



Multnomah County Oregon

# Board of Commissioners & Agenda

connecting citizens with information and services

## BOARD OF COMMISSIONERS

### Bill Farver, Interim Chair

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214  
Phone: (503) 988-3308 FAX (503) 988-3093  
Email: mult.chair@co.multnomah.or.us

### Pauline Anderson, Interim Commission Dist. 1

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214  
Phone: (503) 988-5220 FAX (503) 988-5440  
Email:  
pauline.s.anderson@co.multnomah.or.us

### Serena Cruz, Commission Dist. 2

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214  
Phone: (503) 988-5219 FAX (503) 988-5440  
Email: serena.m.cruz@co.multnomah.or.us

### Lisa Naito, Commission Dist. 3

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214  
Phone: (503) 988-5217 FAX (503) 988-5262  
Email: lisa.h.naito@co.multnomah.or.us

### Lonnie Roberts, Commission Dist. 4

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214  
Phone: (503) 988-5213 FAX (503) 988-5262  
Email: lonnie.j.roberts@co.multnomah.or.us

**ANY QUESTIONS? CALL BOARD  
CLERK DEB BOGSTAD @ (503) 988-3277**  
Email: deborah.l.bogstad@co.multnomah.or.us

INDIVIDUALS WITH DISABILITIES PLEASE  
CALL THE BOARD CLERK AT (503) 988-3277,  
OR MULTNOMAH COUNTY TDD PHONE  
(503) 988-5040, FOR INFORMATION ON  
AVAILABLE SERVICES AND ACCESSIBILITY.

## APRIL 12, 2001

## BOARD MEETING

### FASTLOOK AGENDA ITEMS OF INTEREST

|          |  |
|----------|--|
| Pg.<br>3 | 9:30 a.m. Thursday Approval of District Attorney's 2001-2002 C.A.M.I. Plan   |
| Pg.<br>4 | 9:35 a.m. Thursday Recommendation to Oregon Legislative Assembly Regarding Redistricting and Reapportionment                                 |
| Pg.<br>4 | 9:40 a.m. Thursday Auditor Briefing on Financial Condition of Multnomah County   |
| Pg.<br>4 | 10:10 a.m. Thursday Audit Committee Presentation of Comprehensive Annual Financial Report and Single Audit Report                            |
| Pg.<br>4 | 10:30 a.m. Thursday Community Health Worker Project Update   |
| Pg.<br>4 | 11:00 a.m. Thursday Homeless Families Plan Addendum and Update   |
| Pg.<br>4 | 11:30 a.m. Thursday Multnomah County Affirmative Action Plan for 2001-2003   |
| Pg.<br>5 | <b>Budget Deliberations Schedule</b>   |
| *        | <b>Board and Agenda Web Site:</b><br><a href="http://www.co.multnomah.or.us/cc/findex.html">http://www.co.multnomah.or.us/cc/findex.html</a> |

**Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:**

**Thursday, 9:30 AM, (LIVE) Channel 30**  
**Friday, 11:00 PM, Channel 30**  
**Saturday, 10:00 AM, Channel 30**  
**(Saturday Playback for East County Only)**  
**Sunday, 11:00 AM, Channel 30**

**Produced through Multnomah Community Television**

---

Thursday, April 12, 2001 - 9:30 AM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **REGULAR MEETING**

### **CONSENT CALENDAR - 9:30 AM**

#### **SHERIFF'S OFFICE**

- C-1 Budget Modification MCSO 2 Appropriating \$2,270 Additional Revenue from Tri Met for a 3% First Responder Pay for the Deputy Sheriff Assigned to the Transit Police Division
- C-2 Budget Modification MCSO 3 Appropriating \$120,000 Revenue from the Social Security Administration for Reporting Information Regarding Certain Individuals Confined in Corrections Facilities per an Incentive Payment Memorandum of Understanding Agreement with the Social Security Administration
- C-3 Budget Modification MCSO 4 Appropriating \$89,495 Revenue from the Oregon Department of Transportation for the DUI Intense Supervision Program Grant

### **PUBLIC CONTRACT REVIEW BOARD**

- C-4 ORDER Exempting from the Formal Competitive Bid Process the Contract with The Software Group for Modifications to the Application Software Package Previously Purchased from The Software Group

## **DEPARTMENT OF COMMUNITY AND FAMILY SERVICES**

- C-5 Renewal of Intergovernmental Revenue Agreement 103588 with the U.S. Department of Housing and Urban Development, Providing Two Years Family Wages Supportive Housing Project Funding for Supportive Services and Administration
- C-6 Renewal of Intergovernmental Revenue Agreement 103598 with the U.S. Department of Housing and Urban Development, Providing Two Years Pathways Homeless Youth Mental Health 1 Supportive Housing Project Funding for Supportive Services and Administration
- C-7 Renewal of Intergovernmental Revenue Agreement 0010712 with the U.S. Department of Housing and Urban Development, Providing Three Years Horizons Homeless Families Supportive Housing Project Funding for Supportive Services, Leasing and Administration
- C-8 Renewal of Intergovernmental Revenue Agreement 9910393 with the U.S. Department of Housing and Urban Development, Providing Two Years Family Futures Supportive Housing Project Funding for Supportive Services, Leasing and Administration

## **DEPARTMENT OF SUSTAINABLE COMMUNITY DEVELOPMENT**

- C-9 RESOLUTION Authorizing Execution of Deed D011771 Upon Complete Performance of a Contract with Jeffrey Paul Fish
- C-10 Intergovernmental Revenue Agreement 0110972 with the Oregon Department of Transportation, for the Morrison Bridge Multi-Use Path Preliminary Engineering

### **REGULAR AGENDA - 9:30 AM**

### **PUBLIC COMMENT - 9:30 AM**

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

### **DISTRICT ATTORNEY'S OFFICE - 9:30 AM**

- R-1 Approval of Plan for 2001-2002 and Receipt of Child Abuse Multidisciplinary Intervention (C.A.M.I.) Funds to Support Multnomah County's Multidisciplinary Child Abuse Intervention Team Services

**NON-DEPARTMENTAL - 9:35 AM**

R-2 RESOLUTION: Recommendation to the 71st Oregon Legislative Assembly, Joint Committee on Rules and Redistricting Regarding Redistricting and Reapportionment

---

Thursday, April 12, 2001 - 9:40 AM  
(OR IMMEDIATELY FOLLOWING REGULAR AGENDA)  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

**BOARD BRIEFINGS**

- B-1 Multnomah County, Oregon Financial Condition Report. Presented by Suzanne Flynn, Judith DeVilliers, Dave Boyer and Dave Warren.
- B-2 Certificate of Achievement for Excellence in Financial Reporting Award for Comprehensive Annual Financial Report for June 30, 1999. Presented by Chair Bill Farver.
- B-3 Multnomah County Audit Committee Presentation of the Comprehensive Annual Financial Report and Single Audit Report. Presented by Katy Gallagher, Mindy Harris and Dave Boyer.
- B-4 Community Health Worker Project Update. Presented by Lillian Shirley, Noël Wiggins, and Community Health Workers.
- B-5 Homeless Families Plan for Multnomah County: Five-Year Roadmap for Service Development-Addendum and Update. Presented by Mary T. Li, Jean DeMaster, Will Grant, Theresa Monteverdi, Rick Nitti and Oscar Sweeten-Lopez.
- B-6 Connecting Multnomah County's Affirmative Action Plan to a Diverse Workforce. Presented by Cecilia Johnson and Staff.

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**\*All sessions to be held in the Multnomah Building,**  
**Commissioners Boardroom 100, 501 SE Hawthorne**  
**Boulevard, except as noted\***

|                      |                   |   |
|----------------------|-------------------|---|
| Thur, April 26, 2001 | 9:30 to noon      | Executive Budget Overview<br>Presentation to Board and Regular<br>Board Meeting   |
| Tue, May 1, 2001     | 9:00 to 3:00 p.m. | Opportunity for Commissioner<br>Updates on Boards and Committees,<br>followed by Board Budget Work<br>Session on Issues     |
| Thur, May 3, 2001    | 9:30 to noon      | Board Approval of Budget for<br>Transmission to Tax Supervising and<br>Conservation Commission and<br>Regular Board Meeting |
| Tue, May 8, 2001     | 9:30 to noon      | <b>Central Citizen Budget Advisory<br/>Committee Report &amp; Department of<br/>Library Services Budget Hearing</b>         |
| Tue, May 8, 2001     | 1:30 to 4:00 p.m. | <b>Department of Sustainable<br/>Community Development Budget<br/>Hearing</b>   |
| Wed, May 9, 2001     | 9:30 to noon      | <b>Department of Support Services<br/>Budget Hearing</b>  |
| Wed, May 9, 2001     | 1:30 to 4:00 p.m. | <b>Non-Departmental and Special<br/>Service Districts Budget Hearings</b>   |

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**\*All sessions to be held in the Multnomah Building,**  
**Commissioners Boardroom 100, 501 SE Hawthorne**  
**Boulevard, except as noted\***

- |                     |                   |  |
|---------------------|-------------------|--|
| *Thur, May 10, 2001 | 6:00 to 8:00 p.m. | <b>Public Hearing and Testimony on the Multnomah County Budget, Midland Branch Library, 805 SE 122nd Avenue, Portland</b>          |
| Tue, May 15, 2001   | 9:30 to noon      | Public Affairs Office Legislative Update discussion, followed by <b>Department of Aging and Disability Services Budget Hearing</b> |
| Tue, May 15, 2001   | 1:30 to 4:00 p.m. | <b>Capital Program Budget Hearing and Mental Health System Briefing</b>  |
| Wed, May 16, 2001   | 9:30 to noon      | <b>Health Department Budget Hearing</b>  |
| Wed, May 16, 2001   | 1:30 to 4:00 p.m. | <b>Department of Community and Family Services Budget Hearing</b>  |
| *Thur, May 17, 2001 | 6:00 to 8:00 p.m. | <b>Public Hearing and Testimony on the Multnomah County Budget, North Portland Branch Library, 512 N Killingsworth, Portland</b>   |
| Tue, May 22, 2001   | 9:30 to noon      | <b>District Attorney's Office Budget Hearing</b>   |
| Tue, May 22, 2001   | 1:30 to 4:00 p.m. | <b>Department of Juvenile and Adult Community Justice Budget Hearing</b>   |
| Wed, May 23, 2001   | 9:30 to noon      | <b>Sheriff's Office Budget Hearing</b>   |

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**\*All sessions to be in held in the Multnomah Building,**  
**Commissioners Boardroom 100, 501 SE Hawthorne**  
**Boulevard, except as noted\***

|                    |                   |  |
|--------------------|-------------------|--|
| *Wed, May 23, 2001 | 6:00 to 8:00 p.m. | <b>Public Hearing and Testimony on the Multnomah County Budget, Gresham Branch Library, 385 NW Miller, Gresham</b>                   |
| Tue, May 29, 2001  | 9:30 to noon      | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Tue, May 29, 2001  | 1:30 to 4:00 p.m. | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Wed, May 30, 2001  | 9:30 to noon      | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Wed, May 30, 2001  | 1:30 to 4:00 p.m. | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Tue, June 5, 2001  | 9:30 to noon      | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Tue, June 5, 2001  | 1:30 to 4:00 p.m. | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Wed, June 6, 2001  | 9:30 to noon      | Discussion, Follow-up Info, Review Budget Amendments Work Session  |
| Thur, June 7, 2001 | 1:30 to 3:00 p.m. | <b>Tax Supervising and Conservation Commission Public Hearing and Testimony on Multnomah County Budget (quorum of BCC to attend)</b> |

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**\*All sessions to be in held in the Multnomah Building,**  
**Commissioners Boardroom 100, 501 SE Hawthorne**  
**Boulevard, except as noted\***

Thur, June 7, 2001            **6:00 to 8:00 p.m. Public Hearing and Testimony on**  
**the Multnomah County Budget**

Thur, June 14, 2001        9:30 to noon            **Public Hearing and Testimony and**  
**Adoption of Budget and**  
**Amendments and Regular Board**  
**Meeting**

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR: \_\_\_\_\_

10/25/00

(Date)

DEPARTMENT: Multnomah County Sheriff's Office

DIVISION: N/A

CONTACT: Larry Aab

PHONE: 988-4489

\* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD: \_\_\_\_\_

SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

**Budget Modification to appropriate \$2270.00 of additional revenue from Trimet to pay First Responder pay Deputy Sheriff assigned to the Transit Police Division**

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

[ ] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

This bud modifications adds \$2270.00 in additional revenue to our personnel budget due to an agreement with Tri-County Metropolitan District of Oregon in which they will pay a 3% First Responder Pay for the Deputy Sheriff assigned to the Transit Police Division.

BOARD OF COUNTY COMMISSIONERS  
 01 APR - 3 PM 3:19  
 MULTNOMAH COUNTY  
 OREGON

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

Adds revenue from Tri-County Metropolitan Transportation District of Oregon \$2,270

**TOTAL** **\$2,270**

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

\_\_\_\_\_ Fund Contingency BEFORE THIS MODIFICATION (as of \_\_\_\_\_): \$ \_\_\_\_\_  
 (Specify Fund) AFTER THIS MODIFICATION: \$ \_\_\_\_\_

Originated By:

Date:

Department Director:

Date:

*Jerry Aab*

*10/25/00*

*Don [Signature]*

*3/05/01*

Plan / Budget Analyst:

Date:

Employee Services:

Date:

*Deborah Bogstad*

*3-7-01*

Board Approval:

Date:

*Deborah Bogstad*

*04/12/01*

**BUDGET MODIFICATION: #**  
**EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget Fiscal Year: 00/01

| Line No. | Fund Center | Fund Code | Accounting Unit |             |             | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description        |
|----------|-------------|-----------|-----------------|-------------|-------------|--------------|----------------|----------------|-----------------------------|----------|--------------------|
|          |             |           | Internal Order  | Cost Center | WBS Element |              |                |                |                             |          |                    |
| 1        | 60-50       | 1516      |                 | 601645      |             | 60000        | 44,736         | 46,078         | 1,342                       |          | Permanent          |
| 2        | 60-50       | 1516      |                 | 601645      |             | 60130        | 12,382         | 12,753         | 371                         |          | Salary-Related Exp |
| 3        | 60-50       | 1516      |                 | 601645      |             | 60140        | 10,306         | 10,615         | 309                         |          | Insurance Benefits |
| 4        | 60-50       | 1516      |                 | 601645      |             | 60350        | 8,232          | 8,479          | 247                         |          | Indirect           |
| 5        | 60-50       | 1516      |                 | 601645      |             | 50360        | (75,656)       | (77,926)       | (2,270)                     |          | Revenue            |
| 6        |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 7        |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 8        |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 9        |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 10       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 11       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 12       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 13       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 14       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 15       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 16       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 17       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 18       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 19       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 20       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 21       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 22       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 23       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 24       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 25       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 26       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 27       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 28       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
| 29       |             |           |                 |             |             |              |                | 0              |                             |          |                    |
|          |             |           |                 |             |             |              |                |                | 0                           | 0        | Total - Page 1     |
|          |             |           |                 |             |             |              |                |                | 0                           | 0        | GRAND TOTAL        |

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM BRIEFING—SUPPLEMENTAL STAFF REPORT**

**To:** Board of County Commissioners

**From:** Barbara Simon

**Today's Date:**

**Requested Placement Date:** April 12, 2001

- I. Recommendation/Action Requested:**  
Approve bud mod adding \$2270 in additional revenues.
- II. Background Analysis**  
Deputy Sean Mallory is assigned to the Portland Police Bureau's Tri-Met Transit Police Division. Deputy Mallory is trained as a first responder and is, therefore, entitled to incentive pay. The Transit Division is willing to pay for Deputy Mallory's incentive pay. This bud mod covers that cost.
- III. Financial Impact**  
This would add \$2270 to the MCSO budget to cover the 3% incentive pay for Deputy Mallory.
- IV. Legal Issues**  
None
- V. Controversial Issues**  
None
- VI. Link to Current County Policies**  
Not applicable
- VII. Citizen Participation**  
None required.
- VIII. Other Government Participation**  
Portland Police Bureau's Tri-met Transit Police Division



CITY OF  
**PORTLAND, OREGON**

BUREAU OF POLICE

VERA KATZ, MAYOR  
Mark A. Kroeker, Chief of Police  
1111 S.W. 2nd Avenue  
Portland, Oregon 97204

July 28, 2000

Chief Deputy Piete VanDyke  
Multnomah County Sheriffs Office  
12240 NE Glisan St.  
Portland, Oregon 97230

Dear Piete

Multnomah County Deputy, Sean Mallory is presently assigned to the Portland Police Bureau's Tri-Met Transit Police Division. He has inquired about the ability to maintain his First Responder status and incentive pay while working for this Division. Deputy Mallory has displayed a positive attitude and has exhibited professional skills while working here. The additional expertise in first responder skills would be a welcome addition to the Division.

Deputy Mallory has stated the training money and time for his First Responder status would be covered by the County if, Tri-Met would cover the incentive pay totaling 3%. He has also informed us, that we as a Division can set parameters on his response to potential first responder calls. I would like to confirm and clarify these issues.

The Transit Division will authorize Sean's 3% incentive pay but can not allow him to attend training on Tri-Met time or at Tri-Met expense. We would also like confirmation that parameters can be set for his responses. As prior mentioned, we feel his expertise would be valuable for Tri-Met. But due to the limited personnel resources at Tri-Met, we would not be able to allow for him to respond to all calls.

Sincerely

*St Bechard*

Lieutenant Steven Bechard  
Tri-Met Transit Police Division

CC. MCSO Union Representative  
David Hadley  
12240 NE Glisan  
Portland, Or 97230

Bob -

your call I don't  
mind paying for the  
TRAINING OR EQUIPMENT  
P.

AN EQUAL OPPORTUNITY EMPLOYER

City Government Information

TDD (for hearing and speech impaired) 823-6868



# Sheriff's Office

DAN NOELLE  
SHERIFF

12240 N.E. GLISAN ST., PORTLAND, OREGON 97230

(503) 255-3600  
TTY (503) 251-2484

## MEMORANDUM

---

TO: DAN NOELLE  
Sheriff

Cc: Chief Deputy Pieter Van Dyke

FROM: Captain Robert Boertien R.B.  
Investigations Section

DATE: August 11, 2000

SUBJECT: First Responder Premium

---

Deputy Sean Mallory, who is assigned to the Tri-Met position, has been seeking to qualify for the 3% First Responder premium pay. Lt. Steven Bechard notified me that Tri-Met is willing to pay this premium, and followed this with a letter of confirmation to Chief Deputy Van Dyke. I contacted Sgt. Hadley, president of the Deputy Sheriff's Association, who said that the union has no concerns about adding Deputy Mallory's position to the list of those that qualify for First Responder pay. I contacted Frank Ray of our Fiscal Unit, who advised that our contract with Tri-Met is "open-ended" and that no contract amendment is required.

As outlined in the Deputy Sheriff's Association contract (bottom of page 69, top of page 70), the final step that must be taken if we are to expand the program to include Deputy Mallory's position is that "the Sheriff shall...obtain the consent of the Board of County Commissioners in regular public session".

Please let me know if you desire any additional information. Thank you for considering this request.

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR: 2/26/2001  
 (Date)

DEPARTMENT: Multnomah County Sheriff's Office DIVISION: N/A  
 CONTACT: Larry Aab PHONE: 988-4489

\* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD: \_\_\_\_\_

SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

**Budget Modification to appropriate \$120,000 of revenue from the Social Security Administration received by the Sheriff's Office for reporting information regarding certain individuals who are confined in corrections facilities.**

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

**{ } PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET**

This bud modifications adds \$120,000 of general fund revenue to the Sheriff 's Office budget for providing reports to the Social Security Administration regarding certain confined individuals. Under the current agreement between the Multnomah County Sheriff's Office and the Social Security Administration, the SSA will pay facilities/institutions for information that results in the suspension of payments to certain confined individuals. ~~This will increase the professional services line item in our Records unit to help the Sheriff's Office finalize this year at our target of 96%~~

BOARD OF  
 COUNTY COMMISSIONERS  
 01 APR - 3 PM 3 20  
 MULTNOMAH COUNTY  
 OREGON

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

|   |                  |
|---|------------------|
| <b>Adds revenue from the Social Security Administration</b> | <b>\$120,000</b> |
| <b>TOTAL</b>  | <b>\$120,000</b> |

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

\_\_\_\_\_ Fund Contingency BEFORE THIS MODIFICATION (as of \_\_\_\_\_): \$ \_\_\_\_\_  
 (Specify Fund) AFTER THIS MODIFICATION: \$ \_\_\_\_\_

|  |                       |                                       |                     |
|--|-----------------------|---------------------------------------|---------------------|
| Originated By: <u>Jerry Aab</u>        | Date: <u>3/05/01</u>  | Department Director: <u>Don Neebe</u> | Date: <u>3/5/01</u> |
| Plan / Budget Analyst: <u>Nehemiah</u> | Date: <u>040301</u>   | Employee Services:                    | Date:               |
| Board Approval: <u>Deborah Bogstad</u> | Date: <u>04/12/01</u> |                                       |                     |

**BUDGET MODIFICATION: #**  
**EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Budget Fiscal Year: 00/01

| Line No. | Fund Center | Fund Code | Accounting Unit |             | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description          |
|----------|-------------|-----------|-----------------|-------------|--------------|----------------|----------------|-----------------------------|----------|----------------------|
|          |             |           | Internal Order  | Cost Center |              |                |                |                             |          |                      |
| 2        | 60-20       | 1000      |                 | 601210      | 50170        |                | (120,000)      | (120,000)                   |          | IG-Direct Fed Source |
| 3        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 4        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 5        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 6        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 7        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 8        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 9        |             |           |                 |             |              |                | 0              |                             |          |                      |
| 10       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 11       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 12       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 13       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 14       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 15       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 16       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 17       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 18       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 19       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 20       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 21       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 22       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 23       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 24       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 25       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 26       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 27       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 28       |             |           |                 |             |              |                | 0              |                             |          |                      |
| 29       |             |           |                 |             |              |                | 0              |                             |          |                      |
|          |             |           |                 |             |              |                |                | (120,000)                   | 0        | Total - Page 1       |
|          |             |           |                 |             |              |                |                | (120,000)                   | 0        | GRAND TOTAL          |

## BOARD OF COUNTY COMMISSIONERS

### AGENDA ITEM BRIEFING—SUPPLEMENTAL STAFF REPORT

**To:** Board of County Commissioners  
**From:** Barbara Simon  
**Today's Date:**  
**Requested Placement Date:** April 12, 2001

- I. Recommendation/Action Requested:**  
Approve bud mod adding \$120,000 of general fund revenue to the Sheriff's Office budget for providing reports to the Social Security Administration..
- II. Background Analysis**  
The MCSO has worked with the Social Security Administration for the last X years. The SSA uses the information we provide to determine if individuals are eligible for SSI payments.
- III. Financial Impact**  
This would add \$120,000 to the MCSO budget and would be used to help reach this year's (00-01) 96% expenditure constraint.
- IV. Legal Issues**  
The County Attorney's Office has reviewed and approved the Memorandum of Understanding.
- V. Controversial Issues**  
None
- VI. Link to Current County Policies**  
Not applicable
- VII. Citizen Participation**  
None required.
- VIII. Other Government Participation**  
Social Security Administration.

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Contract #: 0010965

Approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached

Amendment #: \_\_\_\_\_

| CLASS I   | CLASS II   | CLASS III  |
|---|--|--|
| <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000<br><input type="checkbox"/> Expenditure<br><input checked="" type="checkbox"/> Revenue<br><input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only) | <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)<br><input type="checkbox"/> PCRB Contract<br><input type="checkbox"/> Maintenance Agreement<br><input type="checkbox"/> Licensing Agreement<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount) | <input type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Revenue |

Department: Sheriff's Office Division: Programs Date: 9/28/1999  
 Originator: Joyce Griffen, Records Unit Manager Phone: 248-3665 Bldg/Rm: 119/209  
 Contact: Frank Ray, Contracts Administrator Phone: 251-2402 Bldg/Rm: 313/124

Description of Contract: Provide monthly report to SSA listing offenders ineligible for SSA benefits.

