## **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: February 3, 2022

**Department:** Health Services, Public Health Division .

Contractor/Supplier/Consultant Name: Oregon Health Authority

Contractor Contact: Mark Bustamente, Office of Contracts & Procurements

Type of Document: Amendment #4 to Intergovernmental Agreement #155921

**Goods and/or Services:** Agreement #155921 provides funding to support HIV Early Intervention and Outreach Services to individuals with HIV who are newly diagnosed or out-of-care, and individuals whose status is HIV-negative or unknown, but are significant risk of HIV acquisition. The term of the agreement is January 1, 2018 to December 31, 2022.

Each year, OHA has amended the agreement to provide funding for the next budget year. This Amendment, #4, amends the maximum compensation by \$431,784 to \$1,768,754, and also includes language updating the work period, payment, and financial reporting to reflect the new budget year of January 1, 2022 to December 31, 2022.

**Background & History**: The Oregon Health Authority (OHA) was created by the 2009 Oregon legislature to bring most health-related programs in the state into a single agency to maximize its purchasing power; the Intergovernmental Agreement (#155921) outlines the services and financing for 2018 through 2022. This grant has an associated set of program assurances that are the service and quality performance expectations connected with the delivery of the various components of the program itself.

The purpose of this agreement is to provide HIV Early Intervention and Outreach Services to individuals with HIV who are newly diagnosed or out-of-care, and individuals whose status is HIV-negative or unknown but are at significant risk of HIV acquisition. These funds support the establishment and/or enhancement of existing intervention and outreach services to people with and at risk for HIV in communities that could most benefit.

Deschutes County Health Services submits monthly invoices to OHA that includes expenditures for staffing, travel, supplies, subcontracts, equipment and indirect costs.

<b>Agreement Start Date:</b>	January 1, 2018	End Date:	December 31, 2022
_			•

Annual Value or Total Payment: Increased by \$431,784

Insurance Certificate Received (check box)
Insurance Expiration Date: County is Contractor

Cł	heck all that apply:  RFP, Solicitation or Bid Process Informal quotes (<\$150K) Exempt from RFP, Solicitation or Bid	I Process (specify – see DCC §2.37)
Fu	unding Source: (Included in current budget?	
	If No, has budget amendment been subm	itted?  Yes  No
ls	this a Grant Agreement providing revenue	to the County? X Yes No
	a new FTE will be hired with grant funds, confinits a grant-funded position so that this will be no	
	ontact information for the person responsible fo	or grant compliance: Name:
Co	ontact: Kathy Christensen, Program Supervisor	
De	eputy Director Approval:	<b>Department Director Approval:</b>
Signature:	nahad sadr-azodi nahad sadr-azodi (Feb 8, 2022 17:56 PST)	Signature: Lik Kropp (Feb 9, 202/18/6 PST)
Email:	nahad.sadr-azodi@deschutes.org	Email: erik.kropp@deschutes.org
Title:	Director of PH	Title: Interim Health Services Director
Company:	DCHS	Company: Deschutes County
Di	istribution of Document: Michele Carroll, H	lealth Services Department
Of	fficial Review:	
Co	ounty Signature Required (check one): ✓ BOCC	☐ Department Director (if <\$50K)
	$\square$ Administrator (if >\$50K but <\$150K; if >\$1	50K, BOCC Order No)
Le	egal Review	Date
Do	ocument Number 2022- 166	