

**Grant Agreement Number 000000**

**STATE OF OREGON**

**GRANT AGREEMENT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-OAC.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Agreement is between the State of Oregon, acting by and through its Oversight and Accountability Council, which is staffed by Oregon Health Authority (OHA) and the OHA’s Health System Division:

**Heath Systems Division**

**500 Summer St SE, E86**

**Salem, Oregon 97301**

hereinafter referred to as “OAC,” and

**Recipient Legal Entity Name**

**d.b.a. Facility or Assumed Name**

**Address**

**City, Oregon Zip**

**Attention: (required)**

**Telephone: (required)**

**Fax: (optional)**

**E-mail address: (required)**

hereinafter referred to as “Recipient.”

1. **Effective Date and Duration.**

This Agreement shall become effective on the date this Agreement has been fully executed by every party and, when required, approved by the Oregon Department of Justice (the “Effective Date”). Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on **December 31, 2023**.Agreement termination shall not extinguish or prejudice OAC’s right to enforce this Agreement with respect to any default by Recipient that has not been cured.

1. **Agreement Documents.**

a. This Agreement consists of this document and includes the following listed exhibits and attachments, which are incorporated into this Agreement:

(1) Exhibit A, Part 1: Program Description

(2) Exhibit A, Part 2: Payment and Financial Reporting

(3) Exhibit A, Part 3: Special Terms and Conditions

(4) Exhibit B: Standard Terms and Conditions

(5) Exhibit C: Insurance Requirements

(6) Exhibit D: Approved Budget

(7) Attachment 1: Template Memorandum of Understanding

There are no other Agreement documents unless specifically referenced and incorporated into this Agreement.

b. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The documents comprising this Agreement shall be in the following descending order of precedence: this Agreement less all exhibits, Exhibits B, A (including Exhibit D to the extent incorporated therein), and C.

1. **Grant Disbursement Generally.**

The maximum not-to-exceed amount payable to Recipient under this Agreement, which includes any allowable expenses, is **$NTE AMOUNT**. OAC will not disburse grant funds to Recipient in excess of the not-to-exceed amount and, notwithstanding any other provision of this Agreement, will not disburse grant funds until this Agreement has been signed by all Recipient(s) and, when required, approved by the Oregon Department of Justice. OAC will disburse the grant to Recipient as described in Exhibit A.

1. **Contractor or Subrecipient Determination.**

In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.104, OAC’s determination is that:

Recipient is a subrecipient  Recipient is a contractor  Not applicable

1. Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Agreement: N/A
2. **Recipient Data and Certification.**
   1. **Recipient Information.** Recipient shall provide the information set forth below.

**Please print or type the following information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recipient Name (exactly as filed with the IRS):** | | |  | | |
|  | | | | |
| Street address: |  | | | |
| City, state, zip code: |  | | | |
| Email address: |  | | | |
| Telephone: | ( ) | Facsimile: | | ( ) |

**Business Designation:** (*Check one box*):

Professional Corporation  Nonprofit Corporation  Limited Partnership

Limited Liability Company  Limited Liability Partnership  Sole Proprietorship

Corporation  Partnership  Other

**Recipient Proof of Insurance.** Recipient shall provide proof of all insurance listed and required by Exhibit C, in accordance with the deadline established in Exhibit C, Section 8.

* 1. **Certification**. Without limiting the generality of the foregoing, by signature on this Agreement, each signatory for Recipient hereby certifies under penalty of perjury that:

(1)Recipient is in compliance with all insurance requirements in Exhibit C of this Agreement and Recipient shall deliver to the OAC Agreement Administrator (see page 1 of this Agreement) the required Certificate(s) of Insurance in accordance with the deadline established in Exhibit C, Section 8. By certifying compliance with all insurance as required by this Agreement, Recipient acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. Recipient may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;

(2)The information shown in Section 6a. “Recipient Information”, is Recipient’s true, accurate and correct information;

(3)To the best of the Recipient’s knowledge, Recipient has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;

(4)Recipient is not subject to backup withholding because:

(a) Recipient is exempt from backup withholding;

(b) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or

(c) The IRS has notified Recipient that Recipient is no longer subject to backup withholding;

and

(5) Recipient Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided is true and accurate. If this information changes, Recipient shall provide OAC with the new FEIN or SSN within 10 days.

**RECIPIENT, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

1. **Signatures.** This Agreement and any subsequent amendments may be executed in several 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 the Agreement and any amendments so executed shall constitute an original. Copies of signature by facsimile, electronic scan, or other electronic means will be considered original signatures.

**Recipient Name**

**By:**

Authorized Signature Printed Name

Title Date

**State of Oregon acting by and through its Oversight and Accountability Council**

**By:**

Ronald Williams

Authorized Signature Printed Name

OAC Tri-Chair

Title Date

Lakeesha Dumas

Authorized Signature Printed Name

OAC Tri-Chair

Title Date

Blue Valentine

Authorized Signature Printed Name

OAC Tri-Chair

Title Date

**Approved for Legal Sufficiency:**

Via e-mail by Name, Assistant Attorney General Month Date, 2022

|  |  |  |
| --- | --- | --- |
| Department of Justice |  | Date |

**EXHIBIT A**

**Part 1**

**Program Description**

# Background

In November 2020, Oregon voters passed Measure 110, the Drug Addiction Treatment and Recovery Act of 2020 (hereinafter referred to as “Measure 110” or the “Act”), which became effective on December 4, 2020, to better serve people actively using substances or diagnosed with a substance use disorder. Effective in July, 2021, the Legislature amended the Act with Senate Bill (SB) 755 (Regular Session 2021) (hereinafter referred to as SB 755). People who provide drug treatment and recovery services and advocates for criminal justice reform wrote Measure 110 in response to the high rate of drug addiction and overdoses in Oregon, and the disproportionate impact of those outcomes on Oregon’s communities of color and tribal communities. Their goal was to establish a more equitable and effective approach to substance use disorder. The OAC and the Oregon Health Authority (“OHA”) agree with the advocates and voters that a holistic, health-based approach to addressing addiction and overdoses is more helpful, caring and cost-effective than punishing and criminalizing people who need help.