RENEWAL:  PREVIOUS CONTRACT #(S): \_\_\_\_\_

RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_

EXEMPTION #/DATE: \_\_\_\_\_ EXEMPTION EXPIRATION DATE: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_

CONTRACTOR IS:  MBE  WBE  ESB  QRF  N/A  NONE (Check all boxes that apply)

|  |   |
|--|---|
| Contractor <u>Social Security Administration</u><br>Address <u>Program and Integrity Reviews, 3-A-3 Annex Bldg.</u><br><u>6401 Security Boulevard</u><br><u>Baltimore, MD 21235</u><br>Phone <u>410-965-3891</u>   | Remittance address _____<br>(If different) _____<br>Payment Schedule / Terms<br><input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt<br><input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30<br><input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other |
| Employer ID# or SS# _____<br>Effective Date <u>10/1/1999</u><br>Termination Date _____<br>Original Contract Amount \$ <u>100.00 per matching record</u><br>Total Amt of Previous Amendments \$ _____<br>Amount of Amendment \$ _____<br>Total Amount of Agreement \$ _____ | <input type="checkbox"/> Requirements Not to Exceed \$ _____<br>Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**REQUIRED SIGNATURES:**

Department Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class II Contracts Only)  
 County Counsel \_\_\_\_\_ DATE \_\_\_\_\_  
 County Chair \_\_\_\_\_ DATE \_\_\_\_\_  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class I, Class II Contracts only)

| LGFS VENDOR CODE |            |            |             |         |          | DEPT REFERENCE |         |         |                  |        |         |
|------------------|------------|------------|-------------|---------|----------|----------------|---------|---------|------------------|--------|---------|
| LINE #           | FUND       | AGENCY     | ORG         | SUB ORG | ACTIVITY | OBJ/ REV       | SUB OBJ | REP CAT | LGFS DESCRIPTION | AMOUNT | INC DEC |
| 01               | <u>100</u> | <u>025</u> | <u>4111</u> |         |          | <u>6000</u>    |         |         |                  |        |         |
| 02               |            |            |             |         |          |                |         |         |                  |        |         |
| 03               |            |            |             |         |          |                |         |         |                  |        |         |

# ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

S

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

| AGENCY INFORMATION  |  |  |  |
|---|--|--|--|
| FEDERAL PROGRAM AGENCY:<br><b>SOCIAL SECURITY ADMINISTRATION</b>        |  |  |  |
| AGENCY IDENTIFIER:<br><b>SSA</b>  | AGENCY LOCATION CODE (ALC):<br><b>28040001</b> | ACH FORMAT:<br><input checked="" type="checkbox"/> <b>CCD+</b> <input type="checkbox"/> <b>CTX</b> <input type="checkbox"/> <b>CTP</b> |  |
| ADDRESS:<br><b>SOCIAL SECURITY ADMINISTRATION</b>                       |  |  |  |
| <b>P.O. BOX 47, BALTIMORE, MARYLAND 21235</b>                           |  |  |  |
| CONTACT PERSONS NAME:<br><b>CHRISTINA LILLY, OFFICE OF FINANCE, SSA</b> |  | TELEPHONE NUMBER:<br><b>(410) 965-6119</b>   |  |
| ADDITIONAL INFORMATION:   |  |  |  |

| PAYEE/COMPANY INFORMATION                   |  |
|---|--|
| NAME:<br><b>Multnomah County of Oregon</b>  | SSN NO. OR TAXPAYER ID NO.<br><b>93-60002309</b> |
| ADDRESS:<br><b>PO Box 14700</b>             |  |
| <b>Portland Oregon 97293-0700</b>           |  |
| CONTACT PERSONS NAME:<br><b>Fumiko Ross</b> | TELEPHONE NUMBER:<br><b>( 503 ) 248-3681</b>     |

| FINANCIAL INSTITUTION INFORMATION  |  |
|--|--|
| NAME:<br><b>Bank of America</b>  |  |
| ADDRESS:<br><b>PO Box 6400 - Portland OR - 97228-6400</b>  |  |
| ACH COORDINATOR NAME: (BANK REP.)<br><b>Tin Luu</b>  | TELEPHONE NUMBER:<br><b>( 503 ) 279-3491</b> |
| NINE-DIGIT ROUTING TRANSIT NUMBER:<br><b>3 2 3 0 7 0 3 8 0</b>   |  |
| DEPOSITOR ACCOUNT TITLE:<br><b>Government Services</b>   |  |
| DEPOSITOR ACCOUNT NUMBER:<br><b>8613500004</b>   |  |
| TYPE OF ACCOUNT: <input checked="" type="checkbox"/> <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b> |  |
| SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:<br>(COULD BE THE SAME AS ACH COORDINATOR)                        | TELEPHONE NUMBER:<br>(     )                 |

INCENTIVE PAYMENT MEMORANDUM OF UNDERSTANDING  
(IPMOU)AGREEMENT BETWEEN  
THE SOCIAL SECURITY ADMINISTRATION  
AND THE MULTNOMAH COUNTY SHERIFF'S OFFICEArticle I, Purpose & Legal Authority

The parties in accordance with sections 1611(e)(1)(I) and 202(x)(3) of the Social Security Act (the Act) enter into this agreement. The agreement provides the terms and conditions under which the reporting entity (Reporter) will provide to the Social Security Administration (SSA) information about certain confined individuals, on its own behalf and/or on behalf of other facilities/institutions for whom it will report as identified in Article III B.1 of this agreement and under which SSA will pay facilities/institutions for information that results in the suspension of payments to certain confined individuals (see article II B) receiving Supplemental Security Income (SSI) payments under title XVI of the Act, 42 U.S.C. 1381 et seq., as well as suspension of benefits to individuals receiving Retirement Survivors and Disability (RSDI) benefits under title II of the Act, 42. U.S.C. 402 et seq. The responsibilities of each party to the agreement are also provided.

Title XVI of the Act sets forth the conditions under which individuals are eligible for SSI payments. Title II of the Act sets forth the conditions under which individuals are eligible for RSDI payments.

Based on sections 202(x)(1), 202(x)(3), and 1611(e)(1)(A) of the Act (codified at 42 U.S.C. §§ 402(x)(1), 402(x)(3) and 1382(e)(1)(A) respectively), the Social Security Administration is required to limit/deny the payment of benefits to: any individual for any month during which he/she is confined to a jail, prison, or other penal institution or correctional facility under a conviction of a criminal offense; certain individuals (see article II C) confined by court order in an institution at public expense in connection with certain verdicts or findings with respect to such offenses; and to certain individuals who, immediately on completion of confinement based on a conviction of an offense, an element of which is sexual activity, are confined by court order in an institution at public expense based on a finding that such individual is a sexually dangerous person or a sexual predator or a similar finding (title II of the Act); or to any individual for any month throughout which the individual is an inmate of a public institution (title XVI of the Act).

sections with a specified type of interested State or local institution (such as a jail, prison, or other penal institution or correctional facility or other institutions in which people are confined by court order at public expense). These sections of the Act provide the general terms and conditions under which, based on this agreement, the Reporter will provide information about confined individuals to SSA. SSA will also use the information provided by The Multnomah County Sheriff's Office under authority of sections 205(j)(1)(A), 205(j)(5), 1631(a)(2)(A)(iii) and 1631(a)(2)(E) of the Act which require SSA to revoke certification for payment of benefits to representative payees under certain circumstances and investigate and monitor the performance of such representative payees. (See also 20 C.F.R. 404.2050; 416.655). The incarceration or confinement of a representative payee is a circumstance that SSA will consider under the above referenced representative payee provisions.

This agreement and any subsequent addenda supersede any similar agreement entered into previously under the above-cited statutory provisions by the reporter and SSA concerning disclosure of records of confined individuals or inmates of public institutions.

Section 552a(a)(8)(B) of title 5, U.S.C., as amended by section 402(a)(2) of Public Law 106-170 exempts this agreement, and information exchanged under this agreement, from certain provisions of the Privacy Act, i.e., those relating to computer matches.

#### Article II, Definitions

- A. **"Confined"** refers to individuals who are confined to a facility/institution described in Article I of this agreement under authority of law at any time during the period covered by this agreement.
- B. **"Other Confined Individuals" (Title XVI Beneficiaries)** are individuals who are confined to a jail or similar facility throughout any month during the period covered by this agreement. This individual remains confined if transferred from one public institution to another or if temporarily absent from such an institution, or resides in the institution as of the beginning of a month and dies in the institution during the month.
- C. **"Certain Other Individuals Confined at Public Expense" (Title II beneficiaries)** are individuals confined by court order for more than 30 continuous days in any institution at

public expense in connection with:

- (1) A verdict or finding that the individual is not guilty of a criminal offense by reason of insanity; or
- (2) A finding that the individual is incompetent to stand trial under an allegation of a criminal offense; or
- (3) A similar verdict or finding with respect to such an offense based on similar factors (such as a mental disease, a mental defect or mental incompetence).

Such an individual is considered confined until (1) he or she is released from the care and supervision of such institution; and (2) such institution ceases to meet the individual's basic living needs.

- D. "**Sexually Dangerous Individuals**" are individuals, who immediately upon completion of their prison sentence for a criminal offense (an element of which is sexual activity), are confined for more than 30 continuous days by court order in an institution at public expense. These individuals are confined in an institution based on a determination or finding that they are sexually dangerous persons, sexual predators, or similar determinations or findings.
- E. "**Representative Payee**" means the person, agency, organization or institution selected (by SSA) to receive and manage benefits on behalf of an incapable (SSA) beneficiary. This includes a parent who is receiving benefits on behalf of his/her minor child.
- F. "**Record**" means any item, collection, or grouping of information about an individual that is maintained by an entity including, but not limited to, the individual's criminal history, name, Social Security number (SSN), aliases, date of birth, gender, date of confinement, place of confinement and prisoner or inmate status.
- G. "**Disclosure**" means the release of information (data) with or without the consent of the individual(s) to whom the information pertains.
- H. "**Reporter Identification Code**" means the four-character code assigned by SSA to the Reporter that is party to the agreement and that will report information on its own behalf and/or on behalf of other facilities/institutions identified in this agreement.

- I. **"Facility Identification Code"** means the six-character code that SSA will assign to a facility or institution that confines individuals and is covered by this agreement. This code must be furnished with each submission of inmate data to SSA concerning the facility/institution's confined individuals in order for SSA to process any incentive payments due the facility/institution under this agreement.
- J. **"Throughout a month"** means that a title XVI individual is confined in an institution as of the first instant of a calendar month and stays through the last instant of the month. Suspension applies in any month throughout which an individual is confined as an inmate of a jail, prison, other similar facility or other such public institution.

Example 1: If an individual enters an institution on April 30 and is released on June 3, the individual would be confined throughout May.

Example 2: If an individual enters an institution on May 1 and is released on June 30, the individual would not have been confined in an institution throughout either May or June.

Under the SSI program, an individual who is confined in a public institution is considered as remaining confined in a public institution if he is transferred from one such institution to another or if he is temporarily absent for a period of not more than 14 consecutive days. Also, an individual is considered confined in an institution throughout a month if he is confined in the institution as of the beginning of a month and dies in the institution during the month.

- K. **"More than 30 continuous days"** means that a title II individual has been convicted and remains confined in an institution for a period of more than 30 continuous days following the conviction. Suspension applies in any month in any part of which the individual is convicted and confined.

Example 1: Individual is convicted on April 28, enters an institution on April 30 and is released on June 3. The individual would be convicted and confined for more than 30 continuous days. Benefits would be suspended for all three months, April, May, and June.

Example 2: Individual is convicted on May 1, enters an institution on May 1 and is released on June 30. The

individual would be convicted and confined for more than 30 continuous days in an institution. Benefits would be suspended for both months, May and June.

**Article III, Description of Records to be Matched**

A. General

1. The Reporter will identify confined individuals for SSA.
2. SSA will determine which of these confined individuals are receiving SSI payments, RSDI payments and/or acting as representative payees.

B. Source of Reporter Records

1. These records are compiled from The Multnomah County Detention Center, The Multnomah County Inverness Jail, The Multnomah County Courthouse Jail, The Multnomah County Correctional Facility and The Multnomah County Restitution Center.
2. A reporter may opt to qualify only for the payment of title XVI Incentive Payments. If the Reporter chooses that option, then the Reporter must provide the following data elements:
  - a. Social Security number (provide all numbers the individual has been known to use)
  - b. Name (provide all names the individual has been known to use); (Note: provide all known combinations of Social Security Number/Name identities);
  - c. Date of birth (known or alleged);
  - d. Confinement date, i.e., the date the inmate was admitted to the facility or the date custody of the individual began;
  - e. Facility identification code; and
  - f. Other identifying information as required in the attached Enumeration Verification System (EVS) User Package for Correctional Institutions.
3. A Reporter may opt to qualify for the payment of both title XVI incentive payments and title II incentive payments. If the Reporter chooses that option, then, the Reporter must provide the following data elements:

- a. Social Security Number (provide all numbers the individual has been known to use);
  - b. Name (provide all names the individual has been known to use) (Note: provide all known combinations of Social Security Number/Name identities);
  - c. Date of Birth (known or alleged);
  - d. Confinement date, i.e., the date the individual was admitted to the facility or the date custody of the individual began;
  - e. Date of Conviction for the criminal offense;
  - f. Facility identification code;
  - g. Other identifying information as required by the attached Enumeration Verification System (EVS) User Package for Correctional Institutions.
4. All records will be prepared and transmitted as prescribed in Article IV with clear identification of the facility/institution that is the source of such records.

C. SSA Systems of Records

SSA will match the data from the Reporter for the purpose described in the following systems of records. The data will be matched against the:

1. Supplemental Security Income Record (SSR) SSA/OSR 09-60-0103
2. Master Representative Payee File (09-60-0222)
3. Master Beneficiary Record (MBR) (09-60-0090)
4. Master Files of Social security Number Holders and SSN Applications SSA/OSR 09-60-0058 (Alphident & Numident)

**Article IV, Functions to be Performed**

The information on confined individuals must be provided electronically (i.e., a computer tape, cartridge, diskette, or electronic transmission).

A. Type of Report

The Reporter agrees that it will furnish SSA with (check one of the reports below):

\_\_\_\_ Report(s) (electronic file or paper report, if appropriate) containing the data elements/reporting requirements listed in Article III.B.2. for individuals whose confinement commences on or after March 1, 1997 for SSI recipients. (Title XVI Incentive Payment Agreement only.)

or

x Reports (electronic file or paper report, if appropriate) containing the data elements/reporting requirements listed in Article III.B.3. for individuals whose confinement and/or conviction commences on or after March 1, 1997 for SSI recipients and the confinement and conviction for RSDI beneficiaries commences on or after April 1, 2000. (Title XVI and Title II Incentive Payment Agreement.)

B. Reporting Protocol

Report data required to qualify for Title XVI and/or Title II Incentive Payments (See Article III B.2 or 3 for data to be reported to SSA on inmates.)

1. The first submission of data, whether done electronically or by paper, will be a total inmate population report, commonly referred to as a census report.
2. After census file is submitted to SSA, files are to be submitted monthly for the preceding calendar month. The monthly report should consist of:
  - data for those individuals who are admitted to the facility/institution at any time during the period from the first day of the reporting month to the last day of that month (e.g., newly admitted inmates) and/or,
  - data for those individuals already in the custody of the facility/institution who have subsequently been convicted since the facility/institution initially began reporting inmate data to SSA.

C. SSA Actions on the Inmate Data Received

After validating or locating the proper Social Security number, SSA will:

1. Determine if the individual is receiving SSI or RSDI benefits.

2. Verify that the individual has received an SSI or RSDI benefit in the month preceding the first month throughout which such individual is an inmate;
3. Determine whether or not such individual is acting as a representative payee;
4. Investigate and determine whether revocation of representative payee certification is appropriate under applicable law as cited in Article I.
5. Verify that the individual has been confined throughout a calendar month for SSI or; convicted and confined for more than 30 continuous days for RSDI.
6. Notify the individual of the suspension action and provide the individual with an opportunity to contest the planned action under applicable regulations.
7. Suspend SSI and RSDI payments as required by law.
8. Pay the appropriate facility/institution as specified under Article V.
9. Provide the Reporter with a notice of the amount of the incentive payment, the payment date and the total number of suspended individuals, and a list of the individuals suspended.

D. SSA Addresses for Submitting Data Files

The Reporter agrees to send the data to one of the following addresses. If the Reporter prefers to ensure timely receipt of the data, files may be sent using FedEx. (**Note:** For diskette or large paper reporters, the address information for FedEx files differs from the regular mailing address since FedEx cannot be delivered to a P.O. Box. See below.)

1. Send tapes or cartridges to:

SSA  
Attention: Outside Agency  
2-F-9 National Computer Center  
6201 Security Blvd.  
Baltimore, MD 21235-6201

2. Send diskettes to:

SSA  
Division of Employer Services, OCO

Metro West Building  
P.O. Box 33004  
Baltimore, MD 21290-3004

**FedEx address for diskettes:**

SSA  
OCO, Division of Employer Services, ATTENTION: Prisoner  
300 North Greene Street, 5-E-10 North Building  
Baltimore, Maryland 21290-0300  
Contact Name: Dorthea Towson  
Telephone Number: (410) 966-9649

3. Send paper listings that contain over 1000 names to:

SSA  
Division of Employer Services, OCO  
Metro West Bldg.  
P.O. Box 33004  
Baltimore, MD 21290-3004

**FedEx address for paper reports:**

SSA  
OCO, Division of Employer Services, ATTENTION: Prisoner  
300 North Greene Street, 5-E-10 North Building  
Baltimore, Maryland 21290-0300  
Contact Name: Dorethea Towson  
Telephone Number: (410) 966-9649

3. Establishing electronic transmission process:

Contact Anita Cohen on (410) 965-5340 to establish  
electronic processes with SSA systems.

**Article V, Incentive Payment Process**

**SSI (Title XVI) Incentive Payments**

In accordance with section 1611(e)(1)(I)(i)(II) of the Act, SSA will pay an incentive payment to a facility/institution covered by this agreement for information on a confined individual which the Reporter furnishes to SSA within the time periods specified below, provided that the confined individual is:

- Receiving an SSI payment for the month preceding the first month throughout which the confined individual is in such

facility/institution; and

- Determined by SSA to be ineligible for a SSI payment for such first month as a result of the information provided by the Reporter under this agreement.

**NOTE:** See article III, B.2. for data elements required to qualify for Title XVI incentive payments as described above.

#### RSDI (Title II) Incentive Payments

In accordance with section 202(X)(3) of the Act, SSA will pay an incentive payment to a facility/institution covered by this agreement for information on a confined and convicted individual which the Reporter furnishes to SSA within the time periods specified below, provided that the confined individual is:

- Is receiving an RSDI payment for the month preceding the first month in which the confined individual is in a facility/institution; and
- Determined by SSA to be ineligible for an RSDI payment for any part of the first month as a result of the information provided by the Reporter under this agreement.

**NOTE:** See Article III, B.3 for the data elements required to qualify for Title XVI and/or Title II incentive payments as described above.

#### Payment of Incentives

SSA will pay such facility/institution:

- \$400 if the Reporter furnishes the information on a confined individual described above to SSA within 30 days after the date the individual's confinement in such facility/institution begins; and/or,
- \$200 if the Reporter furnishes such information to SSA after 30 days after such date but within 90 days after such date.
- The dollar amounts above will be reduced by 50 percent if the Commissioner is also required to make a payment to the reporter with respect to the same individual under an agreement entered into under section 202(x)(3)(B); and, conversely will be reduced by 50 percent if a payment is made with respect to the same individual under section 1611(e)(1)(I)(I).

If SSA cannot validate the SSN of a confined individual, SSA will take no further action.

SSA will not pay an incentive payment for information concerning a confined individual if, prior to SSA's receipt of the information, SSA has already determined that the individual is ineligible for SSI or RSDI payments or in cases in which SSA's only action is to suspend the individual from serving as a representative payee.

Payments made by SSA under this agreement represent incentive payments accruing as a result of SSA's efforts in processing the data provided under this agreement when such data results in the suspension of SSI payments to confined inmates or confined and convicted inmates for RSDI payments. The time required for SSA to complete the verification process, perform case development to determine whether suspension of an individual's SSI or RSDI payment is appropriate, and, complete the due process requirements that must be accorded an individual subject to a suspension action, may vary from case to case and may represent several months.

SSA will pay incentive payments to a facility/institution on a monthly basis by electronic transfer of funds. The facility/institution will name a financial institution and provide the information required on the attached Automated Clearing House (ACH) Vendor/Miscellaneous Payment Enrollment Form (SF 3881) to receive its incentive payments by electronic transfer of funds.

SSA will provide the Reporter with a notice of the amount of the incentive payment, the payment date, the total number of suspended individuals, and a list of individuals suspended. Disputes involving these incentive payments will be considered by the Regional Prisoner Coordinator designated in Article IX. The Reporter should forward a written request describing the dispute in detail to the Regional Prisoner Coordinator designated in Article IX within 30 days of its receipt of the relevant incentive payment notice.

**Article VI, Records Usage, Duplication and  
Redisclosure Restrictions**

SSA agrees to use the information provided by the Reporter only to determine which of the confined/convicted individuals are receiving payments and to suspend these payments as required by law and to investigate and monitor the performance of representative payees under circumstances as described in Article I. SSA will adhere strictly to the provisions of section

0110774

1611(e)(1)(I) and 202(x)(3) of the Act in any usage, duplication, or redisclosure of information provided by the Reporter under this agreement.

As required by section 1611(e)(1)(ii)(II) and section 202(x)(3) of the Act, SSA will redisclose the information obtained pursuant to this agreement to any Federal or Federally assisted cash, food, or medical assistance program, for eligibility purposes.

SSA will retire all identifiable records in accordance with the Federal Records Retention Schedule (44 U.S.C. 3303a). For records the Reporter wants returned, SSA will return the Reporter's electronic files (magnetic computer tapes, diskettes or other electronic media) to the Reporter within 12 months. Paper reports will not be returned.

Article VII, Notice, Verification and Opportunity  
to Contest

SSA agrees to verify information obtained under this agreement prior to initiating any adverse action against an individual. Pursuant to its applicable regulations, SSA will inform the individual by written notice that it has received specified information indicating that the individual is confined under the jurisdiction of a named prison system or is an inmate of a public institution beginning (month/year) and that, by law, SSI payments and/or RSDI benefits must be suspended. SSA will afford the individual the opportunity to contest and submit information concerning the planned action and to appeal a determination by SSA to suspend payments in accordance with applicable regulations.

SSA is responsible for determining the most suitable representative payee to receive title II and title XVI payments. For title II and title XVI actions under the representative payee provisions cited in Article I of this agreement, in addition to notices provided to any affected Social Security beneficiary or SSI recipient, that the representative payee receiving notice has 30 days to contest the Agency's decision to change representative payee for the affected beneficiary or recipient based in part on the current payee's incarceration or confinement under applicable provisions of the Act and regulations requiring revocation of certification of payment to certain representative payees and monitoring of representative payee performance by SSA.

**NOTE:** SSA's final decision on the representative payee issue does not affect the eligibility or entitlement of the individual

to the continued receipt of Social Security benefits or supplemental security income payments. In the event that there is any adverse effect on the monthly benefits payments to the beneficiary or recipient as a result of this match, if a decision is made to change the representative payee, the beneficiary or recipient will receive notice of the change as provided in sections 205(j)(2)(E)(ii) and 1631(a)(2)(B)(xi) of the Act.

**Article VIII, Term of the Agreement**

This agreement supersedes any previous agreement(s) between SSA and the facility/institutions identified in this agreement effectuating the exchange of prisoner information for the purpose of enforcing section 1611(e)(1)(A), 205(j)(1)(A), 205(j)(5), 1631(a)(2)(A)(iii), 1631(a)(2)(E), and 202(x)(1) of the Act.

This agreement shall be effective upon the signatures of both parties and shall remain in effect until terminated by either of the parties. The agreement may be terminated upon written notification by either party 90 days in advance of the termination date.

**Article IX, Persons to Contact**

- A. The SSA contact for questions concerning this incentive payment agreement is the Regional Prisoner Coordinator, Don Lawson in SSA's Seattle Regional Office at the following address:  
Social Security Administration  
Suite 2900 M/S 105  
701 Fifth Avenue  
Seattle, WA 98104-7075  
(206) 615-2653  
FAX (206) 615-2641  
Email: [don.lawson@ssa.gov](mailto:don.lawson@ssa.gov)
- B. The SSA contact for policy questions concerning the incentive payment provision is:  
  
William Browne  
Office of Program Benefits  
3-A-26 Operations Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
(410) 965-7685  
FAX (410) 597-0146  
E-mail: [bill.browne@ssa.gov](mailto:bill.browne@ssa.gov)

- C. For technical questions concerning the computer operation itself, contact:

Anita Cohen  
Team Leader, Client Identification Branch  
3-L-16 Operations Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
(410) 965-5340  
FAX (410) 966-4159  
E-mail: [anita.m.cohen@ssa.gov](mailto:anita.m.cohen@ssa.gov)

- D. The Reporter contact for the incentive payment provision is:

Joyce Griffin, Records Unit Manager  
Multnomah County Sheriff's Office  
1120 SW Third Avenue  
Portland, Oregon 97204  
Phone: 503-248-3665  
Fax: 503-248-5354  
Email: [joyce.m.griffin@co.multnomah.or.us](mailto:joyce.m.griffin@co.multnomah.or.us)

- E. The Reporter contact concerning technical questions regarding the electronic file process is:

Joyce Griffin, Records Unit Manager  
Multnomah County Sheriff's Office  
1120 SW Third Avenue  
Portland, Oregon 97204  
Phone: 503-248-3665  
Fax: 503-248-5354  
Email: [joyce.m.griffin@co.multnomah.or.us](mailto:joyce.m.griffin@co.multnomah.or.us)

- F. The Reporter contact for questions concerning the incentive payment accounting information is:

Sharon Lowell  
MCSO, 3<sup>rd</sup> Floor  
501 SE Hawthorne  
Portland, Oregon 97214  
Phone: 503-988-4433  
Fax: 503-988-4317  
Email: [Sharon.a.Lowell@co.multnomah.or.us](mailto:Sharon.a.Lowell@co.multnomah.or.us)

0110774

Article X, Signature

In witness whereof, the parties execute this agreement,

FOR THE SOCIAL SECURITY ADMINISTRATION:

BY Donald R. Lewis DATE 9/18/00

TITLE Social Ins Programs Spe

FOR THE REPORTER:

BY Dan Noelle  
Dan Noelle, Multnomah County Sheriff

DATE 8/30/00

REVIEWED: Thomas Sponsler,  
County Attorney for Multnomah County

BY Jacqueline Weber  
Jacqueline Weber, Assistant County Attorney

DATE 9/6/00

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR: 2/26/2001  
 (Date)

DEPARTMENT: Multnomah County Sheriff's Office DIVISION: N/A  
 CONTACT: Larry Aab PHONE: 988-4489

\* NAME(S) OF PERSON MAKING PRESENTATION TO BOARD: \_\_\_\_\_

SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda)

**Budget Modification to appropriate \$89,495 of revenue from Oregon Department of Transportation for the DUI Intense Supervision Program Grant.**

2. DESCRIPTION OF MODIFICATION: [Explain the changes being made: What budget does it increase / decrease? What do the changes accomplish? Where does the money come from?]

