



Deschutes County Board of Commissioners  
1300 NW Wall St., Suite 200, Bend, OR 97701-1960  
(541) 388-6570 - Fax (541) 385-3202 - [www.deschutes.org](http://www.deschutes.org)

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## **AGENDA REQUEST & STAFF REPORT**

**For Board Business Meeting of May 11, 2016**

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**DATE:** May 5, 2016

**FROM:** Nancy Mooney, Contract Specialist, Deschutes County Health Services, 322-7516

**TITLE OF AGENDA ITEM:**

Consideration of Board Signature of Document #2016-245, Amendment #12 to Intergovernmental Financial Agreement Award #147787 between Deschutes County Health Services, Behavioral Health Division and the Oregon Health Authority for the financing of Community Addictions and Mental Health Services for year 2015-2017.

**PUBLIC HEARING ON THIS DATE?** No.

**BACKGROUND AND POLICY IMPLICATIONS:**

The Oregon Health Authority (OHA) was created to bring most health-related programs in the state into a single agency to maximize its purchasing power; the Intergovernmental Agreement (#147787) outlines the services and financing for the Health Services Department, Behavioral Health Division, for the 2015-2017 fiscal years.

Deschutes County Behavioral Health helps County residents facing serious mental health and addiction issues. Priority populations include Oregon Health Plan members, uninsured County residents with nowhere else to turn and people in crisis, who are often in unstable situations or are a danger to themselves or others. The department also coordinates services for residents in care at the State Hospital or served through other agencies or facilities. These services assist people in need, alleviate community problems, promote client health and prevent more costly care and intervention.

Amendment #12 modifies funding and includes the Cost of Living Adjustment (COLA) to the following service elements.

SE #1 – Local Administration - \$21,054  
SE #20 – Non-Residential Mental Health - \$18,566  
SE #28 – Residential Treatment Services - \$95,010  
SE #30 – Monitoring, Security and Supervision - \$5,204  
SE #35 – Older/Disabled Adult Mental Health Services - \$562  
SE #37 – MHS Special Projects - \$184,217

**FISCAL IMPLICATIONS:**

Maximum compensation for this amendment is \$324,613.

**RECOMMENDATION & ACTION REQUESTED:**

Approval and signature of Document #2016-245, Amendment #12 to Intergovernmental Financial Agreement Award #147787 between Deschutes County Health Services, Behavioral Health and the Oregon Health Authority is requested.

**ATTENDANCE:** Consent Agenda

**DISTRIBUTION OF DOCUMENTS:** E-Mail (tami.j.goertzen@state.or.us) Tami Goertzen, signed Page 2 of the agreement, a completed page 192. "Notices" of Exhibit F, and the signed Document Return Statement. Original documents to Nancy Mooney at Health Services.

## DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections above the Official Review line.

**Date:**

**Department:**

**Contractor/Supplier/Consultant Name:**

**Contractor Contact:**       **Contractor Phone #:**

**Type of Document:**      Amendment #12 to #147787

**Goods and/or Services:** Amendment #12 modifies funding for mental health services subject to 2015-2017 legislatively adopted budget for the Oregon Health Authority and includes the Cost of Living Adjustment (COLA) to applicable service elements.

**Background & History:** Deschutes County Health Services (DCHS) provides or coordinates the provision of mental health and developmental disability treatment services to individuals; services may include alcohol and drug treatment, problem gambling prevention treatment services, transportation services, housing services and the provision of peer resources.

The intergovernmental agreement between the Oregon Health Authority (OHA) and DCHS provides the financing for mental health and addiction services and sets forth the guidelines for DCHS to provide or coordinate provision of mental health services to individuals.

Amendment #12 modifies funding and includes the Cost of Living Adjustment (COLA) to the following service elements.

