

ANNOTATED MINUTES

*Tuesday, December 1, 1992 - 9:00 AM
Multnomah County Courthouse, Room 602*

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(e) to Discuss a Proposed Real Property Transaction. Presented by Bob Oberst, Billi Odegaard, Dwayne Prather, Dave Boyer and Don Keister.*

**STAFF TO FURNISH BOARD WITH REQUESTED
INFORMATION. FOLLOW UP EXECUTIVE SESSION
SCHEDULED FOR 9:00 AM, TUESDAY, DECEMBER 8, 1992.**

*Tuesday, December 1, 1992 - 10:00 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFINGS

- B-2 In the Matter of the Role of Garden Festivals in Landscape Restoration. Presented by David Ausherman, Landscape Architect, Metropolitan Greenspaces.*

**SHARON TIMKO AND DAVID AUSERMAN PRESENTATION
AND RESPONSE TO BOARD QUESTIONS.**

- B-3 Summary of the International AIDS Conference and a Report on HIV Programmatic Activities in the Health Department. Presented by Jeanne Gould, Kathy Oliver, Jim Sampson and Jan Sinclair.*

**JEANNE GOULD, JIM SAMPSON, KATHY OLIVER AND JAN
SINCLAIR PRESENTATION AND RESPONSE TO BOARD
QUESTIONS.**

- B-4 Multnomah County Legislative Agenda. Presented by Fred Neal and Bob Cantine, Association of Oregon Counties.*

**FRED NEAL, BOB CANTINE AND HOWARD KLINK
PRESENTATION AND RESPONSE TO BOARD QUESTIONS.
STAFF TO CONSULT WITH BOARD AND PREPARE
PROPOSED RESOLUTION ADOPTING AOC PRIORITIES,
ENUMERATING LIMITED HOUSEKEEPING MEASURES,
ADDRESSING HUMAN SERVICES NEEDS AND OFFERING
SUGGESTIONS ON HOW TO APPROACH LEGISLATION IN
RESPONSE TO GOLDSCHMIDT TASK FORCE
RECOMMENDATIONS, FOR BOARD CONSIDERATION ON
THURSDAY, DECEMBER 10, 1992.**

- B-5 *Review Recommendations of the Governor's Task Force on Local Government Services and Potential Impact to Multnomah County. Presented by Fred Neal, Dave Warren, Betsy Williams, Lillie Walker and Ardys Craghead.*

PRESENTATION AND DISCUSSION WITH FRED NEAL, DAVE WARREN, BETSY WILLIAMS, LILLIE WALKER AND ARLENE COLLINS. DRAFT COMMITTEE TO MEET AND REVIEW RESPONSE TO TASK FORCE RECOMMENDATIONS IN JANUARY.

*Tuesday, December 1, 1992 - 1:30 PM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

- B-6 *Accomplishments of the Elder Safety Coalition. Presented by Becky Wehrli and Members of the Elder Safety Coalition.*

PRESENTATION AND DISCUSSION WITH PMCoA DIRECTOR BECKY WEHRLI AND COALITION MEMBERS DELANIE DELIMONT, KELLY BACON, CURT COULTER, DON KEISTER AND ART PAYNE. VICE-CHAIR KELLEY SUGGESTED THAT PMCoA STAFF CONTACT HER OFFICE REGARDING TIPPING FEES ASSISTANCE. BOARD INVITED TO ELDER SAFETY RECOGNITION DAY KICK OFF AT 10:00 AM, ON DECEMBER 11, 1992 AT PACIFIC POWER OFFICE.

*Tuesday, December 1, 1992 - 1:50 PM
Multnomah County Courthouse, Room 602*

AGENDA REVIEW

- B-7 *Review Agenda for Regular Meeting of December 3, 1992.*

- R-12 **COMMISSIONER HANSEN REQUESTED THAT THE PROCLAMATION BE READ AND CONSIDERED FIRST ON THURSDAY.**
- R-13 **COMMISSIONER HANSEN REPORTED THE JUSTICE COORDINATING COUNCIL CAN BE ABOLISHED AS THE PUBLIC SAFETY COUNCIL IS NOW FUNCTIONING.**
- R-14 **COMMISSIONER HANSEN DISCUSSED A SUBSTITUTE RESOLUTION FOR BOARD CONSIDERATION THURSDAY.**
- R-15 **BOARD AND STAFF DISCUSSION REGARDING MEASURE 5 LIMITATIONS, REQUIREMENTS REGARDING LEVIES,**

MARCH ELECTION AND COUNTY TAX BASE. VICE-CHAIR KELLEY SUGGESTED THAT A JOINT JURISDICTION MEETING BE SCHEDULED SOON AND THAT THE BOARD SPEAK WITH THE DEPARTMENT OF REVENUE. CHAIR McCOY ADVISED SHE WILL ARRANGE TO MEET WITH MAYOR-ELECT KATZ AND THAT MEETINGS WILL BE SCHEDULED WITH THE OTHER JURISDICTIONS AND TAX SUPERVISING AND CONSERVATION COMMISSION IN JANUARY.

R-16

STAFF REPORTED THEY WILL PREPARE AN AMENDMENT TO THE PROPOSED ORDINANCE IN CONNECTION WITH AN UNINTENTIONAL DELETION OF SHERIFF'S DEPARTMENT EXEMPT EMPLOYEE FOUR HOUR EVE LEAVE. COMMISSIONER HANSEN DISCUSSED TWO NON-SUBSTANTIVE REVISIONS HE WILL BE PROPOSING THURSDAY.

R-25

HEALTH DEPARTMENT STAFF PRESENTED A REQUEST FOR APPROVAL OF A NOTICE OF INTENT TO APPLY FOR A GRANT FROM THE AMERICAN DIABETES ASSOCIATION FOR A COMPREHENSIVE DIABETES EDUCATION PROGRAM AT THE NORTHEAST HEALTH CENTER FOR UNANIMOUS CONSENT THURSDAY.

**Thursday, December 3, 1992 - 9:30 AM
Multnomah County Courthouse, Room 602**

REGULAR MEETING

Chair Gladys McCoy convened the meeting at 9:32 a.m., with Vice-Chair Sharron Kelley, Commissioners Pauline Anderson, Rick Bauman and Gary Hansen present.

NON-DEPARTMENTAL

R-12 PROCLAMATION in the Matter of Proclaiming December 11, 1992 as ELDER SAFETY DAY

COMMISSIONER BAUMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-12. PROCLAMATION READ. PMCoA CHAIR RUTH CURRIE PRESENTATION AND RESPONSE TO BOARD QUESTIONS. MS. CURRIE INTRODUCED HARVEY RICE. PROCLAMATION 92-201 UNANIMOUSLY APPROVED.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE CONSENT CALENDAR

(ITEMS C-1 THROUGH C-7) WAS UNANIMOUSLY
APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-1 ORDER in the Matter of the Execution of Deed D930808 for Certain Tax Acquired
Property to BEN W. EVANSON

ORDER 92-202.

C-2 ORDER in the Matter of the Execution of Deed D930809 for Certain Tax Acquired
Property to CHARLES L. WILLIAMS and LESLEE WILLIAMS, Husband and Wife

ORDER 92-203.

C-3 ORDER in the Matter of the Execution of Deed D930810 for Certain Tax Acquired
Property to CHARLES L. WILLIAMS and LESLEE WILLIAMS, Husband and Wife

ORDER 92-204.

C-4 ORDER in the Matter of the Execution of Deed D930811 for Certain Tax Acquired
Property to AZUWIE AYARIBIL

ORDER 92-205.

C-5 ORDER in the Matter of the Execution of Deed D930812 for Certain Tax Acquired
Property to AZUWIE AYARIBIL

ORDER 92-206.

C-6 ORDER in the Matter of the Execution of Deed D930813 for Certain Tax Acquired
Property to FRANCISCO A. DELAROSA and OFELIA L. DELAROSA, Husband and
Wife

ORDER 92-207.

DEPARTMENT OF SOCIAL SERVICES

C-7 Ratification of Amendment No. 3 to Intergovernmental Agreement, Contract #103772
Between Multnomah County and Portland Public School District #1, Providing
Funding for One Juvenile Court Drug and Alcohol Counselor to Project Paradigm,
for the Period Upon Execution to June 30, 1993

REGULAR AGENDA

JUSTICE SERVICES

DISTRICT ATTORNEY

R-1 Budget Modification DA #3 Requesting Authorization for Clerical Reorganization
Within the District Attorney's Circuit Court Trial Support Division

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER BAUMAN, R-1 WAS UNANIMOUSLY APPROVED.

- R-2 *Budget Modification DA #5 Requesting Authorization to Continue Funding the Finvest Grant Awarded by the Bureau of Justice Assistance, for the Period October 1, 1992 through September 30, 1993*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-2 WAS UNANIMOUSLY APPROVED.

- R-3 *Budget Modification DA #6 Requesting Authorization to Continue Funding the Organized Crime and Narcotics Grant Awarded by the Bureau of Justice Assistance, for the Period July 1, 1992 through September 30, 1993*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, R-3 WAS UNANIMOUSLY APPROVED.

- R-4 *Budget Modification DA #7 Requesting Authorization to Renew the Anti-Drug Grant from the Oregon Criminal Justice Division, Providing Funding for Investigation and Prosecution of Drug Cases Targeted by the Regional Organized Crime Task Force*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER ANDERSON, R-4 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

- R-5 *Budget Modification MCHD #9 Requesting Authorization to Appropriate Supplemental Public Health Service Grant Funds for Health Care for the Homeless, to Provide a Medical Social Worker at the Burnside Clinic*

UPON MOTION OF COMMISSIONER ANDERSON, SECONDED BY COMMISSIONER KELLEY, R-5 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-6 *RESOLUTION in the Matter of Accepting the Joint Cable Regulation Consolidation Task Force Final Report*

COMMISSIONER KELLEY MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF R-6. VICE-CHAIR KELLEY APPLAUDED COOPERATIVE EFFORTS. MCRC DIRECTOR JULIE OMELCHUCK COMMENTED AND INTRODUCED TASK FORCE MEMBERS DAVID OLSEN, CECE HUGHLEY AND STUART KAPLAN. RESOLUTION 92-208 UNANIMOUSLY APPROVED.

DEPARTMENT OF SOCIAL SERVICES

- R-7 *Ratification of Intergovernmental Agreement Contract #103533 Between Children's Services Division and Josephine, Lane and Multnomah Counties, Providing Funding for Juvenile Justice Division Participation in the House Bill 3438 Juvenile Parole Services Pilot Project, for the Period October 1, 1992 through September 30, 1993*
- R-8 *Budget Modification DSS #33 Requesting Authorization to Appropriate \$68,610 Federal U.S. Department of Justice Drug Control and Systems Improvement Act Revenue into the Juvenile Justice Division Budget, for County Implementation of the House Bill 3438 Juvenile Parole Services Pilot Project*

UPON MOTION OF COMMISSIONER ANDERSON, SECONDED BY COMMISSIONER KELLEY, ITEMS R-7 AND R-8 WERE UNANIMOUSLY APPROVED.

- R-9 *Ratification of Intergovernmental Agreement Contract #103473 Between Multnomah County and the State of Oregon, Department of General Services, Allowing the Juvenile Justice Division to Purchase AT&T Telephone Language Interpreter Services, for the Period December 1, 1992 through June 30, 1993*

COMMISSIONER ANDERSON MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-9. COMMISSIONER HANSEN SUGGESTED USE OF INTERPRETER SERVICES IN ADDITIONAL AREAS. AGREEMENT UNANIMOUSLY APPROVED.

- R-10 *Ratification of Intergovernmental Agreement Contract #103443 Between Multnomah County and Children's Services Division, to Assure Provision of Treatment Foster Care Services to Medicaid Eligible Children in Children's Services Division Custody and in Designated Treatment Foster Care Homes, for the Period November 6, 1992 through June 30, 1993*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER ANDERSON, R-10 WAS UNANIMOUSLY APPROVED.

- R-11 *Ratification of Intergovernmental Agreement Contract #103343 Between Multnomah County and Burlington Water District, Allocating \$13,800 of Federal Community Development Block Grant Funds to Replace and Relocate a Four Inch Water Main at the North End of N.W. Riverview Drive, [Project 92-2] for the Period Upon Execution through September 30, 1994*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-11 WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- R-13 *Second Reading and Possible Adoption of an ORDINANCE to Amend Multnomah*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. NO ONE WISHED TO TESTIFY. ORDINANCE 739 UNANIMOUSLY APPROVED.

- R-14 *RESOLUTION in the Matter of Directing County Departments to Identify the Proportion of Their Budgets Spent as a Direct cost of Alcohol and Drug Abuse*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-14. COMMISSIONER HANSEN EXPLANATION AND PRESENTATION OF SUBSTITUTE RESOLUTION. UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, CONSIDERATION OF THE SUBSTITUTE RESOLUTION WAS UNANIMOUSLY APPROVED. RESOLUTION 92-209 UNANIMOUSLY APPROVED.

- R-15 *RESOLUTION in the Matter of Appointing the Tax Supervising and Conservation Commission to Oversee the Tax Coordination Plan*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, RESOLUTION 92-210 WAS UNANIMOUSLY APPROVED.

MANAGEMENT SUPPORT

- R-16 *Second Reading and Possible Adoption of an ORDINANCE Relating to Benefits for Employees Not Covered by Collective Bargaining Agreement, and Repealing Ordinances Nos. 534, 566, 600 and 721*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. CURTIS SMITH EXPLANATION AND RESPONSE TO BOARD QUESTIONS. PHIL CLIFFORD AND KATHY GILLETTE TESTIFIED IN SUPPORT OF PROPOSED ORDINANCE. BILL CASEY, SHIRLEY BARNARD AND JAN LANDIS TESTIFIED IN OPPOSITION TO DOMESTIC PARTNER BENEFITS AND RESPONDED TO BOARD QUESTIONS. BOARD DISCUSSION AND COMMENTS. JOHN DuBAY RESPONSE TO BOARD QUESTIONS. UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER ANDERSON, TWO NON-SUBSTANTIVE AMENDMENTS TO PAGE 1 AND PAGE 2 WERE UNANIMOUSLY APPROVED. ORDINANCE 740 UNANIMOUSLY APPROVED AS AMENDED.

VICE-CHAIR KELLEY ADVISED STAFF WILL SUBMIT AN ORDINANCE TO ADDRESS SHERIFF'S DEPARTMENT EXEMPT EMPLOYEE FOUR HOUR EVE LEAVE ISSUE AT A LATER DATE.

- R-17 *Second Reading and Possible Adoption of an ORDINANCE Relating to Retiree Medical Insurance for Employees Not Covered by Collective Bargaining Agreements Repealing Ordinances Nos. 629 and 670, and Amending Ordinance No. 295*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. NO ONE WISHED TO TESTIFY. ORDINANCE 741 UNANIMOUSLY APPROVED.

- R-18 *Second Reading and Possible Adoption of an ORDINANCE Relating to Pay Administration for Employees Not Covered by Collective Bargaining Agreement, and Repealing Ordinances Nos. 438 and 704*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER KELLEY MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. NO ONE WISHED TO TESTIFY. ORDINANCE 742 UNANIMOUSLY APPROVED.

- R-19 *Budget Modification NOND #15 Requesting Authorization to Reclassify Three Positions in the Finance Division to Fiscal Specialist 2*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, R-19 WAS UNANIMOUSLY APPROVED.

- R-20 *RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number DCC-002 [Mailing of Direct Deposit Receipts]*

COMMISSIONER KELLEY MOVED AND COMMISSIONER ANDERSON SECONDED, APPROVAL OF R-20. COMMISSIONER HANSEN DISCUSSED SUGGESTION COMMITTEE PROCESS. RESOLUTION 92-211 UNANIMOUSLY APPROVED.

- R-21 *RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number DHS-005 [Use of Cloth Drapes and Capes in Clinics]*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER ANDERSON, RESOLUTION 92-212 WAS UNANIMOUSLY APPROVED.

R-22 *RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number DHS-011 [New Explanation of Benefits Form]*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER ANDERSON, RESOLUTION 92-213 WAS UNANIMOUSLY APPROVED.

R-23 *RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number OVL-002 [Holiday Pay for Temporary Employees]*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER ANDERSON, RESOLUTION 92-214 WAS UNANIMOUSLY APPROVED.

PUBLIC COMMENT

R-24 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

UNANIMOUS CONSENT ITEM

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER ANDERSON, CONSIDERATION OF THE FOLLOWING UNANIMOUS CONSENT ITEM WAS UNANIMOUSLY APPROVED.


R-25 *In the Matter of a Request for Approval of a Notice of Intent to Apply for a Grant from the American Diabetes Association for a Comprehensive Diabetes Education Program at the Northeast Health Center*

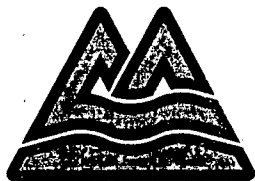
UPON MOTION OF COMMISSIONER BAUMAN, SECONDED BY COMMISSIONER KELLEY, R-25 WAS UNANIMOUSLY APPROVED.

FOLLOWING BOARD DISCUSSION, CHAIR MCCOY DIRECTED STAFF TO SCHEDULE A BRIEFING REGARDING PUBLIC SAFETY 2000 REPORT AND RECOMMENDATIONS.

There being no further business, the meeting was adjourned at 10:37 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GARY HANSEN • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
CLERK'S OFFICE • 248-3277 • 248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

NOVEMBER 30 - DECEMBER 4, 1992

Tuesday, December 1, 1992 - 9:00 AM - Executive Session. . . Page 2
Tuesday, December 1, 1992 - 10:00 AM - Board Briefings . . . Page 2
Tuesday, December 1, 1992 - 1:30 PM - Board Briefing . . . Page 2
Tuesday, December 1, 1992 - 1:50 PM - Agenda Review. . . Page 2
Thursday, December 3, 1992 - 9:30 AM - Regular Meeting . . . Page 3

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers
Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222 OR MULTNOMAH COUNTY TDD PHONE 248-5040 FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, December 1, 1992 - 9:00 AM

Multnomah County Courthouse, Room 602

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(e) to Discuss a Proposed Real Property Transaction. Presented by Bob Oberst, Billi Odegaard, Dwayne Prather, Dave Boyer and Don Keister. 9:00 AM TIME CERTAIN, ONE HOUR REQUESTED.
-

Tuesday, December 1, 1992 - 10:00 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFINGS

- B-2 In the Matter of the Role of Garden Festivals in Landscape Restoration. Presented by David Ausherman, Landscape Architect, Metropolitan Greenspaces. 10:00 AM TIME CERTAIN, 20 MINUTES REQUESTED.
- B-3 Summary of the International AIDS Conference and a Report on HIV Programmatic Activities in the Health Department. Presented by Jeanne Gould, Kathy Oliver, Jim Sampson and Jan Sinclair. 10:20 AM TIME CERTAIN, 45 MINUTES REQUESTED.
- B-4 Multnomah County Legislative Agenda. Presented by Fred Neal and Bob Cantine, Association of Oregon Counties. 11:05 AM TIME CERTAIN, 30 MINUTES REQUESTED.
- B-5 Review Recommendations of the Governor's Task Force on Local Government Services and Potential Impact to Multnomah County. Presented by Fred Neal, Dave Warren, Betsy Williams, Lillie Walker and Ardys Craghead. 11:35 AM TIME CERTAIN, 30 MINUTES REQUESTED.
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Tuesday, December 1, 1992 - 1:30 PM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

- B-6 Accomplishments of the Elder Safety Coalition. Presented by Becky Wehrli and Members of the Elder Safety Coalition. 1:30 PM TIME CERTAIN, 20 MINUTES REQUESTED.
-

Tuesday, December 1, 1992 - 1:50 PM

Multnomah County Courthouse, Room 602

AGENDA REVIEW

- B-7 Review Agenda for Regular Meeting of December 3, 1992

Thursday, December 3, 1992 - 9:30 AM
Multnomah County Courthouse, Room 602

REGULAR MEETING

CONSENT CALENDAR

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-1 ORDER in the Matter of the Execution of Deed D930808 for Certain Tax Acquired Property to BEN W. EVANSON
- C-2 ORDER in the Matter of the Execution of Deed D930809 for Certain Tax Acquired Property to CHARLES L. WILLIAMS and LESLEE WILLIAMS, Husband and Wife
- C-3 ORDER in the Matter of the Execution of Deed D930810 for Certain Tax Acquired Property to CHARLES L. WILLIAMS and LESLEE WILLIAMS, Husband and Wife
- C-4 ORDER in the Matter of the Execution of Deed D930811 for Certain Tax Acquired Property to AZUWIE AYARIBIL
- C-5 ORDER in the Matter of the Execution of Deed D930812 for Certain Tax Acquired Property to AZUWIE AYARIBIL
- C-6 ORDER in the Matter of the Execution of Deed D930813 for Certain Tax Acquired Property to FRANCISCO A. DELAROSA and OFELIA L. DELAROSA, Husband and Wife

DEPARTMENT OF SOCIAL SERVICES

- C-7 Ratification of Amendment No. 3 to Intergovernmental Agreement, Contract #103772 Between Multnomah County and Portland Public School District #1, Providing Funding for One Juvenile Court Drug and Alcohol Counselor to Project Paradigm, for the Period Upon Execution to June 30, 1993

REGULAR AGENDA

JUSTICE SERVICES

DISTRICT ATTORNEY

- R-1 Budget Modification DA #3 Requesting Authorization for Clerical Reorganization Within the District Attorney's Circuit Court Trial Support Division
- R-2 Budget Modification DA #5 Requesting Authorization to Continue Funding the Finvest Grant Awarded by the Bureau of Justice Assistance, for the Period October 1, 1992 through September 30, 1993
- R-3 Budget Modification DA #6 Requesting Authorization to Continue Funding the Organized Crime and Narcotics Grant Awarded by the Bureau of Justice Assistance, for the Period July 1, 1992 through September 30, 1993

DISTRICT ATTORNEY - continued

- R-4 Budget Modification DA #7 Requesting Authorization to Renew the Anti-Drug Grant from the Oregon Criminal Justice Division, Providing Funding for Investigation and Prosecution of Drug Cases Targeted by the Regional Organized Crime Task Force

DEPARTMENT OF HEALTH

- R-5 Budget Modification MCHD #9 Requesting Authorization to Appropriate Supplemental Public Health Service Grant Funds for Health Care for the Homeless, to Provide a Medical Social Worker at the Burnside Clinic

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-6 RESOLUTION in the Matter of Accepting the Joint Cable Regulation Consolidation Task Force Final Report

DEPARTMENT OF SOCIAL SERVICES

- R-7 Ratification of Intergovernmental Agreement Contract #103533 Between Children's Services Division and Josephine, Lane and Multnomah Counties, Providing Funding for Juvenile Justice Division Participation in the House Bill 3438 Juvenile Parole Services Pilot Project, for the Period October 1, 1992 through September 30, 1993
- R-8 Budget Modification DSS #33 Requesting Authorization to Appropriate \$68,610 Federal U.S. Department of Justice Drug Control and Systems Improvement Act Revenue into the Juvenile Justice Division Budget, for County Implementation of the House Bill 3438 Juvenile Parole Services Pilot Project
- R-9 Ratification of Intergovernmental Agreement Contract #103473 Between Multnomah County and the State of Oregon, Department of General Services, Allowing the Juvenile Justice Division to Purchase AT&T Telephone Language Interpreter Services, for the Period December 1, 1992 through June 30, 1993
- R-10 Ratification of Intergovernmental Agreement Contract #103443 Between Multnomah County and Children's Services Division, to Assure Provision of Treatment Foster Care Services to Medicaid Eligible Children in Children's Services Division Custody and in Designated Treatment Foster Care Homes, for the Period November 6, 1992 through June 30, 1993
- R-11 Ratification of Intergovernmental Agreement Contract #103343 Between Multnomah County and Burlington Water District, Allocating \$13,800 of Federal Community Development Block Grant Funds to Replace and Relocate a Four Inch Water Main at the North End of N.W. Riverview Drive, [Project 92-2] for the Period Upon Execution through September 30, 1994

NON-DEPARTMENTAL

- R-12 PROCLAMATION in the Matter of Proclaiming December 11, 1992 as ELDER SAFETY DAY
- R-13 Second Reading and Possible Adoption of an ORDINANCE to Amend Multnomah County Code 2.30.300 to Eliminate the Justice Coordinating Council (FIRST READING NOVEMBER 5, 1992)
- R-14 RESOLUTION in the Matter of Directing County Departments to Identify the Proportion of Their Budgets Spent as a Direct cost of Alcohol and Drug Abuse (CONTINUED FROM NOVEMBER 24, 1992)
- R-15 RESOLUTION in the Matter of Appointing the Tax Supervising and Conservation Commission to Oversee the Tax Coordination Plan

MANAGEMENT SUPPORT

- R-16 Second Reading and Possible Adoption of an ORDINANCE Relating to Benefits for Employees Not Covered by Collective Bargaining Agreement, and Repealing Ordinances Nos. 534, 566, 600 and 721
- R-17 Second Reading and Possible Adoption of an ORDINANCE Relating to Retiree Medical Insurance for Employees Not Covered by Collective Bargaining Agreements Repealing Ordinances Nos. 629 and 670, and Amending Ordinance No. 295
- R-18 Second Reading and Possible Adoption of an ORDINANCE Relating to Pay Administration for Employees Not Covered by Collective Bargaining Agreement, and Repealing Ordinances Nos. 438 and 704
- R-19 Budget Modification NOND #15 Requesting Authorization to Reclassify Three Positions in the Finance Division to Fiscal Specialist 2
- R-20 RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number DCC-002 [Mailing of Direct Deposit Receipts]
- R-21 RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number DHS-005 [Use of Cloth Drapes and Capes in Clinics]
- R-22 RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number DHS-011 [New Explanation of Benefits Form]
- R-23 RESOLUTION in the Matter of Accepting the Recommendation of the Employee Suggestion Committee Regarding Employee Suggestion Number OVL-002 [Holiday Pay for Temporary Employees]

PUBLIC COMMENT

R-24 *Opportunity for Public Comment on Non-Agenda Matters.
Testimony Limited to Three Minutes Per Person.*

0203C/39-44/db

Meeting Date: DEC 01 1992

Agenda No.: B-2

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

Briefing
SUBJECT: The Role of Garden Festivals in Landscape Restoration

BCC Informal December 1, 1992
(date)

BCC Formal _____
(date)

DEPARTMENT Nondepartmental

DIVISION Chair's Office

CONTACT Sharon Timko

TELEPHONE 248-3308

PERSON(S) MAKING PRESENTATION David Ausherman, Metro

ACTION REQUESTED:

☒ INFORMATIONAL ONLY

☐ POLICY DIRECTION

☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 20 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested, as well as personnel and fiscal/budgetary impacts, if applicable):

Garden Festivals engage the public and private sectors in cooperatively restoring a derelict site, developing permanent park and recreational facilities, and promoting the host city. Both the English and the Germans have recognized that restoration of land represents an important source of new open space in the future.

(If space is inadequate, please use other

SIGNATURES:

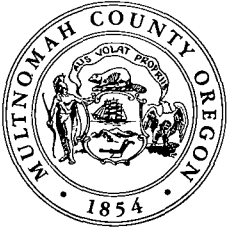
ELECTED OFFICIAL Gladys McCoy

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required

BOARD OF
COUNTY COMMISSIONERS
1992 NOV 24 AM 8:57
MULTNOMAH COUNTY
OREGON



GLADYS McCOY, Multnomah County Chair

Room 1410, Portland Building
1120 S.W. Fifth Avenue
Portland, Oregon 97204
(503) 248-3308

M E M O R A N D U M

TO: Commissioner Gladys McCoy
Commissioner Pauline Anderson
Commissioner Rick Bauman
Commissioner Gary Hansen
Commissioner Sharron Kelley

FROM: Sharon Timko *Sharon Timko*
Columbia Gorge Coordinator

DATE: November 17, 1992

RE: Board Briefing

On December 1, 1992, David Ausherman, a landscape architect working for Metro, will brief the Board on an innovative program designed to reclaim derelict lands for use as public open space. The program has been successfully implemented in Great Britain and Germany. The fundamental principle of the program is engaging the public and private sectors to work cooperatively to restore public open space.

Mr. Ausherman contacted me regarding this program in hopes of applying for Regional Strategies monies to implement the program in the Portland Metropolitan Area. The next round of Regional Strategies is anticipated to begin in the fall of 1993.

Mr. Ausherman requested time before the Board to briefly outline this program, discuss potential benefits to the county and suggest possible projects.

SET:mrmm
9562G

THE ROLE OF GARDEN FESTIVAL IN LANDSCAPE RESTORATION

Executive Summary

David Ausherman, Metropolitan Greenspaces

Liverpool International Garden Festival: The Beginnings of the British Interpretation.

In 1984 the UK hosted the Liverpool International Garden Festival, the first of its kind in the country. Constructed on a former petrochemical storage yard and an abandoned land fill site along the Mersey River, the first step was a major reclamation and restoration effort. This effort included installation of a methane recovery system, capping of the stabilized land fill, and a planting program to assure long-term stability of the landform. After the summer season, which included charged admission to the exhibits and events surrounding the Festival, the ultimate uses of the lands delineated by the Master Plan were implemented. The majority of the site, in this case, remained as open space, including a riverfront promenade and sports arena. Other parts of the site were to be converted to housing and commercial/industrial uses. The IGF in Liverpool initiated a series of similar festivals which have been hosted by different cities in the UK every two years since 1984.

The German Model Focuses on the Creation of Permanent Public Open Space.

The Garden Festival concept, or Bundesgartenschau, originated in West Germany in the 1950's as a means of providing open space in deficient sections of cities, and to promote tourism and private sector investment in the country's urban areas. They are held at two year intervals, with a Federal Festival every 10 years and provincial festivals every 2 years. They typically allow at least 5-7 years for the extensive planning required for successful, well-designed festivals. Each one has contributed significantly to the open space of the host cities, as well as to major urban infrastructure components in some cases. All festivals, in the German model, do not require new sites; in some cases a previous site will again host a festival in order to further upgrade the facility.

The British Garden Festival incorporated Urban Renewal, Economic Development and Open Space.

The English translation of the concept began to be defined at Liverpool IGF, and has been articulated in the development of the other festival sites. The focus changed from creation of permanent open space, as per the German model, to an uneasy hybrid of urban renewal, tourism and economic development with a wavering and uncertain commitment to public land. The continually moving goals have made the evaluation of success a difficult process. The full report will include summaries of other Festival Sites in Britain (Glasgow, 1988 and Liverpool, 1984) and attempt to evaluate some of the successes and shortfalls of each.

Applicable Concepts: Public / Private Partnerships and Demonstration Projects.

The British experiment, however, was an important foray into previously unknown territory, and is instructive in its potential application in this country. Including a redevelopment component in the concept of Garden Festival development is a compelling idea. It creates a useful bridge between the public and private sectors which, potentially, could help alleviate the cost of restoration and the generation of new open space. Land restoration may well be a major source of open space in the future. The Festival also provides an opportunity to showcase new housing construction techniques, density demonstrations, native planting and water quality issues. Other economic benefits, as has been shown in previous festivals, are not confined to the site itself, but are spread throughout the community.

Garden Festivals may allow the realization of larger, more complex objectives.

The Festival also provides a mechanism for the realization of complex open space schemes which can be largely reimbursed by private festival participants and visitor entrance fees charged for the duration of the festival season. The Garden Festival concept is not unlike our World's Fair, except for a much more low key approach and considerably lower cost of development. Unlike World's Fairs of recent years, however, some of the British Garden Festivals have approached reasonable reimbursement of development investment.

Landscape Restoration remains the Primary Purpose.

The fundamental principal of the German Garden Festival is engaging the public and private sectors in cooperatively restoring a derelict site, developing permanent park and recreational facilities, and promoting the host city to both casual visitors and potential permanent residents and employers. Both the English and the Germans have recognized that restoration of land represents an important source of new open space in the future. The proportion of public land assured is the primary difference between the two interpretations.

EBBW VALE NATIONAL GARDEN FESTIVAL, 1992

'THE EVENT OF THE DECADE'

Landscape Restoration is the overarching principal driving UK Garden Festivals.

Ebbw Vale, in southern Wales, was the last of 5 festivals to which the British Government committed. The planning and implementation benefitted from the successes and failures of the previous festivals including Liverpool (1984), Stoke-on-Trent (1986), Glasgow (1988), and Gateshead (1990). The primary focus of the Garden Festival concept, however, is the restoration of derelict land to positive new uses. The Festival is, in part, a celebration of restored land embedded in the concept of 'new lands for old'. At Ebbw Vale it is symbolized by the land sculpture of Mother Earth at the edge of the restoration area.

The Landscape Setting of the Festival Site can be a factor of great importance.

Ebbw Vale is in the region of Wales known as the Valleys. Throughout most of the 19th century and well into the 20th it was a region of coal and steel production. During the 1950's the demand for coal diminished. The Clean Air Act also restricted processes involved in steel production systems, and by the 1960's the steel plant was closed.

Festivals concentrate on large sites in need of restoration with after-use planned from the outset.

At Ebbw Vale, restoration of the 185 acres of slag heaps and other industrial debris began in 1986 and cost approximately £20 million, or about \$37 million. Following closure of the festival two thirds of the land will be developed in a mixed use plan of residential, village center, business area and technology park. The core of Festival Park will be retained as a permanent open space. Most of the infrastructure and associated plantings installed for the festival will be retained and incorporated into the new development.

'Festival' is expressed in structure and the broad range of events throughout the festival season.

Temporary gardens incorporate many fanciful ideas and structures and are sponsored by public or private means. Festival is expressed through architecture, installations or events. Musicians, comedians, story-tellers and roaming 'period' groups provide entertainment throughout the season. Staged in a tension structure, these activities provide a welcome rest from walking, or shelter from the occasional rain shower.

Artifacts provide input from the Artistic, Business and Industrial Communities.

Various elements, which I term artifacts, are incorporated as an overlay on the layout. These include informal seating arrangements, sculptures integrated into the landscape, or remnants of industrial archaeology. Both public and private participants provided these at Ebbw Vale.

Horticulture has been re-introduced as an integral component of the festival season.

The German model showcases horticulture as a key element of the Festival Season. New plant hybrids are often introduced, and floral displays abound. Ebbw Vale included both indoor and outdoor floral displays.

Restored derelict land is the main prize of the Garden Festival.

However, apart from the restoration of land, there are other benefits to the host city; in this case Ebbw Vale. This is not intended as a model for a local Festival, but is the latest formula attempted in Britain. On the 142 acre Festival Site the following will be accommodated:

Infrastructure construction or improvements:

- Rebuilt culvert conveying the Ebbw Vale River beneath the site (?!);
- Primary services and circulation through the site (approximately 21 acres);

Permanent facilities:

- Hothouse;
- Oriental Pavilion;
- Wetland and associated building.

Development lands for various uses:

- Permanent Festival Park (63 Acres);
- Housing (34 Acres for 500 homes);
- Business Park (12.5);
- Village Center (12 Acres);
- Technology Area (23.5 Acres).

Tourism and Economic Development:

- More visitors in one season than in many ordinary years combined;
- Visitors contributing to the community economy;
- Tourists extending their holidays in Wales.

LONDON'S INNER CITY RESTORATION SITES
A MODEL FOR THE METROPOLITAN GREENSPACES RESTORATION PROGRAM

Camley Street Natural Park

Inner City Natural Areas are generally quite small and are designed for a high level of human use.

Camley Street encompasses only 2.2 acres, but provides opportunities for children to experience the natural environment without having to travel long distances to larger reserves outside the city. About 10,000 school children visit the site each year. It is considered one of the premier sites in London, recommended by both David Goode and David Curson as one of the best examples of the inner-city natural area concept.

Access by public transportation and restoration are key elements in identification of potential sites.

Adjacent to the Regents Canal (1820) and a short walk from Kings Cross (1852) and St. Pancras (1868) Stations, Camley Street Nature Park is surrounded by light industry, gas storage tanks, and mainline trains. The site was used as a coal storage between 1870 and the mid 1950's, and had been derelict since that time. It was purchased in 1981 by the Greater London Council to create a nature park. Plans were drawn during 1982 with construction completed during 1983-84. The site presented several problems which cast some doubt on the success of land restoration. The former storage yard was, in areas, covered by up to 3 feet of coal dust which was reshaped into the berms along Camley Street.

The Sites represent Ecological Diversity.

A series of ecological systems are re-created in the garden. These range from the meadow and wet meadow, immediately outside the nature center, to wet woodland, open pond, and wetlands. The eastern boundary of the park is bermed and planted to upland woodland species. The pond and wetlands are filled by the adjacent Regents Canal, which displays quite high water quality. The dominant planting consists of native species with some naturalized plants which attract special butterflies.

Interpretation and Education are often integrated into Operation of the Park.

A pre-fabricated nature center, donated to the park, includes a classroom, interpretation area, small kitchen, office and toilets and is fully accessible to the handicapped. Camley Street employs a full-time teacher, full-time project manager, and a summer play leader. Classes visit the site for a morning or afternoon with their teachers as an integral part of their studies. The demand is so high that bookings must be made over a year in advance.

Children's Studies and Observations are incorporated into Site Monitoring.

Students' observations, in conjunction with those of their teachers, are used in the on-going monitoring of vertebrate and invertebrate species associated with the site. Camley Street is known for unusual butterflies and dragon flies. Some birds, unusual in London, have been observed utilizing the site. Several species nest on the site.

The Local Community participates in management of the site.

Local support for the Natural Park began during the planning phases, and continues in the form of volunteer groups and daily use of the park by residents. One of the most important contributions are volunteer wardens from the community who keep the park open at the weekend. It is felt by many that because of this local support, vandalism has been virtually non-existent since opening the park in 1985 even though there are informal access points to the site.

Meeting Date: DEC 01 1992

Agenda No.: B-3

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: HIV - an Update

BCC Informal Dec 1, 1992
(date)

BCC Formal _____
(date)

DEPARTMENT: Health

DIVISION: HIV Program

CONTACT: Jeanne Gould

TELEPHONE: 248-3674

PERSON(S) MAKING PRESENTATION Jeanne Gould, Kathy Oliver, Jim
Sampson, Jan Sinclair

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 45 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (Include statement of rationale for action requested,
as well as personnel and fiscal /budgetary impacts, if applicable):

A summary of the International AIDS conference and a report on HIV
programmatic activities in the Health Department.

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL _____

Or

DEPARTMENT MANAGER Billi Odgaard

(All accompanying documents must have required signatures)

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OREGON



MULTNOMAH COUNTY OREGON

GLADYS MCCOY
MULTNOMAH COUNTY CHAIR
1120 S.W. 5th, ROOM 1410
PORTLAND, OREGON 97201

11/24/92



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

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GARY HANSEN • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

M E M O R A N D U M

TO: Delma Farrell

FROM: Jan Sinclair, Director *Jan S*
Specialty Care Services

SUBJECT: December 1, 1992 AIDS Presentation by Health Department

DATE: November 23, 1992

CULTURAL DIVERSITY IS OUR STRENGTH

Delma, the initial request to make this presentation came from Board staff, Bill Farver and Commissioner Anderson.

A summary of the International AIDS Conference of 1992. This presentation will also include an update on the Health Department's AIDS programs: AIDS Epidemiology, Education/Outreach and Clinical/Field Services.

Thank you.

c: Billi Odegaard



MULTNOMAH COUNTY OREGON



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MEMORANDUM

TO: Gladys McCoy, Chair, Board of Commissioners
Commissioner Pauline Anderson
Commissioner Rick Bauman
Commissioner Gary Hansen
Commissioner Sharron Kelley

VIA: Jeanne Gould, Director *JG*
Division of HIV Programs and
Department Planning and Development

FROM: *Belle* Bill Odegaard, Director
Health Department

DATE: November 25, 1992

SUBJECT: Time Requested for Board Update

BOARD OF
COUNTY COMMISSIONERS
1992 NOV 25 PM 4:20
MULTNOMAH COUNTY
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The Health Department HIV program has requested time, 10:15 am - 11:00 am, on Tuesday, December 1 (World AIDS Day), to update the Board on:

- Brief Summary of highlights of the International AIDS Conference;
- Overview of County HIV/AIDS programs.

Kathy Oliver, Director of Outside In, and Jim Sampson, MD, Health Department AIDS Medical Director, will provide the AIDS Conference summary. Dr. Sampson will also review the County's epidemiology program. Jeanne Gould, Director of HIV Programs, will cover Education and Outreach. Jan Sinclair, Director of Specialty Services, will review HIV Clinical Services.

Thank you.

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12/1/92 B-3

VIII International Conference on AIDS/

III STD World Congress

Amsterdam, the Netherlands

19-24 July 1992



A WORLD
UNITED
AGAINST
AIDS

CONFERENCE SUMMARY REPORT

HARVARD-AMSTERDAM
CONFERENCE

THE
RESEARCH
EDUCATION &
GROUP
(503)229-8428 fax 227-0902

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EXECUTIVE COMMITTEE REPORT

This summary report is presented by the Executive Committee of the VIII International Conference on AIDS/III STD World Congress and provided to all registered participants. It represents the final contribution of the Harvard-Amsterdam Conference to the global effort against AIDS. As such, and with the support of the Conference's International Steering Committee, the report seeks to accomplish three tasks:

- to situate the Conference within the larger context of the HIV/AIDS pandemic;
- to summarize the knowledge and experience presented at the Conference;
- to strengthen the continuity from the Conference to the future.

We sincerely hope that this conference report will be useful, as participants return to their countries and their work, and that the spirit of solidarity and hope, so central to the conference itself, will grow and be strengthened in a World United Against AIDS.

CONFERENCE STATISTICS

The Harvard-Amsterdam Conference involved 11,188 participants from 145 countries. Of great importance, the number and proportion of participants from developing countries increased substantially compared with previous International AIDS Conferences: over 1,600 participants, or 15 percent of the delegates (excluding media) were from 112 developing countries (including eastern and central Europe).

A total of 4,930 abstracts were received, including 832 (17%) for Track A (Basic Science); 1,422 (29%) for Track B (Clinical Science and Care); 1,108 (22%) for Track C (Epidemiology); and 1,568 (32%) for Track D (Societal Impact and Response).

In addition to the opening and closing ceremonies and presentations, the Conference included 36 plenary sessions, 60 abstract driven sessions (with approximately 250 presentations), and 55 roundtables. A total of 3,300 posters were accepted for presentation, and 54 poster discussion sessions were held during the Conference.

Jonathan Mann
Conference Chair

Joost Ruitenberg
Co-Chair

Ernst Roscam Abbing
Co-Chair

A CONFERENCE OF HOPE: A NEW BEGINNING

*Opening Remarks to the
VIII International Conference on AIDS/III STD World Congress
by Jonathan Mann, Conference Chair
on behalf of the Executive Committee
July 19, 1992*

We come together at the start of a critical week in the history of our global confrontation with AIDS. Today, faced with an expanding pandemic, we can see - more clearly than ever before - the critical limits of our current national and global response. For the course of the pandemic within and through global society is not yet being influenced - in any substantial manner - by current efforts. We now recognize the painful reality that existing approaches to prevention - as remarkable as some of these efforts have been - will not be sufficient to stem the pandemic. The gap between the intensifying pace of the pandemic and the lagging national and global response is widening, rapidly and dangerously - and global vulnerability to AIDS is increasing.

At this critical moment - when the pandemic intensifies and complacency, lack of leadership, and loss of confidence all threaten - we must ask ourselves the most fundamental question: what will it take to prevent and control AIDS? This is the central issue - we cannot escape it.

Let us be clear: to recognize, with realism and unstinting honesty, the limits of our work thusfar, and the dangers ahead, is not to yield to despair. For we know - intellectually and in our hearts - that we can control AIDS and we can care well for all those who are affected by the pandemic.

Therefore, this Conference is a Conference of hope - not despair. It is a summit - not of political leaders or organizations, but of people working in the front lines of every field - research, education, care, support - in countries around the world. This assembly is our common meeting place. This Conference is the forum in which we can see precisely where we stand - in research, prevention and care - these are the traditional goals of a Conference. Yet this week, our need, our challenge, our responsibility - is greater. In order to move ahead against AIDS, with strength and confidence in the future, we must literally transform our understanding and approach to AIDS. This week is the historic opportunity to chart a new course, to change - perhaps forever - how we - and the world sees AIDS.

Why is this transformation necessary today - what does this new vision involve - and how can it be expressed - concretely and directly - in action?

It is necessary to change our current vision of AIDS because it is outdated, having been developed mainly during the early period of the pandemic, with then-available, quite limited knowledge and experience in research, prevention and care. At that time, AIDS was seen - and approached - as a separate, unique and isolated health problem. This led us, perhaps necessarily in order to mobilize effectively, to develop isolated AIDS programs, to focus prevention strategies on the behavior of individuals, to support isolated AIDS activism, and to consider research in isolation from its application.

This approach has had its successes.

- We have mobilized governments around the world - yet most national AIDS programs remain isolated from community efforts and from other health and social sectors; true national mobilizations against AIDS have not yet occurred.
- We have seen remarkable successes in HIV prevention, at the pilot project and community level - yet these successes have remained isolated and with minimal impact on the pandemic.
- We have seen activism successfully focus intense attention on inequities, inertia, and intolerance, and achieve concrete results, but we have not yet seen activism become sufficiently international, nor connected with a broader view of health and society.
- We have seen important success in basic and applied research, yet that research in isolation from concern about access to its achievements has severely limited its impact on lives of people with HIV.

The basic issue before us is that - just like for any other problem - how we see AIDS, how we understand it, what we think it is really about - determines both what we do about it and also how successful we will be.

Thus, if we believe the entire problem of AIDS is really only about a virus, then we really need only a virucide or a vaccine. Yet if AIDS is deeply, fundamentally also about people and society - and if societal inequity and discrimination fuel the spread of the pandemic - then, to be effective against AIDS, we would have to address these issues.

The old vision of AIDS has now become a straightjacket. Having recognized - with realism and honesty - the critical limits of our current approach, we can start to define a new approach, taking into account the vital lessons we have learned about prevention and care - not as theory, but as lessons grounded in the experience, knowledge, and lives of people worldwide.

First, we have seen that HIV exploits societal weaknesses, and the major fault-lines in society along which it proceeds are those of inequity and discrimination: belonging to any marginalized or stigmatized social group creates an increased risk of HIV infection as well as an increased risk of receiving inadequate care and support. Therefore, to approach the individual as if her or his behavior was independent of economics, culture and politics - or independent of human rights and dignity - would be to deny the reality we know.

Second, we all realize - each in our particular fields - as scientists, care givers, educators, activists, program managers - that we share a common problem: we have learned that we cannot succeed alone - alone in our discipline, alone in our culture, alone in our country or region - yet we have difficulty finding a common language and working together. We have seen that isolation is inefficient and dangerous - and that exchange, dialogue, tolerance and solidarity are sources of strength and pathways to more effective control and care.

Third, we have discovered or rather, uncovered and illuminated, a fundamental problem - the central modern paradox - in health. It is clear that people in all countries are deeply concerned about their health, the health of their families and children. For the first time in history, we understand a great deal about the underlying causes of ill health in the world and we have tools to address them. Despite all this, health has not become a central, defining principle of local, national and global purpose. Why has no government - and no society - been called to account for failures in health? Why do governments tremble when the inflation rate or the price of gasoline rises, yet no elections are lost over the infant mortality rate, low immunization levels, or violent deaths among adolescents; why does national shame over the homeless, or deaths from tobacco, not lead to demands for change in political leadership?

Paradoxically, we health workers have contributed to this problem. For we have accustomed ourselves to playing a secondary, reactive and minor role in community, national, and global life. We have trained ourselves to expect and to accept second-class political attention for health concerns.

Thus, a broad definition of health was pioneered by WHO, invoking the positive concept of physical, mental and social well-being, yet this vision has yet to be transformed into health policy or practice. The WHO constitution states that health is a fundamental human right - yet this principle is not championed.

The enormous disparity in health between what people seek and what they receive, the second-class political attention given to health and health aspirations, is not limited to AIDS. This is not a problem we can simply allow ourselves to blame on others, on the so-called decisionmakers or on politicians. We must now take responsibility to help give voice to the basic desires of people for better health.

The environmental movement has created political movements - green parties - to bring forward an environmental agenda. Why is it that there are not political movements in health - to help health reach a higher level of social and political influence?

To date, we have not been confident enough - bold enough - to do what we know is needed to be more effective against AIDS: to confront - in concert with our colleagues and people concerned about health - the problems deeply embedded in the status quo of societies worldwide which fuel the spread of HIV, interfere with care for affected people, and underlie the major causes of ill health worldwide.

We must listen - as increasingly, a claim is being heard - that health is a human right, not a privilege. To control AIDS - and as citizens of the modern world - we must join as a bold vision is proclaimed - that health - in its full, modern definition - take its rightful - central - place as a universal aspiration, a common good of humanity.

Now is the time for boldness and for confidence - for a creative renewal - a new approach to the prevention and control of AIDS which brings together what we have learned from science, global experience, and from our new understanding of the relationship between AIDS, human rights, health and society. A new understanding of AIDS - will be nothing less than the key to future control of the pandemic.

But we are not satisfied with ideas - we want action and assurance that a new approach to AIDS will be more effective. In practice, how will a change from seeing AIDS as an isolated phenomenon to understanding AIDS within a larger vision of health and society help to strengthen our work?

- In prevention: Unequal access to care, to education, to employment and to a future with dignity make societies vulnerable to HIV. Once we have understood that AIDS exploits the fundamental weaknesses in society - inequity and discrimination - is it not essential for us to confront these issues - as deeply rooted and difficult as they are? In addition to our education-based prevention, we need to identify - and join with others to change - the critical features of the social environment in a community or country which fuel the spread of HIV. Anything less would be to place - and accept - a severe limit on what we can hope to accomplish in HIV prevention.
- In national AIDS programs: once we recognize the inherent limits of an isolated approach, it is imperative to create practical and strategic linkages with other sectors - education, business, womens' issues - and to forge clear links - on the basis of common values and interests - with other health programs and workers.
- Activism can expand to include both the societal conditions within which AIDS flourishes, and the broader view of health of which AIDS is an integral, catalytic part.
- In research, the goal can be broadened from making a drug or vaccine to prevention of HIV infection and care of affected people.

The creative renewal of the global AIDS effort - upon which our collective future depends - starts within each of us. Regardless of where, in what setting or at what level we are, we can look into our own hearts, our own work, our own lives. We can - we must - ask ourselves: "is what we are doing - is what I am doing - and how I am doing it - enough to make my own best contribution?" And then we may ask ourselves: "what then is needed - what would be needed?"

Information is not enough to change behavior: this insight also applies to us. At an intellectual and conceptual level, we are now fully aware of the limited scope and capacity of current work, the limited ability of any single discipline, individual or group working alone, and the dangers of isolation and fragmentation. We recognize that the potential for effective work against AIDS made possible within the old way of thinking about AIDS is rapidly becoming exhausted.

Thus, we are at a personal and collective threshold - the transitional moment when our knowledge and ideas are ready to lead to changes in our behavior - and to how we work against AIDS: as individuals, in our communities and nations, and for the entire world.

In preparing this Conference, inclusiveness, dialogue and active participation have been central themes. We have tried to prepare a setting, an environment of tolerance, mutual respect, diversity and solidarity, in which it would be possible to go beyond traditional Conference practice and goals. The fundamental technology of a meeting - whether around a single table or in an enormous conference center - is in some ways quite primitive: we move our bodies long distances to gather together. Yet the outcome is complex and powerful: meetings, conferences, gatherings can affect us deeply, can move us and change our thinking. The critical element is to be there, for face-to-face discussion, for a kind of learning which does not work through books, for looking at people we meet, touching and observing, and for feeling what we feel in a gathering of 8,000 people today: all qualities which fax machines cannot replace.

This is our collective opportunity to catalyze, to prepare the future of AIDS prevention and care. Then, returning to our clinics, laboratories, schools, communities, nations and homes, we can take concrete steps:

- Consider who, in the context of a broad and collaborative vision of AIDS, you might start talking to and working with; reach to those in your community and nation who are working in social issues, and on protection of human rights.
- Take the first step to make an alliance with those working against other health problems; catalyze the health movement in your community and country; call injustice, inequality and discrimination by their name.

We are not bound - we refuse to be bound - why should we be bound - by the limits of existing institutions, boundaries, and frontiers. We are thousands - but we represent millions: our local actions, informed by a global vision, will start an unstoppable movement towards the global health revolution so long in coming.

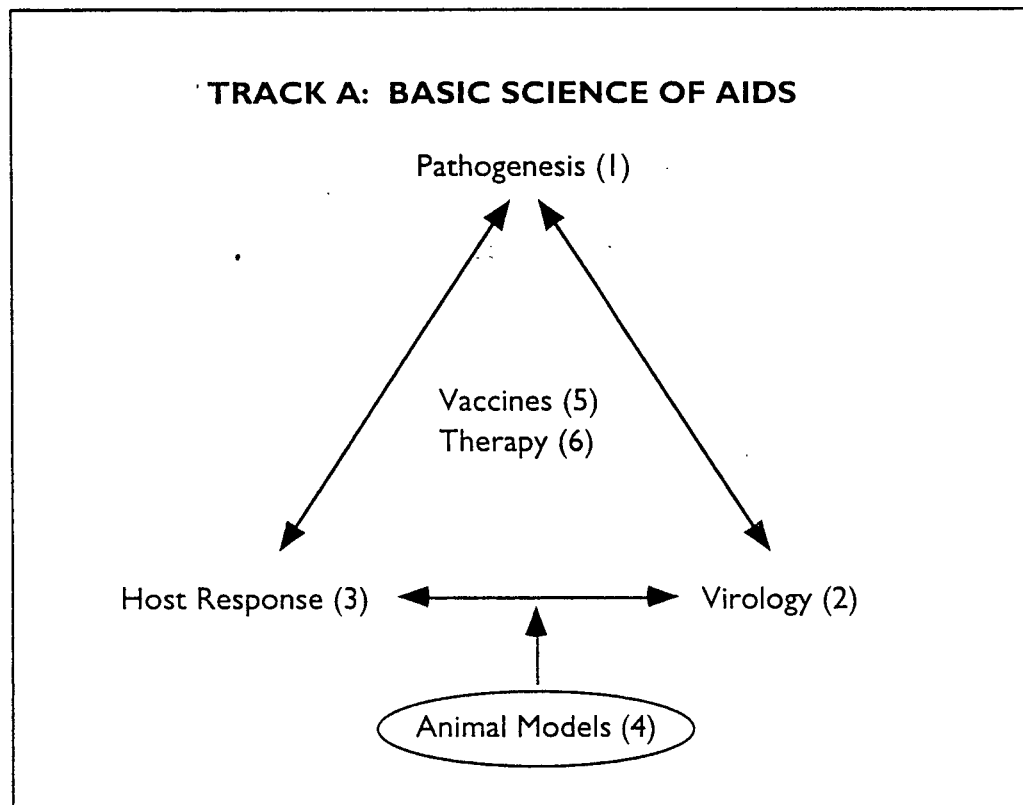
This is a time for exploration - for pioneers. We are discovering a new world. In contrast to the past 500 years, our explorations are not geographical, for to us geography holds few mysteries. The great new world which lies before us is human, and our exploration is for new ways of connecting individuals, communities and the world community; our discoveries will be of how best to protect human rights and promote human dignity.

This is a Conference of hope - not of despair. Let us send forth to the world a message of hope and life - a message of our confidence despite the danger. This is in our power, for it has been given to us, at this turning point in the history of AIDS, to create, out of our knowledge and our realism, our experience, our unstinting honesty and our dreams, a new understanding of AIDS, as part of a new global vision of health. This may yet be the most precious contribution we make - a vision of health, solidarity, rights, and peace: let it become a vision strong enough, wise enough and humane enough to protect and ensure our global future.

Jaap Goudsmit and Joseph Sodroski

This Summary gives an overview of the main points of agreement in six main topics of Basic Science, covering the issues addressed at the Conference as well as some points recently confirmed in the literature and elsewhere outside the meeting. This Summary does not refer to individual pieces of research.

FIGURE 1



PATHOGENESIS

This meeting reached a consensus on certain virological issues, especially in the realm of the natural history of HIV-1 infection in humans. Over the last few years, many eminent research groups have focused on the study of *in vivo* pathogenesis, using patient material, often originating from cohort studies among groups particularly vulnerable to AIDS from all over the world.