Measure 110 centers on equity, based on the knowledge that communities of color and tribal communities are disproportionately harmed by laws that criminalize drug possession. People in these communities are less likely to have access to culturally and linguistically specific and responsive services (and health services, generally), and experience greater harm from using drugs. Measure 110 makes health assessment, low-barrier access to care, low barrier treatment, harm reduction, and recovery services available to all those who need and want access to those services, and will make it a priority to provide additional support and assistance to people and communities who experience a higher burden of disease in order to access these critical services.

Measure 110 established the Oversight and Accountability Council (“OAC”). The OAC oversees grant funds and approves grants for providers and servicers who meet the criteria for a Behavioral Health Resource Network (“BHRN”) that will ensure an increase in access to care for all communities, including communities who have disproportionately been impacted by rates of incarceration.

# Purpose

As a part of the OAC’s effort to increase substance use treatment and support services statewide and to improve access, the OAC is funding at least one BHRN for each county and the 9 federally recognized tribes. All services provided through these networks, previously referred to as Addiction Recovery Centers (“ARCs”), now called BHRNs, must be evidence-informed, trauma informed, culturally and linguistically specific and responsive, person-centered and nonjudgmental.

A “Behavioral Health Resource Network” (BHRN) means an entity or network of entities that receives funds from the OAC through OAC under ORS 430.389(2)(a). The BHRNs will provide services to all[[1]](#footnote-1) in need of treatment and support for substance use concerns, including but not limited to: housing, harm reduction, peer support, supported employment and substance use disorder treatment. They will also assist people who have received a Class E violation for possession of a personal use amount of substances in the process of waiving the fine and accessing requested substance use support and other services.

Each grant recipient to receive funding as a BHRN shall fulfill all requirements of ORS 430.389(2)(d) and be able to provide evidence of the basic operational requirements outlined in the OAC rules, OAR 944, Division 1, to be eligible to receive Drug Treatment and Recovery Services Funds. Each grant recipient must provide one or more of the component services specified in ORS 430.389(2)d. If a grant recipient is unable to provide all such component services in the grant recipient’s county, OAC will provide assistance to help the grant recipient to partner with other organizations in the county, so that each county BHRN collectively fulfills all the requirements of ORS 430.389(2).

# Program Activities

## Recipient’s program activities shall be free of charge to clients, regardless of the client’s ability to pay or insurance status. Services provided must be accessible at no cost to all people, including those who experience substance use disorder, without need for referral or designated pathway to recovery. Recipient will bill insurance for services where insurance is available, but Recipient will not bill any client for any balance. BHRN entities cannot delay services for purposes of billing insurance or awaiting processing of any such billing.

## Recipient shall ensure that BHRN program activities conducted by Recipient are conducted in accordance with ORS 430.389(2)(d) and OAR 944-001-0020 (Operational, Policy, and Service and Support Requirements of Behavioral Health Resource Networks), as the foregoing may be amended from time to time.

## **BHRN Grant Activities –**

## Recipient shall provide (required are those marked with an ‘X’ in the table below):

|  |  |
| --- | --- |
|  | Required if marked by “X” |
| Screening Assessments in accordance with OAR 944-001-0020(3)(a); OAR 944-001-0020(4); and OAR 944-001-0020(5). |  |
| Comprehensive Behavioral Health Needs Assessment in accordance with OAR 944-001-0020(3)(b). |  |
| Ongoing peer counseling and support from screening and assessment through implementation of individual intervention plans in accordance with OAR 944-001-0020(3)(c) and assessment and outreach in accordance with ORS 430.389(2)(d)(E). These include services provided by the following certified peer professional types:  (i) Addiction Peer Support Specialists certified under OAR 410 Div 180;  (ii) Addiction Peer Wellness Specialists certified under OAR 410 Div 180;  (iii) Certified Recovery Mentors certified by the Mental Health and Addiction Certification Board of Oregon; and  (iv) Youth Support Specialists certified under OAR 410 Div 180. |  |
| Harm reduction services and information and education about harm reduction services in accordance with OAR 944-001-0020(3)(d) |  |
| Low-barrier substance use disorder treatment in accordance with OAR 944-001-0020(3)(e), including assessment and outreach in accordance with ORS 430.389(2)(d)(E). |  |
| Transitional and supportive housing for individuals with substance use disorders in accordance with OAR 944-001-0020(3)(f) |  |
| Supported employment |  |

# Reporting Requirements

## **Financial recordkeeping and reporting**

In general, the State of Oregon has a statutory obligation to provide services at the highest level of desired effectiveness at the lowest possible cost. (ORS 297.065(1)).It is the responsibility of the Secretary of State Audit Division to conduct performance audits of state agencies, including OAC, in part to identify whether or not the agencies are meeting these requirements.This also includes individual departments, commissions, and boards. The Division of Audits will follow established, national standards, such as those of the United States Government Accountability Office, when completing performance audits. (ORS 297.070(1))

Oversight and Accountability Council must include its contractors, grant recipients, and governmental entities, including but not limited to municipal corporations, in its compliance with the statutes and rules governing such audits. Therefore, OAC requires those receiving public funding for the delivery of program or other services to adhere to certain requirements for record retention and provide access to all documentation related to the performance of services.

The distribution of funding and delivery of services has become more interrelated and interdependent between government, NGOs, and other service providers such that the decision as to what records are retained or destroyed is a matter of statewide public policy. The interest and concern of citizens in public records recognizes no jurisdictional boundaries and extends to such records wherever they may be found in Oregon. As local programs become beneficiaries of state-provided funding, the State of Oregon and its political subdivisions have a responsibility to apply orderly requirements for the retention and destruction of all public records, whether current or noncurrent, including financial information. As such, the same approach applies to the contractors, grant recipients, and other service providers.

The retention of records allows the state, including its agencies, councils, and boards to demonstrate distribution of funding and associated terms, conditions, goals, objectives, and expected outcomes of its contractors and recipients. The Audit Division will also examine financial records to determine adherence to Generally Accepted Accounting Principles (GAAP) or such other national standard as may be applied to service providers. Therefore, in addition to the requirements in Exhibit B.10, Records Maintenance, Access, Recipient shall provide or give access to OAC and/or the Secretary of State Audit division the Records, described in Exhibit B.10, within 5 business days of receipt of written notice to Recipient.