SE #1 – Local Administration - \$21,054  
SE #20 – Non-Residential Mental Health - \$18,566  
SE #28 – Residential Treatment Services - \$95,010  
SE #30 – Monitoring, Security and Supervision - \$5,204  
SE #35 – Older/Disabled Adult Mental Health Services - \$562  
SE #37 – MHS Special Projects - \$184,217

**Agreement Starting Date:**       **Ending Date:**

**Annual Value:**

Insurance Certificate Received (check box)  
Insurance Expiration Date:

Check all that apply:

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget?  Yes  No

If **No**, has budget amendment been submitted?  Yes  No

Is this a Grant Agreement providing revenue to the County?  Yes  No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter:  Yes  No

Contact information for the person responsible for grant compliance: Name:   
Phone #:

Departmental Contact and Title:

Deputy Director Approval: Deanna Orr 4/28/16  
Signature Date

Department Director Approval: Jane Orr 5/2/16  
Signature Date

Distribution of Document: Fax or E-mail signature page and document return statement to Tami Goertzen; tami.j.goertzen@state.or.us or (503) 373-7365, fully executed copy to Nancy Mooney.

**Official Review:**

County Signature Required (check one):  BOCC  Department Director (if <\$25K)

Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No. \_\_\_\_\_)

Legal Review Ddm Date 5/4/16

Document Number: 2016-245



Kate Brown, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 373-7365

## DOCUMENT RETURN STATEMENT

April 11, 2016

**Re:** Document #: **147787-12**, 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).

**Important:** If you have any questions or find errors in the above referenced Document, please contact the contract specialist, Tammy Hurst at (503) 947-5298.

I \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Title)

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and Deschutes County, by e-mail from Tami Goertzen on April 11, 2016.

On \_\_\_\_\_, 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.

\_\_\_\_\_  
(Authorizing Signature)

\_\_\_\_\_  
(Date)



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

**TWELFTH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF COMMUNITY ADDICTIONS AND MENTAL HEALTH SERVICES  
AGREEMENT #147787**

This Twelfth 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 Deschutes 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.

**Deschutes County**

**By:**

\_\_\_\_\_  
Authorized Signature                      Printed Name                      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

**Office of Contracts and Procurement:**

\_\_\_\_\_  
Tammy L. Hurst, OPBC, OCAC                      \_\_\_\_\_  
Contract Specialist                      Date

**Attachment 1**  
**Exhibit C**  
**Financial Assistance Award**

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

CONTRACTOR: DESCHUTES COUNTY  
 DATE: 01/29/2016

Contract#: 147787  
 Reference#: 011

**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	KKMIS #2 Codes	Spec Cond#
<b>SEN 1 LOCAL ADMINISTRATION - MENTAL</b>								
A	7/2015- 6/2016	N/A	-\$51,118	\$0	0.	NA	N/A	NO267 1
A	7/2015- 6/2016	N/A	\$52,651	\$0	0.	NA	N/A	NO267 2
A	7/2015- 6/2016	N/A	-\$210,944	\$0	0.	NA	N/A	NO267 3
A	7/2015- 6/2016	N/A	\$217,272	\$0	0.	NA	N/A	NO267 4
A	7/2015- 6/2016	N/A	-\$51,118	\$0	0.	NA	N/A	NO267 5
A	7/2015- 6/2016	N/A	\$52,651	\$0	0.	NA	N/A	NO267 6
A	7/2015- 6/2016	N/A	-\$37,779	\$0	0.	NA	N/A	NO267 7
A	7/2015- 6/2016	N/A	\$38,912	\$0	0.	NA	N/A	NO267 8
A	7/2016- 6/2017	N/A	-\$51,118	\$0	0.	NA	N/A	NO267 1
A	7/2016- 6/2017	N/A	\$52,651	\$0	0.	NA	N/A	NO267 2
A	7/2016- 6/2017	N/A	-\$210,944	\$0	0.	NA	N/A	NO267 3
A	7/2016- 6/2017	N/A	\$217,272	\$0	0.	NA	N/A	NO267 4
A	7/2016- 6/2017	N/A	-\$51,118	\$0	0.	NA	N/A	NO267 5
A	7/2016- 6/2017	N/A	\$52,651	\$0	0.	NA	N/A	NO267 6
A	7/2016- 6/2017	N/A	-\$37,779	\$0	0.	NA	N/A	NO267 7
A	7/2016- 6/2017	N/A	\$38,912	\$0	0.	NA	N/A	NO267 8
<b>SUBTOTAL SEN 1</b>			<b>\$21,054</b>	<b>\$0</b>				
<b>SEN 20 NON-RESIDENTIAL MENTAL HEALTH</b>								
A	7/2015- 6/2016	N/A	-\$174,115	\$0	16.	SLT	N/A	NO267 9
A	7/2015- 6/2016	N/A	\$179,339	\$0	16.	SLT	N/A	NO267 10
A	7/2015- 6/2016	N/A	-\$57,950	\$0	-5.	SLT	N/A	NO267 11
A	7/2015- 6/2016	N/A	\$59,689	\$0	5.	SLT	N/A	NO267 12
A	7/2015- 6/2016	N/A	-\$57,950	\$0	-5.	SLT	N/A	NO267 13
A	7/2015- 6/2016	N/A	\$59,689	\$0	5.	SLT	N/A	NO267 14
A	7/2015- 6/2016	N/A	-\$19,387	\$0	-5.	SLT	N/A	NO267 15
A	7/2015- 6/2016	N/A	\$19,968	\$0	5.	SLT	N/A	NO267 16
A	7/2016- 6/2017	N/A	-\$174,115	\$0	-16.	SLT	N/A	NO267 9
A	7/2016- 6/2017	N/A	\$179,339	\$0	16.	SLT	N/A	NO267 10
A	7/2016- 6/2017	N/A	-\$57,950	\$0	-5.	SLT	N/A	NO267 11
A	7/2016- 6/2017	N/A	\$59,689	\$0	5.	SLT	N/A	NO267 12
A	7/2016- 6/2017	N/A	-\$57,950	\$0	-5.	SLT	N/A	NO267 13
A	7/2016- 6/2017	N/A	\$59,689	\$0	5.	SLT	N/A	NO267 14
A	7/2016- 6/2017	N/A	-\$19,387	\$0	-5.	SLT	N/A	NO267 15
A	7/2016- 6/2017	N/A	\$19,968	\$0	5.	SLT	N/A	NO267 16
<b>SUBTOTAL SEN 20</b>			<b>\$18,566</b>	<b>\$0</b>				

