding it necessary to extend the time for entering into a new Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention (the “**New CFAA**”) to allow County time to develop its Local Plan and Budget guided by the priorities in the New CFAA.
- B.** The New CFAA sets priorities related to the funds OHA will provide to County for behavioral health services. During the Extension Period (as hereinafter defined), County shall develop its Local Plan and Budget in accordance with those priorities and this Amendment.
- C.** OHA and County also desire to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

**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 agree as follows:

- 1.** Section 1 “**Effective Date and Duration**” The date “**June 30, 2025**” is hereby deleted and replaced with the date “**December 31, 2025**”. The following sentence is hereby added to the end of Section 1: “The time between June 30, 2025, and December 31, 2025, is referred to herein as the “**Extension Period**”.

2. Exhibit A “Definitions” Section 18. ~~only to read as follows: language to be deleted or replaced is struck through;~~ new language is **underlined and bold**.  
**“Local Plan” or “Plan”** means a comprehensive plan, adopted by the Local Mental Health Authority and approved by OHA, that describes the delivery of Services and the methods by which the Services will be provided to the community. The Local Plan must be directed by and responsive to the Behavioral Health needs of the community and consistent with the requirements identified in ORS 430.630. **The Plan shall be consistent with content and format to that of OHA’s Local Plan guidelines located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>**.
  
3. **Exhibit B-1 “Service Descriptions” Section m. “AID AND ASSIST SERVICES, MHS04”**, subsection (4) “Special Reporting Requirements” the first paragraph is hereby deleted in its entirety and replaced with the following:  

“County shall prepare and electronically submit monthly MHS 04 reports using forms and procedures prescribed by OHA located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx> no later than 15 calendar days following the end of each subject month for which Financial Assistance is awarded through this Agreement.”
  
4. **For Services provided on and after the Effective Date of this Amendment, Exhibit C, “Financial Pages”** 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.
  
5. **For Services provided on and after the Effective Date of this Amendment,** the following new section is added to **Exhibit E, “Special Terms and Conditions”**:  

“**12. Local Plan and Budget.** In accordance with ORS 430.630(9) and ORS 430.640(1)(f), County shall prepare a Local Plan and Budget using forms and procedures prescribed by OHA. During the Extension Period County shall develop its Local Plan and Budget and submit a draft of the same to OHA electronically for review to [BHD.Contracts@oha.oregon.gov](mailto:BHD.Contracts@oha.oregon.gov) no later than October 1, 2025. The Local Plan and Budget must be finalized for approval by OHA no later than December 31, 2025, to execute the New CFAA.”
  
6. **For Services provided on and after the Effective Date of this Amendment, Exhibit G, “Standard Terms and Conditions”** Section 8. c. ~~only to read as follows: language to be deleted or replaced is struck through;~~ new language is **underlined and bold**.  
  - c. OHA and County agree that this Amendment extends the Agreement to ~~September 1, 2025~~ **March 1, 2026**, but only for the purpose of amendments to adjust the allocated budget (Exhibit C, “Financial Assistance Award”) for Services performed, or not performed, by County during the 2024 calendar year and first quarter of the 2025-2027 biennium, prior to ~~July 1, 2025~~ **January 1, 2026**. If there is more than one amendment modifying the Financial Assistance Award, the amendment shall be applied to the Financial Assistance Award in the order in which the amendments are executed by County and OHA. In no event is County authorized to provide any Services under this Agreement, and County is not required to provide any Services under the Agreement after ~~June 30, 2025~~ **December 31, 2025**.

7. Capitalized words and phrases used but not defined herein have the meanings ascribed to them in the Agreement.
8. County represents and warrants to OHA that the representations and warranties of County set forth in the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
9. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
10. This Amendment may be executed in any number of counterparts, all of which when taken together 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 constitutes an original.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the Effective Date .