## **Client Data Collection and Reporting**

**4.2.1** Recipient shall, at a minimum, collect and report the following aggregate information to OHA and OAC no later than the deadlines established by the OAC which can be found at the following website, under the BHRN Grantee Resources, Data collection and reporting link: [**https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx**](https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx):

* Number of clients with substance use disorder receiving services from Recipient.
* Average duration of client participation and client outcomes
* The number of individuals seeking assistance from Recipient who are denied or not connected to substance use disorder treatment and other services; and the reasons for the denials
* The average time it takes for clients to access services and fulfill their individual intervention plan and the reason for any delays, such as waiting lists at referred services
* Whether the average time to access services to which clients are referred, such as housing or medication assisted treatment, has increased or decreased since Recipient received funding
* Demographic data on clients served, including self-reported demographic data on race, ethnicity, gender, and age in accordance with OAR 943 Division 070.

**4.2.2** In addition to the information required to be reported to OHA and OAC in Section 4.2.1 Recipient must submit to OHA and OAC during the first reporting period, a summary of how demographics are collected, including any tools used and the staff person or network participant who will collect the data.

## **4.3** Recipient shall provide the data required to be collected and reported under section 4.2 in accordance with OAC and OHA instructions, which can be found at the following website, under the BHRN Grantee Resources, Data collection and reporting link**:** [**https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx**](https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx).

# Performance Requirements:

* Recipient must use evidence-based practice(s) or Tribal-based practices, or both, to meet the needs of the community Recipient serves.
* Recipient shall ensure services are in accordance with OAR 944-001-0020(2)(c) and (d)[[2]](#footnote-2), as may be amended;
* Recipient assures that clients who are Black, Latinx, Native American, LGBTQIA2S+, Asian, Pacific Islander, houseless, incarcerated, veterans, or have lived experience of substance use disorder can access intersectional, culturally and linguistically specific and responsive services within 48 hours of seeking services.
* Recipient complies with ADA requirements for housing services.
* In accordance with OAR 944-001-0030(2), Recipient shall execute and submit to OHA a fully executed Memorandum of Understanding (MOU), substantially in the form attached hereto as Attachment 1, as specified in Section 6.
* Recipient must, to the greatest extent possible, seek reimbursement for services provided from a client’s health insurer, including but not limited to the Oregon Health Plan and private insurers.

# Grant Milestones

* Submission of MOU(s) to OHA and OAC: 30 calendar days of Effective Date.
* Recipient must submit the following Policies and Procedures to OHA and OAC: [Insert date certain, within 90 days of OAC approval of funding for entities in that county]
* Culturally and Linguistically Specific Services
* Culturally and Linguistically Responsive Services
* Accessibility for People with Intellectual and Developmental Disabilities
* Accessibility for People with Physical Disabilities
* Gender Affirming and Responsive Care
* LGBTQIA2S+ Affirming and Inclusive Services
* Youth Friendly and Inclusive Services
* Patient Centered and Non-Stigmatizing Services, including on use of person-first, non-stigmatizing language
* Trauma informed engagement and care
* Services for parents with young children
* Process and procedures for data collection in compliance with OAR 944-001-0040 and this Agreement
* Submission of Data and Reports – See Section 4. Reporting Requirements in Exhibit A Part 1 Program Description.

**Exhibit A**

**Part 2**

**Payment and Financial Reporting**

1. **Payment and Financial Reporting.**
2. OAC no longer issues paper checks. To receive grant funding, Recipient must enroll in Electronic Funds Transfer (EFT), also known as direct deposit. To enroll, Recipient must submit a completed Direct Deposit Authorization Form found at:

[https://sharedsystems.dhsOAC.state.or.us/DHSForms/Served/me0189.docx](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0189.docx) If Recipient already has EFT set up for any type of payment that comes from the Oregon Health Authority or OAC, Recipient should not send in another form. Recipient may contact the EFT Coordinator at (503) 945-5710 for technical assistance. Due to the confidential nature of bank account information, Recipient should only provide bank information to the EFT Coordinator or OAC Financial Services.

1. OAC will grant funds to Recipient, subject to the following:
2. Grant funds may be expended only for costs that are directly and reasonably related to services provided under this Agreement and in accordance with the terms and conditions of this Agreement.
3. Grant funds may be expended only for costs in accordance with Recipient’s budget approved by OAC, which is attached to this Agreement as Exhibit D, as it may be revised by Recipient and approved in writing from time to time by OAC.
4. Grant funds may not be used to supplant other funding sources.
5. Grant funds may be expended for travel-related costs only in accordance with the requirements of the Oregon Accounting Manual applicable to travel-related costs, as the same may be amended from time to time.
6. OAC will disburse the grant funds to Recipient as follows:

|  |  |  |
| --- | --- | --- |
| **Disbursement Schedule for Recipient** | | **Disbursement Amounts (Total for Recipient)** |
| Upon the later of: (i) the Effective Date; or (ii) OAC’s receipt of a fully executed MOU in accordance with Section 5 of Exhibit A, Part 1 of this Agreement |  | $[Initial payment amount] |
| Beginning the quarter following the initial payment (not including the quarter in which such initial payment occurs), OAC shall provide Recipient with quarterly payments no later than 10 days after the end of the calendar quarters ending March 31, June 30, September 30, and December 31. |  | $Quarterly payment amount/quarter |
| **Total Payments for Recipient** |  | **Not-to-exceed $[Total payment amount]** |

**EXHIBIT A**

**Part 3**

**Special Terms and Conditions**

1. **Real Property Purchase, Renovation, or Improvement.** When OAC funds in the amount of $10,000 and above are to be used for purchase or renovation of real property, Recipient shall contact the Social Determinants of Health team of OHA and follow procedures as prescribed by that unit.
2. **Vehicle funding reporting requirements.** Recipient willfollow Exhibit A Part 1, 4.3 Additional Reporting Requirements for authorized vehicle purchase.
3. **Vehicle funding request for grants:**

When OAC payments in the amount of $1,000 and above are to be used for purchase of a vehicle, as security for the Recipient’s performance of its obligations under this Agreement, the Recipient grants to OAC a security interest in all of the Recipient’s rights, title, and interest in and to the goods, i.e. the vehicle. The Recipient agrees that from time to time, at its expense, the Recipient will promptly execute and deliver all further instruments and documents, and take all further action, that may be necessary or desirable, or that OAC may reasonably request, in order to perfect and protect the security interest granted under this Agreement or to enable OAC to exercise and enforce its rights and remedies under this Agreement with respect to the vehicle. Recipient must forward by e-mail a copy of the title application showing the OAC c/o Oregon Health Authority, Health Systems Division as the Security Interest Holder to OAC within five (5) calendar days of the acquisition from the seller.