**(X) PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET**

This bud modifications adds \$89,495 of revenue to the Sheriff 's Office budget to pay for 1 FTE Staff Assistant, including benefits, which is provided for Judge Dorothy Baker to assist in the clerical needs of this program. The grant also provides funds for equipment purchases and some travel expenses The grant indicates a soft match of 23%..

*This is a federal grant, awarded on a federal fiscal year basis. The grant and the position were originally added to the Sheriff's Office budget in FY00. This bud mod reflects the FY01 grant award. (JW)*

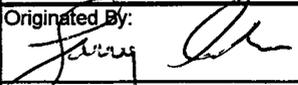
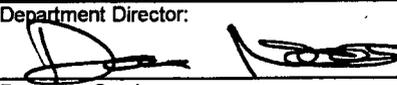
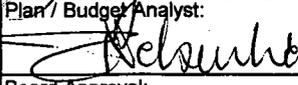
CLERK OF COUNTY COMMISSIONERS  
 01 APR - 3 PM 3:20  
 MULTNOMAH COUNTY  
 OREGON

3. REVENUE IMPACT: [Explain revenues being changed and reason for the change]

|  |                 |
|--|-----------------|
| <b>Adds revenue from Oregon Department of Transportation</b> | <b>\$89,495</b> |
| <b>TOTAL \$89,495</b>  |                 |

4. CONTINGENCY STATUS [To Be Completed by Budget & Planning]

\_\_\_\_\_ Fund Contingency BEFORE THIS MODIFICATION (as of \_\_\_\_\_): \$ \_\_\_\_\_  
 (Specify Fund) AFTER THIS MODIFICATION: \$ \_\_\_\_\_

|   |  |
|---|--|
| Originated By: <br>Date: <u>03/05/01</u>         | Department Director: <br>Date: <u>3/5/01</u> |
| Plan / Budget Analyst: <br>Date: <u>04-03-01</u> | Employee Services: _____<br>Date: _____  |
| Board Approval: <br>Date: <u>04/12/01</u>        |  |

**BUDGET MODIFICATION: #**  
**EXPENDITURES & REVENUES**

Budget Fiscal Year: 00/01

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

| Line No. | Fund Center | Fund Code | Accounting Unit |             |             | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description               |
|----------|-------------|-----------|-----------------|-------------|-------------|--------------|----------------|----------------|-----------------------------|----------|---------------------------|
|          |             |           | Internal Order  | Cost Center | WBS Element |              |                |                |                             |          |                           |
| 1        | 60-50       | 1505      |                 | 601621      |             | 60000        | -              | 55,877         | 55,877                      |          | Permanent                 |
| 2        | 60-50       | 1505      |                 | 601621      |             | 60130        |                | 9,256          | 9,256                       |          | Salary-Related Exp        |
| 3        | 60-50       | 1505      |                 | 601621      |             | 60140        |                | 5,662          | 5,662                       |          | Insurance Benefits        |
| 4        | 60-50       | 1505      |                 | 601621      |             | 60170        |                | 5,000          | 5,000                       |          | Professional Service      |
| 5        | 60-50       | 1505      |                 | 601621      |             | 60240        |                | 12,700         | 12,700                      |          | Supplies                  |
| 6        | 60-50       | 1505      |                 | 601621      |             | 60260        |                | 1,000          | 1,000                       |          | Travel & Training         |
| 7        | 60-50       | 1505      |                 | 601621      |             | 60350        |                | 11,554         | 11,554                      |          | Indirect                  |
| 8        | 60-50       | 1000      |                 | 601600      |             | 60170        | 388,005        | 376,451        | (11,554)                    |          | Professional Service      |
| 9        | 60-50       | 1505      |                 | 601621      |             | 50320        |                | (11,554)       | (11,554)                    |          | Cash Transfer Revenue     |
| 10       | 60-50       | 1505      |                 | 601621      |             | 50190        |                | (89,495)       | (89,495)                    |          | Fed through State sources |
| 11       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 12       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 13       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 14       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 15       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 16       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 17       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 18       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 19       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 20       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 21       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 22       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 23       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 24       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 25       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 26       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 27       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 28       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
| 29       |             |           |                 |             |             |              |                | 0              |                             |          |                           |
|          |             |           |                 |             |             |              |                |                | (11,554)                    | 0        | Total - Page 1            |
|          |             |           |                 |             |             |              |                |                | (11,554)                    | 0        | GRAND TOTAL               |

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM BRIEFING—SUPPLEMENTAL STAFF REPORT**

**To:** Board of County Commissioners

**From:** Barbara Simon

**Today's Date:**

**Requested Placement Date:** April 12, 2001

**I. Recommendation/Action Requested:**

Approve bud mod adding \$89,495 in grant revenue to cover cost of one FTE staff Assistant for DUII Intense Supervision Program Grant.

**II. Background Analysis**

This is a federal grant awarded on a federal fiscal year basis. The grant and the position were originally added to the MCSO budget in FY 00. This bud mod reflects the FY 01 award.

**III. Financial Impact**

This would add \$89,495 to the MCSO budget to cover salary and benefits for the program's staff assistant.

**IV. Legal Issues**

None

**V. Controversial Issues**

None

**VI. Link to Current County Policies**

Benchmark: Reduce Crime

**VII. Citizen Participation**

None required.

**VIII. Other Government Participation**

Oregon Department of Transportation.

MEETING DATE: APR 12 2001  
AGENDA NO: C-4  
ESTIMATED START TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION REQUEST TO CONTRACT WITH THE SOFTWARE GROUP FOR MODIFICATIONS TO THE APPLICATION SOFTWARE PACKAGE PREVIOUSLY PURCHASED FROM THE SOFTWARE GROUP

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: April 12, 2001  
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: DSS DIVISION: Finance/Purchasing

CONTACT: Franna Hathaway TELEPHONE #: 988-5111 X22651  
BLDG/ROOM #: 503/4<sup>th</sup> floor

PERSON(S) MAKING PRESENTATION: Consent Calendar

ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

PCRB EXEMPTION REQUEST TO CONTRACT WITH THE SOFTWARE GROUP FOR MODIFICATIONS TO THE APPLICATION SOFTWARE PACKAGE PREVIOUSLY PURCHASED FROM THE SOFTWARE GROUP

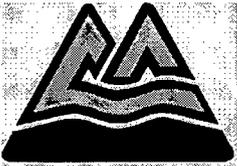
04/20/01 copies to Catherine Kwong

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: [Signature]

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277

01 APR - 6 AM 8:04  
CLERK OF COUNTY OF CLATSOP  
CLATSOP COUNTY COMMISSIONERS

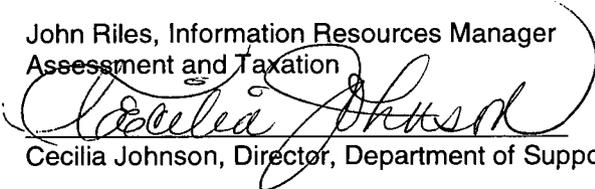
**MULTNOMAH COUNTY OREGON****MEMORANDUM**

Assessment and Taxation  
501 SE. Hawthorne Blvd, 1st Floor  
Portland, Oregon 97214  
(503) 988-3345 phone

**DATE:** March 27, 2001

**TO:** Franna Hathaway, Purchasing Administrator  
Finance Division, Purchasing Section

**FROM:** John Riles, Information Resources Manager  
Assessment and Taxation

**APPROVAL:**   
Cecilia Johnson, Director, Department of Support Services

**SUBJECT:** **Exemption Request  
Modifications to Application Software Package**

RECEIVED  
PURCHASING SECTION  
2001 MAR 27 PM 1:19  
MULTNOMAH COUNTY

**General**

The Assessment and Taxation Division is requesting an exemption from the County's selection process in order to enter into a Professional Services Contract with The Software Group of Plano, Texas. The work to be done is to make modifications to the application software package previously purchased from The Software Group and now used by Assessment and Taxation.

**Background**

As part of the project to implement the application software package the County purchased from The Software Group (TSG), some (15) modifications were identified that were needed to make the package better suited for use and more productive for the County's Assessment and Taxation Division. This work was identified and allowance made in the Certificate of Participation funding issued originally to cover the expenses of the implementation.

TSG is the developer of the assessment and taxation package to be modified, Oregon Appraisal and Assessment and Oregon Tax Collection. They are the sole source of the necessary expertise to make the modifications sought, and they are the sole source of vendor support for the application software that will result from the modifications.

**Scope of Services and Estimated Cost**

TSG will, for each modification, (1.) provide a functional design specification, (2.) program and unit test software to be modified, (3.) install on the County's computer and make the application software available for the County's acceptance testing, (4.) assist in implementation of the new software features, and (5.) manage development activities, schedules, reviews, and changes, if any. The purchase price for these services is \$164,660.

**Summary**

For the above stated reasons, the sole source exemption request is justified and in the best interest of Multnomah County. Please feel free to contact me, if I can provide additional information about this request.

Cc: Bob Ellis, Assessor  
Kathy Tuneberg, Tax Collector

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD  
ORDER NO. 99-73

Exempting from the Formal Competitive RFP Process a Contract for the Purchase of the Instrument Recording and Indexing System (Index.Fee) from The Software Group.

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRБ Rules 10.140 and 20.060 a request from the Department of Environmental Services, for an exemption from the formal competitive RFP process for a contract for the purchase of the Instrument Recording and Indexing System from The Software Group (TSG) for the approximate amount of \$600,000.
- b. As it appears in the application, the staff report from Franna Hathaway and the memorandum from Larry Nicholas, the request for exemption is based upon the fact that Assessment and Taxation's current recording and indexing system is not Y2K compliant, has no vendor support and is too fragile to move to the Multnomah Building; the requested system is a subsystem to the systems currently provided by TSG and therefore compatible and able to be maintained by a single contractor. Additionally, after checking with other recording agencies in Oregon, the County has not identified another contractor able to provide a system to meet the needs of an Oregon political subdivision.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140 and 20.060.

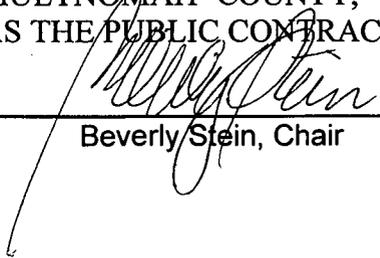
The Multnomah County Board of Commissioners, acting as the Public Contract Review Board Orders:

That the contract for the purchase of the Instrument Recording and Indexing System be exempted from the requirements of a forma RFP.

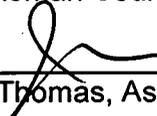
APPROVED this 6th day of May, 1999.



BOARD OF COUNTY COMMISSIONERS FOR  
MULTNOMAH COUNTY, OREGON, ACTING  
AS THE PUBLIC CONTRACT REVIEW BOARD

  
 \_\_\_\_\_  
 Beverly Stein, Chair

Thomas Sponsler, County Counsel  
For Multnomah County, Oregon

By   
 \_\_\_\_\_  
 John Thomas, Assistant County Counsel

MEETING DATE: \_\_\_\_\_  
AGENDA NO: \_\_\_\_\_  
ESTIMATED START TIME: \_\_\_\_\_

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION REQUEST FROM FORMAL COMPETITIVE RFP PROCESS

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: May 6, 1999  
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: DSS DIVISION: Finance/Purchasing

CONTACT: Franna Hathaway TELEPHONE #: 248-5111 X22651  
BLDG/ROOM #: 421/1<sup>st</sup> floor

PERSON(S) MAKING PRESENTATION: Consent

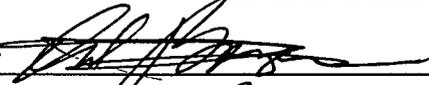
ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

*PCRB Exemption Request from the formal competitive RFP process for the purchase of the Instrument Recording and Indexing System from The Software Group.*

SIGNATURES REQUIRED:

ELECTED OFFICIAL:   
(OR)  
DEPARTMENT MANAGER: 

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ 248-3277

**BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM BRIEFING  
STAFF REPORT SUPPLEMENT**

TO: BOARD OF COUNTY COMMISSIONERS  
FROM: Franna Hathaway, Purchasing Manager  
TODAY'S DATE: April 27, 1999  
REQUESTED PLACEMENT DATE: May 6, 1999  
RE: PCRB Exemption Request from the Competitive RFP Process for the Purchase of the Instrument Recording and Indexing System from The Software Group (TSG)

I. Recommendation/Action Requested:

Request approval of the exemption request to purchase the Instrument Recording and Indexing System without a formal competitive RFP from TSG.

II. Background/Analysis:

The Recording Office of the Tax Collection and Records Management Division uses an automated system to record approximately 240,000 documents annually. They are required by ORS to maintain a permanent public record of all recorded transactions. Some of the recording information is used to create that record.

After each document is recorded it is microfilmed (manually) for the permanent public record. ORS also requires that an alphabetical and numerical index of the microfilmed documents be maintained. Customers and staff use the index to locate and retrieve recorded documents.

In 1995 a combined Cashiering/Indexing/Imaging system to be provided by the Smith/Norris Company (S/N) was selected through the formal RFP process. The S/N Company filed bankruptcy in 1997 before the imaging and indexing system was installed. In addition, other companies that provided the underlying software environment required for running the recording software application have gone out of business. The result is, A&T could not recover from any failure within that environment. Already, the recording database has been corrupted and attempts to identify and/or correct the problems have not been successful; A&T cannot run some of the maintenance programs necessary to support the system.

A&T is scheduled to move to the Multnomah Building later this year. A&T's Technical Support staff are concerned that due to maintenance problems and the fragility of the S/N recording system, they could not successfully move the system from the Commonwealth Building to the Multnomah Building.

The Instrument Recording and Indexing system (Index.Fee) is a subsystem to TSG's Oregon Assessment and Appraisal (OAA) and Oregon Tax Collection (OTC) systems that A&T previously purchased and is in the process of installing. The purchase of TSG's OAA and OTC systems was through the Marion County contract. Marion County selected TSG through the competitive RFP process.

Recording is the trigger to many of the subsequent functions within A&T. Compatibility between the functions of Recording and A&T systems provides a smoother transition of data. Staff using both systems will need to learn the basics of the systems only once.

Working with TSG will provide one point of contact for all technical issues related to both A&T software and recording software. The recording software operates in the same environment as the new A&T system and is very flexible.

III. Financial Impact:

The cost of the Index.Fee system, enhancements and hardware is approximately \$600,000. System compatibility will provide cost savings for Multnomah County when there are enhancements or problems with either system since one vendor provides the support. A&T would not need to use staff time and effort to coordinate enhancements or problems between two vendors. The advantages of one vendor in the long run will save Multnomah County money as well as address the urgency of the year 2000 deadline.

IV. Legal Issues:

A&T has identified that the S/N system is not Y2K compliant. The lack of vendor support and non-Y2K compliance makes it necessary to replace the software and some hardware.

Replacement of this system is crucial. The new system must be fully tested and operational by mid-November 1999. November is key because of vendor and staff availability. The end of every month is the busy time for Recording. December is a very busy month for the Recording Section. December 31 is the busiest day of the year for recording documents, as people want their tax savings.

If the current system is not replaced, A&T would have to return to a manual process that would include the use of a hand stamp, typewriter, and time stamp. The manual process could not keep pace with the current document recording volume. A manual process would require additional staffing, either permanent or temporary and many hours of overtime. With existing staff A&T would barely be able to meet the statutory requirement to record all documents presented within the day. A&T would not be able to microfilm the documents as they come in, creating a growing backlog that would result in a lack of accessibility to public records.

Today, A&T can barely meet the ORS requirement to return original documents within 10 days. Without a computerized system there is no way to estimate how long it would take for them to return original documents to the customer.

Through contact with other recording agencies in Oregon, A&T is not aware of another vendor or software package like this capable of handling their volume of documents that is adapted to or operating in Oregon.

V. Controversial Issues:

N/A

VI. Link to Current County Policies:

Current Policy requires that purchases over \$50,000 be procured through a formal competitive process or be exempted. PCRB Administrative Rule 10.140 allows the Public Contract Review Board to grant such exemptions.

VII. Citizen Participation:

N/A

VIII. Other Government Participation:

N/A

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD  
ORDER NO. \_\_\_\_\_

Exempting from the Formal Competitive RFP Process a Contract for the Purchase of the Instrument Recording and Indexing System (Index.Fee) from The Software Group.

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRБ Rules 10.140 and 20.060 a request from the Department of Environmental Services, for an exemption from the formal competitive RFP process for a contract for the purchase of the Instrument Recording and Indexing System from The Software Group (TSG) for the approximate amount of \$600,000.
- b. As it appears in the application, the staff report from Franna Hathaway and the memorandum from Larry Nicholas, the request for exemption is based upon the fact that Assessment and Taxation's current recording and indexing system is not Y2K compliant, has no vendor support and is too fragile to move to the Multnomah Building; the requested system is a subsystem to the systems currently provided by TSG and therefore compatible and able to be maintained by a single contractor. Additionally, after checking with other recording agencies in Oregon, the County has not identified another contractor able to provide a system to meet the needs of an Oregon political subdivision.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140 and 20.060.

The Multnomah County Board of Commissioners, acting as the Public Contract Review Board Orders:

That the contract for the purchase of the Instrument Recording and Indexing System be exempted from the requirements of a forma RFP.

APPROVED this \_\_\_\_ day of May, 1999.

BOARD OF COUNTY COMMISSIONERS FOR  
MULTNOMAH COUNTY, OREGON, ACTING  
AS THE PUBLIC CONTRACT REVIEW BOARD

---

Beverly Stein, Chair

REVIEWED:

Thomas Sponsler, County Counsel  
For Multnomah County, Oregon

By \_\_\_\_\_

John Thomas, Assistant County Counsel

RECEIVED  
SECTION  
99 APR 27 AM 9:07  
MULTNOMAH COUNTY

To : Franna Hathaway

From: Larry Nicholas *Larry Nicholas*

Date: April 23, 1999

Subject: Exemption

We are asking for an exemption from bid to purchase The Software Group's (TSG) Instrument Recording and Indexing system (Index.Fee). This system is a subsystem to TSG's Oregon Assessment and Appraisal (OAA) and Oregon Tax Collection (OTC) systems that we previously purchased and are in the process of installing. Our purchase of TSG's OAA and OTC systems was through the Marion County contract. Marion County selected TSG through the competitive bid process. The cost of the Index.Fee system, enhancements and hardware is approximately \$600,000.

### **Background**

The Recording Office of the Tax Collection and Records Management Division uses an automated system to record approximately 240,000 documents annually. The recording system is used to cashier documents, produce labels, issue document numbers, categorize fees, and capture document types. We are required by ORS to maintain a permanent public record of all recorded transactions. Some of the recording information is used to create that record.

After each document is recorded it is microfilmed (manually) for the permanent public record. ORS also requires that an alphabetical and numerical index of the microfilmed documents be maintained. Customers and staff use the index to locate and retrieve recorded documents.

Daily, a local vendor makes copies of all microfilmed documents. The copies are then manually coded by recording staff and sent to keypunch. Keypunch creates an electronic file of the recorded documents that is transferred to the mainframe. A mainframe application creates a tape file index. That index is sent to another vendor where a microfiche index is created.

After the indexing process, recorded documents that deal with property ownership changes are manually removed for further processing. The property ownership changes require additional manual research, coding and keypunching. The entire process is antiquated and inefficient. The proposed new system will not only streamline this process, but will make available an on-line index as well.

In 1995 a combined Cashiering/Indexing/Imaging system to be provided by the Smith/Norris Company (S/N) was selected. The S/N Company filed bankruptcy in 1997

before the imaging and indexing system was installed. In addition, other companies that provided the underlying software environment required for running the recording software application have gone out of business. The result is, we could not recover from any failure within that environment. Already, the recording database has been corrupted and attempts to identify and/or correct the problems have not been successful; we cannot run some of the maintenance programs necessary to support the system.

### **Why the Exemption**

We have identified that the S/N system is not Y2K compliant. The lack of vendor support and non-Y2K compliance makes it necessary to replace the software and some hardware.

Replacement of this system is crucial. The new system must be fully tested and operational by mid-November 1999. November is key because of vendor and staff availability. The end of every month is the busy time for Recording. December is a very busy month for the Recording Section. December 31 is the busiest day of the year for recording documents, as people want their tax savings.

If the current system is not replaced, we would have to return to a manual process that would include the use of a hand stamp, typewriter, and time stamp. The manual process could not keep pace with the current document recording volume. A manual process would require additional staffing, either permanent or temporary and many hours of overtime. With existing staff we would barely be able to meet the statutory requirement to record all documents presented within the day. We would not be able to microfilm the documents as they come in, creating a growing backlog that would result in a lack of accessibility to public records.

Today, we can barely meet the ORS requirement to return original documents within 10 days. Without a computerized system there is no way to estimate how long it would take for us to return original documents to the customer.

A&T is scheduled to move to the Multnomah Building later this year. A&T's Technical Support staff is concerned that due to maintenance problems and the fragility of the S/N recording system, they could not successfully move the system from the Commonwealth Building to the Multnomah Building. The schedule for A&T's move to the new building means we will install the new system at the Commonwealth Building. There should be no problem moving the new system to the Multnomah Building.

Through contact with other recording agencies in Oregon, we are not aware of another vendor or software package like this capable of handling our volume of documents that is adapted to or operating in Oregon.

## **Advantages of the TSG System**

TSG is the vendor installing the new A&T system. TSG has over 15 years experience installing and supporting Appraisal and Tax Collection system software. They have had operational systems in Oregon for more than 11 years. The software product, Index.Fee has been operational in Washington and Lincoln counties since 1990. With their experience in Oregon, Index.Fee can be implemented within the required timeframe.

Recording is the trigger to many of the subsequent functions within A&T. Our Sales section receives notification of property sales from the recording. Those sales are used to determine property values; trending and the state required yearly sales ratio report. Property ownership changes are also received from the recording process.

Compatibility between the functions of Recording and A&T systems provides a smoother transition of data. Staff using both systems will need to learn the basics of the systems only once. System compatibility will provide cost savings for Multnomah County when there are enhancements or problems with either system since one vendor provides the support. We would not need to use staff time and effort to coordinate enhancements or problems between two vendors. The advantages of one vendor in the long run will save Multnomah County money as well as address the urgency of the year 2000 deadline.

Working with TSG will provide one point of contact for all technical issues related to both A&T software and recording software. The recording software operates in the same environment as the new A&T system and is very flexible.

TSG has a working system that does imaging. Document imaging in conjunction with the recording module will streamline the entire process. Recorded documents can be viewed online while the operator updates the index, removing the need for many of the manual processes currently in place. Not all recorded documents are required in the downstream A&T processes. Once indexed, documents can be automatically filtered so that staff will work only the documents they need to complete their functions. Manual sorting would no longer be required.

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO. \_\_\_\_\_

Exempting from the Formal Competitive Bid Process the Contract with the Software Group,

**The Multnomah County Board of Commissioners Finds:**

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Department of Support Services, Assessment and Taxation Division for exemption from the formal competitive bid process to contract with the Software Group for modifications to be made to the application software package previously purchased from the Software Group in May 1999 with PCRB exemption. Board Order 99-73. The cost for the modifications is estimated to be \$164,660.
- b. As it appears in the memorandum from John Riles, the request for exemption is based upon the fact that the Software Group is the developer of the assessment and taxation package to be modified. They are the sole source of the necessary expertise to make the modifications sought, and they are the sole source of vendor support for the application software that will result from the modification. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

**The Multnomah County Board of Commissioners, acting as the Public Contract Review Board Orders:**

that the contract with the Software Group for modifications to the application software package previously purchased from the Software Group be exempted from the formal competitive process.

ADOPTED this \_\_\_\_ day of April, 2001.

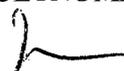
BOARD OF COUNTY COMMISSIONERS FOR  
MULTNOMAH COUNTY, OREGON, ACTING AS  
THE PUBLIC CONTRACT REVIEW BOARD



\_\_\_\_\_  
Bill Farver, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
\_\_\_\_\_  
John Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

**ORDER NO. 01-042**

Exempting from the Formal Competitive Bid Process the Contract with The Software Group for Modifications to be Made to the Application Software Package Previously Purchased from The Software Group

**The Multnomah County Board of Commissioners Finds:**

- a. The Board, acting in its capacity as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rules 10.140, a request from the Department of Support Services, Assessment and Taxation Division for exemption from the formal competitive bid process to contract with The Software Group for modifications to be made to the application software package previously purchased from The Software Group in May 1999 with PCRB exemption. Board Order 99-73. The cost for the modifications is estimated to be \$164,660.
- b. As it appears in the memorandum from John Riles, the request for exemption is based upon the fact that The Software Group is the developer of the assessment and taxation package to be modified. They are the sole source of the necessary expertise to make the modifications sought, and they are the sole source of vendor support for the application software that will result from the modification. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rules 10.140.

**The Multnomah County Board of Commissioners, acting as the Public Contract Review Board Orders:**

The contract with The Software Group for modifications to the application software package previously purchased from the Software Group is exempted from the formal competitive process.

ADOPTED this 12th day of April, 2001.



