

Contract Review Sheet

InterDepartmental Agreement

HE-6574-25 - Am1

Title: Provide .5 FTE for Jail Diversion

Contractor's Name: District Attorney's Office

Department: Health and Human Services

Contact: Diana Lee Adams Hill

Analyst: Chalyce MacDonald

Phone #: (503) 576-4652

Term - Date From: July 1, 2025

Expires: June 30, 2027

Original Contract Amount: \$ 104,594.00

Previous Amendments Amount: _____

Current Amendment: \$ 115,000.00

New Contract Total: \$ 219,594.00

Amd% 110%

Outgoing Funds Federal Funds Reinstatement Retroactive Amendment greater than 25%

Source Selection Method: 50-0010 General Exemptions (IGAs Grants QRFs)

Description of Services or Grant Award

MCHHS/MCDA IDA for a 0.5 FTE Deputy District Attorney DA2 to manage mental health cases including but not limited to Aid and Assist cases under ORS 161.370 for MCHHS' jail diversion program.

Amendment 1 extends an additional year, including budget.

Desired BOC Session Date: 5/6/2026

Contract should be in DocuSign by: 4/15/2026

Agenda Planning Date: 4/23/2026

Printed packets due in Finance: 4/21/2026

Management Update: 4/21/2026

BOC upload / Board Session email: 4/22/2026

BOC Session Presenter(s) Debbie Wells/Paige Clarkson

Code: Y

REQUIRED APPROVALS

Chalyce MacDonald 03/31/2026

Finance - Contracts

Date

Diana Lee Adams Hill 04/03/2026

Diana Lee Adams Hill (Apr 3, 2026 07:22:44 PDT)

Contract Specialist

Date

Scott Norris 04/02/2026

Scott Norris (Apr 2, 2026 15:24:17 PDT)

Legal Counsel

Date

Jan Fritz 04/02/2026

Jan Fritz (Apr 2, 2026 17:08:08 PDT)

Chief Administrative Officer

Date



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: May 6, 2026

Department: Health & Human Services

Title: Amendment 1 to HHS/DA Agreement for .5 FTE for Jail Diversion

Management Update/Work Session Date: April 21, 2026 Audio/Visual aids

Time Required: 10 Minutes Contact: Diana Lee Adams Hill Phone: 503-576-4652

Requested Action: Please approve amendment 1 to HE-6574-25 to extend agreement for an additional year.

Issue, Description & Background: This IDA is for a 0.5 FTE Deputy District Attorney DA2 to manage mental health cases including but not limited to Aid and Assist cases under ORS 161.370 for MCHHS' jail diversion program.

Amendment 1 extends for one year and adds funds to budget.

Financial Impacts: \$115,000.00 from Health to District Attorney

Impacts to Department & External Agencies: none

List of attachments: Amendment 1, Original Agreement

Presenter: Debbie Wells, Paige Clarkson

Department Head Signature: Ryan Matthews Paige E. Clarkson
Ryan Matthews (Mar 31, 2026 13:39:31 PDT) Paige E. Clarkson (Apr 1, 2026 14:41:19 PDT)



**AMENDMENT 1 to HE-6574-25 the MARION COUNTY
INTERDEPARTMENTAL AGREEMENT
between
Health and Human Services and District Attorney**

The InterDepartmental Agreement, as may be amended from time to time, the “Agreement,” between Marion County Departments Health and Human Services (MCHHS) and District Attorney's Office (MCDA), dated July 01, 2025.

The Agreement is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by ~~strikethrough~~):

3.1 This Agreement shall be effective for the period of July 1, 2025, through June 30, 2027, ~~June 30, 2026~~, unless sooner terminated or extended as provided herein.

4.1 The total amount paid under this Agreement shall not exceed \$219,594.00, ~~104,594.00~~.

Except as expressly amended above, all other terms and conditions of the original Agreement are still in full force and effect. The Parties certify that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

**MARION COUNTY SIGNATURES
BOARD OF COMMISSIONERS**

Chair Date

Commissioner Date

Commissioner Date

Authorized Signature: Ryan Matthews 03/31/2026
Ryan Matthews (Mar 31, 2026 13:39:31 PDT)
Health and Human Services Director or designee Date

Authorized Signature: Paige E. Clarkson 04/01/2026
Paige E. Clarkson (Apr 1, 2026 14:41:19 PDT)
District Attorney Director or designee Date

Authorized Signature: Jan Fritz 04/02/2026
Jan Fritz (Apr 2, 2026 17:08:06 PDT)
Chief Administrative Officer Date

Reviewed by Signature: Scott Norris 04/02/2026
Scott Norris (Apr 2, 2026 15:24:17 PDT)
Marion County Legal Counsel Date

Reviewed by Signature: Cheryl McDonald 03/31/2026
Marion County Contracts & Procurement Date

**MARION COUNTY
INTERDEPARTMENTAL AGREEMENT
Between
Health and Human Services and District Attorney
HE-6574-25**

1. PARTIES TO AGREEMENT

This Agreement between Health and Human Services, hereafter referred to as MCHHS and District Attorney, hereafter referred to as MCDA, both Departments of Marion County, a political subdivision of the state of Oregon.