CONTRACTOR: GESCHUTER COUNTY  
 DATE: 03/28/2016

Contract#: 147787  
 Reference#: 011

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#
<b>SEE 20 RESIDENTIAL TREATMENT SERVICES</b>								
A	7/2015- 6/2016	N/A	-\$929,791	\$0	-16.	SLT	28A	M0267 19
A	7/2015- 6/2016	N/A	\$957,684	\$0	16.	SLT	28A	M0267 20
A	7/2015- 6/2016	N/A	\$326,855	\$0	5.	SLT	N/A	M0267 17
A	7/2015- 6/2016	N/A	\$336,661	\$0	5.	SLT	N/A	M0267 18
A	7/2015- 6/2016	N/A	-\$326,855	\$0	-5.	SLT	N/A	M0267 21
A	7/2015- 6/2016	N/A	\$336,661	\$0	5.	SLT	N/A	M0267 22
A	7/2016- 6/2017	N/A	\$929,791	\$0	16.	SLT	28A	M0267 19
A	7/2016- 6/2017	N/A	\$957,684	\$0	16.	SLT	28A	M0267 20
A	7/2016- 6/2017	N/A	-\$326,855	\$0	-5.	SLT	N/A	M0267 17
A	7/2016- 6/2017	N/A	\$336,661	\$0	5.	SLT	N/A	M0267 18
A	7/2016- 6/2017	N/A	-\$326,855	\$0	-5.	SLT	N/A	M0267 21
A	7/2016- 6/2017	N/A	\$336,661	\$0	5.	SLT	N/A	M0267 22
<b>SUBTOTAL SEE 20</b>			<b>\$95,010</b>	<b>\$0</b>				
<b>SEE 30 MONITORING, SECURITY, AND SUPR</b>								
A	7/2015- 6/2016	N/A	-\$86,730	\$0	-16.	SLT	N/A	M0267 23
A	7/2015- 6/2016	N/A	\$89,332	\$0	16.	SLT	N/A	M0267 24
A	7/2016- 6/2017	N/A	-\$86,730	\$0	-16.	SLT	N/A	M0267 23
A	7/2016- 6/2017	N/A	\$89,332	\$0	16.	SLT	N/A	M0267 24
<b>SUBTOTAL SEE 30</b>			<b>\$5,204</b>	<b>\$0</b>				
<b>SEE 35 OLDER/DISABLED ADULT MENTAL HR</b>								
A	7/2015- 6/2016	N/A	\$201	\$0	0.	NA	35A	
A	7/2016- 6/2017	N/A	\$201	\$0	0.	NA	35A	
<b>SUBTOTAL SEE 35</b>			<b>\$562</b>	<b>\$0</b>				
<b>SEE 37 MHS SPECIAL PROJECTS</b>								
A	7/2015- 6/2016	N/A	-\$1,963,735	\$0	0.	NA	N/A	M0267 25
A	7/2015- 6/2016	N/A	\$2,034,683	\$0	0.	NA	N/A	M0267 26
A	7/2015- 6/2016	N/A	-\$52,735	\$0	0.	NA	N/A	M0267 27
A	7/2015- 6/2016	N/A	\$54,317	\$0	0.	NA	N/A	M0267 28
A	7/2015- 6/2016	N/A	-\$133,333	\$0	0.	NA	N/A	M0267 29
A	7/2015- 6/2016	N/A	\$137,333	\$0	0.	NA	N/A	M0267 30
A	7/2015- 6/2016	N/A	-\$304,796	\$0	0.	NA	N/A	M0267 31
A	7/2015- 6/2016	N/A	\$313,940	\$0	0.	NA	N/A	M0267 32
A	10/2015- 6/2016	N/A	\$405	\$0	0.	NA	N/A	M0267 35