BOARD OF COUNTY COMMISSIONERS FOR  
MULTNOMAH COUNTY, OREGON, ACTING AS  
THE PUBLIC CONTRACT REVIEW BOARD

*Bill Farver*

Bill Farver, Interim Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

*John Thomas*  
John Thomas, Assistant County Attorney

MEETING DATE: APR 12 2001  
AGENDA NO: C-5  
ESTIMATED START TIME: 9:30  
LOCATION: BOARDROOM 100

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

**SUBJECT: Amend Intergovernmental Agreement with U.S. Department of Housing and Urban Development to renew Revenue Agreement for 2 years. The funding includes Supportive Services for \$206,060 and Administration for \$10,302 for a total grant of \$216,362.**

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: \_\_\_\_\_ Next Available  
AMOUNT OF TIME NEEDED: \_\_\_\_\_ Consent

DEPARTMENT: Community and Family Services DIVISION: Community Programs and Partnerships

CONTACT: Lorenzo Poe/Mary Li TELEPHONE #: (503) 988-3691  
BLDG/ROOM #: 166/7

PERSON(S) MAKING PRESENTATION: \_\_\_\_\_ N/A

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE:**

Approval Of An Amendment To The Intergovernmental Agreement With The U.S. Department Of Housing And Urban Development To Renew Revenue Agreement For Two Years.

04/12/01 ORIGINALS to WANA JEAN MAGINN

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: Lorenzo Poe

MULTNOMAH COUNTY  
CLERK  
01 APR - 3 PM 4:46  
COUNTY COMMISSTONER

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

Any Questions: Call the Board Clerk @ (503) 988-3277 or email  
deborah.l.bogstad@co.multnomah.or.us



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
421 SW SIXTH AVENUE, SUITE 700  
PORTLAND, OREGON 97204-1618  
PHONE (503) 988-3691  
FAX (503) 988-3379  
TDD (503) 988-3598

TO: Board of County Commissioners

FROM: Lorenzo Poe, Director *Lorenzo Poe MB*  
Department of Community and Family Services

DATE: March 22, 2001

SUBJECT: Intergovernmental Revenue Agreement with United States Department of Housing & Urban Development- Renewal

**I. Recommendation/Action Requested:** The Department of Community and Family Services recommends Board of County Commissioner approval of this intergovernmental revenue agreement renewal with the United States Department of Housing and Urban Development for the period of January 1, 2002 through December 31, 2003.

**III. Background/Analysis:** The Department of Community and Family Services has received a two year renewal award from the United States Department of Housing and Urban Development which funds Family Wages Supportive Housing Project.

**IV. Financial Impact:** This revenue contract is for \$206,060 for supportive services for families and \$10,302 to cover administrative costs. The contract totals \$216,362 over a two-year grant period.

**V. Legal Issues:** None.

**VI. Controversial Issues:** None.

**VII. Link to Current County Policies:** This project is aligned with the County's Urgent Benchmarks of reducing crime and increasing school completion.

**VIII. Citizen Participation:** The planning process for HUD applications includes open meetings focused on specific populations of homeless persons Multnomah County. These meetings resulted in a prioritized list of activities for which the application to HUD is written.

**IX. Other Government Participation:** The City of Portland was an active partner in planning for this grant application and prioritization of grant projects.

**MULTNOMAH COUNTY CONTRACT APPROVAL FORM**  
(See Administrative Procedure CON-1)

Contract #: 103588

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached

Amendment #: 0

| Class I   | Class II   | Class III   |
|---|--|---|
| <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Revenue<br><input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only) | <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)<br><input type="checkbox"/> PCRB Contract<br><input type="checkbox"/> Maintenance Agreement<br><input type="checkbox"/> Licensing Agreement<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount) | <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000<br><input type="checkbox"/> Expenditure<br><input checked="" type="checkbox"/> Revenue<br><p align="center"><b>APPROVED MULTNOMAH COUNTY<br/>BOARD OF COMMISSIONERS</b><br/>                     AGENDA # <u>C-5</u> DATE <u>04/12/01</u><br/>                     DEB BOGSTAD, BOARD CLERK</p> |

Department: Community and Family Services Division: Community Programs and Partnerships Date: March 29, 2001  
 Originator: Barbara Hershey Phone: 26323 Bldg/Rm: 166/5  
 Contact: Dana Jean Maginn Phone: 22583 Bldg/Rm: 166/7

Description of Contract **This grant renewal is for HUD Family Wages Supportive Housing Project for two years funding. Funding includes: Supportive services for \$206,060 and Administration for \$10,302.**

|  |  |                                  |                |
|--|--|----------------------------------|----------------|
| RENEWAL: <input checked="" type="checkbox"/> | PREVIOUS CONTRACT #(S): _____  | RFP/BID DATE: _____              | ORS/AR # _____ |
| RFP/BID: _____                               | EXEMPTION: _____   | EXEMPTION EXPIRATION DATE: _____ |                |
| #/DATE: _____                                | CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply) |                                  |                |

|  |   |   |  |
|--|---|---|--|
| Contractor <b>U.S. Department of Housing &amp; Urban Development</b> |   | Remittance Address _____                |  |
| Address <b>400 SW Sixth Ave Suite 700<br/>Portland OR 97204</b>      |   | (if different) _____                    |  |
| Phone <b>503-326-7016</b>  | Payment Schedule / Terms  |   |  |
| Employer ID# or SS# _____  | <input type="checkbox"/> Lump Sum \$ _____                        | <input type="checkbox"/> Due on Receipt |  |
| Effective Date <b>January 1, 2002</b>                                | <input checked="" type="checkbox"/> Monthly \$ <u>Invoice</u>     | <input type="checkbox"/> Net 30         |  |
| Termination Date <b>December 31, 2003</b>                            | <input type="checkbox"/> Other \$ _____                           | <input type="checkbox"/> Other _____    |  |
| Original Contract Amount \$ <b>216,362</b>                           | <input type="checkbox"/> Requirements \$ _____                    |   |  |
| Total Amt of Previous Amendments \$ <b>0</b>                         | Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Amount of Amendment \$ <b>0</b>                                      |   |   |  |
| Total Amount of Agreement \$ <b>216,362</b>                          |   |   |  |

REQUIRED SIGNATURES

Department Manager Lorenzo Paez DATE 3/29/01  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Counsel Kate Day DATE 3/29/01  
 County Chair Bill Faerber, Interim Chair DATE 04/12/01  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

| SAP Customer # 300071A |      |        |     |         |          | DEPT REFERENCE |         |         |                  |        |         |
|------------------------|------|--------|-----|---------|----------|----------------|---------|---------|------------------|--------|---------|
| LINE #                 | FUND | AGENCY | ORG | SUB ORG | ACTIVITY | OBJ/REV        | SUB OBJ | REP CAT | LGFS DESCRIPTION | AMOUNT | INC DEC |
| 01                     |      |        |     |         |          |                |         | See     | Attached         |        |         |
| 02                     |      |        |     |         |          |                |         |         |                  |        |         |



U.S. Department of Housing and Urban Development  
Oregon State Office  
Community Planning & Development Division  
400 Southwest Sixth Avenue, Suite 700  
Portland, OR 97204-1632

February 27, 2001

Lorenzo Poe, Jr.  
Multnomah County  
Attn: Barbara Hershey  
421 SW 6<sup>th</sup> Avenue, Suite 500  
Portland, OR 97204

Dear Mr. Poe:

SUBJECT: Transmittal of Grant Agreement  
Supportive Housing Program (SHP)  
Project Number: OR16B001011

Congratulations on the final selection of Family Wages Supportive Housing Project for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This two-year award will continue to support your program that was previously funded by HUD in 1997, further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$216,362, allocated as follows:

1. Grant for supportive services \$206,060
2. Grant for administration \$ 10,304 *2 AS per JAN OLSEN 3/23/01*

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two to this office within two weeks of receipt of this letter. Your new Voice Response Number for your renewal grant will be generated and sent to you under separate cover.

A new Direct Deposit Form is also enclosed. You do not need to fill out a Direct Deposit Form unless you are going to designate a different bank from that identified for your most recent grant. If you are going to change banks, please complete Section 1 and have your financial institution complete Section 3 and return it and a voided check to the address listed in Section 2. Additional instructions are included in the enclosed Grantee Financial Instructions.

Finally, also enclosed is a SNAPs Payment Voucher (HUD-27053A). These vouchers are no longer prenumbered, so you may duplicate this voucher for each use.

You are advised that no funds can be disbursed to you until the Renewal Grant Agreement is fully executed.

If you have any questions, please contact Jan Olson, Financial Analyst on 503-326-7017 or by e-mail at "jan\_olson@hud.gov." We look forward to working with you toward the successful continuation of your Supportive Housing Program project.

Very sincerely yours,

A handwritten signature in black ink, appearing to read "Doug Carlson", with a long, sweeping horizontal flourish extending to the right.

Doug Carlson, Director  
Community Planning and Development

Enclosures

2000 SUPPORTIVE HOUSING PROGRAM

RENEWAL GRANT AGREEMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Multnomah County, the Recipient, whose Tax ID number is 93-6002309 for Project Number OR16B001011 to be located at multiple sites in and around Multnomah County, Oregon.

The assistance which is the subject of this Grant Agreement is authorized by the McKinney-Vento Homeless Assistance Act. The term grant or grant funds means the assistance provided under this Agreement. This grant agreement will be governed by the Act, the Supportive Housing rule codified at 24 CFR 583, (Attachment A), and a copy of the SHP Interim Rule published in the Federal Register on May 12, 2000 and made a part hereof, and the Notice of Fund Availability (NOFA) published in the Federal Register on February 24, 2000. The term "application" means the original and renewal application submissions on the basis of which a Grant was approved by HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions, and are incorporated herein; however, in the event of any conflict between the provisions of those documents and any provision contained herein, this Renewal Grant Agreement shall control. The Secretary agrees, subject to the terms of the Grant Agreement, to provide the grant funds in the amount specified below for the approved project described in the application.

Although this agreement will become effective only upon the execution hereof by both parties, upon execution, the term of this agreement shall run from the end of the Recipient's final operating year under the original Grant Agreement for a period of two years. Eligible costs, as defined by the Act and Attachment A, incurred between the end of Recipient's final operating year under the original Grant Agreement and the execution of this Renewal Grant Agreement may be paid with funds from the first operating year of this renewal grant.

HUD's total fund obligation for this project is \$216,362, allocated as follows:

1. Grant for Supportive Services      \$206,060
2. Grant for Administration            \$ 10,302

The Recipient must provide a 25 percent cash match for supportive services pursuant to HUD's FY 2000 Appropriations Act.

The Recipient agrees to comply with all requirements of this Grant Agreement and to accept responsibility for such compliance by any entities to which it makes grant funds available.

HUD notifications to the Recipient shall be to the address of the Recipient as written above, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Grant Agreement. No right, benefit, or advantage of the Recipient hereunder be assigned without prior written approval of HUD.

A default shall consist of any use of grant funds for a purpose other than as authorized by this Grant Agreement, failure in the Recipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of Attachment A, noncompliance with the Act or Attachment A provisions, any other material breach of the Grant Agreement, or misrepresentations in the application submissions which, if known by HUD, would have resulted in this grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities; or
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated; or
- (c) direct the Recipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions; or
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity; or
- (e) reduce or recapture the grant; or
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program; or
- (g) continue the grant with a substitute recipient of HUD's choosing; or
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omission by HUD in exercising any right or remedy available to it under this Grant Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

For each operating year in which funding is received, the Recipient shall file annual certifications with HUD that the supportive housing has been provided in accordance with the requirements of the Grant Agreement.

This Grant Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, the Recipient shall not change recipients, location, services, or population to be served nor shift more than 10 percent of funds from one approved type of activity to another, or make any other significant change, without the prior written approval of HUD.



MEETING DATE: APR 12 2001  
AGENDA NO: C-6  
ESTIMATED START TIME: 9:30  
LOCATION: BOARD ROOM 100

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

**SUBJECT:** Amend Intergovernmental Agreement with U.S. Department of Housing and Urban Development to renew Revenue Agreement for 2 years. The funding includes Supportive Services for \$87,240 and Administration for \$4,362 for a total grant of \$91,602.

**BOARD BRIEFING:** DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

**REGULAR MEETING:** DATE REQUESTED: \_\_\_\_\_ Next Available  
AMOUNT OF TIME NEEDED: \_\_\_\_\_ Consent

**DEPARTMENT:** Community and Family Services      **DIVISION:** Community Programs and Partnerships

**CONTACT:** Lorenzo Poe/Mary Li      **TELEPHONE #:** (503) 988-3691  
**BLDG/ROOM #:** 1667

**PERSON(S) MAKING PRESENTATION:** \_\_\_\_\_ N/A

**ACTION REQUESTED:**

INFORMATIONAL ONLY     POLICY DIRECTION     APPROVAL     OTHER

**SUGGESTED AGENDA TITLE:**

**Approval Of An Amendment To The Intergovernmental Agreement With The U.S. Department Of Housing And Urban Development To Renew Revenue Agreement For Two Years.**

*04/18/01 ORIGINALS TO DANA JEAN TRAGIN*

**SIGNATURES REQUIRED:**

**ELECTED OFFICIAL:** \_\_\_\_\_  
(OR)

**DEPARTMENT MANAGER:** Lorenzo Poe

01 APR - 3 PM 4:45  
MULTNOMAH COUNTY  
OREGON  
COUNTY COMMISSIONERS

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

*Any Questions: Call the Board Clerk @ (503) 988-3277 or email  
deborah.l.bogstad@co.multnomah.or.us*



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
421 SW SIXTH AVENUE, SUITE 700  
PORTLAND, OREGON 97204-1618  
PHONE (503) 988-3691  
FAX (503) 988-3379  
TDD (503) 988-3598

TO: Bill Farver, Interim Chair  
Board of County Commissioners

FROM: Lorenzo Poe, Director *Lorenzo Poe*  
Department of Community and Family Services

DATE: March 21, 2001

SUBJECT: Intergovernmental Revenue Agreement with United States Department of Housing & Urban Development- Renewal

**I. Recommendation/Action Requested:** The Department of Community and Family Services recommends Board of County Commissioner approval of this intergovernmental revenue agreement renewal with the United States Department of Housing and Urban Development for the period of October 1, 2001 through September 30, 2003

**III. Background/Analysis:** The Department of Community and Family Services has received a two year renewal award from the United States Department of Housing and Urban Development which funds mental health services for homeless youth who are unable to obtain mental health services through other means. These services are intended to assist homeless youth to become stabilized in permanent housing.

**IV. Financial Impact:** This revenue contract is for \$87,240 for supportive services for homeless youth and \$4,362 to cover administrative costs. The contract totals \$91,602 over a two-year grant period.

**V. Legal Issues:** None.

**VI. Controversial Issues:** None.

**VII. Link to Current County Policies:** This project is aligned with the County's Urgent Benchmarks of reducing crime and increasing school completion.

**VIII. Citizen Participation:** The planning process for HUD applications includes open meetings focused on specific populations of homeless persons Multnomah County. These meetings resulted in a prioritized list of activities for which the application to HUD is written.

**IX. Other Government Participation:** The City of Portland was an active partner in planning for this grant application and prioritization of grant projects.



**U.S. Department of Housing and Urban Development**  
Oregon State Office  
Community Planning & Development Division  
400 Southwest Sixth Avenue, Suite 700  
Portland, OR 97204-1632

February 23, 2001

Lorenzo Poe, Jr.  
Multnomah County  
Attn: Barbara Hershey  
421 SW 6<sup>th</sup> Avenue, Suite 500  
Portland, OR 97204

Dear Mr. Poe:

**SUBJECT: Transmittal of Grant Agreement**  
Supportive Housing Program (SHP)  
Project Number: OR16B001005

Congratulations on the final selection of Pathways Homeless Youth Mental Health 1 Supportive Housing Project for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This two-year award will continue to support your program that was previously funded by HUD in 1997, further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$91,602, allocated as follows:

1. Grant for supportive services      \$87,240
2. Grant for administration          \$ 4,362

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two to this office within two weeks of receipt of this letter. Your new Voice Response Number for your renewal grant will be generated and sent to you under separate cover.

A new Direct Deposit Form is also enclosed. You do not need to fill out a Direct Deposit Form unless you are going to designate a different bank from that identified for your most recent grant. If you are going to change banks, please complete Section 1 and have your financial institution complete Section 3 and return it and a voided check to the address listed in Section 2. Additional instructions are included in the enclosed Grantee Financial Instructions.

Finally, also enclosed is a SNAPs Payment Voucher (HUD-27053A). These vouchers are no longer prenumbered, so you may duplicate this voucher for each use.

You are advised that no funds can be disbursed to you until the Renewal Grant Agreement is fully executed.

If you have any questions, please contact Jan Olson, Financial Analyst on 503-326-7017 or by e-mail at "jan\_olson@hud.gov." We look forward to working with you toward the successful continuation of your Supportive Housing Program project.

Very sincerely yours,

A handwritten signature in black ink, appearing to read "Doug Carlson", with a long, sweeping horizontal line extending to the right.

Doug Carlson, Director  
Community Planning and Development

Enclosures

**MULTNOMAH COUNTY CONTRACT APPROVAL FORM**  
(See Administrative Procedure CON-1)

Contract #: 103598

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached

Amendment #: 0

| Class I   | Class II   | Class III   |
|---|--|---|
| <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Revenue<br><input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only) | <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)<br><input type="checkbox"/> PCRB Contract<br><input type="checkbox"/> Maintenance Agreement<br><input type="checkbox"/> Licensing Agreement<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount) | <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000<br><input type="checkbox"/> Expenditure<br><input checked="" type="checkbox"/> Revenue<br><p align="center"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p align="center">AGENDA # <u>C-6</u> DATE <u>04/12/01</u><br/>DEB BOGSTAD, BOARD CLERK</p> |

Department: Community and Family Services Division: Community Programs and Partnerships Date: March 29, 2001  
 Originator: Barbara Hershey Phone: 26323 Bldg/Rm: 166/5  
 Contact: Dana Jean Maginn Phone: 22583 Bldg/Rm: 166/7

Description of Contract **This grant renewal is for Pathways Homeless Youth Mental Health 1 Supportive Housing Project for two years funding. Funding includes: Supportive services for \$87,240, and Administration for \$4,362.**

|  |  |                     |
|--|--|---------------------|
| RENEWAL: <input checked="" type="checkbox"/> | PREVIOUS CONTRACT #(S): _____  | RFP/BID DATE: _____ |
| RFP/BID: _____                               | EXEMPTION EXPIRATION _____   | ORS/AR _____        |
| EXEMPTION _____                              | DATE: _____  | #: _____            |
| #/DATE: _____                                | CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply) |                     |

|   |  |
|---|--|
| Contractor <b>U.S. Department of Housing &amp; Urban Development</b>  | Remittance Address _____   |
| Address <u>400 SW Sixth Ave Suite 700</u><br><u>Portland OR 97204</u> | (If different) _____   |
| Phone <u>503-326-7016</u>   | Payment Schedule / Terms   |
| Employer ID# or SS# _____   | <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt |
| Effective Date <u>October 1, 2001</u>                                 | <input type="checkbox"/> Monthly \$ <u>Invoice</u> <input type="checkbox"/> Net 30 |
| Termination Date <u>September 30, 2003</u>                            | <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other             |
| Original Contract Amount \$ <u>91,602</u>                             | <input type="checkbox"/> Requirements \$ _____                                     |
| Total Amt of Previous Amendments \$ <u>0</u>                          | Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| Amount of Amendment \$ <u>0</u>                                       |  |
| Total Amount of Agreement \$ <u>91,602</u>                            |  |

REQUIRED SIGNATURES

Department Manager Lorenzo Paez DATE 3/29/01  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Counsel Kate Galt DATE 3/30/01  
 County Chair Bill Farver, Interim Chair DATE 04/12/01  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

| SAP Customer # 300071 |      |        |     |         |          | DEPT REFERENCE |         |         |                  |        |         |
|-----------------------|------|--------|-----|---------|----------|----------------|---------|---------|------------------|--------|---------|
| LINE #                | FUND | AGENCY | ORG | SUB ORG | ACTIVITY | OBJ/REV        | SUB OBJ | REP CAT | LGFS DESCRIPTION | AMOUNT | INC DEC |
| 01                    |      |        |     |         |          |                |         | See     | Attached         |        |         |
| 02                    |      |        |     |         |          |                |         |         |                  |        |         |
| 03                    |      |        |     |         |          |                |         |         |                  |        |         |

2000 SUPPORTIVE HOUSING PROGRAM

RENEWAL GRANT AGREEMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Multnomah County, the Recipient, whose Tax ID number is 93-6002309 for Project Number OR16B001005 to be located at multiple sites in and around Multnomah County Oregon.

The assistance which is the subject of this Grant Agreement is authorized by the McKinney-Vento Homeless Assistance Act. The term grant or grant funds means the assistance provided under this Agreement. This grant agreement will be governed by the Act, the Supportive Housing rule codified at 24 CFR 583, (Attachment A), and a copy of the SHP Interim Rule published in the Federal Register on May 12, 2000 and made a part hereof, and the Notice of Fund Availability (NOFA) published in the Federal Register on February 24, 2000. The term "application" means the original and renewal application submissions on the basis of which a Grant was approved by HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions, and are incorporated herein; however, in the event of any conflict between the provisions of those documents and any provision contained herein, this Renewal Grant Agreement shall control. The Secretary agrees, subject to the terms of the Grant Agreement, to provide the grant funds in the amount specified below for the approved project described in the application.

Although this agreement will become effective only upon the execution hereof by both parties, upon execution, the term of this agreement shall run from the end of the Recipient's final operating year under the original Grant Agreement for a period of two years. Eligible costs, as defined by the Act and Attachment A, incurred between the end of Recipient's final operating year under the original Grant Agreement and the execution of this Renewal Grant Agreement may be paid with funds from the first operating year of this renewal grant.

HUD's total fund obligation for this project is \$91,602, allocated as follows:

1. Grant for Supportive Services      \$87,240
2. Grant for Administration            \$ 4,362

The Recipient must provide a 25 percent cash match for supportive services pursuant to HUD's FY 2000 Appropriations Act.

The Recipient agrees to comply with all requirements of this Grant Agreement and to accept responsibility for such compliance by any entities to which it makes grant funds available.

HUD notifications to the Recipient shall be to the address of the Recipient as written above, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Grant Agreement. No right, benefit, or advantage of the Recipient hereunder be assigned without prior written approval of HUD.

A default shall consist of any use of grant funds for a purpose other than as authorized by this Grant Agreement, failure in the Recipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of Attachment A, noncompliance with the Act or Attachment A provisions, any other material breach of the Grant Agreement, or misrepresentations in the application submissions which, if known by HUD, would have resulted in this grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities; or
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated; or
- (c) direct the Recipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions; or
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity; or
- (e) reduce or recapture the grant; or
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program; or
- (g) continue the grant with a substitute recipient of HUD's choosing; or
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omission by HUD in exercising any right or remedy available to it under this Grant Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

For each operating year in which funding is received, the Recipient shall file annual certifications with HUD that the supportive housing has been provided in accordance with the requirements of the Grant Agreement.

This Grant Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, the Recipient shall not change recipients, location, services, or population to be served nor shift more than 10 percent of funds from one approved type of activity to another, or make any other significant change, without the prior written approval of HUD.







# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
421 SW SIXTH AVENUE, SUITE 700  
PORTLAND, OREGON 97204-1618  
PHONE (503) 988-3691  
FAX (503) 988-3379  
TDD (503) 988-3598

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR OF THE BOARD  
DIANE LINN • DISTRICT 1 COMMISSIONER  
SERENA CRUZ • DISTRICT 2 COMMISSIONER  
LISA NAITO • DISTRICT 3 COMMISSIONER  
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

TO: Board of County Commissioners  
FROM: Lorenzo Poe, Director *Lorenzo Poe MMS*  
Department of Community and Family Services

DATE: March 22, 2001

SUBJECT: Revenue Agreement with U.S. Department of Housing and Urban Development (HUD)

**I. Recommendation/Action Requested:** The Department of Community and Family Services recommends Board of County Commissioner approval of this revenue agreement renewal with U.S. Department of Housing and Urban Development (HUD) for the period July 1, 2001 through June 30, 2004.

**II. Background/Analysis:** The Department of Community and Family Services has received a three year revenue contract grant renewal from the United States Department of Housing and Urban Development which funds supportive housing and related services for low-income and homeless families. These services are intended to assist homeless families to become stabilized in permanent housing.

**III. Financial Impact:** This revenue agreement is for \$648,669 supportive services for homeless families; \$319,176 for leasing expenses of transitional housing and \$48,391 for grant administration. The total contract is \$1,016,236.

**IV. Legal Issues:** None.

**V. Controversial Issues:** None.

**VI. Link to Current County Policies:** The supportive housing for homeless families supports County policies to make housing affordable to low income people and to promote healthy and stable communities by assisting to move people out of homelessness.

**VII. Citizen Participation:** The planning process for HUD applications includes open meetings focused on specific populations of homeless persons in Multnomah County.

**VIII. Other Government Participation:** The City of Portland was an active partner in planning for this grant application and the prioritization of grant projects.



**U.S. Department of Housing and Urban Development**  
Oregon State Office  
Community Planning & Development Division  
400 Southwest Sixth Avenue, Suite 700  
Portland, OR 97204-1632

March 19, 2001

Lorenzo Poe, Jr.  
Multnomah County  
Attn: Barbara Hershey  
421 SW 6<sup>th</sup> Avenue, Suite 500  
Portland, OR 97204

Dear Mr. Poe:

SUBJECT: Transmittal of Grant Agreement  
Supportive Housing Program (SHP)  
Project Number: OR16B001007

Congratulations on the final selection of Horizons Homeless Families Supportive Housing Project for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This grant combines tiered approved grants OR16B001007 and OR16B001014 into a three-year award which will continue to support your programs that were previously funded by HUD in 1998, further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$1,016,236, allocated as follows:

- |                                  |           |
|----------------------------------|-----------|
| 1. Grant for supportive services | \$648,669 |
| 2. Grant for leasing             | \$319,176 |
| 4. Grant for administration      | \$ 48,391 |

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two to this office within two weeks of receipt of this letter. Your new Voice Response Number for your renewal grant will be generated and sent to you under separate cover.

