



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: April 26, 2017

Department: Health Agenda Planning Date: April 20, 2017 Time required: 10

Audio/Visual aids

Contact: Scott Richards, Division Director Phone: 503-361-2695

Department Head Signature: [Signature]

TITLE: Mid-Valley Behavioral Care Network IGA #2045 Amendment 1; Refund unexpended funds for Regional Acute Psychiatric Inpatient Services, Retroactive to August 1, 2015 through December 31, 2016.

Issue, Description & Background: MVBCN acting on behalf of the Mid-Willamette Valley Acute Care Region (MWWACR) is refunding a portion of unexpended funds from amounts previously paid by Marion County to MVBCN through past contracts for Regional Acute Psychiatric Inpatient Services. This action is per MVBCN Resolution #2017-00. Marion County shall utilize these funds to contract for; inpatient psychiatric services, services intended to stabilize, control or ameliorate acute psychiatric dysfunctional symptoms, and ancillary services that serve to expedite movement of individuals into and out of facilities where inpatient services are delivered and divert persons from acute care services. MVBCN is not continuing its role after Dec. 31, 2016

Financial Impacts: MVBCN will refund Marion County \$392,996.58 via journal entry following the execution of this Distribution Agreement.

Impacts to Department & External Agencies: There are no anticipated impacts to other departments.

Options for Consideration: 1. Consider approval of MVBCN Amendment 1 to # 2045 2. Consider denying approval of MVBCN Amendment 1 to #2045 3. Take no action at this time

Recommendation: The Health Department recommends approval of MVBCN Amendment 1 to #2045

List of attachments: Distribution Agreement; Amendment 1 to #2045

Presenter: Scott Richards

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Linda Wilson, lwilson@co.marion.or.us



Contract Review Sheet

Contract #: HE-1407-15 (2045)

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: 4-14-17

Contract Amendment # 1 Lease IGA MOU Grant (attach approved grant award transmittal form)

Title: Refund unexpended funds for Regional acute Psychiatric Inpatient Services

Contractor's Name: Mid-Valley Behavioral Care Network

Term - Date From: August 1, 2015 Expires: December 31, 2016

Contract Total: \$1,241,971.00 Amendment Amount: \$392,996.58 New Contract Total: \$1,634,967.58

Source Selection Method: # see below

Additional Considerations (check all that apply)

- Board Order # _____
- Incoming Funds
- Independent Contractor (LECS) approval date: _____
- Insurance Waiver (attach)
- Feasibility Determination (attach approved form)
- Federal Funds (attach sub-recipient / contractor analysis)
- Reinstatement (attach written justification)
- Retroactive (attach written justification)

Description of Services or Grant Award:

MVBCN acting on behalf of the Mid-Willamette Valley Acute Care Region (MWVACR) is refunding a portion of the unexpended funds from amounts previously paid by Marion County to MVBCN through past contracts for Regional Acute Psychiatric Inpatient Services.

Amendment 1: The MWVACR region disbanded effective December 31, 2016. This amendment action is through MVBCN Resolution #2017-001 which authorizes disbursement to the region members \$1,000,000 of the \$1,300,000 remaining funds. Marion County is to receive \$392,996.58.

FOR FINANCE USE

Date Finance Received: _____ BOC Planning Date: _____ Date Legal Received: _____

Comments: _____

REQUIRED APPROVALS:

Finance - Contracts _____ Date _____ Risk Manager _____ Date _____

Legal Counsel _____ Date _____ Chief Administrative Officer _____ Date _____

Date _____ To be filed Added to master list

Returned to _____ Department for _____ signatures



Mid-Valley Behavioral Care Network

2965 Ryan Drive SE, Suite 150 ▪ Salem, Oregon 97301

PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ www.mvbcn.org

DISTRIBUTION AGREEMENT

Mid-Valley Behavioral Care Network and Marion County

Mid-Valley Behavioral Care Network (MVBCN), acting on behalf of the Mid-Willamette Valley Acute Care Region (MWVACR), shall disburse \$392,996.58 to Marion County for the purpose described in Section 2. These funds are Marion County's share of surplus funds designated for regional acute psychiatric services. Marion County agrees to use these funds solely for the purpose(s) described.