CONTRACTOR: DESCHUTES COUNTY  
 DATE: 03/28/2014

Contract#: 147787  
 Reference#: 013

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
A	1/2016- 6/2016	N/A	-\$252,720	\$0	-30	SLT	N/A	MO267 33
A	1/2016- 6/2016	N/A	\$260,302	\$0	30	SLT	N/A	MO267 34
A	7/2016- 6/2017	N/A	-\$1,963,735	\$0	0	NA	N/A	MO267 25
A	7/2016- 6/2017	N/A	\$2,034,683	\$0	0	NA	N/A	MO267 26
A	7/2016- 6/2017	N/A	-\$52,735	\$0	0	NA	N/A	MO267 27
A	7/2016- 6/2017	N/A	\$54,317	\$0	0	NA	N/A	MO267 28
A	7/2016- 6/2017	N/A	-\$133,333	\$0	0	NA	N/A	MO267 29
A	7/2016- 6/2017	N/A	\$137,333	\$0	0	NA	N/A	MO267 30
A	7/2016- 6/2017	N/A	-\$234,796	\$0	0	NA	N/A	MO267 31
A	7/2016- 6/2017	N/A	\$223,240	\$0	0	NA	N/A	MO267 32
A	7/2016- 6/2017	N/A	-\$252,720	\$0	-30	SLT	N/A	MO267 33
A	7/2016- 6/2017	N/A	\$260,302	\$0	30	SLT	N/A	MO267 34
SUBTOTAL END 37			\$184,217	\$0				
TOTAL SECTION 1			\$324,613	\$0				

TOTAL AUTHORIZED FOR MENTAL HEALTH SERVICES

\$324,613

TOTAL AUTHORIZED FOR THIS FAAA:

\$324,613

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR DESCHUTES COUNTY  
DATE: 03/28/2016

Contract#: 147787  
REP#: 013

REASON FOR FAAA (for information only):

The Financial Assistance Award is for Mental Health Services subject to the 2015-2017 Legislatively Adopted Budget for the Oregon Health Authority. This award includes Cost of Living Adjustment (COLA), where applicable.

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.

- M0267 1 Special condition #M0000-1 in Base Agreement, regarding "A) local administration" and "B) 12TH Street" applies.
  
- M0267 2 A) The financial assistance subject to this special condition is awarded for local administration of services in the Mental Health Services Program Area. If County terminates its obligation to include this Program Area under this Agreement, OHA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for services at 12th Street RTH.
  
- M0267 3 Special condition #M0000-2 in Base Agreement, regarding "A) local administration" and "B) Deschutes Recovery Center SRTF" applies.
  
- M0267 4 A) The financial assistance subject to this special condition is awarded for local administration of services in the Mental Health Services Program Area. If County terminates its obligation to include this Program Area under this Agreement, OHA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for services at Deschutes Recovery Center SRTF.
  
- M0267 5 Special condition #M0000-3 in Base Agreement, regarding "A) local administration" and "B) Edgecliff RTH" applies.
  