**12. Signatures.**

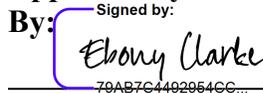
**Yamhill County**

By: DocuSigned by:  
  
8E58DDA684AB478...  
 \_\_\_\_\_  
 Authorized Signature                      Kit Johnston                      County Commissioner

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

By: DocuSigned by:  
  
E36AB4747C8B41E...  
 \_\_\_\_\_  
 Authorized Signature                      Jon Collins                      Business Operations Administrator <sup>8/24/2025</sup>

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

By: Signed by:  
  
79AB7C4492954GC...  
 \_\_\_\_\_  
 Authorized Signature                      Ebony Clarke                      Director, OHA Behavioral Health <sup>8/24/2025</sup>

**Approved for Legal Sufficiency:**

Via e-mail by Lisa Gramp, Sr. Assistant Attorney General                      July 3, 2025  
 \_\_\_\_\_  
 Oregon Department of Justice                      Date

Approved by the BOC on: 08/21/2025  
via Board Order No.: 25-257

Docusign Envelope ID: 1BC4B283-E07D-447B-B21C-1C0FC36A98C9

# ATTACHMENT 1

## EXHIBIT C Financial Pages

### MODIFICATION INPUT REVIEW REPORT

MOD#: A0225		CONTRACT#: 026028		CONTRACTOR: YAMHILL COUNTY		INPUT CHECKED BY: _____		DATE CHECKED: _____									
SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP DOLLARS	PART ABC	PART IV	PARF CD	BASE	CLIENT CODE	SP#		
FISCAL YEAR: 2025-2026																	
63	420	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$4,051.42	\$0.00	A		1	Y				
63	421	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$28,183.79	\$0.00	A		1	Y				
63	450	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$2,994.53	\$0.00	A		1	Y				
TOTAL FOR SE# 63								<u>\$35,229.74</u>	<u>\$0.00</u>								
66	420	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$539.21	\$0.00	A		1	Y				1
66	421	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$1,191.29	\$0.00	A		1	Y				1
66	450	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$57,415.18	\$0.00	A		1	Y				1
66	520	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$50,520.43	\$0.00	A		1	Y				1
66	807	-0-		YAMHILL CO.	7/1/2025-12/31/2025	0 /NA	\$0.00	\$2,315.80	\$0.00	A		1	Y				1
TOTAL FOR SE# 66								<u>\$111,981.91</u>	<u>\$0.00</u>								
TOTAL FOR 2025-2026								<u>\$147,211.65</u>	<u>\$0.00</u>								
TOTAL FOR A0225 026028								<u>\$147,211.65</u>	<u>\$0.00</u>								

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 06/29/2025

Contract#: 026028  
REF#: 014

REASON FOR FAAA (for information only):

Payments provided through this Financial Assistance Agreement (FAA) are subject to the 2025-2027 Legislative Approved Budget (LAB) for Oregon Health Authority for the first 6-month period starting July 1, 2025 through December 31, 2025, as allocated for the 2025-2027 biennia, at the level proposed for the (continuing service level or "CSL"). This FAA may either be amended to further extend this Agreement or enter into a new agreement for the remaining term of the 2025-2027 biennium. Notwithstanding, this FAA may require modification by written amendment to reflect actual changes in funding amounts, or by administrative amendment (memo) provided that such administrative amendment is only used to change fund source coding and not the amount of funding.

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.

A0225 1 These funds must result in the delivery of ASD 66 Services to a minimum of 182 unduplicated individuals receiving outpatient Services and enrolled in the MOTS system on or after January 1, 2024. Up to 20% of 182 can be provided as Prevention, Education, and Outreach to non-enrolled individuals. Cases without evidence of treatment engagement in the clinical record do not count toward the service delivery requirement, except as listed above for Prevention, Education, and Outreach. Report of Prevention, Education, and Outreach must be submitted annually on the form located at <https://www.oregon.gov/OHA/RSD/AMH/Pages/federal-reporting.aspx> Under delivery of Services subject to this financial assistance may result in recovery of funds at the rate of \$1200 per individual.