2. PURPOSE

The purpose of this Agreement is to establish the terms under which the MCDA will provide Provide FTE for Jail Diversion services to MCHHS.

3. TERM AND TERMINATION

- 3.1 This Agreement shall be effective for the period of July 1, 2025, through June 30, 2026, unless sooner terminated or extended as provided herein.
- 3.2 This Agreement may be extended for additional periods by agreement of the parties. Any modifications in the terms of such amendment shall be in writing.
- 3.3 This agreement may be terminated by mutual consent of both parties at any time or by either party upon 30 days' notice in writing. Any such termination of this agreement shall be without prejudice.

4. FUNDING AND BILLING

- 4.1 The total amount paid under this Agreement shall not exceed 104,594.00.
- 4.2 Payments under this Agreement shall be made on a cost reimbursement basis according to the following terms:
 - a. On a quarterly basis, upon receipt of invoice from MCDA, provide payment using County's Journal Entry and process the actual FTE costs associated with this position.
 - b. Requests for payments shall be submitted to the MCHHS quarterly to the attention of: Health and Human Services at the following address: 3160 Center St NE, Salem, OR 97301. Final invoices are due no later than July 20, 2026.

5. STATEMENT OF WORK

- 5.1 UNDER THE TERMS OF THIS AGREEMENT, MCDA SHALL:
 - a. Provide .5 FTE Deputy DA 2

- b. Manage mental health cases, including but not limited to Aid and Assist cases under ORS 161.370.
- c. Seek appropriate resolution and disposition, including Community Restoration, and diverting cases from prosecution and incarceration to no action or dismissal of cases as appropriate.
- d. Coordinate and collaborate with mental health partners, share and communicate necessary information to achieve appropriate outcomes.
- e. Maintain objectives, outcomes, and case information. Submit a quarterly report to MCHHS Psychiatric Crisis Center Supervisor.
- f. Establish this position as central point of contact for all mental health cases and issues.
- g. Coordinate with MCHHS, Marion County Sheriff, CCOS, Mobile Crisis, CIT, and all efforts designed to improve mental health responses in Marion County. Attend all meetings as appropriate and available.
- h. Train all pertinent partners as appropriate.

5.2 UNDER THE TERMS OF THIS AGREEMENT, MCHHS SHALL:

- a. Provide necessary materials and information to accomplish the work associated with this effort.

6. COMPLIANCE WITH APPLICABLE LAWS

The parties agree that both shall comply with all federal, state, and local laws and ordinances applicable to the work to be done under this agreement. The parties agree that this agreement shall be administered and construed under the laws of the state of Oregon.

7. NONDISCRIMINATION

The parties agree to comply with all applicable requirements of Federal and State civil rights and rehabilitation statutes, rules and regulations in the performance of this agreement.

8. MERGER CLAUSE

Parties concur and agree that this agreement constitutes the entire agreement between the parties. No waiver, consent, modification or change to the terms of this agreement shall bind either party unless in writing and signed by both parties. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement. Parties, by the signatures below of their authorized representatives, hereby agree to be bound by its term and conditions.

9. NOTICES

Any notice required to be given under this Agreement shall be sufficient if given, in writing, as follows:


Marion County Health & Human Services
3160 Center Street NE
Salem, OR 97301
Health_Contracts@co.marion.or.us


Marion County District Attorney
PO Box 14500
Salem, OR 97309
ZuLuna@co.marion.or.us

10. SIGNATURES

This agreement and any changes, alterations, modifications, or amendments will be effective when approved in writing by the authorized representative of the parties hereto as of the effective date set forth herein.

In witness whereof, the parties hereto have caused this agreement to be executed on the date set forth below.

Authorized Signature:	<small>DocuSigned by:</small>  <small>7D28A787656E458...</small>	4/30/2025
	Health and Human Services Director or designee	Date

Authorized Signature:	<small>Signed by:</small>  <small>4D45B38FC4C9497...</small>	5/1/2025
	District Attorney Director or designee	Date