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AGREEMENT # PO-44300-00026008

**SEVENTEENTH AMENDMENT TO
OREGON HEALTH AUTHORITY
2024-2025 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT,
RECOVERY, & PREVENTION, AND PROBLEM GAMBLING SERVICES**

This **Seventeenth** Amendment (this “**Amendment**”) to Oregon Health Authority 2024-2025 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2024 (as amended, the “**Agreement**”), is entered into, as of July, 1, 2025 (the “**Effective Date**”) by and between the State of Oregon acting by and through its Oregon Health Authority (“**OHA**”) and **Deschutes County** (“**CMHP**” or “**County**”).

RECITALS

- A.** OHA and County finding it necessary to extend the time for entering into a new Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention (the “**New CFAA**”) to allow County time to develop its Local Plan and Budget guided by the priorities in the New CFAA.
- B.** The New CFAA sets priorities related to the funds OHA will provide to County for behavioral health services. During the Extension Period (as hereinafter defined), County shall develop its Local Plan and Budget in accordance with those priorities and this Amendment.
- C.** OHA and County also desire 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 agree as follows:

- 1.** Section 1 “**Effective Date and Duration**” The date “**June 30, 2025**” is hereby deleted and replaced with the date “**December 31, 2025**”. The following sentence is hereby added to the end of Section 1: “The time between June 30, 2025, and December 31, 2025, is referred to herein as the “**Extension Period**”.

2. Exhibit A “Definitions” Section 18. **only** to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

“**Local Plan**” or “**Plan**” means a comprehensive plan, adopted by the Local Mental Health Authority and approved by OHA, that describes the delivery of Services and the methods by which the Services will be provided to the community. The Local Plan must be directed by and responsive to the Behavioral Health needs of the community and consistent with the requirements identified in ORS 430.630. **The Plan shall be consistent with content and format to that of OHA’s Local Plan guidelines located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx>**.
3. **Exhibit B-1** “Service Descriptions” Section m. “AID AND ASSIST SERVICES, MHS04”, subsection (4) “Special Reporting Requirements” the first paragraph is hereby deleted in its entirety and replaced with the following:

“County shall prepare and electronically submit monthly MHS 04 reports using forms and procedures prescribed by OHA located at <https://www.oregon.gov/OHA/HSD/AMH/Pages/Reporting-Requirements.aspx> no later than 15 calendar days following the end of each subject month for which Financial Assistance is awarded through this Agreement.”
4. **For Services provided on and after the Effective Date of this Amendment, Exhibit C, “Financial Pages”** and service information in the Financial Assistance Award is 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.
5. **For Services provided on and after the Effective Date of this Amendment**, the following new section is added to **Exhibit E**, “Special Terms and Conditions”:

“**12. Local Plan and Budget.** In accordance with ORS 430.630(9) and ORS 430.640(1)(f), County shall prepare a Local Plan and Budget using forms and procedures prescribed by OHA. During the Extension Period County shall develop its Local Plan and Budget and submit a draft of the same to OHA electronically for review to BHD.Contracts@oha.oregon.gov no later than October 1, 2025. The Local Plan and Budget must be finalized for approval by OHA no later than December 31, 2025, to execute the New CFAA.”
6. **For Services provided on and after the Effective Date of this Amendment, Exhibit G, “Standard Terms and Conditions”** Section 8. c. **only** to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.
 - c. OHA and County agree that this Amendment extends the Agreement to ~~September 1, 2025~~ **March 1, 2026**, but only for the purpose of amendments to adjust the allocated budget (Exhibit C, “Financial Assistance Award”) for Services performed, or not performed, by County during the 2024 calendar year and first quarter of the 2025-2027 biennium, prior to ~~July 1, 2025~~ **January 1, 2026**. If there is more than one amendment modifying the Financial Assistance Award, the amendment shall be applied to the Financial Assistance Award in the order in which the amendments are executed by County and OHA. In no event is County authorized to provide any Services under this Agreement, and County is not required to provide any Services under the Agreement after ~~June 30, 2025~~ **December 31, 2025**.