- M0267 6 A) The financial assistance subject to this special condition is awarded for local administration of services in the Mental Health Services Program Area. If County terminates its obligation to include this Program Area under this Agreement, OHA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for services at Edgecliff RTH.
  
- M0267 7 Special condition #M0000-4 in Base Agreement, regarding "A) local administration" and "B) Mosser RTH" applies.
  
- M0267 8 A) The financial assistance subject to this special condition is awarded for local administration of services in the Mental Health Services Program Area. If County terminates its obligation to

include this Program Area under this Agreement, OWA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for services at Houser RTH.

- NO267 9 Special condition MM0000-5 in Base Agreement, regarding 'Rent Subsidy at Deschutes Recovery Center SRTP' applies.
- NO267 10 These funds are for Rent Subsidy at Deschutes Recovery Center SRTP.
- NO267 11 Special condition MM0000-6 in Base Agreement, regarding 'Rent Subsidy at 12th Street RTH' applies.

- MO267 12 These funds are for Rent Subsidy at 12th Street RTH.
- MO267 13 Special condition #M0000 7 in Base Agreement, regarding 'Rent Subsidy at Edgecliff RTH' applies.
- MO267 14 These funds are for Rent Subsidy at Edgecliff RTH.
- MO267 15 Special condition #M0000-8 in Base Agreement, regarding "Rent Subsidy at Hooper RTH" applies.
- MO267 16 These funds are for Rent Subsidy at Hooper RTH.
- MO267 17 Special condition #M0000-9 in Base Agreement, regarding "A)MHS 28 Rate" and "B) 12TH Street RTH" applies.
- MO267 18 A) MHS 28 Rate: For services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$5,611.02 per month per individual. B) These funds are for 12th Street RTH.
- MO267 19 Special condition #M0000-10 in Base Agreement, regarding "A)MHS 28 Rate" and "B) Deschutes Recovery Center SRTF" applies.
- MO267 20 A) MHS 28 Rate: For services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$4,987.94 per month per individual. B) These funds are for Deschutes Recovery Center SRTF.
- MO267 21 Special condition #M0000-11 in Base Agreement, regarding "A)MHS 28 Rate" and "B) Edgecliff House RTH" applies.
- MO267 22 A) MHS 28 Rate: For services delivered to individuals during a particular month, OHA will provide financial assistance at the rate of \$5,611.02 per month per individual. B) These funds are for Edgecliff RTH.
- MO267 23 Special condition #M0091-2 in Amendment #1, regarding "MHS 30 Rate and Slot" applies
- MO267 24 MHS 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 16 slots.
- MO267 25 Special condition #M0000-16 in Base Agreement, regarding 'Exhibit MHS 37-Community Behavioral Health' applies.
- MO267 26 These funds are awarded for the special project described in Exhibit MHS 37-Community Behavioral and Mental Health Services to MHS 37 Service Description.
- MO267 27 Special condition #M0000-15 in Base Agreement, regarding "A) Exhibit MHS 37-Community Behavioral Health" and "B) Crisis Services" applies.
- MO267 28 These funds are awarded for the special project described in Exhibit MHS 37-Community Behavioral and Mental Health Services to MHS 37 Service Description for Crisis Services.