A new Direct Deposit Form is also enclosed. You do not need to fill out a Direct Deposit Form unless you are going to designate a different bank from that identified for your most recent grant. If you are going to change banks, please complete Section 1 and have your financial institution complete Section 3 and return it and a voided check to the address listed in Section 2. Additional instructions are included in the enclosed Grantee Financial Instructions.

Finally, also enclosed is a SNAPs Payment Voucher (HUD-27053A). These vouchers are no longer prenumbered, so you may duplicate this voucher for each use.

You are advised that no funds can be disbursed to you until the Renewal Grant Agreement is fully executed and the current grant expires.

If you have any questions, please contact Jan Olson, Financial Analyst on 503-326-7017 or by e-mail at "jan\_olson@hud.gov." We look forward to working with you toward the successful continuation of your Supportive Housing Program project.

Very sincerely yours,

A handwritten signature in black ink, appearing to read "Doug Carlson", with a long horizontal flourish extending to the right.

Doug Carlson, Director  
Community Planning and Development

Enclosures

**MULTNOMAH COUNTY CONTRACT APPROVAL FORM**  
(See Administrative Procedure CON-1)

Contract #: **0010712**

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached

Amendment #: **0**

| Class I   | Class II   | Class III   |
|---|--|---|
| <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Revenue<br><input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only) | <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)<br><input type="checkbox"/> PCRB Contract<br><input type="checkbox"/> Maintenance Agreement<br><input type="checkbox"/> Licensing Agreement<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount) | <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000<br><input type="checkbox"/> Expenditure<br><input checked="" type="checkbox"/> Revenue<br><p align="center"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b><br/>                     AGENDA # <u>C-7</u> DATE <u>04/12/01</u><br/>                     DEB BOGSTAD, BOARD CLERK</p> |

Department: Community and Family Services Division: Community Programs and Partnerships Date: March 29, 2001  
 Originator: Barbara Hershey Phone: 26323 Bldg/Rm: 166/5  
 Contact: Dana Jean Maginn Phone: 22583 Bldg/Rm: 166/7

Description of Contract **This grant renewal is for Horizons Homeless Families Supportive Housing Project for three years' funding. Funding includes: Supportive services for \$648,669, Leasing for \$319,176 and Administration for \$48,391.**

|  |                               |
|--|-------------------------------|
| RENEWAL: <input checked="" type="checkbox"/>   | PREVIOUS CONTRACT #(S): _____ |
| RFP/BID: _____   | RFP/BID DATE: _____           |
| EXEMPTION _____  | EXEMPTION EXPIRATION _____    |
| #/DATE: _____  | DATE: _____                   |
| CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply) |                               |

|  |   |
|--|---|
| Contractor <b>U.S. Department of Housing &amp; Urban Development</b> |   |
| Address <u>400 SW Sixth Ave Suite 700</u>                            | Remittance Address _____  |
| <u>Portland OR 97204</u>   | (If different) _____  |
| Phone <u>503-326-7016</u>  | Payment Schedule / Terms  |
| Employer ID# or SS# _____  | <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt            |
| Effective Date <u>July 1, 2001</u>                                   | <input checked="" type="checkbox"/> Monthly \$ <u>Invoice</u> <input type="checkbox"/> Net 30 |
| Termination Date <u>June 30, 2004</u>                                | <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other                        |
| Original Contract Amount \$ <u>1,016,236</u>                         | <input type="checkbox"/> Requirements \$ _____  |
| Total Amt of Previous Amendments \$ <u>0</u>                         | Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| Amount of Amendment \$ <u>0</u>                                      |   |
| Total Amount of Agreement \$ <u>1,016,236</u>                        |   |

REQUIRED SIGNATURES

Department Manager Lorenzo Paezmas DATE 3/29/01  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Counsel Katie Burt DATE 3/29/01  
 County Chair Bill Farver, Interim Chair DATE 04/12/01  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

| SAP Customer # 300071C |      |        |     |         |          | DEPT REFERENCE |         |         |                  |        |         |
|------------------------|------|--------|-----|---------|----------|----------------|---------|---------|------------------|--------|---------|
| LINE #                 | FUND | AGENCY | ORG | SUB ORG | ACTIVITY | OBJ/ REV       | SUB OBJ | REP CAT | LGFS DESCRIPTION | AMOUNT | INC DEC |
| 01                     |      |        |     |         |          |                |         | See     | Attached         |        |         |
| 02                     |      |        |     |         |          |                |         |         |                  |        |         |

## 2000 SUPPORTIVE HOUSING PROGRAM

### RENEWAL GRANT AGREEMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Multnomah County, the Recipient, whose Tax ID number is 93-6002309 for Project Number OR16B001007 to be located at multiple sites in and around Multnomah County, Oregon.

The assistance which is the subject of this Grant Agreement is authorized by the McKinney-Vento Homeless Assistance Act. The term grant or grant funds means the assistance provided under this Agreement. This grant agreement will be governed by the Act, the Supportive Housing rule codified at 24 CFR 583, (Attachment A), and a copy of the SHP Interim Rule published in the Federal Register on May 12, 2000 and made a part hereof, and the Notice of Fund Availability (NOFA) published in the Federal Register on February 24, 2000. The term "application" means the original and renewal application submissions on the basis of which a Grant was approved by HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions, and are incorporated herein; however, in the event of any conflict between the provisions of those documents and any provision contained herein, this Renewal Grant Agreement shall control. The Secretary agrees, subject to the terms of the Grant Agreement, to provide the grant funds in the amount specified below for the approved project described in the application.

Although this agreement will become effective only upon the execution hereof by both parties, upon execution, the term of this agreement shall run from the end of the Recipient's final operating year under the original Grant Agreement for a period of two years. Eligible costs, as defined by the Act and Attachment A, incurred between the end of Recipient's final operating year under the original Grant Agreement and the execution of this Renewal Grant Agreement may be paid with funds from the first operating year of this renewal grant.

HUD's total fund obligation for this project is \$1,016,236, allocated as follows:

- |                                  |           |
|----------------------------------|-----------|
| 1. Grant for Supportive Services | \$648,669 |
| 2. Grant for Leasing             | \$319,176 |
| 4. Grant for Administration      | \$ 48,391 |

The Recipient must provide a 25 percent cash match for supportive services pursuant to HUD's FY 2000 Appropriations Act.

The Recipient agrees to comply with all requirements of this Grant Agreement and to accept responsibility for such compliance by any entities to which it makes grant funds available.

HUD notifications to the Recipient shall be to the address of the Recipient as written above, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Grant Agreement. No right, benefit, or advantage of the Recipient hereunder be assigned without prior written approval of HUD.

A default shall consist of any use of grant funds for a purpose other than as authorized by this Grant Agreement, failure in the Recipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of Attachment A, noncompliance with the Act or Attachment A provisions, any other material breach of the Grant Agreement, or misrepresentations in the application submissions which, if known by HUD, would have resulted in this grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities; or
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated; or
- (c) direct the Recipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions; or
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity; or
- (e) reduce or recapture the grant; or
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program; or
- (g) continue the grant with a substitute recipient of HUD's choosing; or
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omission by HUD in exercising any right or remedy available to it under this Grant Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

For each operating year in which funding is received, the Recipient shall file annual certifications with HUD that the supportive housing has been provided in accordance with the requirements of the Grant Agreement.

This Grant Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, the Recipient shall not change recipients, location, services, or population to be served nor shift more than 10 percent of funds from one approved type of activity to another, or make any other significant change, without the prior written approval of HUD.



MEETING DATE: APR 12 2001  
AGENDA NO: C-8  
ESTIMATED START TIME: 9:30  
LOCATION: Boardroom 100

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

**SUBJECT:** Amend Intergovernmental Agreement with U.S. Department of Housing and Urban Development to renew Revenue Agreement for 2 years. The funding includes Supportive Services for \$1,057,776, Leasing for \$447,774 and Administration for \$75,276 for a total grant of \$1,580,796.

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: \_\_\_\_\_ Next Available \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_ Consent \_\_\_\_\_

DEPARTMENT: Community and Family Services DIVISION: Community Programs and Partnerships

CONTACT: Lorenzo Poe/Mary Li TELEPHONE #: (503) 988-3691  
BLDG/ROOM #: 166/7

PERSON(S) MAKING PRESENTATION: \_\_\_\_\_ N/A \_\_\_\_\_

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE:**

Approval Of An Amendment To The Intergovernmental Agreement With The U.S. Department Of Housing And Urban Development To Renew Revenue Agreement For Two Years.

*04/12/01 originals to Dana Jean Macain*

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: Lorenzo Poe

01 APR - 3 PM 4:46 PM  
MULTNOMAH COUNTY  
OREGON  
CLERK OF COUNTY COMMISSIONERS

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

Any Questions: Call the Board Clerk @ (503) 988-3277 or email  
deborah.l.bogstad@co.multnomah.or.us



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
421 SW SIXTH AVENUE, SUITE 700  
PORTLAND, OREGON 97204-1618  
PHONE (503) 988-3691  
FAX (503) 988-3379  
TDD (503) 988-3598

TO: Board of County Commissioners

FROM: Lorenzo Poe, Director *Lorenzo Poe mas*  
Department of Community and Family Services

DATE: March 22, 2001

SUBJECT: Revenue Contract with U.S. Department of Housing and Urban Development for Fiscal Year 2001/2003

**I. Recommendation/Action Requested:** The Department is requesting approval of the revenue contract renewal with the U.S. Department of Housing and Urban Development (HUD) for the period July 1, 2001 through June 30, 2003

**II. Background/Analysis:** The Department was originally awarded the Family Futures Grant by HUD in 1995. This contract is a two year renewal of that grant. Funding supports low income homeless households in their efforts to stabilize their situations. This funding will be used to maintain stability within the established homeless services system.

**III. Financial Impact:** This contract is for a total of \$1,580,796. \$1,057,776 funding is used to provide supportive services and \$447,744 provides residential leasing. The balance, \$75,276, is for administrative costs.

**IV. Legal Issues:** None

**V. Controversial Issues:** None

**VI. Link to Current County Policies:** Services are directly tied to the County Urgent Bench Mark; Reduce the number of children in poverty.

**VII. Citizen Participation:** Division of Community Programs and Partnerships involve Multnomah Commission on Children, Family and Community in policy development and service planning.

**VIII. Other Government Participation:** This funding allows Multnomah County to assist HUD in accomplishing the national effort to end homelessness.



**U.S. Department of Housing and Urban Development**  
Oregon State Office  
Community Planning & Development Division  
400 Southwest Sixth Avenue, Suite 700  
Portland, OR 97204-1632

March 19, 2001

Lorenzo Poe, Jr.  
Multnomah County  
Attn: Barbara Hershey  
421 SW 6<sup>th</sup> Avenue, Suite 500  
Portland, OR 97204

Dear Mr. Poe:

**SUBJECT: Transmittal of Grant Agreement**  
**Supportive Housing Program (SHP)**  
**Project Number: OR16B001010**

Congratulations on the final selection of Family Futures Supportive Housing Project for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This two-year award will continue to support your programs that were previously funded by HUD in 1999, further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$1,580,796, allocated as follows:

- |                                  |             |
|----------------------------------|-------------|
| 1. Grant for supportive services | \$1,057,776 |
| 3. Grant for leasing             | \$ 447,744  |
| 4. Grant for administration      | \$ 75,276   |

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two to this office within two weeks of receipt of this letter. Your new Voice Response Number for your renewal grant will be generated and sent to you under separate cover.

A new Direct Deposit Form is also enclosed. You do not need to fill out a Direct Deposit Form unless you are going to designate a different bank from that identified for your most recent grant. If you are going to change banks, please complete Section 1 and have your financial institution complete Section 3 and return it and a voided check to the address listed in Section 2. Additional instructions are included in the enclosed Grantee Financial Instructions.

Finally, also enclosed is a SNAPs Payment Voucher (HUD-27053A). These vouchers are no longer prenumbered, so you may duplicate this voucher for each use.

You are advised that no funds can be disbursed to you until the Renewal Grant Agreement is fully executed and the current grant expires.

If you have any questions, please contact Jan Olson, Financial Analyst on 503-326-7017 or by e-mail at "jan\_olson@hud.gov." We look forward to working with you toward the successful continuation of your Supportive Housing Program project.

Very sincerely yours,

A handwritten signature in black ink, appearing to read "Doug Carlson", with a long horizontal flourish extending to the right.

Doug Carlson, Director  
Community Planning and Development

Enclosures

**MULTNOMAH COUNTY CONTRACT APPROVAL FORM**  
(See Administrative Procedure CON-1)

Contract #: **9910393**

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached

Amendment #: **0**

|  |  |  |
|--|--|--|
| <p align="center"><b>Class I</b></p> <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)<br><input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Revenue<br><input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only) | <p align="center"><b>Class II</b></p> <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)<br><input type="checkbox"/> PCRB Contract<br><input type="checkbox"/> Maintenance Agreement<br><input type="checkbox"/> Licensing Agreement<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount) | <p align="center"><b>Class III</b></p> <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000<br><input type="checkbox"/> Expenditure<br><input checked="" type="checkbox"/> Revenue<br><p align="center"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p>AGENDA # <u>C-8</u> DATE <u>04/12/01</u><br/>                 DEB BOGSTAD, BOARD CLERK</p> |
|--|--|--|

Department: Community and Family Services Division: Community Programs and Partnerships Date: March 29, 2001  
 Originator: Barbara Hershey Phone: 26323 Bldg/Rm: 166/5  
 Contact: Dana Jean Maginn Phone: 22583 Bldg/Rm: 166/7

Description of Contract **This grant renewal is for Family Futures Supportive Housing Project for two years' funding. Funding includes: Supportive services for \$1,057,776, Leasing for \$447,744 and Administration for \$75,276.**

|  |                               |
|--|-------------------------------|
| RENEWAL: <input checked="" type="checkbox"/>   | PREVIOUS CONTRACT #(S): _____ |
| RFP/BID: _____   | RFP/BID DATE: _____           |
| EXEMPTION _____  | EXEMPTION EXPIRATION _____    |
| #/DATE: _____  | DATE: _____                   |
| CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply) |                               |

|  |   |
|--|---|
| Contractor <b>U.S. Department of Housing &amp; Urban Development</b> |   |
| Address <b>400 SW Sixth Ave Suite 700</b>                            | Remittance Address _____  |
| <b>Portland OR 97204</b>   | (If different) _____  |
| Phone <b>503-326-7016</b>  | Payment Schedule / Terms  |
| Employer ID# or SS# _____  | <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt            |
| Effective Date <b>July 1, 2001</b>                                   | <input checked="" type="checkbox"/> Monthly \$ <u>Invoice</u> <input type="checkbox"/> Net 30 |
| Termination Date <b>June 30, 2003</b>                                | <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other                        |
| Original Contract Amount \$ <b>1,580,796</b>                         |   |
| Total Amt of Previous Amendments \$ <b>0</b>                         | <input type="checkbox"/> Requirements \$ _____  |
| Amount of Amendment \$ <b>0</b>                                      |   |
| Total Amount of Agreement \$ <b>1,580,796</b>                        | Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No                             |

REQUIRED SIGNATURES

Department Manager Lolingo Poe DATE 3/29/01  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Counsel Katie Gault DATE 3/30/01  
 County Chair Bill Farver **Bill FARVER, Interim Chair** DATE 04/12/01  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

| SAP Customer # 300071B |      |        |     |         |          | DEPT REFERENCE |         |         |                  |        |         |
|------------------------|------|--------|-----|---------|----------|----------------|---------|---------|------------------|--------|---------|
| LINE #                 | FUND | AGENCY | ORG | SUB ORG | ACTIVITY | OBJ/REV        | SUB OBJ | REP CAT | LGFS DESCRIPTION | AMOUNT | INC DEC |
| 01                     |      |        |     |         |          |                |         | See     | Attached         |        |         |
| 02                     |      |        |     |         |          |                |         |         |                  |        |         |

## 2000 SUPPORTIVE HOUSING PROGRAM

### RENEWAL GRANT AGREEMENT

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Multnomah County, the Recipient, whose Tax ID number is 93-6002309 for Project Number OR16B001010 to be located at multiple sites in and around Multnomah County, Oregon.

The assistance which is the subject of this Grant Agreement is authorized by the McKinney-Vento Homeless Assistance Act. The term grant or grant funds means the assistance provided under this Agreement. This grant agreement will be governed by the Act, the Supportive Housing rule codified at 24 CFR 583, (Attachment A), and a copy of the SHP Interim Rule published in the Federal Register on May 12, 2000 and made a part hereof, and the Notice of Fund Availability (NOFA) published in the Federal Register on February 24, 2000. The term "application" means the original and renewal application submissions on the basis of which a Grant was approved by HUD, including the certifications and assurances and any information or documentation required to meet any grant award conditions, and are incorporated herein; however, in the event of any conflict between the provisions of those documents and any provision contained herein, this Renewal Grant Agreement shall control. The Secretary agrees, subject to the terms of the Grant Agreement, to provide the grant funds in the amount specified below for the approved project described in the application.

Although this agreement will become effective only upon the execution hereof by both parties, upon execution, the term of this agreement shall run from the end of the Recipient's final operating year under the original Grant Agreement for a period of two years. Eligible costs, as defined by the Act and Attachment A, incurred between the end of Recipient's final operating year under the original Grant Agreement and the execution of this Renewal Grant Agreement may be paid with funds from the first operating year of this renewal grant.

HUD's total fund obligation for this project is \$1,580,796, allocated as follows:

- |                                  |             |
|----------------------------------|-------------|
| 1. Grant for Supportive Services | \$1,057,776 |
| 3. Grant for Leasing             | \$ 447,744  |
| 4. Grant for Administration      | \$ 75,276   |

The Recipient must provide a 25 percent cash match for supportive services pursuant to HUD's FY 2000 Appropriations Act.

The Recipient agrees to comply with all requirements of this Grant Agreement and to accept responsibility for such compliance by any entities to which it makes grant funds available.

HUD notifications to the Recipient shall be to the address of the Recipient as written above, unless HUD is otherwise advised in writing. Recipient notifications to HUD shall be to the HUD Field Office executing the Grant Agreement. No right, benefit, or advantage of the Recipient hereunder be assigned without prior written approval of HUD.

A default shall consist of any use of grant funds for a purpose other than as authorized by this Grant Agreement, failure in the Recipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of Attachment A, noncompliance with the Act or Attachment A provisions, any other material breach of the Grant Agreement, or misrepresentations in the application submissions which, if known by HUD, would have resulted in this grant not being provided. Upon due notice to the Recipient of the occurrence of any such default and the provision of a reasonable opportunity to respond, HUD may take one or more of the following actions:

- (a) direct the Recipient to submit progress schedules for completing approved activities; or
- (b) issue a letter of warning advising the Recipient of the default, establishing a date by which corrective actions must be completed and putting the Recipient on notice that more serious actions will be taken if the default is not corrected or is repeated; or
- (c) direct the Recipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions; or
- (d) direct the Recipient to suspend, discontinue or not incur costs for the affected activity; or
- (e) reduce or recapture the grant; or
- (f) direct the Recipient to reimburse the program accounts for costs inappropriately charged to the program; or
- (g) continue the grant with a substitute recipient of HUD's choosing; or
- (h) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omission by HUD in exercising any right or remedy available to it under this Grant Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Recipient default.

For each operating year in which funding is received, the Recipient shall file annual certifications with HUD that the supportive housing has been provided in accordance with the requirements of the Grant Agreement.

This Grant Agreement constitutes the entire agreement between the parties hereto, and may be amended only in writing executed by HUD and the Recipient. More specifically, the Recipient shall not change recipients, location, services, or population to be served nor shift more than 10 percent of funds from one approved type of activity to another, or make any other significant change, without the prior written approval of HUD.



MEETING DATE: APR 12 2001  
AGENDA NO: C-9  
ESTIMATED START TIME: 9:30  
LOCATION: BOARD ROOM 100

(Above Space for Board Clerk's use only)

**AGENDA PLACEMENT FORM**

SUBJECT: Request Approval of Deed to Contract Purchaser for Completion of Contract

BOARD BRIEFING: Date Requested: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Amount of Time Needed: \_\_\_\_\_

REGULAR MEETING: Date Requested: \_\_\_\_\_  
Amount of Time Needed: \_\_\_\_\_

DEPARTMENT: Sustainable Community DIVISION: Housing

CONTACT: Gary Thomas TELEPHONE #: 503-988-3380 x22591  
BLDG/ROOM #: 503/1<sup>ST</sup> FL/Tax Title

PERSON(S) MAKING PRESENTATION: Consent Calendar

**ACTION REQUESTED:**

INFORMATIONAL ONLY    POLICY DIRECTION    APPROVAL    OTHER

**SUGGESTED AGENDA TITLE:**

Request Approval of Deed to Contract Purchaser, JEFFREY PAUL FISH, for Completion of Contract No. 15736 (Property Purchased at Auction)

Resolution and Deed D011771 Attached

**\*\*Return original documents and copies of all to Becky Grace 503/175 following approval\*\***

*4/12/01 original Deed & copies of all  
to Becky Grace*

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: \_\_\_\_\_  
OR

DEPARTMENT MANAGER: *[Signature]*

CLERK OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
01 APR - 3 AM 8:45

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES  
Any Questions: Call the Board Clerk @ (503) 988-3277

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. \_\_\_\_\_**

Authorizing the Execution of Deed D011771 Upon Complete Performance of a Contract with JEFFREY PAUL FISH.

**The Multnomah County Board of Commissioners Finds:**

- a) On 6/10/1993, Multnomah County entered into a county contract 15736 recorded in county deed records at Book 2708 Page 1671 with JEFFREY PAUL FISH for the sale of the real property hereinafter described;
- b) The above contract purchaser has fully performed the terms and conditions of said contract and is now entitled to a deed conveying said property to said purchaser;

**The Multnomah County Board of Commissioners Resolves:**

- 1. That the Interim Chair of the Multnomah County Board of County Commissioners is authorized to execute a deed in a form substantially complying with the attached deed conveying to the contract purchaser the following described real property:

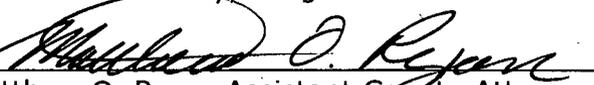
BEGINNING 7' WEST AND 80' NORTH OF THE NORTHEAST CORNER OF LOT 6, BLOCK 5, ALBINA ADDITION; THENCE NORTH 85'; THENCE WEST 80.8' THENCE SOUTH 80'; THENCE EAST 80.8' TO BEGINNING. EXCEPT PART TAKEN BY FREMONT STREET.

ADOPTED this            day of April 2001.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Bill Farver, Interim Chair

REVIEWED:  
Thomas Sponsler, County Attorney  
Multnomah County, Oregon

By   
Matthew O. Ryan, Assistant County Attorney

Deed D011771

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to JEFFREY PAUL FISH, Grantee, the following described real property, situated in the County of Multnomah, State of Oregon:

BEGINNING 7' WEST AND 80' NORTH OF THE NORTHEAST CORNER OF LOT 6, BLOCK 5, ALBINA ADDITION; THENCE NORTH 85'; THENCE WEST 80.8' THENCE SOUTH 80'; THENCE EAST 80.8' TO BEGINNING. EXCEPT PART TAKEN BY FREMONT STREET.

The true and actual consideration paid for this transfer, stated in the terms of dollars is \$11,000.00.

**THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OF COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.**

Until a change is requested, all tax statements shall be sent to the following address:

JEFFREY PAUL FISH  
1834 SW 58TH AVE #206  
PORTLAND OR 97221

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Interim Chair of the Multnomah County Board of Commissioners the \_\_\_\_\_ day of April 2001, by authority of a Resolution of the Board of County Commissioners heretofore entered of record.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Bill Farver, Interim Chair

REVIEWED:  
Thomas Sponsler, County Attorney  
For Multnomah County, Oregon

By   
Matthew O. Ryan, Assistant County Attorney

After recording, return to 503/175/Multnomah County Tax Title

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 01-043**

Authorizing the Execution of Deed D011771 Upon Complete Performance of a Contract with JEFFREY PAUL FISH

**The Multnomah County Board of Commissioners Finds:**

- a) On 6/10/1993, Multnomah County entered into a county contract 15736 recorded in county deed records at Book 2708 Page 1671 with JEFFREY PAUL FISH for the sale of the real property hereinafter described;
- b) The above contract purchaser has fully performed the terms and conditions of said contract and is now entitled to a deed conveying said property to said purchaser;

**The Multnomah County Board of Commissioners Resolves:**

1. That the Interim Chair of the Multnomah County Board of County Commissioners is authorized to execute a deed in a form substantially complying with the attached deed conveying to the contract purchaser the following described real property:

BEGINNING 7' WEST AND 80' NORTH OF THE NORTHEAST CORNER OF LOT 6, BLOCK 5, ALBINA ADDITION; THENCE NORTH 85'; THENCE WEST 80.8' THENCE SOUTH 80'; THENCE EAST 80.8' TO BEGINNING. EXCEPT PART TAKEN BY FREMONT STREET.

ADOPTED this 12th day of April, 2001.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

*Bill Farver*

Bill Farver, Interim Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By *Matthew O. Ryan*  
Matthew O. Ryan, Assistant County Attorney

## Deed D011771

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to JEFFREY PAUL FISH, Grantee, the following described real property, situated in the County of Multnomah, State of Oregon:

BEGINNING 7' WEST AND 80' NORTH OF THE NORTHEAST CORNER OF LOT 6, BLOCK 5, ALBINA ADDITION; THENCE NORTH 85'; THENCE WEST 80.8' THENCE SOUTH 80'; THENCE EAST 80.8' TO BEGINNING. EXCEPT PART TAKEN BY FREMONT STREET.