1. By execution of this Agreement, Marion County certifies under penalty of perjury that:
 - a. To the best of Marion County's knowledge, Marion County is not in violation of any tax laws described in ORS 305.380(4); and
 - b. Marion County has not discriminated against minority, women or small business enterprises in obtaining any required subcontracts; and
 - c. Marion County agrees to comply with federal and state laws and regulations.

2. Purpose of the funds:
 - a. Marion County shall utilize these funds for the following:
 - i) Inpatient psychiatric services delivered to individuals who are suffering from an acute mental illness, or other emotional disturbance posing a danger to the health and safety of the individual or others.
 - ii) Services intended to stabilize, control, or ameliorate acute psychiatric dysfunctional symptoms or behaviors in order to return individuals to less restrictive environments at the earliest possible times.
 - iii) Ancillary services such as regional coordination and enhancement to Community Mental Health Program services that serve to expedite the movement of individuals into and out of facilities where inpatient services are delivered and to divert persons from acute care services.

3. Payment:

- a. MVBCN shall disburse \$392,996.58 following execution of this Agreement.

4. Reporting:

Marion County shall provide records on the use of funds disbursed under this Agreement to MVBCN and/or to county, federal, or state authorities upon request.

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5. Acceptance of Funds:

Marion County hereby accepts that the funds tendered here as being the correct amount of the disbursement of the first \$1,000,000 of surplus MWVACR funds held by MVBCN and waives the right to contest the amount of, the formula for, or the distribution of these surplus funds by MVBCN on behalf of the MWVACR.

SIGNATURES

MARION COUNTY

MID-VALLEY BEHAVIORAL CARE NETWORK



4/13/17

Cary Moller
Administrator, Marion Co. Health Dept.

Date

Craig Pope
Chair, Board of Directors

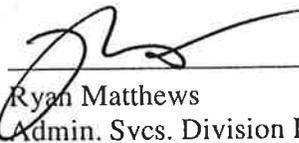
Date

Fund Verification

Cost Center: 2303
Account: 335520

2965 Ryan Drive SE, Suite 150
Salem, Oregon 97301

Approved as to form:



4/11/17

Ryan Matthews
Admin. Svcs. Division Director

Date

Wallace W. Lien
MVBCN Legal Counsel

Date

John Lattimer
Chief Administrative Officer

Date

Marion County Contracts

Date

Marion County Legal Counsel

Date

Marion County Board of Commissioners:

Chair

Commissioner

Commissioner

Date

Marion County Tax ID # 93-6002307



Mid-Valley Behavioral Care Network

2965 Ryan Drive SE, Suite 150 ▪ Salem, Oregon 97301
PHONE: (503) 361-2647 ▪ FAX: (503) 585-4989 ▪ www.mvbcn.org

RESOLUTION #2017-001

THIS RESOLUTION is made by Mid-Valley Behavioral Care Network (MVBCN), an Oregon Revised Statutes Chapter 190 organization, for the purpose of providing the background and implementation of the disbursement of surplus funds from regional acute psychiatric services administered by MVBCN on behalf of the Mid-Willamette Valley Acute Care Region (MWVACR).

WHEREAS MVBCN was contracted by each of Benton, Marion, and Yamhill Counties through December 31, 2016, to manage and pay for regional acute psychiatric services for residents of Benton, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties, as the counties that comprise the MWVACR;

WHEREAS, the administrator of the Local Mental Health Authority (LMHA) in each of the MWVACR counties has endorsed a particular methodology for the disbursement of surplus funds and the LMHA administrators for each of Benton, Marion, and Yamhill Counties has approved the disbursement methodology; and

WHEREAS there are at least \$1,300,000 in surplus MWVACR funds held by MVBCN, and at this time the LMHA administrators for each of Benton, Marion, and Yamhill Counties have directed MVBCN to disburse \$1,000,000 of the surplus funds to the LMHA in each of the MWVACR counties according to the approved methodology; and

WHEREAS a fully executed Disbursement Agreement between each LMHA and MVBCN shall be required prior to the disbursement of the surplus funds in the form attached hereto as Exhibit A; now