Years later, agreement can be reached about virological and immunological events marking the natural history of HIV only because of the availability of sequential sets of materials from HIV transmission to disease progression. Three stages can be differentiated in the course of HIV infection: the acute infection, the asymptomatic stage, and the phase of disease progression.

***Rapporteurs: Mohammed Attia, Charles Boucher, Pete Nara, Frank de Wolf**

The authors thank the members of the Program Committee; Max Essex, Co-Chair for Science; the reviewers and the organizers who created an excellent opportunity for the exchange of scientific information.

ACUTE HIV-1 INFECTION:

During acute HIV-1 infection, peak levels of viraemia, antigenemia and extracellular genomic RNA occur before antibodies to HIV can be detected by commercial screening and confirmatory tests. The period from virus transmission to first antibody detection appears to be generally not longer than three months, although in rare cases longer intervals may be observed.

Some data presented strongly indicated that in peripheral blood cells messenger RNA levels also peak concurrent with the fluctuations in extra-cellular virus load. All these peak levels are gone within approximately 2-4 weeks, overlapping with the emergence of HIV antibodies in serum, as measured by commercial assays. Subsequent to this, and partly overlapping, there are transiently high levels of integrated full length genomic DNA and unintegrated DNA. The rise and fall of cellular HIV DNA levels appeared to take somewhat longer, approximately 4-12 weeks.

There appears to be general agreement that, in the acute phase of HIV infection, there is an extremely homogeneous virus population present in both genomic RNA and DNA relative to later stages of infection.

For about 5-6 years it has been known that distinct phenotypes of HIV, HIV-1 in particular, circulate. Simplistically, one may say that there is one phenotype (rapid/high, or recently also called syncytium inducing, T cell line tropic isolates) which is more frequently isolated among diseased individuals than among healthy seropositives, and one phenotype (slow/low or non-syncytium inducing, non-T cell line tropic isolates) which is more frequently isolated among healthy individuals than among diseased HIV-infected patients.

There was discussion about the virus phenotype which can be isolated in the acute phase. In general, various groups isolated slower viruses and less virulent virus types at these early post-infection points. Some data showed a difference between people followed prospectively in cohorts (which often gives a more objective view of real changes in the natural history of infection) and patients presenting with a clinically very serious acute syndrome. Those presenting highly virulent viruses in the acute phase tended to be hospitalized, had a very aggressive course of disease and rapid CD4 decline.

ASYMPTOMATIC STAGE:

During the asymptomatic stage, described by several people as the "Clinically Latent Stage", there seem to be low (but often detectable) levels of HIV-1 RNA and DNA. Several groups reported that, in this stage, the most frequently isolated viruses are monocyctotropic, non-syncytium inducing virus variants which are not transmissible to T cell lines. Some emphasis was placed on defining the phenotype, and the MT-2 cell line may be a good standardized system here for evaluating the *in vitro* phenotype. From observations during this stage, the virus populations seem to become increasingly complex during the infection of an individual.

DISEASE PROGRESSION:

Although there are exceptions to all of these rules, during disease progression many HIV-1 infected individuals show persistently increasing levels of viraemia, antigenemia, extracellular genomic RNA, and cellular messenger RNA. In addition, there appears to be an increased frequency of isolation of T cell tropic, syncytium inducing virus variants that are transmissible to T cell lines (again probably the MT-2 cell line). However, the caveat is that there are many (perhaps as high as 50%) HIV-1 seropositive individuals diagnosed with AIDS from whose blood monocyctotropic, non-syncytium inducing virus isolates are recovered during the whole symptomatic phase. Both these groups, on the other hand, share dramatically low CD4 numbers and severe immune dysfunction.

UNRESOLVED QUESTIONS:

Several important unresolved questions remain; in particular:

- What factors - such as virus types, cell types, tissues, and/or immunity - contribute independently to virus clearance from the blood following acute infection, and to the persistence and (usually) long duration of clinical latency?
- Is the efficacy of therapeutic intervention dependent on these kind of factors determining the pathogenesis and natural history of HIV?

- Is the efficacy of vaccines, used either pre- or post-exposure, dependent on the spreading - on a population level - of certain HIV phenotypes?
- What is the mechanism of CD4-cell decline and functional impairment by HIV-1 infection?
- This last question is not resolved, and remains at least another year on the list. Several models were presented during this meeting, and convincingly argue that it is multi-factorial, and that both direct cell killing as well as systemic effects may play a role.

VIROLOGY

THE ROLE OF THE HIV-1 ENVELOPE IN VIRUS BIOLOGICAL PHENOTYPE:

The envelope appears to be the major determinant of HIV-1 virulence, infectivity, cytopathicity and cell tropism. Although this issue has been discussed extensively prior to the Conference, it was essentially resolved in several sessions at the meeting. In terms of genetic mapping, there are determinants in the V3 domain which play an important role in virus infectivity, cytopathicity and cell tropism. However, these phenotypic characteristics do not exclusively map to a single envelope domain. In addition to the V3 domain, there are determinants in the V2 region and CD4 binding domain of gp120, as well as within the transmembrane protein gp41. It still has to be sorted out which genetic determinants are linked to which particular phenotypic characteristics. Two issues stand out: firstly how different research groups have defined their phenotype in terms of assays, and secondly how relevant these distinct phenotypes are (and therefore the genetic mapping) for the *in vivo* HIV-1 infection.

Overall, there was agreement on a limited number of sites which play a role in virus virulence. The mechanism of this difference in virus virulence has not yet been resolved, and more data is needed to address these questions. There were two main schools of thought:

- conformational changes play a role, both at the CD4 cell receptor site and at the virus envelope, and both may be required to yield a particular phenotype;
- susceptibility of the virus envelope to host cell protease cleavage (or binding without cleavage to a host cell protease) may be linked to virus phenotype.

REGULATORY GENE FUNCTIONS:

Some researchers indicated that a change is needed in the terminology. It has now been generally agreed upon that there are no non-essential, or accessory, genes. The regulatory genes - tat, rev, vif, vpr, vpu and nef - all appear to play important, if not essential, roles at some stage of the infection cycle.

Each regulatory gene product appears to contribute significantly to efficient replication in distinct cell types. The early regulatory genes (tat and rev) modulate virus replication in the nucleus. The late regulatory genes (vif, vpr, vpu and nef) modulate virus replication, and maybe also cellular processes, in the cytoplasm. As none of the regulatory genes is dispensable all may, in part, be targets for antiviral therapy. Given the current emphasis on combination therapy, this is an important new development for our understanding.

REVERSE TRANSCRIPTASE & INTEGRATION:

Another important advance is that the structure of reverse transcriptase has been resolved. This is a major breakthrough which enables the rationalization of drug design, increases understanding of how existing drugs (such as AZT, ddI, TIBO and nevirapine) work, as well as the effects of resistance on the function and structure of the enzyme itself.

The replication cycle pre-integration, and the factors that govern integration, are now partially elucidated. There is also a better understanding of the origin (and function or lack thereof) of replicative intermediates, such as circular HIV-1 DNA forms in the nucleus. These advances suggest more ideas to design drugs based on the natural life cycle of the virus, drugs which will inhibit specific elements of virus replication.

VIRUS CLEARANCE AND LATENCY:

There were several very interesting presentations on how the host generally copes with the virus. The first issue concerns the clearance of cell free and cell associated HIV-1 from the blood, and/or the sequestration of the virus in lymphoid organs at that time point. It is not yet clear how this occurs, although several ideas have been presented. It appears to be multifactorial and it may be that humoral responses, T-cell responses, as well as soluble and genetic host factors, all act in concert to bring this about.

Another important issue to address is how the asymptomatic (low viremic) stage persists. Some people progress quickly into disease progression, while others take a long time. This potentially multifactorial problem demands further attention.

NEUTRALIZING ANTIBODIES:

Many results were presented and confirmed on the characterization of the naturally occurring neutralizing antibody response and mapping of neutralizing antibody sites. The mapping of neutralizing antibodies, both in the natural infection, as well as in experimental systems is starting to be resolved. We have learned that there are at least four groups of neutralizing antibodies, perhaps even more. At this meeting, it was confirmed that there are: V3 loop antibodies, which are very potent neutralizing antibodies; antibodies which bind to the V2 loop, localized more amino-terminal in the envelope; neutralizing antibodies binding to conformational epitopes overlapping the CD4 binding region; and CD4 enhanced epitope antibodies that bind to epitopes which are only exposed well after the envelope binds to the virus, i.e. CD4 dependent. The relative importance of these antibodies in prevention of HIV-1 spread in the body as well as in the whole population is presently not known. Only V3 antibodies have been shown to be able to prevent infection in the chimpanzee model.

A synergistic effect of combination of HIV-1 neutralizing antibodies has been demonstrated by some groups, although the extent of this phenomenon is still debated. This intriguing development may be important to the therapeutic use of monoclonal antibody combinations. It is very important, however, to note that most experiments reviewed are undertaken on laboratory and T cell adapted virus strains. We still do not know if the efficacy of these antibodies binding to certain sites, both in *in vivo* protection experiments and *in vitro* neutralization and cell fusion inhibition experiments, is true for primary patient isolates.

The terms *group* versus *type* specific antibodies relating to particular classes of these antibodies apparently became obsolete. None of these neutralizing antibody classes is truly broad or consistently narrow in its neutralization spectrum.

With respect to the natural history of infection, neutralizing antibodies, in particular V3 binding antibodies, may be clonally restricted during infection. This may be due to an inherent effect on the B cells in general - in other words, dependent on the virus or dependent on the host and immunodeficiency. Although the observation of restriction in HIV-specific B cell response during natural infection appears to be consistent, the mechanism is still unclear.

HIV-1 MUTANTS ESCAPING NEUTRALIZATION BY ANTIBODIES:

Vaccines are designed to protect the largest possible proportion of people at risk from infection. Even if a vaccine is highly efficacious, virus mutants may arise which by genetic mutation are able to evade the immunity induced by the vaccine. Such mutants arise in infected individuals and may subsequently spread among vaccinees. The best characterized and most likely, also the most frequent (and relevant), are virus variants escaping neutralization by antibodies. Several escape mutants were described and the following three classes are particularly important and likely to be the focus of future attention:

- 1) Virus variants resistant to V3 specific neutralizing antibodies, due to particular mutations within the antibody binding site. These are the most direct and simple type of escape mutants.
- 2) Virus variants resistant to V3 specific neutralizing antibodies, and with decreased sensitivity to CD4 binding site antibodies, due to distant site mutations. What was significant is that some of the mutations, conferring resistance to neutralization by gp120 binding antibodies, not only occur in the

same protein, but also in the trans-membrane protein gp41. The binding of the neutralizing antibodies does not appear to be affected by these changes.

3) Virus variants resistant to CD4 binding site and CD4 enhanced epitope antibodies, but not to V3 antibodies, due to distant site mutations. This was again localized in part in another protein, i.e. gp41.

The first and second class of escape mutants were observed to emerge during natural and experimental HIV-1 infection *in vivo* and the third class of escape mutants was generated *in vitro* by selection with serum from a naturally infected individual. All of these results indicate that such mutants may arise during the spread of HIV-1 in populations particularly vulnerable to AIDS.

ANIMAL MODELS

The only generally useful animal model available for HIV-1 infection is the chimpanzee. As it is a protected animal, and there are not many available, two other models have been presented over the last year and at this Conference. However, the chimpanzee is still a very valuable model which should not be abandoned too quickly.

Several immunological changes seen in humans do not occur in chimpanzees, and we have learned a lot about immunological characteristics of HIV-1 infection and disease progression in humans which do not occur in chimpanzees and which may be important in pathogenesis. Two examples currently under study by many groups are: 1) Apoptosis, postulated as one of the mechanisms for CD4 depletion, does not occur in chimpanzees, nor does functional impairment of the T cell compartment; and 2) chimpanzee monocytes appear not to be infectible with isolates originating from and passaged to human cells. This may yield information about why these animals are so healthy over time when they are infected with HIV-1.

Pig-tailed macaques have been shown to be susceptible to HIV-1 by some groups. Clarification is still needed as to whether this is a model only for vaccines or also for disease; no disease progression has been reported in these animals to date. In addition it remains to be established if field isolates of different phenotypes are able to infect pig-tailed macaques.

A totally different approach was reported at the Conference using SIV chimeric viruses containing the HIV-1 envelope. The fact that these viruses grow in rhesus macaques strongly suggests that the determinant for growth in rhesus macaques is either not localized in the SIV envelope, or is shared by the SIV and HIV-1 envelope. This has the advantage that monkeys more readily available, like rhesus and cynomolgus monkeys, can be used. The data suggest that a certain composition of SIV genes and HIV genes is necessary for the model to work well, but now that these problems are overcome, this model looks very promising. It is important that we resolve which models are most suitable for vaccine evaluation, and which for exploring disease development and therapy evaluation.

VACCINES

ACTIVE PRE-EXPOSURE VACCINATION:

A lot of data has been presented in this area of research. We are beginning to develop the tools to distinguish distinct genotypes and phenotypes of viruses. Neutralization studies, as well as T cell studies, have now taught us which areas of the virus may be crucial to vaccine design. However, we need to learn a lot more about virus variability. What kind of antigenic variants emerge during the epidemic? What kind of antigenic variants occur in different locales in the world, such as Africa, the new epidemic in Asia, as well as the epidemic in South America? Does biological phenotype (virus virulence) change during the evolution of the epidemic, and thus impact upon vaccine design and efficacy?

ACTIVE POST-EXPOSURE VACCINATION:

There was a significant emphasis on active post-exposure vaccination. These studies show that a lot of questions still have to be resolved:

- Can you use the same antigens, and the same kind of antigens, for post-exposure and pre-exposure vaccination?

• What is a good antigen (native; topotype, phenotype) for this purpose?

• What is an appropriate adjuvant (Alum, MDP, Iscom)?

• And, very importantly, what is the selection criterium for entry and efficacy of post-exposure vaccine studies? Are factors like kind of viruses in circulation, virus load, CD4 number, immune function and immune responsiveness of these individuals relevant to success?

• Are there other criteria for success than hampering disease progression?

THERAPY

Two main issues have emerged. Firstly, there is an enormous tendency to combine therapies attacking different stages of the virus life cycle. Secondly, an interesting perspective presented by several groups, is that it might be as relevant to combine several drugs which have the same site of action, such as reverse transcriptase.

CONCLUSIONS

An important point that emerged throughout the whole meeting concerns methodology. The pace and characteristics of drug and neutralization antibody resistance *in vitro* may very well predict the *in vivo* efficacy. For instance good *in vitro* work on the protease inhibitors has advanced our understanding, together with the structure which was resolved earlier, on how resistance occurs. Since this is the case, more attention should be paid to the development of standardized infectivity assays, using as inoculum primary isolates (or primary cells infected with primary isolates) and primary cells, such as T cells versus monocytes and macrophages as targets. We should aim to develop a common model, or an *in vitro* system, to let us move away from using exclusively laboratory strains adapted to T cell lines, and the same T cell lines as target cells. Not only will this help us to learn about the natural action of the virus *in vivo*, but also and most importantly, to predict if it is necessary to test a drug, or a combination of immune therapies, *in vivo* at all, and so avoid unnecessary disappointments and loss of collaboration and motivation by the people who need the help most: the HIV-1 infected individuals. The gathering of researchers, clinicians, and HIV-1 infected individuals in the forum of a common meeting reminds us of our solidarity and of the urgency of the scientific challenges facing us.

Martin Hirsch and Joep Lange

ANTIRETROVIRAL THERAPIES**NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS****ZIDOVUDINE USE IN ASYMPTOMATICS:**

Results were presented of a study on the efficacy of zidovudine (ZDV) in reducing HIV progression in people with asymptomatic HIV infection and with CD4 cell counts >400. 994 subjects were enrolled into this double blind placebo controlled study of 500mg ZDV given twice daily. The average duration of follow-up was 93 weeks and endpoints included progression to AIDS/ARC, progression to CDC Group IV disease or progression to CD4 cell counts <350. Results showed benefits of ZDV at all strata, including those with entry CD4 cell counts between 500-750 cells¹.

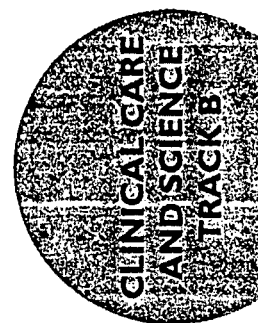
FIGURE 1²

SUMMARY OF ENDPOINTS							
					Number of Patients		p-value
					PLACEBO	ZIDOVUDINE	
DISEASE PROGRESSION	AIDS/ SEVERE ARC	CDC GROUP IVC2	EARLY HIV DISEASE	CD4+ <350	129 (28%)	76 (16%)	0.0001
AIDS/ SEVERE ARC	AIDS/ SEVERE ARC	CDC GROUP IVC2	EARLY HIV DISEASE	CD4+ <350	10 (2%)	6 (1%)	0.2939
CDC GROUP IV	AIDS/ SEVERE ARC	CDC GROUP IVC2	EARLY HIV DISEASE	CD4+ <350	22 (5%)	11 (2%)	0.0486
CLINICAL HIV DISEASE	AIDS/ SEVERE ARC	CDC GROUP IVC2	EARLY HIV DISEASE	CD4+ <350	62 (13%)	35 (7%)	0.0044
CD4+ <350	AIDS/ SEVERE ARC	CDC GROUP IVC2	EARLY HIV DISEASE	CD4+ <350	113 (25%)	70 (15%)	0.0006

This study complements U.S. ACTG studies 016 and 019, and a U.S. Veterans Administration (VA) Collaborative study³, all of which show delayed progression by early ZDV therapy. However, it is not known, whether early treatment prolongs life. In fact, the VA study showed

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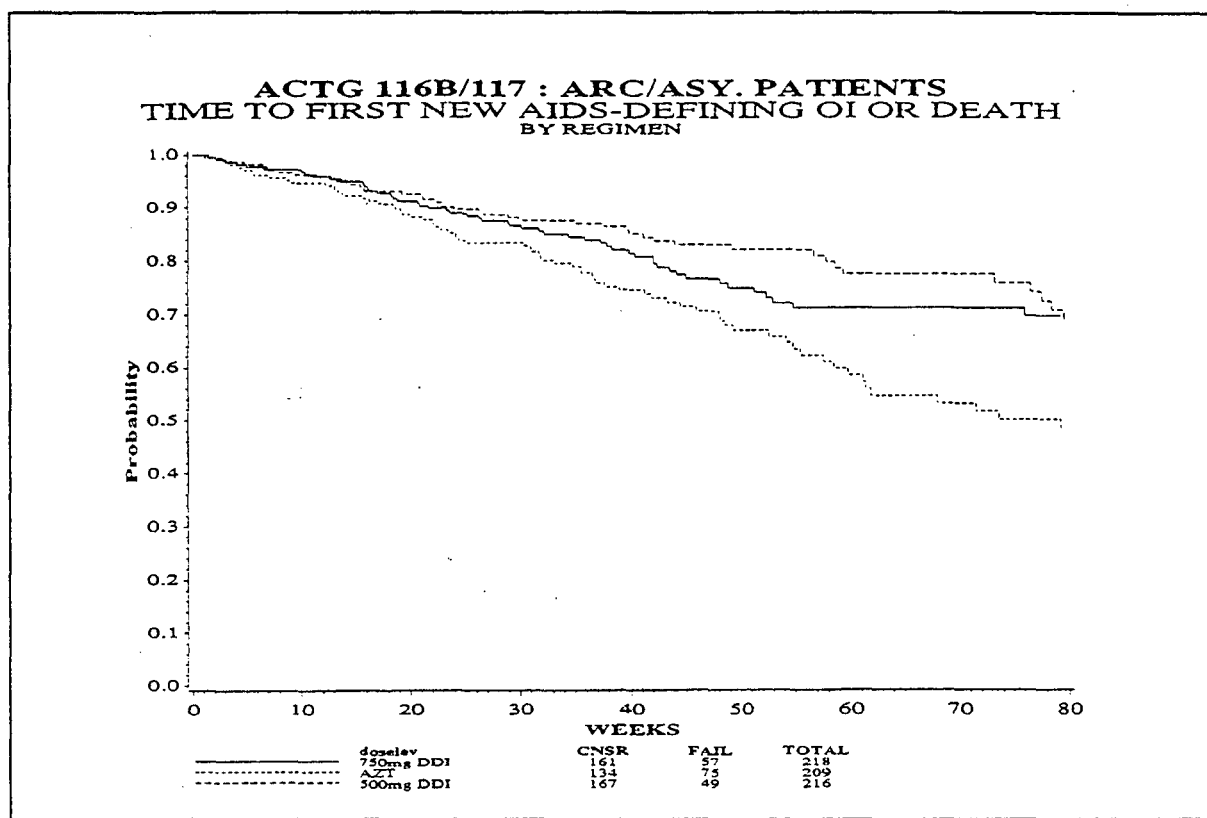
This Summary is divided into two parts: retroviral reviewed by Dr. Hirsch, and all of the rest reviewed by Dr. Lange. The authors emphasize that they have been very selective, and have not addressed many relevant topics.



no difference in life prolongation between relatively early treatment and treatment instituted when CD4 cell counts fell below 200. Further analysis of ongoing studies, such as the Concorde study in Europe and the ACTG 019 study in the United States, will be necessary to define more adequately the most appropriate time for ZDV intervention.

ZIDOVUDINE COMPARED WITH DIDANOSINE:

FIGURE 24



The other major study of nucleoside monotherapy presented was of ACTG trials 116B and 117. This study compared the clinical efficacy and safety of ZDV with didanosine (ddi) in subjects with at least 16 weeks of prior ZDV therapy. The primary study endpoints were death and new opportunistic infections. 600mg daily ZDV was compared with two doses of ddi: 500mg & 750mg. Eligibility criteria included CD4 counts <300 for those with AIDS or ARC, and <200 for asymptomatics. 913 subjects enrolled in this trial. New AIDS-defining events were seen less frequently in the low dose ddi group than in the other 2 groups. These results were seen primarily in the earlier disease group, that is those without AIDS, and were not related to the previous duration of ZDV therapy. No mortality differences were observed among the groups.⁵

These results strongly suggest that infected individuals who fall into the category that benefitted by switching antiretrovirals in this study consider the possibility of switching after prolonged ZDV therapy. We all eagerly await the analysis of ACTG 116A comparing ZDV and ddi in previously untreated individuals, which will be available later this year.

OTHER NUCLEOSIDES:

Clinical trials are currently underway in several other nucleosides, including FLT, 3TC and d4T. All have different toxicity profiles, and all show at least some biological activity in humans. d4T has had the most testing and shows both antiviral and prolonged CD4 elevating capability in humans. Large scale controlled studies of d4T are currently in progress⁶.

A number of non-nucleoside Reverse Transcriptase inhibitors have also been evaluated over the past year. Several, such as nevirapine and L697,661 have shown rapid biological activity in clinical studies, such as reductions in p24 antigen and increases in CD4 counts, but at the cost of a rapid development of resistance over only a few weeks⁷. Whether higher doses or combinations will result in more sustained antiviral activity remains to be demonstrated. Preliminary studies with nevirapine suggest that higher doses may prolong the anti-p24 effect seen⁸. Laboratory studies suggest that certain combinations of nucleoside and non-nucleoside reverse transcriptase inhibitors may induce viruses with mutations that are incompatible with HIV replication and these warrant clinical studies⁹.

OTHER AGENTS

Several agents that act by differing mechanisms other than reverse transcriptase inhibition are coming into clinical trials. Results were presented of Phase I single and multi dose trials of the tat antagonist, Ro24-7429, indicating that this orally bio-available agent can achieve and maintain serum levels well above the *in vitro* HIV-inhibitory concentrations¹⁰. Phase II trials of this tat antagonist will begin shortly. Promising preliminary Phase I results were also presented for pentoxifylline, a TNF inhibitor¹¹.

ANTIVIRAL RESISTANCE

The clinical importance of antiviral resistance is becoming apparent. The temporal relationship of resistance and drug failure is most obvious for the non-nucleoside reverse transcriptase inhibitors. Emerging data for ZDV also suggest a clinical role for resistance both in children and in adults.

However, definitive studies on nucleoside resistance and clinical failure are complicated by many confounding variables, including immune responsiveness of the host, the viral burden and the viral phenotype. With respect to phenotype it has been shown that ZDV therapy is much more successful when patients are populated with non-SI variants than with SI variant viruses¹².

COMBINATION THERAPY

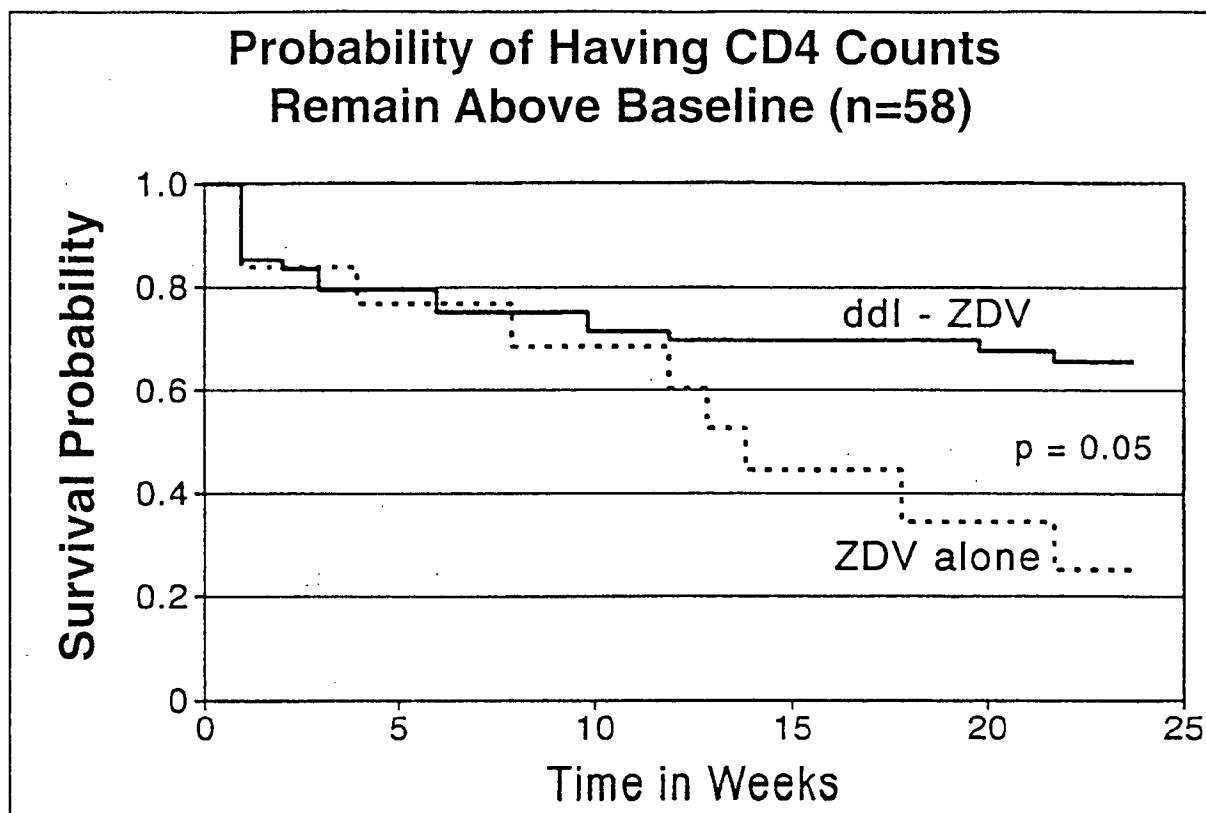
A major topic in Track B was combination antiretroviral therapy. Several small clinical studies suggest that combinations of nucleoside reverse transcriptase inhibitors may be better in certain populations than monotherapies or alternating monotherapies¹³.

DDI AND ZDV:

One study compared alternating ddl and ZDV with combination ddl and ZDV in symptomatic individuals with CD4 counts less than 350 who had <3 months of previous nucleoside therapy. After 54 weeks of follow-up, the combination arm showed elevations in CD4 counts whereas the alternating arm did not. p24 antigen and weight gain results also favored the combination arm over the alternating arm¹⁴.

A partially randomized study in 69 HIV seropositives with <400 CD4 cells/mm³ and less than 4 months of ZDV therapy, showed the benefit of combination ddl and ZDV over ZDV monotherapy. Larger and more sustained rises in CD4 cell counts, more frequent rises in CD4 cell counts, and more frequent decreases in plasma HIV RNA were also observed in the combination arm.

Similar results have been obtained with combinations of ddC and ZDV, or ZDV with alpha interferon¹⁶. Several large scale, blinded, randomized trials of antiretroviral combinations are now underway in the United States and in Europe to more clearly define the roles of these combinations and others in various populations.



ACYCLOVIR:

Results were also presented of a multi-national double-blind placebo controlled trial of antiretroviral nucleosides plus high dose acyclovir. The study enrolled 302 individuals with late stage HIV disease, defined by CD4 counts <150. Although Cytomegalovirus disease was not prevented by Acyclovir, mortality was slightly reduced in the combination group during the period of observation¹⁷. This combination deserves further study in patients with advanced disease.

VACCINE THERAPIES

Several interesting studies of vaccine therapy for HIV infected individuals were presented¹⁸. The emerging picture from these studies is that recombinant gp160 vaccines can induce or boost humoral and lymphoproliferative responses to vaccine antigens and stabilize CD4 cell counts, particularly in individuals vaccinated before profound immunocompromise has occurred. One placebo-controlled trial of vaccine therapy is underway and more are needed, with emphasis in these studies on measurements of CD4 cell stabilization, virus load measurements and, importantly, clinical endpoints.

PROPHYLACTIC VACCINES

At least 12 different Phase I trials of prophylactic vaccines are also underway or completed. Vaccines to date have been well-tolerated and have induced both binding antibodies and lymphoproliferative responses to HIV antigens. Induction of neutralizing antibodies and Cytotoxic T-Lymphocytes have, however, been minimal¹⁹. Efforts to develop infrastructures for vaccine efficacy trials are underway, with the hope that trials with more effective regimens can begin in various parts of the world within the next 2-3 years.

HIV NEGATIVE ADULT ACQUIRED IMMUNODEFICIENCY (IDIOPATHIC CD4 T-LYMPHOCYTE DEPLETION)

Finally, significant attention at this meeting was devoted to the topic of HIV negative adult acquired immunodeficiency, and whether this phenomenon, which has been recognized by individual clinicians for years, is increasing in frequency. Several such cases are currently under investigation to determine whether an etiologic agent, such as a retrovirus, can be isolated. No definitive evidence for such an etiologic agent has yet been presented, nor has there been evidence for clustering among cases. Studies within the next year should define the prevalence and spectrum of this disorder, or group of disorders, and clarify any relationship with one or more candidate etiologic agents.

OPPORTUNISTIC INFECTIONS

TUBERCULOSIS AND HIV

BACKGROUND:

The most important opportunistic infection worldwide is the disease tuberculosis (TB). The scope of the problem in Africa is well known. It is estimated that 3.5 million of the approximately 6.5 million HIV infected people are co-infected with the organism *Mycobacterium tuberculosis* (MTb). TB combined with HIV is particularly problematic for many reasons: there are difficulties with detection of the disease, increased cases of active disease and mortality, and increasing levels of drug resistance. The accuracy of methods for the detection of TB infection and disease is reduced by the presence of HIV. Skin test anergy (non-responsiveness) may prevent the detection of infected patients, typical clinical or radiographic features may be altered, and the sensitivity of sputum smear tests may be reduced. There is an increase in the numbers of cases of active TB disease due to the fact that HIV increases the rate of reactivation of *Mycobacterium tuberculosis* infection, and HIV shortens the latency from TB infection to disease. Furthermore, mortality from Tuberculosis is increased in people with HIV. Further complicating the problem, effective anti-TB therapies are diminishing. In the developing world, some countries already have high levels of primary drug resistance, and in the United States, multi-drug resistant (MDR) TB isolates are on the rise.

NEW DEVELOPMENTS:

Much important new information was presented at the Conference, and current developments were discussed. The magnitude of the problem continues to grow. For example, the number of discharges from New York City hospitals, of people with both diagnoses (HIV and TB), doubled from 1988-1990²⁰.

INCREASED ACTIVE DISEASE:

There appeared to be an increased risk of active disease in HIV-positive versus negative patients after 6 months of isoniazide (INH) prophylaxis of infection²¹. The need for prophylaxis to be of longer duration than these 6 months, has been suggested in multiple retrospective reports from the United States.

There has been an 8-fold increased risk of recurrence of disease in HIV-positive versus negative patients after treatment with regimens standard in the developing world²². In the small number of cases analyzed, recurrence of disease seemed to be due to reactivation of the same strain rather than re-infection. Risk factors for the recurrence included reactions to ethambutol, when substituted for thiacetazone (particularly problematic given that thiacetazone now seems to be counter-indicated in patients with HIV - see below), but did not include initial resistance, the regimen used or poor compliance.

INCREASED MORTALITY:

A four-fold or greater increase in mortality from tuberculosis in HIV-positive, compared with HIV-negative, patients has been described. This was particularly seen in regimens not containing rifampin. Interestingly, the increased mortality was not due to a failure of either anti-tuberculosis regimen studied - i.e. to TB itself, but appeared to result from an increase in bacteremias, such as *Salmonella* and staphylococcal infection.²³

INCREASING LEVELS OF DRUG RESISTANCE:

A high rate of reactions to the drug thiacetazone, which is used in the developing world, has been seen. Several of these reactions were life-threatening cutaneous reactions, suggesting that thiacetazone should be avoided in HIV-infected patients with TB.²⁴

Very worrisome reports were presented from New York²⁵ and Miami²⁶ about outbreaks of multi-drug resistant TB, in hospitals and prisons. A key feature of these infections was very short latency from exposure to disease. Clinical clues to the presence of MDR TB included continued fever, worsening infiltrates, persistence of smear positivity and positive extrapulmonary cultures. There was invariably a delay in establishing the presence of a MDR strain, with a rapid and high mortality. Nosocomial transmission (hospital acquired infection) has been common, to other patients or to health care workers.

REDUCING INCIDENCE:

Alongside the many problems with TB and HIV, some constructive information to reduce incidence emerged. HIV infection did not appear to increase the infectiousness of TB *per se*²⁷ and prophylaxis appeared to have significant benefits.

In a population at high risk for TB infection (injecting drug users in New York City) prophylactic treatment of anergic HIV positive patients appeared to prevent a significant number of TB cases²⁸. This was also seen in a study of 6 months of INH prophylaxis of patients with HIV infection in Zambia, a population with a very high prevalence of MTb infection²⁹. Prophylactic treatment clearly reduced the incidence of active TB. Of note, active disease occurred mainly in patients in Walter Reed Stages III and IV, indicating that prophylaxis must precede this. Therefore, prophylaxis may be the most effective Public Health approach for HIV infected populations with a high prevalence of MTb infection.

MYCOBACTERIUM AVIUM COMPLEX

Rifabutin (300mg per day) has some effect as a prophylactic agent against MAC bacteremia in patients with CD4 cells below 200.³⁰ Clarithromycin use in the treatment of *Mycobacterium avium* infection is associated both with a significant decrease in MAC bacteremia and with clinical improvement. However, gastro-intestinal side effects are frequently seen, and development of resistance to this drug was seen in 20% of the patients over a 12-week interval.³¹ This demonstrates, once again, that multi-drug regimens need to be designed and tested for *Mycobacterium avium*.

PNEUMOCYSTIS CARINII PNEUMONIA

New data has been presented on atovaquone, the new name for 566C80, showing that in mild to moderate PCP infection the drug is effective.³² However, its role may be limited by its bioavailability, especially in patients with diarrhea. This should be overcome in the future with the development of an improved oral formulation.

For prophylaxis of *Pneumocystis carinii* pneumonia, trimethoprim-sulfamethoxazole has already been shown to be dramatically more effective than aerosolized pentamidine when used for secondary prophylaxis. The Dutch AIDS Treatment Group has now also shown that this regimen is superior for primary prophylaxis, although not with the dramatic difference in efficacy seen in the secondary prophylaxis trial.³³ We still await the completion of the 3 arm ACTG trial for primary PCP prophylaxis comparing trimethoprim-sulfamethoxazole, aerosolized pentamidine and dapsone. Another study presented at the Conference also suggested that trimethoprim-sulfamethoxazole has a beneficial effect as prophylaxis against toxoplasmosis.³⁴

A multicenter randomized trial has demonstrated equivalent efficacy of aerosolized pentamidine compared to a combination of pyrimethamine with dapsone for primary PCP prophylaxis.³⁵ Data presented from the study demonstrated that the pyrimethamine-dapsone combination also provided prophylaxis for toxoplasma infections. The patients receiving pentamidine had twice the rate of developing toxoplasmosis as the patients receiving the combination. Interestingly, of the patients on pyrimethamine-dapsone who did develop toxoplasmosis, one-half of them did so very shortly after they discontinued the pyrimethamine-dapsone due to toxicity.

Several studies presented at the Conference failed to show a beneficial effect of acyclovir as prophylaxis against CMV disease.

The European-Australian Acyclovir study showed, as Dr. Hirsch reported, a survival benefit for patients who used acyclovir as co-therapy with other antiretrovirals, but interestingly there was no decrease in CMV infections, for which it was originally designed. In their double-blind placebo-controlled trial, no reduction in CMV disease was seen in patients receiving 3200mg of acyclovir per day.³⁶ In a study of ZDV versus ZDV plus acyclovir for treatment of HIV, the incidence of CMV viruria was not lower in the patients receiving 4800mg of acyclovir per day.³⁷

Interesting data on the prognostic value of CMV antibodies were presented.³⁸ In a foscarnet treatment study, it was demonstrated that patients who had higher baseline levels of CMV neutralizing antibodies, had a more prolonged time to progression of their retinitis. This could have significant relevance in studies underway looking at the use of CMV hyperimmune or monoclonal antibody as adjunctive therapy with ganciclovir or foscarnet.

Judith Feinberg presented promising data on an acyclovir prodrug, 256U87, with excellent bioavailability. This is entering clinical trials for chronic suppression of herpes simplex as well as for CMV prophylaxis.³⁹

There were encouraging results from ACTG trial 172 on the use of topical trifluridine for treatment of acyclovir resistant mucocutaneous herpes simplex infection.⁴⁰ This offers a more convenient, less toxic and less expensive treatment than foscarnet and further studies are planned.

Finally, the following two opportunistic infections may become increasingly important. This Conference presented some preliminary information which will need to be expanded in the future:

MICROSPORIDIOSIS

In my opinion, this infection ought to be included in the CDC list of AIDS defining conditions. It has been reported here, that the spectrum of disease has been extended to include disseminated disease at extra-intestinal sites.⁴¹

BACILLARY ANGIOMATOSIS

We have started to learn more about another opportunistic event, Bacillary Angiomatosis, in particular that the causative agent seems to be *Rochalimea quintana*, or *Rochalimea henselae*.⁴²

Phyllis Kanki and Roel Coutinho

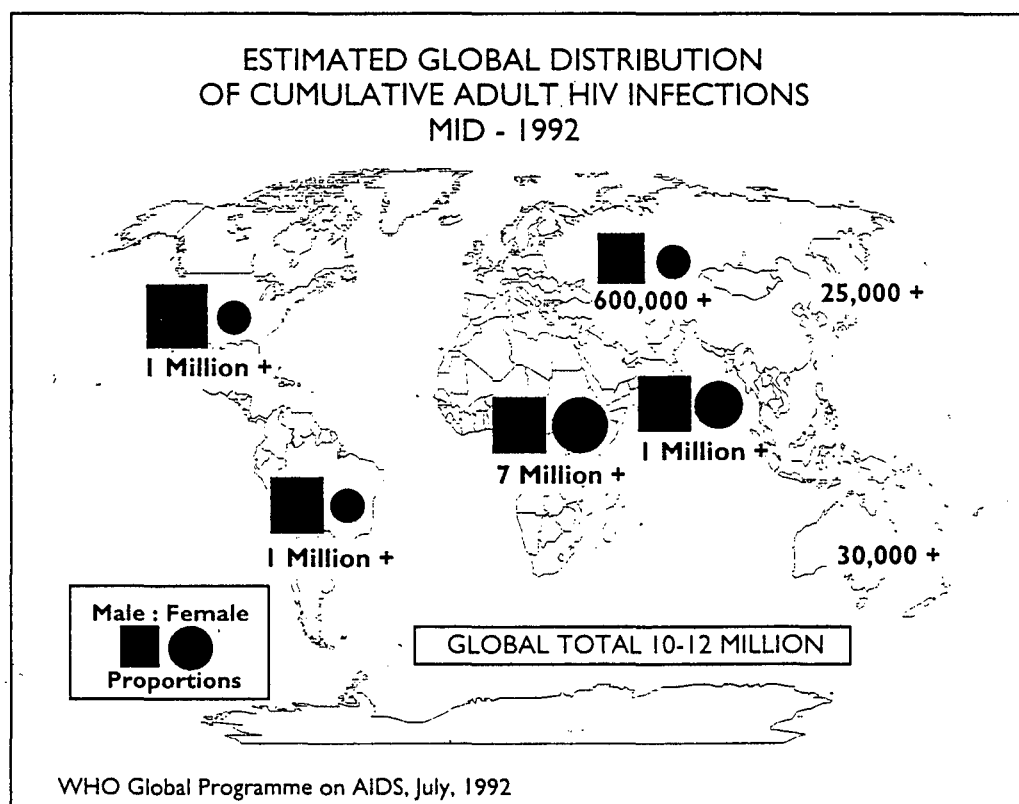
During the course of a week, several thousand delegates in this Conference participated in oral and poster presentations in the area of Epidemiology and Prevention, Track C. Delegates representing nearly 100 countries presented their data, shared their experiences and discussed their viewpoints on a number of important questions that involve epidemiology and the prevention of HIV and STDs.

The following section was summarized by Phyllis Kanki:

TRENDS WORLDWIDE

The HIV pandemic continues its course, and it is not possible to cover all of the studies that show the newest trends worldwide. What follows is a gross over-simplification of the large body of data presented at the Conference. Figure 1 describes the estimated distribution of HIV infection worldwide. The male to female ratios are also indicated on each continent, demonstrating the different epidemiologic patterns of HIV infection worldwide.

FIGURE 1



*Rapporteurs: Erik van Ameijden, Patrick Bindels, Rachel Child, Karen Travers

Roel Coutinho and Phyllis Kanki expressed their thanks to the many people who assisted in creating the Track C program: the Scientific Program Committee for helping to put the program together; the International Program Committee who helped review the abstracts; the Harvard and Dutch Conference organizing staff; the Conference participants for their active role in the sessions and, in particular, the people living with HIV and AIDS, who contributed so much to the success of the meeting.

In Africa we see an increase in HIV infection in a number of areas, with stabilization of HIV incidence and prevalence in some of the most highly affected regions of the continent. Ethiopia reported a 34-fold increase in HIV infection among military recruits over the past 5 years, with a 0.075% prevalence of HIV-1 in 1986 increased to 2.6% in 1991⁴³. This trend is also seen in Nairobi, Kenya⁴⁴ and in Ivory Coast⁴⁵, whereas the prevalence rate has remained stable in the Rakai district of Uganda, a high seroprevalence area, with around 20% of the general population being seropositive for the past 3 years⁴⁶.

In Asia and Oceania more details emerged on the new epidemic, which is most severe in Thailand. A rapid rise in prevalence among Thai IDUs in 1988 to a level over 40%, with subsequent waves of infection among prostitutes, their clients and finally, pregnant women, with an HIV prevalence of 0.7% in 1991⁴⁷. In contrast, Japan⁴⁸, Singapore⁴⁹ and Hong Kong⁵⁰ show low prevalence rates, with the majority of seropositives being homosexuals. However, all these areas show a rising prevalence rate among women, indicating that heterosexual transmission is becoming a more important factor to be considered for targeting intervention.

In North America and Europe there have been growing infections in non-drug using heterosexual populations, and women have been highly affected. The growing proportion of HIV infections among heterosexuals was noted in studies from several nations, including the UK⁵¹, Switzerland⁵² and Sweden⁵³. When prevalence and incidence rates were stratified by ethnicity, a disproportionate incidence has been seen among specific ethnic groups, such as African American men enrolling in the U.S. army⁵⁴ and Arabic blood donors in Jerusalem, Israel⁵⁵. Groups of people suffering from poverty, poor and crowded living conditions, and substandard health care are especially vulnerable to the dual threat of HIV and TB infection⁵⁶.

In Latin America and the Caribbean we have seen an increase in HIV in a number of different risk populations, and a spread of HIV to different risk populations, particularly women. Heterosexual intercourse is the main mode of transmission in Brazil⁵⁷ and in Venezuela⁵⁸, while in Mexico the majority of cases are in homosexual or bisexual men⁵⁹. In Argentina, IDUs have the highest prevalence of HIV⁶⁰, but infection is rapidly increasing among prostitutes. HIV infection in Haitian TB patients is associated with lack of schooling, unmarried status, and history of smoking⁶¹. Although no HIV infections were found among a population of pregnant women in Paraguay, risk factors were identified, indicating a need for more prevention measures⁶².

GENETIC VARIATION

Accompanying the study of the global epidemiology there is also the study of the genetic variation of HIV. Molecular biology has allowed scientists to determine all or parts of the HIV genetic sequence. Comparisons of the genetic sequences of HIV allow us to evaluate the way the virus is changing within one person, population or geographic region.

Dr. McCutchan presented a classification of 7 genotypes drawn from the variation of *gag* and *env* sequences of 60 HIV-1 isolates⁶³. The global distribution of these genotypes shows multiple genotypes may exist in different geographic locations (see Table 1). Dr. Ou showed that even in one location, Thailand, two distinct genotypes can be identified - and importantly, that these appear to correlate with mode of transmission and location within Thailand. One subtype related to the African consensus sequence and was found predominantly among those who contracted the virus sexually, and another subtype related to North American consensus sequence and was found among those for whom injection drug use was the route of transmission⁶⁴. Such a microecologic segregation was also noted in Edinburgh, with 4 phylogenetically distinct groups identified: 3 among hemophiliacs and 1 group found among IDUs⁶⁵.

The VESPA (Viral Epidemiology Signature Pattern Analysis) method for analyzing the relationship of viral isolates through identification of atypical or 'signature' amino acids, as compared to a reference set of isolates, was discussed. This method was used to analyze the case of a dentist who allegedly infected several of his patients. The analysis showed that the dentist and 5 patients had tightly linked signature patterns⁶⁶.

Dr. Goudsmit described antigenic diversification of the V3 neutralization domain, showing that a homogenous genome population exists in an individual at seroconversion, with diversification occurring later in infection⁶⁷. This suggested that diversification occurs in the transmitter, rather than the recipient, and that non-directional heterogeneity of V3 sequences increases with the age of the epidemic.

TABLE I

Genotype	Location					
	USA	Zaire	Zambia	Brazil	Thailand	Belgium
I	X			X	X	X
II		X				
III		X		X		X
IV		X			X	
V						
VI		X				
VII		X	X			

(McCutchan, et al)

As Dr. Burke⁶⁸ indicated, the linkage of genotypes with epidemiologic and immunologic features of the viruses should have significant impact on the ability of researchers to track the dissemination of the virus and to improve prevention, drug and vaccine efforts.

MOTHER TO CHILD TRANSMISSION

Worldwide, epidemiologists continue to study in more detail the various modes of HIV transmission. Vertical transmission, like so many features of the HIV epidemic, spans all the disciplines. These comments include some remarks made by Joep Lange from Track B.

Current estimates suggest that 1,000,000 children worldwide are infected with HIV, and by the year 2000, this will rise to 4-5,000,000 children infected and 10,000,000 children orphaned, because of the HIV infection of their parents. This implies a reversal of infant-child mortality gains⁶⁹.

Mother to child transmission continues to be an area of active research. These difficult, long term studies seek to answer questions about a very complex mode of transmission of grave Public Health significance. The Conference confirmed that transmission rates vary according to the population studied, with transmission rates in the range of 14-52% worldwide⁷⁰.

There is evidence suggesting that only certain genotypes are transmitted, and that there is a role for the maternal virus phenotype⁷¹. Preliminary data from DeRossi⁷² suggest that both rapid/high and slow/low viruses can be transmitted, though transmission occurred more frequently from mothers with rapid/high virus phenotype⁷³.

Maternal risk factors for transmission are not firmly established, yet some studies indicate low CD4 counts⁷⁴, p24 antigenemia⁷⁵, increased immunoglobulin and antecedent medical problems⁷⁶. There was disagreement on whether vaginal delivery increased the risk of transmission compared to caesarean section⁷⁷. There was no difference in transmission to the baby based on race, risk category, drug use or the history of STDs⁷⁸. Scarlatti⁷⁹ demonstrated that women with neutralizing antibodies to HIV were less likely to transmit HIV to their infants than women without neutralizing antibodies. The significance of low titers or affinity of neutralizing antibodies is a controversial topic⁸⁰.

Early diagnosis of HIV infection in the perinatally exposed infant is extremely important. Data was presented⁸¹ which supported the theory that transmission occurs either late in pregnancy or during delivery. After one month of age, virus culture and PCR become highly sensitive in detecting infected infants. The majority of infected infants can now be identified by 2 months of age⁸². By culture or PCR techniques, 40-50% of eventually infected children are positive at birth. At 3 months, 80-100% of infected infants can be identified by these methods. The acid dissociated p24 antigen assay is also capable of detecting infants as early as three months post partum⁸³.

Quantitative PCR showed that infants infected with a low viral load remained asymptomatic for a longer period of time than infants with a high viral load⁸⁴. Of course, many of these techniques are not currently relevant to the developing world.

The benefits of breast feeding are too important to ignore, even with the risk of HIV transmission from infected mother to baby. This risk of transmission by breast feeding was estimated at 16% in prenatally infected women, and 26% in post-natally infected women⁸⁵. PCR, and to a lesser extent p24 antigen, demonstrated larger amounts of HIV in early milk samples, and this correlated with transmission to the infant, independent of the clinical status of the mother⁸⁶, demonstrating that breast feeding immediately post partum carries a higher risk of HIV transmission than 14 days after birth. There is a need for further research to confirm and quantify the risk of HIV transmission via breastfeeding.

TRANSMISSION IN HEALTH CARE SETTINGS

Two sessions⁸⁷ in this Conference addressed the risk of HIV transmission in health care settings. Although the risk of acquiring HIV infection via occupational exposure is extremely small, there is much concern among health care workers about prevention and treatment of exposures. Accurate estimates of the annual number of needlestick/sharps injuries is difficult to obtain, due to under-reporting and inadequate representation of all occupation settings⁸⁸. There is more need for standardized safety procedures that are regularly implemented. In addition, newly designed safety equipment is required⁸⁹. Post-exposure ZDV therapy is still controversial, and this should be decided on a case-by-case basis⁹⁰. Health care workers who are HIV positive should not be removed from patient care settings.

NATURAL HISTORY OF HIV

Natural history studies of HIV infection continue to provide a wealth of information on markers of progression, early and late stage clinical and immunologic abnormalities and their temporal relationship to HIV and the development of AIDS.

At the Conference, researchers have answered the question whether HIV-2 natural history is different from HIV-1. Despite the many similarities of HIV-1 and HIV-2, it is evident from the data presented that there are differing clinical and immunologic manifestations, rates of transmission and of disease development with respect to the two viruses. The consensus from studies in Senegal, Ivory Coast and France is shown on Table 2. Perinatal transmission rates of HIV-2 were reported as low as 0-1%, by investigators from France⁹¹ and Ivory Coast⁹², this being significantly lower than the 14-52% rates for HIV-1 perinatal transmission.

TABLE 2

Differences in the Biology of HIV-1 versus HIV-2

	<u>HIV-1 vs. HIV-2</u>
Modes of Transmission	same
Rate of Vertical Transmission	5-10x HIGHER (approx.)
Rate of Sexual Transmission	HIGHER
- infectivity per sexual act	5-9x HIGHER
Development of Anergy	3x HIGHER
Rate of CD4 lymphocytes loss	HIGHER
Rate of development of AIDS	6-8x HIGHER (approx.)

(M'Boup, 1992)

Incidence studies from Senegal showed a decreased sexual transmission of HIV-2 compared to HIV-1⁹³. A difference in sexual transmission rates was also noted by Dr. Kanki who presented a mathematical model of transmission probabilities per sexual act⁹⁴. This model suggested that the probability of HIV-1 transmission from an HIV-1 infected male to a seronegative commercial sex worker was 5-9 fold greater than the transmission probability given an encounter with an HIV-2 infected male. Data was also presented regarding the natural history of HIV-2 infection that convincingly argued for a higher and more rapid rate of clinical disease development among HIV-1 infected individuals than that seen for HIV-2 seropositives⁹⁵.

The Senegalese team showed that HIV-1 infected women were 10 times more likely to develop AIDS compared to those with HIV-2, the results of a 7-year study⁹⁶. Kaplan-Meier analysis of disease development among HIV-1 and HIV-2 seroconverters indicate that this is not a temporal effect, and it is not due to differing lengths of seropositive time among the two groups. The data presented indicates a need for further characterization of the biologic differences of HIV-1 and HIV-2, as well as development of new staging protocols for HIV-2. These differences are important for our understanding of HIV pathogenesis. In addition, these results may affect future projections of the HIV-2 epidemic and how HIV-2 infected individuals are counseled.

TABLE 3

Natural History of HIV/AIDS in Different Groups		
<u>Group</u>	<u>Factors Affecting Progression</u>	<u>Effect on Progression</u>
People with Hemophilia (Lee, U.K.)	CMV	Increase
	p24 antigen	Increase
	Age	Increase
Seroconverters (Sinicco, Italy)	Asymptomatic vs. acute primary infection	Increase
	Sexual vs. IVDU route	Increase
Homosexual men (Easterbrook, U.S.A.) (Van Griensven, Netherlands)	Race	None
	Age	Increase
Seroconverters (Brettle, U.K.)	Gender	None
	IVDU vs. non-IVDU	None

The results from a number of natural history studies of HIV-1 conducted in different groups continued to investigate factors that may affect or predict the progression to AIDS (see Table 3). Data from a 12 year study of hemophiliacs from the United Kingdom showed that CMV, p24 antigen and age were factors increasing the progression to AIDS⁹⁷. Seroconverters evaluated in Italy showed that individuals with acute primary infection versus asymptomatics progressed more rapidly to AIDS and were more likely to have been exposed via sexual route, rather than IVDU route⁹⁸. Homosexual men in the United States and the Netherlands showed no effect on progression based on race, but increased progression by age⁹⁹. Finally, seroconverters from various risk populations showed no difference in progression based on gender or injecting drug use¹⁰⁰.

A major question asked at this Conference was: "Is there evidence for a difference in natural history of HIV in women compared to men?" A majority of presentations showed data demonstrating no significant difference between HIV-1 infected men and women in progression to AIDS or survival¹⁰¹. However, one study showed that HIV+ women had a poorer prognosis for survival than men with comparable baseline CD4 counts¹⁰². As a possible explanation for this finding, Dr. Creagh presented data showing that women were less likely to receive ZDV therapy than men. Several studies showed that prevalence of opportunistic infections among women were similar to men, except for a higher prevalence of esophageal candidiasis and lower prevalence of Kaposi's sarcoma¹⁰³.

There was general agreement amongst participants that more studies were needed to characterize better the natural history of HIV infection in women. Dr. Johnson summarized studies indicating associations of HIV with cervical neoplasia, pelvic inflammatory disease and recurrent candida vaginitis¹⁰⁴. Very few studies evaluated gynecological problems in the study protocol and this should be encouraged for the future.

PREVENTION STRATEGIES

As the HIV epidemic continues, heterosexual transmission is becoming more important, and the gender gap in numbers of infections is narrowing. Dr. Ngugi emphasized that lack of access to health care, social and cultural attitudes and the weak economic status of women are significant barriers to HIV control in women. These are magnified in, but not exclusive to, developing countries¹⁰⁵. Targeted interventions and prevention strategies for women are, therefore, increasingly important worldwide.

Education efforts must be targeted toward identified risk factors for transmission. A study demonstrated that all-women prisons offer unique opportunities for education of large numbers of high risk women, where HIV prevalence is high¹⁰⁶. Dr. Castilho showed that after women learned their partners were seropositive, condom use increased and frequency of sexual activities decreased, although not to an extent as to prevent transmission totally¹⁰⁷. Prenatal clinics where HIV screening is performed can be useful in promoting early treatment of HIV-infected women and infants, but may be less useful for education and prevention efforts¹⁰⁸.