Recipient shall submit copy of the title application to the OAC Agreement Administrator listed on page 1 of this Agreement, with a CC to [AMHcontract.Administrator@dhsoha.state.or.us](mailto:AMHcontract.Administrator@dhsoha.state.or.us):

File Security Interest Holder information as follows:

OAC c/o

Oregon Health Authority Health Systems Division 500 Summer Street NE

Salem, OR 97302

1. **Dedicated Use Requirement**

Vehicles costing $1,000 or more must be used to provide the service for which OAC approved the payments. Dedicated use must continue for the useful life of the vehicle or five years whichever is less.

1. **Removal of Liens**

The following steps describe the process for removal of liens prior to the expiration of the dedicated use period described in Section 4 of this Exhibit A, Part 3:

To release a vehicle title on which OAC is listed security interest holder, Recipient must make a request in writing to OAC. The request must specify why the vehicle is being disposed of and the intended use of any payments realized for the transaction. OAC may approve or deny the request in its sole discretion.

**EXHIBIT B**

**Standard Terms and Conditions**

1. **Governing Law, Consent to Jurisdiction.**

This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, “Claim”) between OAC or any other agency or department of the State of Oregon, or both, and Recipient that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this Section be construed as a consent by the State of Oregon to the jurisdiction of any court or a waiver by the State of Oregon of any form of defense to or immunity from any Claim, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States, or otherwise. Recipient hereby consents to the exclusive jurisdiction of such courts, waives any objection to venue, and waives any claim that any such forum is an inconvenient forum.

1. **Compliance with Law.**

Recipient shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to the Recipient and this Agreement. Without limiting the generality of the foregoing: (i) the Recipient shall comply with Health Insurance Portability and Accountability Act and the federal regulations implementing the Act (collectively referred to as HIPAA) and 42 CFR Part 2 to the extent they are applicable to the services provided by the Recipient; and (ii) no grant funds may be used for any harm reduction activities that would violate Oregon’s drug paraphernalia law, ORS 475.525, including but not limited to the purchase or delivery of safe smoking supplies, drug testing strips, or devices used to prepare controlled substances, unless the Recipient maintains documentation that demonstrates the activities fall within an exemption under ORS 475.525(4) or (5), or the Recipient is a syringe service program providing sterile needles and syringes and other items as part of their activities, in accordance with ORS 475.757. Failure to comply with any of the foregoing requirements is grounds for termination of the grant.

1. **Independent Parties; Conflict of Interest.**

a. Recipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.

b. If Recipient is currently performing work for the State of Oregon or the federal government, Recipient by signature to this Agreement, represents and warrants that Recipient’s participation in this Agreement creates no potential or actual conflict of interest as defined by ORS Chapter 244 and that no statutes, rules or regulations of the State of Oregon or federal agency for which Recipient currently performs work would prohibit Recipient’s participation under this Agreement. If disbursement under this Agreement is to be charged against federal funds, Recipient certifies that it is not currently employed by the federal government.

1. **Grant Funds; Payments.**

a. Recipient is not entitled to compensation under this Agreement by any other agency or department of the State of Oregon. Recipient understands and agrees that OAC’s payment of grant funds under this Agreement is contingent on OAC receiving appropriations, limitations, allotments and other expenditure authority sufficient to allow OAC, in the exercise of its reasonable administrative discretion, to pay the grant funds to Recipient as set forth in this Agreement.

b. Disbursement Method. Disbursements under this Agreement will be made by Electronic Funds Transfer (EFT) and shall be processed in accordance with the provisions of OAR 407-120-0100 through 407-120-0380 or OAR 410-120-1260 through OAR 410-120-1460, as applicable, and any other OAC Oregon Administrative Rules that are program-specific to the billings and payments. Upon request, Recipient must provide its taxpayer identification number (TIN) and other necessary banking information to receive EFT payment. Recipient must maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all disbursements under this Agreement. Recipient must provide this designation and information on a form provided by OAC. In the event that EFT information changes or the Recipient elects to designate a different financial institution for the receipt of any payment made using EFT procedures, Recipient will provide the changed information or designation to the EFT Coordinator identified in Exhibit A, Part 2, Section 1.

1. **Recovery of Overpayments.**

Any funds disbursed to Recipient under this Agreement that are expended in violation or contravention of one or more of the provisions of this Agreement (“Misexpended Funds”) or that remain unexpended on termination or expiration of this Agreement (“Unexpended Funds”) must be returned to OAC. Recipient shall return all Misexpended Funds to OAC promptly after OAC’s written demand and no later than 15 days after OAC’s written demand. Recipient shall return all Unexpended Funds to OAC within 14 days after the termination or expiration of this Agreement, as applicable.OAC, in its sole discretion, may recover Misexpended Funds or Unexpended Funds by withholding from payments due to Recipient such amounts, over such periods of time, as are necessary to recover the amount of the Misexpended Funds or Unexpended Funds. If Recipient objects to the amount withheld or proposed to be withheld, Recipient shall notify OAC that it wishes to engage in dispute resolution in accordance with Section 13 of this Exhibit.

1. **Ownership of Work Product.** Reserved.
2. **Indemnity.**

RECIPIENT SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY THE STATE OF OREGON AND OAC AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS’ FEES (COLLECTIVELY, “CLAIMS”), RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ACTIVITIES OF RECIPIENT OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, AGENTS, OR RECIPIENTS UNDER THIS AGREEMENT. NEITHER RECIPIENT NOR ANY ATTORNEY ENGAGED BY RECIPIENT MAY DEFEND ANY CLAIM IN THE NAME OF THE STATE OF OREGON (INCLUDING ANY AGENCY OF THE STATE OF OREGON), NOR PURPORT TO ACT AS LEGAL REPRESENTATIVE FOR THE STATE OF OREGON, WITHOUT FIRST RECEIVING FROM THE OREGON ATTORNEY GENERAL, IN A FORM AND MANNER DETERMINED APPROPRIATE BY THE OREGON ATTORNEY GENERAL, AUTHORITY TO ACT AS LEGAL COUNSEL FOR THE STATE OF OREGON, NOR MAY RECIPIENT SETTLE ANY CLAIM ON BEHALF OF THE STATE OF OREGON WITHOUT THE APPROVAL OF THE OREGON ATTORNEY GENERAL. IF THE STATE OF OREGON ASSUMES ITS OWN DEFENSE, RECIPIENT WILL BE LIABLE FOR THE ATTORNEY FEES OF THE STATE OF OREGON, INCLUDING BUT NOT LIMITED TO ANY FEES CHARGED BY THE OREGON DEPARTMENT OF JUSTICE.