The true and actual consideration paid for this transfer, stated in the terms of dollars is \$11,000.00.

**THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OF COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.**

Until a change is requested, all tax statements shall be sent to the following address:

JEFFREY PAUL FISH  
1834 SW 58TH AVE #206  
PORTLAND OR 97221

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Interim Chair of the Multnomah County Board of Commissioners the 12th day of April, 2001, by authority of a Resolution of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

*Bill Farver*

Bill Farver, Interim Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By *Matthew O. Ryan*  
Matthew O. Ryan, Assistant County Attorney

After recording, return to 503/175/Multnomah County Tax Title

STATE OF OREGON                    )  
  ) ss  
COUNTY OF MULTNOMAH         )

The foregoing instrument was acknowledged before me this 12th day of April, 2001, by Bill Farver, to me personally known, as Interim Chair of the Multnomah County Board of Commissioners, on behalf of the County by authority of the Multnomah County Board of Commissioners.



Deborah Lynn Bogstad  
Deborah Lynn Bogstad  
Notary Public for Oregon  
My Commission expires: 6/27/01

MEETING DATE: APR 12 2001  
AGENDA NO: C-10  
ESTIMATED START TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: IGA with ODOT for the Morrison Bridge Multi-use Path Preliminary Engineering

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: Consent Calendar  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

DEPARTMENT: Sustainable Community Development DIVISION: Transportation

CONTACT: April Siebenaler TELEPHONE #: x29637  
BLDG/ROOM #: 455/Yeon Annex

PERSON(S) MAKING PRESENTATION: N/A (Consent)

ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

Approval of an IGA with ODOT for the Morrison Bridge Multi-use Path Preliminary Engineering

*04/18/01 originals to Carley Keamee*

01 MAR 29 AM 10:22  
CLERK OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: *AK* *[Signature]*

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ 988-3277



**Department of Sustainable Community Development**  
**MULTNOMAH COUNTY OREGON**

Transportation Division  
1600 SE 190<sup>th</sup> Avenue  
Portland, Oregon 97233-5910  
(503) 988-5050

**SUPPLEMENTAL STAFF REPORT**

**TO:** BOARD OF COUNTY COMMISSIONERS

**FROM:** Harold E. Lasley, P.E., Director *H. Lasley*  
April Siebenaler, Transportation Planning Specialist *AS*

**TODAY'S DATE:** March 22, 2001

**REQUESTED PLACEMENT DATE:** Consent Calendar

**RE:** Approval of IGA between ODOT and Multnomah County for the Morrison Bridge Multi-use Path Preliminary Engineering

1. Recommendation/Action Requested:

Approval of the IGA between ODOT and Multnomah County for the Morrison Bridge Multi-use Path Preliminary Engineering.

2. Background/Analysis:

During the 2000–2001 Metropolitan Transportation Improvement Plan funding process the County received \$100,000 for the preliminary engineering of a multi-use path on the Morrison Bridge. The project ranked number one for funding on the regional bicycle project list. The estimated cost of the preliminary engineering is \$250,000. The County and the City of Portland agreed to split the remaining cost of the preliminary engineering up to \$75,000 each.

The project will be completed in two phases, the preliminary engineering phase and the construction phase. The preliminary engineering will be completed in 2002. A request of \$1.5 million has been made through the 2002 MTIP to complete the construction phase.

3. Financial Impact:

The project is estimated to cost \$250,000. The County will receive \$100,000 in federal funding. The County and the City of Portland are responsible for splitting the remaining cost of the project up to \$75,000 each. A separate IGA will be entered into with the City of Portland. The \$75,000 contributed by the County will be provided by both cash and in-kind services and is budgeted in fiscal years 2001 and 2002.

4. Legal Issues:

There are no legal issues with this agreement.

5. Controversial Issues:

There are no controversial issues with this agreement.

6. Link to Current County Policies:

It is the County's policy (Comprehensive Plan Policy 33A and 33C) to provide a safe and efficient multi-modal transportation system.

7. Citizen Participation:

Extensive public support for this project has been voiced over the past three years. Approximately 200 postcards were received by the County Chair's office in 1998 in support of keeping a bicycle facility on the Morrison Bridge.

An extensive citizen participation process has been identified for the development of the project. There will be several opportunities for public input during the development of the facility's design including at least one open house and several smaller presentations to various stakeholder groups.

8. Other Government Participation:

The City of Portland will contribute up to \$75,000 toward the project. The City of Portland will be involved throughout the facility's design development and will participate on the technical advisory committee that will oversee the design development. Metro and ODOT will serve on the TAC. The City of Portland will also be present at all the public meetings.

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Contract #: 0110972

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached

Amendment #: \_\_\_\_\_

|  |  |   |
|--|--|---|
| <p style="text-align: center;"><b>CLASS I</b></p> <p><input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption)</p> <p><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)</p> <p><input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000</p> <p style="margin-left: 20px;"><input type="checkbox"/> Expenditure</p> <p style="margin-left: 20px;"><input type="checkbox"/> Revenue</p> <p><input type="checkbox"/> Architectural &amp; Engineering not to exceed \$10,000 (for tracking purposes only)</p> | <p style="text-align: center;"><b>CLASS II</b></p> <p><input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)</p> <p><input type="checkbox"/> PCRB Contract</p> <p><input type="checkbox"/> Maintenance Agreement</p> <p><input type="checkbox"/> Licensing Agreement</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)</p> | <p style="text-align: center;"><b>CLASS III</b></p> <p><input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000</p> <p style="margin-left: 20px;"><input type="checkbox"/> Expenditure</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Revenue</p> <p style="text-align: center;"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p style="text-align: center;">AGENDA # <u>C-10</u> DATE <u>04/12/01</u></p> <p style="text-align: center;">DEB BOGSTAD, BOARD CLERK</p> |
|--|--|---|

Department: Environmental Services Division: Transportation Division Date: March 22, 2001  
 Originator: April Siebenaler Phone: x29637 Bldg/Rm: 455/Annex  
 Contact: Cathey Kramer Phone: X22589 Bldg/Rm: 455/Annex

Description of Contract: Intergovernmental Agreement with Oregon Dept. of Transportation for the Morrison Bridge Multi-use Path Preliminary Engineering.

RENEWAL:  PREVIOUS CONTRACT #(S): \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_

EXEMPTION #/DATE: \_\_\_\_\_ EXEMPTION EXPIRATION DATE: \_\_\_\_\_ ORS/AR # \_\_\_\_\_

CONTRACTOR IS:  MBE  WBE  ESB  QRF  N/A  NONE (Check all boxes that apply)

|  |  |
|--|--|
| Contractor <u>Oregon Department of Transportation</u><br>Address <u>123 NW Flanders St.</u><br><u>Portland OR 97209-4037</u><br>Debbie Burgess<br>Phone <u>(503) 731-8276 or (503) 293-3640</u>  | Remittance address _____<br>(If different) _____<br>Payment Schedule / Terms<br><input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt<br><input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30<br><input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other<br><input type="checkbox"/> Requirements Not to Exceed \$ _____<br>Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer ID# or SS# <u>N/A</u><br>Effective Date <u>May 7, 2001</u><br>Termination Date <u>May 7, 2004</u><br>Original Contract Amount \$ _____<br>Total Amt of Previous Amendments \$ _____<br>Amount of Amendment \$ _____<br>Total Amount of Agreement \$ <u>100,000.00</u> |  |

**REQUIRED SIGNATURES:**

Department Manager [Signature] DATE 3/26/01

Purchasing Manager [Signature] DATE \_\_\_\_\_  
 (Class II Contracts Only)

County Counsel [Signature] DATE 3/28/01

County Chair Bill Farver Bill Farver, Interim Chair DATE April 12, 2001

Sheriff \_\_\_\_\_ DATE \_\_\_\_\_

Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class I, Class II Contracts only)

| LGFS VENDOR CODE |       |             |         |         |          | DEPT REFERENCE |         |         |                 |           |         |
|------------------|-------|-------------|---------|---------|----------|----------------|---------|---------|-----------------|-----------|---------|
| LINE #           | PLANT | WBS         | GL ACCT | SUB ORG | ACTIVITY | OBJ/REV        | SUB OBJ | REP CAT | SAP DESCRIPTION | AMOUNT    | INC DEC |
| 01               | F030  | 6700ET3026D |         |         |          |                |         |         |                 | \$100,000 |         |
| 02               |       |             |         |         |          |                |         |         |                 |           |         |

Exhibit A, Rev. 3/25/98 DIST: Originator, Accts Payable, Contract Admin - Original. If additional space is needed, attach separate page. Write contract # on top of page.

LOCAL AGENCY AGREEMENT  
Enhancement Program Project  
Morrison Bridge Accessibility Study – Preliminary Engineering

THIS AGREEMENT is made and entered into by and between THE STATE OF OREGON, acting by and through its Department of Transportation, hereinafter referred to as "State"; and MULTNOMAH COUNTY, acting by and through its Elected Officials, hereinafter referred to as "Agency".

**RECITALS**

1. The Morrison Bridge is a part of the County Road System under the jurisdiction and control of Multnomah County.
2. By the authority granted in ORS 190.110, 366.770 and 366.775, State may enter into cooperative agreements with the counties, cities, and units of local government for the performance of work on certain types of improvement projects with the allocation of costs on terms and conditions mutually agreeable to the contracting parties.

**NOW THEREFORE**, the premises being in general as stated in the foregoing recitals, it is agreed by and between the parties hereto as follows:

**TERMS OF AGREEMENT**

1. Under provisions of the Transportation Equity Act of the 21<sup>st</sup> Century, (TEA-21) Oregon is required to set aside federal funds for projects to address transportation enhancement activities.
2. Under such authority, State and Agency plan and propose to design a permanent multi-use bicycle and pedestrian facility on the Morrison Bridge, hereinafter referred to as "project". The location of the project is approximately as shown on the sketch map attached hereto, marked Exhibit A, and by this reference made a part hereof.
3. The project shall be conducted as a part of the Enhancement Program, under Title 23, United States Code, and the Oregon Action Plan. **This agreement is for preliminary engineering (PE) only.** The total cost for PE is estimated at \$250,000. The federal funds are limited to \$100,000. The project will be financed at the maximum allowable federal participating amount, with Agency responsible for the match for the federal funds and any portion of the project not covered by federal funding. The project estimate is subject to change.

M C & A No. 18,641  
MULTNOMAH COUNTY

4. The term of this agreement shall begin on the date all required signatures are obtained and shall terminate on completion of the work or three calendar years following the date of final execution of this agreement by both parties.

5. This agreement may be terminated by mutual written consent of both parties. Such written consent shall not be unreasonably withheld.

State may terminate this agreement effective upon delivery of written notice to Agency, or at such later date as may be established by State, under any of the following conditions:

a. If Agency fails to provide services called for by this agreement within the time specified herein or any extension thereof.

b. If Agency fails to perform any of the other provisions of this agreement, or so fails to pursue the work as to endanger performance of this agreement in accordance with its terms, and after receipt of written notice from State fails to correct such failures within 10 days or such longer period as State may authorize.

c. If Agency fails to provide payment of its share of the cost of the project.

d. If State fails to receive funding, appropriations, limitations or other expenditure authority at levels sufficient to pay for the work provided in the agreement.

e. If Federal or state laws, regulations or guidelines are modified or interpreted in such a way that either the work under this agreement is prohibited or State is prohibited from paying for such work from the planned funding source.

Any termination of this agreement shall not prejudice any rights or obligations accrued to the parties prior to termination.

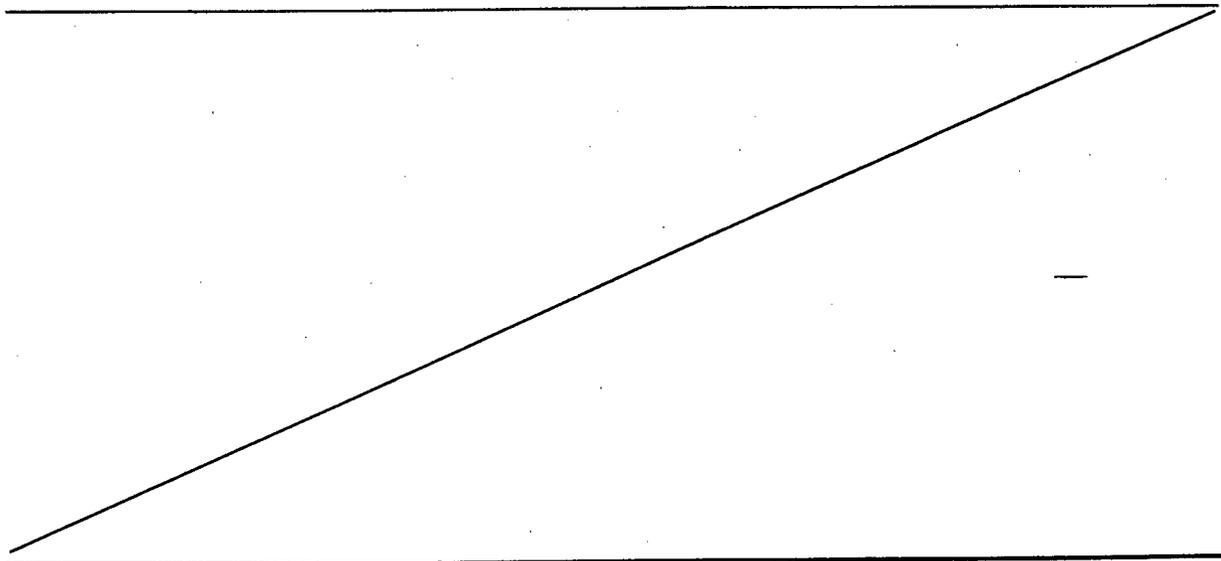
6. The Special and Standard Provisions attached hereto, marked Attachments 1 and 2, respectively, are by this reference made a part hereof. The Standard Provisions apply to all federal-aid projects and may be modified only by the Special Provisions. The parties hereto mutually agree to the terms and conditions set forth in Attachments 1 and 2. In the event of a conflict, this agreement shall control over the attachments, and Attachment 1 shall control over Attachment 2.

M C & A No. 18,641  
MULTNOMAH COUNTY

7. Agency, as a recipient of grant funds, pursuant to this agreement with the State, shall assume sole liability for Agency's breach of the conditions of the grant, and shall, upon Agency's breach of grant conditions that requires the State to return funds to FHWA, the grantor, hold harmless and indemnify the State for an amount equal to the funds received under this agreement; or if legal limitations apply to the indemnification ability of Agency, the indemnification amount shall be the maximum amount of funds available for expenditure, including any available contingency funds or other available non-appropriated funds, up to the amount received under this agreement.

8. Agency shall enter into and execute this agreement during a duly authorized session of its Board of County Commissioners.

9. This agreement and attached exhibits constitute the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement. No waiver, consent, modification or change of terms of this agreement shall bind either party unless in writing and signed by both parties and all necessary approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of State to enforce any provision of this agreement shall not constitute a waiver by State of that or any other provision.



IN WITNESS WHEREOF, the parties hereto have set their hands and affixed their seals as of the day and year hereinafter written.

MC & A No. 18,641  
MULTNOMAH COUNTY

The Oregon Transportation Commission on October 13, 1999, approved this project as a part of the 2000-2003 Statewide Transportation Improvement Program, Page 18, Key No. 11421.

The Oregon Transportation Commission on March 18, 1999, approved Subdelegation Order No. 2 in which the Director grants authority to the Executive Deputy Director/Chief Engineer to approve and execute agreements over \$75,000 when the work is related to a project included in the Statewide Transportation Improvement Program.

APPROVAL RECOMMENDED

By *Kayla Sichel*  
Region 1 Manager

STATE OF OREGON, by and through  
its Department of Transportation

By \_\_\_\_\_  
Executive Deputy Director/Chief Engr.

APPROVED AS TO  
LEGAL SUFFICIENCY

By \_\_\_\_\_  
Assistant Attorney General

Date \_\_\_\_\_

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

By *Bill Farver*  
Bill Farver, Interim County Chair

APPROVED AS TO  
LEGAL SUFFICIENCY

By *Matthew O. Ryan*  
County Attorney

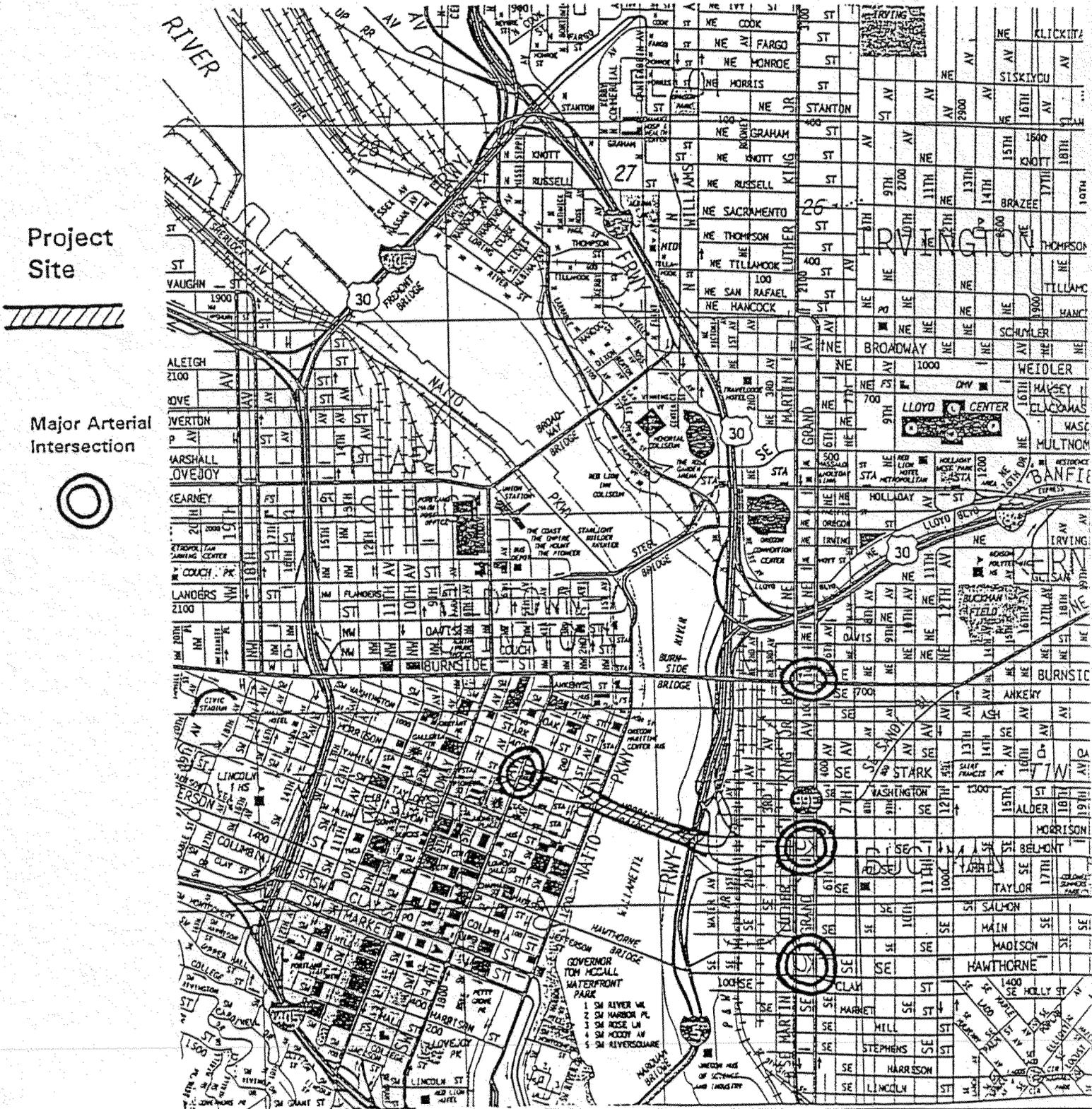
Date *3/28/01*

APPROVED MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-10 DATE 04/12/01  
DEB BOGSTAD, BOARD CLERK

# VICINITY MAP

Project: Morrison Bridge Bicycle/Pedestrian Facility

## EXHIBIT "A"



## ATTACHMENT NO. 1

### SPECIAL PROVISIONS

1. Agency or its consultant shall, as a federal-aid participating preliminary engineering function, conduct the necessary field surveys, environmental studies, traffic investigations, foundation explorations, and hydraulic studies, identify and obtain all required permits, acquire all right of way or easements, if any, and perform all preliminary engineering and design work required to produce final plans, preliminary/final specifications and cost estimates.
2. Agency shall design the project to meet the American Association of State Highway and Transportation Officials Standards and Specifications for Highway Bridges, as modified by State's Bridge Section Office Practice Manual.
3. State may make available Region 1's On-Call PE, Design and Construction Engineering Services consultant for Local Agency Projects upon written request. If Agency chooses to use said services they agree to manage the work done by the consultant and make funds available to the State for payment of those services. All eligible work shall be a federally participating cost and included as part of the total cost of the project.
4. In the event that Agency elects to engage the services of a personal services consultant to perform any work covered under this agreement, Agency and Consultant shall enter into a Personal Services Contract approved by ODOT's Purchasing and Contracts Unit Manager or designee (Salem). Said contract must be reviewed and approved by the Purchasing and Contracts Unit Manager or designee prior to beginning any work. This review includes, but is not limited to the Request for Proposal, Statement of Work, advertisement and all contract documents. This review and approval is required to ensure federal reimbursement
5. Subject to the limitations and conditions of, and to the extent permitted by, the Oregon Constitution and the Oregon Tort Claims Act (ORS 30.260 et seq.), the Agency and State each shall be solely responsible for any loss or injury caused to third parties arising from Agency's or State's own acts or omissions under the agreement; and Agency or State shall defend, hold harmless, and indemnify the other party to this agreement with respect to any claim, litigation, or liability arising from Agency's or State's own acts or omissions under this agreement.

## **ATTACHMENT NO. 2**

### **STANDARD PROVISIONS**

#### **JOINT OBLIGATIONS**

##### **PROJECT ADMINISTRATION**

1. State (ODOT) is acting to fulfill its responsibility to the Federal Highway Administration (FHWA) by the administration of this project, and Agency (i.e., county, city, unit of local government, or other state agency) hereby agrees that State shall have full authority to carry out this administration. If requested by Agency or if deemed necessary by State in order to meet its obligations to FHWA, State will further act for the Agency in other matters pertaining to the project. State and Agency shall actively cooperate in fulfilling the requirements of the Oregon Action Plan. Agency shall, if necessary, appoint and direct the activities of a Citizen's Advisory Committee and/or Technical Advisory Committee, conduct a hearing and recommend the preferred alternative. State and Agency shall each assign a liaison person to coordinate activities and assure that the interests of both parties are considered during all phases of the project.
2. Any project that uses federal funds in project development is subject to plans, specifications and estimates (PS&E) review and approval by FHWA or State acting for FHWA prior to advertisement for bid proposals, regardless of the source of funding for construction.

##### **PRELIMINARY & CONSTRUCTION ENGINEERING**

3. State, Agency, or others may perform preliminary and construction engineering. If Agency or others perform the engineering, State will monitor the work for conformance with FHWA rules and regulations. In the event that Agency elects to engage the services of a personal service consultant to perform any work covered by this agreement, Agency and Consultant shall enter into a State reviewed and approved personal service contract process and resulting contract document. State must concur in the contract prior to beginning any work. State's personal service contracting process and resulting contract document will follow Title 23 Code of Federal Regulations (CFR) 172, Title 49 CFR 18, ORS 279.051, the current State Administrative Rules and ODOT Personal Services Contracting Procedures as approved by the Federal Highway Administration (FHWA). Such personal service contract(s) shall contain a description of the work to be performed, a project schedule, and the method of payment. Subcontracts shall contain all required provisions of Agency as outlined in the agreement. No reimbursement shall be made using federal-aid funds for any costs incurred by Agency or its consultant prior to receiving authorization from State to proceed. Any amendments to such contract(s) also require State's approval.
4. On all construction projects where State is the signatory party to the contract, and where Agency is doing the construction engineering and project management, Agency, subject to any limitations imposed by State law and the Oregon Constitution, agrees to accept all responsibility, defend

lawsuits, indemnify and hold State harmless, for all tort claims, contract claims, or any other lawsuit arising out of the contractor's work or Agency's supervision of the project.

## REQUIRED STATEMENT FOR USDOT FINANCIAL ASSISTANCE AGREEMENT

5. If as a condition of assistance the Agency has submitted and the US Department of Transportation has approved a Disadvantaged Business Enterprise Affirmative Action Program which the Agency agrees to carry out, this affirmative action program is incorporated into the financial assistance agreement by reference. That program shall be treated as a legal obligation and failure to carry out its terms shall be treated as a violation of the financial assistance agreement. Upon notification to the Agency of its failure to carry out the approved program, the US Department of Transportation shall impose such sanctions as noted in Title 49, Code of Federal Regulations, Part 26, which sanctions may include termination of the agreement or other measures that may affect the ability of the Agency to obtain future US Department of Transportation financial assistance.
6. **DBE Obligations.** State and its contractor agrees to ensure that Disadvantaged Business Enterprises as defined in 49 CFR 26 have the opportunity to participate in the performance of contracts and subcontracts financed in whole or in part with Federal funds. In this regard, Agency shall take all necessary and reasonable steps in accordance with 49 CFR 26 to ensure that Disadvantaged Business Enterprises have the opportunity to compete for and perform contracts. Neither State nor Agency and its contractors shall discriminate on the basis of race, color, national origin or sex in the award and performance of federally-assisted contracts. The Agency shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of such contracts. Failure by the Agency to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as ODOT deems appropriate.