Exhibit A  
B.O. 25-257

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MODIFICATION INPUT REVIEW REPORT

MOD#: M1191

CONTRACT#: 026028

CONTRACTOR: YAMHILL COUNTY

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

SE#	FUND	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: 2025-2026														
		BASE		SYSTEM MANAGEMENT AN										
1	804	MHS01			7/1/2025-12/31/2025	0 /NA	\$0.00	\$38,022.38	\$0.00	A	1	Y		
				TOTAL FOR SE# 1										
								\$38,022.38	\$0.00					
		BASE		AID & ASSIST PROJECT										
4	804	AAF			7/1/2025-12/31/2025	0 /NA	\$0.00	\$65,091.11	\$0.00	A	1	Y		
		BASE		AID & ASSIST PROJECT										
4	804	AAF			7/1/2025-12/31/2025	0 /NA	\$0.00	\$11,851.49	\$0.00	C	1	Y		1
		BASE		AID & ASSIST PROJECT										
4	806	AAF			7/1/2025-12/31/2025	0 /NA	\$0.00	\$47,109.85	\$0.00	A	1	Y		
				TOTAL FOR SE# 4										
								\$124,052.45	\$0.00					
		BASE		ASSERTIVE COMMUNITY										
5	804	MHACT			7/1/2025-12/31/2025	0 /NA	\$0.00	\$13,422.66	\$0.00	A	1	Y		
				TOTAL FOR SE# 5										
								\$13,422.66	\$0.00					
		BASE		NI JAIL DIVERSION										
9	406	NIJAIL			7/1/2025-12/31/2025	0 /NA	\$0.00	\$135,684.35	\$0.00	A	1	Y		
		BASE		NI JAIL DIVERSION										
9	804	NIJAIL			7/1/2025-12/31/2025	0 /NA	\$0.00	\$12,480.61	\$0.00	A	1	Y		
				TOTAL FOR SE# 9										
								\$148,164.96	\$0.00					
		BASE		NI MH PROMOTION AND										
10	411	NIMHPP			7/1/2025-12/31/2025	0 /NA	\$0.00	\$42,916.66	\$0.00	A	1	Y		
		BASE		NI MH PROMOTION AND										
10	804	NIMHPP			7/1/2025-12/31/2025	0 /NA	\$0.00	\$3,947.66	\$0.00	A	1	Y		
				TOTAL FOR SE# 10										
								\$46,864.32	\$0.00					
		BASE		RENTAL ASSISTANCE PR										
12	804	RNTAST			7/1/2025-12/31/2025	0 /NA	\$0.00	\$109,066.30	\$0.00	A	1	Y		
		BASE		RENTAL ASSISTANCE PR										
12	804	RNTAST			7/1/2025-12/31/2025	20 /SLT	\$0.00	\$135,840.00	\$0.00	C	1	Y		2
				TOTAL FOR SE# 12										
								\$244,906.30	\$0.00					
		BASE		INVOICE SERVICES										
17	804	INVOIC			7/1/2025-12/31/2025	0 /NA	\$0.00	\$107,484.28	\$0.00	C	1	Y		3

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MODIFICATION INPUT REVIEW REPORT

MOD#: M1191

CONTRACT#: 026028

CONTRACTOR: YAMHILL COUNTY

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

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

SE#	FUND	PROJ CODE	CMPS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
FISCAL YEAR: 2025-2026													
TOTAL FOR SE# 17							<u>\$107,464.28</u>	<u>\$0.00</u>					
20		CMHS 301	MH BLOCK GRANT BLOCK	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$50,445.48	\$0.00	A	1	Y		
20		BASE 804	NON-RESIDENTIAL MENT MHRMH	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$203,474.47	\$0.00	A	1	Y		
TOTAL FOR SE# 20							<u>\$253,919.95</u>	<u>\$0.00</u>					
24		BASE 804	ACUTE AND INTERMEDIA ACUTE	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$95,262.05	\$0.00	A	1	Y		
24		BASE 806	ACUTE AND INTERMEDIA ACUTE	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$38,750.00	\$0.00	A	1	Y		
TOTAL FOR SE# 24							<u>\$134,012.05</u>	<u>\$0.00</u>					
25		BASE 406	MOBILE CRISIS INTER CRISIS	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$94,352.74	\$0.00	A	1	Y		
25		BASE 804	MOBILE CRISIS INTER CRISIS	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$297,059.39	\$0.00	A	1	Y		
25		BASE 806	MOBILE CRISIS INTER CRISIS	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$184,034.50	\$0.00	A	1	Y		
TOTAL FOR SE# 25							<u>\$575,446.63</u>	<u>\$0.00</u>					
26		BASE 804	EARLY ASSESSMENT AND EASA	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$2,342.42	\$0.00	A	1	Y		
TOTAL FOR SE# 26							<u>\$2,342.42</u>	<u>\$0.00</u>					
30		BPSREM 804	PSRB DESIG CLIENT PSRB	7/1/2025 - 12/31/2025	2 /SLT	\$465.27	\$5,458.52	\$0.00	A	1	Y		4
TOTAL FOR SE# 30							<u>\$5,458.52</u>	<u>\$0.00</u>					
35		BASE 530	GERO SPECIALISTS GERO	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$18,500.00	\$0.00	A	1	Y		
35		BASE 804	GERO SPECIALISTS GERO	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$66,553.67	\$0.00	A	35A	1	Y	
TOTAL FOR SE# 35							<u>\$85,053.67</u>	<u>\$0.00</u>					