1. **Default; Remedies; Termination.**

a. Default by Recipient. Recipient shall be in default under this Agreement if:

(1) Recipient institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis; or

(2) Recipient no longer holds a license or certificate that is required for Recipient to perform its obligations under this Agreement and Recipient has not obtained such license or certificate within 14 calendar days after OAC’s notice or such longer period as OAC may specify in such notice; or

(3) Recipient fails to return Misexpended Funds or Unexpended Funds in accordance with Section 5 of this Exhibit B; or

(4) Recipient commits any material breach or default of any covenant, warranty, obligation or agreement under this Agreement, fails to perform any obligation under this Agreement within the time specified herein or any extension thereof, or so fails to pursue performance of any obligation as to endanger Recipient’s performance under this Agreement in accordance with its terms, and such breach, default or failure is not cured within 14 calendar days after OAC’s notice, or such longer period as OAC may specify in such notice.

b. OAC’s Remedies for Recipient’s Default. In the event Recipient is in default under Section 8.a., OAC may, at its option, pursue any or all of the remedies available to it under this Agreement and at law or in equity, including, but not limited to:

(1) termination of this Agreement under Section 8.e.(2);

(2) withholding all or part of monies not yet disbursed by OAC to Recipient;

(3) initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief; or

(4) exercise of its right of recovery of Misexpended Funds or Unexpended Funds under Section 5 of this Exhibit B.

These remedies are cumulative to the extent the remedies are not inconsistent, and OAC may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever. If a court determines that Recipient was not in default under Section 8.a., then Recipient shall be entitled to the same remedies as if this Agreement was terminated pursuant to Section 8.e.(1).

c. Default by OAC. OAC shall be in default under this Agreement if OAC commits any material breach or default of any covenant, warranty, or obligation under this Agreement, and such breach or default is not cured within 30 calendar days after Recipient’s notice or such longer period as Recipient may specify in such notice.

d. Recipient’s Remedies for OAC’s Default. In the event OAC terminates this Agreement under Section 8.e.(1), or in the event OAC is in default under Section 8.c. and whether or not Recipient elects to exercise its right to terminate this Agreement under Section 8.e.(3), Recipient’s sole remedy will be a claim for payment of grant funds for costs or expenses incurred and for which payment is authorized by this Agreement. In no event shall OAC be liable to Recipient for any expenses related to termination of this Agreement or for anticipated profits or loss.

e. Termination.

(1) OAC’s Right to Terminate at its Discretion. At its sole discretion, OAC may terminate this Agreement:

(a) For its convenience upon 30 days’ prior written notice by OAC to Recipient;

(b) Immediately upon written notice if OAC fails to receive funding, appropriations, limitations, allotments or other expenditure authority sufficient to allow OAC, in the exercise of its reasonable administrative discretion, to pay the grant funds to Recipient as set forth in this Agreement;

(c) Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OAC’s support of the program under this Agreement is prohibited or OAC is prohibited from paying for such support from the planned funding source; or

(d) Immediately upon written notice to Recipient if there is a threat to the health, safety, or welfare of any person receiving funds or benefitting from services under this Agreement, including any Medicaid Eligible Individual, under its care.

(2) OAC’s Right to Terminate for Cause. In addition to any other rights and remedies OAC may have under this Agreement, OAC may terminate this Agreement immediately upon written notice to Recipient, or at such later date as OAC may establish in such notice, if Recipient is in default under Section 8.a.

(3) Recipient ’s Right to Terminate for Cause. Recipient may terminate this Agreement upon 30 days’ prior written notice to OAC or at such later date as Recipient may establish in such notice, if OAC is in default under Section 8.c. and OAC fails to cure such default within 30 calendar days after OAC receives Recipient’s notice or such longer period as Recipient may specify in such notice.

(4) Mutual Termination. This Agreement may be terminated immediately upon mutual written consent of the parties or at such other time as the parties may agree in the written consent.

(5) Return of Property. Upon termination of this Agreement for any reason whatsoever, Recipient shall immediately deliver to OAC all of OAC’s property that is in the possession or under the control of Recipient.

(6) Effect of Termination. Upon termination of this Agreement, Recipient shall immediately cease all activities under this Agreement unless, in a written notice issued by OAC, OAC expressly directs otherwise.

1. **Insurance.**

Recipient shall maintain insurance as set forth in Exhibit C, attached hereto.

1. **Records Maintenance, Access.**

Recipient shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Recipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient, whether in paper, electronic or other form, that are pertinent to this Agreement, in such a manner as to clearly document Recipient ’s performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as “Records.” Recipient acknowledges and agrees that OAC and the Secretary of State’s Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Recipient shall retain and keep accessible all Records for the longest of:

a. Six years following final payment and termination of this Agreement;

b. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or

c. Until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement.

1. **Information Privacy/Security/Access.**

If this Agreement requires or allows Recipient or, when allowed, its subcontractor(s), to have access to or use of any OAC or OHA computer system or other OAC or OHA Information Asset for which OAC or OHA imposes security requirements, and OAC or OHA grants Recipient or its subcontractor(s) access to such OAC or OHA Information Assets or Network and Information Systems, Recipient shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this Section, “Information Asset” and “Network and Information System” have the meanings set forth in OAR 943-014-0305, as such rule may be revised from time to time.

1. **Assignment of Agreement, Successors in Interest.**

a. Recipient shall not assign or transfer its interest in this Agreement without prior written consent of OAC. Any such assignment or transfer, if approved, is subject to such conditions and provisions required by OAC. No approval by OAC of any assignment or transfer of interest shall be deemed to create any obligation of OAC in addition to those set forth in this Agreement.

b. The provisions of this Agreement shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.

**13.** **Resolution of Disputes.**

The parties shall attempt in good faith to resolve any dispute arising out of or related to this Agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation.

1. **Subcontracts.**

Recipient shall not enter into any subcontracts for any part of the program supported by this Agreement without OAC’s prior written consent. In addition to any other provisions OAC may require, Recipient shall include in any permitted subcontract under this Agreement provisions to ensure that OAC will receive the benefit of subcontractor activity(ies) as if the subcontractor were the Recipient with respect to Sections 1, 2, 3, 6, 7, 9, 10, 11, 12, 14, 15, and 16 of this Exhibit B. OAC’s consent to any subcontract shall not relieve Recipient of any of its duties or obligations under this Agreement.