THEREFORE BE IT RESOLVED that \$1,000,000 of the surplus MWVACR funds held by MVBCN shall be distributed pursuant to individual Disbursement Agreements in the form shown on Exhibit A as follows:

1. The amount of \$128,964.60 of the surplus shall be distributed to Benton County; and
2. The amount of \$0.00 of the surplus shall be distributed to Lincoln County; and
3. The amount of \$166,368.76 of the surplus shall be distributed to Linn County; and
4. The amount of \$392,996.58 of the surplus shall be distributed to Marion County; and
5. The amount of \$120,568.22 of the surplus shall be distributed to Polk County; and
6. The amount of \$5,348.45 of the surplus shall be distributed to Tillamook Family Counseling Center; and
7. The amount of \$185,753.38 of the surplus shall be distributed to Yamhill County.

DATED this 22nd day of March, 2017.

MARION ▪ POLK

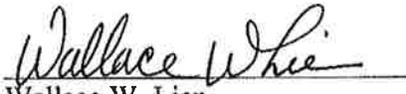
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Craig Pope, Chair
MVBCN Board of Directors

Date: 3-22-17

Approved as to Form:



Wallace W. Lien
MVBCN Legal Counsel

Date: 3-24-17

*** ATTACHMENT ***

Exhibit A: Disbursement Agreement Form



Mid-Valley Behavioral Care Network

2965 Ryan Drive SE, Suite 150 • Salem, Oregon 97301

PHONE: (503) 361-2647 • FAX: (503) 585-4989 • www.mvbcn.org

DISTRIBUTION AGREEMENT

Mid-Valley Behavioral Care Network and [LMHA]

Mid-Valley Behavioral Care Network (MVBCN), acting on behalf of the Mid-Willamette Valley Acute Care Region (MWVACR), shall disburse \$ ___ to [LMHA] for the purpose described in Section 2. These funds are [LMHA]'s share of surplus funds designated for regional acute psychiatric services. [LMHA] agrees to use these funds solely for the purpose(s) described.

1. By execution of this Agreement, [LMHA] certifies under penalty of perjury that:
 - a. To the best of [LMHA]'s knowledge, [LMHA] is not in violation of any tax laws described in ORS 305.380(4); and
 - b. [LMHA] has not discriminated against minority, women or small business enterprises in obtaining any required subcontracts; and
 - c. [LMHA] agrees to comply with federal and state laws and regulations.

2. Purpose of the funds:
 - a. [LMHA] shall utilize these funds for the following:
 - i) Inpatient psychiatric services delivered to individuals who are suffering from an acute mental illness, or other emotional disturbance posing a danger to the health and safety of the individual or others.
 - ii) Services intended to stabilize, control, or ameliorate acute psychiatric dysfunctional symptoms or behaviors in order to return individuals to less restrictive environments at the earliest possible times.
 - iii) Ancillary services such as regional coordination and enhancement to Community Mental Health Program services that serve to expedite the movement of individuals into and out of facilities where inpatient services are delivered and to divert persons from acute care services.

3. Payment:
 - a. MVBCN shall disburse \$ ___ following execution of this Agreement.

4. Reporting:

[LMHA] shall provide records on the use of funds disbursed under this Agreement to MVBCN and/or to county, federal, or state authorities upon request.

5. Acceptance of Funds:

[LMHA] hereby accepts that the funds tendered here as being the correct amount of the disbursement of the first \$1,000,000 of surplus MWVACR funds held by MVBCN and waives the right to contest the amount of, the formula for, or the distribution of these surplus funds by MVBCN on behalf of the MWVACR.

SIGNATURES

[LMHA]

MID-VALLEY BEHAVIORAL CARE NETWORK

Authorized Representative

Date

Craig Pope

Date

Chair, Board of Directors

Printed Name

2965 Ryan Drive SE, Suite 150
Salem, Oregon 97301

Approved as to form:

Address



3.24.17

Wallace W. Lien

Date

MVBCN Legal Counsel

Federal tax identification number



Mid-Valley Behavioral Care Network

2965 Ryan Drive SE, Suite 150 • Salem, Oregon 97301
PHONE: (503) 361-2647 • FAX: (503) 585-4989 • www.mvbcn.org

July 30, 2015

To Whom It May Concern:

With respect to Workers' Compensation insurance, MVBCN does not carry this insurance as our staff is comprised of Marion County employees. The enclosed Certificate of Self-Insurance from Marion County provides evidence of the County's self-insurance for Workers' Compensation insurance.