Questions were raised regarding the efficacy of the HIV testing process as a preventive intervention in developing and developed nations. The experience of Thailand suggests that while testing may be a useful tool, it may pose problems in developing nations where adequate counseling, confidentiality and non-discriminatory practices cannot be ensured¹⁰⁹. The U.S. military has achieved high levels of adherence to safe practices among seropositives as part of the HIV testing system¹¹⁰. Cuba reports maintaining low levels of seropositivity through aggressive testing, education and isolation¹¹¹. Media attention to Magic Johnson's announcement increased anonymous HIV testing - although it was suggested that the motivation for this might be hard to predict¹¹². Overall, the conclusion of the Round Table on "HIV Testing for Prevention"¹¹³ was that confidentiality of HIV testing is difficult to maintain in many settings and in many parts of the world.

HIV AND TUBERCULOSIS

Tuberculosis presents a major health problem in people infected with HIV. In the United States, TB prevalence has increased with the emergence of the HIV epidemic¹¹⁴ and has the highest prevalence in HIV seropositive people¹¹⁵. People seropositive for HIV have been shown to be at higher risk of developing active TB infection than seronegative people¹¹⁶. Household contacts are not at increased risk of developing active TB infection unless they are themselves seropositive for HIV¹¹⁷. Detection and monitoring of TB in HIV positive people can present difficulties because they are more likely to be anergic than PPD+ (tuberculin reactors)¹¹⁸. Sckell recommended that anergy tests should routinely accompany PPD tests in HIV positive people and that isoniazid prophylaxis be given to HIV positives when TB prevalence is high, since it has been shown to be effective in reducing the incidence of active TB cases¹¹⁹. Delayed diagnosis and improper treatment and isolation protocols can lead to rapid spread of lethal multi-drug resistant outbreaks of TB in areas where TB is introduced into groups of HIV-infected people, and also poses a threat to health care workers¹²⁰.

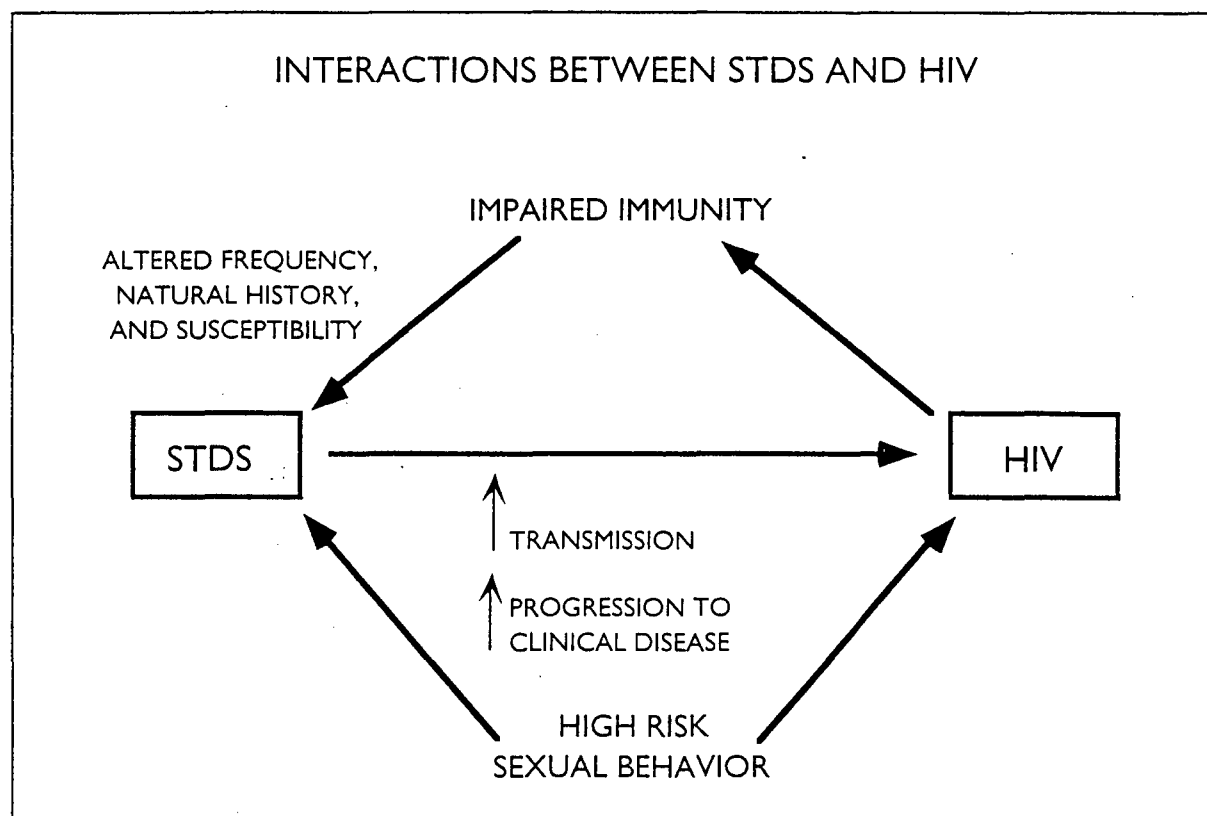
The following section was summarized by Roel Coutinho:

SEXUALLY TRANSMITTED DISEASES

Many studies described the interaction between STDs and HIV, and the role that STDs play in HIV transmission and acquisition. It is now clear that the risk of becoming infected, or infecting others, with HIV is substantially increased if one has a STD¹²¹. Furthermore, there is evidence that this is not only true for ulcerative STDs, but also for non-ulcerative STDs such as gonorrhoea¹²². Studies in sub-Saharan Africa show that the proportion of HIV infections linked with genital ulcers is very high indeed - estimated at 90% for men and 30% for women¹²³. Implementation of STD control is, therefore, the next step. No further epidemiological studies are necessary to confirm this need. However, as the efficacy of STD control will never be 100%, it is very important that epidemiologists try to evaluate these interventions and study what proportion of HIV infections can really be

prevented. STD control is also very important to break the circle where, because of impaired immunity, HIV-infected persons have more severe STD symptoms, which in due course enhance the infectivity of HIV (see Figure 2).

FIGURE 2¹²⁴



CORE GROUPS

The important role of Core Groups, in addition to sexual behavior *per se*, in the transmission of both STDs and HIV was highlighted at the Conference. The nature of these Core Groups differs among countries, sometimes truck drivers play an important role, whereas in other areas it is soldiers, injecting drug users, streetgang members or commercial sex workers who form the Core Groups¹²⁵.

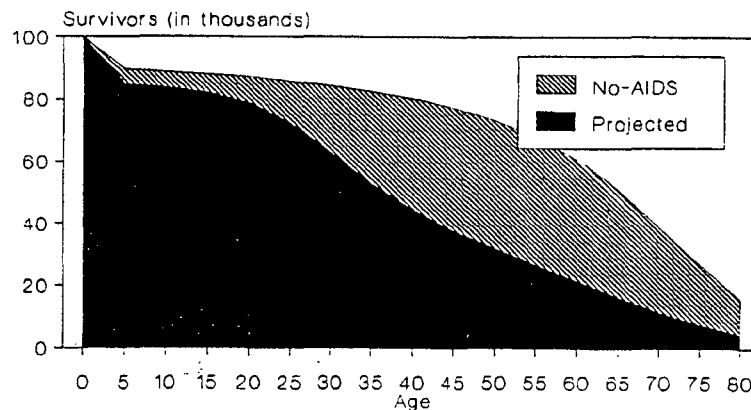
Whilst in most industrialized countries there is evidence that STDs are declining, this overall decrease may mask an increase within small Core Groups¹²⁶. It is imperative, therefore, that we follow very carefully the epidemiology of STDs. Moreover, STD control remains a central component for curbing the spread of HIV in the future, especially among the heterosexual population. Easy access to STD services for everyone without financial barriers is essential.

DEMOGRAPHICS¹²⁷

What is the demographic impact of the HIV epidemic in sub-Saharan Africa? A couple of years ago, some modelers suggested that a negative population growth could be expected in certain African countries. Current evidence now suggests that such a scenario is only likely if 50% of adults become infected with HIV. The more realistic prevalence figures of 18-25% of adults being infected, indicate that such a negative population growth is unlikely to occur¹²⁸. However, the socio-demographic impact is still enormous in areas where, for example, 18% of adults are infected. As shown in Figure 3¹²⁹ - which compares life-expectancy where AIDS does not feature in the equation, to an 18% HIV seroprevalence rate - if 18% of the population is infected, life-expectancy will be reduced by one-third. By the age of 45, the number of survivors in this scenario is one-half of that anticipated in the absence of AIDS. Undoubtedly, this will have profound consequences for the HIV-infected persons themselves, and also for their children and the society in which they live.

FIGURE 3

Survivors per 100,000 Births Projected and No-AIDS Scenarios 2015



Source: IwgAIDS Model Output
CIR/U.S. Census Bureau

AIDS DEFINITION¹³⁰

Over the past year, and also during this Conference, there has been a lot of debate about the proposed change of the CDC definition of AIDS. The status of that new definition - which will include all HIV-infected persons with CD4 cell counts below 200 - is presently not clear. However, what is clear is that the issue of access to care in the United States has made discussion about this change of definition very emotional, and therefore difficult to solve. Access to care is crucial, not only for the control of the HIV epidemic (for example, as described above concerning STDs) but, of course, also for all individuals living with HIV. For many reasons, the AIDS surveillance in industrialized countries is probably imperfect and could be improved, for example by adding more women-specific indicator diseases. The issue of access to care is crucial. It has to be dealt with separately. It is a political issue and cannot be dealt with by epidemiologists.

An adequate case definition is just as important for developing countries. The presently used clinical definition - known as 'Bangui' - is reasonably specific, but lacks sensitivity. A consultation held recently at WHO (and reported at the Conference) concluded that countries where HIV serology is not widely available should continue to use this clinical definition. For countries where HIV testing is available, but clinical diagnostic capabilities are limited (which is the situation in some African countries), a new AIDS definition is now proposed. This has been described in an article in the *British Medical Journal*¹³¹, and is known as the 'Abidjan' definition. This new definition is basically a clinical description with a positive HIV test result. A major feature of this new definition is the inclusion of Tuberculosis, which is extremely important for the African situation.

We should not forget that AIDS surveillance only shows a part of the HIV epidemic. We also need HIV surveillance to complement the picture of the epidemic.

HIV AND BLOOD TRANSFUSION¹³²

There are three ways to decrease the number of HIV infections through blood transfusion: donor selection, HIV screening and strict criteria for blood transfusion. Donor selection remains crucial (even if all blood is being screened) because of the window period, i.e. the period between the moment of infection and the moment at which

the HIV antibody test will give a positive result. The risk of HIV transmission through blood transfusion has become extremely small in industrialized countries. A CDC-study estimates the risk in the United States as 1:225,000¹³³.

This risk depends heavily on the HIV incidence among donors, and so will be much higher in areas, such as Thailand, where HIV incidence is high. Donor selection in these areas is also more complicated as it is not easy to define clear risk groups. A study from Thailand¹³⁴ found, in a case-control study among positive blood donors, four independent predictors for HIV seropositivity: male gender, VDRL (syphilis) positivity, age 21-30 years and 'replacement' donorship. Excluding individuals with 2 or more of these factors would eliminate 32% of all HIV negative donors - an unacceptably high proportion which would jeopardize the voluntary blood donor system. If donors with 3 risk factors are excluded the proportion of HIV negatives excluded goes down to 1.5%. However, it is not clear to what extent HIV transmission can be prevented by such a policy. The importance of a voluntary system for blood donation was shown by a study from India: in one city 86% of a sample of 200 professional blood donors were found to be HIV positive. In India, some 30-50% of all blood donors are professional; the average frequency of plasma donation in the study was 3.5 times per week per person¹³⁵.

An issue which has been insufficiently addressed at this Conference is that, in general, blood transfusions are given too often. This is not only true for developing countries, but also for industrialized countries. We need more studies to explore the impact of this on HIV transmission.

INJECTING DRUG USERS

It is now well known that injecting drug users are a particularly vulnerable group for HIV/AIDS in industrialized countries and that they have a pivotal role in the spread to the non-drug using heterosexual population. It is often supposed that injecting drug use is limited to industrialized countries. From Figure 4¹³⁶ it is evident that developing countries also have a big injecting drug problem. The available evidence indicates that this is expanding, especially in the big cities in, for example, Africa, certain areas of Asia and also Latin America. Countries with Asterisks are those where HIV+ IDUs have been identified; the other countries listed are those where IDUs have been identified, but where there are no reports of HIV infection amongst them. In developed countries, young people starting to inject are the sub-group with the highest HIV incidence.

The drug trading routes are another important feature in the spread of injecting drug use and HIV throughout the world. Examples of countries where this can be seen include Nigeria and Myanmar (Burma). A very rapid increase in HIV prevalence among IDUs in Myanmar was reported at this Conference¹³⁷.

It is not only injected drugs which play a role in the HIV epidemic. Crack - a non-injectable drug which is smoked - is increasingly recognized as a problem. A United States study among crack users who never injected showed that this is especially true for women who use crack: for example, in NYC 32% of female crack users were found to be HIV-infected, among non-crack using women the HIV prevalence was 6%. In Miami these prevalences were respectively 45% and 7%¹³⁸. Epidemiological data together with qualitative studies show that it is not crack use itself which is the cause of the high HIV prevalence. The sexual behavior of crack users, and the prevalence of STDs are the real risk factors¹³⁹. Crack use is increasingly reported from other countries and we have to expect a rising HIV prevalence in these populations.

LONG TERM SURVIVAL¹⁴⁰

It is only possible to address briefly the topic of determinants for long term survival of people with HIV. We now have fairly good information about the determinants of rapid progression to AIDS. Factors influencing progression include age and the virulence of the strain with which one is infected. We also know that many laboratory markers predictive of faster progression have been found: p24 antigenemia, beta-2 microglobulin etc. The well known follow-up study among homosexual men in San Francisco¹⁴¹ has shown that 65% of seroconverters have developed AIDS after 12 years. Maybe we should put this the other way round: 35% have **not** developed AIDS! We know much less, and far too little, about the determinants of such long term survival. This needs to be studied in much more detail, both in individuals who, long after the time of infection, remain healthy with a high number of CD4 cells and those who remain healthy with a low number of CD4 cells. It may be that genetic factors play a role, and it may also be the virulence of the strain, but, of course, we all hope to find risk factors which are modifiable.

FIGURE 4

Countries Where Injection Drug Users (and HIV*) are Found



CONCLUSIONS AND FUTURE DIRECTIONS

Finally, a few general comments on the epidemiology of HIV/AIDS. We know a lot about the epidemiology of HIV and AIDS and these epidemiological studies have formed the basis for prevention. We should not unnecessarily and indefinitely conduct more epidemiological studies about topics that have been well covered. We should not duplicate existing work and studies. However, we **should** now concentrate on the next stage: the implementation of prevention measures and developing methodologies to evaluate interventions. In addition, epidemiological studies carried out in close collaboration with virologists and immunologists, using new laboratory techniques, will provide us with new insights. Examples have been presented here, such as using the variation of HIV as an epidemiological tool.

Frans van den Boom and Larry Gostin

THE SOCIAL CONSTRUCTION OF AIDS¹⁴²

People live in constructed realities - they make them themselves. Something that is made can be 'un-made', can be changed. That in itself is promising. The changeability of realities should not be overestimated, however. Reality is often more recalcitrant than wanted. The creation of new realities does not happen overnight.

At different levels we have experienced and are experiencing this with AIDS. At a global level, the unequal distribution of wealth is reflected in an unequal access to treatments as well as to preventive efforts. At national levels, the necessary rapid response has been and is often tempered due to a variety of political, moral and legal constraints. Too often responses came, and come, too late. At an individual level, AIDS demands behavioral change. Despite the fact that many people know this, this knowledge is not translated into behavior.

This Conference has emphasized the many barriers - found at an international, national, sectoral, and individual level - that have to be overcome in fighting AIDS. Many of these barriers are the result of a long history and are often very difficult to change. We have come to the realization that many behaviors, regulations and policies cannot be understood without taking the context into account. It is this context that at times dominated this Conference. It became clear that we are not only dealing with the impact of AIDS on society, but as well with the impact society has had and has on AIDS.

THE SOCIAL IMPACT OF PREVENTION

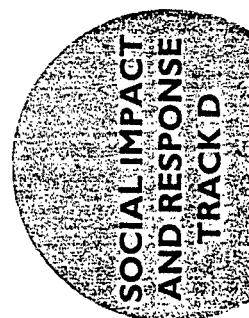
This Conference confirmed that most prevention efforts, whether mass media campaigns or targeted interventions, concentrate on influencing an individual's behavior: their risk behavior, number of partners and use of condoms. Many studies considered primarily how an individual functions in response to the pandemic and is impacted by it, but they do not enable us to understand behavior. Determinants of behavior are to be found in several domains¹⁴³:

- the intrapersonal: self esteem, mastery, goals, AIDS knowledge, mental health;
- the interpersonal: social support, peer behavior, social activities;
- the familial: structure, socio-economic status (SES), instability, child rearing, stress;
- the communal: HIV/AIDS rate, unemployment rate, neighborhood deterioration; and
- the cultural, political and economic domain: cultural and societal norms and beliefs, religious beliefs, sexual norms, power and gender relationships.

THE INTRAPERSONAL DOMAIN:

At the intrapersonal level a variety of variables play a role in risk behavior and behavioral change. Reasons given for not making behavioral changes, despite having correct knowledge, include: forgetting, being unable and unwilling to postpone gratification¹⁴⁴, ridiculing and denying the risk¹⁴⁵, using drugs, such as benzodiazepines¹⁴⁶, and daily alcohol and/or crack use¹⁴⁷. Levels of HIV risk taking are also found to be related to personality traits and mental health, such as denial, hostility¹⁴⁸, suicidal thoughts and behaviors¹⁴⁹, as well as more general mental health characteristics such as ego integration and impulsivity¹⁵⁰, self esteem, level of mastery and self efficacy¹⁵¹. In addition, correct knowledge may be neutralized by incorrect knowledge or perceptions. For example, many women in Botswana correctly identify the ways in which HIV is spread, but also believe that HIV is spread, for example, through casual contact. As a consequence they feel that HIV is transmitted so readily that practicing safer sex is not worthwhile¹⁵².

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(RE)LAPSE:

Given that sexual behavior, its determinants, and behavioral change are so complex, it is not surprising that we witness lapse (temporary reversion) and relapse (sustained reversion) into unsafe behaviors - an issue which received much attention at this Conference¹⁵³. In AIDS, relapse causes surprise and panic, yet in other fields (such as changing drinking, smoking and eating behaviors) educators reckon with a certain percentage of relapse, and when it occurs the phenomenon is accepted as unavoidable and 'normal'. Change in behaviors that are satisfying is not easy. Yet in AIDS the goals set are not quantitative, but qualitative: 100% safe behavior, 100% of the time. From this perspective, it is striking that the data indicate that the majority of gay men sustained changes to their sexual practices¹⁵⁴.

Determinants of lapse and relapse are manifold and, inevitably, include the same intrapersonal, interpersonal, familial, communal, cultural and socio-economic determinants which affect initial behavior and behavioral change. As a consequence, programs aimed at sustaining safer sex should be comprehensive, including, for example: methods for coping with loss and grief, dating ethics for gay men, sexual communication and negotiation skills, self esteem, means to increase sexual satisfaction and eroticizing safer sex¹⁵⁵.

CONTEXTUAL ISSUES:

Individuals' sense of identity, self esteem, self efficacy thus seem to be powerful determinants of behavior. However, societal structures can facilitate or impede the maturing of a concept of self and identity. Just as we need to deepen our insights into the psychological determinants of behavior, there is a need to broaden our perspective: AIDS does not happen in a vacuum, but in a given context. Individual behavior is not the result of individual predispositions alone, but depends as well on interactions with others, social settings and circumstances, and power relationships. As with psychological determinants, contextual determinants of behavior are manifold. Some lie in what is perceived as culturally appropriate or culturally normal, some lie in what is perceived as morally and politically righteous. The context can be visualized as a set of concentric circles, the center being the individual. The closest circle is the interpersonal domain, the most distant one the cultural, socio-economic and political domain. Going from the center to the periphery, the level of analysis is increasingly abstract, and the possibilities for effecting change decrease.

One important element of this analysis (from an individual to a societal context) is that it shifts "blame" for HIV acquisition and transmission away from the individual, onto the underlying structures which limit or prohibit choice and decision making. Reorienting our discourse in this way should have a positive impact on the ways in which the epidemic is represented, as well as altering the possibilities for discrimination. The context within which the individual acts may be the major source of the high risk for infection. Fullilove¹⁵⁶ described a range of High Risk Situations which place groups and individuals at particular risk of HIV infection. Such situations may be places, for example prisons; social marginalization and stigmatizations, including racial, gender and power relationships; environments and social circumstances, including war, rapid changes in urban environments and economic migration.

ENVIRONMENTS AND POVERTY:

The profound social disruption caused by economic development was identified as a risk factor for economically-weak-developed societies, wherever they are¹⁵⁷. The common factor of many of these High Risk Situations placing populations at risk is economic migration and concentration around sites of capital investment. Only very recently have we seen a more healthy shift from mega-development projects imposed on communities, to programs which pursue sustainable development in co-operation with communities and aim to keep the level of disruption as low as possible.

On a global level AIDS is identified as an acute problem of developing countries, and in western countries it is increasingly a problem for poorer and disadvantaged populations. Given that power relationships are fundamental to the construction of human life, it is the powerless who are always living their existence in the more dangerous and unhealthy places. These risk places can be mapped and we know that such conditions place people at risk for HIV disease¹⁵⁸. The contexts influencing behavior in key sub-populations or communities received particular attention.

HOMOSEXUALITY AND BISEXUALITY:

In too many countries homosexuality is illegal, and in too many communities taboos remain on homosexuality and, to an even greater extent, on bisexuality. This obstructs a normal and healthy coming out, and impedes the development of a positive gay identity. Several studies confirmed the important link between a positive gay identity and the adoption of HIV risk reducing strategies¹⁵⁹. In addition, many studies showed that men with bisexual behavior, who identify as gay or bisexual, have significantly higher rates of safer sex than men with the same behavior who do not so identify¹⁶⁰. There is, therefore, an urgent need to strengthen homosexual and bisexual identities and communities. Yet, for example in countries with harsh and repressive anti-homosexual legislation, prevention initiatives are complex and need to address sexual behavior but avoid discussing homosexuality where people do not identify as gay or bisexual because of fear¹⁶¹.

Similar issues were identified for women who identify as lesbian and engage in behavior which is stigmatized in their community, such as sex with men¹⁶². In these examples, the fluidity and complexity of sexual desire is not recognized by societies and communities, the reality of people's lives is not acknowledged, and so neither information nor prevention technologies (e.g. condoms) is available. As a consequence, a high risk situation facilitating the transmission of HIV may be created.

STREET CHILDREN:

The discussion of interventions for street youth showed that an emotional and material structure was a necessary basis from which behavioral change could develop. Behavior changes occurred as street youth developed a sense of self concept and gender identity, self esteem, security, safety, and negotiating skills, as well as accessed housing, food, love and respect. While the psychological needs of street youth must be addressed, so too must the practical resources they lack, in particular, housing and food. It is important to define the relationships between sex and meeting practical needs; for many street children survival sex has become the norm.

Remarkable results have been shown: completely separated street youth stopped using drugs and left prostitution and/or survival sex, and became educators for the people who could not yet make that step. The basis for these successful programs was relationships formed through outreach help, a non-judgmental attitude and respect¹⁶³. In addition, studies described similar effects with Commercial Sex Workers who have been trained as community-based health workers. A key element of their capacity to mobilize their peers has been raising their own self esteem¹⁶⁴. There are important differences between Commercial Sex Work (a chosen form of employment), Survival Sex (sex for basic necessities), and mutually voluntary sex: these will demand different approaches to HIV prevention initiatives.

WOMEN:

The interpersonal dynamics between the sexes, and the extent to which women's sexual interactions are voluntary, commercial or for survival, is often dependent on wider societal contexts. As Wyatt¹⁶⁵ put it: "We have to consider the socio-cultural context as a possible risk context in which people exist and have to survive". For women in many societies this implies economic dependence, as well as the underlying power structures by which women are denied the same rights as men. Such structures are identified as a major factor facilitating HIV acquisition by women. These common threads ran through the descriptions of ways in which, throughout the world, women are oppressed, abused, and dominated. It was clearly presented that where a woman is subject to domestic violence, or does not have the possibilities to negotiate for her basic needs, encouraging her to negotiate safer sex is unrealistic.

Underlying power relations are not only important for the individual sexual interaction, but are, of course, fundamental to the position of women in society. Women may have lower levels of literacy, which influences the methods for prevention activity, and are often less educated than men with poor knowledge of anatomy and sexual practices¹⁶⁶. Anal intercourse as a heterosexual practice is often insufficiently addressed, and yet there are important cultural (as well as pleasure) reasons for engaging in this practice, such as, to maintain virginity and to avoid conception¹⁶⁷.

Cultural values concerning marriage and child-bearing and the consequent effects both on HIV transmission and on attitudes to HIV-infected women are also important. Where a high value is placed on child-bearing, either by the individual woman or by community norms, irrespective of the known risk, women may not adopt safer sex

because of its contraceptive quality. There were also reports of women rendered destitute when widowed to AIDS, or because their own HIV status is presumed to mitigate against motherhood, so that they are divorced or seen as not suitable for marriage¹⁶⁸.

The need for women to maintain their child-bearing capacity whilst avoiding HIV was one reason underlying calls for the development of an effective virucide. More fundamental to this demand, and in the light of discussions of power and gender relations, is the need to develop a prevention technology which is controlled by women. Developments with the Vaginal Pouch ("Female Condom") were discussed¹⁶⁹. It was found to be technically efficient against HIV transmission, have varied levels of acceptability and require co-operation from men for its effective use. However, it is an important step forward in diversifying prevention technologies.

There is an urgent need to develop and make available effective barriers that are under the control of women. Yet this can be only a very short-term, and partial solution to the complex problems faced by women. Ultimately an effective strategy against AIDS depends upon disrupting long established cultural norms, changing traditional role patterns and overcoming the subordination of women.

HETEROSEXUAL MEN:

Whereas women are often the focus of prevention efforts, their problems often lie with the men they are having sex with - who tend not to be the focus of prevention efforts. Women are perceived as more approachable and have a history of taking responsibility for contraception and family planning, while heterosexual men are the most difficult group to convince that they also have to accept responsibility for their own and for others' lives. Magic Johnson's announcement that he is seropositive has had a greater impact on black and hispanic females than on black and hispanic men¹⁷⁰.

Despite scheduling a Session on Changing Male Heterosexual Attitudes and Behavior¹⁷¹, the small number of abstracts submitted describing efforts to change the sexual behavior of heterosexual men was striking. Those presented described how male domination obstructed preventive efforts¹⁷², and called attention to such traditionally encouraged phenomena as polygamy and extramarital sex, wife sharing among agemates and wife inheritance¹⁷³. While many of these abstracts came from Africa, it would be unjust and unjustified to limit such an analysis to non western cultures. Such gender and power relationships, cultural beliefs and norms are found throughout the world, and consistently impede effective health education and HIV prevention.

No conclusions were reached on how to change the attitudes and behavior of heterosexual men. An intensification of efforts to do so is urgently needed, and there were calls for the rapid development and implementation of programs.

The need for programs addressing prisoners, drug users and school children has been previously emphasized. The presentations at this Conference showed that moralism often overrules the realism of pragmatic approaches which are known to work.

PRISONS:

Reports once again confirmed that unsafe sexual and drug using behaviors are common in prisons¹⁷⁴. However, within prisons social norms frustrate prevention and create High Risk Situations. The facts of risk behavior may be officially denied, and inmates depend upon the justice system for their health care and prevention technologies. In most penal institutions condoms, lubricants and clean injecting equipment or bleach are not provided. WHO has made wide-ranging recommendations which gain universal support by Public Health workers. Yet, in the main, they have not been adopted¹⁷⁵. The constraints of politics and mainstream denial continue to prevent the implementation of pragmatic programs.

DRUG USE:

This same tension between Justice and Public Health, between a realist and a moralist approach, is seen with drug policies. Denial and political interference often prevent harm minimization programs for drug users.

European countries with a less repressive attitude towards drug use were among the first to create harm minimization programs, most notably needle and syringe exchanges¹⁷⁶, and most European countries have now instigated HIV prevention programs for IDUs¹⁷⁷. Even with the hindrance of a repressive political and legal climate,

these programs can be successful and contribute to risk reduction¹⁷⁸ and needle and syringe exchanges have been proven to be successful in reducing HIV incidence¹⁷⁹.

SCHOOL-BASED EDUCATION:

Approximately 50% of 15 year old adolescents have had sexual intercourse, and the prevalence of risk behaviors is high. In some countries the epidemic is already widespread in adolescents, for example, 44% of new cases in Tanzania are among 15-29 year olds¹⁸⁰. Teachers may not always be the best role models for young people, nor is school always the best place for discussions about sexuality, relationships and HIV prevention¹⁸¹. However, a wide range of presenters underlined the important function of school-based sex education.

Effective sex education in schools maximizes the fit between AIDS education goals, AIDS education material and the school curriculum. It has a participatory and interactive style, is characterized by openness towards sexuality and encourages the development of negotiating and communication skills as well as giving information¹⁸². It should also be culturally sensitive and address issues in a way young people understand and are willing to discuss with their friends.

Community support proved to be important for successful programs. This includes sensitizing the school board, local authorities and teachers, good training programs for teachers and organizing parental support¹⁸³. It was confirmed that educating young people about sex does not lead to a rise in sexual activity in this group¹⁸⁴. However, too often the implementation of such programs in schools is frustrated as moralism, instead of realism, prevails.

METHODOLOGIES FOR RESEARCH

By changing our perspective on psychological, social, economic, and power determinants of risk-taking we can contribute to the improvement of HIV prevention. A frequent complaint from frontline workers is that many research efforts may be of interest from a scientific point of view, but do not contribute to program development. Research in sexual behavior should - more than hitherto - result in instruments that can be applied by those working in the field¹⁸⁵. One feature of much AIDS-related sex research is that it tends to assume discrete homo- or heterosexual practice. In particular, very few researchers addressing self-identified heterosexual men ask about sexual behavior with other men¹⁸⁶.

KNOWLEDGE, ATTITUDES AND BEHAVIOR:

It is self-evident that we have to understand behavior in order to change it. In the area of sexuality, research has been too narrow, with its focus on the risky aspects of sexual intercourse. This is most evident in the more than 50 surveys on knowledge, attitude and behavior (KAB) presented at this Conference. A consistent finding is that education and information campaigns generally result in high levels of adequate knowledge of HIV transmission, but that attitudes and intentions are often not translated into behavior¹⁸⁷. Notwithstanding that KAB studies are useful in the process of identifying gaps in knowledge and mixes of both correct and incorrect knowledge¹⁸⁸, and provide necessary information for planning and developing individual prevention and education programs¹⁸⁹, we must move beyond such research.

SELF REPORT:

Another worrying development - this time not because of stagnation, but because of the underlying ideology - is the mistrust of self reported data. Self Reports of stigmatized behavior (i.e. sex and drugs use) are said to be unreliable. Much attention was focused on Kaplan's evaluation of the needle exchange program in New Haven¹⁹⁰. This developed a special design for charting the course of needles through networks of IDUs instead of relying on self reports, as it is claimed that respondents tend towards giving socially desirable responses. However, Gagnon¹⁹¹ pointed out that self reports of sexual behavior are reliable, and that their reliability increases with time after the event. Moreover, it was identified that the selection and training of interviewers significantly influences the extent and reliability of information revealed¹⁹².

SEX RESEARCH:

Whilst mentioning that national sexological surveys tend to be methodologically sound, Gagnon¹⁹³ pointed out that the status and origin of much sexological data are unknown and that the sex research agenda must be broadened. It is necessary to address the complex range of beliefs and discourse, including the contexts, the meaning of sex, of relationships, basic feelings of trust, loyalty, intimacy and the pleasures, fantasies, desires and

lust connected with sex, as well as the incidence and role of sexual activities which do not carry a risk of HIV infection. Moreover, we must explore the complex theoretical question of the context and psychodynamics of sexual interactions as they are played out between two or more individuals¹⁹⁴.

EVALUATION OF PROGRAMS:

As well as giving insufficient information on behavioral determinants, much research is not as relevant to interventions as it could be. In addition, small scale initiatives are rarely evaluated - and in many cases the evaluation is much more expensive than the program itself. Their status therefore stays a pilot status, while there is a need for a worked out methodology and theoretical framework for diffusion of knowledge and social change. An impulse to a structured analysis of programs is given by a WHO study, where 15 programs in 13 different countries have been evaluated. However, it remains unclear what indicators for success have been used here. For developing countries there is a dilemma: whether or not to spend (as in Switzerland¹⁹⁵) up to 10% of the limited budget on evaluation, given that prevention campaigns are culture and country specific, and so the results of evaluation elsewhere cannot be directly transferred.

SOCIAL IMPACT ON CARE - PSYCHOSOCIAL ISSUES

PSYCHIATRIC CARE:

While by no means perfect, there is more realism than moralism in the provision of care to those who are HIV-infected. In addition to medical care, counseling services, psychological and psychiatric care are needed to help people who are HIV infected manage their illness. During the course of illness, many people suffer from severe psychological and psychiatric complications. The occurrence of psychiatric complications not only depends on the presence of HIV infection, but also on personality characteristics such as coping and resilience, premorbid psychiatric history, and availability of social support resources¹⁹⁶.

AIDS DEFINITION:

For women, an additional psychological factor may be related to the inadequate AIDS definition. From a clinical perspective, women suffer if they do not receive adequate prophylaxis and treatment when symptoms related to their HIV infection are not recognized as such. From a psychosocial perspective the impact may be equally devastating: no access to social services or welfare benefits and the psychological distress of not having severe disease treated seriously¹⁹⁷.

COUNSELING:

The period surrounding the time of diagnosis seems to be the most stressful moment. Extensive pre- and post-test counseling seems to have a positive effect on the psychological adaptation to being HIV-infected¹⁹⁸. The few papers that were presented indicate that group interventions and group support are highly effective¹⁹⁹. However, services should be made available in all phases of the disease.

PSYCHOSEXUAL ISSUES:

One of the life areas that is essential to quality of life, but not studied well in the context of AIDS, is the area of sexuality. Sexual problems occur in a majority of people with HIV: impotence, abstinence, and anxiety are common²⁰⁰. These problems need to be addressed, including in Quality of Life studies. Any relationship with (re)lapse should also be studied.

LONG TERM SURVIVAL:

Twelve years after infection 31-40% of people living with HIV have not developed AIDS²⁰¹. The issues of long term survival should be studied more intensively and research has to be multidisciplinary. In addition to different viral strains, genetic vulnerability, co-factors, and possibly mode of infection, coping strategies, social support and healthy lifestyles may contribute independently to longer survival time.

COMMUNITY CARE:

A prolonged survival time will increase the importance of community care. Care will become more complex than it already is, especially because the disease and its manifestations will become increasingly complex. Community care disciplines have to prepare for this, and good consultative relations have to be set up between outpatient and inpatient services.

ACCESS TO CARE:

There are many problems concerning access to care. Since drug use is criminalized, methadone treatment is often not provided. Poor people have less access to care; women have less access to clinical trials²⁰². This possibility, for all populations to participate in clinical trials is not sufficiently valued as contributing to the Quality of Life. A new development this year was input by patient advocates into the Basic Science Research agenda²⁰³, as well as continued demands on the focus of Clinical Research. Given the centrality of the medical condition to the lives of people with HIV and AIDS, it is natural that they insist science addresses their needs.

IMPACT ON FAMILIES AND PARTNERS:

AIDS not only affects the individual, but also his or her immediate social environment, traditional core family, family of origin, or the chosen family: partner, friends, and selected family members. At all stages of HIV infection or AIDS, and especially during the later phases of disease, HIV/AIDS becomes the central reality around which other family activities circle. Everyone's life becomes dominated by the disease. There is increasing mutual dependency, and narrowing down of relationships outside the social orbit. The extent of the burden of care, is frequently only felt after the person's death, which explains why the death, in addition to sorrow and grief, in many cases creates relief²⁰⁴.

Emotional and physical health complaints occur quite frequently after the death of the patient. In approximately 20% of the cases the complaints are so serious that together they lead to a depressive episode. Such an episode is seen more often in partners than in other carers²⁰⁵.

MULTIPLE LOSS:

Ten years into the epidemic, this Conference gave high attention to the phenomenon of multiple loss. As the epidemic continues to devastate gay and bisexual men's communities in the United States, the ability of these men to take effective action against infection reduces. Rofes powerfully described the hopelessness of gay men in San Francisco as they watch their community die. The motivating fear and panic of the mid-80s is replaced in 1992 by the exhaustion of multiple and incessant loss²⁰⁶. In all communities, the data indicate no levelling off in emotional response. On the contrary, there seems to be a cumulative effect.²⁰⁷ It was found to be essential to allow time to grieve²⁰⁸.

ECONOMIC IMPACT

In low income countries, and in the absence of health insurance schemes, AIDS drains financial resources. The disruption in the African family is felt as strongly and may be felt even more strongly at the level of material need than in the emotional, psychological, and spiritual dimensions of family life²⁰⁹. Some families invest deeply on behalf of infected persons to the extent of selling such property as land, animals, and personal items in order to meet medical expenses. No resources are then left to care for orphaned children, and even worse the remaining family is impoverished.

In some cases we already see a reversal take place: knowing that AIDS is a terminal illness, some families reason that financial resources should be spent to meet the needs of those who will survive. This is harsh and bitter, but it is already reality²¹⁰.

HOSPITAL COSTS:

Much work has been presented about the cost at a sectoral level, especially on hospital costs. Sophisticated monitoring systems have been set up, so that we have a good idea of the number of days in hospital per year. This number is decreasing rapidly, to somewhere between 12 and 20 days per year. In developed countries, the cost of hospital care ranges from \$18,000 to \$30,000 per person per year²¹¹.

OUTPATIENT & HOME CARE:

Less data are available on outpatient care. The few studies presented indicate that outpatient care is cost-effective and preferred by patients²¹². Another reason to prefer outpatient care is related to TB - hospitals may become a more dangerous place for people with HIV as the prevalence of TB increases²¹³.

However, even if community care is cost-effective, substitution of care can never become an end in itself. One study²¹⁴ showed a significantly shorter survival time for people who were taken care of at home. A clear cause was not found, but the authors assume that it is related to the quality and availability of care and support.

HEALTH CARE EXPENDITURES:

TABLE 1

	<u>U.S.</u>		<u>SSA</u>	
Treatment Cost per annum	\$32,000		\$393	
<u>(Tarantola, 1992)</u>				
	<u>Zaire</u>		<u>Tanzania</u>	
	Low	High	Low	High
Direct Costs	\$132	\$1,585	\$104	\$631
<u>(Over, 1992)</u>				

The expenditures for health care in the developing world are much lower. Data showed that the yearly cost of treating a PWA ranged from \$32,000 in the United States to \$393 in sub-Saharan Africa²¹⁵. Equally important, and indicative of access to care, is that there is a wide range in money spent - with a range between \$132 and \$1,585 in Zaire, and a range from \$104 to \$631 in Tanzania²¹⁶. The low and high estimates differed primarily by the social class of the HIV infected individual, with the rural, primary educated AIDS patient consuming fewer medical resources.

TABLE 2

Burden on Total Health and Public Health Care Expenditures

	Health Care	Public Health
Zimbabwe	3.1%	26.5%
Kenya	3.8%	23.0%
Malawi	11.0%	35.3%
Tanzania	22.5%	40.6%
Rwanda	30.8%	63.5%
(Over, 1992)		

Expenditures for AIDS care are a very heavy burden for the health care system in Africa. In Rwanda AIDS already consumes 65.5% of all Public Health and 30.8% of total health care expenditures; in Zimbabwe this is 26.5% and 3.1% respectively²¹⁷.

MACRO-ECONOMIC IMPACT:

On a global level AIDS is identified as an acute problem of developing countries. In western countries, at national level, AIDS is increasingly a problem for poorer and disadvantaged populations. Sometimes these two different lines of analysis are confused and seen as interchangeable, leading to the conception that AIDS most affects the poor in African countries. On a macro-economic level, the impact of AIDS depends on the contribution that people living with, or who died because of, AIDS could have contributed to production, consumption, and investment. If the poorest are most affected by AIDS in African countries, the net result of the AIDS epidemic might then be an increase in per capita income - an effect similar to that caused by the bubonic plague in 15 century Europe, which affected the poorest in society and consequently resulted in an increase in income per capita.

Many presenters here stressed that AIDS is disproportionately affecting the better educated classes in Africa. Better educated workers reported more casual sex partners than lower income classes²¹⁸. The most powerful determinant of a woman's HIV status is the monthly income of the husband - her odds of being infected are twice as high if he has a higher income than if he has a lower one, after controlling for the women's sexual behavior and past history of STDs²¹⁹. This relationship between higher Socio-Economic Status and HIV infection, the opposite of the relationship seen in developed countries, will disproportionately affect economic growth figures. The World Bank foresees a reduction of about a third to half a percentage point per year as the net effect of the AIDS epidemic on the per capita GDP growth in the ten countries with the most advanced epidemics. The potential positive effects of reduced population growth are offset by the features of AIDS²²⁰.

The macro-economic threat of AIDS reinforces the need not only for international cooperation, but also for financial solidarity. Worldwide there is an inverse relationship between the number of AIDS cases and economic welfare. Although more than half of global AIDS cases are in Africa, only 1.5-2% of money for direct care is spent there. Funds for prevention are even more unbalanced²²¹.

HUMAN RIGHTS:

Human Rights was a pervasive issue at the Conference. Alongside the sessions formally addressing these concerns, presentations and discussions throughout the meeting often involved human rights implicitly. For example, those dealing with improving education, counseling, access to care and treatment, and the protection of people who are vulnerable to HIV infection (and to human rights abuses), or made more vulnerable to abuses when they are infected. These concerns are central to the promotion and protection of human rights.

Formal presentations²²² showed that in many liberal democracies, progress has been made which helps people with HIV/AIDS to enjoy and exercise their rights like everyone else in these societies. These successes show that human rights can be promoted and protected, while at the same time promoting safe behavior and protecting people infected with HIV. They include: activism and education efforts directed at sex workers in Australia²²³; actively pursuing abuses in the courts in Brazil to establish jurisprudence and precedents that will help prevent human rights abuses²²⁴; the application of legal protections to children in Italy²²⁵; educating nurses about HIV/AIDS in Trinidad and Tobago²²⁶ and establishing a special office as part of the National AIDS Program in Venezuela²²⁷.

Such successes were counter-balanced by failures to improve the respect for human rights of people with HIV/AIDS. Indeed, many abuses continue to occur. Examples include travel restrictions in the US²²⁸, the execution of HIV infected sex workers returning to Myanmar²²⁹ and of infected gay men in Mexico, degrading treatment, unavailability of treatment²³⁰, isolation and quarantine, discrimination²³¹ and deprivation in housing, schooling, work and travel. For the first time, the human rights of drug users were addressed and require urgent ongoing attention²³². Whilst it is important to review the political, social and organizational factors that made positive developments possible in some countries, we must remain alert to the fact that they may not be available in third world nations now facing a rising tide of AIDS cases.

TUBERCULOSIS:

Tuberculosis emerged as a key issue at this Conference. The epidemiological linkage of HIV and TB raises critical public policy and human rights issues since the strategies for dealing with AIDS and TB are fundamentally different. HIV/AIDS prevention and control strategies are fundamentally voluntaristic, stressing education, behavior change and consented testing. In the case of TB, the legacy of control is compulsory, often involving routine unconsented screening, mandatory treatment, and isolation during the infectious period. The differences between these two approaches are in large measure rooted in very different modes and risks of transmission. The joining of the two

epidemics raises the possibility that efforts to control TB will result in the subversion of the voluntary AIDS strategy. The discussions at the Conference underscored that these issues will require careful analysis, an analysis which is cognizant of the imperatives of Public Health and the value of human rights²³³.

VACCINE:

As vaccine research advances, a number of important new human rights concerns are being identified. African countries are being identified as sites for trials of candidate vaccines, yet it remains unclear how informed consent for these trials will be acquired: is the agreement of a communal leader sufficient, as some anthropologists suggest, or should the same ethical standards (of individual consent) normative in western societies pertain? Will the sponsors of such trials be required to guarantee the host nation access to whatever vaccine is developed as a result of the trial?²³⁴

CULTURAL SENSITIVITY:

There are tensions between our commitments to human rights and granting each and every culture the respect that seems the *sine qua non* for cooperative efforts²³⁵. Sometimes cultural barriers to behavioral change have to be overthrown in the greater interest of Public Health, and yet the line between respecting human rights and cultural imperialism is unclear. Many political systems do not respect the rights of women, gay people, ethnic minorities, and drug users - to name only a few vulnerable populations. It is interesting that international efforts have been mobilized against national travel and immigration restrictions, yet no such international co-operation is seen against other national policies which may be yet more obstructive of HIV prevention efforts, such as legal instruments against homosexuality, commercial sex work, or which maintain women's economic dependence on men.

CONCLUDING REMARKS

At the same time as this Summary explores the impact of Society on AIDS, it is also important to consider the impact Social Issues had on this AIDS Conference. All Tracks had some focus on social issues - an AIDS activist challenged the Basic Science Research agenda, counseling and other care issues were scheduled in Track B, and Epidemiology explored ethical dimensions of this discipline, as well as many social dimensions of the scale of the pandemic and efforts to curb its spread.

In his summary, Joep Lange referred to the presence of activists as contributing to the open exchange of information. (See Figures 1 and 2.)

As well as their traditional role in challenging industry and demonstrating, activists were involved in dialogue with researchers and policy makers in several sessions of all Tracks, as were people with HIV/AIDS. All Track Co-Chairs explicitly thanked and recognized the contribution of people living with HIV at the Conference.

In summarizing the Social Impact and Response addressed at the Conference, we find that there were in fact three conferences: the Formal conference, the Media conference and the Networking conference. The Formal conference, with some 8,000 abstracts and 250 Sessions, is described in the Abstract Volumes and is the official exchange of information, yet the other two conferences, which again address all 4 Tracks, have a major social impact. Most delegates returned home to face questions about media reports, such as non-HIV AIDS and its "new" virus; the major conclusions of the media may well have concerned issues they were unaware of. The Networking conference is a major forum for the unofficial exchange of information, where delegates gain information of sessions they missed, discuss issues that arose in the Formal conference, and exchange detailed information about experiences and approaches in their own fields.

One of the main features of attending an International Conference is that it enables delegates to place their activities and perceptions within a global context. The global inequities were strikingly described at the Conference with discussion about how to bring a fourth antiretroviral drug to the United States and Europe, while there is no money for the most basic antibiotics in developing countries. We talked about setting up a structure of test sites for phase III vaccine trials, without fully taking account of how to meet the social and ethical requirements before such a trial can begin. On their own, the economic differences between North and South are striking enough without the great disparities of HIV incidence and prevalence. These inequities also occur among different sub-populations or communities within regions and within countries.

Wherever they are, the poor and the powerless are most vulnerable to HIV infection, and to abuses of their dignity and rights, due to political, ideological, social and economic forces.

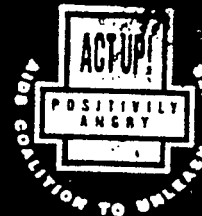
Political, ideological, social and economic forces increase the vulnerability of women to this pandemic. Yet the seemingly insoluble issues of women's oppression, were balanced here by the inspiration of women from around the world organizing with a new and strong voice. From statements at the Opening Ceremony, through the 22 formal sessions addressing women-specific issues, to the closing words of an HIV+ woman, the impact of the epidemic on women, and HIV+ women themselves, was very visible. More than any previous International AIDS Conference, HIV/AIDS was seen to be also a women's issue.

In addressing women's needs there is a tension between the need to focus on long term societal change, and the need to develop short term protective measures. For example, a woman who is economically dependent on a man and subject to sex against her will has limited opportunities to "demand" that men wear condoms, making women-controlled prevention technologies, such as virucides, a necessity. Short-term approaches like these could be said to maintain the *status quo* by not challenging it, and so keep underlying oppression and inequality intact. These tensions are not only applicable to women but also to most underprivileged, stigmatized and marginalized populations. While policy makers struggle to keep the balance between short, middle and long term agendas, overcoming oppression and marginalization must become the main long-term goal of Public Health. For it is the poor and the powerless who are always living their existence in the more dangerous and unhealthy places.

FIGURE 1

!!UNFAIR!!

DON'T LET **ASTRA**[®]
PHARMACEUTICALS
BLIND YOU TO THE
TRUTH ABOUT
FOSCAVIR



U.S. PATIENTS WHO NEED

FOSCAVIR CAN GET IT

\$ 21,000

PEOPLE HAVE BEEN DENIED THIS DRUG THAT HELPS
SAVE THE SIGHT OF PEOPLE WITH AIDS WHO HAVE
CMV RETINITIS.

FIND OUT THE TRUTH.

CUT THROUGH ASTRA'S RHETORIC.

VISIT ACT UP'S BOOTH

RAI CENTRE EXHIBIT BOOTH

ASTRA[®] IS UNFAIR TO PWA'S
PHARMACEUTICALS

FIGURE 2

!!UNFAIR!!

DON'T LET **ACT UP**
BLIND YOU TO THE
TRUTH ABOUT
FOSCAVIR

U.S. PATIENTS WHO NEED

FOSCAVIR CAN GET IT

FREE

NO ONE HAS BEEN DENIED THIS DRUG THAT HELPS
SAVE THE SIGHT OF PEOPLE WITH AIDS WHO HAVE
CMV RETINITIS.

ALL PUBLIC HEALTH PROGRAMS IN THE U.S. ARE
ELIGIBLE FOR DEEP DISCOUNTS ON FOSCAVIR AND
ALL ASTRA DRUGS.

FIND OUT THE TRUTH.

CUT THROUGH ACT UP'S RHETORIC.

VISIT THE ASTRA BOOTH.

RAI CENTRE EXHIBIT BOOTH #611-613

ACT UP

IS UNFAIR TO

ASTRA
PHARMACEUTICALS

Conference Track Co-Chairs

BASIC SCIENCE

To what extent is the virus phenotype which can be isolated in the acute phase predictive of the course of disease?

Does the complexity of the virus population decrease during the disease process? Is this due to the effects of therapy or to disease progression?

What factors (viral, host, cells/tissues, immunity) contribute significantly to

- virus clearance from the blood following acute infection,
- the persistence and (usually) long duration of clinical latency?

Is the efficacy of therapeutic intervention dependent on factors determining the pathogenesis?

Is the efficacy of vaccines, used either pre- or post-exposure, dependent on the spreading - on population level - of certain HIV phenotypes?

What is the mechanism of CD4 cell decline and functional impairment by HIV-1 infection? To what extent is it multi-factorial?

What is the mechanism of difference in virus virulence? To what extent is it due to conformational changes, both at the CD4 cell receptor site and at the virus envelope, yielding a particular phenotype? Is susceptibility of the virus envelope to host cell protease, cleavage or sole binding linked to virus phenotype?

How does clearance of cell free and cell associated HIV-1 from the blood, and/or the sequestration in lymphoid organs of the virus, occur? What is the role of humoral responses, T cell responses, and soluble and genetic host factors?

How does the asymptomatic (low viremic) stage persist? What factors influence long term survival?

Are neutralizing antibodies, in particular V3 binding antibodies, clonally restricted during infection? Is this due to an inherent effect on the B cells in general?

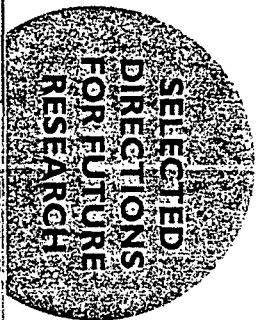
Why do HIV-1 infected chimpanzees remain so healthy over time? How is this relevant HIV-1 infected humans?

Are pig-tailed macaques a good model for vaccines, and are these animals infectible by the most frequent spreading HIV-1 phenotypes?

Which model (chimeric viruses between SIV and HIV-1, or pig-tailed macaques) is the most suitable for vaccine evaluation, and which is most suitable for exploring disease development?

What kind of antigenic virus variants occur during the epidemic? What kind of antigenic variants occur in different locales in the world, such as Africa, the new epidemic in Asia, as well as the epidemic in South America?

Is antigenic variation in any way linked to biological variation?



Are the same antigens, and the same kind of antigens, useful for post-exposure and pre-exposure vaccination?

What is a good antigen (native, toptotype, phenotype) for post-exposure and pre-exposure vaccination?

What is an appropriate adjuvation (Alum, MDP, Iscom) for post-exposure and pre-exposure vaccination?

What is the selection criterium for entry and efficacy of post-exposure vaccine studies? Are factors such as kind of viruses in circulation, virus load, CD4 number, immune function and immune responsiveness of these individuals of relevance for success?

Are there other criteria for success in post-exposure vaccine trials, other than hampering disease progression?

What is the efficacy of combination therapies attacking one particular area, e.g. Reverse Transcriptase?

How do we develop standardized infectivity assays, using as inoculum primary isolates (or primary cells infected with primary isolates) and primary cells, such as T cells versus monocytes and macrophages as targets? Can we develop a common model, or an *in vitro* system, to let us move away from laboratory virus strains, and only T cell lines as targets in all laboratory studies?

CLINICAL CARE AND SCIENCE

How can we optimally deliver prophylactic or therapeutic agents to populations co-infected with HIV and MTb, worldwide?

What regimens are optimal for TB prophylaxis and treatment?

How can we rapidly recognize multi-drug resistant TB?

How will we treat MDR TB? (It has been stressed by numerous speakers that the state of the biology and pharmacology of TB must wake from its decades of dormancy and join the molecular age.)

What multi-drug regimens are effective against *Mycobacterium avium*?

Can we identify a combined prophylaxis against PCP and Toxoplasmosis, and possibly other infections as well?

To what extent do CMV neutralizing antibodies slow the progression of CMV?

What regimens are optimal for treatment of gynecological conditions in HIV+ women?

In the area of clinical retrovirology, research should be directed towards:

Developing new agents aimed at different targets in the HIV replicative cycle, including protease, integrase and regulatory proteins.

Evaluating combinations of antiretrovirals in carefully controlled clinical trials, including agents that act at different viral sites and those that act at the same site (convergent combination therapy).

Exploring immune based therapies, including vaccine-based approaches, either as single agents or in combination with antiretrovirals.

Elucidating the importance of antiviral resistance and viral phenotypic variation in disease progression.

Determining the most appropriate time in the course of HIV infection for antiretroviral or immune based intervention.

Establishing an infrastructure for prophylactic vaccine efficacy trials at the same time pilot trials are conducted to develop the most promising vaccination regimen.

Clarifying the significance, frequency and etiology of HIV-negative CD4 T-lymphocyte depletion syndromes.

EPIDEMIOLOGY

Can genotype analysis of HIVs provide more epidemiologic data on the geographic spread, type of transmission and time of infection?

Are infants borne to HIV positive mothers that are not infected with the virus, susceptible to subsequent infection? i.e. does perinatal exposure confer some type of protection?

Why do perinatal transmission rates of HIV vary by geographic location? What co-factors are involved in this variation?

Why does HIV-2 appear to have such a different rate of perinatal transmission?

What types of anti-viral therapy can be developed for decreasing viral load in HIV positive pregnant women?

Can we develop methods to decrease HIV virus in breastmilk?

Can we design new types of medical instruments and blood drawing devices that will decrease the risk of HIV transmission in health care settings? What types of standardized safety procedures can be employed?

What are the virus and host mechanisms responsible for the difference in the natural history of HIV-2 versus HIV-1?

What is the natural history of HIV in women? Are gynecologic manifestations important in the pathogenesis of AIDS in women?

What prevention strategies can be devised for women at high risk for HIV infection?

What are the mechanisms involved in the HIV and TB interaction? How can we protect HIV infected individuals from TB infection?

What are the most relevant ways forward to design studies for the prevention of perinatal HIV transmission when a woman decides to take her pregnancy to term?

What is the efficacy of STD control interventions? What proportion of HIV infections can really be prevented through STD control?

To what extent are blood transfusions over-used as a therapy, both in developing and industrialized countries?