7. Capitalized words and phrases used but not defined herein have the meanings ascribed to them in the Agreement.
8. County represents and warrants to OHA that the representations and warranties of County set forth in the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
9. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
10. This Amendment may be executed in any number of counterparts, all of which when taken together 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 constitutes an original.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the Effective Date .

12. Signatures.

Deschutes County

By:

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	

State of Oregon, acting by and through its Oregon Health Authority

By:

_____	_____	_____
Authorized Signature	Printed Name	Title

Approved by: Director, OHA Health Systems Division

By:

_____	_____	_____
Authorized Signature	Printed Name	Title

Approved for Legal Sufficiency:

Via e-mail by Lisa Gramp, Sr. Assistant Attorney General	July 3, 2025
Oregon Department of Justice	Date

ATTACHMENT 1

EXHIBIT C Financial Pages

MODIFICATION INPUT REVIEW REPORT

MOD#: A0205

CONTRACT#: 026008

CONTRACTOR: DESCHUTES COUNTY

INPUT CHECKED BY: _____ DATE CHECKED: _____

SE#	FUND	PROJ CODE	CPMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
FISCAL YEAR: 2025-2026													
63		BASEAD	DESCHUTES CO.										
63	420	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$6,675.12	\$0.00	A	1	Y		
63		BASEAD	DESCHUTES CO.										
63	421	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$46,435.60	\$0.00	A	1	Y		
63		BASEAD	DESCHUTES CO.										
63	450	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$4,933.78	\$0.00	A	1	Y		
TOTAL FOR SE# 63							<u>\$58,044.50</u>	<u>\$0.00</u>					
66		BASEAD	DESCHUTES CO.										
66	420	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$987.36	\$0.00	A	1	Y		1
66		BASEAD	DESCHUTES CO.										
66	421	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$2,181.31	\$0.00	A	1	Y		1
66		BASEAD	DESCHUTES CO.										
66	450	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$105,130.10	\$0.00	A	1	Y		1
66		BASEAD	DESCHUTES CO.										
66	520	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$92,505.51	\$0.00	A	1	Y		1
66		BASEAD	DESCHUTES CO.										
66	807	-0-	7/1/2025 - 12/31/2025	0	/NA	\$0.00	\$4,240.25	\$0.00	A	1	Y		1
TOTAL FOR SE# 66							<u>\$205,044.53</u>	<u>\$0.00</u>					
TOTAL FOR 2025-2026							<u>\$263,089.03</u>	<u>\$0.00</u>					
TOTAL FOR A0205 026008							<u>\$263,089.03</u>	<u>\$0.00</u>					

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: DESCHUTES COUNTY
DATE: 06/29/2025

Contract#: 026008
REF#: 019

REASON FOR FAAA (for information only):

Payments provided through this Financial Assistance Agreement (FAA) are subject to the 2025-2027 Legislative Approved Budget (LAB) for Oregon Health Authority for the first 6-month period starting July 1, 2025 through December 31, 2025, as allocated for the 2025-2027 biennia, at the level proposed for the (continuing service level or "CSL"). This FAA may either be amended to further extend this Agreement or enter into a new agreement for the remaining term of the 2025-2027 biennium. Notwithstanding, this FAA may require modification by written amendment to reflect actual changes in funding amounts, or by administrative amendment (memo) provided that such administrative amendment is only used to change fund source coding and not the amount of 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.