Truly,

A handwritten signature in black ink, appearing to read 'Cheryl H.', is written over the typed name.

Cheryl Henning
MVBCN Administrative Services Manager

Enc.

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Marion County OREGON

CERTIFICATE OF SELF-INSURANCE

The undersigned hereby certifies that the following described self-insurance is in force as of the date below:

Name of Self-Insured: Marion County

Principal Address: 555 Court St NE, 4th Floor, Salem, Oregon, 97301
PO Box 14500, Salem, OR, 97309-5036

Policy Period: July 1, 2009 until cancelled

<u>Description of Coverage</u>	<u>Limits of Liability</u>
I. General Liability	\$10,000,000 Per Occurrence \$10,000,000 Aggregate
II. Automobile Liability	\$1,000,000 Per Accident Per ODOT Certificate Number 58
III. Workers' Compensation	\$750,000
IV. Employer's Liability	\$1,000,000

Marion County is self-insured for the above coverages in accordance with the provisions of ORS 30.270 (Tort Claims Act) and ORS 656.403 (Workers' Compensation). The county maintains an insurance fund from which to pay all costs and expenses relating to claims for which it is self-insured. This document is furnished to you as a matter of information only. The issuance of this document does not modify in any manner the issuer's self-insurance program.

Marion County Risk Management

Justine Flora

Justine Flora, Benefits and Risk Manager
Phone: 503-584-7786 Fax: 503-588-5495

CERTIFICATE OF COVERAGE

Agent
Huggins Ins Svc, Inc.
PO Box 270
Salem, OR 97308

This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend or alter the coverage afforded by the coverage documents listed herein.



citycounty insurance services

Named Member or Participant
Mid-Valley Behavioral Care Network
2965 Ryan Drive SE, Ste. 150
Salem, OR 97301

Companies Affording Coverage

COMPANY A - CIS
COMPANY B - National Union Fire Insurance Company of Pitts, PA
COMPANY C - RSUI Indemnity
COMPANY D - Torus National Insurance Company

LINES OF COVERAGE

This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

Type of Coverage	Company Letter	Certificate Number	Effective Date	Termination Date	Coverage	Limit
General Liability <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices <input checked="" type="checkbox"/> Occurrence	A	16LMVBC	7/1/2016	7/1/2017	General Aggregate: Each Occurrence:	\$15,000,000 \$5,000,000
Auto Liability <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	16LMVBC	7/1/2016	7/1/2017	General Aggregate: Each Occurrence:	None \$5,000,000
Auto Physical Damage <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	16APDMVBC	7/1/2016	7/1/2017		
<input checked="" type="checkbox"/> Property	A	16PMVBC	7/1/2016	7/1/2017		Per Filed Values
<input checked="" type="checkbox"/> Boiler and Machinery	A	16BMVBC	7/1/2016	7/1/2017		Per Filed Values
<input type="checkbox"/> Excess Liability						
<input type="checkbox"/> Excess Crime						
<input type="checkbox"/> Excess Earthquake						
<input type="checkbox"/> Excess Flood						
<input type="checkbox"/> Excess Cyber Liability						
<input type="checkbox"/> Workers' Compensation						

Description:

State of Oregon, Department of Human Services, Marion County Oregon, and their officers, employees, and agents are listed as additional Members but only in respects to the Operations of the Named Member.
Regarding contracts for management of psychiatric hospital services for uninsured persons.

Certificate Holder:

Marion County
Attn: Linda Wilson
3180 Center Street NE
Salem, OR 97301

CANCELLATION: Should any of the coverage documents herein be cancelled before the expiration date thereof, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the issuer of this certificate.

By:

Michele A. Johnson

Date: 06-10-2016