What are the determinants of long term survival: in individuals who (long after the time of infection) remain healthy with a high number of CD4 cells and those who remain healthy with a low number of CD4 cells? Are there risk factors which are modifiable?

What are the most effective methodologies for evaluating prevention initiatives?

How can epidemiological studies best be carried out in close collaboration with virologists and immunologists?

What laboratory techniques will provide us with new insights?

SOCIAL IMPACT AND RESPONSE

How can we gain a better understanding of the complexities of sexual identity, behavior and desire? To what extent does this understanding enable us to develop effective interventions for behavioral change?

How do individual legitimization strategies and interactional skills influence safer or risky sexual behavior?

What is the relationship between SES, patterns of sexual behavior and consequent vulnerability to HIV infection?

To what extent will multidisciplinary co-operation advance understanding of sexual behavior and its determinants?

What interventions produce and sustain safer behaviors, especially in populations with a reputation of resistance to change, such as heterosexual men?

How can we implement methods to evaluate the prevention efforts which, intuitively, we know work?

Which counseling approaches work, and why do they work?

How can prospective studies explore the factors which determine psychological and psychiatric disorders, as well as the interventions which might be effective?

What kind of psychosexual problems do people with HIV/AIDS experience? To what extent can Quality of Life studies consistently address these issues?

What factors influence the availability and access to care and treatment of HIV infected people? What factors determine compliance and non-compliance with treatment?

What is the social impact of expanded access to treatment? Under what conditions can clinical trials best be executed at a community level?

What are the determinants and effects - in terms of prevention, care and impact on communities - of long term survival? To what extent are psychosocial issues relevant to individual long term survival?

What are the economic effects of mortality and morbidity?

Is substituting home care for hospital care cost-effective, and what quality requirements should be made of home care?

What are the economic impacts of the risk of being exposed to HIV? What are the economic impacts on the risk of being exposed to HIV?

What are the economic impacts of foreign development on the pandemic?

How can systematic studies be developed to document and explore North-South differences in Human Rights?

How can national inequities in Human Rights, and the necessary laws and public policies to overcome them, be thoroughly documented and analyzed?

How can Human Rights be implemented and what will this mean for the execution of intervention studies?

How can the Human Rights abuses of HIV infected travellers, migrants and refugees, as well as cross-boundary prevention requirements, be studied in greater detail?

Anne Petitgirard

The Conference was special and in some ways unique for NGOs for several reasons:

- it was a forum for solidarity among all NGOs, and especially between NGOs in the south and NGOs in the north;
- its preparation included community based organizations at all levels of Conference organization, so that our ethical and humanitarian principles and perspectives were an integral part of the Conference;
- the program was based on a new approach: priority issues and key questions were collected from around the world, and field experience was valued along with more traditional research;
- it was a forum in which many different voices were heard, including from womens' organizations and people with HIV/AIDS: in some cases, groups were represented for the first time (indigenous peoples, injecting drug users, representatives of traditional medicine).
- a major effort was made to increase developing country participation: as a result, the highest percentage ever of developing country people attended the Harvard-Amsterdam Conference (15 percent vs. 10 percent or less for all prior International AIDS Conferences) and at least 600 additional developing country delegates were able to participate. Also, 40 percent of sessions had at least one developing country participant.
- The Conference sought to promote dialogue, discussion and active learning, bringing experts from many different disciplines and geographical regions together in both traditional and innovative new formats (mini-courses, discussants for oral abstract sessions, poster discussion sessions).

Now, three months later, one important question is: "did people obtain sufficient knowledge and generate enough confidence to challenge the status quo, even when that involves a higher level in the hierarchy of their own institutions?" A second vital question is: "did we do enough and learn enough to carry through and improve our work during the year ahead?" A third challenge is for continuity: "on returning home, did we bring back and share new information and experience with our colleagues?"

FROM AMSTERDAM TO BERLIN: CRITICAL ISSUES FACING NGOS:

(1) **Networking:** NGOs have the responsibility to promote and develop their own mission and specificity in principles, yet the challenge is to be collaborative enough to find consensus for action, for maximizing resources and developing collaborative channels.

In the round table format during the Conference, experiences and achievements were shared, yet there was also time for reflection. We can now adapt this approach more fully to our daily work. It is not only a matter of how to inform each other and exchange information, but to establish genuine communication and to deepen our capacity to share reflections about our successes and failures. This can continue from Conference to Conference, through formal and informal networks which continue to help define the international response to HIV/AIDS.

(2) **Empowering:** Will this networking and efforts to coordinate and cooperate among NGOs support conditions in which people and organizations can empower themselves? Empowerment is a very important concept; to empower yourself means to be aware of the problems and to

FUTURE
DIRECTIONS
FOR NGO WORK

get the feeling and confidence that you can have an active part in solving the problems. NGOs can also help catalyze these feelings in the community, particularly among the vulnerable groups. In this way, NGOs can help facilitate the mobilization of individuals and groups for action

(3) Cooperation between NGOs and AIDS Service Organizations (ASOs): What is the impact of AIDS on existing and new organizations? Many ASOs have been created in response to urgent needs for support, education and care in places in which there has been a lack of response by existing official or other institutions.

For many NGOs, AIDS has been a strong stimulus to review their work and consider whether, and in what ways, AIDS work may be considered central to their mission.

ASOs and NGOs which work in any area of AIDS have to define their complementary roles and responsibilities. ASOs are sometimes more appropriate as support groups and NGOs sometimes have access to a more international and even global network. ASOs and NGOs should define a common commitment to advocacy in order to strengthen their impact. As just one example: some NGOs have experience working with refugees and ASOs can give them input on specific AIDS issues and problems.

(4) Community Based Work: It has often been said that NGOs have a huge role to play in HIV/AIDS prevention and care, because they are close to the communities. We have the responsibility to help make community voices heard, and to advocate to ensure that governments allow and accept community expression of their own needs, aspirations, wants and processes of decision-making. We also have the responsibility to question and challenge the policies and programs of institutions and organizations.

We need to challenge donors to ensure that the priorities expressed by communities receive support rather than the priorities which might otherwise be imposed by donor agencies.

NGOs must maintain their work with continued effort targeted to local situations, without being distracted by "fashionable" issues. To do so would be like dealing with the external symptoms of a problem and not with the basic causes which almost always require great dedication and long-term involvement. Sometimes I wonder if most people and organizations just stay on the "well paved roads" and NGOs should have the strength to go on the road less travelled!

NGOs also need to define a code of ethics for their work. Good intentions are not enough. Responsibility, accountability and respect for core values of the community are key issues. Sometimes we assume we know the needs of communities because we may be part of a community-based NGO...sometimes we must ask if we are really helping to respond to real community needs or are we fighting for a "cause" and somehow forgetting people? NGOs have to find ways of communicating which can reinforce their accountability, both within the organization and to the community.

(5) Community Development: We need a new language, new concepts and a new level of understanding about community development. As we work to improve development, do we respect community values and aspirations? How do we manage the tension between broad values like human rights and community or traditional norms? These questions are particularly acute around behavior change, sexuality, and community identity: all issues of central concern in HIV/AIDS work.

(6) AIDS, Health and Human Rights: For the first time, human rights and dignity were major themes in the Conference. It became clear to many that promoting respect for human rights and dignity is vital for effective work against HIV/AIDS. The implications of this important insight have to be developed, including how work on HIV/AIDS prevention and care can link with NGOs working in many aspects of human rights. We must avoid rhetoric and be concrete. More thought is urgently needed in this critical area.

AFTER THE AMSTERDAM CONFERENCE:

NGOs should organize meetings, send materials and in other ways bring the information and experience of the Conference to those at home;

NGOs should ask: "how can we reach out and work more cooperatively with other organizations, institutions and with the community?"

NGOs should consider: are there communities, organizations or individuals who are being ignored or not listened to?

NGOs should review their methods of advocacy towards decision makers;

NGOs should review and if needed challenge their own "status quo" thinking and methods of work.

LOOKING TOWARDS 1993 AND THE BERLIN CONFERENCE:

The international networks of NGOs and ASOs must mobilize to contribute actively in preparing the 1993 Berlin Conference. Let's continue to raise issues and generate discussions on issues which emerged in Amsterdam.

Let's plan now for the best ways to help bring more people from NGOs, ASOs and from developing countries to the 1993 International AIDS Conference.

Let's consider the best ways to transfer the ideas, experience and knowledge to be presented in Berlin back to our communities, our national AIDS programs and our peoples.

Let's prepare the networking to take place during the Conference.

Only by participating and planning ahead can we make the very most of the 1993 Conference.

THANK YOU:

To all the NGO, ASO and community-based organizations who made such a critical contribution to the successes of the Amsterdam Conference, we all owe a debt of gratitude. Thank you to the organizers who reached out to involve and include in meaningful ways the voices from communities around the world. This was a Conference which helped bring us closer together. If we carry forward the messages and spirit of the Conference, back to our daily work, we can build towards the future with hope and confidence. Despite the dangers ahead, solidarity gives us the strength to replace despair with hope, and fear with confidence.

Janherman Veenker

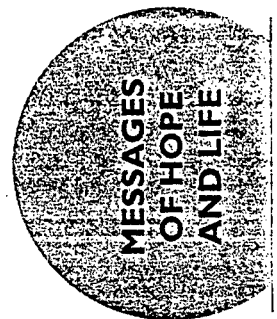
MEMORIAL

Now, at this appropriate moment during the Conference, we reflect on the many, many people who have died of AIDS. I have been asked to speak at this occasion as a man with AIDS - not, however, as a symbol. I am a gay, white man living in one of the richest countries of the world. In no way can or would I pretend to speak on behalf of anyone else. As I said, I strongly refuse to become a symbol. But as a person who shares the goals of this Conference with so many other participants and organizers, I would like to share some of my feelings with you.

When I realized I had AIDS myself, more than anything else I felt I was soon to fail the people I love, the people who in many different ways help to make my life the happy and productive one I continue to live. And, in a wider sense, I felt I would fail the people who expect me to fulfill my political commitments - in the first place towards the emancipation of homosexuality. I wished I could prevent, or at least soften, their pain. Slowly however, I discovered that was beyond my capacities. Now we can share, but when I finally have to let go, those I care about will be left behind. Feelings and experiences will be shared no longer.

I know my reaction is common for someone who becomes aware of a terminal illness. And it reflects in the first place my own fear of having to let go, as I think we all, in the end, will be afraid finally to have to let go. It also reflects the pain and grief I felt when my friends died, and left me behind. And again, this is an experience so many of you share with me, regardless of your own HIV status. Not my health status, but the depth of my relations, the quality of my work and the sincerity of my commitments make me feel included and make my life worthwhile. Which is also what I remember, would wish to always remember, of those who died before me.

Memory can be assisted by many different symbols, which take upon them a little part of what we lost in letting go of so many friends. But essentially symbols are dead as well. I want to remember and honor those who died by living as well as I can. As, for example, I have experienced at numerous occasions during this Conference: in shared commitment, in shared responsibility and in shared dedication.



THE SOUL OF A CITIZEN

But anyone who is alive in the world of the living has some hope; a live dog is better off than a dead lion. Yes, the living know they are going to die, but the dead know nothing. They have no further reward, they are completely forgotten.

Ecclesiastes 9, 4-5

I do not know for how long I have been infected by HIV. I know that it was diagnosed in January, 1989, when I experienced a series of characteristic infections. From that moment on...

Of course I fear death. Not any kind of death, as you can imagine, but a special kind of death. However, I have learned not to fear life. I have learned a lot about life although I know nothing about death, except that I need to learn how to live with it. Life became a cultivation of living things within myself. I cultivated an inner citizen, a citizen with an open heart. I invented my own soul.

Therefore, I believe I have a lot to say. Not to explain professionally what the disease or the epidemic is, but to tell what is the challenge of our time: living with AIDS. I will not be able to describe battles. I hope I can tell how difficult the search for balance is. If I consider the statistics, I have been affected by AIDS for a long time. I do not know how long I have been living with AIDS. Maybe decades. However, the most important thing I have realized is that I am alive! I have felt will with my AIDS and I have suffered. It is a disease. I hope that one day, when death finally comes, by chance or by any infection caused by the virus, nobody says that I was defeated by AIDS. I have succeeded in living with AIDS. AIDS has not defeated me. I am a live dog. I bark and I bite. I am winning. I want more people with me, biting. Life. A rare fruit.

The so-called AIDS epidemic-not by itself but by everything that has been told and created about it-wanted to turn love into a political maneuver and death into an obscene metrics. It wanted to turn our heart into a bodily organ; to stage citizenship as a mortal spirit upon whom it is possible to lower the curtains that isolate the stage of the tragedy as if it were a neutral place in which nothing happens.

The only possible eternity is the interchange of light between each of the human actors who comes on stage: this act of transmission is what we call SOLIDARITY! The rest is only a superstitious discourse about the greed of infinitude. Our scintillation as human beings is our soul as citizens, made with fingers which do not superimpose but entwine; our hands are the mirrors of someone else's hands; our passage through time is the heart that regulates small and fundamental things-since the planet, our planet, which has the exact dimensions of our humanity, beats like a heart.

Life does not win. It happens...

LONG LIVE LIFE!

VIVA A VIDA!

Rio de Janeiro, 1991

*This was submitted by Herbert Daniel to be read at the Closing Ceremony. It was read in Portuguese by his life companion, Claudio Mesquita, and in English by his colleague, Miriam Ventura, of the Grupo Pela VIDDA, Rio de Janeiro.

As I leave from this Conference, returning back to my country Zambia, I am reflecting on the last few days. I feel a great sense of hope, buttressed with faith and inspiration for the future. I have a sense of upliftment and hope which I will share with so many from my country who live with the HIV and AIDS epidemic, but who were unable to be here. We all need to multiply this feeling and sense of hope, wherever we return to, so that we can intensify our resolve to face the challenges ahead, united against AIDS.

A few years ago I walked into a new life: marriage and motherhood. Very soon thereafter, AIDS shattered my dreams of normal life and a bright future. Both my husband and my child died of AIDS. The toll was more than just the death and loss of loved ones: it included social stigma, abandonment and violation of my right to work - even though I was, and am, completely capable of working.

At the time I needed support and understanding most it was hard to come by. But because there are individuals and groups in my country who are dedicating their energies and resources to fight this epidemic, the world is not so bleak any more. The opportunity to attend this Conference has strengthened me to face the future, with the assurance that there is indeed a global family united in a common cause: to reduce the spread of AIDS and to increase the capacities of people to cope. This requires unity. One voice cannot be heard loudly and clear. But coming together this week, our voices have been heard around the World.

The reactions we get from those whose alliances we need depends on how strongly we continue to speak about our issues of concern. We fully believe that with increased understanding and commitment, we can make a change both in the course of the epidemic and its impact on the World long after this Conference. For me, the messages which have come across so clearly this week are:

- we must find more resources to address the pandemic whenever it threatens humanity;
- we need to address the conditions which make people (whether individuals or groups), and especially women, vulnerable to the epidemic;
- we need to continue to strive for biomedical answers which will bring protection and a cure for AIDS.

I leave with you the African philosophy of life, which I believe has sustained many of the faceless numbers within this epidemic:

Fears Shared are Fears Lessened
Problems Shared are Problems Reduced
Pain Shared is Pain Lessened

Resources and knowledge shared together, based on understanding and respect, are our biggest weapon for fighting the epidemic in the years ahead.

I leave with faith, and trust in you that we have entered into a bond during these last few days, pledging that together we can make the World less vulnerable to AIDS, and together in the future we will find solutions which will lessen fear, pain and death.

Frans van den Boom is Director of the National Commission of Chronically Ill People (NCCZ), Co-ordinator of the AIDS Research Unit (NcGv), and Dutch Co-Chair for Conference Track D.

Janherman Veenker is a leader in the Dutch gay community, active in international lesbian and gay organizing, and a member of the Board of the Dutch National Commission on AIDS Control (NCAB) and of the Conference Community Liaison Committee.

ENDNOTES

- 1 Cooper, PoB3718
- 2 Cooper, PoB3718
- 3 Simberkoff, PoB3723
- 4 Kahn, MoB0079
- 5 Kahn, MoB0079
- 6 Dunkle, WeB1011
- 7 Richman, PoB3576; Saag, WeB1013
- 8 Cheeseman, MoB0053
- 9 Chow, PoA2450
- 10 Petty, MoB0021
- 11 Dezube, MoB0019
- 12 Boucher, PoB3570
- 13 Yarchoan, MoB0054; Ragni, MoB0055
- 14 Yarchoan, MoB0054
- 15 Ann Collier, University of Washington
- 16 Lane, MoB0052
- 17 Youle, MoB0056
- 18 Tsoukas, TuB0560; Valentine, TuB0561; Blick, TuB0562; Redfield, TuB0563
- 19 Hoth, Session 63
- 20 Eastwood, TuC0570
- 21 Wadhawan, TuB0536
- 22 Hawken, TuB0538
- 23 Odhiambo, TuB0533
- 24 Hawken, TuB0538
- 25 Mullen, TuB0535
- 26 Fischl, TuB0534
- 27 Mungai, TuC0569
- 28 Sckell, TuC0567
- 29 Wadhawan, TuB0536
- 30 Cameron, WeB1055
- 31 Chaisson, WeB1052
- 32 Hughes, WeB1019
- 33 Schneider, WeB1018
- 34 Reboulot, PoB3166
- 35 Girard, WeB1017
- 36 Youle, MoB0056
- 37 Drew, PoB3167
- 38 Polis, WeB1053
- 39 Smiley, PoB3885
- 40 Kessler, WeB1056
- 41 Orenstein, PoB3348; Schwartz, PoB3893
- 42 Koehler, PoB3339
- 43 Kefenie, PoC4017
- 44 Kitabu, PoC4018
- 45 Soro, PoC4024
- 46 Konde-Lule, PoC4019
- 47 Weniger, PoC4087
- 48 Soda, PoC4085
- 49 Goh, PoC4080
- 50 Lim, PoC4081
- 51 Nicoll, PoC4008
- 52 Estermann, PoC4004
- 53 Böttiger, PoC4001

54 McNeil, PoC4007
 55 Manny, PoC4006
 56 Eastwood, TuC0570; Zolopa, TuC0571
 57 Vilela, PoC4069
 58 Cid, PoC4062
 59 Valdespino, PoC4063
 60 Fay, PoC4064
 61 Boulos, PoC4061
 62 Vera, PoC4068
 63 McCutchan, WeC1023
 64 Ou, WeC1025
 65 Holmes, WeC1026
 66 Myers, WeC1022
 67 Kuiken, WeC1024
 68 Session 108
 69 Nkowane, Oxtoby, Session 87
 70 Sessions 87 and 120
 71 Wolinsky
 72 WeC1060
 73 Fenyo, Session 147
 74 Thomas, WeC1059; Scarlatti WeC1061
 75 Scarlatti, WeC1061
 76 Thomas WeC1059
 77 Hom, WeC1058; Thomas WeC1059; Dullege WeC1062
 78 Thomas, WeC1059
 79 WeC1061
 80 Rubenstein, Session 147
 81 DeRossi, WeC1060
 82 Krivine, ThC1581
 83 Rogers, Session 138
 84 DeRossi, WeC1060
 85 Newell, ThC1520
 86 Van de Perre, ThC1521; Ruff, ThC1523; Bulterys, ThC1524
 87 Sessions 182 and 212
 88 Henry, PoC4145
 89 McCabe, PoC4146; Metler, PoC4147
 90 Campbell, PoC4142; Puro, PoC4148
 91 Rouzioux, WeC1063
 92 Sibailly, WeC1065
 93 M'Boup, Session 50
 94 Leisenring, WeC1064
 95 Siby, WeC1066
 96 Siby, WeC1066
 97 Lee, MoC0062
 98 Sinicco, MoC0063
 99 Easterbrook, MoC0064; Van Griensven, MoC0065
 100 Sinicco, MoC0063
 101 Sacks, MoC0030; Sherer, MoC0031; Dorrucchi, MoC0033; Benson, MoC0034
 102 Creagh, MoC0032
 103 Johnson, Session 49
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 106 Altice, PoC4385
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 110 Burke, Session 25

- 111 Molinert, Session 25
- 112 Mills, MoC0060
- 113 Session 25
- 114 Dooley, TuC0568; Eastwood, TuC0570
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Multnomah County Health Department HIV Programs

Epidemiology

- Seroprevalence Studies
- AIDS Case Reporting
- Contact Tracing

Education and Outreach

- Community Education
- Special Populations
- Seropositive Wellness Program
- Support for Community Based Programs

Clinical Services

- Counseling and Testing
- Primary Care
- Field Nursing and Case Management
- Primary Care for Drug Treatment Clients

Multnomah County does not discriminate on the basis of race, color, national origin, sex, religion, age, and handicapped status in employment or the provision of services.

INTRODUCTION

Gradually, we are all coming to the realization that anyone who has unprotected sex can potentially become infected with HIV. The warnings of public health officials are becoming a reality, as the nation's total number of AIDS cases exceeds 200,000. It is clear that the epidemic is growing at a frightening rate. The first 100,000 cases were reported during an eight-year period--it took only two years to add the second 100,000.

Since the mid-1980s, the Multnomah County Health Department has employed a broad based approach aimed at slowing the spread of HIV infection and providing care to those already infected. Emphasis has been placed on prevention, early intervention and the development of working relationships with other agencies to facilitate referrals, case management and program planning. As new needs have been identified, the department has attempted to draw on other community resources in addition to expanding its own capacity.

The HIV program is based upon three cornerstones:

- * Epidemiology
- * Education and Outreach
- * HIV Clinical Services

Each of these cornerstones has been linked to other programs such as epidemiology, street outreach and case management to meet critical needs posed by the epidemic. The objectives of the program are prevention of the spread of infection; improved health access and early intervention to those infected; and the provision of compassionate care to those in the later stages of the disease. However, the social realities of HIV disease: fear, denial, and social stigma, can compromise these objectives. As a result, both creativity and sensitivity are fundamental to the design and implementation of the HIV program. The HIV program does not rely on having all clients come to an office. Rather, the program goes out into the community to reach populations at risk. As an example, peer counselors provide prevention-education to injection drug users (IDUs), sexual partners of IDUs, prostitutes and street youth through aggressive outreach. The HIV Division also supports the efforts of community-based organizations in addressing HIV issues and recognizes their unique ability in attending to the needs of the populations they serve. Although much attention is focused on prevention of new infection and improved health care access to those at risk or already infected, the Department maintains a rigorous education effort directed toward the entire community, because everyone is affected by HIV disease.

EPIDEMIOLOGY

1. SEROPREVALENCE STUDIES

During 1991-92, the Multnomah County Health Department conducted HIV seroprevalence studies in the STD Clinic and in selected drug treatment agencies within the county system. These studies are part of the HIV Family of Surveys, a nationwide project developed and funded by the Centers for Disease Control (CDC) in cooperation with various state health departments. The goal of the project is to monitor the extent of HIV infection and characteristics of risk behaviors in specific locations.

The seroprevalence study has had two components: 1) blinded and 2) nonblinded HIV testing. For the blinded survey, blood specimens routinely collected for other purposes are tested for the HIV virus. All client identification information is removed from the blood prior to blinded testing. In the nonblinded study, individuals voluntarily consent to have their blood tested and to participate in a CDC survey that assesses their HIV knowledge and behavioral risk. Those consenting to voluntary testing also receive confidential pre- and post-test counseling.

In the STD clinic, the blinded study has been conducted annually from July through November, while the nonblinded study has been ongoing. In the drug treatment centers, both studies are ongoing.

Significant Findings From the Blinded Seroprevalence Survey:

- o 1,825 specimens were drawn in the STD clinic, 39 (2.1%) of those tested HIV positive.
- o Positivity was highest in gay and bisexual males (18.2%), who comprised 8% of the total number screened.
- o In 1991, 3.4% of injection drug users in the Multnomah County STD clinic tested positive, versus 5% positivity for the same group in 1990.
- o Between September 1990 through June 1992, HIV positivity in drug treatment agencies averaged 2.3%.

Data from the Survey of Risk Behaviors:

- o 2,716 clients in STD clinic agreed to participate in the HIV survey of risk behaviors.
- o 73% of the participants report having changed their behavior since hearing about AIDS/HIV disease.
- o 62% of the participants reported that they have started or increased condom use and 40% said they now had fewer sex partners.
- o 28% of gay/bisexual men and 30% of women responded that in the last 12 months they used condoms every time with nonsteady male partners.
- o 15% of bisexual men and 20% of heterosexual men used condoms every time in the last 12 months with nonsteady female partners.

Plan for 1992-93

- o Discontinue nonblinded surveys in STD clinic (adequate data has been collected at this time).

- o Conduct blinded HIV testing on 500 blood specimens which were drawn for other purposes from at-risk adolescents.
- o Conduct blinded HIV testing on 300 blood specimens which were drawn for other purposes from homeless persons.

EPIDEMIOLOGY

2. AIDS CASE REPORTING

AIDS surveillance involves the collection of reports of patients within a specific geographic area who meet the Centers for Disease Control's AIDS case definition. Data are used to describe the incidence and prevalence of AIDS and to describe the mix of risk behaviors associated with HIV transmission. This information is used in planning, developing, and evaluating client services and prevention programs.

Oregon's AIDS surveillance system elicits reports of AIDS cases from five sources: physicians, hospital infection control practitioners (ICPs), inpatient medical record review, death certificate review, and outpatient surveillance. Each AIDS case is reviewed by a nurse epidemiologist to determine if the case can be linked to a specific risk factor. If behavioral risks usually associated with HIV transmission (e.g., male-to-male sexual contact, injection drug use, etc.) are not described, the epidemiologist reviews medical records, contacts the patient's medical providers, and interviews the patient or a proxy to attempt to determine how HIV transmission occurred.

AIDS surveillance numbers are analyzed and disseminated to physicians, local health departments, health educators, and the media in the quarterly HIV/AIDS Surveillance Report. In addition, articles interpreting surveillance data are frequently submitted to scientific journals for publication.

SIGNIFICANT DATA:

- o 173 Multnomah County residents were reported as having AIDS in 1991, representing 65% of the 271 Oregon AIDS cases reported that year. The cumulative number of AIDS cases in Multnomah County is 873 cases, or 67% of the 1,300 AIDS cases reported in Oregon.
- o Eight Multnomah County AIDS cases without behavioral risk were reported during 1991. After investigation, seven of these were reclassified into a risk category, while one was closed without being reclassified.
- o Eighteen site visits were conducted, reviewing medical records at seven hospitals in the Portland metropolitan area during 1991.
- o Completeness of AIDS case reporting through 1991 is estimated at 97.6%.

Plan for 1992-93:

- o Continue AIDS surveillance activities and epidemiologic investigations. Continue data analysis and dissemination.
- o Adopt the Centers for Disease Control's expanded AIDS case definition (anticipated January 1993), which will include HIV-positive patients with CD4 lymphocytes $<200/\text{mm}^3$.
- o Assist the Oregon Health Division in comparing the current surveillance system with laboratory-based reporting of low CD4 counts.

EPIDEMIOLOGY

3. CONTACT TRACING

A vital component of any communicable disease prevention program is the contact of individuals who may unknowingly have been exposed to disease. The follow-up of contacts of persons with HIV disease is outlined by Oregon statute. Contacts are divided into aware and unaware status. Aware contacts are persons known to be members of at risk groups, i.e., men who have sex with other men, injection drug users, hemophiliacs, and their sexual partners who know they have these behavior histories. Unaware contacts are persons who have had sex with at risk individuals but were not aware of their partners' risk histories and thus were themselves unaware of the risk. Only unaware contacts are required to be followed up by the County Health Department.

A team of sexually transmitted disease investigators (epis) interviews each person who tests positive in the Health Department system (referrals are also accepted from private clinics and physicians). A list of contacts is obtained by the epis and each contact is classified as aware or unaware. Index cases are asked if they wish to notify aware contacts and have the option of doing so without Health Department involvement. They may also choose to notify unaware contacts, but STD epi staff will follow up those clients to assure that notification has occurred.

This program follows up with phone calls, mail contact, or community visits as necessary to assure that all persons with positive tests receive their test results and that unaware contacts are notified of their potential exposure to the virus.

This program also takes responsibility for every positive or indeterminate test to assure that appropriate follow-up and referral occurs.

During 1991-92 the STD Epi Program:

- o Counseled and provided appropriate referrals for all persons with HIV positive test results.
- o Offered clients referral to medical care and to the Seropositive Wellness Program.
- o Interviewed all clients with positive HIV test results with regard to the need for partner notification.
- o Provided appropriate follow-up of partners.

Plan for 1992-93:

- o Continue individual post-test counseling for all HIV positive clients.
- o Continue to make referrals for medical and support services as needed.
- o Offer Seropositive Wellness Program to all newly tested clients.
- o Conduct partner notification interview with all new HIV-positive clients and conduct appropriate follow-up.

EDUCATION AND OUTREACH

1. COMMUNITY EDUCATION

The provision of HIV education is our most effective tool in preventing the spread of infection and fostering understanding of HIV disease.

The HIV Community Education Program provides consultation, technical assistance and education/training to: employees of Multnomah County, other governmental agencies, schools, businesses, and religious and professional organizations. Since the initiation of the program, we have seen an increase in HIV awareness, although myths and misconceptions still exist which require clarification. As persons with HIV disease remain in the workplace, the program is called upon to provide consultation on infection control, support, and information on the legal aspects of the disease.

In addition to these services, the education staff are involved in broad based community efforts which include: development of train-the-trainer programs, program planning with the city of Portland to fulfill the 1992 OSHA training requirements on bloodborne pathogens, and design and delivery of HIV education programs for street youth, alternative schools and juvenile detention programs.

During 1991-92 the HIV Education Program:

- o Provided prevention education and infection control to all new Multnomah County employees: 590 persons trained in 18 sessions.
- o Provided basic HIV prevention education and infection control training to the employees of community organizations, drug treatment agencies and businesses: 4,753 individuals trained in 207 sessions.
- o Contracted with the Portland Police Bureau to provide training to 900 employees in 36 sessions during 1992-93.
- o Continued to update and standardize HIV-related educational materials for distribution in county health clinics and other service sites.
- o Provided HIV education in public and private elementary and secondary schools, community colleges, and universities.

Plan for 1992-93:

- o Continue the current quantity and diversity of educational efforts.
- o Increase by 25% the number of presentations made to businesses and private schools.
- o Complete Police Bureau trainings.
- o Work closely with the school based health clinics to provide HIV education and resources for staff and students.
- o Explore creative approaches to educate adolescents both in school and out of school.

EDUCATION AND OUTREACH

2a. SPECIAL POPULATIONS: MEN WHO HAVE SEX WITH MEN

Since the beginning of the AIDS epidemic gay men in Multnomah County have made major strides toward reducing behaviors that spread the HIV virus. Positivity rates for gay men tested have decreased over the last several years and rates of other sexually transmitted diseases among gay men have plummeted. Nevertheless, there are locations in the county where casual, unprotected sex between men still occurs.

The Health Department contracts with Cascade AIDS Project to contact and educate men who have unprotected sex with men. We also employ one half-time outreach worker/educator who works in gay bars, bath houses, adult book stores, and various public parks where casual sex is known to occur. This outreach worker has had excellent success in gaining the cooperation of business owners and their employees. Education, brochures, and condoms are made available to at-risk patrons by book store and bath house employees who have been educated by our outreach worker. In addition, direct outreach is provided in areas where participating shop keepers are not available.

During 1991-92 the Gay/Bisexual Outreach and Education Program:

- o Provided outreach and education in 18 adult bookstores (100% of stores).
- o Provided individual education to 260 men who were contacted in public locations.
- o Maintained a regular condom supply at 4 local parks.
- o Worked with youth from Outside In Gorilla Theater in producing a public service announcement targeting street youth.
- o Gave 31 presentations to youth at 17 different agencies.

Plan for 1992-93:

- o Continue current level of outreach and education in adult bookstores, parks, and other locations where at risk behaviors occur.
- o Increase individual client education sessions to 520.
- o Explore and implement ways to increase HIV testing among program target population.
- o Develop or obtain more educational materials that are specific to the target population.

EDUCATION AND OUTREACH

2b. SPECIAL POPULATIONS: DRUG USERS AND THEIR SEXUAL PARTNERS

Illicit drug users (IDUs) and their sexual partners are at increased risk for HIV infection. Many of these persons tend to be estranged from mainstream organizations and their services. Conventional methods of providing health education messages (i.e., written materials, discussion groups, or clinic/doctor visits) are often not appropriate for members of this population. However, aggressive street and systems outreach by peer counselors--people who know the drug culture lifestyle and are credible--appears to be an effective way to provide prevention-education.

Since April 1989, a team of outreach workers and interviewers funded by the National Institute on Drug Abuse (NIDA) has provided basic HIV risk reduction education to disaffiliated injection drug users, their sexual partners, and those at risk of initiating injection behavior. Using a combination of both street and systems outreach, the project has made contacts with over 20,000 at-risk individuals. In October 1991, the Health Department secured funding for an additional five years of outreach activities. The new program, also funded by NIDA, will focus on injection drug users, crack users, and noninjection cocaine users. Basic HIV education, confidential HIV counseling and testing, drug urine testing, and referral to drug treatment will be offered to all participants enrolled in the project.

During 1991-92 the HIV Outreach Project:

- o Provided basic HIV risk-reduction education to 9,265 at-risk individuals.
- o Made 333 group presentations to 5,684 individuals in drug treatment agencies, detox centers, group homes, and shelters.
- o Referred over 100 clients to the primary care/substance abuse linkage program.
- o Obtained and implemented a new five-year grant.
- o In collaboration with Oregon Health Division, designed an intervention program to research the effectiveness of self-help and other community programs in reducing HIV risk behaviors.

Plan for 1992-93:

- o Continue to provide culturally and linguistically appropriate education and counseling sessions to high-risk individuals.
- o Continue to facilitate entry into drug treatment and access to other appropriate community organizations.
- o Provide HIV testing to eighty percent of individuals who attend education/counseling sessions.
- o Provide 100 basic HIV information trainings for agencies that serve drug users.
- o Continue to evaluate the impact of the outreach and education program.
- o Phase out original NIDA grant by December 1992, but provide individual education contacts to 50 clients per month through the new grant.

- o Begin 6-month follow-up interviews on all eligible research participants.
- o Make health-related referrals to 350 participants.
- o Enroll eighty percent of project participants in an enhanced intervention of drug treatment, self-help, or other community support program.
- o Enhance targeted outreach activities to ensure representative community access.

EDUCATION AND OUTREACH

2c. SPECIAL POPULATIONS: WOMEN AND CHILDREN

Women currently represent 11% of AIDS cases nationwide. In Oregon the number of women with AIDS is still comparatively small with only 24 cases reported so far in Multnomah County. However, there has been a 67% increase in injection drug using females with AIDS and a 250% increase in all females since 1981. Approximately 30% of infants born to infected mothers will also contract the virus. To effectively reduce the rate of infection among women and infants, interventions that address the risks, concerns and needs of women must be developed.

In October 1991, the Health Department received a five-year grant to prevent AIDS among women and children. The goals of the project are to encourage consistent condom use, to improve women's ability to make knowledgeable reproductive decisions and to carry out appropriate actions toward those ends. For women who are injection drug users, an additional goal is to stop using drugs, or failing that, to increase their consistent cleaning of drug injection equipment. A variety of education techniques will be used, attempting to capitalize on women's existing community networks.

Components of the project include an extensive ethnographic study of the community, the development and implementation of a community level intervention, and a communitywide evaluation of behavior change in women age 15 to 35 who have engaged in risk behaviors. The intervention will employ a wide variety of techniques, attempting to build HIV-related support and capitalize on women's existing community networks.

During 1991-92 the Women and Infants Program:

- o Received 5-year funding from the Centers for Disease Control.
- o Hired a project manager and 4 FTE program staff.
- o Conducted extensive qualitative interviews in the community; preliminary data analysis has begun.
- o Participated in cross-site development of goals, objectives, instruments, and research design.

Plan for 1992-93:

- o Develop and refine cross-site prevention/education techniques for high-risk women.
- o Design and implement a peer nominated intervention program.
- o Identify target control communities for delivery of the intervention.
- o Obtain baseline data from 450 women within target areas regarding HIV knowledge, attitudes, and behaviors.
- o Provide education including HIV prevention, STD prevention, and family planning choices to 850 women.
- o Provide health-related referrals to 1000 women and their children.

EDUCATION AND OUTREACH

2d. SPECIAL POPULATIONS: HOMELESS PERSONS

Minimal information is available locally to assess HIV seroprevalence or HIV risk behavior among homeless persons. Homeless persons often are not proportionately represented in drug treatment clinics, health care clinics, or other locations where HIV testing, blinded HIV screening, and HIV education are routinely offered. Since 1988, the primary funding available to Multnomah County for outreach and HIV education to drug users required that participants be located again six months following an initial questionnaire and educational session. The program did not have the resources or the community contacts to track homeless persons over that time frame, so that persons unable to provide permanent locator information have been disqualified from participation.

Realizing that this resulted in a population with unmet need, the Health Department sought HIV outreach and education funding specifically targeting homeless persons. A three-year grant for this purpose was received from the National Office for Treatment Improvement in October of 1992.

During the six weeks since funding we have:

- o Begun necessary negotiations and networking with community-based organizations which serve the homeless.
- o Secured commitments for services by referral for project participants.
- o Begun the process of hiring staff.

Plan for 1992-93:

- o Engage 1450 homeless individuals who are injection or high-risk drug users; provide them with basic information about HIV risk factors, risk reduction, and drug treatment.
- o Engage 350 sexual partners of homeless injection or high-risk drug users; provide them with basic information about HIV risk factors, risk reduction, and drug treatment.
- o Provide initial intervention, education, counseling sessions, and baseline interviews to 580 homeless injection or high-risk drug users.
- o Provide initial intervention, education, counseling sessions, and baseline interviews to 140 sexual partners of homeless high-risk drug users.
- o Provide HIV testing and counseling for 551 homeless injection or high-risk drug users.
- o Provide HIV testing and counseling for 133 sexual partners of homeless high-risk drug users.
- o Provide 100 basic HIV trainings to agencies that serve the homeless.
- o Provide TB testing to 551 homeless injection or high-risk drug users and 133 of their sexual partners.
- o Refer 550 homeless injection drug users and 133 of their sexual partners for screening for syphilis and other STDs.
- o Arrange for entry into drug treatment for 290 homeless high-risk drug users.

EDUCATION AND OUTREACH

3. SEROPOSITIVE WELLNESS PROGRAM

Seroprevalence studies in STD clinic have shown us that the two counseling sessions associated with testing are not always enough to assist people to make major behavioral changes. Therefore, the Oregon Health Division designed a 6-session behavioral change intervention for persons who test HIV positive in the county Health Department system. The Centers for Disease Control have funded the evaluation of the project in Multnomah County. Clients who test positive at any of our clinics or test sites are offered enrollment into the program and the benefits, over time, are evaluated. All eligible clients are randomized into an intervention or a control group.

Clients who are randomized into the control group are also offered the program after the final evaluation of their intervention group peers is completed.

During 1991-92, the Seropositive Wellness Program:

- o Developed and implemented systems for implementing the program.
- o Hired and trained staff.
- o Piloted the project with clients testing positive in the downtown test site.
- o Enrolled 70 clients into the program.

Plan for 1992-93:

- o Expand program to include HIV positive clients from all county clinics and testing sites.
- o Finalize and implement the research model.
- o Screen 100% of eligible clients for access to health care and refer to private physician or county specialty clinic.
- o Enroll 90% of all HIV positive clients in the Seropositive Wellness Program.

EDUCATION AND OUTREACH

4. SUPPORT FOR COMMUNITY-BASED PROGRAMS

Multnomah County Health Department contracts with several AIDS service organizations and local public health departments to provide culturally appropriate risk reduction education and/or community-based client care. County staff work closely with these organizations to monitor contract compliance, review programs and provide technical assistance. Primary funding for these programs comes from the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA) to the Oregon Health Division and then to the county. Contracts are negotiated and monitored by the Multnomah County Health Department even though some of the services provided by the community-based programs extend throughout the state.

CONTRACTS AWARDED:

Cascade AIDS Project (CAP) \$142,890

Contract services provided by the Cascade AIDS Project are general education campaigns, specific outreach to gay and bisexual men, wellness programs, support services to HIV-positive persons, counseling to gay couples affected by HIV, a pilot dental care program, and volunteer home care services to persons with HIV disease. The County Health Department also provides CAP with a .5 FTE community health nurse to serve clients and provide nursing management of home care services.

Oregon Minority AIDS Coalition (OMAC) \$51,600

Oregon Minority AIDS Coalition provides culturally appropriate HIV education and risk reduction to African Americans and Asian Americans throughout the state.

Oregon Coalition for Hispanic Advancement (OCHA) \$39,500

Oregon Coalition for Hispanic Advancement provides culturally and linguistically appropriate HIV education to Hispanics throughout the state.

Ecumenical Ministries of Oregon (EMO) \$24,480

Ecumenical Ministries of Oregon provides personal support services to people with debilitating HIV disease through the HIV Day Center.

Outside-In \$5,000

The Health Department has a contract with Outside-In to assist with operation of the Needle Exchange Program.

Drug Treatment Agencies

The Health Department contracts with various drug treatment agencies for their roles in both the seroprevalence studies and primary care linkage programs.

Local Public Health Departments

As the lead agency for Ryan White Care ACT monies in Region I, Multnomah County contracts with three local public health departments to provide HIV case management services.

Clackamas County Public Health Division \$13,999

Clatsop County Public Health Department \$10,000

Tillamook County Public Health Department \$10,000

CLINICAL SERVICES

1. COUNSELING AND TESTING

The provision of HIV testing is an essential tool in preventing the spread of the infection and providing education and motivation for behavioral change. It also offers the opportunity of referral for early intervention services to those testing positive.

In an effort to reduce access barriers and reach more people, especially those at risk of infection, counseling and testing has been decentralized throughout the county health system. It is available to all primary and specialty care clients at their clinic site. Any other individual, including those requesting anonymous testing, may receive counseling and testing at one of two community test sites. In addition, the Health Department provides onsite confidential testing and counseling at two Multnomah County correctional facilities as well as several publicly funded drug treatment agencies.

Pre-test counseling includes risk assessment, information about the testing and counseling procedure, and HIV education. The post-counseling session provides test results, risk-specific education and support. In instances where the test result is positive, counseling includes referral for early intervention services, assistance with partner notification and additional support as desired by the client. The majority of people choose to be tested confidentially; however, a significant number request anonymous testing. At present, those who request anonymous testing account for the greatest proportion of positive test results.

Although most of those tested have turned out to be HIV-negative, the testing and counseling process serves as a powerful catalyst in motivating people to examine their risk factors and make behavioral changes that promote and maintain their health.

During 1991-92 the Counseling and Testing Program:

- o Provided 12,200 HIV tests; 180 were found to be seropositive.
- o Increased testing capacity by instituting a large evening clinic once a month.
- o Initiated a donation system to help offset cost for persons unable to pay.

Counseling and Testing Plan for 1992-93:

- o Increase counseling and testing to 13,080 despite reductions in federal funds.
- o Develop, implement, and evaluate an audio tape to introduce clients to the counseling and testing process, thereby reducing cost per test.
- o Monitor and analyze data to determine the need for increased counseling and testing for any specific risk category.
- o Implement any necessary changes to address needs identified through data analysis.
- o Continue to explore strategies to support maintenance of risk reduction behaviors.

- o Maintain current level of testing among special populations.
 - Women at Risk
 - Gay Men
 - African Americans and Hispanics
 - Injection Drug Users
 - Sexual Partners of Injection Drug Users

CLINICAL SERVICES

2. PRIMARY CARE

Health services are available to HIV-affected individuals at their primary care clinic, as well as at the HIV Specialty Clinic located downtown in the Gill Building.

In addition to primary care, services at the HIV Specialty Clinic include a health assessment, development of a care plan, enhanced laboratory resources, and access to social work and nutrition services. Clients come to the HIV Specialty Clinic by referral from their primary care provider, referral from the community test sites and the Seropositive Wellness Program or by self-referral. Individuals are encouraged to come to the Specialty Clinic upon learning of their positivity status, so they may benefit from health and social service assessments, development of a care plan, and other early intervention services that prolong their wellness. In many instances, however, people do not seek health care until they become sick.

In order to address other HIV-related health issues and maintain continuity of care, the Health Department has developed working relationships with Russell Street Dental Clinic, Oregon Health Sciences University (OHSU) Department of Psychiatry, Legacy Health Care System, and Cascade AIDS Project. Dentists from Russell Street Dental Clinic provide needed care to clients without other dental resources. Similarly, a resident from the OHSU Department of Psychiatry provides mental health assessments and Cascade AIDS Project provides peer support services. In the event a client's condition worsens and hospitalization is required, a contract with Legacy Health Care System provides for physicians to admit and attend the patient while he/she is hospitalized.

During 1991-92 HIV Clinical Services:

- o Expanded capacity to provide care for 550 clients.
- o Increased access to tertiary care through a contract with the Legacy System to provide after-hours and weekend coverage for HIV Clinical Services clients.
- o Participated in discussions and planning for increasing housing options for HIV-infected individuals.

Plan for 1992-93:

- o Maintain current capacity for services to HIV-infected clients in Multnomah County.
- o Develop referral sources for primary health care of persons who cannot be served in our system due to lack of capacity.
- o Develop additional mental health resources for our HIV-infected clients.
- o Promote early intervention by reducing waiting time for appointments.

CLINICAL SERVICES

3. FIELD NURSING AND CASE MANAGEMENT

In response to the need for case management, a small team of specialized community health field nurses (CHNs) has been established. The nurses manage the home care needs of HIV-positive clients from five primary care/outpatient sites: Multnomah County clinics, Good Samaritan Hospital, Emanuel Hospital, Oregon Health Sciences University, and Portland Veterans Administration Medical Center. Referrals are also accepted from Columbia and Washington County Health Departments. Multnomah County has accepted responsibility for Columbia and Washington County clients paid for by regional funding from the Oregon Health Division. Other funding comes from a direct federal grant, Medicaid reimbursement and county general funds.

The role of the CHN is to provide home visits for psychosocial and health assessments, HIV-related education, medication management, nutritional counseling, and emotional support to the client and his/her significant others. As needed, the CHN assists the client in making needed referrals, provides advocacy and assists with the coordination of the client's care at home.

The Health Department has developed criteria to help the participating primary care sites determine which of their clients are appropriate for case management services. In addition to providing home visits, the CHN team also supervises the services provided by volunteers from the Cascade AIDS Project and the HIV Day Center. An additional nurse assigned to the Cascade AIDS Project works closely with the HIV/CHN team and accepts case management referrals from sites not covered by the centralized team.

The provision of case management services supports clients' desire to remain in their homes, decreases emergency room visits and shortens the length of stay should hospitalization be required.

During 1991-92 the Field Nursing and Case Management Team:

- o Provided CHN case management services to 225 clients.
- o Extended CHN coverage to the Portland Veterans Administration Medical Center.
- o Developed a field nursing HIV Assessment protocol.
- o Co-managed clients with the general field team.
- o Successfully applied to OMAP for a HIV-targeted case management waiver.
- o Added an additional nurse funded by Medicaid match monies.

Plan for 1992-93:

- o Provide CHN services to Washington and Columbia Counties on an as-needed basis.
- o Develop relationships with Kaiser and the Sisters of Providence Medical systems and provide CHN services as staffing allows.
- o Delineate the scope of co-management with the general field teams on a client-by-client basis.
- o Develop a written model of nursing case management for people living with HIV.
- o Act as a community resource for the nursing case management model of care delivery.
- o Increase client visits to reflect added staffing.
- o Increase capacity to comply with grant requirements.

CLINICAL SERVICES

4. PRIMARY CARE FOR DRUG TREATMENT CLIENTS

Substance abuse is a significant problem in Multnomah County and drug users are at increased risk for HIV infection. Poly drug use, needle sharing and sex in exchange for drugs contribute to this vulnerability. As confirmed by the HIV Outreach Project, substance abusers are generally estranged from mainstream institutions, including the health care system. In many instances, they seek health care only in extreme circumstances; however, their drug use, in addition to putting them at risk for AIDS, compromises their health in general. Drug treatment is the most effective way to improve health status and prevent the spread of HIV disease in this population. It is also a process subject to false starts and relapse and the reintroduction of risk-taking behaviors.

As part of a three-year federal service demonstration grant, expanded in 1992-93 to a fourth year, the Health Department is providing primary health care services at four publicly funded drug treatment agencies. This service is designed to decrease the spread of HIV infection among substance abusers through colocating and linking primary health care and drug treatment services. Primary health care services are provided to both drug users enrolled at the drug treatment agencies and to their immediate household members. Substance abusers not currently enrolled in drug treatment may also receive the primary care services, which include HIV prevention education and the means to purchase drug treatment through a federally funded grant coupon program. A community health nurse provides case management to coordinate referrals and linkages between the outreach program, primary care site, drug treatment facility and community service agencies.

During 1991-92, the Primary Care Substance Abuse Treatment Clinics:

- o Maintained four clinic sites at publicly funded drug treatment agencies: Comprehensive Options for Drug Abusers (CODA), Native American Rehabilitation Association (NARA), Project for Community Recovery (PCR), and Mainstream Inc., a youth serving agency.
- o Enrolled and provided primary health care to a total of 1,486 clients.
- o Provided 2,008 service visits.
- o Provided health care to 240 family members of substance abusers.
- o Offered HIV counseling and testing to all substance abusers/sexual partners and family members.
- o Delivered case management services to all new clients entering the linkage program.
- o Expanded health care and case management services through the addition of one community health nurse.
- o Provided outpatient drug treatment payment for new clients through the grant supported coupon program.
- o Improved integration of drug treatment and health staff through case conferences and case planning.

Plan for 1992-93:

- o Continue the provision of primary care services at the four locations.
- o Increase visits to the full capacity of available appointments.
- o Explore and secure sources of ongoing funding.
- o Improve community awareness of this program through the development and distribution of a program brochure.
- o Provide training on the relationship of health related issues to drug use for the staff of the four treatment agencies.
- o Continue the funding support for outpatient drug treatment for linkage clients.
- o Identify gaps in service delivery through conducting a client satisfaction survey.
- o Increase diversity in our client population by increasing the numbers of Hispanic and homeless persons served.

NEEDLE EXCHANGE PROJECT

3-YEAR CUMULATIVE TOTALS

NOVEMBER 1, 1989 - OCTOBER 31, 1992

CLIENT VISITS	9,577
NEW CLIENTS	1,466
RETURN VISITS	8,131
SYRINGES ISSUED	121,108
SYRINGES RETURNED	118,656
SYRINGE RETURN RATE	98%

the CONNEXION

Issue #3
August-November 1992



outsidein 

1236 Southwest Salmon St. Portland, Oregon 97205 (503) 223-4121

We're back!! A lot of people have been asking when the new CONNEXION was going to be coming out--well, here it is!!

There is now a medical clinic open to all needle exchange participants every Wednesday from 3:15 to 5:30 p.m. You do not need an appointment!! A five dollar donation is requested, but not required.

As always, the needle exchange offers free and anonymous HIV testing. Unfortunately, FOUR of our clients have received positive results in the last few months. Don't kid yourself!! You can get HIV--no one is immune. You can also prevent getting HIV by NOT SHARING WORKS and by always using latex condoms during sex.

EARN \$60.00

If you have recently been arrested, and you are 18 or older, you may be eligible to participate in the Rose Center health study.

Give us a call, or come in:

Board of Trade Bldg.
310 S.W. 4th, Suite 415
(503) 224-9562
(on the corner of 4th and Oak)

Multnomah County
is conducting a study and a
program
to help drug users protect
themselves from AIDS.
Call James or Elizabeth, 248-
3651
YOU WILL BE PAID FOR YOUR TIME

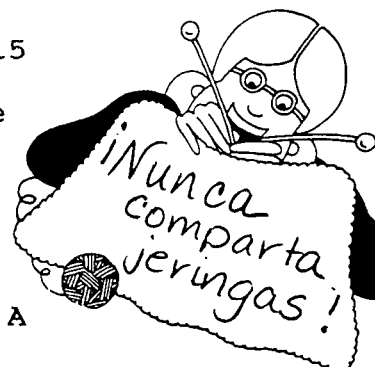
GAÑE \$60.00

Si ha sido arrestado recientemente, y tiene 18 años o mayor, puede ser eligible para participar en el proyecto de salud del Rose Center.

Llámenos o venga pronto:

Edificio: Board of Trade
310 S.W. 4th, #415
(503) 224-9562
(en la esquina de
4th y Oak)
Cuarto Piso

Se habla español



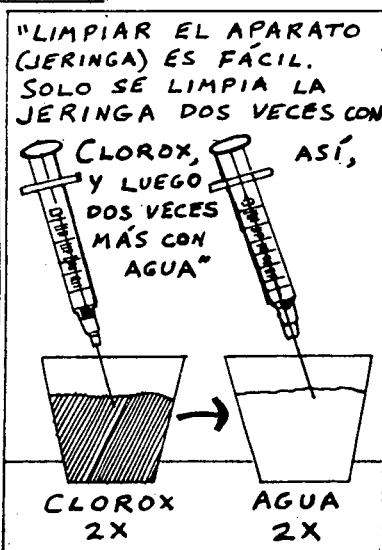
NOTICIA

Venga al Intercambio de Jeringas a Outside In, y puede obtener jeringas nuevas por intercambiar jeringas usada/sucias. También el intercambio ofrece condones, algodón, cerillos, cloro y agua para que UD. pueda protegerse del SIDA. Hay servicios en español de martes a viernes. Totalmente confidencial!!!!!! También hay una clínica médica especialmente para los participantes del Intercambio de Jeringas, cada miércoles, de 3:15pm a 5:30 pm--sin cita! \$5 donación.

OUTSIDE IN--1236 S.W. Salmon
(en la esquina de Salmon y
13th)
Horas: lunes a viernes, 3pm a
7 pm

NOTICE

The needle exchange is open Monday through Friday at Outside In, 1236 S.W. Salmon from 3 pm to 7 pm. It's totally anonymous and confidential. Just bring your dirty rigs in and we'll exchange them for new, sterile ones. We also provide bleach, cotton, matches, alcohol pads, condoms, and referrals. Protect yourself and others from AIDS!!! On Wednesdays, the Needle Exchange participants can see the nurse practioner from 3:15pm til 5:30pm. \$5 donation. No appointment necessary.



H.A.F.M.C.

INSPIRED

■ The drugs will leave you, full of woe,
if you go the way you go
when your pain is threads to weave,
drop a stitch, then cry and grieve,
put your heart to a chemical test,
do it enough, it'll come to rest,
with ice-clear bullets, and a plastic gun
I play with death, and call it fun

I remember love, long time ago,
guess it wasn't for me, I let it go
so my darkest hour, my time of need,
a hole was filled with an evil seed,
the friends said good-bye, so long, farewell,
my journey began, a tour of hell
my new friends Spike, his cousins Slam, they seem to know me, they know who I am.

was a time I was hot, young and gay,
I did it all, I did it my way,
seventeen and naughty, but kinda nice
workin' my corner, and dodgin' the vice
ya get high just to do it,
ya get high when you're done,
then you wake up one morning
and your life's all gone

so baby, you go and curse the stars,
'cause it's just one life, and this one is yours

--Quinn

JAR PEOPLE'S
PERCEPTIONS

◆ How many times have I said
goodbye
to a lover that only makes me
cry?
How many times have I woke in
the morning
sad and alone because my lover
was no longer around?
What kind of lover leaves you
like this, empty-hearted in
pain and in one hell of a
mess?

◆ Only one kind of this caliber,
she comes in a bag and cooked
in a spoon.
◆ And when she's gone,
no longer around,
◆ it's up to you to track her
down.

You'll find her in the same
place, the same in each town,
usually on the streets where
the lonely and homeless all
gather around.

◆ You'll do whatever it takes to
feel better,
◆ without her you hurt;
◆ if I could I'd forget her.
◆ For now though, being lonely,
◆ she helps hide the pain.
◆ The lover is drugs, a
replacement for true real
intimate caring and hopeful
growth with someone worth
knowing.

◆ John Snyder
August 27, 1992

◆ Coming down slow
the brain slower than the body
the brain takes its time
(too much time)
and my electrodes want to
explode
but, I must stay on hold
keep my cool or be subject to
that monkey's grip
and the needle's tip
get it together before falling
apart
so I don't have so far to climb
out of the brown worm's maze of
holes
through my arms and into my
soul
coming down slow
the brain slower than the body.

