



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: July 11, 2018

Department: Health Agenda Planning Date: July 5, 2018 Time required: 10 min

Audio/Visual aids

Contact: Ann-Marie Bandfield, Team Supervisor Phone: 503-566-2967

Department Head Signature: [Signature]

TITLE: City of Woodburn, on behalf of Woodburn Police Department IGA #HE-857-16 Amendment 1

Issue, Description & Background: The Woodburn Police Department provides one sworn law enforcement professional as part of the formed Woodburn Police Mobile Crisis team. Mobile Crisis teams primarily take calls from dispatch that have a mental health component, and assist other agencies throughout the County with those types of calls. The team provides after hours support and follow up for the Crisis Outreach Response Team (CORT); during a working (40) forty hour work week. Amendment 1: Extends the period of performance from January 31, 2019 through June 30, 2019 and adds five months of funds; \$64,100. This extension shall align the performance completion dates of the various law enforcement agencies who have mobile crisis teams .

Financial Impacts: The original IGA was funded \$190,000. Amendment 1 adds \$64,100. The new total of the IGA is funded \$254,100.

Impacts to Department & External Agencies: Health and Human Services anticipates no impact on other departments.

Options for Consideration: 1. Approve the City of Woodburn IGA #HE-857-16 Amendment 1 2. Deny approval of the City of Woodburn IGA #HE-857-16 Amendment 1 3. Take no action at this time.

Recommendation: Health and Human Services recommends approval of the City of Woodburn IGA #HE-857-16 Amendment 1.

List of attachments: City of Woodburn IGA #HE-857-16 Amendment 1

Presenter: Scott Richards, Division Director

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-857-16

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: _____

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

Title: Provide Mobile Crisis Services

Contractor's Name: City of Woodburn , on behalf of Woodburn Police Department

Term - Date From: February 14, 2017 Expires: January 31, 2019 extended thru June 30, 2019

Contract Total: \$190,000.00 Amendment Amount: \$64,100.00 New Contract Total: \$254,100.00

Source Selection Method: Special Procurement (attach approval) # 50-0160

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:

The Woodburn Police Department will provide one sworn law enforcement professional as part of the mobile crisis team, work space in its office for Marion County staff and a data connection line so that Marion County staff may access Marion County data systems.
 Amendment 1: Extends the period of performance through June 30, 2019 to coincide with other law enforcement mobile crisis units, and provides additional 5 months funding.

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



Marion County
OREGON

AMENDMENT #1 to the
INTERGOVERNMENTAL AGREEMENT #HE-857-16
between
MARION COUNTY and CITY OF WOODBURN

The Intergovernmental Agreement, entered into pursuant to ORS Chapter 190, as may be amended from time to time, the "Agreement," between Marion County "County", a political subdivision of the State of Oregon, and City of Woodburn, on behalf of the Woodburn Police Department, a Municipal Corporation "City", dated February 14, 2017 through January 31, 2019.

The Agreement is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by brackets []):

3. TERM AND TERMINATION

3.1 This Agreement shall be effective for the period upon [signatures of all parties] February 14, 2017 through [January 31, 2019] June 30, 2019.

4. FUNDING AND BILLING

The total amount paid under this contract shall not exceed [\$190,000] \$254,100.

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 SIGNATURE

BOARD OF COMMISSIONERS:

Chair Date

Commissioner Date

Commissioner Date

Authorized Signature: [Signature] 6/27/18
Cary Moller, Administrator Date

Authorized Signature: [Signature] 6/22/18
Scott Richards, Division Director Date

Authorized Signature: [Signature] 6-22-18
Ann-Marie Bandfield, Health Program Manager Date

Authorized Signature: [Signature] 6/25/18
Jeremiah Elliott, Sr. Admin Mgr Date

Authorized Signature: _____
Chief Administrative Officer Date

Reviewed by Signature: _____
Marion County Legal Counsel Date


Reviewed by Signature: _____
Marion County Contracts & Procurement Date

CITY OF WOODBURN

Authorized Signature: _____ Date: _____

Title: _____

CERTIFICATE OF COVERAGE

Agent Huggins Ins Srv, 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
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Named Member or Participant City of Woodburn 270 Montgomery St. Woodburn, OR 97071	<p style="text-align: center;">Companies Affording Coverage</p> COMPANY A - CIS COMPANY B - National Union Fire Insurance Company of Pitts, PA COMPANY C - RSUI Indemnity
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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
<input checked="" type="checkbox"/> 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	17LWDB	7/1/2017	7/1/2018	General Aggregate: Each Occurrence:	\$30,000,000 \$10,000,000
<input checked="" type="checkbox"/> Auto Liability <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	17LWDB	7/1/2017	7/1/2018	General Aggregate: Each Occurrence:	None \$10,000,000
<input checked="" type="checkbox"/> Auto Physical Damage <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	17APDWDB	7/1/2017	7/1/2018		
<input checked="" type="checkbox"/> Property	A	17PWDB	7/1/2017	7/1/2018		Per Filed Values
<input checked="" type="checkbox"/> Boiler and Machinery	A	17BWDB	7/1/2017	7/1/2018		Per Filed Values
<input type="checkbox"/> Excess Crime						
<input checked="" type="checkbox"/> Excess Earthquake	C	17EQWDB	7/1/2017	7/1/2018	Each Occurrence:	\$5,000,000
<input type="checkbox"/> Excess Flood						
<input type="checkbox"/> Excess Cyber Liability						
<input checked="" type="checkbox"/> Workers' Compensation	A	17WWDB	7/1/2017	7/1/2018	Coverage A and B	

Description:
 CERV Partnership. Marion County, its officers/officials, agents, employees and volunteers are named as Additional Members-per CCIS liability coverage certificate and coverage provisions/definitions.

Certificate Holder: Marion County 3180 Center Street NE Salem OR 97301	<p>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.</p> <p style="text-align: right;">Date: 5-31-2017</p> <p>By: <i>Mitchell A. Johnson</i></p>
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