

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

Date:

Department:

Contractor/Supplier/Consultant Name:

Contractor Contact: **Contractor Phone #:**

Type of Document: Personal Services Contract

Goods and/or Services: PacificSource Community Solutions (PSCS) is contracting with Deschutes County Health Services to provide oversight and care coordination for adults with serious and persistent mental illness (SPMI). PSCS will provide funding up to \$407,889.02 with two potential performance payments of \$11,181.17 available if all regional PSCS Choice Model contractors meet the performance measures. The contract term is January 1, 2022 through December 31, 2022.

Background & History: PSCS delivers healthcare solutions to businesses and individuals throughout the Northwest and is an independent, wholly-owned subsidiary of PacificSource Health Plans a non-profit community health plan. PSCS has been providing Medicaid plans to Oregonians since 1995 and currently offers Oregon Health Plans (OHP) coverage to individuals who need help through the PacificSource Coordinated Care Organization (CCO).

Deschutes County Health Services provides Choice Model Services which are designed to promote more effective utilization of current capacity in facility based treatment settings and community based settings, increase care coordination and increase accountability at a local and state level. Services are designed to promote the availability and quality of individualized community-based services and supports so that adults with mental illness are served in the least restrictive environment possible and use of long-term institutional care is minimized.

Annual payment for Choice Model Services is capped at \$407,889.02 for the contract period January 1, 2022 through December 31, 2022. Performance payments each in the amount of \$11,181.17, may be available if the applicable conditions are achieved for the periods January 1 through June 30, 2022 and July 1 through December 31, 2022.

Start Date: **Ending Date:**

Annual Value or Total Payment:

Insurance Certificate Received (check box)
Insurance Expiration Date:

Check all that apply:

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)

Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget? Yes No)

If **No**, has budget amendment been submitted? Yes No

Is this a Grant Agreement providing revenue to the County? Yes No

Special conditions attached to this grant: Monthly invoices and Client Status Reports

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter: Yes No

Contact information for the person responsible for grant compliance: Name: _____
Phone #:

Departmental Contact and Title: Kara Cronin, BH Program Manager
Phone #: 547-322-7526

Deputy Director Approval:

Signature: Janice Garceau
Janice Garceau (Mar 2, 2022 09:27 PST)

Email: janice.garceau@deschutes.org

Title: Behavioral Health Director

Company: Deschutes County Health Services

Department Director Approval:

Signature: Erik Kropp
Erik Kropp (Mar 2, 2022 13:29 PST)

Email: erik.kropp@deschutes.org

Title: Interim Health Services Director

Company: Deschutes County

Distribution of Document: Michele Carroll, Deschutes County Health Services.

Official Review:

County Signature Required (check one): BOCC Department Director (if <\$50K)

Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No. _____)

Legal Review _____ Date _____

Document Number 2022-233

3/2/2022

