



**Grant Agreement Number 156502**

**AMENDMENT TO  
STATE OF OREGON  
GRANT AGREEMENT**

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This is amendment number **1** to Grant Agreement Number **156502** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Yamhill County,  
acting by and through its Sheriff's Office  
535 NE 5<sup>th</sup> Street, #143  
McMinnville, Oregon 97128  
Contact Person: Tim Svenson, Sheriff  
Telephone: (503) 434-7440  
Facsimile: (503) 472-5330  
E-mail address: [svensont@co.yamhill.or.us](mailto:svensont@co.yamhill.or.us)**

hereinafter referred to as "Recipient".

1. Upon signature by all applicable parties, this Amendment shall be effective on **April 1, 2019**, once this Amendment has been approved by the Department of Justice, regardless of the date the Amendment is actually signed by all other parties. The Agreement is hereby amended as follows:
  - a. The facepage to update the OHA Agreement Administrator from Rusha Grinstead to:  
**Health Systems  
Behavioral Health – Addiction, Recovery & Prevention  
500 Summer Street NE, E86  
Salem, Oregon 97301-118  
Agreement Administrator: Kelsey Smith Payne or delegate  
Telephone: (503) 856-2785  
Email: [Kelsey.SmithPayne@dhsaha.state.or.us](mailto:Kelsey.SmithPayne@dhsaha.state.or.us)**
  - b. Section 1 "Effective Date and Duration" expiration date is being extended from

B.O. 19-197

“April 30, 2019” to “July 30, 2020”.

- c. Section 3 “Grant Disbursement Generally” maximum not-to-exceed is being increased from “\$289,400.01” to “\$589,400.01”.
- d. Exhibit A, Part 1, Program Description, Section 3 “Allowable Program Activities”: new language is **bold and underlined**; deleted language is ~~struck through~~:

Recipient will use funding provided under this Agreement to support the following activities throughout the term of this Agreement:

- 3.1 Identify number of potential MAT participants upon intake and assessment using a standardized diagnostic / assessment tool.
- 3.2 Identify number of potential MAT participants in these two target populations:
  - Group 1: Individuals who enter the Yamhill County Jail and are positively assessed to have OUD; and
  - Group 2: Individuals with OUD who will be released from the Yamhill County Jail and were abstinent during the duration of incarceration.
- 3.3 Identify the number of patients enrolled in MAT or both target population listed in Section 3.2.
- 3.4 ~~In collaboration with CRC, I~~ Identify the number of MAT patients who stayed engaged in follow-up treatment post release.
- 3.5 Identify the number of providers who received any training on prescribing MAT drugs to individuals with OUD.
- 3.6 Provide Naloxone to individuals upon release from the Yamhill County Jail.
- 3.7 Identify the number of individuals who received Naloxone upon release from the Yamhill County Jail.
- 3.8 Train recovery support peers to assist client access recovery support services.
- 3.9 Identify the number of recovery support peers trained, if any, to assist client access recovery support services.

**3.10 Collect Government Performance and Results Act (client-level evaluation) (GPRA) data required by grant utilizing provided tool from SAMHSA and work with evaluators identified by OHA.**

- e. Exhibit A, Part 1, Program Description, Section 4 “Reporting Requirements”: new language is **bold and underlined**; deleted language is ~~struck through~~:

4.1 Progress Reports: Agency shall submit reports to the OHA Agreement Administrator to include complete data on the following outcome measures to OHA no later than April 15, 2018, October 15, 2019, ~~and April 15, 2019,~~ **September 15, 2019, March 15, 2020 and August 15, 2020**:

- Number of individuals who enter the Yamhill County Jail and are positively assessed to have OUD;
- Individuals with OUD will be released from the Yamhill County Jail and were abstinent during the duration of incarceration;
- Number of individuals with OUD with a treatment plan upon release from the Yamhill County Jail;
- Number of individuals with OUD who initiated treatment with the treatment team upon release from the Yamhill County Jail;
- Number of individuals with OUD who initiated counselling with the counselor while in jail at the Yamhill County Jail;
- Number of individuals with OUD who stayed engaged in treatment upon release from the Yamhill County Jail;
- Number of individuals with OUD who are on Buprenorphine;
- Number of individuals with OUD who are on Vivitrol;
- Number of individuals with OUD who had an overdose; and
- Number of individuals with OUD who received MAT inside Yamhill County Jail.

- e. Exhibit A, Part 2, Payment and Financial Reporting, Section 1. “Expenditure of Grant Funds.”

1. Expenditure of Grant Funds.

- a. Subject to the conditions and requirements of this Agreement, including this Exhibit A, Part 2, OHA will pay Recipient as follows:
- i. OHA will make the first disbursement to Recipient in the amount of \$144,700 within 45 days after execution of this Agreement.
  - ii. Following the initial disbursement, OHA will pay Recipient 13 equal monthly amounts of \$11,130.77 per

month (April 2018 through April 2019) **and 12 equal monthly amounts of \$25,000 per month (May 2019 through April 2020)** to support Recipient's expenses in performing Program Activities, following OHA's receipt and approval of Recipient's invoice.

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect.

4. **Recipient Data and Certification.** Recipient shall provide the information set forth below.

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

**Recipient Name (exactly as filed with the IRS):** Yamhill County

Street address: 535 NE 5th Street

City, state, zip code: McMinnville, OR 97128

Email address: \_\_\_\_\_

Telephone: ( 503 ) 434-7560 Facsimile: ( 503 ) 434-7379

**Is Recipient a nonresident alien**, as defined in 26 USC § 7701(b)(1)?

(Check one box):  YES  NO

**Business Designation:** (Check one box):

- |                                                    |                                                        |                                              |
|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Professional Corporation  | <input type="checkbox"/> Nonprofit Corporation         | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership                   | <input checked="" type="checkbox"/> Other    |

**Recipient Proof of Insurance,** Recipient shall provide the following information upon submission of the signed Agreement Amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

**Workers' Compensation:** Does Recipient have any subject workers, as defined in ORS 656.027? (Check one box):  YES  NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: SAIF Corporation

Policy #: A871736170 Expiration Date: 06/30/2020

RECIPIENT, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

5. Signatures.

Yamhill County, acting by and through its Sherriff's Office

By:

  
\_\_\_\_\_  
Authorized Signature

Mary Starrett  
\_\_\_\_\_  
Printed Name

Vice Chair, doc  
\_\_\_\_\_  
Title

6/20/19  
\_\_\_\_\_  
Date

State of Oregon acting by and through its Oregon Health Authority

By:

  
\_\_\_\_\_  
Authorized Signature

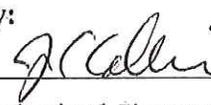
Steve Allen  
\_\_\_\_\_  
Printed Name

BH Director  
\_\_\_\_\_  
Title

7/1/19  
\_\_\_\_\_  
Date

Approved by: Director, OHA Health Systems Division

By:

  
\_\_\_\_\_  
Authorized Signature

Jon Collins PhD  
\_\_\_\_\_  
Printed Name

Deputy  
HSD Director 7/3/19  
\_\_\_\_\_  
Title Date

Approved for Legal Sufficiency:

Approved via email by Steven Marlowe, AAG on 05/10/2019, email in Agreement file.

OHA Program:

Approved by Arlenia Broadwell on 4/26/2019, email in Agreement file.

Accepted by Yamhill County  
Board of Commissioners on  
6/20/19 by Board Order  
# 19-197