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**FOURTH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2019-2021 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF  
MENTAL HEALTH, ADDICTION TREATMENT, RECOVERY, & PREVENTION,  
AND PROBLEM GAMBLING SERVICES AGREEMENT #159184**

This Fourth Amendment to Oregon Health Authority 2019-2021 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of July 1, 2019 (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 **Yamhill 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.

B.O. 19-484

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

6. Signatures.

Yamhill County

By:

[Signature] Authorized Signature     MARY STRECHT Printed Name     Vice-Chair Title     12-5-19 Date

State of Oregon acting by and through its Oregon Health Authority

By:

[Signature] Authorized Signature     Kyleen Zimber Printed Name     Btl Deputy Title     12/6/19 Date

Approved by: Director, OHA Health Systems Division

By:

[Signature] Authorized Signature     M C STANTON Printed Name     HSD Director Title     12-9-19 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 Carmen Armendariz on November 18, 2019; e-mail in contract file.

Accepted by Yamhill County Board of Commissioners on 12/5/19 by Board Order # 19-484

**ATTACHMENT 1**

**EXHIBIT C  
Financial Pages**

MODIFICATION INPUT REVIEW REPORT

MOD#: M0047

CONTRACT#: 159184

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#
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FISCAL YEAR: 2019-2020

34	804	INVOIC			7/1/2019 - 12/31/2019	0 /NA	\$0.00	-\$70,400.00	\$0.00	C	1	Y		1
TOTAL FOR SE# 34								-\$70,400.00	\$0.00					
TOTAL FOR 2019-2020								-\$70,400.00	\$0.00					
TOTAL FOR M0047 159184								-\$70,400.00	\$0.00					

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 11/08/2019

Contract#: 159184  
REF#: 005

REASON FOR FAAA (for information only):

Adult Foster Care Services (MHS 34) funds are removed for Invoice Services.

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.

M0047 1 Special condition #M0000-19 in Base Agreement, regarding "MHS 34 for Invoice Services" applies.

B.O. 19-484  
Exhibit "A"  
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