Gary C.

work of art.

PERSONALLY SPEAKING

WHY QUIT?

You're getting old and you haven't been able to yet. So what else is there to think about? Does health, ability to relax, variety, self-sufficiency, sanity or freedom sound good?

My first attempt at getting clean was about ten years ago. In a moment of lucidity, I drove to the top of a hill and threw away all my drugs. I remained drug-free for about two years. It was an amazing period of trying to make up for all my "lost years." I went to college full-time and held four jobs.

Going to school and working from sunrise to midnight made me feel socially deprived. I responded to this by quitting college and spending all my free time hanging out with a large, active clique of people. I was told I could make a lot of money and friends by becoming a partner in drug sales. And I did for a couple of years.

Then my methamphetamine habit got out of control. I began losing friends, jobs, money--getting ripped off because I was so whacked-out. There were times when I walked the streets in the rain without a shirt or shoes. Nobody to talk to. All I had were my drugs. There were times when I had money, drugs, women and friends galore. In some ways there was little difference between the two. I was always filled with guilt, disgust, fear and insanity. Would I lose face, be mugged, ripped off, arrested, overdose? More and more I envied those people I saw who seemed to have choices in

their daily lives.

While I enjoyed the occasional thrill, I was becoming bored with the repetitiveness and the lack of variety in my bare existence. Although getting married, having two kids and working 9 to 5 is not the solution for us all--some degree of consistency and stability is needed to find that happy balance of health, relaxation, excitement, sanity and self-sufficiency.

Somebody (to this day I don't know who) called my parents and told them I was sticking needles in my arm. My mother did an intervention on me. I reluctantly went into a thirty-day inpatient drug treatment program. It called my attention to the far-reaching destruction of my lifestyle. Using would never be the same. I stayed clean for three months and embarked on a new drug addiction.

Cocaine proved to be no better, but I stuck with it for three or four years. Once again I began to have bizarre, insane thoughts and delusions. My craving, paranoia and guilt were overwhelming.

At this point, I used heroin to neutralize these side effects. My interest in being an upper freak waned and I was able to have some semblance of sanity. I used heroin daily for over a year before I even knew I was physically addicted. This addiction lasted for three years (as did my addictions to most other drugs) until I chose to detox via methadone.

I slowly detoxed off methadone and then put myself in a halfway house for

alcoholics and drug addicts. It has been over two years since I got out of that house. I occasionally drink (lightly). I have had only one very brief bout with drugs.

It is amazing how open-minded, accepting, and supportive people are these days if you are honestly willing to shed your destructive habits.

Although I (personally) do not agree with or believe all the AA/NA program teaches, it did help plant the desire to change in me. Also, 12-step programs/meetings can be a good source of acceptance, friends, support and direction.

I believe no man or woman deserves to live and die like a stray dog.

How long has it been since you've considered or tried quitting? What are your reasons? How would you go about it if you did decide to quit?

Think about it . . .
Talk about it

Anonymous

CODA

306 NE 20th
239-8400

NARA

1438 SE Division
231-2641

PCR

3525 NE Martin Luther King
281-3804

Mainstream Youth

4531 SE Belmont St., Ste. 300
234-3400

Talk to Needle Exchange staff about **FREE** coupons for these programs.

ALONE, ALONE, IN A TERRIBLE PLACE,
IN UTTER DARKNESS WITHOUT A FACE,
THE BLACK OF BLOOD, THE CRY OF STONE,
AND THE SOUND OF YOUR TEARS, AND THE
TASTE OF MY OWN.

--QUINN

**LINEA DE EMERGENCIAS SIDA
TOTALMENTE GRATUITA -
1-800-777-2437**

**CUTTING DOPE WITH
AZT
WILL NOT PREVENT
HIV**

Recently, we heard second hand rumors that some dealers were hawking dope that was supposed to be cut with AZT. For people who may not know, AZT is a drug used to slow down HIV infection in people who are exposed to the virus. So the idea behind saying the dope was cut with AZT was to give people a sense of protection if they shared works. We don't know how true these rumors are. The rumors could be another wild

story - the kind that come and go on the streets so much. But what it does show is that people who shoot drugs are trying to protect themselves - by any means necessary. In the meantime we asked Mary Clinton, Pharm. D. of the University of Baltimore School of Pharmacy's Office of Substance Abuse Studies to check it out for us.

MARY CLINTON: Cutting heroin with AZT presents several problems:

- 1) Prescription pills and capsules (including AZT) contain several other ingredients such as cornstarch, talc and cellulose. Some of these ingredients may not dissolve in water and when injected can get caught in the lungs and cause problems. Also, heating AZT may cause it to degrade to a point where it is not useful.
- 2) No research exists to say that AZT directly kills HIV in a syringe the way bleach would directly kill it. AZT interacts with the virus to prevent it from reproducing. Some virus may escape and still infect a person.
- 3) Treatment with AZT is continuous and long term. A one time dose of the drug serves very little purpose because certain levels of the drug are necessary in the body to affect HIV. Long term use of AZT can cause side effects involving the blood, liver, nerves and muscles. Only a Doctor can monitor these side effects and adjust the drug as necessary.

from STREET VOICE
November 1992



YOU HAVE YOUR OWN VIEW OF WHAT'S IMPORTANT

It's Friday the 13th and we're putting this issue of the Connexion together. We being Mark and Lauren. While Mark is busy tracing his drawing (see back cover), Lauren decides to play Oprah Winfrey and ask him a few questions.

L: How long have you been coming to the needle exchange?

M: Two years.

L: How did you find out about it?

M: I was coming to Outside In for other services.

L: What do you do?

M: For my livelihood?

L: Yeah.

M: I'm unemployed, but I get SSI.

L: How do you spend your days?

M: I study library books and go for lots of walks.

L: What did you think of the recent election?

M: I hope Clinton does a good job.

L: Did you vote?

M: Yes, for George Bush, but I support Clinton.

L: Why George?

M: I wanted to see if other people would give him a chance. I felt if he'd changed his attitude he might have done okay. I don't like to give up on anyone. But I think as long as Clinton keeps his word, he'll do okay.

L: What about local politics?

M: I voted no on measure 9. I think it's total nonsense. People have to have their own prerogative. Measure 9 would

have interfered with people's sense of confidence. It was like a fear reaction. The people who were for measure 9 probably have the impulse to be accepting of the people they are against. I used to think gays were a bad thing until this guy who was a friend of mine for a long time finally told me he was gay. Then I had to change my mind, because here was this guy I'd known for a long time and he was my friend. If people have enough confidence in themselves, then they have the confidence to accept other people. Discrimination only makes people feel frustrated.

L: How long have you been in Portland?

M: Four years.

L: What brought you here?

M: The climate, the rivers. It's just a nice place to live.

L: Where were you before?

M: Salem. I grew up there. My dad and stepmom are still there. My real mom died when I was five years old. Dad and I are really close. I'm going to see him and his new fiancée after Thanksgiving.

L: What do you like about the needle exchange?

M: It's a good program. If you don't have money for a clean needle or whatever you can get one. You can also get bleach. I always bleach my own needles. I've never shared with anyone. I like bleaching the ones I use because it's more sanitary. The needle exchange helps people feel good about themselves. Because some drugs are technically illegal,

people can get really down on themselves. At the needle exchange you get treated with respect which promotes good self-esteem. Coming here helps me get over any negative stigma I have against myself.

L: Where do ^{you} like to hang out?

M: When I have money I like to go to different clubs. On Halloween my cousin and I went to the X-Ray and it was really great. There was good music and everyone was dancing. I went there the next night, but then they were just playing some good music.

L: How long have you been drawing?

M: Since I was five years old.

L: Have you studied art?

M: I took a few courses back in school. In second grade I took a pottery class.

L: How old are you?

M: 22. I'm still a kid. I'll always be a kid. I still believe that people can be whatever they decide they want to be. You have to remember though that everyone is dynamic. We can all be different things at different times. It's ^{not} like people are stone statues. We can change. Sometimes I see someone who may have a serious look now, but I try to think of what that person might be like at a party or something. People are like my cats. My cats change their moods all day. I really want to go to school and take different classes, but I want to do it for myself. People have to accept themselves first. Accomplishments are good things, but you have to want to accomplish things for yourself, not just to impress other people.

THIS ISSUE'S REHAB FOCUS: CODA

CODA (Comprehensive Options for Drug Abusers) is Oregon's oldest and largest non-profit drug abuse treatment center, which offers outpatient and residential individualized counseling. CODA also offers a Pre-Natal treatment program for pregnant addicts. CODA's plans for the future include enlarging its facility to service children, as well as new borns, by adding a child care center, and bedroom space.

Alpha House is CODA's residential treatment facility, providing short and long-term treatment, including medical services, skill training, vocational counseling, educational services and after care. In addition there is a transition house and a halfway house.

CODA offers alternatives to the traditional 12-step treatment programs providing education, psychiatric consultation, Methadone, and all on an affordable sliding-fee scale, based on ability to pay. Welfare clients can receive subsidized treatment.

For more information, call (503) 239-8400 or drop by at 306 N.E. 20th Avenue, Portland.

the conNexIon is a place for
your ARTICLES, pOeMs,
DRAWINGS, & more, much more.
drop off submissions at
outside In/////////
or call Lauren at 223-4121/
Tell us what you like, what
you don't like----
Help.
Read it.
Laminate it.
Pass it on.
And on and on and on. Get it?



Remember when we
were so old.
when we had seen
and done it all.
L.S.D. under
the rainbow
all the time laughing
while playing
on the beach.
being criticized
for the way we dressed
and the way we talked.
yet, secretly admired,
we knew
by the same ones that
despised us.
we were the pot heads
and juicers
unmoralistic
social abusers.
when we were so old
before we did crack
or smack
before we stole cars
or stripped in bars
when we went to jail
they set no bail.
we were juveniles
not yet eighteen
fooling with sex
playing with each others'
mind.
we were under age in punk
rock bars
wrecklessly thrashing about
in search of memory scars.
hoping to release the pent up
frustrations
we lived with
day to day
every day without fail.
now that I'm older I remember
it all so well.
sometimes I wonder if I'll
ever leave it all behind.

-- Gary C.

Meeting Date: DEC 01 1992

Agenda No.: B-4

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Briefing - Legislative Agenda Update

BCC Informal 12/1/92 BCC Formal _____
(date) (date)

DEPARTMENT Nondepartmental DIVISION County Chair's Office

CONTACT Fred Neal TELEPHONE X-3308

PERSON(S) MAKING PRESENTATION Fred Neal

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 30 minutes requested

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested, as well as personnel and fiscal/budgetary impacts, if applicable):

BOARD OF
COUNTY COMMISSIONERS
1992 NOV 24 AM 8:58
MULTNOMAH COUNTY
OREGON

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL Gladys N. Cuy

Or

DEPARTMENT MANAGER 4

(All accompanying documents must have required signatures)



GLADYS McCOY, Multnomah County Chair

Room 1410, Portland Building
1120 S.W. Fifth Avenue
Portland, Oregon 97204
(503) 248-3308

M E M O R A N D U M

TO: Chair Gladys McCoy
Commissioner Pauline Anderson
Commissioner Rick Bauman
Commissioner Sharron Kelley
Commissioner Gary Hansen
Office of the Board Clerk

FROM: Fred Neal
Intergovernmental Relations Officer

DATE: 11/23/92

RE: Briefing on Multnomah County Legislative Agenda

Briefing will be a review of the recently amended Association of Oregon Counties (AOC) 1993 Legislative Priorities and requested County departmental refinements and additions to the AOC list. This briefing will be followed up with a Resolution (proposed for adoption on December 10, 1992) concerning Multnomah County's 1993 Legislative Agenda.

Persons making presentation: Fred Neal, Bob Cantine, Association of Oregon Counties

FRN:ddf
cc: Bob Cantine
9584G/2



ASSOCIATION OF OREGON COUNTIES

LOCAL GOVERNMENT CENTER 1201 COURT STREET N.E., P.O. BOX 12729, SALEM, OREGON 97309-0729, (503) 585-8351

November 30, 1992

TO: Multnomah County Board of Commissioners

FROM: Robert R. Cantine, Executive Director

SUBJECT: Modification of AOC Legislative Priorities

The AOC Legislative Priorities were adopted at the Spring Conference in May. It was anticipated, and allowed for, that new information would result in a need to refine some of the legislative priorities at the Annual Conference in November.

This was the case at our Annual Conference in Eugene. Changes were proposed and adopted in five (5) areas: Road Financing, Regional Strategies, Use of Rights of Way by Utilities, Revisions to Public Contracting Law, and Park Financing. The refinements were as follows:

- Road Financing

1. Broadened the priority to focus on **transportation** financing instead of **road** financing to reflect coordination of approaches with the Oregon Transportation Plan (OTP).
2. Expresses support for a recommended funding package of OTP and Oregon Roads Finance Study. The OTP financing plan is only in the draft stage; however, the Road Finance recommendations are included as a major part of the OTP financing package.

- Regional Strategies

1. Replaces the initial priority recommendation with a substantially reconfigured regional strategies concept developed by the Governor's office, Oregon Economic Development Department, Local Officials Advisory Committee, and AOC Community and Economic Development Committee.
2. Key elements of the new approach are set forth in the second paragraph of the priority.

- Revision of Public Contracting Law

1. Modified to incorporate findings of a report prepared by the Program for Governmental Research and Education (OSU).

2. Proposed statutory changes include updating for inflation the \$50,000 threshold for requiring "least cost analyses", utilizing the improvement list developed as part of the budget process in lieu of a separate filing with the Department of Labor, and expanding the factors to be considered as part of least cost analysis.

- Use of Rights-of-Way by Utilities

1. Modified to separate into two issues: use of public rights-of-way for private purposes and authority of counties to enact permit fees for inspection of utilities construction in rights-of-way and pavement damage fees for utility damage to roadway.
2. The first issue is shifted to an "A" priority under Finance and Administration and seeks legislation extending to counties the current authority held by cities to issue franchises to utilities that use county road rights-of-way for private business purposes. Fees could be used for road and other county purposes.
3. The current "A" priority on State Reorganization and Efficiency will become the responsibility of each AOC committee as they work in their program areas.

- County Parks Financing

1. This priority is modified to express support for legislation being sponsored by the Oregon Parks Association which would increase the recreational vehicle fee, in an amount yet to be worked out, with 70% of the proceeds going to the State Parks and Recreation Department and 30% going to county parks.
2. A portion of the increased RV revenues would be used to pay back the \$300,000 overpayment by State Parks to counties.

Resolutions were also passed by the membership calling for:

- creation of a joint task force on law enforcement for improvement of the law enforcement system in Oregon;
- establishment of benchmarks to reflect our concern for those with disabilities;
- deletion of the Medicaid waiver provisions for Federally Qualified Health Centers and Rural Health Clinics as well as assurance by the State of Oregon that County Health Departments will have protection from cost shifting;
- AOC support for efforts to make the people of Oregon more aware of the benefits derived to date and the need for continued funding of projects in their communities to create jobs, further economic development, and improve the economy of Oregon; and
- adherence to certain principals be followed in any plan that would implement reorganization of State-level workforce development institutions.

PRIORITY: A

CATEGORY: Transportation and Parks

AOC POLICY: TRANSPORTATION [ROAD] FINANCING

LEGISLATION:

Support legislation to enact a recommended funding package of the Oregon Transportation Plan and the Oregon Roads Finance Study. *[Utilize the 1993 Road Finance Study as the foundation for AOC's position on road financing in the 1993 Legislative Session.]*

ISSUE:

The Oregon Transportation Commission adopted the Oregon Transportation Plan (OTP) on September 15, 1992, following an involved public input and review process. The purpose of the OTP is to develop a statewide safe, convenient, and efficient transportation system which promotes economic prosperity and livability for all Oregonians. The OTP outlines a multimodal transportation system needed to meet Oregon's future needs and identifies funding needs for all forms of transportation to achieve a balanced system.

The Oregon Department of Transportation, counties, and cities have *[are]* developed an update of the 1986 road finance study for the 1993 Legislature. The Oregon Road Finance Policy Committee *[has]* contracted with the national firm, Booz, Allen & Hamilton, Inc., to do the study. The study recommends legislation to address the unmet need. *[Revenue projections developed for the 1991 Legislature indicated that the funding gap for state, county, and city roads to the year 2004 exceeded \$19 billion.]*

The study *[will likely]* recommends the continued preservation of Oregon dedicated road revenues for roads and additional increases in road user taxes to further reduce the projected \$26.3 billion priority funding gap.

The study *[will]* also suggests *[consider]* ways of addressing road financing disparities among counties and *[cities and determine whether to continue the current]* offers alternatives to the special county program *[and special city programs]*.

The targeted funding needs *[findings and recommendations]* of the study are incorporated in the OTP, and included as a major part of the OTP draft financing package. The November 17, 1992, draft of the financing package is attached.

OTP DRAFT FINANCING PACKAGE

PART 1: HIGHWAY/TRANSIT/AVIATION BASE PACKAGE

- 4¢/gal. increase per year, 4 years with weight/distance
1995 Registration Fee (\$5)
Revised State/City/County Split
- Payroll Tax
Make available to all districts without vote
- Operating assistance to downstate providers
(\$4-5 million per year - tire and battery tax)
- Aviation
1/2-cent jet fuel (90% commercial)
Two-cent aviation gas

PART 2: DIRECTED REVENUE MEASURES

Road Related

- Studded tire fee
- Repeal gasohol exemption
- First time Transportation Access Fee (TAF)

Transit Related

- Rail Fund for High Speed and LRT
 - A. Bonding authority
 - B. Lottery funds
- Tire and battery tax
- Expanded state "in lieu" payments
- Increase cigarette tax

Flexible

- Allow tolls and congestion pricing

Other

- Marine and Rail Access, Lottery (EDD)
- Bike and Accessory Excise Tax

OTP DRAFT FINANCING PACKAGE

EMISSION FEE PACKAGE

- Portland Area Emission Fee Bill (DEQ)
- Constitutional Amendment
 - A. Portland area only, or
 - B. Any emission fee usable for transit, or
 - C. Limit to fees implement in nonattainment areas and/or
 - D. Transit trust fund
- Use of Funds
 - A. Collection/administration
 - B. Fund transit
 - C. Fund transportation demand management and other vehicle emission reduction measures

OTP DRAFT FINANCING PACKAGE

FUNDING ELEMENTS NOT REQUIRING LEGISLATION

- **STP/NHS Shift from Highway to Transit Programs - cities/counties/MPOs**
- **Local Vehicle Registration Fees**
- **Local Transit Access Fees (SDCs)**
- **Local Parking Fees**

REGIONAL STRATEGIES PROGRAM - DISCUSSION PAPER

November 10, 1992

The Governor's office and Oregon Economic Development Department (OEDD) have discussed the following revisions to the Regional Strategies Program based on meetings with the Association of Oregon Counties, recommendations from the Regional Strategies Program Evaluation, and internal discussions.

Key elements of this discussion paper include: multi-industry focus in strategies; allowance for local economic development efforts; increased regional project funding; increased timeline for plan development; multi-year timeframe for implementation of plan and projects; state review of strategies not regional projects; peer review component in state review; decentralization to regional boards of decision-making on staff, technical assistance, project selection and funding; and regional accountability to the Governor and Legislature for performance.

1. The existing Regional Strategies Program would be reconfigured. The new program would have regional boards developing long-term economic strategies for building up key industries (2 or 3) in the region. These strategies would include two year action plans, project concepts and performance measurements for meeting overall plan goals and objectives. Each biennium, regional boards would refine as necessary the long-term economic strategies and develop new two year action plans.
2. Funding for the program would be split into two pots: 1) 75% of the funds would be for technical assistance, staff for strategy development, and project implementation at the regional level, and 2) 25% of funds would be for multi-region projects selected by the Governor. Multi-region projects would be developed by regional boards.
3. OEDD's role in the program would focus on establishing a process for review and approval of regional strategies, ^{not projects} approval of regions and their long-term economic strategies; and monitoring regional results based on approved regional performance measurements. The process for review and approval of regional strategies would include regional representation. Once established, regions would remain constant through the duration of the regional strategy.
regionally agreed upon funding
4. Counties would be responsible for establishing and maintaining regional boards. Regional boards are to represent the various interests of the region. *Regions may include non-contiguous counties.*
5. Regional boards would develop the long-term economic strategies, corresponding projects, and necessary accountability for implementation of strategies and expenditure of funds. Their responsibilities would include: regional economic strategy development, development and funding of projects consistent with the strategy, funding for technical assistance and staff to support the above, fiscal oversight of staff and contracts, implementation of projects funded under the plan, and reporting to the Governor and Legislature on performance measurements included in the plan and expenditure of funds.
6. Regional boards would have the option of dedicating a set amount of regional funds for technical assistance and staff for strategy development.
7. As part of the regional strategy action plan, regional boards could propose dedication of a set percentage of funds for local economic development purposes (e.g., RLFs and

business development). However, these funds must support the development of the key industries included in the regional strategy. *RLF's are projects, not strategies. All funds will be released upon project approval.*

8. Multi-region project funding would be awarded, at the discretion of the Governor, ~~on a first come, first served basis~~ based on quality of defined projects submitted by regional boards. Multi-region projects must support the development of the key industries included in the regional strategies of the submitting boards.
9. Once regional strategies are approved, OEDD would provide regional project funding (less any used for technical assistance and staff for strategy development) to regions.
10. Regional boards will fund projects based on the regional board's evaluation. i.e. Merit and readiness of projects along with other factors will serve to guide the evaluation. Projects funded by regional boards must be consistent with approved regional strategies.
11. Regional boards would report to their respective counties, the Governor, and Legislature each biennium on performance and expenditure of funds.
12. Future strategy funding will be based on performance.

AOC POLICY: FEES FOR USING PUBLIC [USE OF] RIGHTS-OF-WAY FOR
PRIVATE PURPOSES [BY UTILITIES]

LEGISLATION:

Support permissive legislation that would extend to counties the current authority held by cities to issue franchises to utilities that use county road rights-of-way for electric, gas, communication and other facilities for private business purposes. Revise the Oregon Administrative Rules to permit county franchise fees to be incorporated in PUC rate determinations in the same manner as cities. Authorize the use of franchise fees for road and other county purposes. *[similar to the three bills introduced in 1991 (HB 2963, 2964, and 3264) granting counties the ordinance authority to enact one or more of the following provisions:]*

- [1. *Grant counties the same powers as cities to regulate utilities and to impose franchise fees for the use of county road rights-of-way.*]
- [2. *Allow counties to extend current right-of-way permit fees for administrative and inspection costs to utilities to reimburse road funds for costs of utilities placing their facilities and structures within the county road rights-of-way.*]
- [3. *Authorize counties to establish roadway damage restoration fees to be paid by utilities and other persons who cut road pavements or otherwise damage roadways and related structures while installing and maintaining facilities within the rights-of-way.*]

ISSUE:

ORS 758.010 requires counties to provide county road rights-of-way to water, gas, electric, and communication utilities "free of charge." The statutory prohibition against charging utilities dates back to 1862 when the Legislature determined that telegraph companies needed the subsidy to extend telegraph lines outside of cities as an incentive to extend telegraph services to rural areas. Subsequent amendments provided the same subsidy to telephone, electric, natural gas, and water companies to extend service to rural Oregon. The need for the subsidy no longer exists. *[Over 90% of Oregon has electrical and telephone services.]*

The extension of utility franchise *[and permit fee]* authority to counties is an issue of fairness. Utility rates charged both rural and urban customers include the cost of franchise fees, but only cities can collect the fees from the utilities using road and streets for private purposes. *[Cities and city residents can impose franchise fees on utilities using their rights-of-way, but counties cannot.]* Oregon, in fact, is the only west coast state where counties cannot charge for the use of the rights-of-ways.

R.W. Beck and Associates consulting firm was retained by the AOC (1) to review the policy of the PUC governing the treatment of regulated utilities' tax savings under Ballot Measure 5 and (2) to describe the ratemaking treatment of fees and taxes for investor-owned and publicly-owned utilities.

The consultant concluded that the method specified by the PUC for calculating the Ballot Measure 5 savings by investor-owned utilities underestimated the total effect of Ballot Measure 5 because it did not take into account the change in assessed value. The stipulated method agreed to by the PUC and the utilities only captured 81 percent of the tax savings for the energy utilities

The consultant further indicated that utilities are allowed to include all fees and taxes resulting from operations in revenue requirements to be recovered from customers. Taxes and fees imposed by cities are passed on to customers. However, according to PUC administrative rules, only a portion of the total fees and taxes imposed, up to a specified threshold amount, is allowed as operating expenses (i.e., included in utility rates), with the excess amount itemized separately on the bills of customers located within the city.

A different PUC administrative rule applies to counties. This rule requires the utility to collect the amount of the tax or fee from its customers in the county imposing the tax or fee, and further directs that the amounts "shall be separately stated and identified to all customers billings". This means that with the enactment of this priority and the subsequent adoption of the required county ordinance or agreement the total amount of the fees imposed by the county would be shown as a separate item on the customers bills. However, the PUC would have to amend its rules if the legislation required similar ratemaking treatment for both municipal and county fees and taxes.

AOC POLICY: USE OF RIGHTS-OF-WAY BY UTILITIES

LEGISLATION:

Support permissive legislation similar to the [three] bills introduced in 1991 [(HB 2963, 2964 and 3264)] granting counties the ordinance authority to enact [one or more of] the following provisions:

- [1. *Grant counties the same powers as cities to regulate utilities and to impose franchise fees for the use of county road rights-of-way.*]
- [2] 1. Allow counties to extend current right-of-way permit fees for administration and inspection costs to utilities to reimburse road funds for costs of utilities placing their facilities and structures within the county road rights-of-way.
- [3] 2. Authorize counties to establish roadway damage restoration fees to be paid by utilities and other persons who cut road pavements or otherwise damage roadways and related structures while installing and maintaining facilities with the rights-of-way.

ISSUE:

ORS 758.010 prohibits counties from charging utilities in the same manner as others who engage in work on county roads. Counties do incur costs whenever a contractor works on a road, usually making a cut in the road surface to install a waterline, gas service, or communications or electric cable. Such work on public property requires the road agency to inspect the work to assure that the road is restored to its prior condition. The current law shifts this cost from utilities doing the work to the public. These costs are directly attributable to the activity of the utility and should be borne by the ratepayers, not the taxpayers [*requires counties to provide county road rights-of-way to water, gas, electric, and communication utilities "free of charge." The statutory prohibition against charging utilities dates back to 1862 when the Legislature determined that telegraph companies needed the subsidy to extend telegraph lines outside of cities as an incentive to extend telegraph services to rural areas. Subsequent amendments provided the same subsidy to telephone, electric, natural gas, and water companies to extend service to rural Oregon. The need for the subsidy no longer exists. Over 90% of Oregon has electrical and telephone services.*]

[*The extension of utility franchise [and permit fee] authority to counties is an issue of fairness. Cities and city residents can impose franchise fees on utilities using their rights-of-way, but counties cannot. Oregon, in fact, is the only west coast state where counties cannot charge for the use of the rights-of-ways.*]

AOC POLICY: REVISION OF THE PUBLIC CONTRACTING LAWS

LEGISLATION:

Support *[Introduce]* legislation that will improve the efficiency of the public contracting process and eliminate unnecessary costs and administrative procedures as identified in the AOC/Oregon Association of County Engineers and Surveyors public contracting study *[being]* conducted by the Program on Governmental Research and Education at OSU including: *[The following are a few examples of the issues that are being considered in the study:]*

1. Add language to ORS 279.023 clarifying that "least cost to the public agency" involves more than cost comparisons on specific projects. The statute should specify that "least cost" analysis considers long range impacts of contracting on a public agency's ability to assure sustainability, quality, cost-effectiveness, and responsiveness to public needs and preferences over time. *[Further clarification of the statutory "Least Cost" policy as set forth in ORS 279.023(1).]*
2. Clarify that the public improvement lists required by ORS 279.023 are part of the annual budgeting process by requiring that they be filed with the Department of Revenue along with other budget documentation, and repeal the required filing with the Bureau of Labor and Industries. *[Revision of the public improvement list process and cost analyses as mandated in ORS 279.023(2) and the required filing with the Bureau of Labor and Industries.]*
3. Increase the \$50,000 project cost threshold above which ORS 279.023 requires preparation of a "least cost" analysis to an amount that reflects the effect of inflation since 1975, when this requirement was first enacted. *[Inflationary adjustment of the statutory \$50,000 public improvement provision in ORS 279.023(3) and (5) to reflect current cost and inflation since 1969.]*
- [4. Regionalization of the determination of prevailing wages for public contracts as required by ORS 279.348 to 279.365.]*
- [5. Increased emphasis on total life value of public improvements to include quality of construction as a consideration.]*

ISSUE:

Statutes dealing with contracting of public works have evolved in piecemeal fashion over the past 25 years with considerable influence from the private contracting sector. The resulting effect has been to produce a process that is frequently administratively cumbersome and costly for public agencies, and therefore, costly to the taxpayers. Public works contracting statutes and procedures are the subject of an AOC/OACES study that will be finalized in 1992 with results that may recommend sponsoring legislation to revise the contracting statutes.

PRIORITY: B

CATEGORY: Transportation and Parks

AOC POLICY: COUNTY PARKS FINANCING

LEGISLATION:

Support legislation sponsored [*being developed*] by the Oregon Parks Association to:

1. Increase recreational vehicle fees with an increased share for counties. The proposal would:
 - A. Increase the base rate on RVs by \$__ [3] and increase the per foot charge for lengths over 10 feet by \$__ [1].
 - [B. *Increase revenues by \$1.5 million to a total of \$8.75 million per year.*]
 - B. Split the fund 70% [80%] to State Parks and Recreation Department (\$__ [7] million per biennium [year]) and 30% [20%] to county parks (\$__ [1.75] million).
 - C. Use a portion of the increased RV revenues to pay back the \$300,000 State Parks overpayment in the next biennium.
- [2. *Adjust the State Marine Board's maintenance assistance program to reflect counties' costs for maintenance and operation of marine facilities.*]
- [3. *Modify the State Parks and Recreation Department's bond issue to allow for local government participation.*]

ISSUE:

The economic woes of the past 20 years, the decline of federal and state support in the '80s and the impacts of Measure 5 in the '90s have combined to greatly diminish financial support for county parks improvement, preservation and maintenance. County financial problems are seriously hampering parks departments' abilities to simply operate and maintain park facilities.

Between 1981 and 1989, per capita federal assistance has dwindled from \$90 to \$30. At the same time, state revenue sharing has also declined. Ballot Measure 5 and the continuing deterioration of timber related revenues have further exacerbated the crisis.

A recent update of the 1986 survey of park and recreation financing in Oregon shows that counties need an additional \$1.2 million in operation and maintenance funds just to return to the funding levels of 1979. In addition, a 1990 study prepared for the Oregon Resource Conservation Trust Fund Board identified capital improvement needs in excess of \$26 million for county park projects.

November 9, 1992

TO: Legislative Committee

FROM: Robert R. Cantine, Executive Director

SUBJECT: Amendment to AOC Legislative Priority -- Tax Policy

At the Spring Conference a motion was made and approved referring to the Legislative Committee the language set forth in General Principle #6 shown in the attached. The provision was later adopted by the Legislative Committee and incorporated in the Tax Policy.

This provision was reconsidered at the Board meeting on November 6, 1992. It was felt that the language did not adequately recognize the ongoing impact on counties of property tax revenue foregone as well as the continuing decline of federal forest revenues. For these reasons the Board has proposed the following amendment for consideration by the Legislative Committee and the membership:

- "6. The aggregate revenue yield for local and state government of any proposed statewide tax reform package should represent no net increase in the revenue above Measure 5 property taxes foregone [losses] after July 1, 1992 and losses in state and federal revenues shared with local governments.

RESOLUTION 92-__

CREATION OF A JOINT TASK FORCE ON LAW ENFORCEMENT

WHEREAS, because of changes in the economy, multi-cultural diversity, changes in local and regional workforces, technological advancements, population growth, expanding community expectations and shrinking fiscal resources, the role of law enforcement in Oregon is certain to change in both the near and the long term; and

WHEREAS, unless a coordinated and cooperative effort by the various entities involved in law enforcement is made to respond to changes that occur, then duplication, waste and loss in effectiveness of law enforcement is likely to result; and

WHEREAS, it is important that these entities jointly consider and resolve the issues associated with change and that they plan for development of an effective and efficient law enforcement system which protects the public safety of all the people of Oregon well into the twenty-first century; and

WHEREAS, creation of a joint task force including representatives of the Association of Oregon Counties, the League of Oregon Cities, the Oregon State Sheriffs Association, the Oregon Association Chiefs of Police, the Oregon State Police, the Oregon District Attorneys Association, or such other entities as are identified to have a major interest in law enforcement in Oregon is an appropriate means by which to address the anticipated issues in a coordinated and cooperative way; and

WHEREAS, there may be funds available through the State of Oregon to provide for staff and support services of such a task force; now, therefore,

BE IT RESOLVED, that the Association of Oregon Counties (AOC) endorses the creation of a Joint Task Force on Law Enforcement by the entities and organizations which have a direct interest in improvement of the law enforcement system in Oregon; and

BE IT FURTHER RESOLVED, that the AOC offers to participate as a member of such a task force; and

BE IT FURTHER RESOLVED, that the AOC urges the Governor of Oregon to endorse the creation of the Joint Task Force on Law Enforcement and to assist its members in the procurement of such federal funds or other moneys as may be available to provide staff and support services to enhance the ability of the task force to successfully complete its work.

RESOLUTION 92-

RESOLUTION ON OREGON BENCHMARKS

Whereas the State of Oregon, through the Oregon Progress Board and its Legislature have adopted Benchmarks to guide the direction of the State and measure progress toward stated goals; and

Whereas the Benchmarks are almost totally silent on providing for those whose handicaps hinder or prevent their being highly productive employees without special assistance; and

Whereas budget decisions are being made using the Benchmarks as the primary criterion;

NOW THEREFORE BE IT RESOLVED, that the Association of Oregon Counties calls on the Oregon Progress Board to add Benchmarks that demonstrate that this is a caring State and that we will value those among us who because of age, disease, physical or mental impairment, whether temporary or permanent, need our support.

November 17, 1992

RESOLUTION 92 -

RESOLUTION ON THE OREGON HEALTH PLAN

WHEREAS, the Oregon Health Plan (aka SB 27) will have a significant impact on all aspects of the health care system in Oregon; and

WHEREAS, community health agencies such as County Health Departments, Federally Qualified Health Centers, and Rural Health Clinics are an essential part of the health care system; and

WHEREAS, the Oregon Health Plan does not describe the role that County Health Departments and/or community clinics will play in the health care system; and

WHEREAS, the mission and purpose of these agencies is to provide a "safety net" for those who do not have health insurance, those who are low income and do not have health insurance, those who are low income and do not qualify for Medicaid, those who qualify for Medicaid but due to a variety of reasons cannot access the traditional health care system, those who do not speak English, those to live in rural and medically underserved areas, and/or those who are not adept in asserting their health care needs in a managed care environment; and

WHEREAS, County Health Departments and community clinics do not limit services, and therefore tend to serve a disproportionate share of the difficult-to-manage and medically high-risk clients without regard to the patient's ability to pay for such services; and

WHEREAS, the capitated payment mechanism being expanded under the Oregon Health Plan would create a financial incentive for larger Medicaid contracting organizations to shift more costly to serve, non-English speaking, and/or medically high-risk patients to County Health Departments and community clinics; and

WHEREAS, County Health Departments and community clinics may be forced to use already limited federal grants or very limited local funds to subsidize the State's Medicaid program and indirectly subsidize profit-making Medicaid contractors and insurance companies; and

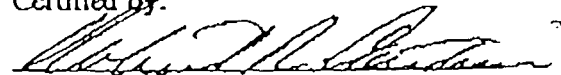
WHEREAS, County Health Departments and community clinics recognize their role in assisting managed care clients in using the appropriate health care provider, the failure of the Oregon plan to clearly describe the role that local health departments will play in the plan, by failing to provide protection against patient shifting and by failing to provide financial protection for cost shifting that accompanies such patient shifting, the Oregon Health Plan would unnecessarily affect both the access to and the continuity of care for some clients served by these agencies;

THEREFORE BE IT RESOLVED that the Association of Oregon Counties strongly urges that the Medicaid waiver request for the Oregon Health Plan be amended to fully describe the role that County Health Departments and community clinics will play in the Oregon Health Plan and that assurances be provided that these agencies will be allowed to fully participate in the delivery of and the reasonable reimbursement for the cost of health care to Medicaid-eligible clients; and

BE IT FURTHER RESOLVED that the Association of Oregon Counties urges that the waiver request for the Oregon Health Plan delete the request to waive the provisions of Medicaid statutes relating to Federally Qualified Health Centers and Rural Health Clinics and that the State of Oregon provide assurances that County Health Departments and clinics will have financial protection from cost shifting.

Adopted November 14, 1991
by vote of the membership at
conference in Ashland, Oregon

Certified by:


Executive Director

RESOLUTION 92

LOTTERY FUNDS

WHEREAS, the people of the State of Oregon proposed by initiative petition, an amendment to the Constitution of the State of Oregon, which was adopted by the people of Oregon at an election held on November 6, 1984, which provides for the operation of a state lottery for the purpose of generating additional monies for the public purpose; and

WHEREAS, the amendment adopted by the people includes a provision that all proceeds from the State Lottery, including interest, but excluding costs of administration and payment of prizes, shall be used for the purpose of creating jobs and furthering economic development in Oregon; and

WHEREAS, the amendment provided that the net proceeds of the Oregon State Lottery be turned over to a fund established by the Legislative Assembly from which the Legislative Assembly shall make appropriations for the benefit of the public purpose of creating jobs and furthering economic development in Oregon; and

WHEREAS, the Legislative Assembly has appropriated monies to cities, counties and local government for projects which have created jobs and furthered economic development in Oregon and which, if not for lottery proceeds funding, would not have been affordable at the local level; and

WHEREAS, since many cities, counties and other local governments are unable to continue to fund, without assistance of lottery profits, significant economic development projects necessary for improving the economy in Oregon, there is a critical need for the next Legislative Assembly to continue to appropriate lottery proceeds for economic development and job creation during the 1993-95 biennium; and

WHEREAS, there is a need to advise the Legislative Assembly and the people of Oregon, how the projects funded by lottery proceeds have already benefitted the people of Oregon and to advise of the need for continued funding of projects and programs for economic development and job creation at the local level.

NOW, THEREFORE BE IT RESOLVED, that the Association of Oregon Counties recognizes the importance and continuing need to improve the economy in Oregon by creating jobs and furthering economic development; and

BE IT FURTHER RESOLVED, that the Association of Oregon Counties supports and will participate in efforts of the Oregon Economic Development Department and the Oregon Lottery Commission to make the people of Oregon more aware of the benefits derived to date and the need for continued funding of projects in their communities to create jobs, further economic development and improve the economy in Oregon.

RESOLUTION 92-

RESOLUTION ON JOB TRAINING AND PLACEMENT

Whereas the State of Oregon is currently considering a plan that would implement major re-organization of many of the State-level workforce development institutions, and has asked for public comment on this plan; and

Whereas the Association of Oregon Counties (AOC) is vitally concerned with the topic of workforce development and how any State-level plan would be implemented and constructed, and how such re-organization might impact arenas of AOC concern;

THEREFORE BE IT RESOLVED, that regardless of the nature of the re-organization proposed or enacted, the following principals be followed:

- The highest priority for employment and training service delivery be given to operational decisions that are made at the local level.
- Partnerships and programs of proven performance be respected, encouraged, and protected.
- Operational principles evolved over time be respected and facts and lessons provided by history in job training and placement programs be considered valid in the face of contrary opinion today.

November 17, 1992

AOC POLICY: HAZARDOUS WASTE**LEGISLATION:**

Support an Advance Disposal Fee on distribution of all hazardous materials used in Oregon and/or license fees on distribution of such materials with the revenues statutorily dedicated to funding local government programs for collection and proper disposal of household and exempt small quantity generator hazardous wastes with statutory requirement for revenues to be provided to local governments providing household and exempt small-quantity hazardous waste collection services.

ISSUE:

Only a few local governments have provided services for collection of household hazardous wastes, and even fewer provide effective and affordable collection services for hazardous wastes from exempt small quantity generators. Many small business operators are caught in a squeeze between landfill operators who refuse to accept any quantity of hazardous materials due to the long-term liability related to such materials and the extremely high cost of disposing of the materials in the traditional hazardous waste disposal system.

DRAFT

ENVIRONMENTAL SERVICES

1. Parks

- a. Increase recreational vehicle registration fees between 20-50% and adjust the split of funds from 92% State - 8% counties to 70%-30%.

Recommendation: Multnomah County seek AOC support of concept.

- b. Oppose consolidation of Oregon Marine Board with State Parks Department.

Recommendation: Support AOC's existing policy of opposition.

2. Facilities Management

- a. Amend ORS 275.275 to allow counties to recover foreclosure expenses from the proceeds of foreclosed property.

Recommendation: Support Oregon Public Property Managers Association requested legislation.

3. Fleet Management

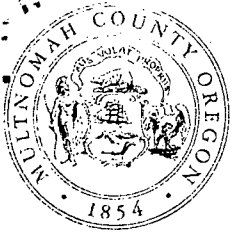
- a. Authorize State Department of General Services to provide motor pool services to other public agencies.

Recommendation: Support this Goldschmidt Task Force legislation, through AOC.

4. Planning

- a. Delegate LCDC and LUBA authority over land use decisions in the Columbia Gorge National Scenic Area to the Columbia River Gorge Commission, subject to review by LCDC of the Gorge Scenic Area Management Plan for compliance with State goals.

Recommendation: Support this Gorge Commission legislation, provided it has continuing safeguards for compliance with Oregon's land use goals.



GLADYS McCOY, Multnomah County Chair

Room 1410, Portland Building
1120 S.W. Fifth Avenue
Portland, Oregon 97204
(503) 248-3308

12/1/92
B-4

MEMORANDUM

TO: Fred Neal, Intergovernmental Affairs Officer
FROM: Howard Klink, Staff Assistant
DATE: November 30, 1993
SUBJECT: Human Services Issues for the 1993 Legislature

The Multnomah County Department of Social Services and Health Department have identified tax reform and mitigation of the impact of Ballot Measure 5 driven budget reductions on human service programs as top legislative priorities for the 1993 legislative session. These priorities are consistent with the Association of Counties (AOC) legislative agenda and are presented as follows:

1. Maintain current levels of funding for all health, housing, and human services programs.
2. Support tax reform proposals that do not place an unfair economic burden on low-income citizens and will provide adequate replacement and expansion revenue for all health, housing, and human services programs.

In addition, Multnomah County staff have identified specific programs of special concern that warrant close monitoring throughout the legislative budget process. These programs have been selected due to their status as county funding priorities or because cuts in these areas will have a particularly devastating effect on Multnomah County services and its citizens.

Areas of special concern are outlined below: (Detailed position papers are available on each item.)

I. PUBLIC HEALTH

A. MEDICAID ADULT DENTAL PROGRAM RESTORATION

Elimination of the adult dental program during the 1991 legislative session left over 100,000 clients statewide, and 30,000 in Multnomah County without dental services.

B. PREVENTIVE HEALTH SERVICES FOR CHILDREN, YOUTH, AND FAMILIES

This area reflects continued emphasis on state funding for services such as home visits to infants and their families, family support centers, school based health centers, expanded prenatal care programs, and team pregnancy prevention programs.

C. AIDS/HIV PROGRAM FUNDING

Any reduction in state funding for AIDS/HIV prevention and education programs will severely impact the 5,500-7,000 HIV-infected county residents.

II. HOUSING AND CHILDREN AND YOUTH SERVICES

A. HOUSING PROGRAMS

Programs of concern in this area include the State Homeless Assistance Program (SHAP), the Oregon Housing Trust Fund, the Housing Development Account, and the Emergency Housing Account.

B. CHILDREN AND YOUTH SERVICES

Programs of concern in this area include Children and Youth Services Commission funding for Great Start, the Student Retention Initiative, and juvenile delinquency prevention services.

III. MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

A. MENTAL HEALTH PROGRAM FUNDING

This program area reflects concern about anticipated reductions in the number of state hospital beds, community based mental health services, and elimination of services for clients who are not Medicaid eligible.

B. DEVELOPMENTAL DISABILITIES PROGRAM FUNDING

Significant reductions in vocational support and residential programs are anticipated.

IV. AGING SERVICES

A. COMMUNITY SERVICES FUNDING

This program area includes funding for home care, home health, mental health services, Oregon Project Independence, case management, and protective services.

B. STATE RESTRICTIONS ON LOCAL AREA AGENCY ON AGING (AAA) FUNDING AND AUTHORITY

This area reflects concerns about anticipated state proposals to eliminate the option to use county funds to generate Medicaid dollars and local control over which services are provided by the AAAs.

V. JUVENILE CORRECTIONS

A. STATE INSTITUTIONS AND COMMUNITY SERVICES

This program area includes funding for state juvenile institutions, parole, residential services for delinquent youth and adequate services for girls.

B. GANG PROGRAM FUNDING

This program area focuses on the need for continued state commitment to services for gang youth in Multnomah County.

Meeting Date: DEC 01 1992

Agenda No.: B-5

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Briefing - Governor's Task Force Update

BCC Informal 12/1/92 BCC Formal _____
(date) (date)

DEPARTMENT Nondepartmental DIVISION County Chair's Office

CONTACT Fred Neal TELEPHONE X-3308

PERSON(S) MAKING PRESENTATION Fred Neal

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 30 minutes requested

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested, as well as personnel and fiscal/budgetary impacts, if applicable):

BOARD OF
COUNTY COMMISSIONERS
1992 NOV 24 AM 8:58
MULTNOMAH COUNTY
OREGON

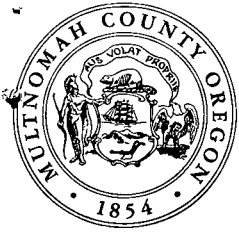
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SIGNATURES:

ELECTED OFFICIAL Gladys McCoy
Or

DEPARTMENT MANAGER 4

(All accompanying documents must have required signatures)



GLADYS McCOY, Multnomah County Chair

Room 1410, Portland Building
1120 S.W. Fifth Avenue
Portland, Oregon 97204
(503) 248-3308

M E M O R A N D U M

TO: Chair Gladys McCoy
Commissioner Pauline Anderson
Commissioner Rick Bauman
Commissioner Sharron Kelley
Commissioner Gary Hansen
Office of the Board Clerk

FROM: Fred Neal
Intergovernmental Relations Officer

DATE: 11/23/92

RE: Briefing on Governor's Task Force on Local Government Services

This briefing will be a review of the recommendations of the Governor's Task Force on Local Government Services (the Goldschmidt task force) and potential impact of the various recommendations on Multnomah County. Proposed legislation from the Governor's office will be analyzed and recommendations made for County response.

Persons making presentation: Fred Neal, Dave Warren, Betsy Williams, Lillie Walker, Ardys Craghead

FRN:ddf
cc: Dave Warren
Betsy Williams
Lillie Walker
Ardys Craghead
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Analysis of the
REPORT TO GOVERNOR ROBERTS
from the
TASK FORCE ON LOCAL GOVERNMENT
SERVICES
and potential effects on
MULTNOMAH COUNTY

OVERVIEW

In early June, Governor Roberts established the "Governor's Task Force on Local Government Services" to look at service delivery in Multnomah, Clackamas, and Washington counties. She asked the committee to look at areas where duplication was present and there were potential for savings. She asked for recommendations for cooperation, coordination and consolidation. Neil Goldschmidt agreed to be the task-force chair.

The task force selected nine criteria to be applied as appropriate to proposals to be sent to the Governor:

1. Will it save money, avoid costs, or improve services for no additional cost?
2. Does it provide the service effectively?
3. Is it at least as acceptable to the citizen?
4. Does it simplify or increase accountability?
5. Does it anticipate future needs?
6. Does it foster continuing cost competitiveness?
7. Does it consider employees' rights and treat employees fairly?
8. Does it increase possibilities of capturing benefits of technology?
9. Is it something government should be doing?

On September 15, the Task Force approved 19 recommendations and passed them to Governor Roberts. Included in the final document was a minority report critical of the establishment of "public service corporations" that are the cornerstone to several recommendations.

Copies of the Task Force report, and the full reports of the Task Force subcommittees are available from the Governor's office.

In general, the Task Force took a very broad view of what it examined. It assumed that any barrier to its recommendations could and would be overcome by the 1993 legislature. It may be argued that many of the recommendations do not meet one or more of the Task Force's criteria; that the Task Force assumed that "best case" results would occur, and major changes could be accomplished with no appreciable delay. It appears little, if any, consideration has been taken of the staff costs involved at various levels of approving and implementing changes.

The following are Multnomah County's Budget Office summaries and analyses of the 16 recommendations that could change the way Multnomah County performs its services (Schools, Building Code Services, and Water and Fire are not addressed).

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ROADS MAINTENANCE

RECOMMENDATION: Create an independent public service corporation through legislative referral to tri-county voters to provide all road maintenance services for the governmental jurisdictions in Clackamas, Multnomah and Washington Counties.

SAVINGS (REGIONAL) \$20 to 40 million over three years

Background

The Goldschmidt Task Force recommends that the State create a public service corporation to perform the roads maintenance functions for cities, counties, and the State Department of Transportation (ODOT) in the Metropolitan area.

The member agencies would contract for road maintenance with the corporation for three years. After that time, the agency may use another contractor or remain with the corporation, but they will not be allowed to form their own roads maintenance program. The Task Force cites 21 jurisdictions within the tri-county area that spend more than \$250,000 per year on road maintenance. The study reports that \$86 million a year is spent by these 21 jurisdictions collectively, but in fact that amount is spent by the 15 jurisdictions responding to the questionnaire.

The Task Force recommends that the jurisdictions transfer all equipment, personnel and facilities that are primarily devoted to road maintenance. Member jurisdictions would retain ownership of the roads and establish their own maintenance standards.

Task Force Methodology

The Task Force proposes a savings of \$20-40 million over the first three years of the corporation, most of which comes from 1) personnel savings, 2) cost effectiveness of joint purchasing of supplies, 3) savings from fleet and equipment purchasing, and 4) cuts in capital spending during the transition period. The subcommittee hired a consultant to help determine the savings derived by the corporation over current operations.

The savings from personnel reductions would be the greatest area of savings at \$19.5 million over three years. The corporation's staffing level is assumed to be equal to the current average of the member agencies. The study cites an average of \$2,732 per lane mile for fiscal year 1992-93, which would be an increase in staffing for some jurisdictions and a reduction in others. The cost for Multnomah County for the same time period is \$1,651. The Task Force report says that "The most questioned assumption used in the savings estimate is that personnel costs per lane mile in the corporation will equal the average of jurisdiction costs..." Multnomah County, with its low level cost per lane mile, has no deferred road maintenance. If the corporation intends to maintain the County's current road standards, it is difficult to say that they can do it at our current cost level, especially if the intention is to increase the cost of staff per lane mile.

The study assumes savings from purchasing materials and supplies as a corporation at 5% off of current spending. It is difficult to tell whether this assumed savings (over \$3 million for three years) is accurate since it is based on purely speculative assumptions.

The savings estimated by the subcommittee for equipment and fleet is \$7.5 million for three years. These estimates come from the assumption that since several of the large road equipment are duplicated, the numbers can be reduced through a sharing arrangement. This may be making programmatic assumptions that will not be workable. Several of the large road maintenance vehicles are for specific circumstances (sanding trucks, for example) and, although not used 100% of the year, are needed in more than one place at the same time when they are needed. In addition, any savings made by not purchasing additional equipment will be offset by the cost of transporting these vehicles around the entire tri-county area, say from Forest Grove to Cascade Locks. It is probable that there could be some savings by a sharing arrangement, but any estimates of savings should come after an inventory and operational analysis of the current stock.

The Task Force proposes that the member agencies transfer to the corporation all road maintenance facilities (if 50% or more owned by their road funds). The subcommittee report recommends that all facilities currently used for multiple purposes by member agencies could continue to be used through the transition period. After the three year transition period, some facilities would be returned to the member agencies. It is unclear whether Multnomah County's Yeon Building would be transferred to the corporation, or whether the other program areas currently using this building (Transportation administration, County Surveyor, Traffic Aids, Fleet Management, Road Fund Engineering, Parks Administration) would be allowed to remain after the three year period. These other programs use the majority of the building space, and costs of relocating and housing these programs has not been built into the savings assumptions.

The subcommittee also recommends a cut in capital spending during the three year transition period to 50% of current levels, while the corporation determines what (if any) additional facilities and equipment would be required. The report lists a savings of over \$8 million for this category. Clearly, the 50% limit is an arbitrary level, and at best represents a deferral of capital purchasing. There is no analysis done of the facilities currently assumed to be transferred, or the equipment on hand.

The Task Force does not directly address several operational aspects of the corporation. According to them, each jurisdiction would continue to own its roads, and would set the maintenance standards for the roads, presumably being charged for work done to that standard on the agency's roads. Due to the nature of the road maintenance business, this would present an operational quagmire for the corporation, involving tracking for different standards, different cost allocations, to different agencies along a single stretch of road. In addition, the member agency would have the additional cost of monitoring corporation performance.

Multnomah County has one of the most, if not the most, cost effective road maintenance programs within the tri-county area. It is not clear how contracting with this corporation would be any gain, financial or operational, for the County.

LAW ENFORCEMENT

RECOMMENDATION: Merge All City Police in Multnomah County and the County Sheriff into One Law Enforcement Entity Through Legislative Referral of a Countywide Ballot Measure.

Enhance the State Police Function; Support Community Policing; Keep Law Enforcement in General Purpose Government; Establish a Common Information System; and Regionalize Administrative Functions and Special Units.

SAVINGS (REGIONAL): \$9 to \$18 Million Over 3 Years.

Background

Consolidation of law enforcement agencies in Multnomah County has been discussed in various forms for nearly twenty years. As far back as 1974, a staff report prepared under the auspices of the *Police Consolidation Project* recommended a consolidation of all law enforcement agencies in the county. To date, no wholesale consolidation of the type recommended in that report has taken place. One is led to the conclusion that there must be some barriers to a merger which are not readily apparent from a review of the various reports prepared over the past several years.

Developing consensus on this subject has been difficult as the Task Force report noted. And, to a certain extent law enforcement, although one of the most basic local government services, is perhaps one of the most comprehensive and least understood by the general public. This can be demonstrated simply by looking at the local investment in law enforcement.

Five of the seven local governments in Multnomah County provide direct law enforcement services over an area encompassing 465 square miles and more than 600,000 residents. Together, the cities of Portland, Gresham, Troutdale, Fairview and the Multnomah County Sheriff's Office (MCSO) spend approximately \$127 million, with a staffing level of nearly 2,000 FTE, on law enforcement and the detention of criminals. The other two jurisdictions (Maywood Park and Wood Village) maintain contracts with the MCSO to provide an enhanced level of police patrol.

Serious discussions into the exploration of a potential law enforcement merger were conducted in the fall of 1991 with the creation of the ad hoc *Joint Government Committee*. This committee, composed of the elected representatives of all the local governments in Multnomah County, met for several months and reviewed a number of scenarios under which a merger might occur. Several issues came up during those deliberations and they served as the framework under which the *Governor's Task Force*, as well as the *Public Safety 2000* group, considered this vast and complex subject. Those issues can be summarized below:

- Multnomah County is predominately an "urban" county. What is an appropriate level of spending to provide direct law enforcement in a shrinking urbanized unincorporated area?

- Would consolidation provide for a sufficient level of "local control"?
- How do the goals of community policing fit in with any of the proposed merger plans?
- Would the Sheriff's mandated responsibilities extend within city boundaries?
- How would the issue of the Portland Police Bureau's unfunded pension liability be handled under a consolidated agency?

Task Force Methodology

The Task Force report identifies potential savings of between \$3 and \$6 million annually. This would be accomplished through a consolidation which would merge all current city police departments and the MCSO into one law enforcement entity. The resulting agency would be able to eliminate managerial and supervisory positions through a collapsing of the administrative hierarchy, civilianize positions currently staffed by sworn officers and eliminate duplicative services (i.e. Personnel, Training). The report points out that such a savings would approximate 5% of the current expenditures for law enforcement in the county.

The details of how such savings would occur are still somewhat sketchy. A possible scenario of what a merged law enforcement agency would look like can be postulated from examining the budgets of the five current agencies.