- M0267 29 Special condition #M0000-17 in Base Agreement, regarding "A) Exhibit MHS 17-Community Behavioral Health to MHS 17 Service Description" and "B) Mental Health Prevention and Promotion" applies.
- M0267 30 These funds are awarded for MHS 17 - Mental Health Promotion and Prevention Services.
- M0267 31 Special condition #M0000-13 in Base Agreement, regarding "Exhibit 17-Mental Health Supported Housing and Rental Assistance Services to Service Description MHS 17" applies.
- M0267 32 The expenditure of financial assistance awarded for this special project must result in monthly rental assistance for 30 unduplicated clients not to exceed \$500 per month per client, and a one-time move-in expense not to exceed \$1,000 per client. Exhibit 17-Mental Health Supported Housing and Rental Assistance Services to Service Description MHS 17 applies to the financial assistance subject to this special condition. Under delivery of Services subject to this financial assistance may result in recovery of funds at a rate of \$500 for each month Services are under delivered.
- M0267 33 Special condition #M0194-3 in Amendment #10, regarding "A) Exhibit MHS 17 - Rental Assistance Program Services" and "B) expenditure of financial assistance awarded" applies.
- M0267 34 A) These funds are for the special project described in Exhibit MHS 17 Rental Assistance Program Services to MHS 17 Services Description. B) The expenditure of financial assistance awarded for this special project must result in monthly rental assistance for 30 unduplicated clients not to exceed \$702 per month per client, and a one-time move-in expense not to exceed \$1,000 per client. Exhibit 17- Rental Assistance Program Services to Service Description MHS 17 applies to the financial assistance subject to this special condition. Under delivery of Services subject to this financial assistance may result in recovery of funds at a rate of \$702 for each month Services are under delivered.
- M0267 35 Special condition #M0112-1 in Amendment #3, regarding "A) Exhibit MHS 17 - Supported Housing and Rental Assistance Services" and "B) expenditure of financial assistance awarded" applies.
- M0267 36 A) These funds are provided for the special project described in Exhibit MHS 17 - Supported Housing and Rental Assistance Services to MHS 17 Service Description. B) The expenditure of financial assistance awarded for this special project must result in monthly rental assistance for 30 unduplicated clients not to exceed \$650 per month, per client and a one-time move-in expense not to exceed \$1,000 per client. Exhibit 17-Mental Health Supported Housing and Rental Assistance Services to Service Description MHS 17 applies to the financial assistance subject to this special condition. Under delivery of Services subject to this financial assistance may result in recovery of funds at a rate of \$650 for each month Services are under delivered.

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

\*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

CONTRACTOR: DESCHUTES COUNTY  
 DATE: 03/28/2016

CONTRACT#: 147787  
 REF#: 013

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
1	LOCAL ADMINISTRATION - MENTAL	\$701,916	\$0	\$21,057	\$722,973
TOTAL SE# 1		\$701,916	\$0	\$21,057	\$722,973
20	NON-RESIDENTIAL MENTAL HEALTH	\$618,806	\$0	\$18,564	\$637,370
TOTAL SE# 20		\$618,806	\$0	\$18,564	\$637,370
28	RESIDENTIAL TREATMENT SERVICES	\$1,854,755	\$0	\$55,787	\$1,910,542
28	RESIDENTIAL TREATMENT SERVICES	\$10,951	\$0	\$0	\$10,951
28	RESIDENTIAL TREATMENT SERVICES	\$1,307,422	\$0	\$19,223	\$1,326,645
TOTAL SE# 28		\$3,173,128	\$0	\$99,010	\$3,268,138
30	MONITORING, SECURITY, AND SUPE	\$173,462	\$0	\$5,204	\$178,666
TOTAL SE# 30		\$173,462	\$0	\$5,204	\$178,666
35	OLDER/DISABLED ADULT MENTAL HE	\$18,734	\$0	\$562	\$19,296
TOTAL SE# 35		\$18,734	\$0	\$562	\$19,296
37	MHS SPECIAL PROJECTS	\$6,201,870	-\$351,000	\$169,053	\$6,019,923
37	MHS SPECIAL PROJECTS	\$0	\$379,080	\$15,163	\$394,243
TOTAL SE# 37		\$6,201,870	\$28,080	\$184,216	\$6,414,166

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 A  
 2015-2017  
 \*\*\*\*\* INFORMATION ONLY \*\*\*\*\*

CONTRACTOR: DESCHUTES COUNTY  
 DATE: 03/28/2016

CONTRACT#: 147787  
 REPN: 013

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
39	PROJECTS FOR ASSISTANCE IN TRA	\$188,000	\$0	\$0	\$188,000
TOTAL SE# 39		\$188,000	\$0	\$0	\$188,000
		\$11,075,916	\$28,080	\$324,613	\$11,428,609

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: DESCHUTES COUNTY  
 DATE: 03/28/2016

CONTRACT#: 147787  
 REFS: 013

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
28	RESIDENTIAL TREATMENT SERVICES	\$5,500	\$0	\$0	\$5,500
TOTAL SE# 28		\$5,500	\$0	\$0	\$5,500
30	MONITORING, SECURITY, AND SUPE	\$182,800	\$0	\$0	\$182,800
TOTAL SE# 30		\$182,800	\$0	\$0	\$182,800
36	PASARR MHS	\$0	\$5,000	\$0	\$5,000
TOTAL SE# 36		\$0	\$5,000	\$0	\$5,000
		\$188,300	\$5,000	\$0	\$193,300