A0205	<p>1 These funds must result in the delivery of A&D 66 Services to a minimum of 334 unduplicated individuals receiving outpatient Services and enrolled in the MOTS system on or after January 1, 2024. Up to 20% of 334 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 annually on the form located at https://www.oregon.gov/OHA/HSD/AMH/Pages/federal-reporting.aspx Under delivery of Services subject to this financial assistance may result in recovery of funds at the rate of \$1200 per individual.</p>
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MODIFICATION INPUT REVIEW REPORT

MOD#: M1171

CONTRACT#: 026008

CONTRACTOR: DESCHUTES COUNTY

INPUT CHECKED BY: _____

DATE CHECKED: _____

SE#	FUND	PROJ CODE	CPMS PROVIDER	EFFECTIVE DATES	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART DOLLARS ABC	PART IV	PAAF CD	BASE	CLIENT CODE	SP#
FISCAL YEAR: 2025-2026													
1		BASE 804	SYSTEM MANAGEMENT AN MHS01	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$43,053.43	\$0.00	A	1	Y		
1		BCIVLM 804	SYS MGT CO - 12TH ST MHS01	7/1/2025 - 12/31/2025	0 /NA	\$4,387.59	\$26,325.54	\$0.00	A	1	Y		1
1		BCIVLM 804	SYS MGT CO-DECHUTES MHS01	7/1/2025 - 12/31/2025	0 /NA	\$9,053.00	\$54,318.00	\$0.00	A	1	Y		2
1		BCIVLM 804	SYS MGT CO-EDGECLIFF MHS01	7/1/2025 - 12/31/2025	0 /NA	\$4,387.59	\$26,325.54	\$0.00	A	1	Y		3
1		BPSRBM 804	SYS MGT CO-DESCHUTES MHS01	7/1/2025 - 12/31/2025	0 /NA	\$9,053.00	\$54,318.00	\$0.00	A	1	Y		2
TOTAL FOR SE# 1							\$204,340.51	\$0.00					
4		BASE 804	AID & ASSIST PROJECT AAP	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$145,119.73	\$0.00	A	1	Y		
4		BASE 804	AID & ASSIST PROJECT AAP	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$26,422.87	\$0.00	C	1	Y		4
4		BASE 806	AID & ASSIST PROJECT AAP	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$74,272.46	\$0.00	A	1	Y		
TOTAL FOR SE# 4							\$245,815.06	\$0.00					
5		BASE 804	ASSERTIVE COMMUNITY MHACT	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$96,306.49	\$0.00	A	1	Y		
TOTAL FOR SE# 5							\$96,306.49	\$0.00					
9		BASE 406	NI JAIL DIVERSION NIJAIL	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$165,404.34	\$0.00	A	1	Y		
9		BASE 804	NI JAIL DIVERSION NIJAIL	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$59,668.30	\$0.00	A	1	Y		
TOTAL FOR SE# 9							\$225,072.64	\$0.00					
10		BASE 411	NI MH PROMOTION AND NIMHPP	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$68,666.66	\$0.00	A	1	Y		
10		BASE 804	NI MH PROMOTION AND NIMHPP	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$6,049.30	\$0.00	A	1	Y		