The DBE Policy Statement and Obligations shall be included in all subcontracts entered into under this contract.

7. The Agency further agrees to comply with all applicable civil rights laws, rules and regulations, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and Titles VI and VII of the Civil Rights Act of 1964.
8. The parties hereto agree and understand that they will comply with all applicable federal, state, and local laws, regulations, executive orders and ordinances applicable to the work including, but not limited to, the provisions of ORS 279.312, 279.314, 279.316, 279.320 and 279.555, incorporated herein by reference and made a part hereof; Title 49 CFR, Parts 26 and 90, Audits of State and Local Governments; 49 CFR Parts 18 and 24; 23 CFR Part 771; Title 41, USC, Anti-Kickback Act; Title 23, USC, Federal-Aid Highway Act; 42 USC, Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970, as amended; provisions of Federal-Aid Policy Guide (FAPG), Title 23 Code of Federal Regulations (23 CFR) 1.11, 710, and 140; and the Oregon Action Plan.

## STATE OBLIGATIONS

### PROJECT FUNDING REQUEST

9. State shall submit a project funding request to the FHWA with a request for approval of federal-aid participation in all engineering, right-of-way acquisition, eligible utility relocations and/or construction work for the project. **No work shall proceed on any activity in which federal-aid participation is desired until such approval has been obtained.** The program shall include services to be provided by State, Agency, or others. State shall notify Agency in writing when authorization to proceed has been received from the FHWA. Major responsibility for the various phases of the project will be as outlined in the Special Provisions. All work and records of such work shall be in conformance with FHWA rules and regulations and the Oregon Action Plan.

### FINANCE

10. State shall, in the first instance, pay all reimbursable costs of the project, submit all claims for federal-aid participation to the FHWA in the normal manner and compile accurate cost accounting records. Agency may request a statement of costs to date at any time by submitting a written request. When the actual total cost of the project has been computed, State shall furnish Agency with an itemized statement of final costs. Agency shall pay an amount which, when added to said advance deposit and federal reimbursement payment, will equal 100 percent of the final total actual cost. Any portion of deposits made in excess of the final total costs of project, minus federal reimbursement, shall be released to Agency. The actual cost of services provided by State will be charged to the project expenditure account(s) and will be included in the total cost of the project.

### PROJECT ACTIVITIES

11. State shall, if the preliminary engineering work is performed by Agency or others, review and process or approve all environmental statements, preliminary and final plans, specifications and cost estimates. State shall, if they prepare these documents, offer Agency the opportunity to review and approve the documents prior to advertising for bids.
12. The party responsible for performing preliminary engineering for the project shall, as part of its preliminary engineering costs, obtain all project related permits necessary for the construction of said project. Said permits shall include, but are not limited to, access, utility, environmental, construction, and approach permits. All pre-construction permits will be obtained prior to advertisement for construction.
13. State shall prepare contract and bidding documents, advertise for bid proposals, and award all contracts.
14. Upon State's award of a construction contract, State shall perform independent assurance testing in accordance with State and FHWA Standards, process and pay all contractor progress estimates,

check final quantities and costs, and oversee and provide intermittent inspection services during the construction phase of the project.

15. The State shall, as a project expense, assign a liaison person to provide project monitoring as needed throughout all phases of project activities (preliminary engineering, right-of-way acquisition, and construction). The liaison shall process reimbursement for federal participation costs.

## **RIGHT-OF-WAY**

16. State is responsible for proper acquisition of the necessary right-of-way and easements for construction and maintenance of the project. Agency may perform acquisition of the necessary right-of-way and easements for construction and maintenance of the project, provided Agency (or Agency's consultant) are qualified to do such work as required by the ODOT Right of Way Manual and have obtained prior approval from ODOT Region Right of Way office to do such work.
17. Regardless of who acquires or performs any of the right-of-way activities, a right-of-way services agreement shall be created by ODOT Region Right of Way office setting forth the responsibilities and activities to be accomplished by each party. State shall always be responsible for requesting project funding, coordinating certification of the right-of-way, and providing oversight and monitoring. Funding authorization requests for federal right-of-way funds must be sent through the Region Right of Way offices on all projects. All projects must have right-of-way certification coordinated through Region Right of Way offices (even for projects where no federal funds were used for right-of-way, but federal funds were used elsewhere on the project). Agency should contact the Region Right of Way office for additional information or clarification.
18. State shall review all right-of-way activities engaged in by Agency to assure compliance with applicable laws and regulations. Agency agrees that right-of-way activities shall be in accord with the Uniform Relocation Assistance & Real Property Acquisition Policy Act of 1970, as amended, ORS 281.060 and ORS Chapter 35, FHWA Federal Aid Policy Guide, State's Right of Way Manual and the Code of Federal Regulations, Title 23, Part 710 and Title 49, Part 24.
19. If any real property purchased with federal-aid participation is no longer needed for the originally authorized purpose, the disposition of such property shall be subject to applicable rules and regulations, which are in effect at the time of disposition. Reimbursement to State and FHWA of the required proportionate shares of the fair market value may be required.
20. Agency insures that all project right-of-way monumentation will be conducted in conformance with ORS 209.150.
21. State and Agency grants each other authority to enter onto the other's right-of-way for the performance of the project.

## AGENCY OBLIGATIONS

### FINANCE

22. Federal funds shall be applied toward project costs at the current federal-aid matching ratio, unless otherwise agreed and allowable by law. Agency shall be responsible for the entire match amount, unless otherwise agreed to and specified in the intergovernmental agreement.
23. Agency's estimated share and advance deposit.
  - A. Agency shall, prior to commencement of the preliminary engineering and/or right-of-way acquisition phases, deposit with State its estimated share of each phase. Exception may be made in the case of projects where Agency has written approval from the State to use in-kind contributions rather than cash to satisfy all or part of the matching funds requirement.
  - B. Agency's construction phase deposit shall be 110 percent of Agency's share of the engineer's estimate and shall be received prior to award of the bid. Any additional balance of the deposit, based on the actual bid must be received within 45 days of receipt of written notification by the State of the final amount due, unless the contract is canceled. Any unnecessary balance of a cash deposit, based on the actual bid, will be refunded within 45 days of receipt by the State of the project sponsor's written request.
  - C. Pursuant to ORS 366.425, the advance deposit may be in the form of 1) money deposited in the State Treasury (an option where a deposit is made in the Local Government Investment Pool, and an Irrevocable Limited Power of Attorney is sent to the Highway Finance Office), or 2) an Irrevocable Letter of Credit issued by a local bank in the name of State, or 3) cash.
  - D. Agency may satisfy all or part of any matching funds requirements by use of in-kind contributions rather than cash when prior written approval has been given by State.
24. If the estimated cost exceeds the total matched federal funds available, Agency shall deposit its share of the required matching funds, plus 100 percent of all costs in excess of the total matched federal funds. Agency shall also pay 100 percent of the cost of any item in which the FHWA will not participate. If Agency has not repaid any non-participating cost, future allocations of federal funds, or allocations of State Highway Trust Funds, to that Agency may be withheld to pay the non-participating costs. If the State approves processes, procedures, or contract administration outside the *Local Agency Guidelines*, that result in items being declared non-participating, those items will not result in the withholding of Agency's future allocations of federal funds or the future allocations of State Highway Trust Funds.
25. Costs incurred by the State and Agency for services performed in connection with any phase of the project shall be charged to the project, unless otherwise mutually agreed upon.

26. If Agency makes a written request for the cancellation of a federal-aid project; Agency shall bear 100 percent of all costs as of the date of cancellation. If the State was the sole cause of the cancellation, the State shall bear 100 percent of all costs incurred. If it is determined that the cancellation was caused by third parties or circumstances beyond the control of State or Agency, Agency shall bear all development costs, whether incurred by the State or Agency, either directly or through contract services, and the State shall bear any State administrative costs incurred. After settlement of payments, State shall deliver surveys, maps, field notes, and all other data to Agency.
27. The requirements stated in the Single Audit Act must be followed by those local governments receiving \$300,000 or more in federal funds. The Single Audit Act of 1984, PL 98-502 as amended by PL 104-156, described in "Office of Management and Budget Circular A-133", requires local governments to obtain an audit that includes internal controls and compliance with federal laws and regulations of all federally-funded programs in which the local agency participates. The cost of this audit can be partially prorated to the federal program.
28. Additional deposits, if any, shall be made as needed upon request from the State. Requests for additional deposits shall be accompanied by an itemized statement of expenditures and an estimated cost to complete the project.
29. Agency shall present invoices for 100 percent of actual costs incurred by Agency on behalf of the project directly to State's Liaison Person for review and approval. Such invoices shall identify the project and agreement number, and shall itemize and explain all expenses for which reimbursement is claimed. Billings shall be presented for periods of not less than one-month duration, based on actual expenses to date. All billings received from Agency must be approved by State's Liaison Person prior to payment. Agency's actual costs eligible for federal-aid or State participation shall be those allowable under the provisions of FAPG, 23CFR 1.11, 710, and 140. Final billings shall be submitted to State for processing within three months from the end of each funding phase as follows: 1) award date of a construction contract for preliminary engineering 2) last payment for right-of-way acquisition and 3) third notification for construction. Partial billing (progress payment) shall be submitted to State within three months from date that costs are incurred. Final billings submitted after the three months may not be eligible for reimbursement.
30. The cost records and accounts pertaining to work covered by this agreement are to be kept available for inspection by representatives of State and the FHWA for a period of three (3) years following the date of final voucher to FHWA. Copies of such records and accounts shall be made available upon request. For real property and equipment, the retention period starts from the date of disposition (49 CFR 18.42).
31. State shall request reimbursement, and Agency agrees to reimburse State, for federal-aid funds distributed to Agency if any of the following events occur:
- a) That right-of-way acquisition or actual construction of the facility for which preliminary engineering is undertaken is not started by the close of the tenth fiscal year following the fiscal year in which the federal-aid funds were authorized;

b) That right-of-way acquisition is undertaken utilizing federal-aid funds and actual construction is not started by the close of the twentieth fiscal year following the fiscal year in which the federal-aid funds were authorized for right-of-way acquisition.

c) That construction proceeds after the project is determined to be ineligible for federal-aid funding (e.g., no environmental approval, lacking permits, or other reasons).

32. Agency shall maintain all project documentation in keeping with State and FHWA standards and specifications. This shall include, but is not limited to, daily work records, quantity documentation, material invoices and quality documentation, certificates of origin, process control records, test results, and inspection records to ensure that projects are completed in conformance with approved plans and specifications.

### RAILROADS

33. Agency shall follow State established policy and procedures when impacts occur on railroad property. The policy and procedures are available through the appropriate Region contact or Railroad & Utility Engineer. Only those costs allowable under 23 CFR 646B & 23 CFR 140I, shall be included in the total project costs; all other costs associated with railroad work will be at the sole expense of the Agency, or others. Agency may request State, in writing, to provide railroad coordination and negotiations. However, the State is under no obligation to agree to perform said duties.

### UTILITIES

34. Agency shall cause to be relocated or reconstructed, all privately or publicly-owned utility conduits, lines, poles, mains, pipes, and all other such facilities of every kind and nature where such relocation or reconstruction is made necessary by the plans of the project in order to conform the utilities and other facilities with the plans and the ultimate requirements of the project. Only those utility relocations, which are eligible for federal aid participation under the FAPG, 23 CFR 645A, shall be included in the total project costs; all other utility relocations shall be at the sole expense of the Agency, or others. State will arrange for utility relocations/adjustments in areas lying within jurisdiction of State, if State is performing the preliminary engineering. Agency may request State in writing to arrange for utility relocations/adjustments lying within Agency jurisdiction, acting on behalf of Agency. This request must be submitted no later than 21 weeks prior to bid let date. However, the State is under no obligation to agree to perform said duties.
35. Agency shall follow established State utility relocation policy and procedures. The policy and procedures are available through the appropriate Region Utility Specialist or ODOT Right of Way Section's Railroad and Utility Coordinator.

## STANDARDS

36. Design standards for all projects on the National Highway System (NHS) and the Oregon State Highway System shall be in compliance to standards specified in the current ODOT Highway Design Manual and related references. Construction plans shall be in conformance with standard practices of State for plans prepared by its own staff. All specifications for the project shall be in substantial compliance with the most current "Oregon Standard Specifications for Highway Construction".
37. Agency agrees that minimum design standards for non-NHS projects shall be recommended AASHTO Standards and in accordance with the current "Oregon Bicycle and Pedestrian Plan", unless otherwise requested by Agency and approved by State.
38. Agency agrees and will verify that the installation of traffic control devices shall meet the warrants prescribed in the "Manual on Uniform Traffic Control Devices and Oregon Supplements".
39. All plans and specifications shall be developed in general conformance with the current "Contract Road Plans Guide" and the current "Standard Specifications" and/or guidelines provided.
40. The standard unit of measurement for all aspects of the project will be System International (SI) Units (metric). This includes, but is not limited to, right-of-way, environmental documents, plans and specifications, and utilities.

## GRADE CHANGE LIABILITY

41. Agency, if a County, acknowledges the effect and scope of ORS 105.755 and agrees that all acts necessary to complete construction of the project which may alter or change the grade of existing county roads are being accomplished at the direct request of the County.
42. Agency, if a City, hereby accepts responsibility for all claims for damages from grade changes. Approval of plans by State shall not subject State to liability under ORS 105.760 for change of grade.
43. Agency, if a City, by execution of agreement, gives its consent as required by ORS 373.030(2) to any and all changes of grade within the City limits, and gives its consent as required by ORS 373.050(1) to any and all closure of streets intersecting the highway, if any there be in connection with or arising out of the project covered by the agreement.

## CONTRACTOR CLAIMS

44. Agency shall, to the extent permitted by State law, indemnify, hold harmless and provide legal defense for the State against all claims brought by the contractor, or others resulting from Agency's failure to comply with the terms of this agreement.

## MAINTENANCE RESPONSIBILITIES

45. Agency shall, upon completion of construction, thereafter maintain and operate the project at its own cost and expense, and in a manner satisfactory to State and the FHWA.

## WORKERS' COMPENSATION COVERAGE

46. Agency, its subcontractors, if any, and all employers working under this agreement are subject employers under the Oregon Workers' Compensation Law and shall comply with ORS 656.017, which requires them to provide workers' compensation coverage for all their subject workers.

## LOBBYING RESTRICTIONS

47. Agency certifies by signing the agreement that:
- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
  - B. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
  - C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, and contracts and subcontracts under grants, subgrants, loans, and cooperative agreements) which exceed \$100,000, and that all such subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, US Code.

Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Paragraphs 34, 35, and 45 are not applicable to any local agency on state highway projects.

#1

# SPEAKER SIGN UP CARDS

DATE 4-12-2001

NAME ALVARO GONGORA

ADDRESS 451 NW FIRST STREET

GRESHAM, OR 97030

PHONE 503-492-2140

SPEAKING ON AGENDA ITEM NUMBER OR  
TOPIC ENERGY CRISIS

GIVE TO BOARD CLERK

#2

## SPEAKER SIGN UP CARDS

DATE 4-12-2001

2)

NAME CECILIA ESPARZA

ADDRESS 451 NW FIRST STREET

GRESHAM, OR 97030

PHONE 503-772-3645

SPEAKING ON AGENDA ITEM NUMBER OR  
TOPIC SOCIAL SERVICES

GIVE TO BOARD CLERK

#3

# SPEAKER SIGN UP CARDS

DATE 4-12-2001 3)

NAME CAROLINA SANTOYO

ADDRESS 451 NW FIRST STREET

GRESHAM, OR 97030

PHONE 503-491-9757

SPEAKING ON AGENDA ITEM NUMBER OR  
TOPIC ROCKWOOD APARTMENTS

GIVE TO BOARD CLERK

#4

# SPEAKER SIGN UP CARDS

DATE 4-12-2001 4)

NAME ADRIAN RESENDIS

ADDRESS 451 NW FIRST STREET

GRESHAM, OR 97030

PHONE 503-669-8350

SPEAKING ON AGENDA ITEM NUMBER OR  
TOPIC REYNOLD SCHOOL DISTRICT

GIVE TO BOARD CLERK

A CHIEVEMENTS

#5

# SPEAKER SIGN UP CARDS

DATE 4-12-2001

5)

NAME

CYNDY PALMA

ADDRESS

451 NW FIRST STREET

GRESHAM, OR 97030

PHONE

503-408-8176

SPEAKING ON AGENDA ITEM NUMBER OR  
TOPIC REYNOLDS Student

GIVE TO BOARD CLERK

#6

# SPEAKER SIGN UP CARDS

DATE 4-12-2001 6)

NAME

Jose Contreras

ADDRESS

751 NW First Street

Gresham, OR 97233

PHONE

503-666-3462

SPEAKING ON AGENDA ITEM NUMBER OR  
TOPIC Commitments

GIVE TO BOARD CLERK



## Bill Farver, Multnomah County Chair

Suite 600, Multnomah Building  
501 S.E. Hawthorne Blvd.  
Portland, Oregon 97214

Phone: (503) 988-3308  
FAX: (503) 988-3093  
Email: [mult.chair@co.multnomah.or.us](mailto:mult.chair@co.multnomah.or.us)

March 29, 2001

Francisco Lopez  
Director  
El Programa Hispano  
451 NW First Street  
Gresham, OR 97030

Via Fax 503-666-7487

Dear Mr. Lopez:

I wanted to confirm the conversation we had yesterday regarding your interest in convening a community budget forum and your desire to have parents from the East Multnomah County Alliance of Latino Parents for Better Schools testify at the April 12<sup>th</sup> meeting of the Board of County Commissioners.

As we discussed, you can contact MariaLisa Johnson in the Chair's office to discuss how you can go about organizing a community budget forum to which all of the Commissioners are invited. MariaLisa is out of town until April 9<sup>th</sup>, but I urge you to contact her when she returns.

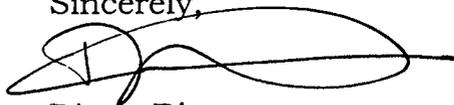
You also said you would be attending the April 12<sup>th</sup> meeting of the Board of County Commissioners and that five parents would testify during the time for testimony on non-agenda items. As we discussed, each person's testimony is limited to three minutes. Also, we will arrange to have an interpreter available for that testimony.

Finally, you mentioned that your group is interested in attending budget hearings. We are holding public hearings in May and June, and the Board encourages community participation. (See the enclosed schedule for dates and times.) Some hearings are set aside for County departments to present their budgets and respond to questions from the Board. There usually is not time for public testimony at those hearings, but they do provide an opportunity to learn

about the issues. Evening hearings are set aside for public testimony, and the community is welcome.

I hope this information is helpful. Please don't hesitate to contact me if you have additional questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Diana Bianco', written over a horizontal line.

Diana Bianco  
Policy and Communications Advisor

enc.

cc: Chair Bill Farver  
Commissioner Pauline Anderson  
Commissioner Serena Cruz  
Commissioner Lisa Naito  
Commissioner Lonnie Roberts  
Deborah Bogstad, Board Clerk ✓  
MariaLisa Johnson, County Chair's Office

Issues that will be presented to the Multnomah County Commissioners on April 12 at the weekly County Commissioners Board Meeting by the East Multnomah County Alliance of Latino Parents for Better Schools:

1. The creation of a Residents' Commission for Multnomah County to evaluate the impact of the energy crisis on the residents of the county and propose recommendations to the commissioners and community regarding how to face this crisis.
2. The implementation of a more efficient housing inspection program, specially for apartment complexes in the Rockwood area and have a closer collaboration between the cities within the county to have a more efficient code that improves the physical condition of the apartment complexes.
3. The continuation of financial support for social service programs offered by Catholic Charities' El Programa Hispano in East Multnomah County. We will request that our County Commissioners continue their financial support for the mental health program, the school retention program at Reynolds High School, and the leadership development program in the apartment complexes of the Rockwood area in collaboration with the Department of Community Justice of Multnomah County.

**I STRONGLY URGE YOU TO  
RETAIN FULL FUNDING FOR THE  
REYNOLDS HIGH SCHOOL  
RETENTION PROGRAM.**

*East Multnomah County Alliance of  
Latino Parents for Better Schools*



TO: BOARD OF COUNTY COMMISSIONERS

FROM: MICHAEL D. SCHRUNK

DATE: APRIL 3, 2001

---

REQUESTED PLACEMENT DATE: APRIL 12, 2001

RE: Approval of MDT plan for 2001-2002 C.A.M.I. funding.

I. Recommendations/Action Requested:

Request for approval of receipt of C.A.M.I. funds to support Multnomah County's multidisciplinary child abuse intervention team.

II. Background/Analysis:

Oregon's 1993 Legislature passed HB 5601 which established the Child Abuse Multidisciplinary Intervention (C.A.M.I.) Account. The C.A.M.I. account provides funds to counties for the development and on-going support of assessment and advocacy centers, as described in ORS 418.790 through 418.792, as well as for the development and maintenance of multidisciplinary investigative child abuse teams (ORS 418.646 through 418.747). The funds are provided through an increase in the unitary assessment fees assessed on persons convicted of a crime, violation, or infraction (excluding parking violations) by justice, municipal, district, circuit, and juvenile courts.

Each MDT must submit a yearly application and plan for C.A.M.I. funds.

III. Financial Impact:

It is projected that Multnomah County will receive \$773,481.75 for the year 2001- 2002. No matching funds are required.

IV. Legal Issues:

The MDT consists of several police departments, organizations, and agencies.

V. Controversial Issues:

None.

VI. Link to Current County Policies:

Allows Multnomah County to continue implementation of its policy of early and timely child abuse intervention.

VII. Other Government Participation:

This is a multi-agency organization including:

Portland Police Bureau  
Multnomah County Sheriff's Office  
Gresham Police Department  
Fairview Police Department  
Troutdale Police Department  
Oregon State Police  
State Offices for Services to Children & Families  
Department of School Health Services  
Multnomah County Health Department  
Community & Family Services  
Legacy Emanuel Hospital/CARES Northwest  
Adult & Juvenile Community Justice  
Portland Public School Police  
State Health Department/Child Care Division  
Multnomah County District Attorney's Office



**MICHAEL D. SCHRUNK**, District Attorney for Multnomah County

1021 SW 4th, RM 600 • Portland, Oregon 97204 • (503) 988-5715 • FAX (503) 988-6198

## MEMORANDUM

**TO** : **DEB BOGSTAD**

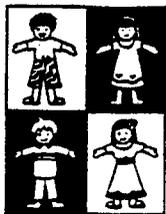
**FROM** : **Meredith Morrison**

**DATE** : **April 3, 2001**

**RE** : **Agenda Placement for April 12**

---

Here is the CAMI plan for the next fiscal year. Please call me if you have questions--x85715. Thanks.



# CARES NORTHWEST

*Kaiser Permanente  
Legacy Emanuel Children's Hospital  
OHSU - Doernbecher Children's Hospital*

February 19, 2001

Meredith Morrison  
Multnomah County District Attorney's Office  
1021 SW 4<sup>th</sup>, Room 600  
Portland, Oregon 97204

Dear Ms. Morrison,

Please find enclosed the 2001 CARES NW CAMI application. We have included all three counties, Washington, Multnomah and Clackamas, as we have done in the past. CARES NW has been providing services as a Regional program since the 1987 opening of the Program.

The worksheets have been completed as requested in the CAMI application. We have included budget information on a separate CARES NW budget sheet, as well as explanations for line item increases. CARES NW volume statistics have been included in several different tables and graphs. Also attached is the Clackamas County Child Advocacy Center plan, as the new satellite proposed for Clackamas is a significant change in the Tri-County service delivery system. It was believed all three county MDT's should be aware of the proposal and how CARES NW intends to respond to the need for the clinic, as expressed by Clackamas County.

CARES NW wishes to express our continuing gratitude to the three county MDTs for your belief in the worth of the services provided through our program. Our participation in a truly multidisciplinary approach, with each of your agencies, is what clearly is making a difference for the children and families we serve. Please feel free to contact Kevin Dowling or myself at 503-331-2400.

Sincerely,

Emmy Sloan  
Program Manager

CARES Northwest  
Emanuel Medical Building  
2800 N Vancouver Avenue, Suite 201  
Portland, Oregon 97227  
(503) 331 2400

## PLAN OVERVIEW

### CHILD ABUSE MULTIDISCIPLINARY INTERVENTION

CAMI APPLICATION: July 1, 2001 - June 30, 2002

County Name: Multnomah, Clackamas and Washington Counties

#### CAMI Plan Overview

In developing the plan overview please refer to the attached *Optimal Child Abuse Intervention Plan*. Consider the child abuse response process in your county from the perspective of a child and family. Explain the current needs your team has identified in its response to child abuse allegations. Describe how CAMI funds will be used to develop a plan that responds to those needs. Compare and contrast the elements of your team's plan (including investigation, assessment, protection and crisis intervention) with those listed in the *Optimal Plan* elements. Provide long and short term goals for the plan and explain how those goals match or differ from those outlined in the *Optimal Plan*. If the focus of your CAMI funded plan differs from those in the optimal plan, indicate whether *Optimal Plan* elements are already provided by other sources or why they cannot be provided in your county

CARES NW is a significant element of the optimal child abuse intervention plan for the three primary counties we serve. A major long term goal of the MDT's CAMI funding in each county has been to support the CARES NW program as a regional effort. The program has utilized CAMI as its largest source of funding support since CAMI's inception in 1993. CARES NW works collaboratively on a daily basis to ensure the services provided contribute to the highest quality child abuse intervention in our region.

