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**FOURTEENTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2022 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF
COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT, RECOVERY, &
PREVENTION, AND PROBLEM GAMBLING SERVICES AGREEMENT #173153**

This Fourteenth Amendment to Oregon Health Authority 2022 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2022 (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.

Board Order No. 24-29

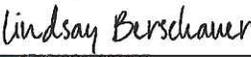
IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

6. Signatures.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Yamhill County

By:

| | |
|--|------------------------------------|
| <small>DocuSigned by:</small>  <small>1E3842C8E2074D...</small> Authorized Signature | Lindsay Berschauer Printed Name |
| Chair, Board of Commissioners Title | 2/16/2024 Date |

State of Oregon acting by and through its Oregon Health Authority

By:

| | |
|--|-----------------------------|
| <small>DocuSigned by:</small>  <small>E36AB1717C8B41E...</small> Authorized Signature | Jon Collins Printed Name |
| Deputy Director HSD Title | 2/21/2024 Date |

Approved by: Interim Director, OHA Health Systems Division

By:

| | |
|--|----------------------------------|
| <small>DocuSigned by:</small>  <small>B805FBC EE2F248F...</small> Authorized Signature | Shawna McDermott Printed Name |
| Interim Director, Health Systems Division Title | 2/21/2024 Date |

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on November 15, 2021; e-mail in contract file.

Approved by the BOC on: 2/8/24

via Board Order No.: 24-29

ATTACHMENT 1
EXHIBIT C
Financial Pages

MODIFICATION INPUT REVIEW REPORT

WORK: M0804
 CONTRACTOR: SEASHIELD COUNTY
 CONTRACT: 173183
 INPUT CHECKED BY: _____ DATE CHECKED: _____
 PROJ _____ EFFECTIVE _____
 SEE FUND CODE CPMS PROVIDER DATES _____ CHANGE/TYPE _____ RATE _____
 OPERATING DOLLARS _____ STARTUP PART DAND _____
 DOLLARS DOLLARS AND _____ IN _____ CD _____ BASE _____ CLIENT _____
 CODE _____ SEE _____

FISCAL YEAR: 2008-2009

BASE INVOICE SERVICES

| INVOICE | DATE | QTY | UNIT | PRICE | AMOUNT | OPERATING DOLLARS | STARTUP PART DAND DOLLARS AND | DAND | IN | CD | BASE | CLIENT CODE | SEE |
|---------------------|---------------------|-----|------|--------|--------|-------------------|-------------------------------|------|----|----|------|-------------|-----|
| 17 | 7/1/2008-12/31/2008 | 0 | /MT | \$0.00 | \$0.00 | \$7,000.00 | \$0.00 | 0 | 1 | 1 | | | 1 |
| TOTAL FOR SEE 17 | | | | | | \$7,000.00 | \$0.00 | | | | | | |
| TOTAL FOR 2008-2009 | | | | | | \$7,000.00 | \$0.00 | | | | | | |
| TOTAL FOR M0804 | | | | | | \$7,000.00 | \$0.00 | | | | | | |

B.O. 24-29
Exhibit C

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY

Contract#: 173153

DATE: 12/15/2023

REF#: 018

REASON FOR FAAA (for information only):

NON-OHP Community and Residential Assistance (MHS 17) funds have been awarded.

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.

M0804 1 A) These funds are for MHS 17, which encompasses Invoice Services found in MHS 26 ,27, 28, 30, 34 and 36 from 01/01/2022 to 12/31/2023 with Part C. B) For Services delivered to individuals, financial assistance awarded to County shall be disbursed to County and expended by County in accordance with and subject to the residential rate on the date of service delivery based upon the rate schedule found at www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx and incorporated into this Agreement by reference that is effective as of the effective date of this Agreement unless a new rate schedule is subsequently incorporated by amendment. Any expenditure by County in excess of the authorized rates as set forth www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx may be deemed unallowable and subject to recovery by OHA in accordance with the terms of this Agreement.

B.D. 24-29
Exhibit C

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