A staffing model for the merged Multnomah County Law Enforcement Agency would appear to be administratively "top heavy", based on recognized ratios of management to staff positions. Using a staffing ratio of one manager per nine staff positions (a figure developed by the Law Enforcement Assistance Agency (LEAA)) it could be assumed that approximately 60-70 current managerial positions would be eliminated. Whether this would be accomplished through attrition or by outright layoffs would probably be the determinant factor in the immediate savings generated - however, using a conservative estimate of \$40,000 per position, this action would save between \$2.4 and \$2.8 million.

Savings could also be generated by collapsing some sworn officer job classifications to help streamline the personnel system. For example, the Portland Police Bureau has a distinct job classification for Detective. In the Multnomah County Sheriff's Office this work is done by officers classified as Deputy Sheriffs. Portland Police Officers and Multnomah County Deputy Sheriffs average close to the same amount in pay. However, the difference between these two job classifications and the Detective classification is approximately \$8,000 per year. Eliminating the Detective classification (currently 97 FTE) and bringing those salaries into line with the Police Officers and Deputy Sheriffs would generate savings approaching \$.75 million per year.

Although it is difficult to determine an exact number of sworn positions performing duties which could be civilianized, generalizations can be drawn by looking at some of the units within the MCSO. For example, the Sheriff's Office has eleven sworn officers in the Services Branch alone. In general, the duties performed by sworn officers in these positions do not require the use of

specialized police skills. This analysis assumes (and this requires somewhat of a leap of faith) that there are between 50-75 positions which could be civilianized within all five law enforcement agencies. Further, assuming a savings of \$10,000 per position, most of which comes from a lower PERS contribution for non-sworn employees, this action could generate savings of between \$.5 and \$.75 million per year.

It must be pointed out that this analysis is based primarily on conjecture developed from a reading of the Task Force report and from conversations with staff assigned to the sub-committee. The potential for savings is only briefly touched upon in the final report. In addition, the report makes reference to the *Public Safety 2000* process and suggests that the recommendations of that group be weighed against the Task Force recommendations. Since the *Task Force on Local Government Services* report was prepared, *Public Safety 2000* has released a draft of its findings. Although the spirit of the recommendations is essentially the same, the specific direction offered seems to be in conflict with the Task Force report.

Many of the recommendations would clearly also require legislative action to be put into effect. For example, the Task Force recommends that the legislature give reconsideration to *ORS 236.610* relating to governmental mergers. Common interpretations of this statute suggest that employees who are affected by governmental consolidations must be paid at the highest rate among the merged jurisdictions. The Task Force offers the caveat that if this interpretation is upheld then any potential savings from a law enforcement merger would likely be negligible.

Finally, the recommendation to "keep law enforcement functions in general purpose government" seems to be inconsistent with the stated goals of a countywide consolidation. If, as the report states, it is important for local officials to retain accountability for directing the law enforcement function, one has to question how this would be accomplished under a single consolidated agency without a clear relationship to the existing political subdivisions. Perhaps a clearer direct accountability to the County Governing Body would resolve this issue.

MENTAL HEALTH

RECOMMENDATION: Create through legislative action a state corporation charged with providing mental planning, budgeting, and services for the tri-county area.

Background

The Goldschmidt task force recommends creation of a Tri-County Public Mental Health Corporation. All state funds for mental health services in the tri-county area would be transferred to the Corporation effective July 1, 1993. The intention is that the Corporation receive all State and Federal funds currently allocated for mental health in the tri-counties. The proposal also assumes that the three counties would continue to contribute funds to mental health services and pool their resources. The Corporation will develop a managed care system for children and adults over a two year period. The Corporation would continue to contract with the Counties for mental health services for the 1st year.

Task Force Methodology

Cost Savings Estimate for Administrative Savings: The committee estimated that an annual net saving of \$3.5 million could be realized if mental health, alcohol&drug, and developmental disabilities funds were managed by the Corporation. The Committee asserts that 73% of the county level administrative dollars could be eliminated. The subcommittee reports that in Multnomah County there are currently about 60 FTE performing administrative tasks. The proposal assumes that 80 % of this expense could be eliminated. 80% of 60 FTE is 48 FTE cut from Multnomah County. About 5 additional FTE would be cut from Washington and Clackamas County. These 53FTE cut would be replaced by 16 FTE working in the new corporation. There is a 73 % cut assumed in dollars for administration at the County level. In fact, the 60 reported administrative staff in Multnomah County includes billing clerks, payroll clerks, and word processing staff necessary to operate programs. Administrative staff(program director's, program developers, contract monitors, etc.) is about 22 FTE and administrative cost is about \$2.8 million.

The subcommittee's savings assume eliminating 80% of the 60 FTE of administrative and support personnel. The only way this could possibly make sense is if the tasks performed at the County level are unnecessary or are duplicated at the State or sub-contractor level. However, there is no evidence in the report to support the assumption that the tasks performed on the County level are duplicated at another level. The report states that administrative tasks include planning, program development, contracting, program monitoring, and program evaluation. In fact the proposal calls for increased program development and evaluation. Contract monitoring is important when in the order of \$50 million of public funds are being contracted.

The only cost reported for the Corporation is the salaries of 16 administrative employees(\$960,000). There is no cost listed for accounting, computer services, payroll, building management, legal counsel, and other overhead costs. In Multnomah County the indirect cost of the mental health, developmental disability, alcohol&drug program is \$1,000,000 annually. Including the cost of these services would reduce the net estimated savings, assuming the subcommittee does not expect Multnomah County to cut other areas of the County budget such as Accounting and County Counsel in order to free up funds to pay for the Corporation's infrastructure. The cost savings estimated by the subcommittee also includes \$1 million in administrative savings in large subcontractors.

but the report also says that the corporation would "provide incentives for efficient program management and service delivery by: allowing programs to retain and reinvest savings from increased efficiencies." It is unclear how cost savings could be recouped from sub-contractors.

The proposal also states that the enabling legislation would specify that the public corporation would **"not be subject to existing statutes or regulations which pertain to local government unless specifically cited in enabling legislation."** This raises important questions about accountability in areas such as bidding, purchasing, and awarding of contracts. The subcommittee report states that "virtually none of the mental health dollars in Multnomah County are competitively bid." In fact the majority of contracted dollars are competitively bid. Also, because the budget of the Corporation will not be approved by a legislative body, as the counties mental health budgets are now, public review of salaries paid to Corporation administrators will not occur.

The proposal states the new Corporation streamlines the layered administrative chain in the current system. The proposal is to eliminate most of the County government level and replace it with the Corporation. There would still be three levels, the State, the Corporation, and the sub-contractors. The plan assumes cutting \$245,000 from the \$21,000,000 annual administrative expense at the State level (1% cut), cutting \$3,240,000 from Counties (75% cut), and cutting about \$1,000,000 annually from large contractors (as total administrative costs for subcontractors is not reported, no percentage can be calculated). The five largest subcontractors alone are reported to have about \$3 million in administrative costs. The report's figures show that the State spends about 5.5% on administration, Multnomah County spends about 7.5% on administration, and large contractors spend 11% on administration. This adds up to 24%. If this percentage is too high, then specific administrative savings need to be identified. This means that unnecessary or duplicative reporting or other tasks need to be identified and eliminated. No such procedures or paperwork are identified in the report and no explanation of how creating a corporation would solve the problem is provided.

Cost saving Estimates From Managed Care: The subcommittee believed that savings possible from shifting to an HMO type managed care system range from 10 to 20 percent, or \$6 to \$12 million annually. There is no data or argument presented to show how this figure was estimated. Under a managed care system access to care is monitored or metered to control usage and ensure the appropriate level of care is used. The object is to control costs. Under a traditional indemnity insurance model the pressure on a profit center is to maximize the amount of service. Under a capitated system, where a profit center gets a flat amount per month per client, the pressure is to minimize the amount of service. Therefore, an important aspect of capitated systems is monitoring of quality. Particularly in light of the administrative cuts proposed, it is not clear how this need will be met.

The proposal refers only to the approximately 55 administrative FTE (to be replaced with 16 FTE in the Corporation). But in Multnomah County there are also 35 developmental disabilities case managers (largely funded with state mental health funds) and 18 Family and School case managers (largely funded with County General Funds). Are these case managers to be transferred to the Corporation?

Effect on Multnomah County: The subcommittee proposal assumes that the three county governments would continue to contribute funds to mental health services and pool their combined resources. The report states that Multnomah County's General Fund contribution in 92/93 for mental health including Dev. Disability, and Alcohol & Drug is \$7 million. In fact, the County General Fund

support is \$6 million. In addition to the \$6 million budgeted in Mental Health, the County provides \$1 million in administrative support services including accounting, payroll, purchasing, building management, and legal counsel. The \$1 million in County General funds are put in the mental health budget and then are paid back to the General Fund as a service reimbursement for indirect cost. If this \$1 million was contributed to the Corporation's pool, it would be a loss to the General Fund. Also the County may vote to contribute to the corporation an amount of General Funds equal to what it presently budgets in Mental Health Youth and Family Services, but because of the local control of local taxes issue, this is not assured.

PURCHASING

RECOMMENDATION: Form, by legislative action, a fee-supported, public purchasing co-op of local governments to consolidate and coordinate purchasing power throughout the region.

SAVINGS (REGIONAL) \$3 million over three years

Background

The Goldschmidt Task Force recommends that the State create a corporation to perform the purchasing functions (contract administration, purchase of capital, stores, administering minority vendor programs, surplus property disposition, bidding and appeals) for cities, counties, and service districts in the Metropolitan area (Option B in the Subcommittee report). The Task Force recommends creation of this corporation within one year.

The goals advanced by the task force are to reduce the costs of purchased goods and services, reduce inventories, reduce administrative overhead, and increase productivity in buying decisions.

The Subcommittee report on which the recommendation is based also makes an alternative proposal (their Option A) to form a Council of Governments for purchasing departments in the tri-county region to standardize purchasing processes and achieve greater purchasing discounts.

Task Force Methodology

The Task Force computed the estimated savings by attempting to identify a base level of purchasing staff necessary to provide service and assuming that all staff in excess of this base level could be eliminated. (The table on page 68 of the Appendix II document shows the computation.)

To arrive at the base level, the task force added up the total goods and services procured by six major public entities in the metropolitan region. They then divided that total by the number of purchasing staff employed by each. The committee determined that the appropriate base staffing level for all agencies was the average of the two agencies with the highest value of purchases per purchasing staff member, Washington County (for 1991-92) and Beaverton Schools (for 1992-93)

Using this methodology, Multnomah County should have 9.34 staff in Purchasing - 5.66 fewer FTE than current. At that rate of staffing, assuming that each employee is compensated at a rate of \$35,000 per year (the Task Force assumption), this staff reduction would save \$198,000 per year. While such savings are enticing, they are very unlikely.

The assumptions are based on flawed premises.

The first questionable premise is that purchasing is purchasing; that no matter how individual organizations have structured their processes, the same level of staff in a central location will serve equally well for all organizations. As a test of the logic, consider eliminating central purchasing entirely. Clearly, the organizations will buy the same amount of goods and services

without a purchasing office, and, under the Task Force's methodology, it would cost nothing to procure the goods.

The Task Force explicitly recognizes that operating departments perform some portion of the procurement process. Because the cost of these decentralized purchasing functions is difficult to estimate, the Task Force has ignored them. As a result, Washington County's purchasing process, an explicitly decentralized system relying heavily on line organizations doing their own procurement, establishes the base recommendation for purchasing staffing. It may be true that Washington County has the most efficient and cheapest purchasing process, but the Task Force methodology cannot be used to demonstrate it. And it is certain that the numbers resulting from the Task Force methodology are not an accurate reflection of the cost of Washington County's purchasing processes or those of any of the other organizations either.

The second questionable premise is that there is no difference between the kinds of purchasing activities needed by the various agencies even though the pattern of purchases is widely divergent. By implication, the Task Force recognizes this is a problem. They excluded Metro from their list of organizations reviewed because "of very high capital construction expenditures." (These must be very high indeed. One of the two organizations used to establish the baseline, Beaverton Schools (1992-93), is spending 72% of its "purchasing budget" on capital - a high school construction project.) Typically, a major construction project is a major purchasing effort as well, but it does not begin to approach the amount of purchasing effort that would be required to spend an equivalent amount of money on multiple materials contracts or professional services contracts. The six organizations evaluated procure very different patterns of goods and services. Even a brief look at the table on page 68 of the Appendix shows this clearly. Assuming that these are "normal" patterns for these organizations, the kinds and levels of purchasing staff they require are likely to be equally different. A fee-supported cooperative purchasing entity would be unlikely to successfully satisfy the needs of the organizations that would be forced to depend on it and to achieve the kinds of savings from reduced staff that the Task Force postulates.

Other Considerations

The Task Force notes three areas for potential cost savings through consolidation:

1. purchasing goods and services through increased coordinated volume and system contract buying,
2. increase employee productivity (by simplifying procedures, focusing on "life cycle" costs of goods procured, and standardizing equipment purchases),
3. reducing the need for central warehousing and stores staff.

All of these are currently being attempted, at least by Multnomah County. Multnomah County has consolidated pharmacy stores and central stores, and has taken on the stores function for Portland. The County and a number of other jurisdictions have been working hard at increasing the number of joint price agreements and volume purchases. Multnomah County, since at least the Buchanan administration, has worked hard to establish life-cycle costing as a significant factor in evaluating bids. These efforts, and others along the same line, should be encouraged no matter what the fate of the Goldschmidt Committee recommendations.

ELECTIONS

RECOMMENDATION: Support legislatively enacted changes in Oregon Election Law that would:

- Allow vote by mail at the primary election.
- Eliminate the requirement that names be rotated on the primary ballot by providing for a system of random ordering of candidate names on the ballot.
- Eliminate at least one election date and make all district director elections biennial in odd-numbered years.
- Authorize the Secretary of State and counties to cooperatively produce a voters' pamphlet.
- Eliminate the requirement that notice of cancellation be mailed to a voter if the post office lists "no forwarding address."
- Enable cities to contract with counties to administer elections.
- Enable shared voter registration database.

SAVINGS (REGIONAL) \$2.8 million over three years in the metropolitan area, more statewide.

Background

As the Elections subcommittee report states, "Nearly all aspects of elections are regulated by state law to ensure uniformity and integrity in the conduct of elections. Because of this, most changes in elections procedures in the tri-county area of necessity involve ones that would affect all counties in the state."

The Elections Task Force recommendations include several that would require changes in the state laws but would result in substantial cost savings for Multnomah, Clackamas and Washington counties, as well as the other counties in the state.

Task Force Methodology

Each recommendation was considered separately and the cost savings identified are specific to each recommendation. Because some elections costs are reimbursed by the jurisdiction whose issue or candidate is on the ballot, not all savings listed below will be a direct benefit to the County's General Fund. In those cases, the costs saved would be offset by the reduction in reimbursement from the other government agency, and would in turn be a cost savings to that agency.

- Allow vote by mail at the primary election. Oregon is currently using vote by mail for elections with district candidates. The recommendation by the subcommittee is to change legislation to allow vote by mail in the primary election, and evaluate the possibility of extending vote by mail to the general election. The cost savings identified for this recommendation is \$92,000 for Multnomah County, and would be a benefit to the County's General Fund.
- Eliminate the requirement that names be rotated on the primary ballot by providing for a system of random ordering of candidate names on the ballot. Oregon is one of only four states that requires rotation in the primary election. There are several concerns with the name rotation system, including the question of whether the system really implants a level of fairness to the candidates concerned. The rotation system is an expensive process due to increased printing costs and person-hours involved in organizing and proofing ballots. The cost savings identified for this recommendation would have been \$324,000 for the 1992 primary election, most of which would be a benefit to the County's General Fund.
- Eliminate at least one election date and make all district director elections biennial in odd-numbered years. There are currently five election dates a year in Oregon. The elimination of any County-wide special election in Multnomah could be as much as \$165,000, and would be a cost savings to the agency concerned. All but three school districts in Oregon elect school board members each year. The change to make all district director elections biennial in odd-numbered years would save \$64,000 in Multnomah County, which would represent the cost savings to those districts.
- Support legislation to limit election of precinct committee people, local school advisory committees, and soil and water conservation district directors; limits include putting contested races only on the ballot, issuing certificates of election in uncontested races, and not providing for write-ins; for local school committees, further limit the election to the district rather than attendance area. This recommendation concerns elections for positions that are generally characterized by a large number of positions, few filings and very few contested races. These changes will save some printing costs (estimated \$75,000 within Multnomah County for the precinct committee people for the 1992 primary, which would directly benefit the County's General Fund) and a great deal of administrative time and effort, which costs are more difficult to determine.
- Authorize the Secretary of State and counties to cooperatively produce the voters' pamphlet. Support efforts by the Secretary of State to examine and evaluate options for voters' pamphlet that would reduce costs. Four Oregon counties, including Multnomah and Clackamas, currently prepare a voters' pamphlet. Much of the information within the counties' document duplicates that of the State voters' pamphlet. If the efforts were combined, an estimated savings within the two area counties would be around \$42,600 for printing and postage costs. It is unclear whose costs would be relieved, the State or the counties or a share. If the format of the voters' pamphlet were changed, printing and delivery costs could be reduced, since both are a result of the length of the document.

- Eliminate the requirement that notice of cancellation be mailed to a voter if the post office lists "no forwarding address." The estimated cost to Multnomah County of sending notices of cancellation is \$1,000, which would benefit the County's General Fund.
- Enable cities to contract with counties to administer elections. Both cities and counties handle candidate filings, initiatives, and contribution and expenditure reports. This is an area of duplication of effort, and there is a potential for cost savings if there were contractual agreements between the County and cities for County administration of elections. Potential savings were not estimated.
- Support legislation that directs the Secretary of State to work with Clackamas, Multnomah and Washington counties to explore the cost/feasibility of a pilot project for a shared voter registration database; support legislation that adds voter registration systems to ORS 246.590 which provides for loans for purchase of equipment for voting machines; encourage cost/feasibility analysis of a statewide centralized voter registration system through cooperative effort between the Secretary of State and Association of County Clerks. Currently in Oregon, all voter registration information is completely decentralized among 36 counties. There is great potential for both cost and time savings, and increased efficiencies and service level through better communications between counties, as well as the State Department of Motor Vehicles and death list information.

Multnomah County can benefit directly from the changes recommended here by over \$450,000, and the agencies within Multnomah County will save an additional \$250,000. In addition, there is great potential for even greater savings in the short term as well as the long term.

BUSINESS INCOME TAX COLLECTION

RECOMMENDATION: Establish one definition and format for Business Income Tax (BIT) for all jurisdictions. Collection would be consolidated and be revenue-neutral for local jurisdictions.

SAVINGS (REGIONAL): \$1.2 to \$1.8 million over 3 years.

Background

The City of Portland and Multnomah County are the only jurisdictions now imposing a BIT. Portland describes their revenues as being "business license fees," but the committee recognized that all but the basic \$100 fee Portland imposes on each business is an income tax. Portland administers their tax within the License Bureau, while Multnomah County's collections are handled by the Oregon Department of Revenue (DOR) as an adjunct to the collection of the State corporate income tax.

Implementation

For possible collections of BITs by other governments within the State, the only logical choice for a tax-administration body is the DOR. No other entity would be as able to (or even interested in) collecting taxes for a down-state jurisdiction. This implies Portland must switch to the DOR for collection of at least the tax on income it now imposes.

Multnomah County must work with Portland and the DOR to establish a common set of rules to tax imposition and collection. There may be some City charter or perhaps State laws preventing this. Legislation may need to be enacted. The County should change its BIT conditions to permit uniformity.

Simultaneously, Portland and the County could work with the DOR to simplify (read reduce administrative overhead = tax collections costs) by adhering more closely with the State tax rules. At its most simple, a business could be asked to pay a percentage of the amount they pay as State income taxes, depending on how much business they do within the local taxing jurisdiction.

The Goldschmidt committee states that the resulting revenue streams would not change as a result of consolidation. That is very easy to say, but a very difficult thing to make happen with changes in tax rules and processes. The DOR has no reason to capture data on local business activity. Forecasting revenues based on even minor changes in local tax code has been very difficult for both Portland and the County. Major changes by any jurisdiction would require some educated guess work by rate setters to establish desired results. Portland and the County may wish to ask the DOR to "guarantee" results as rates are initially set, then perhaps modified to obtain the desired levels.

Staff time will be necessary to work with Portland and the DOR, as well as Board consideration of any absolutely necessary code changes. The Task Force says the County could see perhaps \$50,000 annual savings in the amount the DOR charges the County because much of the overhead (staff, records, equipment) will be shared with jurisdictions imposing a BIT.

DATA PROCESSING

RECOMMENDATION: Consolidate large data centers, common databases and applications, develop open standards-based architecture, and formalize joint planning and coordination among local governments through intergovernmental agreement.

SAVINGS: \$1.6 million over three years.

Background

The Goldschmidt Task Force has made the 4 recommendations based upon long term savings to be derived from greater coordination in the planning of information systems by affected governmental agencies.

Task Force Methodology

The report identifies \$1.6 million of potential savings over three years. This number is from the Joint-Services Study which was done by Multnomah County and the City of Portland in 1991. The number represents estimated savings and does not include the one-time-only costs of consolidating the centers or the increases in operational costs of operating a joint center. In the Joint Services Study these figures were provided to justify a further study which would confirm the benefits and identify all costs associated with the consolidation of two or more of the data centers. Until a complete study of costs and benefits is completed, it is not possible to correctly identify the potential savings (if any) of consolidating Data Processing centers.

Within the County, the Data Processing Management Committee has set policy direction for all data processing in the County for over fifteen years. As a result, all of our major data systems are capable of sharing information and providing ready access. The systems are not fully integrated at this time due to: 1) procedural issues and 2) lack of resources. Extending the state's statutes will not solve either of these problems and may substantially increase the costs of acquiring new hardware and system software.

The task force recommends that the State's "open systems" statute be extended to local governments. The State of Oregon has mandated hardware and software standards in an attempt to insure that "information resources fit together in a statewide system capable of providing ready access to information, computing, and communication resources". The data needs of local governments are fundamentally different from the State's needs. The data needs of local governments are focused on the operational activities which support service delivery. The data needs at the State level are for management control and policy decisions. There is serious concern that information technology platforms which meet State standards may not adequately address the problems which are facing local governments. While the need to share data within and between organizations is a primary concern, it should be left to the local jurisdictions to select hardware and software which meets current and future business needs.

The county has undertaken a tremendous amount of joint planning and coordination among local governments within the metro area. Examples include:

- Computers which support service delivery in Multnomah County and the City of Portland are connected as part of a wide-area network. The network includes computers in the State of Oregon Executive's Office and the State Department of Human Resources. Data sharing takes place between assessment and taxation, health care and criminal justice.
- Clackamas County and Multnomah County have completed, or are working on various data processing projects. Most significant was the reprogramming necessary to support changes to assessment and taxation required by Measure 5. Currently Clackamas is assisting Multnomah County with the design and installation of the X-Image system in the County's detention facilities: a project which includes the City of Portland, State of Oregon, Clackamas and Multnomah counties.
- Multnomah County provides computer support to the Juvenile Divisions in the three metro counties.
- Agreements exist between Metro and all three counties to develop a Geographic Information System which covers the tri-county area.
- County Data Processing Managers from all Oregon counties meet twice a year, in conjunction with the meetings of the Association of Oregon Assessors and/or the Association of Oregon Tax collectors. This forum provides an opportunity to discuss areas of interest, address common problems, identify cost effective solutions to these problems, anticipate future needs and share experiences. Representatives from the major state agencies are invited to attend these meetings.
- Jim Munz, director of the County's Information Services Division, has scheduled a meeting of the DP managers from the larger municipal DP centers in the metro counties. This will give all participants an opportunity to examine the impact of the Task Force report on metro DP centers.

With this level of cooperation and data sharing, there is little duplication of effort at the operational level. The major benefits which are identified in the report result from the elimination of the duplication of support services which occurs when business functions in the different governments are merged.

ANNEXATION

RECOMMENDATION: Legislative annexation of remaining unincorporated areas within the urban growth boundary of Multnomah County into the appropriate city.

SAVINGS (REGIONAL): \$1.2 million in direct costs over three years and \$2.8 million over eight years for the City of Portland; indeterminate for other Multnomah County cities. More efficient provision of services over the long term.

Background

The task force recommends that the next Legislature mandate the annexation of unincorporated urban Multnomah County into the City of Portland. No changes to general State annexation law would be required.

Task Force Methodology

The task force's estimate of savings uses the cost of Portland's annexation efforts as the base. Portland spends \$398,000 annually on annexation efforts. Because Portland plans to annex the entire mid-County area in eight years, a legislative mandate for immediate annexation would save Portland \$2.8 million over those eight years. This is the only jurisdiction for which a financial impact is calculated.

Using their assumptions however, the financial impact on the County may be calculated. The task force assumes that Portland will absorb all sheriff patrol costs in the urban area. This will save the County approximately \$1.9 million. Increased compression will cost the County between \$1.0 and 1.9 million. In sum, the County would net the difference between these two.

All this assumes that one accepts the task force premise that annexation is the solution to solving some unstated problem. The report makes statements which are questionable and ignores other glaring issues. Some examples:

- It ignores the tax increase issue for annexed areas. Portland is capped at \$10 per \$1,000 of assessed value. Unincorporated areas fluctuate between \$6.25 and \$8.56. These areas, if annexed to Portland would pay up to \$375 more in taxes on a \$100,000 house (and that is just for local government. It does not include schools or bonded indebtedness). The task force counters that these citizens are currently receiving government services but not paying for them. The increase in taxes would make up for this.
- The recommendation assumes annexation will fix duplication of police and urban planning services between the Sheriff, Troutdale, Gresham and Portland. The report lists these jurisdictions as having duplicative patrol, criminal investigation and related police administrative services. The report seems to indicate such duplication would cease under its recommendation. This is not true. The Sheriff would continue to serve areas east of Gresham and the cities would continue neighborhood patrol, criminal investigation and various administrative services. Furthermore, though Multnomah County would stop providing planning services to those annexed areas (a loss of 1.3 FTE), only 42% of the County's land

area is within the urban growth boundary. The remaining 58% will still need sheriff patrol and planning services.

- It does not address lost revenue to County due to increased compression. The areas not currently under tax rate compression would be subject to such compression under this annexation scenario. Assuming that all of mid-Multnomah County were annexed to Portland, Multnomah County would lose between \$900,000 and \$1,900,000, depending on how the special districts were dealt with. This loss would be spread between the County's tax base (78%), the library levy (10%) and the jail levy (12%).
- The task force assumes annexed areas do not have community schools, nuisance abatement, police, parks, water or sewer. The report states that annexed areas would receive the "...City's full complement of quality-of-life services, such as neighborhood associations, community schools, and nuisance abatement." Unincorporated areas currently have their own school districts (David Douglas and Centennial), the County Health Department through Vector and Nuisance Control provides nuisance abatement services to the unincorporated areas (even surpassing the level found in some cities in the control of illegal dumping). The Rockwood Safety Action Team is a national model for community policing. Multnomah County implemented two community policing teams before Portland was even interested in the subject.

The obvious service which unincorporated Multnomah County is missing is sewer. When discussing this issue, one needs to remember that all of mid-Multnomah County will be served by sewer eventually. The State and Federal governments have mandated it to be. The question remains as to how this service will be financed and by whom. Portland has offered discounted sewer hookups if residents will annex to the City. For those who choose not to annex, they will need to finance their own hook up.

- Finally, the report ignores unincorporated areas of Washington and Clackamas counties and the solutions they utilize. Unincorporated urban areas are common to all three counties in this region. The task force chose to ignore Washington and Clackamas county areas saying "political realities have caused the subcommittee to limit its annexation recommendation to Multnomah County." However, Multnomah County is at the bottom of Metro's population estimates for the three counties within the urban growth boundary but not in a city:

Washington	126,036
Clackamas	91,790
Multnomah	67,735

Based on 1989 Metro figures.

The report also ignores how the other counties have dealt with some of their service problems without annexing the unincorporated areas.

The main reason the task force did not deal with the other counties is that Portland's annexation plan calls for the complete annexation of mid-county in eight years. There is no such plan for the cities in the other two counties.

FACILITIES MANAGEMENT

RECOMMENDATION: Combine City of Portland and Multnomah County facilities maintenance services by intergovernmental agreement. Allow bidding contractual services by geographical area and consolidation of property insurance to gain economies of scale. Reduce contractual work restrictions (union collective bargaining agreements) addressing general maintenance functions.

SAVINGS: \$225,000 to \$450,000 over three years.

Background

The Goldschmidt Task Force recommends combining City and County facilities maintenance services, and establishing service and purchasing standards based upon need rather than available funding. The Task Force also recommends bidding for services on a geographical basis to allow a single contractor to maintain government facilities regardless of jurisdiction, consolidation of property insurance, and modifying union contracts to promote more efficient use of human resources in performing general maintenance functions currently prevented by contractual work restrictions.

Task Force Methodology

1. Combining facilities maintenance agencies may result in cost savings and a more cohesive Facilities Management unit in the future, but it would take time. The task force proposal does not specify where or how the savings will be realized, and makes no effort to identify the costs of the consolidation effort itself. The consolidation costs may reduce the anticipated savings by a substantial amount. It may be possible to save 5% of the county administrative costs through consolidation. This amounts to \$18,000 per year or \$54,000 over three years.
2. Actual savings to be realized from efforts to contract on a geographical basis have not been properly identified. The \$75,000 to \$150,000 figure in the Task Force recommendations was based upon an "off the cuff" response by Fred Venzke of the City of Portland and F. Wayne George. Actual savings could be less ... or more.
3. We will leave the analysis of dealing with centralizing facilities maintenance responsibility within the City of Portland to the City of Portland. It should be noted that Wayne George indicated his belief that city consolidation of facilities maintenance is an important step if the City and County wish to consolidate as one unit.
4. Insurance policies are specific to the facility being insured. Any economy of scale (such as less administrative costs) have already been realized. It is possible that minor savings may be realized where facilities are shared with another jurisdiction. A complete analysis of all policies will be necessary to identify specific savings or costs. There will be some costs associated with

performing the study. Maximum anticipated savings is \$10,000 per year, or \$30,000 over three years.

5. The recommendation to eliminate contractual work restrictions "to allow more efficient performance of general maintenance functions" is a union issue. The task force proposal does not identify which functions or which unions may be affected. It should be noted that most of our contracts have been recently renegotiated and that this concern with maintenance functions was not voiced as a concern by management, supervision, or the unions during negotiations. Additionally, although possible, it can be extremely difficult to negotiate changes to an existing contract. The union may choose not to discuss this issue until the present contract is near expiration. Anticipated savings over three years is \$0.

6. Pending consolidation, increased coordination among local governments:

- a. High volume purchasing and standard specifications on a consolidated basis should produce savings. This idea should be combined with the findings/recommendations of the Purchasing subcommittee. Concerns with warehousing and distribution will need to be addressed.
- b. If "development of common inventory of buildings to enable sharing or exchange among governments" means collocation, savings are only achievable if both entities are able to liquidate some facilities. If both entities keep all facilities and we just "share", there are very few opportunities for savings. An in-depth analysis of existing facility use, present availability, and future needs would have to take place. This will cost time and money, but may be cost effective if we are able to liquidate some facilities.
- c. Exchanging employees with areas of special expertise amongst governmental entities is possible. It is another issue which would be largely influenced by existing union bargaining agreements, and therefore may not be discussed until the present contracts are up for renegotiation. No savings will be realized if any government entity assesses rates that equal out-sourcing costs rather than in-house costs. Anticipated savings over three years is \$0.

CABLE FRANCHISE FEES AND REGULATION

RECOMMENDATION: Develop Legislation to:

**Consolidate Portland/Multnomah County Cable Regulatory Commissions if Not Accomplished by January 1, 1993.
Consolidate the Merged Portland/Multnomah County Commission with Washington County Metro Area Communication Commission by January 1, 1995.**

Franchise Fees Go Directly to the Local Jurisdictions' General Purpose Funds.

SAVINGS (REGIONAL): \$180,000 - 240,000 Over 3 Years From Consolidation of Portland and Multnomah County Regulatory Commissions.

Background

The regulation of cable television (CATV) franchises is currently performed in Multnomah County, Portland and Washington County under a variety of organizational structures and intergovernmental agreements. The regulatory role, in the context it is discussed here, differs from that performed by the Public Utility Commission. Since local governments are prohibited from dictating rate structures under federal law, regulation primarily takes the form of ensuring that CATV companies are upholding the terms and obligations of their franchise agreements.

Local governments authorize the granting of cable franchises within their jurisdictions. In return for the right to provide CATV service to local residents, cable companies pay a franchise fee to local governments (generally 5% of gross revenue) in much the same way as PGE, PP&L or U.S. West would pay a franchise fee for access to the city right-of-way. In addition, most CATV franchise agreements contain a provision that cable companies must make available a certain number of channels for "public access and local origination programming."

Regulation of CATV franchises in Multnomah County is currently done both by the City of Portland and the Multnomah Cable Regulatory Commission (MCRC). The MCRC was created through an intergovernmental agreement between the cities of Gresham, Troutdale, Fairview, Wood Village and Multnomah County. Discussions have been underway for approximately 18 months to consolidate these two bodies in the hopes of eliminating a perceived duplication of effort.

Task Force Methodology

The recommendations assume a savings of between \$60-80,000 per year over three years. This would be accomplished through a consolidation of the staffs of the Portland and Multnomah County regulatory agencies. No staff positions are specifically identified in the report, but it is likely that at least one position would be eliminated through the consolidation.

It is also likely that there would also be some M&S savings associated with the consolidation of the MCRC with the City's Office of Cable Communications & Franchise Management.

It is important to note that this consolidation was underway and probably would have happened regardless of the Task Force's recommendations. It is also important to recognize that the savings specified in the recommendations are not General Fund savings. Under the current franchise agreement which the MCRC has with Paragon Cable, all franchise fees are specifically dedicated to two activities - franchise regulation and local access programming.

It is unclear, either from reviewing the Task Force report or from talking to people involved with this issue, how the current franchise agreement would be changed. The report recommends that there be one single franchise for all of Multnomah County. Under the existing arrangement the earliest this could take place would be 1998.

Another recommendation made by the Task Force would have all franchise fee revenue placed in the General Fund of the respective jurisdictions. This practice is currently followed by the City of Portland. However, Portland's Office of Cable Communications and Franchise Management is responsible for more than just CATV regulation.

If the current Multnomah County franchise agreement were changed to reflect the Task Force recommendations it is possible that some revenue could be generated for the General Funds of the respective jurisdictions who make up the MCRC. As an example, in FY 91-92, the Paragon CATV franchise generated nearly \$600,000 in fee revenue for the Cable TV Fund. Under the intergovernmental agreement 40% is dedicated for franchise regulation and 60% goes to local access programming.

Assuming that a change in the franchise agreement would still maintain funding for local access programming, approximately \$360,000 would be available (the 40% currently dedicated to regulation) to be split between the five member jurisdictions. Based on current estimates of the number of CATV households in each jurisdiction, Multnomah County's share of this fee revenue would be \$75,000-80,000 - some of which would probably have to be used to support the consolidated CATV regulatory function.

It must be stressed that this is simply one possible scenario at this point, because it has not been made clear how the proposed consolidation of CATV regulatory offices would be accomplished.

ASSESSMENT & TAXATION

RECOMMENDATION: Establish, by intergovernmental agreement, reciprocity agreements to utilize the appraisal and bankruptcy expertise unique to each county.

Seek through legislative action an increase in the minimum value of personal property required before filing a return.

Seek through legislative action a constitutional amendment to redefine "real market value" and to return to a January 1 assessment date.

Create a tri-county task force to recommend to the legislature revisions in exemption and special assessment statutes.

SAVINGS (REGIONAL): \$222,000 over three years.

After hearing from the assessors of the three counties the task force decided that full consolidation of the three county departments of assessment and taxation would cost more than it would save. This conclusion reflects the cost of integrating three departments that have evolved to places that, while all regulated by the same State statutes, have chosen to implement statutes in ways unique to them individually. The cost of consolidating these systems may erase any savings that would result.

Furthermore, there was a fear that a regional agency would only add an additional layer of administration. The current staffing patterns would have to remain because they are determined by the number of accounts. Consolidation would not decrease the number of accounts.

Finally, the task force determined that the three metro counties have the most cost efficient programs in the state. This was determined by comparing the cost of the department per \$1,000 in taxes, the total assessed value and the cost per capita.

The savings noted by the committee resulted from the sharing of expertise in particular assessment areas as well as savings from changes in the way the Board of Equalization (B of E) and the Board of Ratio Review operate their functions. Assessment and Taxation estimates changing the way B of E conducts its hearings may save the County \$15,000. Sharing special assessors throughout the region would only save training money. The proposed regional specialists would have to travel between the Coast Range and Mount Hood. Travel and perhaps even housing costs might prove this to be false savings.

Other items of note include:

- Multnomah County's assessor, Bob Ellis, questions whether the sharing of expertise will save any money. He does say it will improve the quality and consistency with which the assessments are done.

- Changing the minimum value of personal property required to file a return is a result of the assessors saying that they spend an inordinate amount of time on these returns. The recommendation, however, may not change the amount of time A&T spends performing the function. It only changes the exemption level. There are other statutory changes which need to be made in order to streamline the system. These were not noted by the committee.
- Changing the penalty for failure to report personal property will provide more revenue for the County though it is difficult to determine the amount.
- Changing the assessment date back to January 1 would return the State to the schedule used before the passage of Measure 5. Such a move will probably not save any money. However, it will give A&T more time to accomplish their work, value appeals can occur before tax bills go out, and estimating property tax revenue for budgeting will be simplified. The down side of the shift is that the year the plan is implemented would result in only six months of property value growth. Unless those six months have astounding value increases, the County may see a serious reduction in property tax revenue.
- The coordination of regional GIS mapping efforts is already underway. The County is currently undergoing a six year project to convert its maps to a state standard. Coordination responsibility rests with the State of Oregon.
- The Director of A & T will be working through the state Assessors Association with other counties to create a Legislative Task Force. The Task Force will work with all Oregon counties to address issues raised by the committee (including exemptions and special assessments) before the next Legislature.
- The integration of computer systems for Assessment and Taxation was discussed by the subcommittee. It was the consensus of the Assessing Officers and Data Processing Managers that any integration should begin at the State level. It would be duplication of effort for groups of counties throughout Oregon to attempt to integrate computer systems at the county level, especially for counties which are as different as those in the metro county area. A project of this type should begin by having the State Department of Revenue identify the requirements for a system capable of serving all counties in Oregon. The costs and benefits of building a state wide system could then be identified. If the benefits are sufficient, the project should be undertaken with the cooperation of the various county associations. To attempt this at the local level would not be cost effective.

9-1-1 EMERGENCY TELEPHONE SERVICES

RECOMMENDATION: Create by intergovernmental agreement or executive order a regional 9-1-1 commission to identify cost efficiencies and consolidation to augment the State's current Emergency Management efficiency study prior to the 1993 legislative session.

SAVINGS (REGIONAL): Undetermined pending completion of recommended study.

Background

Oregon has a statewide "9-1-1" system funded in part by a 5% excise tax on telephone service. The statute which created the Oregon "9-1-1" Program directed that, at a minimum, there should be a single "9-1-1" answering point in each county. Multnomah County closely approximates this goal at the present time.

A study of the current "9-1-1" system is underway and is due to be reported for consideration by the 1993 Legislature. The task force recommends supporting the Legislature's directive to the Oregon Emergency Management Division in implementing that study. In addition, a recommendation is made to create a tri-county "9-1-1" Advisory Committee which will, presumably, determine the appropriate use of "9-1-1" service and determine where local efficiencies can be achieved.

Task Force Methodology

Since the Task Force did not identify potential savings which might result from a more efficient "9-1-1" system it is impossible to gauge what impact these recommendations will have for Multnomah County.

The "9-1-1" system in Multnomah County is currently operated by the Bureau of Emergency Communications (BOEC) and is governed by a user committee comprised of the following representatives:

- Portland Police Bureau
- Portland Fire Bureau
- Multnomah County Sheriff
- Multnomah County Emergency Medical Services
- Gresham Police Department
- Gresham Fire Department
- Troutdale Police Department

Under the current system, all emergency "9-1-1" calls are directed to the BOEC communications center at Kelly Butte. Dispatch for Police and Emergency Medical is done by BOEC employees.

Any call requesting fire service is transferred to the Portland Fire Bureau for dispatch. Each jurisdiction is charged for their share of the costs of operating the Kelly Butte center through a formula which was agreed to by the various members.

Discussions are currently underway to merge the Portland FAD system with the BOEC; when this is accomplished there will be one single "answer point" for all emergency services in Multnomah County. In addition, a sub-committee of the BOEC User's Committee is currently undertaking a review of the funding formula to determine the most equitable distribution of costs when fire dispatch is added to BOEC's portfolio.

One of the goals of this sub-committee is to determine more accurately who uses "9-1-1" services and how those users impact on the system. As part of this process, a system for handling "non-emergency" calls will be developed. The creation of a non-emergency communications system and the subsequent public education process will ultimately help to maximize the efficiency of the emergency communications center and serve as a cost control mechanism for the member jurisdictions.

LOCAL EMERGENCY MANAGEMENT / EMERGENCY SERVICES

RECOMMENDATION: Establish a Regional Emergency Policy and Planning Group composed of local governments to address regionwide emergency policy command, training, and resource management.

SAVINGS: None identified at this time

Background

The Subcommittee examined four options to improve planning and service delivery in case of a disaster:

1. Maintain the existing emergency management office structure, formalize and strengthen the Regional Planning Group (RPG),
2. Consolidate existing emergency management offices into a single regional entity,
3. Reorganize the emergency planning and management structure so that local emergencies would be dealt with by city and county offices, and regional disasters would be dealt with regionally,
4. Centralize all emergency planning and management under the State.

The Goldschmidt Task Force recommends option 1, implementing it either by an Executive Order of the Governor or by an intergovernmental agreement locally.

Methodology

The Subcommittee did not identify potential savings as a means of evaluating any of the options. The Subcommittee did establish two pieces of financial data that may be worth review in the future:

First, the Subcommittee examined the revenue sources supporting emergency management programs around the state (a table on page 150 of the Appendix document). The emergency management programs in the tri-county area are more than 70% supported by local funds.

<u>Jurisdiction</u>	<u>% Paid by Federal Government</u>
Multnomah County	30%
Clackamas County	28%
Washington County	21%
Portland	32%
Gresham	29%
Beaverton	32%

The Task Force also determined that these same organizations fall considerably short of the guidelines recommended by FEMA (Federal Emergency Management Administration).

<u>Jurisdiction</u>	<u># of FTE Lower than Federal Guidelines</u>
Multnomah County	(2.4)
Clackamas County	(5.0)
Washington County	(3.0)
Portland	(3.75)
Gresham	(1.0)
Beaverton	(1.5)

It may be that the FEMA guidelines were computed based on a level of effort that is performed locally in organizations other than the emergency management offices. The Subcommittee does not attempt to explain what appears to be a significant resource problem for the area, particularly in light of the amount of FEMA money available to the local jurisdictions.

Other Considerations

The emergency management offices of the tri-county jurisdictions have attempted to coordinate their efforts and establish common standards and training. These efforts should be encouraged and the Goldschmidt Task Force recommendation would strengthen this effort.

In Oregon, State law requires counties to provide an emergency management program. Cities may choose to provide such a program.

Within the individual jurisdictions there is evidence of inconsistent levels of cooperation between service delivery organizations and the emergency management programs. The chart (page 154 of the Appendix) of pro's and con's associated with the four options reviewed by the Subcommittee points out that one argument against several of the proposals is the lack of consolidation among the system service delivery components (police, fire, medical, and public works agencies). The recommendation offers some prospect for improving the cooperation between service delivery components and the emergency planning offices.

FLEET MANAGEMENT

RECOMMENDATION: Create by intergovernmental agreement a Fleet Managers Coordinating Council to further explore consolidation of maintenance, repair and fuel functions, create an inter-agency motor pool, use common billing for automobile and equipment fueling, and create a common data base.

SAVINGS (REGIONAL) Undetermined

Background

The Fleet Management subcommittee came up with a series of ideas for the Coordinating Council to consider. The Task Force forwarded these recommendations through their report.

Task Force Methodology

The Fleet Managers Coordinating Council would include fleet managers from local jurisdictions and the State of Oregon. The main goal for this committee would be to reduce mutual costs and improve the use of resources. The County's Fleet Manager, Tom Guiney, recommends that the County support the formation of a Fleet Managers' Coordinating Council that would meet regularly to explore potential areas of efficiency and intergovernmental cooperation. It should review the listed recommendations to determine the appropriateness of inclusion in the "Council's" work plan. It is not known at this time how many agencies will participate in the Coordinating Council.

The recommendations include the following:

- An inventory of existing and proposed maintenance and fueling sites operated by the State of Oregon and the various local jurisdictions should be done, and information gathered regarding each site's equipment and capabilities. Consolidation of sites and sharing of functions could result.

An inventory of fueling sites operated on all levels of government in the metropolitan area should be developed. Several of these sites will be costly over the next few years, because of the need to pull and replace tanks. If some of these sites could be closed because of duplication, there will be cost savings as well as operational efficiencies. The more complicated and time consuming proposed inventory of maintenance facilities, equipment, and capabilities should be examined if the Fleet Managers' Coordinating Council determines a need for the information.

- The Coordinating Council should re-examine the servicing, dispatch and locations of their general purpose fleet, if only to confirm that the present distribution of maintenance facilities and fleet services is optimal. There is a possibility of savings from the establishment of an inter-agency motor pool for city, county and state vehicles in the region.

Discussion is already underway between Multnomah County and the State for shared use of vans to transport disabled people. This allows the County the use of these vehicles on an infrequent basis without paying the high purchase price.

- The Coordinating Council should examine the potential for consolidation of maintenance and repair functions for specialized vehicles and small engine equipment.

Multnomah County currently provides some fleet services to the small cities in east county, ROCN, the Port of Portland, the FBI and the Federal Marshal. The County also provides some service to the City of Portland, and vice versa. Multnomah County is currently negotiating with the City of Gresham to provide vehicle maintenance and repair for public works vehicles. This type of mutually beneficial intergovernmental cooperation should be encouraged and supported.

- The Coordinating Council should explore the potential for creation of a common distribution system, perhaps incorporating the State's shuttlebug.

Distribution services for the City of Portland, the County and the State currently interface through their agency mail rooms.

- Development of a common billing system for automobile and equipment fueling should be explored. This may be done in conjunction with the credit card system being implemented by the State of Oregon.

If a centralized fuel network is implemented, a single billing and dispensing system would be a good idea.

- As fueling sites are consolidated, rebuilt or relocated, the capability to provide alternative fuel either at present or in the future should be incorporated into the design.

Alternative fuels for fleet use will become more and more common and may be mandated in the near future. The capability of providing alternative fuels in the future should be considered in all fueling facility plans.

- As part of the inventory, a survey of the maintenance requirements and facilities for public safety vehicles and equipment should be done. Specific opportunities to collaborate or consolidate should be explored.

If the Fleet Managers' Coordinating Council decides to develop a maintenance facility inventory, it should examine collaborative or consolidation opportunities for public safety vehicles, public works specialty equipment, small engine equipment, and general purpose vehicle maintenance. The various proposals for consolidation of police services or road maintenance services will have definite impacts on the need for this inventory.

- Vehicle and equipment purchasing functions should be examined for special consideration and treatment. Additional ways to streamline or make the process more efficient and convenient for the users should be explored.

Multnomah County has purchased vehicles through the State price agreement and City of Portland and Washington County purchasing agreements. Additional methods to streamline the process should be explored.

- Study of the trip patterns of agency employees should be done with the goal of exploring ways to establish a car pooling or ride-sharing system both within the among the individual agencies. This may include more intensive use of the Shuttlebug.

The use of the shuttlebug by County employees could be a workable idea for those employees going to meetings in locations the shuttlebug serves.

A specific consideration for Multnomah County is the possibility of transferring road maintenance and Sheriff's patrol responsibilities and vehicles to some other agencies. In the event that those vehicles went to other agencies, it would have to be decided whether or not the new agencies would be responsible for fleet maintenance. There is a possibility that those agencies would wish to contract with Multnomah County to provide that service, which could reduce the overhead costs for the rest of the County fleet users. On the other hand, if road maintenance and patrol vehicles are removed from the County's fleet system, the remainder of the vehicles could be too expensive to maintain in-house. Other maintenance sources may then be necessary for the remaining County vehicles, as well as the vehicles the County currently maintains for other agencies. This would be expected to cost more than current in-house expenses.

EMPLOYEE HEALTH CARE BENEFITS

RECOMMENDATION: Reduce health care costs by reducing demand through education, economic disincentives, standardization (including multi-jurisdiction plans), and self insurance.

SAVINGS (REGIONAL) Impossible to estimate, but potentially substantial.

The task force recommends many of the things Multnomah County is now emphasizing:

- Educating employees to maintain a more-healthy lifestyle.
- Making employees more aware of actual health-care costs.
- Negotiating contracts that place first-dollar coverage with the employee, but cover the majority of continued expenses. Five labor contracts in the past year have moved in this direction.
- Continued self-insurance, with insurance administration provided by professional organizations selected by bid.

The Task Force estimated local government employee health care to average approximately \$4,320 per employee per year. Multnomah County spends \$2,850, about two-thirds of the average.

The Task Force also recommends a review of the state employee Oregon Health Plan to see if local governments would benefit from inclusion. The County should carefully weigh any proposal for further savings.

RETIREMENT SYSTEM

RECOMMENDATION: Controlling cost increases in Public Employees Retirement System (PERS).

SAVINGS (REGIONAL) Unknown

Background

The Task Force believes that new benefits and special treatment of various employee segments has increased PERS rates. Surpluses may now exist, and would be larger had the aforementioned increases not been put in place.

Task Force Methodology

The task force recommends a ten-year moratorium on PERS health and retirement benefit increases. Rates will fall as replacement revenues augmented by investment surpluses grow faster than spending requirements. The Task Force also recommends making all local government contribution rates equal, stabilizing PERS costs and budget requirements for each jurisdiction.

- Local jurisdictions may need to modify benefits, including PERS, to attract (and retain) employees from other states and the private sector.
- Consideration also needs to be of the make-up of the retired members of each jurisdiction. Central Oregon is different than Portland, and both are different from coastal jurisdictions. Rates are different between counties, schools, cities, and special districts. If a combined rate was established, there is potential that a tax payer in one part of the state may be supporting local service of another part of the state. This is true because rates are determined actuarially based on individual jurisdictions. In basic terms, the average age of employees, when the jurisdiction became a member of PERS, and assets currently available are used to determine the rates charged by PERS. Actuarial analyses are very complex and involved other factors. There is not a feasible solution to the problem, if there is a problem.

12/1/92
B-5

MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS

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PAULINE ANDERSON

GARY HANSEN

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SHARRON KELLEY

PLANNING & BUDGET

PORTLAND BUILDING

1120 S.W. FIFTH - ROOM 1400

P. O. BOX 14700

PORTLAND, OR 97214

PHONE (503)248-3883

TO: Board of County Commissioners

FROM: Dave Warren *DCW*

DATE: December 1, 1992

SUBJECT: Overview of the Governor's Task Force Recommendations

The Governor's Task Force on Local Government Services made a number of recommendations for consolidated or changed service and support systems. Based on the report and its appendixes, Planning and Budget summarized and analyzed these recommendations in a report dated 10/19/92.

Some of the recommendations are worth pursuing (although further study would be required by all).

Support proposed changes in election law -- increasing the use of mail ballots, eliminating rotation for candidates, reduce the number of potential elections for certain kinds of positions all have identifiable savings for the County and for other jurisdictions as well.

Business Income Tax uniformity for all jurisdictions -- no savings to the County, but potentially a reduced operational cost to Portland [although Portland raises serious objections to this proposal].

Consolidate data processing centers -- the savings are probably overstated given the recommendations proposed, but a study by Technology Management Group (jointly funded by Multnomah County and Portland) indicates that real savings from consolidated operation could be expected (mostly by Portland).

Consolidate Cable Regulatory staff -- minor savings, not available to County General Fund, but in the long run a sensible proposal to pursue.

Some of the recommendations do not appear to make good sense or do not appear to have the potential to come up with the savings the Task Force asserted.

Road Maintenance public service corporation -- the assumptions about materials savings and capital savings are at best speculative, and the estimated personnel savings come from a cost per lane mile about 60% higher than the County currently spends.

Mental Health state corporation -- the savings assumptions are speculative, the resulting agency remains a third layer between the State and direct service providers, and the proposal assumes continued General Fund support by Multnomah County even after the County's responsibility is eliminated.

Public Purchasing co-op of local governments -- the assumed savings are based on very shaky methodology and the resulting entity would be expected to serve many different kinds of governments with many different kinds of materials and services needs.

There are recommendations that are too ambiguous or incomplete to be either recommended or disputed.

Law Enforcement merger - the analysis of savings and details is cursory. The Task Force expected the Public Safety 2000 report to clarify the operational issues; instead, Public Safety 2000 has made a completely divergent recommendation.

Legislative annexation of areas within the urban growth boundary in Multnomah County -- the savings to Multnomah County appear minor, the solution ignores the far more sizable problem of unincorporated areas in Clackamas and Washington Counties.

Combine Portland and Multnomah County facilities maintenance functions -- the estimated savings are not substantial, and are based on very preliminary estimates. Most of the advantages depend on consolidation within the Portland bureaus, the advantages to the County appear to be very minor and may not justify the difficulties of transition.

Assessment & Taxation reciprocity agreements and statutory revisions -- minor estimated savings, not based on any in-depth analysis of the operations of the three organizations in the tri-county area or their relation to the Department of Revenue.

9-1-1 Emergency Telephone regional study commission

Strengthen the Emergency Management Planning Group -- no estimated savings but in the long run a sensible approach to planning.

Fleet Management coordinating council -- to examine fleet operations in the tri-county area for possible efficiencies.

Employee health care benefits -- potentially large savings from changing administrative structures and insurance coverage, but, since County costs are only 2/3 of the estimated local government average, not much likelihood of additional savings for Multnomah County.

Controlling cost increases in PERS -- benefit increases make rates higher; the proposal to cap benefits and create a single local government rate is too vague to analyze.



MULTNOMAH COUNTY OREGON

GLADYS MCCOY
COUNTY CHAIR

EMPLOYEE SERVICES
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LABOR RELATIONS
PLANNING & BUDGET
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MEMORANDUM

TO: Board of County Commissioners
Gladys McCoy, County Chair
Pauline Anderson, Commissioner
Rick Bauman, Commissioner
Gary Hansen, Commissioner
Sharron Kelley, Commissioner

FROM: *Lillie M. Walker*
Lillie M. Walker, Director
Purchasing, Contracts and Central Stores

DATE: December 1, 1992

RE: BRIEFING - GOVERNOR'S TASK FORCE ON LOCAL PURCHASING SERVICES

The series of meetings conducted by the Governor's Task Force on Local Purchasing Services resulted in a recommendation to establish a mandatory fee-based purchasing cooperative for the Tri-County area (Portland, Clackamas, Multnomah and Washington Counties and special Service Districts). Following this recommendation, the Governor established a Bill Drafting Committee. The draft bill is identified as LC 1396. The bill creates a Tri-County Public Purchasing Cooperative as an independent public cooperative. Implementation of this bill would begin July 1, 1993. Monies for start-up cost would be provided by the State of Oregon Department of General Services with repayment due by 1995.

Summary of major provisions of the bill

1. Tri-County jurisdictions include the (3) three Counties, the City of Portland, school districts, special districts, ESDs, and quasi-municipal corporations.
2. The bill provides (4) four options for formation and duties of the cooperative. Participation in (3) three options is mandatory and fee based. Option 3 requires that a determination be made as to whether the State Purchasing Division a private contractor or the cooperative itself could purchase goods and services at lower overall costs. Option 4 is voluntary after the local entity demonstrates unique need for certain goods and services; or the ability to purchase similar goods or services at lower costs than obtained by the cooperative.

3. Fees include an annual assessment for each jurisdiction for purchasing services, additional payment for any expenses incurred by the cooperative, and a membership fee for each member.
4. The chief executive office of the cooperative will consider and my appoint officers and employees from existing purchasing agencies.
5. The cooperative would not be subject to purchasing laws specifically applicable to local jurisdictions unless made specifically applicable to the cooperative.

