



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: January 22, 2020

Department: Health & Human Services Agenda Planning Date: January 16, 2020 Time required: 10

Audio/Visual aids

Contact: Ann-Marie Bandfield, Health Program Manager Phone: 503-566-2967

Department Head Signature: [Handwritten Signature]

TITLE: City of Salem Mobile Crisis Services Intergovernmental Agreement (IGA) # HE-2907-19, Amendment 1

Issue, Description & Background: The City of Salem Police Department provides one mobile crisis team; working four days per week, ten hour shifts. The Mobile Crisis team primarily take calls from dispatch that have a mental health component, and assist other agencies throughout the County. Marion County Health & Human Services, Psychiatric Counseling Center shall provide a Qualified Mental Health Practitioner (QMHP) that will work with law enforcement to provide assistance with the dispatched calls. Amendment 1 adds \$304,000.00 in funding to add a second mobile crisis team to provide services during the term of the IGA.

Financial Impacts: The IGA was originally funded \$304,300 for the period July 1, 2019 through June 30, 2021. Amendment 1 adds \$304,000.00 in funds. The new IGA total is \$608,300.00.

Impacts to Department & External Agencies: Health and Human Services Department does not anticipate any impacts to external agencies as a result of this IGA.

Options for Consideration: 1. Approve the City of Salem Mobile Crisis Services IGA # HE-2907-19, Amendment 1. 2. Deny approval of the City of Salem Mobile Crisis Services IGA # HE-2907-19, Amendment 1. 3. Take no action at this time.

Recommendation: Health and Human Services Department recommends approval of the IGA #HE-2907-19 Amendment 1 to add a second mobile crisis team and provide an additional \$304,000.00 in funding.

List of attachments: City of Salem Mobile Crisis Services Intergovernmental Agreement # HE-2907-19, Amendment 1

Presenter: Ann-Marie Bandfield, Health Program Manager

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-2907-19

Person Sending: Linda Wilson Department: Health

Contact Phone #: 503-361-2792 Date Sent: \_\_\_\_\_

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

Title: Provide Mobile Crisis Services

Contractor's Name: City of Salem

Term - Date From: July 1, 2019 Expires: June 30, 2021

Contract Total: \$304,300.00 Amendment Amount: \$304,000.00 New Contract Total: \$608,300.00

Source Selection Method: Special Procurement (attach approval) # exempt 50-0010

### Additional Considerations (check all that apply)

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

### Description of Services or Grant Award:

**The City shall provide after hours support working a four days per week, ten hour shifts by providing trained officers that will take calls from dispatch that have a mental health component.**  
**Amendment 1: Adds funding to bring on a second Mobile Crisis team for the term of the agreement.**

**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



AMENDMENT 1 to the  
INTERGOVERNMENTAL AGREEMENT #HE-2907-19  
between  
MARION COUNTY and CITY OF SALEM

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 Salem, an Oregon Municipal Corporation hereafter called "City", dated July 1, 2019 through June 30, 2021.

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

4. **FUNDING AND BILLING**

4.1 The total amount paid under this contract shall not exceed [ \$304,300 ] \$608,300.00.

Payments under this contract shall be made on a cost reimbursement basis.

2019-2020 Proposed Budget

| <u>Team 1</u>                |              | <u>Team 2</u>                       |                          |
|------------------------------|--------------|-------------------------------------|--------------------------|
| Officer Salary and benefits: | \$142,800.00 | <u>Officer Salary and benefits:</u> | <u>\$117,000.00</u>      |
| Vehicle Costs                | \$ 2,200.00  | <u>Vehicle Costs</u>                | <u>\$ 33,000.00</u>      |
| Gasoline                     | \$ 5,000.00  | <u>Gasoline</u>                     | <u>\$ included above</u> |
| FY19-20 Subtotal             | \$150,000.00 | <u>FY19-20 Subtotal</u>             | <u>\$150,000.00</u>      |

2020-2021 Proposed Budget

| <u>Team 1</u>                |              | <u>Team 2</u>                       |                     |
|------------------------------|--------------|-------------------------------------|---------------------|
| Officer Salary and benefits: | \$147,100.00 | <u>Officer Salary and benefits:</u> | <u>\$147,100.00</u> |
| Vehicle Costs                | \$ 2,200.00  | <u>Vehicle Costs</u>                | <u>\$ 2,200.00</u>  |
| Gasoline                     | \$ 5,000.00  | <u>Gasoline</u>                     | <u>\$ 5,000.00</u>  |
| FY20-21 Subtotal             | \$154,300.00 | <u>FY20-21 Subtotal</u>             | <u>\$154,000.00</u> |

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:  1/7/20  
Ryan Matthews, Interim Administrator Date

Authorized Signature:  1/8/20  
Cydney Nestor, Division Director Date

Authorized Signature:  1.7.2020  
Ann-Marie Bandfield, Health Program Mgr. Date

Authorized Signature:  1/7/20  
Jeremiah Elliott, Sr. Admin. Srv. 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 SALEM SIGNATURE**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_