PO-44300-026028-12/lob  
Financial Pages Ref#014 and 015

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Approved 11.15.21 (GT2856-21)  
Level 3 - Restricted

Exhibit A  
B.O. 25-257

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MODIFICATION INPUT REVIEW REPORT

MOD#: M1191

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	CODE	
FISCAL YEAR: 2025-2026													
		BASE	SUPPORTED EMPLOYMENT										
38	804	SUFEMP			7/1/2025-12/31/2025	0 /NA	\$0.00	\$38,846.77	\$0.00	A	1	Y	
TOTAL FOR SE# 38								\$38,846.77	\$0.00				
		BASE	CRISIS AND ACUTE TRA										
725	406	CATS			7/1/2025-12/31/2025	0 /NA	\$0.00	\$2,952.31	\$0.00	A	25A	1	Y
		BASE	CRISIS AND ACUTE TRA										
725	804	CATS			7/1/2025-12/31/2025	0 /NA	\$0.00	\$42,674.50	\$0.00	A	25A	1	Y
		BASE	CRISIS AND ACUTE TRA										
725	815	CATS			7/1/2025-12/31/2025	0 /NA	\$0.00	\$78,709.19	\$0.00	A	25A	1	Y
TOTAL FOR SE# 725								\$124,336.00	\$0.00				
		BASE	EARLY ASSESSMENT AND										
726	804	ERSA			7/1/2025-12/31/2025	0 /NA	\$0.00	\$50,783.75	\$0.00	A	26A	1	Y
TOTAL FOR SE# 726								\$50,783.75	\$0.00				
TOTAL FOR 2025-2026								\$1,993,117.11	\$0.00				
TOTAL FOR M1191 026028								\$1,993,117.11	\$0.00				

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 06/29/2025

Contract#: 026028  
REF#: 015

REASON FOR FAAA (for information only):

Payments provided through this Financial Assistance Agreement (FAA) are subject to the 2025-2027 Legislative Approved Budget (LAB) for Oregon Health Authority for the first 6-month period starting July 1, 2025 through December 31, 2025, as allocated for the 2025-2027 biennia, at the level proposed for the (continuing service level or "CSL"). This FAA may either be amended to further extend this Agreement or enter into a new agreement for the remaining term of the 2025-2027 biennium. Notwithstanding, this FAA may require modification by written amendment to reflect actual changes in funding amounts, or by administrative amendment (memo) provided that such administrative amendment is only used to change fund source coding and not the amount of funding.

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.

- M1191 1A) 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.
- M1191 2) These funds are for MHS 12 Services. B) The funds subject to this special condition will be disbursed to Contractor upon receipt of quarterly invoices from 1/1/2024-12/31/2025.
- M1191 3A) These funds are for MHS 17, which encompasses Invoice Services found in service elements 26, 27, 28, 30, 34 and 36 from 01/01/2024 to 12/31/2025 with Part C. B) For Services delivered to individuals, financial assistance awarded to County shall be disbursed to County and expended by County in accordance with and subject to the residential rate on the date of service delivery based upon the rate schedule found at [www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx) and incorporated into this Agreement by reference that is effective as of the effective date of this Agreement unless a new rate schedule is subsequently incorporated by amendment. Any expenditure by County in excess of the authorized rates as set forth [www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx) may be deemed unallowable and subject to recovery by OHA in accordance with the terms of this Agreement.

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 06/29/2025

Contract#: 026028  
REF#: 015

M1191 4MHS 30 Rate and Slot: For slots utilized during a particular month, OHA will provide financial assistance at the rate of \$465.27 per month per slot for up to 2 slots.