Impact - Positive

- o May lower costs as a result of combining the requirements of several jurisdictions;
- o Eliminate duplication of effort in areas of specification development and advertisement.
- o Smaller jurisdictions would likely receive better prices, overall quality of products and delivery service.

Impact - Negative

- o The mandatory cooperative creates an additional layer of purchasing and forms an additional layer of Purchasing further distance from the end user.
- o Cost saving to local jurisdictions may be eliminated or substantially reduced due to assessments, expenses of the cooperative and a membership fee. Currently, the fees to the State Purchasing Division for cooperative purchase exceed the cost of a professional buyer.
- o May cause lay-off of existing employees who will need to be compensated.
- o Lack of accountability to local jurisdictions.
- o May cause small local vendors to go out of business.

Recommendation

The idea of cooperative purchasing is not new. Larger agencies are well organized, effective and efficient in their purchasing efforts and join with each other to maximize cost savings. In addition to the purchasing efforts, most of the major jurisdictions in the Tri-County area have been working together for over two years to develop and issue a RFP for a Multi-jurisdictional M/WBE feasibility study which is now almost complete. Better working relationships between the agencies developed as a result of these meetings. Prior to the Governor's Task Force on Purchasing Services, we were exploring a common IGA that each legal counsel could agree upon to decrease processing time for cooperative purchases. We are now further identifying common use items and

leads agencies to expand cooperative purchasing. This would result in cost savings by eliminating duplication of effort.

Formation of a voluntary cooperative would allow us the planning time to develop statistical data to better determine the benefits and problems before being locked into a mandatory cooperative which would cause us to relinquish equipment, materials, possibly staff and small vendor loss and local accountability.

Because each jurisdiction would accept responsibility for certain purchases, assessments and fees would be eliminated, thereby resulting in greater cost savings. Larger purchasing agencies could extend these benefits to the smaller Tri-county jurisdictions.

LC 1395

69000-2

11/19/92 (KB/ar/de)

D R A F T

SUMMARY

Creates Tri-County Mental Health Corporation as independent public corporation. Specifies duties. Phases in responsibilities on July 1, 1993, and on July 1, 1994.

Declares emergency, effective July 1, 1993.

A BILL FOR AN ACT

Relating to Tri-County Mental Health Corporation; appropriating money; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in this Act, unless the context requires otherwise:

(1) "Corporation" means the Tri-County Mental Health Corporation.

(2) "Counties" means Multnomah, Clackamas and Washington Counties.

(3) "Managed care" means the term as defined in rules of the Mental Health and Developmental Disability Services Division of the Department of Human Resources.

SECTION 2. (1) Subject to section 14 of this Act:

(a) There is established the Tri-County Mental Health Corporation as an independent public corporation. The corporation may sue and be sued. In addition to such duties, functions and powers as may be prescribed by law, the corporation shall plan, budget and contract for mental health services in Multnomah, Clackamas and Washington Counties for all mental health programs funded in whole or in part by this state or by the Federal Government. The corporation shall be the recipient of all state and federal funds allocated to the counties for mental health programs under ORS 430.610 to 430.700 but not initially including alcohol or drug programs or programs for persons with developmental disabilities. It shall be the duty of the corporation to fund and implement administrative savings in anticipation of re-

NOTE: Matter in bold face in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.

1 duction of state funding as a result of section 11b, Article XI of the Oregon
2 Constitution.

3 (b) The corporation shall be responsible for administering the Robert
4 Wood Johnson Partners Project in Multnomah County.

5 (c) The corporation shall pursue managed care systems for mental health
6 services in Multnomah, Clackamas and Washington Counties. The system
7 established should explore managed care mechanisms such as case manage-
8 ment, gatekeeping, capitated payment rates and utilization review.

9 (2) After July 1, 1994, the corporation may assume responsibility for ad-
10 ditional health and human services if any city or county so requests or the
11 state requires the corporation to do so. If the responsibilities of the com-
12 mission increase, the membership of the commission shall be expanded to
13 represent the new responsibilities.

14 **SECTION 3.** (1) Subject to section 2 (2) of this Act, the Tri-County
15 Mental Health Corporation shall be governed by a board of seven directors.
16 The boards of county commissioners of Multnomah, Clackamas and
17 Washington Counties shall each appoint one director. The remaining mem-
18 bers shall be appointed by the Governor, one representing labor, one repre-
19 senting mental health service providers and two representing the public,
20 subject to confirmation by the Senate in the manner provided in ORS 171.562
21 and 171.565. The term of a board member is four years.

22 (2) A member of the board of directors is not entitled to compensation but
23 may be reimbursed for actual and necessary expenses.

24 (3) The board of directors shall select one of its members as chairperson
25 and another as vice chairperson, for such terms and with such duties and
26 powers as the board of directors considers necessary for the performance of
27 the duties and functions of those offices. A majority of the members of the
28 board of directors constitutes a quorum for the transaction of business.

29 (4) The board of directors shall meet at such times and places specified
30 by the call of the chairperson or of a majority of the members of the board
31 of directors.

OR

SECTION 3. (1) Subject to section 2 (2) of this Act, the Tri-County Mental Health Corporation shall be governed by a board of seven directors. The boards of county commissioners of Multnomah, Clackamas and Washington Counties shall each appoint one director. The remaining members shall be appointed by the Governor subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. The term of a board member is four years.

(2) A member of the board of directors is not entitled to compensation but may be reimbursed for actual and necessary expenses.

(3) The board of directors shall select one of its members as chairperson and another as vice chairperson, for such terms and with such duties and powers as the board of directors considers necessary for the performance of the duties and functions of those offices. A majority of the members of the board of directors constitutes a quorum for the transaction of business.

(4) The board of directors shall meet at such times and places specified by the call of the chairperson or of a majority of the members of the board of directors.

SECTION 4. (1) The Tri-County Mental Health Corporation shall be under the administrative control of a chief executive officer who is appointed by and who holds office at the pleasure of the board of directors of the corporation.

(2) The chief executive officer may appoint all subordinate officers and employees of the corporation and may prescribe their duties and, subject to the approval of the board of directors, fix their compensation. The chief executive officer may delegate to any subordinate officer or employee any administrative duty, function or power imposed upon the corporation by or pursuant to law.

SECTION 5. Nothing in this Act is intended to minimize the state's responsibility for providing services for mentally and emotionally disturbed persons, including children. This Act recognizes that the state may discharge

1 its responsibilities by direct provision of services or by contracting with
2 public corporations, counties, cities and other governmental entities as well
3 as with private service providers. In addition to recognizing the state's re-
4 sponsibilities, the state has an interest to assure public safety and to provide
5 needed mental health services within or as close as possible to the affected
6 person's family setting in the least restrictive manner and in conjunction
7 with other health or social services as may be needed by the affected person.

8 **SECTION 6.** (1) The Tri-County Mental Health Corporation is a public
9 body for purposes of ORS 30.260 to 30.300 and a public employer for purposes
10 of ORS 236.605 to 236.650 and ORS chapter 237.

11 (2) In carrying out the duties, functions and powers of the corporation,
12 the chief executive officer of the corporation may contract with any public
13 or private agency or person for the performance of such duties, functions and
14 powers as the board of directors of the corporation considers appropriate.

15 (3) Employees of the corporation shall be considered public employees for
16 purposes of collective bargaining and other laws applicable to employees of
17 public bodies.

18 (4)(a) Prior to the execution of a collective bargaining agreement between
19 the corporation and the exclusive representative of the public employees of
20 the corporation, each employee transferred to the corporation shall retain
21 all rights and benefits accruing under a collective bargaining agreement be-
22 tween the former exclusive representative of the employee and the entity
23 from which the employee was transferred. Thereafter, employment relations
24 shall be determined exclusively by the statutes of this state and the collec-
25 tive bargaining agreement.

26 (b) As used in this section, "collective bargaining," "employment re-
27 lations," "exclusive representative" and "public employee" have the meanings
28 given those terms in ORS 243.650.

29 **SECTION 7.** Notwithstanding the term of office specified by section 3
30 of this Act, the members appointed to the initial board of directors shall be
31 appointed for the following terms to be determined by lot:

1 (1) Two shall serve for terms ending June 30, 1995.

2 (2) Two shall serve for terms ending June 30, 1996.

3 (3) Three shall serve for terms ending June 30, 1997.

4 **SECTION 8.** Subject to section 14 of this Act, there are imposed upon,
5 transferred to and vested in the Tri-County Mental Health Corporation all
6 the duties, functions and powers of Multnomah, Clackamas and Washington
7 Counties for planning, budgeting and contracting for mental health services.

8 **SECTION 9.** The transfer of duties, functions and powers to the Tri-
9 County Mental Health Corporation under this Act does not affect any action,
10 suit, proceeding or prosecution involving or with respect to such duties,
11 functions and powers begun before and pending at the time of the transfer,
12 except that the corporation shall not be substituted for Multnomah,
13 Clackamas or Washington County in such action, suit, proceeding or prose-
14 cution.

15 **SECTION 10.** (1) At some time after July 1, 1994, pursuant to ORS
16 430.700 the Tri-County Mental Health Corporation and the Mental Health
17 and Developmental Disability Services Division of the Department of Human
18 Resources shall enter into a contract under which the corporation is re-
19 sponsible for the mental health care and treatment of residents of any one
20 of the counties, as defined in ORS 430.630 (4)(a) who are hospitalized at the
21 F.H. Dammasch State Hospital, on or after the effective date of the transfer,
22 as described in ORS 430.630 (4)(b).

23 (2) The division shall retain administrative responsibilities for mentally
24 ill persons described in subsection (1) of this section and shall continue to
25 provide care for persons hospitalized prior to the effective date of the
26 transfer. The division shall allocate moneys appropriated for the purchase
27 of care and treatment of persons described in subsection (1) of this section
28 to the corporation. The corporation is responsible for the purchase of the
29 care and treatment of such persons at the hospital or other appropriate fa-
30 cilities. The corporation is subject to the requirements of ORS 426.005 to
31 426.407 and 426.490 to 426.500 in its purchase of the care and treatment of

1 persons described in subsection (1) of this section at the hospital.

2 (3) Responsibilities of the community mental health program director un-
3 der ORS chapter 426, for commitment, shall be undertaken by _____.

4 **SECTION 11.** (1) On the effective date of the transfer described in section
5 8 of this Act, there are transferred to the Tri-County Mental Health Corpo-
6 ration with the consent of the patient all the patient records of Multnomah,
7 Clackamas and Washington Counties that are used to administer mental
8 health programs being transferred. Any costs incurred in making this trans-
9 fer shall be paid by the corporation.

10 (2) Each county shall provide to the corporation copies of fiscal adminis-
11 tration records relating to the patients.

12 **SECTION 12.** (1) The unexpended balances of state and federal moneys
13 authorized to be expended for the biennium beginning July 1, 1993, from
14 revenues dedicated, continuously appropriated, appropriated or otherwise
15 made available for the purpose of administering and enforcing the duties,
16 functions and powers being transferred on that date, are appropriated and
17 transferred to and are available for expenditure by the Tri-County Mental
18 Health Corporation, to the extent provided in subsection (3) of this section,
19 for the biennium beginning July 1, 1993.

20 (2) The unexpended balances of state and federal moneys authorized to
21 be expended for the biennium beginning July 1, 1995, from revenues dedi-
22 cated, continuously appropriated, appropriated or otherwise made available
23 for the purpose of administering and enforcing the duties, functions and
24 powers being transferred on that date, are appropriated and transferred to
25 and are available for expenditure by the Tri-County Mental Health Corpo-
26 ration, to the extent provided in subsection (3) of this section, for the
27 biennium beginning July 1, 1995.

28 (3) For the purpose of administering and enforcing the duties, functions
29 and powers transferred by this Act, and for the payment of the expenses
30 lawfully incurred by Multnomah, Clackamas and Washington Counties with
31 respect to the administration and enforcement of such duties, functions and

1 powers, the corporation may expend the money authorized to be expended
2 by the counties for administering and enforcing the duties, functions and
3 powers being transferred by this Act and that is unexpended on the effective
4 date of the transfer. The expenditure classifications, if any, established by
5 Acts authorizing or limiting expenditures remain applicable to expenditures
6 by the corporation under this section.

7 **SECTION 12a.** The balance of any state or federal moneys authorized to
8 be expended for the biennium beginning July 1, 1991, from revenues dedi-
9 cated, continuously appropriated, appropriated or otherwise made available
10 for the purpose of administering and enforcing the duties, functions and
11 powers being transferred during the 1993-1995 biennium that remains unex-
12 pended and unobligated on June 30, 1993, are appropriated and transferred
13 to and are made available for expenditure by the Tri-County Mental Health
14 Commission for the biennium beginning July 1, 1993.

15 **SECTION 12b.** Budget meetings of the Tri-County Mental Health Cor-
16 poration are subject to ORS 294.305 to 294.520, shall be public and public
17 testimony shall be taken under a hearing procedure adopted by the board of
18 directors. The corporation shall be subject to the jurisdiction of the tax
19 supervising and conservation commission under ORS 294.605 to 294.705 re-
20 gardless of the location of its administrative office.

21 **SECTION 13.** Notwithstanding any other law, an acting chief executive
22 officer of the Tri-County Mental Health Corporation may be appointed on
23 July 1, 1993, by the Governor and may take any action before appointment
24 of the board of directors of the corporation that is necessary to enable the
25 chief executive officer to exercise, after July 1, 1993, the duties, functions
26 and powers given to the chief executive officer under this Act.

27 **SECTION 14.** (1) As soon after July 1, 1993, as possible, the following
28 shall occur:

29 (a) The state shall allocate or otherwise make available to the Tri-County
30 Mental Health Corporation all state and federal funds that are to be ex-
31 pended in the tri-county area for mental health programs, including admin-

1 istration, that are otherwise appropriated in the 1993-1995 budget of the
2 Department of Human Resources or any division thereof.

3 (b) The corporation shall assume management of the Robert Wood
4 Johnson Partners Project for mental health services to children.

5 (c) The corporation shall develop a managed care system for mental
6 health services for children.

7 (d) The corporation shall identify and implement strategies for savings in
8 administrative costs.

9 (e) The corporation shall contract with the affected counties for mental
10 health services through June 30, 1994, or until new bidding and contract
11 procedures are developed.

12 (2) On or before July 1, 1994, the corporation shall:

13 (a) Assume responsibility for adult mental health services.

14 (b) Plan and prepare for assuming responsibility for services for any other
15 appropriate health or social service funded by the state in the affected
16 counties.

17 (c) Develop a managed care system for mental health services to adults
18 in the affected counties.

19 **SECTION 15.** This Act being necessary for the immediate preservation
20 of the public peace, health and safety, an emergency is declared to exist, and
21 this Act takes effect July 1, 1993.

22

D R A F T

SUMMARY

Creates Tri-County Public Purchasing Cooperative (Multnomah, Clackamas and Washington Counties) as independent public cooperative. Specifies duties. Phases in responsibilities and implementation beginning July 1, 1993. Appropriates money for start-up costs to be repaid by 1995.

Declares emergency, effective July 1, 1993.

A BILL FOR AN ACT

Relating to public purchasing by certain local governments; appropriating money; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in this Act:

(1) "Bidding program" includes the acquisition of goods and services for public purposes, procedures to allocate and expend public funds, technical process of preparing specifications, evaluation of bids or proposals, selection of bids and administration of contracts.

(2) "Board of directors" or "board" means the Board of Directors of the Tri-County Public Purchasing Cooperative.

(3) "Committee" means the Tri-County Technical Advisory Committee.

(4) "Cooperative" means the Tri-County Public Purchasing Cooperative.

(5) "Counties" means Multnomah, Clackamas and Washington Counties.

(6) "Disadvantaged business enterprise" has the meaning given that term in ORS 200.005.

(7) "Emerging small business" has the meaning given that term in ORS 200.005.

(8) "Local government" means any county, city, quasi-municipal corporation, common school district, union high school district, education service district or special service district in Multnomah, Clackamas and Washington

1 Counties.

2 (9) "Minority or women business enterprise" has the meaning given that
3 term in ORS 200.005.

4 (10) "Purchase" includes the acquisition of personal property by lease or
5 rental agreement.

6 (11) "Purchasing functions" may include, but is not limited to, adminis-
7 tering purchasing and service contracts, contracting for capital goods and
8 services, purchasing capital goods and services, storing goods, disposing of
9 surplus property, managing a bidding program and administering minority
10 vendor programs as determined and defined by the Board of Directors of the
11 Tri-County Public Purchasing Cooperative.

12 (12) "School districts" means school districts in Multnomah, Clackamas
13 and Washington Counties.

14 (13) "Special districts" means special districts in Multnomah, Clackamas
15 and Washington Counties.

16 **SECTION 2.** (1) There is established the Tri-County Public Purchasing
17 Cooperative as an independent public cooperative. The purpose of the coop-
18 erative is to lower administration costs for affected local governments, re-
19 duce the amount of supplies held in reserve by affected local governments,
20 and consolidate and coordinate purchasing of goods and services by affected
21 local governments.

22 (2) In addition to such duties, functions and powers as may be prescribed
23 by law, including the power to sue and be sued, the cooperative shall assume
24 most common purchasing functions of the local governments in Multnomah,
25 Clackamas and Washington Counties. The cooperative shall fund and im-
26 plement programs to create savings in anticipation of reductions in funding
27 as a result of section 11b, Article XI of the Oregon Constitution.

28 (3) The cooperative shall administer vendor programs to facilitate and
29 insure adequate participation by disadvantaged business enterprises, emerg-
30 ing small businesses and minority or women business enterprises with the
31 cooperative. To facilitate and insure such participation, the cooperative may

1 encourage joint ventures by disadvantaged business enterprises, emerging
2 small businesses and minority or women business enterprises and create
3 business packages for smaller businesses.

4 **SECTION 3.** (1) A board of 14 directors shall govern the Tri-County
5 Public Purchasing Cooperative. The term for a board member shall be three
6 years. Each member shall be appointed within 30 days after the effective date
7 of this Act.

8 (2) The Governor shall appoint four members of the board subject to
9 confirmation by the Senate in the manner provided in ORS 171.562 and
10 171.565. Of the four members appointed to the board by the Governor:

11 (a) One member shall be a representative of business or private industry;

12 (b) One member shall be a representative of labor;

13 (c) One member shall be a representative of disadvantaged business en-
14 terprises, emerging small businesses and minority or women business enter-
15 prises; and

16 (d) One member shall be a representative from the Purchasing Division
17 of the Department of General Services or its successor. The representative
18 from the Department of General Services, or its successor, shall serve as an
19 ex officio, nonvoting member of the board.

20 (3) Of the remaining 10 members of the board:

21 (a) The board of county commissioners of Multnomah, Clackamas and
22 Washington Counties shall each appoint one director;

23 (b) The City of Portland shall appoint one director;

24 (c) The cities within Multnomah County, not including Portland, shall
25 appoint one director. The most populous city within Multnomah County, not
26 including Portland, shall call a meeting of the cities to appoint a member
27 to the board. The cities shall develop procedures to select their represen-
28 tative on the board and to rotate their appointment among the various cities
29 within Multnomah County;

30 (d) The cities within Clackamas County, not including Portland, shall
31 appoint one director. The most populous city within Clackamas County, not

1 including Portland, shall call a meeting of the cities to appoint a member
2 to the board. These cities shall develop procedures to select their represen-
3 tative on the board and to rotate their appointment among the various cities
4 within Clackamas County;

5 (e) The cities within Washington County, not including Portland, shall
6 appoint one director. The most populous city within Washington County, not
7 including Portland, shall call a meeting of the cities to appoint a member
8 to the board. These cities shall develop procedures to select their represen-
9 tative on the board and to rotate their appointment among the various cities
10 within Washington County;

11 (f) The Metropolitan Service District shall appoint one director;

12 (g) The school districts within Multnomah, Clackamas and Washington
13 Counties shall appoint one director. The school district serving the largest
14 number of students shall call a meeting for the school districts to select a
15 member to the board. The school districts shall develop procedures to select
16 their representative on the board and to rotate their appointment among the
17 various school districts; and

18 (h) The special districts within Multnomah, Clackamas and Washington
19 Counties shall appoint one director. The most populous county among
20 Multnomah, Clackamas and Washington Counties shall call a meeting for
21 the special districts to appoint a member to the board. The special districts
22 shall develop procedures to select their representative on the board and to
23 rotate their appointment among the various special districts.

24 (4) A member of the board is not entitled to compensation but may be
25 reimbursed for actual and necessary expenses.

26 (5) The board of directors shall select one of its members as chairperson
27 and another as vice chairperson for such terms and with such duties and
28 powers as the board of directors considers necessary for the performance of
29 the duties and functions of these two offices.

30 (6) A majority of the voting members of the board constitutes a quorum
31 for the transaction of business.

1 (7) The board of directors shall meet at such times and places specified
2 by the chairperson or by a majority of the voting members of the board.

3 (8) Each member of the board shall be considered a public official for
4 purposes of ORS chapter 244 and shall be required to file a verified statement
5 of economic interest.

6 (9) The board of directors shall by December 1 of each year determine the
7 amount of an administrative assessment each local government shall pay.
8 The board shall make this determination based on the administrative services
9 provided by the cooperative to each local government. The total amount of
10 the assessment received by the cooperative shall not exceed the cost of ad-
11 ministering the functions of the cooperative provided for in this Act. The
12 board annually may review and revise the assessment. The assessment is in
13 addition to any expenses incurred by the cooperative in making the pur-
14 chases for the affected local government for which the cooperative shall be
15 reimbursed.

16 (10) The board shall determine a nominal membership fee for each member
17 of the cooperative.

18 OR

19 **SECTION 3.** (1) A board of 13 directors shall govern the Tri-County
20 Public Purchasing Cooperative. The term for a board member shall be three
21 years. Each member shall be appointed within 30 days after the effective date
22 of this Act.

23 (2) Ten members of the board shall be appointed as follows:

24 (a) The board of county commissioners of Multnomah, Clackamas and
25 Washington Counties shall each appoint one director;

26 (b) The City of Portland shall appoint one director;

27 (c) The cities within Multnomah County, not including Portland, shall
28 appoint one director. The most populous city within Multnomah County, not
29 including Portland, shall call a meeting of the cities to appoint a member
30 to the board. The cities shall develop procedures to select their represen-
31 tative on the board and to rotate their appointment among the various cities

1 within Multnomah County;

2 (d) The cities within Clackamas County, not including Portland, shall
3 appoint one director. The most populous city within Clackamas County, not
4 including Portland, shall call a meeting of the cities to appoint a member
5 to the board. These cities shall develop procedures to select their represen-
6 tative on the board and to rotate their appointment among the various cities
7 within Clackamas County;

8 (e) The cities within Washington County, not including Portland, shall
9 appoint one director. The most populous city within Washington County, not
10 including Portland, shall call a meeting of the cities to appoint a member
11 to the board. The cities shall develop procedures to select their represen-
12 tative on the board and to rotate their appointment among the various cities
13 within Washington County;

14 (f) The Metropolitan Service District shall appoint one director;

15 (g) The school districts within Multnomah, Clackamas and Washington
16 Counties shall appoint one director. The school district serving the largest
17 number of students shall call a meeting for the school districts to select a
18 member to the board. The school districts shall develop procedures to select
19 their representative on the board and to rotate their appointment among the
20 various school districts; and

21 (h) The special districts within Multnomah, Clackamas and Washington
22 Counties shall appoint one director. The most populous county among
23 Multnomah, Clackamas and Washington Counties shall call a meeting for
24 the special districts to appoint a member to the board. The special districts
25 shall develop procedures to select their representative on the board and to
26 rotate their appointment among the various special districts.

27 (3) The 10 members of the board appointed in subsection (2) of this section
28 shall appoint the three remaining members of the board within 30 days after
29 the first meeting of the 10 members. A majority of the 10 voting members
30 constitutes a quorum for the purpose of selecting the three remaining mem-
31 bers. Of the remaining members of the board:

- 1 (a) One member shall be a representative of business or private industry;
2 (b) One member shall be a representative of labor; and
3 (c) One member shall be a representative of disadvantaged business en-
4 terprises, emerging small businesses and minority or women business enter-
5 prises.

6 (4) The Governor shall appoint a representative from the Purchasing Di-
7 vision of the Department of General Services or its successor subject to
8 confirmation by the Senate in the manner provided in ORS 171.562 and
9 171.565. The representative from the Department of General Services, or its
10 successor, shall serve as an ex officio, nonvoting member of the board and
11 shall serve a three-year term.

12 (5) A member of the board is not entitled to compensation but may be
13 reimbursed for actual and necessary expenses.

14 (6) The board of directors shall select one of its members as chairperson
15 and another as vice chairperson for such terms and with such duties and
16 powers as the board of directors considers necessary for the performance of
17 the duties and functions of these two offices.

18 (7) A majority of the voting members of the board constitutes a quorum
19 for the transaction of business.

20 (8) The board of directors shall meet at such times and places specified
21 by the chairperson or by a majority of the voting members of the board.

22 (9) Each member of the board shall be considered a public official for
23 purposes of ORS chapter 244 and shall be required to file a verified statement
24 of economic interest.

25 (10) The board of directors shall by December 1 of each year determine
26 the amount of an administrative assessment each local government shall pay.
27 The board shall make this determination based on the administrative services
28 provided by the cooperative to each local government. The total amount of
29 the assessment received by the cooperative shall not exceed the cost of ad-
30 ministering the functions of the cooperative provided for in this Act. The
31 board annually may review and revise the assessment. The assessment is in

1 addition to any expenses incurred by the cooperative in making the pur-
2 chases for the affected local government for which the cooperative shall be
3 reimbursed.

4 (11) The board shall determine a nominal membership fee for each member
5 of the cooperative.

6 **SECTION 4.** (1) The Tri-County Public Purchasing Cooperative shall be
7 under the administrative control of a chief executive officer who is appointed
8 by and who holds office at the pleasure of the board of directors of the co-
9 operative.

10 (2) The chief executive officer shall appoint all subordinate officers and
11 employees of the cooperative and may prescribe their duties. The chief
12 executive, with board approval, shall set the compensation of subordinate
13 officers and employees. The chief executive officer shall consider and may
14 appoint officers and employees from existing purchasing departments of local
15 governments.

16 (3) The chief executive officer may delegate to any subordinate officer or
17 employee any administrative duty, function or power imposed upon the co-
18 operative by or pursuant to law.

19 **SECTION 5.** (1) The Tri-County Public Purchasing Cooperative is a
20 public body for purposes of ORS 30.260 to 30.300 and a public employer for
21 purposes of ORS chapter 237. The cooperative is subject to the local budget
22 laws pursuant to ORS 294.305 to 294.710. Notwithstanding ORS 294.411 and
23 294.625 and the location of the cooperative, the tax supervising and conser-
24 vation commission of Multnomah County shall have jurisdiction over the
25 cooperative. However, the cooperative is not subject to purchasing laws
26 specifically applicable to counties, cities or special districts unless such laws
27 are made specifically applicable to the cooperative.

28 (2) The Tri-County Public Purchasing Cooperative is a public agency for
29 purposes of ORS chapter 279, but is not a state agency for purposes of ORS
30 279.545 to 279.746.

31 (3) In carrying out the duties, functions and powers of the cooperative,

1 the chief executive officer may contract with any state or local government
2 agency for the performance of such duties, functions and powers as the board
3 of directors of the cooperative considers appropriate.

4 (4) Employees of the cooperative shall be considered public employees for
5 purposes of collective bargaining and other laws applicable to employees of
6 public bodies.

7 **SECTION 6.** Notwithstanding the term of office specified in section 3 of
8 this Act, the members of the board of directors of the Tri-County Public
9 Purchasing Cooperative shall be appointed to the following terms determined
10 by lot:

11 (1) Seven shall serve for terms ending June 30, 1995.

12 (2) Seven shall serve for terms ending June 30, 1996.

13 **OR**

14 **SECTION 6.** Notwithstanding the term of office specified in section 3 of
15 this Act, the members of the Board of Directors of the Tri-County Public
16 Purchasing Cooperative shall be appointed to the following terms determined
17 by lot:

18 (1) Seven shall serve for terms ending June 30, 1995.

19 (2) Six shall serve for terms ending June 30, 1996.

20 **SECTION 7.** (1) During the first 180 days after the effective date of this
21 Act, the Board of Directors of the Tri-County Public Purchasing Cooperative
22 shall:

23 (a) Evaluate which purchasing functions the cooperative shall assume and
24 which purchasing functions shall remain with local governments. When
25 making specific assessments, the board shall consider whether the cooper-
26 ative could obtain better prices or delivery schedules than local governments
27 and whether the cooperative could effectively consolidate and coordinate
28 specific purchasing functions; and

29 (b) Determine whether the Purchasing Division of the Department of
30 General Services, or its successor, a private contractor or the cooperative
31 itself could purchase goods and services at lower overall costs.

1 (2) Within one year after the effective date of this Act, the board of di-
2 rectors shall develop and implement a plan to assume the board-designated
3 common-purchasing functions of the local governments in Multnomah,
4 Clackamas and Washington Counties. In this purchasing plan, the board,
5 based on its evaluation, shall at minimum:

6 (a) State specifically which purchasing functions the cooperative will as-
7 sume;

8 (b) Specify the membership fees and charges paid by each participating
9 local government;

10 (c) Consolidate and standardize purchasing requirements and purchasing
11 procedures made by and for the cooperative;

12 (d) Establish a bidding program and a vendor program to facilitate and
13 insure adequate participation by disadvantaged business enterprises, emerg-
14 ing small businesses and minority or women business enterprises with the
15 cooperative;

16 (e) Create a catalogue of existing contracts and a calendar for future
17 contracts and purchases;

18 (f) Develop a system that requires suppliers to carry and deliver supplies
19 and provide storage to meet the purchasing needs of the cooperative;

20 (g) Develop an electronic bulletin board for vendors that advertises bids
21 needed by the cooperative or the local governments in the counties;

22 (h) Establish an electronic data interchange system to allow vendors to
23 access information related to bids needed by the cooperative or local gov-
24 ernments, but not to access information regarding billings; and

25 (i) Determine which personnel and facilities the local governments shall
26 transfer to the cooperative.

27 (3) After completing the requirements in subsections (1) and (2) of this
28 section, the board shall work to develop:

29 (a) Uniform standards for equipment, software procurement and purchas-
30 ing requirements and procedures;

31 (b) Standardized contract language; and

1 (c) Methods to streamline the solicitation process.

2 **SECTION 8.** There are imposed upon, transferred to and vested in the
3 Tri-County Public Purchasing Cooperative all the purchasing related duties,
4 functions and powers of the local governments in Multnomah, Clackamas
5 and Washington Counties required to develop, implement and fulfill the
6 purchasing plan stated in section 7 of this Act.

7 **SECTION 9.** Each employee of a local government transferred to the
8 Tri-County Public Purchasing Cooperative shall retain all rights and benefits
9 related to the employment with the local government of the transferred em-
10 ployee. Notwithstanding ORS 236.605, the cooperative is a public employer
11 for purposes of ORS 236.605 to 236.650.

12 **SECTION 10.** The transfer of duties, functions and powers to the Tri-
13 County Public Purchasing Cooperative under this Act does not affect any
14 action, suit, proceeding or prosecution involving or with respect to such
15 duties, functions and powers begun before and pending at the time of the
16 transfer.

17 **SECTION 11.** (1) Nothing in this Act relieves a person of an obligation
18 with respect to a fee, fine or other charge, interest, penalty, forfeiture or
19 other liability, duty or obligation accruing under or with respect to the du-
20 ties, functions and powers transferred by this Act. The Tri-County Public
21 Purchasing Cooperative may undertake the collection or enforcement of any
22 such fee, fine, charge, interest, penalty, forfeiture or other liability, duty or
23 obligation.

24 (2) The rights and obligations identified by the Board of Directors of the
25 Tri-County Public Purchasing Cooperative to be related to assumed pur-
26 chasing functions that the local governments in Multnomah, Clackamas and
27 Washington Counties incurred under contracts, leases and business trans-
28 actions, executed, entered into or begun before the date of transfer are
29 transferred to the cooperative. For the purpose of succession to these rights
30 and obligations, the cooperative is considered to be a continuation of the
31 local government and not a new authority, and the cooperative shall exercise

1 such rights and fulfill such obligations as if they had not been transferred.
2 The rights and obligations related to unassumed purchasing functions of the
3 local governments of Multnomah, Clackamas and Washington Counties shall
4 remain with the local governments.

5 **SECTION 12.** The local governments in Multnomah, Clackamas and
6 Washington Counties shall transfer to the maximum extent allowable by law
7 to the Tri-County Public Purchasing Cooperative, subject to negotiations
8 between the cooperative and the local governments and a formulation of an
9 intergovernmental agreement, all capital, personnel and operational records
10 and assets used by the local governments to administer all the purchasing
11 functions being assumed by the cooperative.

12 **SECTION 13.** (1) The Tri-County Technical Advisory Committee shall
13 advise and assist the Board of Directors of the Tri-County Public Purchasing
14 Cooperative with regard to the development, implementation and adminis-
15 tration of the cooperative. The board shall determine the specific duties and
16 functions of the committee.

17 (2) The board shall specify an odd number of members who will serve on
18 the committee and appoint all of the members of the committee within 60
19 days after the first meeting of the board. The term for each member of the
20 committee shall not exceed three years as determined by the board.

21 (3) A member of the committee is not entitled to compensation but may
22 be reimbursed for actual and necessary expenses.

23 (4) The committee shall elect one of its members as chairperson and an-
24 other as vice chairperson. A majority of members represents a quorum.

25 (5) The committee shall meet periodically at such times and places speci-
26 fied by the chairperson or majority of the committee.

27 **SECTION 14.** (1) All local governments in Multnomah, Clackamas and
28 Washington Counties shall fully participate in the purchasing functions as-
29 sumed by the Tri-County Public Purchasing Cooperative and shall financially
30 support the cooperative through administrative membership assessments and
31 reimbursements determined by the board of directors of the cooperative.

1 (2) The chief executive officer of the cooperative may authorize an af-
2 fected local government to purchase directly specified supplies, materials,
3 equipment, other goods and services if the local government demonstrates:

4 (a) A unique need for particular goods and services; or

5 (b) An ability to purchase similar goods or services at lower costs than
6 obtained by the cooperative.

7 (3) After June 30, 1996, on a date specified by the Board of Directors of
8 the Tri-County Public Purchasing Cooperative, each local government mem-
9 ber in Multnomah, Clackamas and Washington Counties may elect annually
10 in writing to discontinue to participate in the Tri-County Public Purchasing
11 Cooperative by providing evidence that participation in the cooperative has
12 not been cost-effective for the local government.

13 **SECTION 15.** (1) There is appropriated to the Department of General
14 Services, for the biennium beginning July 1, 1993, out of the General Fund,
15 the sum of \$_____ for the purpose of funding the initial development
16 and implementation of the Tri-County Public Purchasing Cooperative.

17 (2) When the Board of Directors of the Tri-County Public Purchasing
18 Cooperative has determined local governments have provided sufficient
19 moneys to manage the cooperative and reimburse the State of Oregon, but
20 in no event not later than June 30, 1995, the board shall reimburse the
21 General Fund, without interest, in an amount equal to the amount from the
22 General Fund appropriated and expended as provided in subsection (1) of this
23 section.

24 **SECTION 16.** This Act being necessary for the immediate preservation
25 of the public peace, health and safety, an emergency is declared to exist, and
26 this Act takes effect July 1, 1993.

27

1 (2) The chief executive officer of the cooperative may authorize an af-
2 fected local government to purchase directly specified supplies, materials,
3 equipment, other goods and services if the local government demonstrates:

4 (a) A unique need for particular goods and services; or

5 (b) An ability to purchase similar goods or services at lower costs than
6 obtained by the cooperative.

7 (3) After June 30, 1994, on a date specified by the Board of Directors of
8 the Tri-County Public Purchasing Cooperative, each local government mem-
9 ber in Multnomah, Clackamas and Washington Counties may elect annually
10 in writing to discontinue to participate in the Tri-County Public Purchasing
11 Cooperative by providing evidence that participation in the cooperative has
12 not been cost-effective for the local government.

13 **SECTION 15.** (1) There is appropriated to the Department of General
14 Services, for the biennium beginning July 1, 1993, out of the General Fund,
15 the sum of \$_____ for the purpose of funding the initial development
16 and implementation of the Tri-County Public Purchasing Cooperative.

17 (2) When the Board of Directors of the Tri-County Public Purchasing
18 Cooperative has determined local governments have provided sufficient
19 moneys to manage the cooperative and reimburse the State of Oregon, but
20 in no event not later than June 30, 1995, the board shall reimburse the
21 General Fund without interest, in an amount equal to the amount from the
22 General Fund appropriated and expended as provided in subsection (1) of this
23 section.

24 **SECTION 16.** This Act being necessary for the immediate preservation
25 of the public peace, health and safety, an emergency is declared to exist, and
26 this Act takes effect July 1, 1993.

27

LC 1399
10/14/92 (JB/lc)

DRAFT

SUMMARY

Requires local governments in Portland area to adopt by intergovernmental agreement standardized information systems technology.

Requires participation of local government information systems personnel in development of standard system.

A BILL FOR AN ACT

Relating to information systems technology.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) The planning, acquisition, installation and use of all information systems technology by local governments and their agencies shall be coordinated so that regional plans and activities, as well as those of individual local governments and their agencies, are addressed in the most integrated, economic and efficient manner.

(2) To facilitate accomplishment of the purpose set forth in subsection (1) of this section, local governments shall adopt policies, procedures, standards and guidelines to plan for, acquire, implement and manage the information resources of the local governments. The policies, procedures, standards and guidelines adopted under this subsection shall:

(a) Promote electronic communication and information sharing among local governments and their agencies and programs, and with the public where appropriate.

(b) Insure that information resources fit together in a regional system capable of providing ready access to information, computing or communication resources.

(c) Be based on industry standards for open systems to the greatest extent possible.

(d) Consolidate large data centers and common data bases and applica-

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1 tions.

2 (3) The policies, procedures, standards and guidelines required by this
3 section shall be adopted by local governments through intergovernmental
4 agreements.

5 (4) The policies, procedures, standards and guidelines required by this
6 section shall be adopted after coordination among, consultation with and
7 participation by individuals employed by the affected local governments to
8 manage, operate and maintain information resources and information systems
9 technology.

10 (5) As used in this section:

11 (a) "Information resources" means media, instruments and methods for
12 planning, collecting, processing, transmitting and storing data and informa-
13 tion.

14 (b) "Information systems technology" includes, but is not limited to, all
15 present and future forms of hardware, software and services for data proc-
16 essing, office automation and telecommunications.

17 (c) "Data" and "information" represent facts and representations about
18 the human, natural and commercial resources of this state and the affected
19 local governments.

20 (d) "Open systems" means systems that allow local governments and their
21 agencies freedom of choice by providing a vendor-neutral operating environ-
22 ment where different computers, applications, system software and networks
23 operate together easily and reliably.

24 **SECTION 2.** This Act applies to all cities, counties and districts located
25 wholly or partly within a standard metropolitan statistical area that has a
26 population exceeding 400,000 according to the latest federal decennial census.

27

LC 1400
10/16/92 (JB/dc)

DRAFT

SUMMARY

Requires annexation of all unincorporated territory within Multnomah County and within regional urban growth boundary to cities not later than July 1, 1994.

Requires local government boundary commission to determine cities to which particular areas will be annexed.

Provides that annexations occur without elections in cities or affected areas.

A BILL FOR AN ACT

Relating to annexation.

Be It Enacted by the People of the State of Oregon:

SECTION 1. The Legislative Assembly finds that:

(1) It is in the best interests of the citizens of Oregon to establish a governmental system that most efficiently provides delivery of services in urban areas and most prudently uses the monetary resources that the citizens in those areas provide to local governments.

(2) Cities ought to be the primary providers of municipal services in the urban areas of this state and cities that provide the widest array of services are preferable to those which provide a smaller selection of services. The structure of cities, through which elected policy makers oversee a wide range of services, gives them a unique ability to balance service needs and allocate scarce resources.

(3) Requiring annexation of unincorporated territory to cities in certain locations in this state is the best method for resolving service responsibility, encouraging accurate planning for future development, eliminating duplication of services and providing the greatest efficiencies in the expenditure of public moneys.

(4) Cities, however, cannot provide all services necessary within urban

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1 areas and some of these services are better provided on a regional basis.
2 When this is true, cities are encouraged to cooperate with regional govern-
3 ments and agencies to provide these services in a coordinated manner on a
4 regional basis.

5 **SECTION 2.** Notwithstanding ORS chapters 199 and 222, all
6 unincorporated territory within Multnomah County and situated within the
7 urban growth boundary established under ORS 268.390 shall be annexed to
8 a city or cities situated wholly or partly within Multnomah County. The
9 annexations required by this section shall take effect on July 1, 1994.

10 **SECTION 3. (1)** The local government boundary commission created by
11 ORS 199.425 (1) shall determine the city or cities to which the
12 unincorporated territory described in section 2 of this Act shall be annexed.

13 (2) The local government boundary commission shall conduct public
14 hearings concerning the annexation proceedings required by this Act after
15 providing notice as required by ORS 199.463.

16 (3) The boundary commission shall prepare a final order describing each
17 tract of affected territory and the city to which each tract will be annexed.
18 The final order of the boundary commission shall be submitted to the Sixty-
19 seventh Legislative Assembly for review.

20 (4) Final orders of the local government boundary commission directing
21 the annexations required by this Act are not subject to an election in the
22 affected city or affected territory under ORS 199.505.

23

LC 1402

10/21/92 (JB/de)

DRAFT

SUMMARY

Requires consolidation of agencies that regulate cable television within Multnomah and Washington Counties.

Allows other counties and cities to join consolidated regulatory agency.

Requires franchise fees collected from cable television companies by local government to be credited to general fund of local government to be expended for general governmental purposes.

Transfers cable television regulation to Public Utility Commission under specified conditions.

A BILL FOR AN ACT

Relating to the regulation of cable television service.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) If the Office of Cable Communications, City of Portland, and the Multnomah Cable Regulatory Commission are not merged or consolidated, by intergovernmental agreement or otherwise, by January 1, 1993, Multnomah County, the City of Portland and the other cities subject to the jurisdiction of the Multnomah Cable Regulatory Commission shall merge or consolidate their cable television regulatory functions in a single cable television regulatory agency not later than July 1, 1993.

(2) Upon the merger or consolidation required by this section, all the supplies, materials, equipment, records, books, papers and facilities of the Office of Cable Communications, City of Portland, and the Multnomah Cable Regulatory Commission shall be transferred to the successor regulatory agency. All of the employees of the Office of Cable Communications and Multnomah Cable Regulatory Commission shall be transferred to the successor regulatory agency, subject to ORS 236.605 to 236.650 and to the right of the director of the successor regulatory agency to abolish positions and change duties to the extent necessary for the sound, efficient and economical administration of the successor regulatory agency.

NOTE: Matter in bold face in an amended section is new; matter *(italic and bracketed)* is existing law to be omitted.

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1 SECTION 2. (1) Not later than January 1, 1995, the cable television
2 regulatory agency required to be established under section 1 of this Act and
3 the Metro Area Communications Commission shall be merged or consol-
4 idated, by intergovernmental agreement or otherwise.

5 (2) Upon the merger or consolidation required by this section, all the
6 supplies, materials, equipment, records, books, papers and facilities of the
7 Metro Area Communications Commission and the cable television regulatory
8 agency required to be established under section 1 of this Act shall be trans-
9 ferred to the successor regulatory agency. All of the employees of the Metro
10 Area Communications Commission shall be transferred to the successor reg-
11 ulatory agency, subject to ORS 236.605 to 236.650 and to the right of the di-
12 rector of the successor regulatory agency to abolish positions and change
13 duties to the extent necessary for the sound, efficient and economical ad-
14 ministration of the successor regulatory agency.

15 SECTION 3. As soon as practicable after the effective date of this Act
16 but not later than January 1, 1996, the cable television regulatory agency
17 created under section 2 of this Act and any private cable television corpo-
18 ration operating within the area of jurisdiction of that agency shall negoti-
19 ate and adopt a single agreement for a franchise for that cable television
20 corporation within Multnomah County.

21 SECTION 4. After ____, any other county or city, with the approval of
22 the regulatory agency created under section 2 of this Act may enter into an
23 intergovernmental agreement under ORS 190.003 to 190.110 for the purpose
24 of merging its cable regulatory functions with those of the regulatory
25 agency.

26 SECTION 5. All revenues received by a city or county after the effective
27 date of this Act that are obtained through the imposition of a franchise fee
28 or privilege tax on cable television corporations shall be credited to the
29 general fund of the city or county to be available and expended for general
30 governmental purposes.

31 SECTION 6. If consolidation of regulatory agencies for cable television

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1 does not occur as required by sections 1 to 4 of this Act on or before July
2 1, 1996, the power to regulate cable television within Multnomah and
3 Washington Counties is transferred to the Public Utility Commission. For
4 the purposes of this section, regulation of cable television does not include
5 control of the rates charged for cable television services, but does include
6 enforcement of other terms of applicable franchise agreements and regulation
7 of community programming.

8

LC 1403
10/12/92 (BPS/dc)

DRAFT

SUMMARY

Amends Oregon Constitution, upon elector approval on _____, to require return to January 1 assessment date for purposes of ad valorem property taxation.

JOINT RESOLUTION

Be It Resolved by the Legislative Assembly of the State of Oregon:

PARAGRAPH 1. Section 11b, Article XI of the Constitution of the State of Oregon, is amended to read:

Sec. 11b. (1) During and after the fiscal year 1991-92, taxes imposed upon any property shall be separated into two categories: One which dedicates revenues raised specifically to fund the public school system and one which dedicates revenues raised to fund government operations other than the public school system. The taxes in each category shall be limited as set forth in the table which follows and these limits shall apply whether the taxes imposed on property are calculated on the basis of the value of that property or on some other basis:

MAXIMUM ALLOWABLE TAXES

For Each \$1000.00 of

Property's Real Market Value

<u>Fiscal Year</u>	<u>School System</u>	<u>Other than Schools</u>
--------------------	----------------------	---------------------------

1991-1992	\$15.00	\$10.00
1992-1993	\$12.50	\$10.00
1993-1994	\$10.00	\$10.00
1994-1995	\$ 7.50	\$10.00

NOTE: Matter in bold face in an amended section is new; matter *(italic and bracketed)* is existing law to be omitted.

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1 1995-1996 \$ 5.00 \$10.00

2 and thereafter

3 Property tax revenues are deemed to be dedicated to funding the public
4 school system if the revenues are to be used exclusively for educational ser-
5 vices, including support services, provided by some unit of government, at
6 any level from pre-kindergarten through post-graduate training.

7 (2) The following definitions shall apply to this section:

8 (a) "Real market value" is the minimum amount in cash which could
9 reasonably be expected by an informed seller acting without compulsion,
10 from an informed buyer acting without compulsion, in an "arms-length"
11 transaction [*during the period for which the property is taxed*] as of the
12 January 1 preceding the tax year.

13 (b) A "tax" is any charge imposed by a governmental unit upon property
14 or upon a property owner as a direct consequence of ownership of that
15 property except incurred charges and assessments for local improvements.

16 (c) "Incurred charges" include and are specifically limited to those
17 charges by government which can be controlled or avoided by the property
18 owner.

19 (i) because the charges are based on the quantity of the goods or services
20 used and the owner has direct control over the quantity; or

21 (ii) because the goods or services are provided only on the specific request
22 of the property owner; or

23 (iii) because the goods or services are provided by the governmental unit
24 only after the individual property owner has failed to meet routine obli-
25 gations of ownership and such action is deemed necessary to enforce regu-
26 lations pertaining to health or safety.

27 Incurred charges shall not exceed the actual costs of providing the goods
28 or services.

29 (d) A "local improvement" is a capital construction project undertaken
30 by a governmental unit

31 (i) which provides a special benefit only to specific properties or rectifies

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1 a problem caused by specific properties, and

2 (ii) the costs of which are assessed against those properties in a single
3 assessment upon the completion of the project, and

4 (iii) for which the payment of the assessment plus appropriate interest
5 may be spread over a period of at least ten years.

6 The total of all assessments for a local improvement shall not exceed the
7 actual costs incurred by the governmental unit in designing, constructing
8 and financing the project.

9 (3) The limitations of subsection (1) of this section apply to all taxes im-
10 posed on property or property ownership except

11 (a) Taxes imposed to pay the principal and interest on bonded indebt-
12 edness authorized by a specific provision of this Constitution.

13 (b) Taxes imposed to pay the principal and interest on bonded indebt-
14 edness incurred or to be incurred for capital construction or improvements,
15 provided the bonds are offered as general obligations of the issuing govern-
16 mental unit and provided further that either the bonds were issued not later
17 than November 6, 1990, or the question of the issuance of the specific bonds
18 has been approved by the electors of the issuing governmental unit.

19 (4) In the event that taxes authorized by any provision of this Constitu-
20 tion to be imposed upon any property should exceed the limitation imposed
21 on either category of taxing units defined in subsection (1) of this section,
22 then, notwithstanding any other provision of this Constitution, the taxes
23 imposed upon such property by the taxing units in that category shall be
24 reduced evenly by the percentage necessary to meet the limitation for that
25 category. The percentages used to reduce the taxes imposed shall be calcu-
26 lated separately for each category and may vary from property to property
27 within the same taxing unit. The limitation imposed by this section shall not
28 affect the tax base of a taxing unit.

29 (5) The Legislative Assembly shall replace from the State's general fund
30 any revenue lost by the public school system because of the limitations of
31 this section. The Legislative Assembly is authorized, however, to adopt laws

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1 which would limit the total of such replacement revenue plus the taxes im-
2 posed within the limitations of this section in any year to the corresponding
3 total for the previous year plus 6 percent. This subsection applies only dur-
4 ing fiscal years 1991-92 through 1995-96, inclusive.
5

6 **PARAGRAPH 2.** The amendment proposed by this resolution shall be
7 submitted to the people for their approval or rejection at a special election
8 held throughout this state on _____
9 _____

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DRAFT

SUMMARY

Authorizes the county assessor to cancel personal property taxes if value of taxable personal property of taxpayer is less than \$5,000.

Increases the amount of penalty for late filing of a personal property tax return.

A BILL FOR AN ACT

Relating to finance; creating new provisions; and amending ORS 308.250, 308.290 and 308.295.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 308.250 is amended to read:

308.250. (1) All personal property not exempt from ad valorem taxation shall be valued at 100 percent of its real market value, as of July 1, at 1:00 a.m. and shall be assessed at 100 percent of its real market value.

(2) If the total assessed value of all taxable personal property in any county of any taxpayer is less than [\$2,000] \$5,000 in any tax year, the county assessor may cancel the ad valorem tax assessment for that year.

SECTION 2. ORS 308.290 is amended to read:

308.290. (1)(a) Every person and the managing agent or officer of any firm, corporation or association owning, or having in possession or under control taxable personal property shall make a return of the property for ad valorem tax purposes to the assessor of the county in which such property has its situs for taxation; however, as between a mortgagor and mortgagee or a lessor and lessee, the actual owner and the person in possession may agree between them as to who shall make the return and pay the tax, and the election shall be followed by the person in possession of the roll who has notice of the election. Upon the failure of either party to file a personal property tax return on or before July 15 of any year, both parties shall be

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1 jointly and severally subject to the provisions of ORS 308.295 and 308.300.

2 (b) Every person and the managing agent or officer of any firm, corpo-
3 ration or association owning or in possession of taxable real property shall
4 make a return of the property for ad valorem tax purposes when so requested
5 by the assessor of the county in which such property is situated.

6 (2)(a) Each return of personal property shall contain a full listing of such
7 property and a statement of its real market value, including a separate list-
8 ing of those items claimed to be exempt as imports or exports; or, at the
9 option of the assessor, the return may contain a listing of the additions or
10 retirements made since the prior July 1, indicating the book cost and the
11 date of acquisition or retirement. Each return shall contain the name, as-
12 sumed business name, if any, and address of the owner of the personal
13 property and if it is a partnership, the name and address of each general
14 partner or if it is a corporation, the name and address of its registered agent.

15 (b) Each return of real property shall contain a full listing of the several
16 items or parts of such property specified by the assessor and a statement
17 exhibiting their real market value; or at the option of the assessor the return
18 shall contain a listing of the additions and retirements made during the year
19 indicating the book cost, book value of the additions and retirements or the
20 appraised value of retirements as specified in the return by the assessor.

21 (c) There shall be annexed to each return the affidavit or affirmation of
22 the person making the return that the statements contained in the return
23 are true. All returns shall be in such form as the assessor, with the approval
24 of the Department of Revenue, may prescribe. Prior to June 1 preceding the
25 tax year, the department or assessor shall cause blank forms for the returns
26 to be prepared and distributed by mail, but failure to receive or secure the
27 form shall not relieve the person, managing agent or officer from the obli-
28 gation of making any return required by this section.

29 (3) All returns shall be filed on or before July 15 of each year, but the
30 assessor, upon written request filed with the assessor prior to that date and
31 for good cause shown in the request, shall allow for an extension of time

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1 within which to file the return to August 15. The department shall adopt
2 rules for the granting of extensions under this subsection.

3 (4)(a) In lieu of the returns required under subsection (1)(a) or (b) of this
4 section, every person and the managing agent or officer of any firm, corpo-
5 ration or association owning or having in possession or under control taxa-
6 ble real and personal property that is either principal or secondary industrial
7 property as defined by ORS 306.126 (1) and is appraised by the department
8 shall file a combined return of the real and personal property with the de-
9 partment.

10 (b) The contents and form of the return shall be as prescribed by rule of
11 the department. Any form shall comply with ORS 308.297. Notwithstanding
12 ORS 308.875, a mobile home that is a part of an industrial property shall be
13 included in a combined return.

14 (c) In order that the assessor may comply with ORS 308.295, the depart-
15 ment shall provide a list to the assessor of all combined returns required to
16 be filed with the department under this subsection but were not filed on or
17 before the due date or within the time allowed by an extension.

18 (d) If the department has delegated appraisal of the property to the
19 assessor under ORS 306.126 (3), the department shall notify the person oth-
20 erwise required to file the combined return under this subsection as soon as
21 practicable after the delegation that the combined return is required to be
22 filed with the county assessor.

23 (e) Notwithstanding subsection (1) or (3) of this section, a combined re-
24 turn of real and personal property that is industrial property appraised by
25 the department shall be filed with the department on or before July 15 of the
26 tax year.

27 (5)(a) Any person required to file a return under this section may apply
28 to the Department of Revenue for an extension of the time within which to
29 file the return to August 31. An extension granted under this subsection
30 shall continue in effect for each subsequent tax year unless canceled by the
31 person or revoked by the department. An extension granted under this sub-

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1 section shall apply to returns required to be filed with either the county
2 assessor or the department. The department shall provide for notification of
3 county assessors of the granting of extensions under this subsection.

4 (b) The Department of Revenue shall, by rule, establish procedures and
5 criteria for the granting of extensions provided for under paragraph (a) of
6 this subsection. The department shall adopt such rules after consultation
7 with an advisory committee selected by the department that represents the
8 interests of county assessors and affected taxpayers.

9 (6) No return shall be controlling on the assessor or on the Department
10 of Revenue in any respect in the assessment of any property. On any failure
11 to file the required return, the property shall be listed and evaluated from
12 the best information obtainable from other sources.

13 (7) All returns filed under the provisions of this section and ORS 308.525,
14 308.720 and 308.810 shall be confidential records of the office in which such
15 returns are filed; except that all such returns shall be available to the De-
16 partment of Revenue or its representative, to the representatives of the Sec-
17 retary of State or to an accountant engaged by a county under ORS 297.405
18 to 297.555 for the purpose of auditing the county's personal property tax as-
19 sessment roll (including adjustments to returns made by the Department of
20 Revenue), to the county tax collector or the tax collector's representative for
21 the purpose of collecting delinquent personal property taxes, to any review-
22 ing authority as to those returns relating to appeals by taxpayers and to the
23 Legislative Revenue Officer or authorized representatives for the purpose of
24 preparation of reports, estimates and analyses required by ORS 173.800 to
25 173.850. The Department of Revenue may exchange property tax information
26 with the authorized agents of the Federal Government and the several states
27 on a reciprocal basis.

28 (8) If the real market value of any personal property in possession of a
29 lessee is less than [\$2,000] \$5,000, the person in possession of the roll may
30 disregard an election made under subsection (1) of this section and assess the
31 owner or lessor of the property.