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: DESCHUTES COUNTY  
 DATE: 03/28/2016

CONTRACT#: 147787  
 REF#: 013

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
1	LOCAL ADMINISTRATION - MENTAL	\$701,916	\$0	\$21,057	\$722,973
TOTAL SE# 1		\$701,916	\$0	\$21,057	\$722,973
20	NON-RESIDENTIAL MENTAL HEALTH	\$618,806	\$0	\$18,564	\$637,370
TOTAL SE# 20		\$618,806	\$0	\$18,564	\$637,370
26	RESIDENTIAL TREATMENT SERVICES	\$1,854,755	\$0	\$55,787	\$1,910,542
28	RESIDENTIAL TREATMENT SERVICES	\$16,451	\$0	\$0	\$16,451
28	RESIDENTIAL TREATMENT SERVICES	\$1,307,422	\$0	\$39,223	\$1,346,645
TOTAL SE# 26		\$3,178,628	\$0	\$95,010	\$3,273,638
30	MONITORING, SECURITY, AND SUPE	\$182,800	\$0	\$0	\$182,800
30	MONITORING, SECURITY, AND SUPE	\$173,462	\$0	\$5,204	\$178,666
TOTAL SE# 30		\$356,262	\$0	\$5,204	\$361,466
35	OLDER/DISABLED ADULT MENTAL HE	\$18,734	\$0	\$562	\$19,296
TOTAL SE# 35		\$18,734	\$0	\$562	\$19,296
36	PASARR MHS	\$0	\$5,000	\$0	\$5,000
TOTAL SE# 36		\$0	\$5,000	\$0	\$5,000

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: DESCHUTES COUNTY  
 DATE: 03/26/2016

CONTRACT#: 147787  
 RFP#: 013

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL
37	MNS SPECIAL PROJECTS	\$6,201,870	-\$351,000	\$169,053	\$6,019,923
37	MNS SPECIAL PROJECTS	\$0	\$379,080	\$15,163	\$394,243
TOTAL SE# 37		\$6,201,870	\$28,080	\$184,216	\$6,414,166
39	PROJECTS FOR ASSISTANCE IN TRA	\$188,000	\$0	\$0	\$188,000
TOTAL SE# 39		\$188,000	\$0	\$0	\$188,000
CONTRACT TOTAL		\$11,264,216	\$33,080	\$324,613	\$11,621,909

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.

**Nancy Mooney**

2016-245

**From:** Nancy Tyler  
**Sent:** Friday, April 22, 2016 8:29 AM  
**To:** Nancy Mooney  
**Cc:** Sharon Hatcher  
**Subject:** RE: OHA Amendment #147787-12, ready for approval for signature

Hi Nancy- I've reviewed and approved.

And as Sharon mentioned- the section that has the specifics on the financial award is very blurry. I've never seen one look like this. Did it come from the State this way or did it get scanned into the system? If you happen to have a clear copy that we can get - that would be helpful as Sharon prints it out and uses it as part of her payment review process.

Thanks-Nancy

**From:** Nancy Mooney  
**Sent:** Monday, April 18, 2016 2:47 PM  
**To:** Nancy Tyler  
**Cc:** Sharon Hatcher  
**Subject:** OHA Amendment #147787-12, ready for approval for signature  
**Importance:** High

Nancy T.,

Please provide your affirmation that you have read this document in its entirety, that we can accept/accomplish the Statement of Work and that signing this document is recommended.

Please note upon e-mailing your consent for signature that you're confirming you've read the document and reviewed/approved the Statement of Work as it is set forth in the document.

Thank you,

Nancy Mooney  
Contract Specialist  
Phone: 541-322-7516  
Fax: 541-322-7565

Deschutes County Health Services  
2577 NE Courtney Drive  
Bend, OR 97701

**From:** Goertzen Tami J [<mailto:tami.j.goertzen@state.or.us>]  
**Sent:** Monday, April 11, 2016 2:22 PM  
**To:** Bonnie Baker; DeAnn Carr; Jane Smilie; Loretta Gertsch; Nancy Mooney; Sherri Pinner; Sharon Ross  
**Subject:** CMHP Agreement #147787-12

Deschutes County  
Jane Smilie, Director