1. **No Third Party Beneficiaries.**

OAC and Recipient are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.

1. **Severability.**

The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

1. **Notice.**

Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, e-mail, or mailing the same, postage prepaid to Recipient or OAC at the address or number set forth in this Agreement, or to such other addresses or numbers as either party may indicate pursuant to this Section. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by e-mail shall be deemed received and effective five days after the date of e-mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the Recipient, or on the next business day if transmission was outside normal business hours of the Recipient. Notwithstanding the foregoing, to be effective against the other party, any notice transmitted by facsimile must be confirmed by telephone notice to the other party. Any communication or notice given by personal delivery shall be deemed effective when actually delivered to the addressee.

**OAC:**

Oregon Health Authority

Heath Systems Division

500 Summer St SE, E86

Salem, Oregon 97301

1. **Headings; Interpretation.**

The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement. This Agreement will be interpreted according to its fair meaning and not strictly for or against any party to this Agreement. Any provision of this Agreement that would reasonably be expected to survive its termination or expiration will do so, including but not limited to Sections 1, 2, 5, 7, 8(e)(5), 13, 15, 16, 17, 18, and 19 of Exhibit B of this Agreement.

1. **Amendments; Waiver; Consent.**

No amendment, waiver, or consent under this Agreement shall bind either party unless it is in writing and signed by both parties and when required, approved by the Oregon Department of Justice. Such amendment, waiver, or consent shall be effective only in the specific instance and for the specific purpose given. The failure of either party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision.

1. **Prohibition on Supplanting.**

Grant funds may not supplant or replace other funds that have been contracted for the same purpose. Recipient shall ensure that the activities provided under this Agreement will be in addition to, and not in substitution for, comparable activities.

1. **Merger Clause.**

This Agreement constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Agreement.

**EXHIBIT C**

**Insurance Requirements**

Recipient shall obtain at Recipient’s expense the insurance specified in this Exhibit C prior to performing under this Agreement and shall maintain it in full force and at its own expense throughout the duration of this Agreement, as required by any extended reporting period or tail coverage requirements, and all warranty periods that apply. Recipient shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OAC. Coverage shall be primary and non-contributory with any other insurance and self-insurance, with the exception of Professional Liability and Workers’ Compensation. Recipient shall pay for all deductibles, self-insured retention and self-insurance, if any.

**1. WORKERS’ COMPENSATION & EMPLOYERS’ LIABILITY**

All employers, including Recipient, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Recipient shall require and ensure that each of its subcontractors complies with these requirements. If Recipient is a subject employer, as defined in ORS 656.023, Recipient shall also obtain employers' liability insurance coverage with limits not less than $500,000 each accident. If Recipient is an employer subject to any other state’s workers’ compensation law, Recipient shall provide workers’ compensation insurance coverage for its employees as required by applicable workers’ compensation laws including employers’ liability insurance coverage with limits not less than $500,000 and shall require and ensure that each of its out-of-state subcontractors complies with these requirements.

**2. COMMERCIAL GENERAL LIABILITY:**

**Required**

Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that are satisfactory to the State. This insurance shall include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this Agreement, and have no limitation of coverage to designated premises, project or operation. Coverage shall be written on an occurrence basis in an amount of not less than $1,000,000 per occurrence. Annual aggregate limit shall not be less than $2,000,000.

**3. PROFESSIONAL LIABILITY:**

**Required**

**Professional Liability insurance** covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Agreement by the Recipient and Recipient’s subcontractors, agents, officers or employees in an amount not less than $1,000,000 per claim. Annual aggregate limit shall not be less than $2,000,000. If coverage is on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Recipient shall provide Tail Coverage as stated below.

**4. EXCESS/UMBRELLA INSURANCE:**

A combination of primary and excess/umbrella insurance may be used to meet the required limits of insurance.

**5. ADDITIONAL INSURED:**

All liability insurance, except for Workers’ Compensation, Professional Liability, and Network Security and Privacy Liability (if applicable), required under this Agreement must include an additional insured endorsement specifying the State of Oregon, its officers, employees and agents as Additional Insureds, including additional insured status with respect to liability arising out of ongoing operations and completed operations, but only with respect to Recipient's activities to be performed under this Agreement. Coverage shall be primary and non-contributory with any other insurance and self-insurance. Insurance must have an endorsement providing that the insurer may not invoke sovereign immunity up to the limits of the policy in any court. The Additional Insured endorsement with respect to liability arising out of Recipient’s ongoing operations must be on ISO Form CG 20 10 07 04 or equivalent and the Additional Insured endorsement with respect to completed operations must be on ISO form CG 20 37 07 04 or equivalent.

**6. WAIVER OF SUBROGATION:**

Recipient shall waive rights of subrogation which Recipient or any insurer of Recipient may acquire against the OAC or State of Oregon by virtue of the payment of any loss. Recipient will obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the OAC has received a waiver of subrogation endorsement from the Recipient or the Recipient’s insurer(s).

**7. TAIL COVERAGE:**

If any of the required insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, Recipient shall maintain either tail coverage or continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the effective date of this Agreement, for a minimum of 24 months following the later of (i) Recipient’s completion and OAC’s acceptance of all Services required under this Agreement, or, (ii) OAC or Recipient termination of this Agreement, or, iii) The expiration of all warranty periods provided under this Agreement.

**8. CERTIFICATE(S) AND PROOF OF INSURANCE:**

Recipient shall provide to OAC Certificate(s) of Insurance for all required insurance by [insert date certain, within 30 days of OAC approval of funding for entities in that county]. The Certificate(s) shall list the State of Oregon, its officers, employees and agents as a Certificate holder and as an endorsed Additional Insured. The Certificate(s) shall also include all required endorsements or copies of the applicable policy language effecting coverage required by this Agreement. If excess/umbrella insurance is used to meet the minimum insurance requirement, the Certificate of Insurance must include a list of all policies that fall under the excess/umbrella insurance. As proof of insurance OAC has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Agreement.

