

**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:**

**Type of Document:** HOST/BI Program Agreement

**Goods and/or Services:** Deschutes County Health Services and Bethlehem Inn are entering a collaboration regarding the Homeless Outreach Services Team (HOST) to reserve bed space on an ongoing basis for the provision of shelter, rent readiness, and brief intervention case management services.

**Background & History:** Bethlehem Inn is a non-denominational, community-based facility providing shelter and hope to those experiencing homelessness in Central Oregon. They provide case management services, access to transportation and a work experience program, which utilizes residents and their skills to complete on-site tasks. Every year Bethlehem Inn provides shelter and services to over 1,000 adults and children in crisis and serves over 66,000 meals.

HOST shall arrange any plan of care, including treatment plan, points of contact and safety plan, and/or arrange special accommodations with Bethlehem Inn for HOST/BI Partnership Program clients prior to clients' intake at Bethlehem Inn, if accommodation or assistance is needed. HOST will ensure that client follows the Reasonable Accommodation Request process for all above requests. Bethlehem Inn will provide regular case management services with specific and consistent contract case managers and establish self-sufficiency action plans, in accordance with Bethlehem Inn Rules and Guidelines to approved HOST/BI Partnership Program clients. In addition, Bethlehem Inn will provide up to four (4) weeks of health and safety focused goals, including but not limited to, daily functioning and ensuring follow through with established HOST goals, as needed.

Deschutes County Health Services will reimburse Bethlehem Inn \$70 per night per bed for six (6) beds. Bethlehem Inn will invoice a flat monthly rate of \$12,775.

**Agreement Starting 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)
- Not Applicable
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

**Funding Source:**

Project Code: HSADLTINT – HS2BHRN

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  N/A

Special conditions attached to this grant:

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:**  **Phone #:**

**Deputy Director Approval:**

**Director Approval:**

**Signature:** Holly Harris  
Holly Harris (Jan 11, 2023 14:57 PST)

**Email:** holly.harris@deschutes.org

**Title:** Deputy Director

**Company:** Deschutes County

**Signature:** 

**Email:** janice.garceau@deschutes.org

**Title:** Director

**Company:** Deschutes County Health Services

**Distribution of Document:** Grace Justice Evans, Health Services Department.

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**Official Review:**

County Signature Required (check one):  BOCC  Director (if <\$50K)  
 Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No. \_\_\_\_\_)

Legal Review \_\_\_\_\_ Date \_\_\_\_\_

Document Number 2023-087