DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

Date: March 20, 2023						
Department: Health Services, Public Health Division .						
Contractor/Supplier/Consultant Name: Oregon Health Authority						
Contractor Contact: Tammy Hurst, Office of Contracts & Procurements						
Contractor Phone #: 503-947-5298						
Type of Document: Intergovernmental Agreement (IGA) #169509-14						

Goods and/or Services: IGA #169509 outlines the program descriptions and funding for Deschutes County's Public Health Division for the period July 1, 2021 through June 30, 2023.

This amendment #14 modifies the Program Element (PE) Descriptions by adding PE 73, HIV Early Intervention and Outreach Services and provides funding for PE 73 in the amount of \$184,627 for the period July 1, 2022 to June 30, 2023. Additionally minor funding adjustments are made to PE 42-14, Home Visiting, in the amount of \$27.65, and based on an updated Revenue and Expense Report, reverses \$240.90 of FY22 unspent funding carried over to FY23 for a net \$0 impact to PE 51-02, Regional Partnership Implementation funding. The net increase in funding from this amendment is \$184,654.65.

Background & History:

The State of Oregon, through its Oregon Health Authority (OHA), and Deschutes County adopted the 2021-23 Intergovernmental Agreement #169509 for the Financing of Public Health Services effective July 1, 2021. The individual public health program elements (PE) represented in this Intergovernmental Agreement include disease prevention services, Maternal, Child and Adolescent Health (MCAH) services, School Based Health Centers (SBHC), the Women, Infants and Children (WIC) program, public health emergency preparedness, the Safe Drinking Water Program, tobacco, alcohol, drug and suicide prevention services, and family planning. Each PE has a set of program description, operational and reporting requirements.

Agreement Starting Date: July 1, 2021 Ending Date: June 30, 2023						
Annual Value or Total Payment: \$184,654.65						
 Insurance Certificate Received (check box) Insurance Expiration Date: County is Contractor 						
Check all that apply: RFP, Solicitation or Bid Process Informal quotes (<\$150K) Exempt from RFP, Solicitation or Bid Process (specify – <i>see</i> DCC §2.37)						
Funding Source: (Included in current budget? 🛛 Yes 🗌 No						
If No , has budget amendment been submitted? Yes No						
Is this a Grant Agreement providing revenue to the County? 🛛 Yes 🗌 No						
Special conditions attached to this grant:						

Deadlines	s for	reporting	to	the	grantor:	
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If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grantfunded position so that this will be noted in the offer letter: Yes No

Contact information for the person responsible for grant compliance: Name: Rita Bacho Phone #: 541-617-4705

De	partmental Contact and Title:	Program Managers					
De	puty Director Approval:		Director Approval:				
Signature:	Heather Kaisner Heather Kaisner (Mar 27, 2023 11:02 PDT)	Signature:	Dom				
Email:	heather.kaisner@deschutes.org	Email:	janice.garceau@deschutes.org				
Title:	Public Health Deputy Director	Title:	Director				
Company:	Deschutes County Health Services	Company:	Deschutes County Health Services				
Distribution of Document: Grace Justice Evans, Deschutes County Health Services.							
Off	icial Review:						
County Signature Required (check one): ✓ BOCC □ Deputy Director (if <\$15K)							
	□ Administrator (if >\$50K but <\$150K;	if >\$150K, BOCC Order No.)				
Leç	gal Review	Date					
Do	cument Number <u>2023-336</u>						