

15 FEB 23 P4:17

Lucy Flores Mendez

From: Silas Halloran-Steiner
Sent: Friday, February 13, 2015 1:50 PM
To: Mary Starrett; Laura Tschabold
Cc: Lucy Flores Mendez; Terry Malay; Margaret Jarmer; Lindsey Manfrin
Subject: Board Consideration: Ratify 2013/2015 LPHA 142033-14
Attachments: 142033-14 exe.pdf

Hi Mary and Laura,

The attached amendment #14 to our agreement with the Oregon Health Authority for the Public Health Division removes \$411 from our funding for Tuberculosis Case Management. This reduction is due to the availability of funding at the state level for the calendar year 2015.

I recommend the Board ratify this amendment which I signed on January 28, 2015. Please let me know if you have any questions.

Lucy, please place this amendment on next week's Board Agenda for approval.

Thanks,

Silas Halloran-Steiner
 Director, Yamhill County Health and Human Services Department
 Phone: (503) 434-7523
 Cell: (503) 435-7572
 Fax: (503) 434-9846
 627 NE Evans
 McMinnville, OR 97128

Accepted by Yamhill County
 Board of Commissioners on
2.19.15 by Board Order
 # 15-50

Our Vision: People in Yamhill County live, work, learn, and play in safe communities that support wellness and dignity.

Our Mission: To promote the public's physical, emotional and social well-being through services, prevention, education, and partnerships.

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From: THIES Connie [<mailto:connie.thies@state.or.us>]
Sent: Friday, February 06, 2015 11:26 AM
To: Silas Halloran-Steiner; Terry Malay
Cc: PERKINS Meredith
Subject: Executed 2013/2015 LPHA

February 6, 2015

Yamhill County Public Health

Attn: Silas Halloran-Steiner
412 NE Ford Street
McMinnville, Or 97128

RE: Agreement #:142033-14

Attached is a copy of the above-referenced document for your records. All required approvals have been obtained for the above referenced Agreement with the State of Oregon, acting by and through its Department of Human Services and Oregon Health Authority.

Thank you for your assistance. If you have any questions about the contracting process, please call the contract specialist, Phil McCoy at (503) 945-5868.

Sincerely,
Connie Thies
Department of Human Services
Office of Contracts & Procurement
250 Winter St NE
Salem, OR 97301

Attachment(s)

c: File
Meredith Perkins

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 or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

Agreement #142033

FOURTEENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES

This Fourteenth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2013 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County, acting by and through its Yamhill County Public Health ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Yamhill County.

RECITALS

WHEREAS, OHA and LPHA wish 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 hereto agree as follows:

1. Section 1 of Exhibit C entitled "Financial Assistance Award", "Financial Assistance Award for the period July 1, 2014 to June 30, 2015" only of the Agreement is hereby superseded and replaced in its entirety by Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. The current total award amount as of this Amendment is: \$1,570,479.00.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit B of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect. The parties expressly agree to and ratify the Agreement as herein amended.

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6. 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.
7. This Amendment becomes effective on the date of the last signature below.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

APPROVED:

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: [Signature]
Name: Priscilla Lewis
Title: Deputy Public Health Director

Date: 1/30/2015

YAMHILL COUNTY ACTING BY AND THROUGH ITS YAMHILL COUNTY PUBLIC HEALTH (LPHA)

By: [Signature]
Name: Silas Halloran-Stolner

Title: HHS Director

Date: 1/28/14

DEPARTMENT OF JUSTICE -- APPROVED FOR LEGAL SUFFICIENCY
Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on June 24, 2014. A copy of the emailed approval is on file at OCP.

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: [Signature]
Name: Carole Yann (or designee)
Title: Program Support Manager

Date: 1/30/2015

OFFICE OF CONTRACTS & PROCUREMENT (OCP)

By: [Signature]
Name: Phillip G. McCoy, OBC, OCAC
Title: Contract Specialist

Date: 2/6/15

**Attachment 1 to Amendment #14 to Agreement #142033
Financial Assistance Award for the period July 1, 2014 to June 30, 2015**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 2	
1) Grantee Name: Yamhill County Public Health Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128		2) Issue Date January 16, 2015	This Action AMENDMENT FY2015
		3) Award Period From July 1, 2014 Through June 30, 2015	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	111,288	0	111,288
PE 03 TB Case Management	3,460	(411)	3,049 (g)
PE 12 Public Health Emergency Preparedness	94,086	0	94,086
PE 13 Tobacco Prevention & Education	202,494	0	202,494
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	63,884	0	63,884 (n)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	6,919	0	6,919 (b,e)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	6,177	0	6,177 (b,f)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	14,413	0	14,413 (b,f)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	3,688	0	3,688 (b,e)
PE 42 Babies First FAMILY HEALTH SERVICES	11,380	0	11,380
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	27,945	0	27,945
PE 44 School Based Health Centers -- BASE	60,352	0	60,352 (c)
5) FOOTNOTES: a) \$37,204 is Title X funds for FY2015. \$16,600 is Title V funds for FY2015. b) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, Federal funds may not be used as match for other Federal funds (such as Medicaid). c) \$352 is added Base Funds from FY2014 that went unspent. d) \$14,220 is carryover of unspent FY2014 Mental Health grant funds. e) Effective July 2014, payments to LPHA's are state/medicaid 50% split (cfda #93.778 for July through June 2015 f) Effective July 2014, payments to LPHA's are state/medicaid 50% split (cfda #93.778 for July through Dec 2014. Payments for January 2015 through June 2015 are from cfda 93.904 g) Award reduction due to reduced availability of funds in calendar year 2015.			
6) Capital Outlay Requested in This Action: Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon Oregon Health Authority Public Health Division		Page 2 of 2	
1) Grantee Name: Yamhill County Public Health Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128		2) Issue Date January 16, 2015	This Action AMENDMENT FY2015
		3) Award Period From July 1, 2014 Through June 30, 2015	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 41 School Based Health Centers -- Mental Health FAMILY HEALTH SERVICES	114,220	0	114,220 (d)
PE 50 Safe Drinking Water Program	42,152	0	42,152
TOTAL	752,458	(411)	752,047
5) FOOTNOTES: 			
6) Capital Outlay Requested in This Action: Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

B.O. 15-50