MODIFICATION INPUT REVIEW REPORT

MOD#: M1171

CONTRACT#: 026008

CONTRACTOR: DESCHUTES COUNTY

INPUT CHECKED BY: _____

DATE CHECKED: _____

SE#	FUND	PROJ	CPMS	PROVIDER	EFFECTIVE	SLOT	RATE	OPERATING	STARTUP PART	PART	PAAF	BASE	CLIENT	SP#
		CODE			DATES	CHANGE/TYPE		DOLLARS	DOLLARS ABC	IV	CD		CODE	
FISCAL YEAR: 2025-2026														
TOTAL FOR SE# 10								\$74,715.96	\$0.00					
12	804	BASE		RENTAL ASSISTANCE PR										
		RNTAST			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$132,744.98	\$0.00	A	1	Y		
12	804	BASE		RENTAL ASSISTANCE PR										
		RNTAST			7/1/2025 - 12/31/2025	30 /SLT	\$0.00	\$147,908.00	\$0.00	C	1	Y		5
TOTAL FOR SE# 12								\$280,652.98	\$0.00					
17	804	BASE		INVOICE SERVICES										
		INVOIC			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$135,081.00	\$0.00	C	1	Y		6
TOTAL FOR SE# 17								\$135,081.00	\$0.00					
20	301	CMHS		MH BLOCK GRANT										
		BLOCK			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$101,442.69	\$0.00	A	1	Y		
20	804	BASE		NON-RESIDENTIAL MENT										
		MHNRMH			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$280,114.98	\$0.00	A	1	Y		
TOTAL FOR SE# 20								\$381,557.67	\$0.00					
24	804	BASE		ACUTE AND INTERMEDIA										
		ACUTE			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$236,122.49	\$0.00	A	1	Y		
TOTAL FOR SE# 24								\$236,122.49	\$0.00					
25	406	BASE		MOBILE CRISIS INTER										
		CRISIS			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$141,611.02	\$0.00	A	1	Y		
25	804	BASE		MOBILE CRISIS INTER										
		CRISIS			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$391,703.84	\$0.00	A	1	Y		
25	806	BASE		MOBILE CRISIS INTER										
		CRISIS			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$368,282.67	\$0.00	A	1	Y		
TOTAL FOR SE# 25								\$901,597.53	\$0.00					
30	804	BPSRBM		PSRB DESIG CLIENT										
		PSRB			7/1/2025 - 12/31/2025	13 /SLT	\$0.00	\$63,584.33	\$0.00	A	1	Y		
TOTAL FOR SE# 30								\$63,584.33	\$0.00					
35	804	BASE		GERO SPECIALISTS										
		GERO			7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$29,415.71	\$0.00	A 35A	1	Y		

MODIFICATION INPUT REVIEW REPORT

MOD#: M1171

CONTRACT#: 026008

CONTRACTOR: DESCHUTES COUNTY

INPUT CHECKED BY: _____ DATE CHECKED: _____

SE#	FUND	PROJ 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: 2025-2026

TOTAL FOR SE# 35

\$29,415.71 \$0.00

38	406	BASE	SUPPORTED EMPLOYMENT	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$30,095.75	\$0.00	A	1	Y		
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38	804	BASE	SUPPORTED EMPLOYMENT	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$1,264.00	\$0.00	A	1	Y		
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TOTAL FOR SE# 38

\$31,359.75 \$0.00

725	406	BASE	CRISIS AND ACUTE TRA	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$3,977.63	\$0.00	A 25A	1	Y		
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725	804	BASE	CRISIS AND ACUTE TRA	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$58,620.31	\$0.00	A 25A	1	Y		
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725	815	BASE	CRISIS AND ACUTE TRA	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$106,551.31	\$0.00	A 25A	1	Y		
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TOTAL FOR SE# 725

\$169,149.25 \$0.00

726	301	CMHS	EARLY ASSESSMENT AND	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$43,632.00	\$0.00	A 26A	1	Y		
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726	804	BASE	EARLY ASSESSMENT AND	7/1/2025 - 12/31/2025	0 /NA	\$0.00	\$172,125.06	\$0.00	A 26A	1	Y		
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TOTAL FOR SE# 726

\$215,757.06 \$0.00

TOTAL FOR 2025-2026

\$3,290,528.43 \$0.00

TOTAL FOR M1171 026008

\$3,290,528.43 \$0.00

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: DESCHUTES COUNTY
DATE: 09/04/2025

Contract#: 026008
REF#: 020

REASON FOR FAAA (for information only):

Payments provided through this Financial Assistance Agreement (FAA) are subject to the 2025-2027 Legislative Approved Budget (LAB) for Oregon Health Authority for the first 6-month period starting July 1, 2025 through December 31, 2025, as allocated for the 2025-2027 biennia, at the level proposed for the (continuing service level or "CSL"). This FAA may either be amended to further extend this Agreement or enter into a new agreement for the remaining term of the 2025-2027 biennium. Notwithstanding, this FAA may require modification by written amendment to reflect actual changes in funding amounts, or by administrative amendment (memo) provided that such administrative amendment is only used to change fund source coding and not the amount of 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.