**9. NOTICE OF CHANGE OR CANCELLATION:**

The Recipient or its insurer must provide at least 30 days’ written notice to OAC before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

**10. INSURANCE REQUIREMENT REVIEW:**

Recipient agrees to periodic review of insurance requirements by OAC under this Agreement and to provide updated requirements as mutually agreed upon by Recipient and OAC.

**11. STATE ACCEPTANCE:**

All insurance providers are subject to OAC acceptance. If requested by OAC, Recipient shall provide complete copies of insurance policies, endorsements, self-insurance documents and related insurance documents to OAC’s representatives responsible for verification of the insurance coverages required under this Exhibit C.

**EXHIBIT D**

**[OAC-Approved Budget]**

**Attachment 1**

**TEMPLATE MEMORANDUM OF UNDERSTANDING (MOU)**

**[*INSERT NAME]* BEHAVIORAL HEALTH RESOURCE NETWORK (“the BHRN”)**

This Memorandum of Understanding (MOU) is made by and between the following signatories of this MOU (later referred to as “signatories”) in establishing the BHRN:

1. [*Entity Name*]
2. [*Entity Name*]
3. [*Add more lines as needed*]

**RECITALS**

1. The signatories have been awarded funding under Ballot Measure 110 (2020), SB 755 (2021), and the rules developed under Oregon Administrative Rule (OAR) 944 Division 001.
2. The signatories to this MOU wish to meaningfully engage with other signatories to serve people in *[list county service area of BHRN]* county(ies) and to support the implementation of Ballot Measure 110 (2020), SB 755 (2021), and OAR 944 Division 001. The signatories enter this MOU to memorialize their understanding of the strategic partnership to accomplish this.

**AGREEMENT**

Signatories agree:

