



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: August 15, 2018

Department: Health Agenda Planning Date: August 9, 2018 Time required: 10

Audio/Visual aids

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

Department Head Signature: [Signature]

Table with 2 columns: Field Name (TITLE, Issue, Description & Background, Financial Impacts, Impacts to Department & External Agencies, Options for Consideration, Recommendation, List of attachments, Presenter) and Content.

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: _____

Contract Amendment # 2 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: Upon notice from BCN

Contract Total: \$1,634,967.58 Amendment Amount: \$210,502.73 New Contract Total: \$1,845,470.31

Source Selection Method: # see below

Additional Considerations (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Board Order # _____ | <input type="checkbox"/> Feasibility Determination (attach approved form) |
| <input checked="" type="checkbox"/> Incoming Funds | <input type="checkbox"/> Federal Funds (attach sub-recipient / contractor analysis) |
| <input type="checkbox"/> Independent Contractor (LECS) approval date: _____ | <input type="checkbox"/> Reinstatement (attach written justification) |
| <input type="checkbox"/> Insurance Waiver (attach) | <input type="checkbox"/> 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 2: The MWVACR region disbanded effective December 31, 2016. This amendment action is through MVBCN Resolution #2018-002 which authorizes disbursement to the region members \$535,635 of remaining funds. Marion County is to receive \$210,502.73

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



550 Hawthorne Ave, Suite 140, Salem, Oregon 97301
T: 503.361.2647 F: 503.585.4989 W: mvbcn.org

DISTRIBUTION AGREEMENT

Mid-Valley Behavioral Care Network and Marion County

Mid-Valley Behavioral Care Network (MVBCN) shall disburse \$210,502.73 to Marion County for the purpose described in Section 2. These funds are Marion County's share of funds remaining from regional acute psychiatric services administered by MVBCN on behalf of the former Mid-Willamette Valley Acute Care Region (MWWACR).

MVBCN was contracted by each of Benton, Marion, and Yamhill Counties through December 31, 2016, to manage and pay for non-Medicaid regional acute psychiatric services. The administrators for each of these counties have directed MVBCN to disburse the remaining MWWACR funds to the Local Mental Health Authority (LMHA) in the counties that comprised the MWWACR. Marion County is the LMHA in one of the seven counties of the former MWWACR.

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 \$210,502.73 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.

5. Acceptance of Funds:

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

SIGNATURES

MARION COUNTY

MID-VALLEY BEHAVIORAL CARE NETWORK



7/31/18

Cary Moller
Date
Administrator, Marion Co. Health Dept.

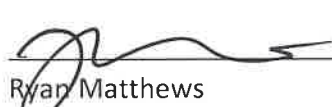
Craig Pope
Date
Chair, Board of Directors

Fund Verification

Cost Center: 2344
Account: 332061

550 Hawthorne Drive SE, Suite 140
Salem, Oregon 97301

Approved as to form:



7/27/18

Ryan Matthews
Date
Admin. Svcs. Division Director

Rebekah R. Jacobson
Date
MVBCN Legal Counsel

John Lattimer
Date
Chief Administrative Officer

Marion County Contracts Date

Marion County Legal Counsel Date

Marion County Board of Commissioners:

Chair

Commissioner

Commissioner

Date

Marion County Tax ID # 93-6002307



550 Hawthorne Ave, Suite 140, Salem, Oregon 97301
T: 503.361.2647 F: 503.585.4989 W: mvbcn.org

RESOLUTION #2018-002

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 funds remaining from regional acute psychiatric services administered by MVBCN on behalf of the former 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 non-Medicaid regional acute psychiatric services for residents of Benton, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill Counties, as the counties that comprised the MWVACR;

WHEREAS, the Local Mental Health Authority (LMHA) administrators for each of Benton, Marion, and Yamhill Counties have approved a methodology for disbursement of remaining MWVACR funds; and

WHEREAS, there are \$535,635 in remaining MWVACR funds held by MVBCN, and the LMHA administrators for each of Benton, Marion, and Yamhill Counties have directed MVBCN to disburse the funds to the LMHA in each of the former 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 funds in the form attached hereto as Exhibit A; now

THEREFORE BE IT RESOLVED that the \$535,635 in remaining 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 \$69,077.96 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 \$89,112.93 of the surplus shall be distributed to Linn County; and
4. The amount of \$210,502.73 of the surplus shall be distributed to Marion County; and
5. The amount of \$64,580.56 of the surplus shall be distributed to Polk County; and
6. The amount of \$2,864.82 of the surplus shall be distributed to Tillamook Family Counseling Center; and
7. The amount of \$99,496.01 of the surplus shall be distributed to Yamhill County.

RESOLUTION #2018-002

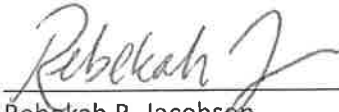
DATED this 24th day of July, 2018.



Craig Pope, Chair
MVBCN Board of Directors

Date: 7-24-18

Approved as to Form:




Rebekah R. Jacobson
MVBCN Legal Counsel

Date: 7/18/18

*** ATTACHMENT ***

Exhibit A: Disbursement Agreement Form

CERTIFICATE OF COVERAGE

| | | |
|---|--|--|
| Agent Huggins Ins Srvc, 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 550 Hawthorne Ave SE, Ste. 140 Salem, OR 97301 | Companies Affording Coverage COMPANY A - CIS COMPANY B - National Union Fire Insurance Company of Pitts, PA COMPANY C - RSUI indemnity | |

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 | 18LMVBC | 7/1/2018 | 7/1/2019 | General Aggregate: Each Occurrence: | \$15,000,000 \$5,000,000 |
| <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 | 18LMVBC | 7/1/2018 | 7/1/2019 | General Aggregate: Each Occurrence: | None \$5,000,000 |
| <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 | 18APDMVBC | 7/1/2018 | 7/1/2019 | | |
| <input checked="" type="checkbox"/> Property | A | 18PMVBC | 7/1/2018 | 7/1/2019 | | Per Filed Values |
| <input checked="" type="checkbox"/> Boiler and Machinery | A | 18BMVBC | 7/1/2018 | 7/1/2019 | | 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"/> Difference in Conditions | | | | | | |
| <input type="checkbox"/> Excess Cyber Liability | | | | | | |
| <input checked="" type="checkbox"/> Workers' Compensation | A | 18WMVBC | 7/1/2018 | 7/1/2019 | Coverage A and B | |

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: Camber Schlag
 PO Box 14500
 Salem, OR 97309

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: 

Date: 6/21/18