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**THIRD AMENDMENT TO
OREGON HEALTH AUTHORITY
2021 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF MENTAL
HEALTH, ADDICTION TREATMENT, RECOVERY, & PREVENTION, AND
PROBLEM GAMBLING SERVICES AGREEMENT #166055**

This Third Amendment to Oregon Health Authority 2021 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2021 (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 **Tillamook 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.

6. Signatures.

Tillamook 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 by: Director, OHA Health Systems Division

By:

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on April 30, 2019; e-mail in contract file.

OHA Program:

Approved by Shawn Kintner on June 15 2021; e-mail in contract file.

ATTACHMENT 1

EXHIBIT C
Financial Pages

MOD#: A0022												
CONTRACT#: 166055												
CONTRACTOR: TILLAMOOK COUNTY												
INPUT CHECKED BY: _____ DATE CHECKED: _____												
SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE	SLOT	OPERATING	STARTUP PART	PART	PAAF	CLIENT	SP#
		CODE			DATES	CHANGE/TYPE	DOLLARS	DOLLARS ABC	IV	CD	BASE	CODE
FISCAL YEAR: 2020-2021												
66	450	BASEAD	-0-	TILLAMOOK CO.	1/1/2021 - 6/30/2021	0 /NA	\$0.00	\$14,659.63	\$0.00	A	1 Y	2
66	520	BASEAD	-0-	TILLAMOOK CO.	1/1/2021 - 6/30/2021	0 /NA	\$0.00	-\$14,659.63	\$0.00	A	1 Y	1
TOTAL FOR SE# 66							\$0.00	\$0.00				
TOTAL FOR 2020-2021							\$0.00	\$0.00				
TOTAL FOR A0022 166055							\$0.00	\$0.00				

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: TILLAMOOK COUNTY
DATE: 06/10/2021

Contract#: 166055
REF#: 004

REASON FOR FAAA (for information only):

This Contract amendment is for administrative adjustment to 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.

A0022 1 Special condition #A0000-4 in Base Agreement, regarding "A&D 66 Services" applies.

A0022 2 These funds must result in the delivery of A&D 66 Services to a minimum of 53 unduplicated individuals receiving outpatient Services and enrolled in the MOTS system on or after January 1, 2021. Up to 20% of 53 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 quarterly on the form located at <http://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>. Under delivery of Services subject to this financial assistance may result in recovery of funds at the rate of \$ 1,200 per individual.

Certificate Of Completion

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Kyleen Zimmer

KYLEEN.J.ZIMBER@dhsosha.state.or.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**
Not Offered via DocuSign

Margie Stanton

MARGIE.C.STANTON@dhsosha.state.or.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**
Accepted: 5/26/2020 8:11:14 AM
ID: 20e5e982-b92b-49ae-b319-83ecdb2ac0b5**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp**

Isabel Gilda

igilda@co.tillamook.or.us

Security Level: Email, Account Authentication
(None)

Sent: 6/15/2021 7:00:36 PM

Viewed: 7/16/2021 9:55:56 AM

Electronic Record and Signature Disclosure:
Accepted: 7/16/2021 9:55:56 AM
ID: 20b32dce-3a08-48c8-9aad-23145d34f3b1**Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Carbon Copy Events	Status	Timestamp
amhcontract.administrator@dhsoba.state.or.us amhcontract.administrator@dhsoba.state.or.us Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Shawn Kintner Shawn.Kintner@dhsoba.state.or.us Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/15/2021 7:00:36 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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To contact us by email send messages to: mick.j.mitchell@dhsosha.state.or.us

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To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us

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- ii. send us an email to mick.j.mitchell@dhsosha.state.or.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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