1 **SECTION 3.** ORS 308.295 is amended to read:

2 308.295. (1) Each person, firm, corporation or association required by ORS
3 308.290 to file a return, who or which has not filed a return within the time
4 fixed in ORS 308.290 or as extended, is delinquent.

5 (2) A delinquent taxpayer is subject to a penalty of [\$1] \$_____ for each
6 \$1,000 (or fraction thereof) of assessed value of the property as determined
7 under ORS 308.232, but such penalty shall not be less than [\$10] \$_____ or
8 more than [\$250] \$_____.

9 (3) If a delinquency penalty provided in this section is imposed, the tax
10 statement for the year in which the penalty is imposed shall reflect the
11 amount of the penalty and shall constitute notice to the taxpayer.

12 (4) The county board of equalization may, upon application of the tax-
13 payer, excuse the liability for the penalty upon a proper showing that by
14 reason of good and sufficient cause, the requirement to file pursuant to ORS
15 308.290 could not be complied with. However, an application made under this
16 subsection shall not be considered by the board unless filed timely and in the
17 same manner as an appeal under ORS 309.100. There shall be no appeal from
18 the determination of the board under this subsection.

19 (5) If the board excuses a penalty already imposed and entered on the roll,
20 the person in charge of the roll shall cancel the penalty and enter the can-
21 cellation on the roll as an error correction under ORS 311.205 and, if the
22 penalty has been paid, it shall be refunded without interest under ORS
23 311.806.

24 **SECTION 4.** The amendments to ORS 308.250, 308.290 and 308.295 by
25 sections 1 to 3 of this Act apply to tax years beginning on or after July 1,
26 1994.

DRAFT

SUMMARY

Authorizes discretionary attendance by clerk at sessions of board of equalization or ratio review.

Removes requirement that board orders sent by mail be sent by certified or registered mail.

Removes requirement that personal property tax warrants served by mail be served by certified mail, return receipt requested.

A BILL FOR AN ACT

1
2 Relating to finance; amending ORS 309.010, 309.012, 309.024, 309.110, 311.620
3 and 311.625.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 309.010 is amended to read:

6 309.010. (1) Except as provided in subsection (6) of this section, the county
7 board of ratio review shall consist of five members:

8 (a) One member of the county governing body;

9 (b) One member of the governing body of a school district within the
10 county;

11 (c) One member of the governing body of a taxing district within the
12 county that is not a school district or the county; and

13 (d) Two nonoffice-holding residents of the county who are not employees
14 of the county or of any taxing district within the county.

15 (2) On or before June 15 of each year at a regular meeting, or at a special
16 meeting called by the chairperson, the county governing body shall appoint
17 the members who shall serve on the county board of ratio review and the
18 board of equalization.

19 (3) The term of each member of the board of ratio review shall begin on
20 the last Thursday in June next following appointment and end on August 10.

21 (4) The member of the county governing body shall, if present, be chair-

1 person of the board. Three members shall constitute a quorum.

2 (5) If any member is unable or unwilling to serve, and such indisposition
3 continues for more than seven consecutive days, the member shall be re-
4 placed in the manner of an original appointment.

5 (6) In any county:

6 (a) The county governing body may appoint one nonoffice-holding county
7 resident to serve on the board instead of appointing a member of the county
8 governing body.

9 (b) One person may be appointed by the county governing body to sit as
10 an alternate for nonoffice holding members of the board.

11 (7) Each member and alternate member of the board of ratio review shall
12 attend in-service training and shall be compensated for their expenses in the
13 manner provided in ORS 309.022.

14 (8) The county clerk, as described in ORS 306.005, shall serve as clerk of
15 the board. [and] The clerk or deputy clerk shall attend [a/l] sessions of the
16 board at the discretion of the board.

17 **SECTION 2.** ORS 309.012 is amended to read:

18 309.012. (1) The board of ratio review shall convene on the last Thursday
19 in June of each year. The board shall meet at the courthouse or courthouse
20 annex. If the meeting place is other than the courthouse or annex, notice of
21 the meeting place shall be posted daily in the courthouse. The board shall
22 continue its sessions from day to day, exclusive of legal holidays, until the
23 functions provided in subsection (2) of this section are completed.

24 (2) For the assessment roll of the current tax year, the board shall, as by
25 law provided, examine the assessor's ratio study and make specific written
26 recommendations to the assessor and department.

27 (3) The board shall adjourn no later than August 10.

28 (4) The board shall hire one or more appraisers registered under ORS
29 308.010, or certified under ORS 674.310, and not otherwise employed by the
30 county, to assist the board in identifying economic trends and otherwise aid
31 the board under this section. The boards of the various counties may make

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1 such reciprocal arrangements for the exchange of appraisers with other
2 counties as will most effectively carry out the functions and duties of the
3 boards.

4 (5) The board of ratio review shall keep a record of all proceedings. The
5 county clerk as described in ORS 306.005, shall serve as clerk of the board.
6 [and] The clerk or deputy clerk shall attend [all] sessions of the board at
7 the discretion of the board. The district attorney shall be the legal advi-
8 sor of the board and the district attorney or deputy district attorney may
9 attend all sessions of the board.

10 SECTION 3. ORS 309.024 is amended to read:

11 309.024. The board of equalization shall keep a record of all proceedings.
12 The county clerk, as described in ORS 306.005, shall serve as clerk of the
13 board. [and] The clerk or deputy clerk shall attend [all] sessions of the board
14 at the discretion of the board. The district attorney shall be the legal
15 advisor of the board and the district attorney or deputy district attorney may
16 attend all sessions of the board. The board shall hire one or more appraisers
17 registered under ORS 308.010, or licensed or certified under ORS 674.310, and
18 not otherwise employed by the county, and other necessary personnel for the
19 purpose of aiding the board in carrying out its functions and duties under
20 ORS 309.026. The boards of the various counties may make such reciprocal
21 arrangements for the exchange of appraisers with other counties as will most
22 effectively carry out the functions and duties of the boards.

23 SECTION 4. ORS 309.110 is amended to read:

24 309.110. (1) The action of the board of equalization or the board of ratio
25 review upon every petition for the reduction of a particular assessment, and
26 the determinations of the board that certain corrections, additions to or
27 changes in the roll shall be made, shall be entered of record by formal order.
28 A copy of the order as to each petition shall be sent, by [registered or certi-
29 fied] mail, to the petitioner at the post-office address given in the petition.
30 When a copy of the board's order is personally delivered to the petitioner,
31 the requirement to mail a copy of the order is waived. A copy of each order

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1 shall be delivered to the assessor and the officer in charge of the roll on the
2 same day that the order is mailed or delivered to the petitioner. The orders
3 of the board shall specify what changes shall be made in the tax roll, if any,
4 and shall direct the officer in charge of the roll to make them. The district
5 attorney shall be available to aid the board in the preparation of its orders.

6 (2) The board may issue amended orders to correct clerical errors ap-
7 pearing in its original orders.

8 (3) As used in this section a clerical error is an error in the order which
9 either arises from an error in the minutes of the board or which is a failure
10 to correctly reflect the minutes of the board, and which, had it been discov-
11 ered prior to the order being issued would have been corrected as a matter
12 of course, and the information necessary to make the correction is contained
13 in the minutes of the board. Such errors include, but are not limited to
14 arithmetic and copying errors and omission or misstatement of identification
15 of property.

16 (4) Amended orders may only be issued during the board's session, or by
17 call of the chairperson, within 30 days after final adjournment of the session.

18 (5) The provisions of subsection (1) of this section shall apply to amended
19 orders, unless the context requires otherwise. Amended orders shall be
20 mailed to the petitioner and delivered to the assessor and the officer in
21 charge of the roll not later than five days after the adjournment of the
22 board's meetings or five days after the 30-day period provided for in this
23 section, if issued during the 30-day period.

24 **SECTION 5.** ORS 311.620 is amended to read:

25 311.620. If it is deemed expedient to do so, notice may be given either by
26 service of any warrant in the same manner as summons is served in an
27 action at law, or by service of the warrant by [*certified*] mail[, *return receipt*
28 *requested*]. Notice by personal service or by [*certified*] mail shall be in lieu
29 of service by publication as to the persons so served. It shall not be neces-
30 sary to include in the publication of the notice the names of such persons
31 or the descriptions or other matters relating to their respective properties.

1 **SECTION 6.** ORS 311.625 is amended to read:

2 311.625. (1) Immediately after service of the warrant, or on completion of
3 service by publication, as the case may be, the tax collector shall have the
4 warrant or a duplicate thereof recorded by the county clerk in the County
5 Clerk Lien Record maintained under ORS 205.130. Where service has been
6 made by *[certified]* mail, notation of the service shall be made on the warrant
7 recorded by the county clerk *[and the returned receipt shall be attached to*
8 *and made a part of the warrant on file in the office of the county tax*
9 *collector]*. The clerk shall enter in the County Clerk Lien Record the name
10 of the owner of the personal property on which taxes are delinquent, as
11 shown by the warrant, and the total amount of the delinquent taxes and in-
12 terest for which the warrant was issued, with added cost charges, and the
13 date of recording.

14 (2) Thereupon, the amount of the warrant, so recorded, shall become a
15 lien upon the title to any interest in real property owned by the person
16 against whom the warrant is issued, and the taxes on personal property em-
17 braced in the warrant, with interest, penalties and costs applicable thereto,
18 shall continue as a lien on all the personal property of the person assessed
19 as otherwise provided by law. The effect shall be the same as though the
20 people of the county had recovered judgment against the person charged for
21 the full amount of the delinquent taxes covered by the warrant, together
22 with interest thereon and costs as provided by law.

23

DRAFT

SUMMARY

Eliminates use of property taxes levied by certain taxing units in specified metropolitan area for construction, operation, repair and maintenance of facilities and works for water supply or waste water disposal.

Requires water providers in Portland area to develop work plan for water service delivery.

Allows boundary commission with jurisdiction in Portland area to develop work plan and submit plan to electors when water providers fail to develop or implement work plan by December 31, 1995.

Eliminates requirement for election of entire district board at next election following district merger or consolidation.

Continues, beyond fiscal year beginning on July 1, 1992, requirement that taxing districts coordinate property tax levies in each county prior to submission of levies to electors.

Maintains authority of rural fire protection districts to divide districts into zones for purpose of imposing different property tax rates in each zone.

Extends authority to create zones to fire districts west of the Cascades.

A BILL FOR AN ACT

1
2 Relating to local government; creating new provisions; amending ORS
3 190.070, 198.910, 198.915, 310.180 and section 11, chapter 396, Oregon Laws
4 1991; and repealing sections 9 and 10, chapter 569, Oregon Laws 1983.

5 **Be It Enacted by the People of the State of Oregon:**

6 **SECTION 1.** (1) Notwithstanding any other law, when a taxing unit sit-
7 uated wholly or partly within the metropolitan area obtains moneys from the
8 levy of ad valorem taxes on real property, the taxing unit shall not expend
9 those moneys for the construction, operation, repair or maintenance of works
10 or facilities for water supply, storage, treatment and distribution or waste
11 water collection, transmission and disposal.

12 (2) As used in this section:

13 (a) "Metropolitan area" means that area which lies within the boundaries
14 of the metropolitan service district organized under ORS chapter 268.

(b) "Taxing unit" means a city, a domestic water supply district organized under ORS chapter 264, a sanitary district organized under ORS 450.005 to 450.245, a sanitary authority or water supply authority organized under ORS 450.675 to 450.989 or a county service district organized under ORS chapter 451 to provide water supply works and service or sewage works.

SECTION 2. (1) The local government boundary commission created by ORS 199.425 (1) shall:

(a) Review the results of regional planning studies conducted by water providers within the area subject to the jurisdiction of the boundary commission.

(b) Encourage and facilitate mergers and consolidations among water providers located within a single river basin or other region.

(c) Encourage and facilitate water supply planning, management, distribution and treatment on a basin-wide or regional basis.

(2) Not later than December 31, 1995, the local government boundary commission created by ORS 199.425 (1) shall determine whether the water providers located within the area subject to the jurisdiction of the boundary commission have developed a work plan for an integrated, efficient system of water supply for the area and have established a feasible schedule for implementing the work plan. A work plan prepared by the water providers shall, among other matters, provide for:

(a) Evaluation and selection of management strategies for water supply throughout the region.

(b) Systems efficiencies in water operations and transmission.

(c) Supply source development.

(d) Reduction in the number of water providers.

(e) Evaluation of the work plan with regard to efficiency, cost, equity, financial soundness, service, public involvement and responsibility for capital facilities and operations.

(3) If the local government boundary commission, by December 31, 1995, determines that the water providers have not established the work plan re-

quired by this section or that there is not, in the opinion of the boundary commission, a reasonable probability that the work plan will be promptly and substantially implemented, the boundary commission may propose boundary changes or actions authorized by ORS 199.464 for the purpose of implementing the work plan developed by the water providers or a work plan developed by the boundary commission.

(4) For the purposes of this section, a proceeding under ORS 199.464 may be initiated by resolution of the boundary commission.

(5) Proceedings for boundary changes and proceedings under ORS 199.464 shall be conducted as provided in ORS 199.460 to 199.519.

(6) When the boundary commission approves the boundary changes and other acts proposed in a work plan, if the work plan is developed by the boundary commission and not by the water providers, the work plan as described in the final order of the boundary commission shall be submitted at the regular general election held throughout this state in 1996 to all of the electors who reside in the area subject to the jurisdiction of the boundary commission.

SECTION 3. ORS 190.070 is amended to read:

190.070. (1) If any agreement entered into under ORS 190.010 to 190.030 or 190.110 between or among units of local government includes changes in service responsibility, that agreement shall set forth any changes in tax coordination resulting from the change in service responsibility.

(2) This section applies to agreements entered into after September 29, 1991, and before January 1, [1994] 1996.

SECTION 4. ORS 198.910 is amended to read:

198.910. (1) If the proposal for merger or consolidation is approved by a majority of the votes cast in each affected entity required for approval of the proposal, the governing body of the affected entity with the largest population according to the most recent federal decennial census shall call a joint meeting of the governing bodies of the affected entities. The meeting shall be held at a time and place designated by the governing body calling the

1 meeting, not later than 10 days after the canvass of the vote in the entity
2 last canvassed. The secretary of the entity calling the meeting shall give
3 notice of the time and place of the meeting to each member of the governing
4 body of each affected entity.

5 (2) At the joint meeting, a majority of the members of the governing body
6 of each affected entity constitute a quorum for the transaction of business.
7 The members so assembled shall from among the members elect a number of
8 persons consistent with the principal Act to serve as board members of the
9 surviving or successor district [*until June 30 following the next regular dis-*
10 *trict election as defined in ORS 255.005*]. The board so elected shall imme-
11 diately meet and organize as provided by the principal Act and shall by
12 resolution declare the districts merged or consolidated and each affected city
13 joined, as the case may be. From the date of adoption of the resolution the
14 merger or consolidation is complete, and the city territory, together with any
15 territory thereafter annexed to the city, is included in the boundaries of the
16 surviving or successor district and shall be subject to all the liabilities of
17 the district in the same manner and to the same extent as other territory
18 included in the district.

19 (3) Of the persons elected under subsection (2) of this section to
20 serve as board members of the surviving or successor district, three
21 shall serve until June 30 following the next regular district election
22 as defined in ORS 255.005 and the remaining members shall serve until
23 June 30 next following the second regular district election. However,
24 if the principal Act provides for a board of directors of three members
25 for the surviving or successor district, then two members shall serve
26 until June 30 following the next regular district election as defined in
27 ORS 255.005 and the remaining member shall serve until June 30 next
28 following the second regular district election. The terms of office of
29 the members shall be determined by lot.

30 SECTION 5. ORS 198.915 is amended to read:

31 198.915. At the first regular election held in the surviving or successor

1 district, **two or three** district board members [*equal to the number of posi-*
2 *tions on the board*] shall be elected as **provided by ORS 198.910 (3)**. [*The*
3 *terms of office of the members elected shall be determined in the manner pro-*
4 *vided by the principal Act for determination of the terms of office of members*
5 *of the district board of a newly organized district.*]

6 **SECTION 6.** Section 11, chapter 396, Oregon Laws 1991, is amended to
7 read:

8 **Sec. 11.** (1) As used in this section, "unit of local government" has the
9 meaning given the term in [*section 3 of this 1991 Act*] **ORS 310.180**.

10 (2) Notwithstanding ORS 250.035, the ballot explanation for a measure
11 proposing a new or increased tax shall contain a statement that indicates
12 whether or not, pursuant to section 11b, Article XI, Oregon Constitution, and
13 implementing legislation, the proposed tax measure would reduce property
14 tax collections for other units of local government. The statement shall not
15 be considered a part of the ballot explanation for purposes of determining if
16 the explanation exceeds the 85-word limitation of ORS 250.035.

17 (3) This section applies to measures submitted to the electors for approval
18 or rejection at an election held on or after the September 29, 1991, and before
19 January 1, [*1994*] 1996.

20 **SECTION 7.** ORS 310.180 is amended to read:

21 310.180. As used in ORS 310.180 to 310.188:

22 (1) "Current tax levy authority" means the sum of the amounts that a unit
23 of local government may levy within its tax base as described under section
24 11 (2) or (4), Article XI, Oregon Constitution, or, pursuant to elector ap-
25 proval, outside of its tax base as described under section 11 (3)(b) and (4),
26 Article XI, Oregon Constitution, as of March 31, [*1991*] 1993, and any other
27 taxes upon property that the unit may levy or impose as of that date, and
28 includes:

29 (a) Any percentage amount by which a voted tax base is increased pur-
30 suant to section 11 (2)(a), Article XI, Oregon Constitution, or the amount of
31 the percentage additions described under section 11 (4), Article XI, Oregon

1 Constitution.

2 (b) If a unit of local government has received elector approval of an in-
3 crease in its current tax levy authority after following the process as devel-
4 oped pursuant to ORS 310.180 to 310.188, amounts levied pursuant to that
5 increased tax levy authority.

6 (2) "Election officer" means the:

7 (a) County clerk regarding a measure to be voted on in a county only.

8 (b) City clerk, auditor or recorder regarding a measure to be voted on in
9 a city only.

10 (c) County clerk of the county in which the administrative office of the
11 district is located regarding a measure to be voted on in a district located
12 in more than one county.

13 (d) County clerk regarding a measure to be voted on in a district located
14 in only one county.

15 (3) "Ensuing fiscal year" means the fiscal year beginning July 1, [1992]
16 1994.

17 (4) "Measure" has the meaning given that term in ORS 254.005.

18 (5) "Taxes upon property" has the meaning given the term under ORS
19 310.140 and includes only those taxes upon property limited as provided un-
20 der section 11b, Article XI, Oregon Constitution.

21 (6) "Unit of local government" has the meaning given the term under ORS
22 190.003 and includes only those units that have authority to impose a tax
23 upon property for use for purposes other than the public school system and
24 that have territory within the county. "Unit of local government" includes
25 a unit of local government proposed for creation or formation prior to the
26 next March 31.

27 **SECTION 8.** Section 9 of this Act is added to and made a part of ORS
28 chapter 478.

29 **SECTION 9.** (1) The electors of a district may initiate proceedings to
30 divide the district into zones under chapter 569, Oregon Laws 1983, by filing
31 a petition with the district board. The petition shall state the name of the

1 district and contain a request that the district board divide the district into
2 zones consisting of areas zoned for exclusive farm use, areas within urban
3 growth boundaries and all other areas.

4 (2) A petition filed under this section shall be signed by not less than 10
5 percent of the electors of the district.

6 (3) When the district board receives a petition filed under this section,
7 the district board shall hold a public hearing on the formation of the pro-
8 posed zones, and provide notice thereof, as required by sections 3 and 4,
9 chapter 569, Oregon Laws 1983.

10 **SECTION 10.** Sections 9 and 10, chapter 569, Oregon Laws 1983, are re-
11 pealed.

12

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10/15/92 (JR/de)

DRAFT

SUMMARY

Includes traffic patrol by Department of State Police within authorized uses of highway fund moneys, upon voter approval of amendment to Oregon Constitution at next primary election.

JOINT RESOLUTION

Be It Resolved by the Legislative Assembly of the State of Oregon:

PARAGRAPH 1. Section 3a, Article IX of the Constitution of the State of Oregon, is amended to read:

Sec. 3a. (1) Except as provided in subsection (2) of this section, revenue from the following shall be used exclusively for the construction, reconstruction, improvement, repair, maintenance, operation and use of, **and for traffic patrol by the Department of State Police on**, public highways, roads, streets and roadside rest areas in this state:

(a) Any tax levied on, with respect to, or measured by the storage, withdrawal, use, sale, distribution, importation or receipt of motor vehicle fuel or any other product used for the propulsion of motor vehicles; and

(b) Any tax or excise levied on the ownership, operation or use of motor vehicles.

(2) Revenues described in subsection (1) of this section:

(a) May also be used for the cost of administration and any refunds or credits authorized by law.

(b) May also be used for the retirement of bonds for which such revenues have been pledged.

(c) If from levies under paragraph (b) of subsection (1) of this section on campers, mobile homes, motor homes, travel trailers, snowmobiles, or like vehicles, may also be used for the acquisition, development, maintenance or care of parks or recreation areas.

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1 (d) If from levies under paragraph (b) of subsection (1) of this section on
2 vehicles used or held out for use for commercial purposes, may also be used
3 for enforcement of commercial vehicle weight, size, load, conformation and
4 equipment regulation.

5

6 **PARAGRAPH 2.** The amendment proposed by this resolution shall be
7 submitted to the people for their approval or rejection at a special election
8 held throughout this state on the same date as the next regular primary
9 election.

10

DRAFT

SUMMARY

Creates Tri-County Road Corporation for purpose of performing road maintenance for local governments within Clackamas, Multnomah and Washington Counties.

Establishes duties, functions and powers of corporation.

Requires local governments to transfer road maintenance facilities, equipment and personnel to corporation.

Provides that each local government retains power to determine total amount spent for maintenance on its roads, to determine maintenance standards for its roads and to evaluate adequacy of road maintenance by corporation.

Allows each local government, after three years, to contract with other agency for road maintenance.

Appropriates \$____, out of General Fund, to Tri-County Road Corporation for initial development and implementation of corporation.

Requires reimbursement of appropriated moneys to General Fund within three years after corporation begins road maintenance operations.

Provides for commencement of road maintenance operations by corporation on July 1, 1995.

Provides for referral of this Act to people of Clackamas, Multnomah and Washington Counties at special election held on date of next regular or special election.

A BILL FOR AN ACT

Relating to the Tri-County Road Corporation; appropriating money; and providing that this Act shall be referred to the people of the Counties of Clackamas, Multnomah and Washington for their approval or rejection.

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in sections 1 to 15 of this Act, unless the context requires otherwise:

(1) "Board" or "board of directors" means the board of directors of the Tri-County Road Corporation.

(2) "Corporation" means the Tri-County Road Corporation created by

1 section 2 of this Act.

2 (3) "Metropolitan area" means the area located within the boundaries of
3 Clackamas, Multnomah and Washington Counties.

4 (4) "Road deterioration" includes the effects of aging, materials failure
5 and faults in design and construction.

6 (5) "Road entity" means a municipal corporation that is situated entirely
7 within the metropolitan area, has control and jurisdiction of road facilities
8 and, prior to the operative date of this Act, used its own equipment, facilities
9 and personnel to perform road maintenance.

10 (6) "Road facility" includes, but is not limited to:

11 (a) The entire right of way of any public way, without regard to whether
12 it is described as a street, highway, throughway or alley, that allows travel
13 between places by means of vehicles;

14 (b) Road related structures that are in the right of way, such as tunnels,
15 culverts, street lights, traffic control devices or similar structures; and

16 (c) Structures that provide for continuity of the right of way, such as
17 bridges.

18 (7) "Road maintenance" means any activity that keeps a road facility in
19 the same or a better condition than that existing when responsibility for its
20 maintenance is transferred to the corporation. The term does not include
21 initial construction or reconstruction of a road or roadway.

22 **SECTION 2.** (1) The Tri-County Road Corporation is created as an inde-
23 pendent public corporation. The corporation shall be governed by a board
24 of ___ directors appointed as provided in section 3 of this Act.

25 (2) A member of the board of directors shall not have any pecuniary in-
26 terest, other than an incidental interest which is disclosed and made a mat-
27 ter of public record at the time of appointment to the board, in any
28 corporation or other business entity engaged in the business of road main-
29 tenance or of supplying materials or equipment for road maintenance.

30 (3) The term of office of a member is four years. Before the expiration of
31 the term of a member, the appointing officials shall appoint a successor for

1 that member. A member is eligible for reappointment. If there is a vacancy
2 for any cause, the appointing officials who appointed a member to the vacant
3 position shall make an appointment to become immediately effective for the
4 unexpired term.

5 (4) A member of the board of directors is not entitled to compensation but
6 may be reimbursed for actual and necessary expenses as provided in ORS
7 292.495.

8 (5) The board of directors shall select one of its members as presiding
9 officer, for such term and with such duties and powers as the board of di-
10 rectors considers necessary for performance of the functions of that office.
11 A majority of the members of the board of directors constitutes a quorum for
12 the transaction of business.

13 (6) The board of directors shall meet at least once every month at a time
14 and place determined by the board of directors. The board shall meet at such
15 other times and places specified by the call of the presiding officer or of a
16 majority of the members of the board of directors.

17 (7) It is the function of the board of directors to establish the policies for
18 the operation of the corporation, consistent with all applicable provisions
19 of law.

20 **SECTION 3.** The board of directors of the Tri-County Road Corporation
21 shall be appointed as follows:

22 (1) One member who must be an employee of the Department of Trans-
23 portation shall be appointed by the Governor.

24 (2) One member shall be appointed by the Board of Commissioners of
25 Multnomah County.

26 (3) One member shall be appointed by the Board of Commissioners of
27 Clackamas County.

28 (4) One member shall be appointed by the Board of Commissioners of
29 Washington County.

30 (5) One member shall be appointed by the City Council of Portland.

31 (6) One member shall be appointed jointly by the city councils of the

1 cities that are road entities and situated entirely within Multnomah County.
2 The most populous city situated entirely within Multnomah County shall
3 call a meeting of the cities to appoint a member to the board. The cities shall
4 develop procedures to elect their representative on the board and to rotate
5 their appointment among the various cities within Multnomah County.

6 (7) One member shall be appointed jointly by the city councils of the
7 cities that are road entities and situated entirely within Washington County.
8 The most populous city situated entirely within Washington County shall
9 call a meeting of the cities to appoint a member to the board. The cities shall
10 develop procedures to elect their representative on the board and to rotate
11 their appointment among the various cities within Washington County.

12 (8) One member shall be appointed jointly by the city councils of the
13 cities, not including Portland, that are road entities and situated wholly or
14 partly within Clackamas County. The most populous city situated within
15 Clackamas County, not including Portland, shall call a meeting of the cities
16 to appoint a member to the board. The cities shall develop procedures to
17 elect their representative on the board and to rotate their appointment
18 among the various cities within Clackamas County.

19 (9) One member who represents labor organizations shall be appointed
20 jointly by the members of the board appointed under subsections (1) to (8)
21 of this section.

22 (10) One member who represents general contractors shall be appointed
23 jointly by the members of the board appointed under subsections (1) to (8)
24 of this section.

25 (11) One member who represents the public shall be appointed jointly by
26 the members of the board appointed under subsections (1) to (8) of this sec-
27 tion.

28 OR

29 **SECTION 3.** The board of directors of the Tri-County Road Corporation
30 shall be appointed as follows:

31 (1) One member who must be an employee of the Department of Trans-

1 portation shall be appointed by the Governor.

2 (2) One member shall be appointed by the Board of Commissioners of
3 Multnomah County.

4 (3) One member shall be appointed by the Board of Commissioners of
5 Clackamas County.

6 (4) One member shall be appointed by the Board of Commissioners of
7 Washington County.

8 (5) Four members shall be appointed by the City Council of Portland.

9 (6) One member shall be appointed jointly by the city councils of the
10 cities, not including Portland, that are road entities and situated wholly or
11 partly within Clackamas County. The most populous city situated within
12 Clackamas County, not including Portland, shall call a meeting of the cities
13 to appoint a member to the board. The cities shall develop procedures to
14 elect their representative on the board and to rotate their appointment
15 among the various cities within Clackamas County.

16 (7) One member shall be appointed jointly by the city councils of the
17 cities that are road entities and situated entirely within Multnomah County.
18 The most populous city situated entirely within Multnomah County shall
19 call a meeting of the cities to appoint a member to the board. The cities shall
20 develop procedures to elect their representative on the board and to rotate
21 their appointment among the various cities within Multnomah County.

22 (8) Two members shall be appointed jointly by the city councils of the
23 cities that are road entities and situated entirely within Washington County.
24 The most populous city situated entirely within Washington County shall
25 call a meeting of the cities to appoint a member to the board. The cities shall
26 develop procedures to elect their representative on the board and to rotate
27 their appointment among the various cities within Washington County.

28 (9) One member shall be appointed from the general public by the mem-
29 bers of the board appointed under subsections (1) to (8) of this section.

30 **OR**

31 **SECTION 3.** The board of directors of the Tri-County Road Corporation

1 shall be appointed as follows:

2 (1) One member who must be an employee of the Department of Trans-
3 portation shall be appointed by the Governor.

4 (2) One member shall be appointed by the Board of Commissioners of
5 Multnomah County.

6 (3) One member shall be appointed by the Board of Commissioners of
7 Clackamas County.

8 (4) One member shall be appointed by the Board of Commissioners of
9 Washington County.

10 (5) Four members shall be appointed by the City Council of Portland.

11 (6) One member shall be appointed jointly by the city councils of the
12 cities, not including Portland, that are road entities and situated wholly or
13 partly within Clackamas County. The most populous city situated within
14 Clackamas County, not including Portland, shall call a meeting of the cities
15 to appoint a member to the board. The cities shall develop procedures to
16 elect their representative on the board and to rotate their appointment
17 among the various cities within Clackamas County.

18 (7) One member shall be appointed jointly by the city councils of the
19 cities that are road entities and situated entirely within Multnomah County.
20 The most populous city situated entirely within Multnomah County shall
21 call a meeting of the cities to appoint a member to the board. The cities shall
22 develop procedures to elect their representative on the board and to rotate
23 their appointment among the various cities within Multnomah County.

24 (8) Two members shall be appointed jointly by the city councils of the
25 cities that are road entities and situated entirely within Washington County.
26 The most populous city situated entirely within Washington County shall
27 call a meeting of the cities to appoint a member to the board. The cities shall
28 develop procedures to elect their representative on the board and to rotate
29 their appointment among the various cities within Washington County.

30 (9) One member who represents labor organizations shall be appointed
31 jointly by the members of the board appointed under subsections (1) to (8)

1 of this section.

2 (10) One member who represents general contractors shall be appointed
3 jointly by the members of the board appointed under subsections (1) to (8)
4 of this section.

5 (11) One member who represents the public shall be appointed jointly by
6 the members of the board appointed under subsections (1) to (8) of this sec-
7 tion.

8 **SECTION 4.** (1) Notwithstanding the term of office for a member of the
9 board of directors of the corporation specified in section 2 (3) of this Act,
10 of the members first appointed to the board of directors of the corporation,
11 five members shall serve terms of office ending on June 30, 1995, and the
12 remaining members shall serve terms of office ending on June 30, 1997. The
13 terms of office of the members first appointed to the board of directors of the
14 corporation shall be determined by lot.

15 (2) The appointing officials described in section 3 (1) to (8) of this Act
16 shall make their initial appointments to the board of directors not later than
17 the 30th day following the operative date of this Act.

18 (3) The initial members of the board of directors who are appointed under
19 section 3 (1) to (8) of this Act shall jointly appoint the remaining initial
20 members of the board of directors under section 3 (9) to (11) of this Act not
21 later than the 30th day following the first meeting of the board of directors
22 after the operative date of this Act.

23 **SECTION 5.** (1) The board of directors of the Tri-County Road Corpo-
24 ration shall establish a committee to advise and assist the board of directors
25 with regard to the management structure, administrative structure and work
26 rules of the corporation. The board of directors shall determine the specific
27 functions and duties of the committee.

28 (2) The board of directors shall appoint a number of supervisory employ-
29 ees of the corporation to the committee and an equal number of non-
30 supervisory or nonconfidential employees. The board shall determine the
31 total number of committee members.

(3) Appointment of members to the committee established under this section shall be made within 60 days after the first meeting of the board of directors. The term for each member of the committee shall be determined by the board.

(4) A member of the committee is not entitled to compensation but may be reimbursed for actual and necessary expenses.

(5) The committee shall elect one of its members as chairperson and another as vice chairperson. A majority of members represents a quorum.

(6) The committee shall meet periodically at such times and places specified by the chairperson or majority of the committee.

SECTION 6. (1) The Tri-County Road Corporation is created for the purpose of providing road maintenance for the road entities in Clackamas, Multnomah and Washington Counties.

(2) The corporation shall have all the powers necessary to carry out its purpose, which include the powers to:

(a) Perform road maintenance.

(b) Make, amend and repeal bylaws and rules for the management of its affairs.

(c) Sue and be sued.

(d) Make contracts and execute all instruments necessary or convenient for carrying out its activities.

(e) Acquire, lease, rent, own and manage real property. The corporation may construct, equip and furnish buildings or other structures that are necessary to accommodate its needs. The corporation may purchase, rent, lease or otherwise acquire for its use all supplies, materials, equipment and services necessary to carry out its functions. The corporation may not sell or otherwise dispose of any property acquired under this paragraph during the three-year period immediately following the operative date of this Act.

(f) Enter into intergovernmental agreements under ORS 190.003 to 190.110 with a state agency, city, county or any other unit of local government.

(g) Hire or appoint officers and other employees, consultants, agents and

1 advisors and prescribe their duties.

2 (h) Appear in its own behalf before boards, commissions, departments or
3 other agencies of municipal, county or state government.

4 (3) The corporation is a public body for purposes of ORS 30.260 to 30.300
5 and a public employer for purposes of ORS 236.605 to 236.650 and ORS
6 chapter 237.

7 (4) The corporation is not a state agency for purposes of ORS 279.545 to
8 279.746. The corporation is not a public agency for purposes of ORS 279.011
9 to 279.111.

10 (5) The corporation shall establish a bidding program and a vendor pro-
11 gram to facilitate and insure adequate participation by disadvantaged busi-
12 ness enterprises, emerging small businesses and minority or women business
13 enterprises with the corporation. As used in this subsection, "disadvantaged
14 business enterprise," "emerging small business" and "minority or women
15 business enterprise" have the meanings given those terms in ORS 200.005.

16 **SECTION 7.** (1) Not later than the 30th day before the start of road
17 maintenance operations by the corporation, each road entity in the metro-
18 politan area, by intergovernmental agreement or otherwise, shall transfer to
19 the Tri-County Road Corporation:

20 (a) Facilities and equipment, including vehicles, that were used prior to
21 the operative date of this Act primarily for road maintenance as provided in
22 the intergovernmental agreement.

23 (b) Stockpiles of materials and supplies used for road maintenance, in-
24 cluding but not limited to, cement, asphalt, sand and gravel as provided in
25 the intergovernmental agreement.

26 (2) The corporation and each road entity shall negotiate, and by inter-
27 governmental agreement, shall determine an equitable method of transferring
28 the facilities, equipment, materials and supplies described in subsection (1)
29 of this section from the road entity to the corporation. An intergovernmental
30 agreement entered into under this subsection shall specifically describe the
31 facilities, equipment, materials and supplies to be transferred or shall set

1 forth the standards and procedures under which the transfer will be made.
2 If, during negotiations for an intergovernmental agreement, a road entity and
3 the corporation are unable to agree on any provision of the agreement, the
4 decision of the board of directors of the corporation relating to that pro-
5 vision shall be final and binding on the road entity.

6 (3) If facilities transferred under this section are used by the road entity
7 for activities other than road maintenance, the corporation may allow the
8 road entity to continue to use the facilities for those activities. Costs of op-
9 erating and maintaining these multipurpose facilities shall be apportioned
10 under an agreement between the road entity and the corporation.

11 (4) Facilities, equipment, materials and supplies transferred under this
12 section may be located and used by the corporation anywhere within the
13 metropolitan area without regard to origin or the boundaries of road entities.

14 (5) Subject to the requirements of ORS 236.605 to 236.650, each road entity
15 in the metropolitan area shall transfer to the corporation each employee of
16 the road entity who performs road maintenance. The transfer of road entity
17 employees required by this subsection shall become effective on the date on
18 which the corporation commences road maintenance operations. The corpo-
19 ration and each road entity shall negotiate, and by intergovernmental
20 agreement, shall determine an equitable method of transferring the employ-
21 ees described in this subsection from the road entity to the corporation. An
22 intergovernmental agreement entered into under this subsection shall spe-
23 cifically name the employees to be transferred. Employees transferred but
24 not needed by the corporation shall be reduced by retirement or other attri-
25 tion and shall provide that other matters concerning employment relations
26 shall be determined through collective bargaining.

27 **SECTION 8.** (1) Each road entity in the metropolitan area, by intergov-
28 ernmental agreement, shall:

29 (a) Determine the amounts that shall be transferred from the road fund
30 of the road entity to the Tri-County Road Corporation in each fiscal year for
31 the purpose of paying the costs of road maintenance performed by the cor-

1 poration for that road entity.

2 (b) Determine the specifications and standards for road maintenance on
3 the road facilities of that road entity.

4 (c) Evaluate the adequacy of road maintenance performed by the corpo-
5 ration for the road entity.

6 (2) The corporation, by intergovernmental agreement, shall:

7 (a) Determine the level of service for road maintenance to be provided to
8 a road entity during each year.

9 (b) Determine the rates and charges to be imposed for the performance
10 of road maintenance.

11 (3) The term of an intergovernmental agreement described in this section
12 shall be one year.

13 **SECTION 9.** The Tri-County Road Corporation shall enter into contracts
14 to provide administrative services for the corporation. The corporation shall
15 not use its own employees to provide administrative services for the corpo-
16 ration. As used in this section, "administrative services" includes accounting
17 services, payroll preparation, personnel recordkeeping and data processing.

18 **SECTION 10.** (1) Not later than the 90th day after the date on which the
19 corporation commences road maintenance operations, the Employment Re-
20 lations Board shall conduct an election to choose an exclusive representative
21 for the public employees of the Tri-County Road Corporation.

22 (2) The election to determine the exclusive representative under this sec-
23 tion shall be conducted as provided in ORS 243.686.

24 (3) Prior to the execution of a collective bargaining agreement between
25 the corporation and the exclusive representative of the public employees of
26 the corporation, each employee of a road entity transferred to the corpo-
27 ration shall retain all rights and benefits accruing under a collective bar-
28 gaining agreement between the former exclusive representative of the
29 employee and the road entity from which the employee was transferred.
30 Thereafter, employment relations shall be determined exclusively by the
31 statutes of this state and the collective bargaining agreement.

1 (4) As used in this section, "collective bargaining," "employment re-
2 lations," "exclusive representative" and "public employee" have the meanings
3 given those terms in ORS 243.650.

4 **SECTION 11.** (1) At any time after July 1, 1998, a road entity in the
5 metropolitan area may contract with any other person or agency, public or
6 private, for the performance of all or a part of the road maintenance for the
7 road entity. After receiving notice of such contract, the Tri-County Road
8 Corporation shall terminate all or a part road maintenance on road facilities
9 under the control and jurisdiction of that road entity.

10 (2) This section does not authorize a road entity to perform road mainte-
11 nance by using its own equipment, facilities, supplies and personnel. After
12 July 1, 1995, road maintenance for road entities in the metropolitan area
13 shall be provided either by the corporation or by a public or private agency,
14 other than another road entity.

15 (3) After July 1, 1998, when a road entity contracts with any agency or
16 person for the performance of all or a part of the road maintenance for the
17 road entity, the corporation is not required to transfer to that road entity
18 any maintenance equipment or facilities of the corporation that were ori-
19 ginally owned by the road entity.

20 **SECTION 12.** The Tri-County Road Corporation and the Department of
21 Transportation, by intergovernmental agreement, shall provide for the per-
22 formance by the corporation of all road maintenance on the state highways
23 in the metropolitan area. The performance by the corporation of such road
24 maintenance duties and functions shall be undertaken by the corporation not
25 later than July 1, 1995.

26 **SECTION 13.** This Act does not affect the ownership, control or juris-
27 diction of road entities over road facilities, except for the performance of
28 road maintenance as provided under this Act and intergovernmental agree-
29 ment.

30 **SECTION 14.** (1) There is appropriated to the Tri-County Road Corpo-
31 ration, for the biennium ending June 30, 1995, out of the General Fund, the

1 sum of \$____, for the purpose of funding the initial development and imple-
2 mentation of the Tri-County Road Corporation.

3 (2) Within three years after the date on which the corporation commences
4 its operations for road maintenance, the corporation shall reimburse the
5 General Fund without interest, in an amount equal to the amount from the
6 General Fund appropriated and expended as provided in subsection (1) of this
7 section. The reimbursement required by this subsection shall be made peri-
8 odically to the State Treasurer at such times and in such amounts as di-
9 rected by the State Treasurer.

10 **SECTION 15.** The Tri-County Road Corporation shall commence its op-
11 erations for road maintenance in the metropolitan area on July 1, 1995. On
12 that date, the Department of Transportation and all road entities in the
13 metropolitan area shall terminate their road maintenance functions and du-
14 ties in the metropolitan area except as specifically provided otherwise by this
15 Act or by the terms of an intergovernmental agreement with the corporation.

16 **SECTION 16.** This Act shall be referred to the people of Clackamas,
17 Multnomah and Washington Counties for their approval or rejection at a
18 special election held on the date of the next regular or special election held
19 throughout this state. If a majority of all of the votes cast in the metropol-
20 itan area on the question of approving or rejecting this Act favors approval,
21 then this Act is approved and becomes effective 30 days after the day on
22 which it is approved by the electors.

23

LC 1393

10/16/92 (VV/de)

DRAFT

SUMMARY

Directs Multnomah County and cities within Multnomah County to merge all county and city law enforcement agencies into single entity. Requires Department of Revenue to withhold cigarette tax and liquor revenues for failure to comply.

A BILL FOR AN ACT

Relating to law enforcement.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) No later than _____, Multnomah County and all cities located wholly or partly within Multnomah County shall merge their law enforcement functions by means of intergovernmental agreements. The agreements must include the following:

(a) _____;

(b) _____;

(c) _____; and

(d) _____.

(2) If a city or the county fails to merge law enforcement functions as required by subsection (1) of this section or fails to substantially comply with the requirements for the agreements as required by subsection (1) of this section, the Department of Revenue shall withhold that city's or county's share of the state's cigarette tax and liquor revenues until such time as the city or county does comply.

DRAFT

SUMMARY

Requires education service districts in Multnomah, Clackamas and Washington Counties to offer services to component common and union high school districts without being authorized by resolution of component districts. Authorizes school district to opt out of certain services upon demonstration of unique need or provision at lesser cost.

A BILL FOR AN ACT

Relating to education service districts; amending ORS 334.125, 334.175 and 334.185.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 334.125 is amended to read:

334.125. (1) The education service district is a body corporate.

(2) The education service district board is authorized to transact all business coming within the jurisdiction of the education service district and may sue and be sued.

(3) **Subject to subsection (7) of this section**, the education service district board shall perform all duties required by law, including but not limited to:

(a) Distribution of such school funds as it is empowered to apportion;

(b) Conduct of audits;

(c) Duties as district boundary board;

(d) Budget and tax levying duties;

(e) Curriculum improvement; and

(f) Special education programs.

(4) The education service district board may employ and fix the compensation of such personnel as it considers necessary for carrying out duties of the board.

(5) The education service district board:

1 (a) May locate, buy, accept by gift or lease such land, buildings and fa-
2 cilities as may be required for district purposes. Leases authorized by this
3 section may be for a term of up to 30 years and include lease-purchase
4 agreements whereunder the district may acquire ownership of the leased
5 property. Lease-purchase agreements shall be subject to the provisions of
6 ORS 334.175 (2).

7 (b) May acquire personal property by a lease-purchase agreement or con-
8 tract of purchase for a term exceeding one year. A lease-purchase agreement
9 is one in which the rent payable by the district is expressly agreed to have
10 been established to reflect the savings resulting from the exemption from
11 taxation, and the district is entitled to ownership of the property at a nom-
12 inal or other price which is stated or determinable by the terms of the
13 agreement and was not intended to reflect the true value of the property.

14 (c) May lease, sell and convey property of the district as the board con-
15 siders unnecessary to such purposes.

16 (d) May purchase relocatable structures in instalment transactions in
17 which deferred instalments of the purchase price are payable over not more
18 than 10 years from the date of delivery of the property to the district and
19 are secured by a security interest in the property. The transactions may take
20 the form of, but are not limited to, lease-purchase agreements.

21 (e) May accept money or property donated for the use or benefit of the
22 district and use the money or property for the purpose for which it was do-
23 nated.

24 (6) The education service district board may make rules it considers nec-
25 essary to carry out the duties of the board.

26 (7) In addition to the duties described in subsections (4) and (5) of
27 this section, the education service districts for Multnomah, Clackamas
28 and Washington Counties shall provide risk management services,
29 fund and money management services and human resource services
30 to the common and union high school districts in the education ser-
31 vice district. The education service districts of the three counties may

1 also provide vehicle fleet management, administer employee benefit
2 plans, recruit personnel and provide transportation services to avoid
3 overlaps in routes among the component common and union high
4 school districts whenever the education services district in an affected
5 county determines that it can provide such services at a less cost than
6 the cost of the same service provided by a component district.

7 **SECTION 2. ORS 334.175 is amended to read:**

8 334.175. (1) **Subject to subsection (5) of this section**, the education
9 service district or a combination of education service districts or a school
10 district under contract with an education service district or districts may
11 provide services and facilities, including but not limited to central purchas-
12 ing, library, curriculum material, special teachers and special programs un-
13 der ORS chapter 343 to all school districts which are a part of the education
14 service district or districts. If the education service district owns a
15 planetarium, the district may promote public events and may sell tickets for
16 public events at the planetarium.

17 (2) **Subject to subsection (5) of this section**, the extent and nature of
18 such facilities and services must be:

19 (a) Agreed upon on or before March 1 by resolution of two-thirds of the
20 common and union high school districts which are a part of the education
21 service district or districts and which have at least a majority of the pupils
22 included in the average daily membership of the education service district
23 or districts, as determined by the reports of such school districts for the
24 preceding year, enrolled in the schools of the districts; and

25 (b) Within the authority of the interested districts.

26 (3) **Subject to subsection (5) of this section**, notwithstanding sub-
27 section (2) of this section, the education service district or a school district
28 under contract with an education service district may provide facilities and
29 services of the type specified in subsection (1) of this section by agreement
30 and on a reimbursable basis to any school district or combination thereof
31 within the education service district.

1 (4) Subject to subsections (1) and (2) of this section and ORS 334.185, the
2 education service district may establish or participate in all programs under
3 ORS chapter 343.

4 (5) Notwithstanding subsections (1) to (3) of this section, the edu-
5 cation service districts in Multnomah, Clackamas and Washington
6 Counties shall provide the services described in subsection (1) of this
7 section without complying with the requirements of subsection (2) of
8 this section so long as the duty is within the authority of the common
9 or union high school district in the affected education service district.

10 (6) Notwithstanding subsection (5) of this section, a common or
11 union high school district shall not be required to acquire any or all
12 of the services specified in this section from the affected education
13 service district if the school district can demonstrate to the satisfac-
14 tion of the Superintendent of Public Instruction that:

15 (a) It has a unique need for a particular service to be provided in
16 a manner not available to the affected education service district; or

17 (b) It has the ability to purchase the same service at cost less than
18 the cost to the affected education service district.

19 (7) The State Board of Education by rule shall specify the need and
20 cost standards and the frequency of the demonstration required by
21 subsection (6) of this section in order for a school district to obtain a
22 waiver of the requirements of subsection (5) of this section.

23 **SECTION 3.** ORS 334.185 is amended to read:

24 334.185. (1) Facilities and services authorized under ORS 334.175 (1) or
25 (5) may be provided to common and union high school districts which are
26 not a part of the education service district or districts by agreement on a
27 reimbursable basis. The pupils residing in such districts shall not be included
28 in the computation of the percentage required by ORS 334.175 (2)(a).

29 (2) Expenditures by the education service district board for special ser-
30 vices and facilities provided on a reimbursable basis under this section are
31 limited to the moneys received from the participating common or union high

1 school districts for the purpose specified and are not subject to the Local
2 Budget Law (ORS 294.305 to 294.520, 294.555 and 294.565).

3 (3) Budget estimates of expenditures for special services and facilities
4 provided on a reimbursable basis under this section must show the estimates
5 of moneys receivable from participating common and union high school dis-
6 tricts and must be shown as offsetting revenue items.

7

MULTNOMAH CABLE REGULATORY COMMISSION

MULTNOMAH COUNTY, GRESHAM, FAIRVIEW, TROUTDALE AND WOOD VILLAGE

Commissioners:

W. Robert Conners, *President*
Gene Bui, *Vice President*
Barry Hamilton
J. Dennis Quail
Sylvia E. Welch

2115 SE Morrison, Rm. 236
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Julie S. Omelchuck, *Director*
Christina Witka, *Cable Assistant*

M E M O R A N D U M

TO: Interested Parties

FROM: Julie S. Omelchuck, Director

DATE: November 30, 1992

SUBJECT: Governor's Task Force Draft Bill on Cable Regulation

BOARD OF
COUNTY COMMISSIONERS
1992 DEC - 3 PM 1:30
MULTNOMAH COUNTY
OREGON

This memorandum provides a quick update on the Governor's Task Force's continuing work regarding its recommendations for cable regulation and my informal comments on a draft bill implementing those recommendations (LC 1402 attached).

It is my understanding the Governor's Task Force is drafting numerous bills to implement its overall recommendations on local government services. I will update you as cable related bills progress through the legislative process.

In general, I believe the draft legislation is not realistic or necessary. The legislation mandates that the MCRC jurisdictions and the City of Portland consolidate cable regulatory commissions and offices by July 1, 1993; the Metropolitan Area Communications Commission (serving 16 jurisdictions in Washington County) merge with the new MCRC/Portland commission by January 1, 1995; the MCRC/Portland commission adopt a single franchise agreement for all of Multnomah County and the five Cities; and if the above stated consolidations do not occur, authority to regulate cable would transfer to the Oregon Public Utility Commission (OPUC).

The legislation is unrealistic in several regards:

1. The circumstances that provide a logical basis for the MCRC/Portland consolidation do not necessarily exist if applied to a Washington County merger. In addition, unlike the MCRC/Portland consolidation, the Washington County jurisdictions have not engaged in discussion or analysis of this nature. Therefore, it is premature to conclude that a merger would have cost savings or service efficiencies or would not result in decreased service levels to affected

cities, counties and citizens. The legislation does not allow any discretion or flexibility for discussion among all affected jurisdictions regarding alternative structures or efficiencies.

2. The jurisdictions within Multnomah County currently have five different franchise agreements with three cable companies (Paragon Cable, TCI and Columbia Cable) each with a separate expiration date. The jurisdictions cannot legally force these three companies to agree to a single franchise agreement by 1996. Thus, this section of the bill would be legally impossible to implement.

3. A Governor's Task Force subcommittee itself argued against cable regulation at the state level and for good reason. The subcommittee report states:

The PUC option ignores the fact that cable "regulation" is inherently different than regulating telephone or electrical services...Cable franchises tend to reflect localized community interest. Franchises are not written in broad uniform terms. While consumer protection is a common objective between franchises, each franchise includes unique features, and supports a programming mix unique to each geographical area and responsive to community interests. The state regulatory role would of necessity be uniform, consistent and broad based.

Oregon cities and counties have over 100 franchise agreements which, as mentioned above, cannot be renegotiated except upon their expiration dates. The OPUC does not have the resources nor is it necessarily willing to take on this enormous responsibility.

The legislation is not necessary in regards to merger of the MCRC and Portland cable regulatory structures because there is no need to mandate what the jurisdictions are already accomplishing. The Joint Cable Consolidation Task Force finalized its report and recommendations in November and nearly all the affected jurisdictions have accepted the report. An intergovernmental agreement in response to the report is in its final drafting phase. The final goal for creation of a new commission and the merger of the two offices is no later than April 15.

I will continue to actively participate in the Governor's Task Force's efforts and will attempt to keep you updated. In the meantime, feel free to contact me with any questions, concerns or comments.

LC 1402

10/21/92 (JB/de)

DRAFT

SUMMARY

Requires consolidation of agencies that regulate cable television within Multnomah and Washington Counties.

Allows other counties and cities to join consolidated regulatory agency.

Requires franchise fees collected from cable television companies by local government to be credited to general fund of local government to be expended for general governmental purposes.

Transfers cable television regulation to Public Utility Commission under specified conditions.

A BILL FOR AN ACT

1

2 Relating to the regulation of cable television service.

3 Be It Enacted by the People of the State of Oregon:

4 SECTION 1. (1) If the Office of Cable Communications, City of Portland,
5 and the Multnomah Cable Regulatory Commission are not merged or con-
6 solidated, by intergovernmental agreement or otherwise, by January 1, 1993,
7 Multnomah County, the City of Portland and the other cities subject to the
8 jurisdiction of the Multnomah Cable Regulatory Commission shall merge or
9 consolidate their cable television regulatory functions in a single cable
10 television regulatory agency not later than July 1, 1993.

11 (2) Upon the merger or consolidation required by this section, all the
12 supplies, materials, equipment, records, books, papers and facilities of the
13 Office of Cable Communications, City of Portland, and the Multnomah Cable
14 Regulatory Commission shall be transferred to the successor regulatory
15 agency. All of the employees of the Office of Cable Communications and
16 Multnomah Cable Regulatory Commission shall be transferred to the suc-
17 cessor regulatory agency, subject to ORS 236.605 to 236.650 and to the right
18 of the director of the successor regulatory agency to abolish positions and
19 change duties to the extent necessary for the sound, efficient and economical
20 administration of the successor regulatory agency.

NOTE: Matter in bold face in an amended section is new; matter (italic and bracketed) is existing law to be omitted.

LC 1402 10/21/92

1 SECTION 2. (1) Not later than January 1, 1995, the cable television
2 regulatory agency required to be established under section 1 of this Act and
3 the Metro Area Communications Commission shall be merged or consol-
4 idated, by intergovernmental agreement or otherwise.

5 (2) Upon the merger or consolidation required by this section, all the
6 supplies, materials, equipment, records, books, papers and facilities of the
7 Metro Area Communications Commission and the cable television regulatory
8 agency required to be established under section 1 of this Act shall be trans-
9 ferred to the successor regulatory agency. All of the employees of the Metro
10 Area Communications Commission shall be transferred to the successor reg-
11 ulatory agency, subject to ORS 236.605 to 236.650 and to the right of the di-
12 rector of the successor regulatory agency to abolish positions and change
13 duties to the extent necessary for the sound, efficient and economical ad-
14 ministration of the successor regulatory agency.

15 SECTION 3. As soon as practicable after the effective date of this Act
16 but not later than January 1, 1996, the cable television regulatory agency
17 created under section 2 of this Act and any private cable television corpo-
18 ration operating within the area of jurisdiction of that agency shall negoti-
19 ate and adopt a single agreement for a franchise for that cable television
20 corporation within Multnomah County.

21 SECTION 4. After ____, any other county or city, with the approval of
22 the regulatory agency created under section 2 of this Act may enter into an
23 intergovernmental agreement under ORS 190.003 to 190.110 for the purpose
24 of merging its cable regulatory functions with those of the regulatory
25 agency.

26 SECTION 5. All revenues received by a city or county after the effective
27 date of this Act that are obtained through the imposition of a franchise fee
28 or privilege tax on cable television corporations shall be credited to the
29 general fund of the city or county to be available and expended for general
30 governmental purposes.

31 SECTION 6. If consolidation of regulatory agencies for cable television

LC 1402 10/21/92

1 does not occur as required by sections 1 to 4 of this Act on or before July
2 1, 1996, the power to regulate cable television within Multnomah and
3 Washington Counties is transferred to the Public Utility Commission. For
4 the purposes of this section, regulation of cable television does not include
5 control of the rates charged for cable television services, but does include
6 enforcement of other terms of applicable franchise agreements and regulation
7 of community programming.

8

(Above space for Clerk's Office Use)

(All accompanying documents must have required signatures)

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