- | | |
|-------|---|
| M1171 | 1A) The financial assistance subject to this special condition is awarded for system management and coordination of Services in the Mental Health Services Program Area. If County terminates its obligation to include this Program Area under this Agreement, OHA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for MHS 1 at 12th Street RTH. |
| M1171 | 2 The financial assistance subject to this special condition is awarded for system management and coordination of Services in the Mental Health Services Program Area. If County terminates its obligation to include this Program Area under this Agreement, OHA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for MHS 1 at Deschutes Recovery Center SRTF. |
| M1171 | 3A) The financial assistance subject to this special condition is awarded for system management and coordination of Services in the Mental Health Services Program Area. If County terminates its obligation to include this Program Area under this Agreement, OHA shall have no obligation, after the termination, to pay or disburse to County financial assistance subject to this special condition. B) These funds are for MHS 1 at Edgecliff House RTH. |

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: DESCHUTES COUNTY
DATE: 09/04/2025

Contract#: 026008
REF#: 020

- M1171 4 A) These funds are for MHS 04 Aid and Assist Client Services. B) The financial assistance subject to this special condition will be disbursed to County in one lump sum within 30 calendar days after the date this Agreement becomes executed.
- M1171 5 These funds are for MHS 12 Services. B) The funds subject to this special condition will be disbursed to County upon receipt of quarterly invoices from 1/1/2024-12/31/2025.
- M1171 6 A) These funds are for MHS 17, which encompasses Invoice Services found in service elements 26 ,27, 28, 30, 34 and 36 from 01/01/2024 to 12/31/2025 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.

Certificate Of Completion

Envelope Id: 8D521B47-ECA7-47A6-B3AA-578B0206BA2A

Status: Sent

Subject: PO-44300-00026008-17 Deschutes County Amendment

Source Envelope:

Document Pages: 11

Signatures: 0

Envelope Originator:

Certificate Pages: 4

Initials: 0

Larry Briggs

AutoNav: Enabled

Larry.O.Briggs@odhsoha.oregon.gov

Envelopeld Stamping: Enabled

IP Address: 209.112.107.133

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Record Tracking

Status: Original

Holder: Larry Briggs

Location: DocuSign

7/10/2025 8:30:59 AM

Larry.O.Briggs@odhsoha.oregon.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Carahsoft OBO Oregon Health Authority - CLMLocation: Docusign

Signer Events

Signature

Timestamp

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Jon Collins

jon.c.collins@oha.oregon.gov

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Ebony Clarke

ebony.s.clarke@oha.oregon.gov

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Grace Evans

grace.evans@deschutes.org

Contract Specialist

Deschutes County Health Services

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Accepted: 11/21/2024 11:44:53 AM

ID: 47b09fbc-4364-48ad-8181-06540ee27d46

Sent: 7/10/2025 8:33:00 AM

Resent: 9/9/2025 8:40:46 AM

Viewed: 9/10/2025 10:40:57 AM

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Carbon Copy Events	Status	Timestamp
Marisha Elkins marisha.l.elkins@oha.oregon.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Shawn Kintner shawn.Kintner@oha.oregon.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
BHD.Contracts@oha.oregon.gov BHD.Contracts@oha.oregon.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/10/2025 8:33:01 AM
Envelope Updated	Security Checked	9/9/2025 8:40:46 AM
Envelope Updated	Security Checked	9/9/2025 8:40:46 AM
Envelope Updated	Security Checked	9/9/2025 8:40:46 AM
Envelope Updated	Security Checked	9/9/2025 8:40:46 AM
Envelope Updated	Security Checked	9/9/2025 8:40:46 AM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Oregon Health Authority - CLM (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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