1. **PURPOSE.** This MOU memorializes the signatories’ framework for engaging in the required activities described in Ballot Measure 110 (2020), SB 755 (2021), OAR 944 Division 001, and their respective funding agreements with the State of Oregon, Oversight and Accountability Council (“OAC”). It provides the framework under which the signatories will coordinate services to collectively provide all required services as a BHRN.
2. **AUTHORITY.** Each signatory to this MOU represents it is duly authorized to participate in the activities described in this MOU under all applicable local, state, and federal laws, rules, policies, and executive actions. Each signatory further represents as follows:
   1. No signatory is an agent or representative of any other. No signatory has the right or authority to incur or create any obligation for or bind any other signatory in any way. This MOU does not grant any signatory authority to make any statements, representations, or commitments of any kind, or take any action binding on the State of Oregon or any other signatory.
   2. Each signatory is responsible for verifying and has verified that its participation in the activities described in this MOU does not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board, or other administrative agency; and that its participation does not and will not result in the breach of, or constitute a default or require any consent under, any other agreement or instrument to which it is party or by which it may be bound or affected.
3. **EFFECTIVE DATE AND DURATION; SIGNATORIES.** This MOU is effective when two or more signatories has each executed this MOU. This MOU remains in effect, subject to at least one review per year by all signatories, until all signatories have withdrawn. A signatory may withdraw from the MOU on written notice to OHA and other then-current signatories. Additional signatories may be added to the MOU upon award of grant to other entities and consent of other then-current signatories.
4. **Responsibilities.** While each signatory anticipates it will be able to participate as described in this MOU, it is not responsible or liable to any other signatory for any gaps in its participation under this MOU. Signatories acknowledge that there may be consequences under their respective funding agreements with OHA/OAC for failure to comply with those funding agreements, or failure to refer between or collaborate with other signatories or recipients of OAC funds, including but not limited to failure to comply with this MOU.
   1. Each signatory will:
      1. Establish and maintain a funding agreement with OAC for funds under Ballot Measure 110 (2020), SB 755 (2021), and OAR 944 Division 001.
      2. Comply with laws, rules, and policies applicable to its security practices and sharing of information about Its practices, and disclosure of confidential information (including information protected by law) and information that is otherwise held as sensitive.
      3. Protect confidential and sensitive information it receives from any other signatory in accordance with applicable law, rule, and policy, and hold all information not verified or received as public information with the presumption that it is confidential or otherwise sensitive.
      4. Not disclose to other signatories confidential or sensitive information received from a third party without the express consent of the owner or subject of the information, unless permitted or required by law.
      5. Meet at least once every \_\_months, to review how each signatory is working with the other signatories, identify best practices and opportunities for development, and discuss strategies to effectively serve persons with substance use issues and disorders within the counties to be served.
      6. Notify other signatories if it is unable or unwilling to meaningfully participate in the activities described in this MOU.
      7. Operate in a manner that honors tribal sovereignty and self-determination.
   2. **Required roles.** The following shall be responsible for each required component of this BHRN (OAR 944-001-0020(3)), and signatories shall seek to refer clients to other signatory entities as appropriate:
      1. [*Name of signatory/ies*] provide(s) screening by Addiction Peer Support Specialist, Certified Recovery Mentor, Addiction Peer Wellness Specialist, or other addiction professional 24 hours a day, seven days a week, every calendar day of the year to each individual immediately upon first contact. [*Describe how coverage will be allocated among multiple signatories*.]
      2. [*Name of signatory/ies*] provide(s) comprehensive behavioral health needs assessment, including a substance use disorder assessment by a certified alcohol and drug counselor or other credentialed addiction treatment professional within 24 hours of an individual’s request for assessment. [*Describe how coverage will be allocated among multiple signatories*.]
      3. [*Describe which signatory/ies* provide(s) peer-delivered outreach, supports, mentoring, and recovery services. *Describe how these will be allocated among signatories*.]
      4. [*Describe which signatory/ies* provide(s) harm reduction services, information, and education. *Describe services and how these will be allocated among signatories*.]
      5. [*Describe which signatory/ies* provide(s) low-barrier substance use disorder treatment and addiction recovery services as described in OAR 944-001-0020(3)(e). *Describe the services and how these will be allocated among signatories.*]
      6. [*Describe which signatory/ies* provide(s) flexible and low barrier housing for individuals who use substances that cause harm or have a substance use disorder. Describe how signatories will allocate responsibilities to serve populations at all points on the substance use continuum, including gender affirming housing options including responsive housing and shelter options for those who are transgender, gender-nonconforming, and intersex, and family housing options.]
      7. [*Describe which signatory/ies* provide(s) rental assistance: Project-based vouchers, tenant-based vouchers, rapid-rehousing and eviction prevention, assistance for fair market rate and privately held housing, assistance attached to a development, assistance attached to wrap around services or assistance paid directly to individuals, any other types of rental assistance; rental assistance for single family and multifamily housing development, barrier busting assistance, including deposit funds, repairs, and landlord incentives, and mobile units, camping equipment, and campsites; assessing supports needed to maintain housing or remediation steps for those experiencing relapse in abstinence-only living environments.]
      8. [*Describe how the signatories will maintain a list of current partnerships and clear referral pathways to the following services*: Employment, training and education; family counseling, parenting support and childcare; youth services; state and federal public benefits; assistance to address food insecurity; coordination with other local, county, and state agencies as appropriate, such as social services, child welfare, or corrections; referral and coordination with agencies providing services to those who have experienced physical abuse, sexual abuse, or other types of domestic violence; and primary care services, including primary pediatric care and immunizations for children of those seeking care.]
      9. [*Describe which signatories will provide* expungement services or referrals to expungement services to facilitate housing, employment, and receipt of other recovery services.]
      10. [*Describe how signatories* will provide supported employment services.]
      11. [*Describe how the signatories will a*ssess the need for, and provision of, mobile or virtual outreach services in accordance with ORS 430.389(2)(d)(E).]
      12. [*List other services that are funded through Measure 110/SB 755, and describe how the signatory provides those in its role in the BHRN*.]
   3. **Workflow.** Signatories share the goal of ensuring uninterrupted and seamless service delivery, and adopt the following processes to accomplish that goal: [*Describe here.]*
   4. **Referrals.** Each signatory acknowledges that tightly linked referral pathways are necessary, and shall implement the following methods for transitioning and referring clients between signatory entities:
      * 1. Obtain valid consent from clients prior to sharing their information with other signatories or providers, whenever required by law.
        2. [*Describe referral and transition method(s).*]
   5. **Minimum staffing.** To meet the minimum staffing required under OAR 944-001-0020(4),
      1. [*Name of signatory/ies*] shall maintain a certified alcohol and drug counselor or other credentialed addiction treatment professional on their staff;
      2. [*Name of signatory/ies*] shall maintain a case manager on their staff;
      3. [*Name of signatory/ies*] shall maintain a Certified Addiction Peer Support or Peer Wellness Specialist or certified recovery mentors on their staff; and
      4. [*Name of signatory/ies*] shall maintain an Addiction Peer Support and Addiction Peer Wellness Specialist Supervisor or Peer Delivered Services Supervisor on their staff.
   6. **Service capacity monitoring.** *[Describe signatory/ies roles in monitoring service capacity.]*
   7. **Verification.** *[Describe how signatory/ies shall allocate responsibilities for obtaining consent and sending verification of completion of screenings.]*
   8. **Communications.** 
      1. [*Describe how signatories shall address media or public inquiries addressed to the BHRN or affecting other signatories, and who may speak on behalf of the BHRN*].
      2. Each signatory shall designate in writing to all other signatories and to OHA an authorized representative who will be the primary point of contact and will coordinate and communicate with other signatories. The primary point of contact may delegate coordination and communication in writing. A signatory may change its authorized representative by written notice to other then-current signatories and OHA.
   9. **Reporting.** *[Describe how signatory/ies shall allocate responsibility for reporting obligations.]*
5. CHANGES TO THIS MOU. Signatories may agree from time to time to change this MOU. Any change must be agreed upon in writing by all then-current signatories, with a copy to be sent to OHA.
6. INTENDED BENEFICIARIES. Signatories who have executed this MOU are the only parties to this MOU. Nothing in this MOU provides, is intended to provide, or may be construed to provide any direct or indirect benefit or right to any third party, including any natural person or group of persons.
7. **NO OBLIGATION AND NO TRANSFER OF RIGHTS.** This MOU is not an obligation or commitment of funds for a basis of transfer of funds. This MOU does not create any contractual obligation or commitment by any signatory or other person. This MOU does not create, transfer, or grant any rights in data, works of authorship, or other intellectual property.
8. **COSTS AND EXPENDITURES**. Each signatory’s expenditures in support of the activities described in this MOU are subject to its respective budget processes and approvals.
9. **DISPUTE RESOLUTION.** Disagreements between two or more signatories arising under or relating to this MOU will be resolved by consultation between them, and as necessary referral of the dispute to appropriate management officials of the signatories. If the dispute is unable to be resolved, which may include a change to this MOU, a signatory may withdraw its participation in accordance with this MOU. Signatories acknowledge that failure to maintain an MOU with other participants in the BHRN may have consequences under OAR 944 Div 001 or their agreement(s) with the state of Oregon.
10. COUNTERPARTS. This MOU may be executed in several counterparts, all of which when taken together constitute one document, notwithstanding that each signatory has not signed the same counterpart. Each copy of the MOU so executed constitutes an original. An electronic signature is deemed to be an original signature.
11. SIGNATURES. Each signatory represents that the individual signing below on its behalf is authorized to act on its behalf, and the individual named below as the signatory’s point of contact is authorized to act on behalf of signatory as described in this MOU.

**Name of Signatory 1:**

|  |  |
| --- | --- |
| Signature & Date |  |
| Printed Name and Title |  |

**Point of Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name and Title |  | | |
| Mailing Address |  | | |
| Physical Address |  | | |
| Telephone |  | Fax |  |
| Email |  | | |

**Name of Signatory 2:**

|  |  |
| --- | --- |
| Signature & Date |  |
| Printed Name and Title |  |

**Point of Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name and Title |  | | |
| Mailing Address |  | | |
| Physical Address |  | | |
| Telephone |  | Fax |  |
| Email |  | | |

*[Insert additional signatory lines as needed]*

1. “It is the policy of the State of Oregon that screening, health assessment, treatment and recovery services for drug addiction are available to all those who need and want access to those services.” ORS 430.389. [↑](#footnote-ref-1)
2. OAR 944-001-0020(2)(c) and (d), as of the Agreement effective date, says operational and policy requirements must include, “(c) An individual who is authorized to perform peer delivered supports, mentoring, and recovery services or a certified alcohol and drug counselor who is available in-person, by phone, or electronically 24 hours a day, seven days a week for anyone contacting the BHRN;” and “(d) Posting regular office hours, access information for the 24-hour telephonic line, and electronic access to the BHRN's website, and each component organization's website. Each BHRN entity does not need to maintain a website as long as the information is available on the OAC website.” [↑](#footnote-ref-2)