From the point of referral, every effort is made to coordinate our services with our community partners, State Office of Services to Children and Families (SCF) and the various law enforcement agencies (LEA) we serve. Whether the initial call comes from a parent or another professional in the community, our intake staff ensures there is an immediate connection with SCF or the LEA. We encourage families to report abuse allegations to those agencies themselves but we also make a call to verify the reporting has occurred. This call also allows the CARES NW program staff to begin the process of working as a team with the agency personnel to design the best and most appropriate intervention. It is clear, after almost fourteen years of service, that families benefit the most from a multidisciplinary response.

The details of the referral are reviewed with LEA and SCF and a determination is made regarding what type of evaluation is indicated and where it should occur. If the child is to be seen at CARES NW, then every effort is made to schedule the appointment at a time that works for the child and his caretaker, as well as for the agency personnel planning to attend the assessment. Background information is requested from LEA and SCF to allow our staff to provide the most comprehensive evaluation. The intake staff gives a detailed explanation to the caretaker/parent about the CARES NW evaluation process, as well as the role of the LEA/SCF

staff participants.

If it is determined that the child may be better served elsewhere, every effort is made to help the family and the referral source connect with follow up assistance. The Multnomah County Family Support Program housed at CARES NW is invaluable in making the connection with other needed community services, as well as providing immediate supportive crisis intervention services. The goal of CARES NW and Family Support is for every family to receive assistance with their concern, whether we actually see the child on site or not. CARES NW accepts referrals from the District Attorney's office, as well as from members of the private bar. As CARES NW usually sees children before their case is involved in a judicial proceeding, there is usually little contact with the District Attorney's office at the referral level.

At the time of the assessment, prior to meeting with the child and family the assigned law enforcement staff and the SCF worker meet with the examiner and interviewer, to go over the background information and to plan the most effective approach to the child's evaluation. The LEA and SCF staff then sit behind the one way window to observe the history gathering and listen to the exam through an audio hook up, as well as observe the interview. If a forensic videotaped interview is conducted, LEA/SCF are consulted toward the end of the interview to inquire if there are other appropriate questions or concerns to be addressed. A meeting with the parent/caretaker, the CARES NW clinical team and the LEA/SCF staff occurs after the exam/interview to debrief and develop follow-up planning. This is the opportunity for the family to ask questions and to often receive the very necessary reassurance and support one would expect at the end of a child abuse assessment process. For some CARES NW evaluations neither the LEA or SCF staff is able to be present. Clearly, this is not the preference of the CARES NW staff, as we rely heavily on the multi-disciplinary team model to provide the best outcome from the evaluation.

All CARES NW clinical staff follow a rigorous schedule of initial training in this very specialized field. No examiner or interviewer is allowed to evaluate a child until their supervisor believes they are prepared to offer high quality service. There is close ongoing supervision of both the examiners and interviewers with individual, group and peer supervision provided. Interviewers and examiners are offered at least one major specialty training opportunity each year, with the San Diego Children's Hospital conference and the CARES NW training the ones with the highest attendance. If there is other state of the art training, we attempt to have at least one staff member attend and bring the material back to the rest of the clinical team.

The CARES NW interviews are provided in one of our specially designed interview rooms. The rooms have been developed to be both effective for interviewing from an audio/visual standpoint, but also to have a quiet, safe feel for the children. The waiting rooms are child and family friendly, with many play activities available. Recently through a VOCA grant, the program has been able to significantly increase the number of toys and activities, as well as enlarge the volunteer pool to assist children and families while they are waiting.

The interviews are provided by highly trained staff and the services are very individualized to the

particular child. From the moment of referral, the child and family's needs are the focus. Intake staff evaluates the child's age, sex and developmental level and special needs when determining the best team to see the child. CARES NW has staff who are fluent in Spanish and can conduct the exam and interview in Spanish. CARES NW has been cited for being one of the first centers to provide the entire evaluation in Spanish with Spanish speaking clinicians (examiners and interviewers). One such case led to a successful outcome in a judicial proceeding. CARES NW also has clinical staff with a nationally recognized specialty in working with children who may have been victims of child abuse with developmental disabilities. Accommodations are made to address the complexities presented by these situations. The facility is also handicapped accessible. CARES NW has both female and male examiners and interviewers. This can be important when a child expresses discomfort with an evaluation based upon the gender of the clinicians.

All children coming to CARES NW are approached from a medical perspective. It is the program's belief that all children alleged to be victims of child abuse benefit from a medical check up. Therefore, either CARES NW provides a complete medical examination to children or we ensure they have been provided one by another qualified provider. The decision about where the medical evaluation takes place is often done by our intake staff, in cooperation with the SCF/LEA staff involved in the case. While CARES NW is recognized as the expert in child abuse evaluation, we appreciate there are other examiners in the community that can also provide a quality medical intervention. Having these examiners provide the examination may be appropriate in cases with a lower level of concern about current abuse.

CARES NW currently has all of the equipment necessary to provide state of the art medical examinations and videotaped interviews of children alleged to be victims of abuse. We presently have four colposcopes, all of which have 35 mm cameras and two colposcopes which additionally have video capability. The videocolposcopes are for medical residents and examiners in training to observe the exam from a separate room. They also allow us to freeze frame an image and immediately print out photos for our community partners in specific physical and sexual abuse cases where immediate photo documentation is necessary.

The program has the latest telemedicine capability and is utilizing it through our grant as a Regional Training and Consultation Center. Recently we have upgraded the equipment to allow us to provide telemedicine conferences with international medical examiners. The past year at CARES NW has seen us leap into the new technological age, with all staff now having access to e-mail. We have purchased a number of new PCs to allow this to happen. Our Research department has also added specialized software to ensure accurate and effective tracking of program data to share for CAMI and other reporting purposes. After many years of effort, the Research staff are very close to being able to share outcome data related to judicial and investigative events and how those are impacted by a center based evaluation.

As mentioned earlier, CARES NW is very fortunate to have the Multnomah County Family Support Program on site at our program. Family Support serves the children seen here without regard to the county of origin. The staff is available to assist children and families from the point

of intake through the evaluation and for several months after the appointment time. They offer a variety of services, dependent upon the specific needs of the family. Some families only need referral information and if so, this may be provided by intake staff or referred on to Family Support. Other families are in a state of crisis, even before coming to the appointment and Family Support will offer the needed services prior to the evaluation. The Family Support staff is present and a part of the team in working with the children and families at the time of the evaluation. If the family has an active SCF worker, that individual will often provide intervention services instead of or cooperatively with, the Family Support staff. Following the evaluation, Family Support's role is to assist the family with whatever follow-up needs have been identified. This may be ongoing counseling, follow-up medical care or referrals for emergency services, such as housing or food. CARES NW is now able to utilize VOCA funding to provide a number of emergency support items. Family Support also offers non-offending parent support groups. There is no charge for any of these services and if a family does not have funding for needed follow up counseling, Family Support will actually provide these services.

Great strides have been made in ensuring all Crime Victim's Assistance funds are provided to the families needing it. As a result of a strong staff initiative, 95% of all children seen at CARES NW have their Crime Victim's application completed. These applications are forwarded to the Department of Justice in Salem and provide coverage for out of pocket expenses for the family, both for the medical and for needed mental health services. The CARES NW Program works closely with many different resource agencies in the community, including those providing domestic violence services. Kevin Dowling, the CARES NW program manager, is currently serving on the advisory board of the local community safety net program which is quite helpful in maximizing the program's connection to safety net and related services.

CARES NW assists the mandated protection agencies, LEA/SCF in developing a safety plan for children seen at the program. Our staff is clear they are not the case managers, but rather they provide medically based recommendations to those who are responsible for continued safety planning. Our staff makes themselves as available as possible for needed court appearances both in juvenile, civil and criminal proceedings. CARES NW is frequently consulted by the district attorneys for medical information and education on specific case issues regarding child abuse. In several counties, the same DA may try cases in both criminal and juvenile court which makes it easier for all concerned to coordinate planning.

During 2000 CARES NW received 2,636 referrals for evaluation. Our program does not have the total number of child abuse allegations in the three counties for that time period, but it is our belief that the majority of children needing the CARES NW evaluation are being referred. It appears there is a good understanding of what services are provided to children and therefore, few cases are referred inappropriately by agency personnel. It is clear however, that due to staff turn over and other issues, there must be ongoing education of agency staff regarding the importance of a medical evaluation for alleged victims of abuse. There have been concerns expressed that the distance from CARES NW to rural communities may present a barrier for some families. The concept of a satellite clinic of CARES NW grew out of this concern. Parents and others may call thinking CARES NW is the appropriate place to assist them with a child

abuse concern. After discussion, the situation may have not reached the level that a child abuse intervention center visit would be the best response. These children and families are referred to appropriate resources. Our goal is to keep an intervention at the lowest level possible and still best serve the child.

Out of the 2,636 referrals CARES NW scheduled 1,442 appointments\*, or 55%. Through our years of operation, between 52 and 60% of children referred are seen at CARES NW. Certainly there will always need to be some prioritization of which children should be seen, but we believe we are still serving the entire 2,636 callers, through information and referral services, as well as scheduling the children that can most benefit from the complete evaluation.

As mentioned earlier, our Research Department is currently analyzing data gathered in previous years that will provide information related to documenting outcomes. This includes judicial outcomes of children seen at CARES NW. This data can then be compared to outcomes for children not evaluated in a medically based center setting. At least some of this data should be available by the time of this year's annual report.

---

\* 1,442 equals number total number of appointments seen at CARES NW, including ward/case consults (6) and custody related cases (7). If ward/case consults and custody related cases are excluded, total number of children seen equals 1,429.

**Worksheet A**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

(Services continued from last year, one worksheet per line item on budget page)

County Name: Multnomah, Clackamas and Washington Counties

1. Identify or describe the service or activity being funded by CAMI.

CAMI funding is utilized to support child abuse medical evaluations and videotaped interviews at CARES NW. It is also used to support a number of administrative functions that make the above activities possible.

2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the *Optimal Plan*?

CARES NW services are a primary focus of the long term goals of all three County MDT's, with the goal of minimizing trauma to children, while utilizing state of the art medical evaluation to document evidence and treat children who may have been victims of abuse. Services are provided in a coordinated, multidisciplinary manner aimed at ease of access for families and as little duplication of interventions as possible.

3. What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal?

The results of services during 2000 were a total of 1429\* children served in the year. Based on SCF agency, 290 (20.29%) were from Clackamas County, 691 (48.36%) were from Multnomah County, and 333 (23.30%) were from Washington County. Regarding volume growth within counties from year to year, Washington County represents an increase of 18% from 1999 (274 to 333), and 21% since 1998 (264 to 333). Clackamas County represents an increase of 14% from 1999 (250 to 290), and 18% since 1998 (237 to 290). Multnomah County increased 13% in the last year (600 to 691), but given the decline from 1998 to 1999, ended up increasing 2% since 1998 (678 to 691).

Approximately 2% of the total were from Columbia County. Columbia has placed a Pediatric Nurse Practitioner (PNP) at CARES NW one day a week, at their expense, to offset the cost of their children being seen here. It is their hope to eventually start a center in Columbia County, but at this point having the PNP at CARES NW is a win/win situation. Approximately 2% of the total are also seen from Clark County. These are children with Kaiser coverage and therefore we are required,

---

\* 1,429 equals total number of children scheduled for appointments (1,442) minus ward/case consults (6) and custody related cases (7).

within our agreement with Kaiser, to see them. Kaiser reimburses on a per patient basis for these children. There were a small number of children seen from other counties, based upon extenuating circumstances that made it appropriate for the child's best interest to see them here. There are also children that would have been in the CARES NW jurisdiction that were seen at other centers for similar reasons. We believe this is a fair and reasonable approach.

The quality of the child abuse intervention services at CARES NW has remained high. The program continues to collaborate closely with our three primary County MDT's. The Multnomah County Family Support Program continues to provide mental health programs to all three counties with 231 Washington County children seen, 406 Multnomah County Children and 161 Clackamas County children served. This program is provided at a cost of approximately \$450,000 by Multnomah County Behavioral Health Division. There have been no significant barriers this year to CARES NW providing the best evaluation services possible to the children seen here. CARES NW staffing and other expenses have increased, as will be seen on the attached budget. All the staffing increases were approved by the CARES NW Governing Board to best meet the expectations of our community partners and the children and families we serve. The 7% volume increase over the last year is reflected in increased supply costs. A detailed explanation has been attached outlining the significant line item expense increases. The program does not project needing to add additional staff during the coming year, unless there is a drastic volume increase.

Due to the volume increases this year, the CARES NW deficit has increased to \$301,815, or approximately \$200,00 more than last year. This would be the figure if CARES NW were to ask for no more additional CAMI funding than was given in 1999. There continues to be a small carryover that the Governing Board set as a goal to maintain at 25% of the total budget. Due to the additional expenses, this will not be possible in the coming year. It will be necessary to allocate a portion of this carryover to offset some of the deficit listed above. As of January 31, 2001 this carryover is \$152,619. This is approximately \$100,000 less than at the beginning of this fiscal year due to increased expenses in 2000. This carryover is expected to increase, as a result of two one time payments (estimated at \$140,000 each) from the Criminal Injury and Compensation funds to cover the costs of medical examinations completed at CARES NW. This, unfortunately, will not be an ongoing source of funding but will assist in supporting the deficit in the coming year.

As a result of the increased volumes and expenses, it will be necessary to increase the CARES NW CAMI requests. While this additional funding request is not tied proportionally to actual volumes as it has been in the past, paragraph one in this section describes significant volume increases from all three counties. The program is requesting \$50,000 in additional funding from each of the three counties. This will leave a projected deficit of \$151,806. It is hoped, through aggressive cost management, this might be reduced farther. It should be noted that the \$50,000 being requested from Clackamas County will be a portion of the funds allocated for the start up of the Clackamas Satellite clinic. Please see a description and budget for this project on worksheet B, as this is a newly proposed service. As the center is unlikely to open for at least four months, and CARES NW will continue to see the Clackamas Children at our central facility, approximately one third of the year's allocation to the satellite will be used to support services at the home base. This should still allow full implementation of the satellite within the 2001 fiscal year. This also seems the fairest approach to absorbing the increased cost of child abuse evaluation services across the three

CARES NW staff is very aware that the current changes to the CAMI funding structure may result in a lower amount of funding available in future years. CARES NW, as well as the MDT's, will be utilizing this year to evaluate the future funding sources for our center to ensure long term stability. Certainly, our private fund raising efforts will need to be increased, if CAMI funding is cut. It is our hope, however, that the first priority of CAMI funding will be the support of CARES NW, as this was the legislative intent of the original initiative. It is very unfortunate that the CAMI funding may not be able to keep up with the growth of the child abuse reporting, in order to best serve children and families in the variety of ways that all of the MDT's currently are able to provide.

4. What specific outcomes will you measure to demonstrate that this service is benefitting children and families?

CARES NW utilizes a variety of mechanisms to demonstrate program effectiveness. It is our belief that all of these approaches ultimately benefit the children and families we serve. A main project in our quality assurance efforts focuses on appointment scheduling speed. The goal is appointments will be scheduled within 14 days of referral and the average scheduling speed during the last quarter of 2000 was 11.3 days. A second goal is report mail out will average 14 days or less. The last quarter of 200 showed 14.5 days to mail out, with 92% of urgent reports meeting the target! This is a significant improvement from last year and shows the success of both staffing increases and an improved system for processing reports.

A third area of outcome evaluation has been based upon the customer satisfaction cards in the waiting rooms. Staff has encouraged parents/caretakers and children to fill out these cards before leaving the program. Our goal was 75% satisfaction with our services. This is a high goal given that many parents may have misgivings about bringing their child for a child abuse evaluation. Some are mandated by SCF/LEA to come. However, we easily exceeded this goal. 89% of responders said CARES NW staff were sensitive and caring. 91% said that they were given all the information they needed during an evaluation. The only strongly negative comment was from a mother that was unhappy her children were removed from her home.

CARES NW will once again survey our community partners regarding their satisfaction with the program. The surveys will be both mailed and handed out at the CARES NW Clinical Response to Child Abuse Conference in May of 2000. Results will be included in the annual CAMI report. Research and clinical staff are also beginning to pilot a study to look at the stress level created by the physical exam for child abuse concerns. It has been our examiner's belief that the exam is no more stressful than any other medical check up and in many ways is actually therapeutic. The results of this pilot, if the data gathering appears to be valid, could be quite helpful to the field. It should be stressed this is just a pilot to see if a larger research project could be effective in gathering outcomes related to this topic.

5. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)

CARES NW will be the provider of the service to the Tri-county area. A new contract will be developed between each county district attorney's office and CARES NW prior to the July 1, 2001 date.

6. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)

CAMI funds \$: Clackamas \$171,671, Multnomah, \$353,379, Washington, \$301,096 (Washington County includes \$33,266 to fund a full-time Spanish speaking interpreter at CARES NW, \$30,000 in additional lease costs historically contributed for the mental health space and \$40,000 to make up for the loss of Washington County commission funds, if these are not picked up by Washington County Board of County Commissioners). The total CAMI dollars requested are \$831,146. (38% of revenue, 35% of expense) This does not include the additional operational funds for the CARES NW satellite on worksheet B.

non-CAMI funds \$: \$1,385,191 source of non-CAMI funds, Patient Revenue after write off, \$812,587; Clackamas County general funds, \$40,000; Multnomah County general funds, \$125,598; National Children's Alliance, \$10,000; Trust Management Grant, \$8000; VOCA \$23,743; Americorps, \$6000; CAPTA Panel, \$5000; OHSU \$56,300; Training revenue, \$8,583; Legacy Emanuel, \$100,000; Emanuel Foundation/ CARES NW fundraising \$180,380.

**Worksheet B**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**  
(Services new this year)

County Name Clackamas

1. Identify or describe the CAMI funded service or activity being added this year.

The CAMI funded activity is the development of a CARES NW satellite clinic in Clackamas County, to serve a projected four hundred children per year. The goal is to provide the same quality and consistent service to these children, with the same clinical model, as is being provided at the original CARES NW site.

2. Why is this being added? How does it fit with your team's overall CAMI plan and with the *Optimal Plan*?

The satellite is being added at the request of the Clackamas MDT. The MDT believes that services will be more accessible to children and families in Clackamas County if they are provided within the County borders. Having the center more visible might also improve child abuse reporting in a County with low historic reporting rates. Fundraising may be more successful, as the project will actually be sited in Clackamas County. Support for this concept came from a needs assessment completed by the Clackamas County Sheriff's Office, indicating that a number of families found it difficult to travel the distance between the more rural areas of Clackamas County and the CARES NW Program. While there has not been a significant outcry on the part of professionals, LEA/SCF staff traveling to CARES NW for evaluations, clearly having the center within Clackamas County will also save travel time.

The satellite fits with the overall plan of having the optimal services available for the children and families of Clackamas County and for CARES NW to partner with the MDT in the most collaborative manner, to make this happen.

3. What specific outcomes will you measure to demonstrate that this service is benefiting children and families?

CARES NW and the MDT partners will measure the number of children that actually come to the satellite clinic and if the child abuse reporting numbers actually increase. CARES NW staff will also be using the same benchmarks of appointment scheduling and report mail out to ensure these remain at the same goal level at the satellite. Customer satisfaction surveys will be completed at the center to measure families' perception of services received. Clinical quality

assurance activities will occur for both the exams and interviews, to ensure the goal of consistent quality of evaluations is being met. These will be carried out by the Medical Director and the Interviewer Supervisor having oversight for the clinicians at the satellite.

4. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)

A new contract will be developed between the CARES NW program and the Clackamas County District Attorney's Office for the year 2001 to cover both a portion of the ongoing costs of the parent organization and the satellite. As mentioned in worksheet A, \$50,000 of the satellite costs are being requested. This will help CARES NW offset administrative costs associated with the planning and development of the satellite last year, and in the upcoming year, as well as increased costs at the parent CARES NW, where services will continue to be provided until the satellite is up and running. (We are estimating this will be approximately four months after the start of the fiscal year.) At a recent CARES NW strategic planning session the point was made that creating a satellite is more costly than one central location but has many positives for local communities. The contract will be developed, based upon the proposal that was submitted in August of 2000 to the Clackamas County Children's Center Board. This plan has been accepted by the Clackamas County MDT for implementation. The proposal will be attached to this CAMI application.

5. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)

CAMI funds \$106,256 (with additional CAMI funds outlined on worksheet A, related to the existing CARES NW Program)

Non-CAMI funds: \$60,000 Source of non-CAMI funds: Clackamas County Commission on Children and Families to hire an Executive Director/Fundraiser for the proposed Center.

**Worksheet B**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**  
(Services new this year)

County Name Washington

1. Identify or describe the CAMI funded service or activity being added this year.

The CAMI funded activity is a full-time Spanish Speaking Interpreter.

2. Why is this being added? How does it fit with your team's overall CAMI plan and with the *Optimal Plan*?

Since 1998, the Hispanic population served by CARES NW and the Hispanic population from Washington County have both tripled. Moreover, 40% of the Hispanic population seen at CARES NW since 1998 reside in Washington County. Due to the need for interpreter services and staff with specialized skills, evaluations of Hispanic families are more expensive than standard CARES NW evaluations. Our goal is to improve service to the Latino community, to facilitate evaluations to Spanish-speaking families, and to strengthen our cultural responsiveness.

Part of our overall optimal CAMI plan is to meet the needs of our children and families, and agency partners, in a culturally competent manner. Clearly, having a Spanish Speaking Interpreter is one way to meet this expectation.

3. What specific outcomes will you measure to demonstrate that this service is benefiting children and families?

CARES NW will continue to track the number of Spanish speaking families seen at CARES NW, as well as the specific number served by this interpreter.

4. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)

This individual will be hired as a Legacy Emanuel employee as are other CARES NW staff funded by CAMI.

5. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)

CAMI funds: \$33,266 (which includes 26.10% benefit allowance).

Non-CAMI funds: None

**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Clackamas, Multnomah and Washington Counties

**Please see attached CARES NW budget.**

| <b>Expenditures<br/>Line Item</b>                | <b>CAMI<br/>funds<br/>used</b> | <b>Match<br/>funds<br/>used</b> | <b>Source of<br/>Match Funds</b> | <b>Cash &amp; or<br/>In-kind (IK)</b> | <b>Total<br/>CAMI<br/>Project</b> |
|--|--------------------------------|---------------------------------|----------------------------------|---------------------------------------|-----------------------------------|
| <b>PERSONNEL SERVICES {</b>                      |                                |                                 |                                  |                                       |                                   |
| Salary   |                                |                                 |                                  |                                       |                                   |
| Benefits   |                                |                                 |                                  |                                       |                                   |
| Contractual {                                    |                                |                                 |                                  |                                       |                                   |
| <b><u>TOTAL</u><br/>PERSONNEL SERVICES</b>       |                                |                                 |                                  |                                       |                                   |
| <b>MATERIALS &amp; SERVICES</b>                  |                                |                                 |                                  |                                       |                                   |
| Training   |                                |                                 |                                  |                                       |                                   |
| Travel   |                                |                                 |                                  |                                       |                                   |
| Equipment  |                                |                                 |                                  |                                       |                                   |
| Other {  |                                |                                 |                                  |                                       |                                   |
| <b><u>TOTAL</u><br/>MATERIALS &amp; SERVICES</b> |                                |                                 |                                  |                                       |                                   |
| <b><u>TOTAL EXPENDITURES</u></b>                 |                                |                                 |                                  |                                       |                                   |
| <b>FUNDS CARRIED OVER FROM<br/>2000-2001</b>     |                                |                                 |                                  |                                       |                                   |
| Personnel  |                                |                                 |                                  |                                       |                                   |
| Materials & Services                             |                                |                                 |                                  |                                       |                                   |
| Other {  |                                |                                 |                                  |                                       |                                   |
| <b><u>TOTAL CARRY OVER</u></b>                   |                                |                                 |                                  |                                       |                                   |

- { Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- { Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- { Include information regarding items included in "Other" on Worksheet 3.
- { Please estimate dollar value of in-kind contributions.

**CARES NORTHWEST  
TWELVE MONTH BUDGET- ENDED JUNE 30, 2002  
1,560 CASES PER YEAR (129 per month)**

| Acct #                           | 12 MNTHS ENDED                         |                  | Explanation  |
|----------------------------------|--|------------------|--|
|                                  |  | 6/30/02          |  |
| <b>REVENUES</b>                  |  |                  |  |
| 520500                           | Outpatient Rev-EHHC & OHSU             | 942,000          | Estimated 1,200 cases @ \$785  |
| 520500                           | Outpatient Rev-KAISER                  | 269,150          | Estimated 350 cases @ \$769  |
| 567004                           | Funds from Gov-STATE                   | 727,880          | CAMI Fds-Clack. Cty-177,671; Milh Cty-352,379; Wash. Cty-197,830   |
| 567004                           | Funds from Gov-STATE                   | 103,266          | 30,000, Wash. Cty.-Mental Health lease; 40,000 make up loss from Wash. Cty Comm; 33,266 for part-time Spanish Speaking Interpreter             |
| 567015                           | Grants/Funds From-Gov-County           | 218,341          | Cty funds-Clack.-40,000; Mult-125,598; NH Child All.-10,000; Trst Mgt Svs.-8,000; VOCA(Vol Cdr. Site)-23,743; Amercp-6,000; CAPTA Panel-5,000. |
| 568001                           | Funds From Industry-General            | 56,300           | OHSU funds-14,075 per qtr  |
| 569008                           | Other Operating-Program Revenue        | 8,583            | Current budgeted funds   |
| 569930                           | Instit Support-CARES Program           | 100,000          | Emanuel direct contribution  |
| 569940                           | Instit Support-Foundation              | 180,380          | Foundation-office suites, fundraising  |
|                                  | <b>TOTAL INCOME</b>                    | <b>2,605,900</b> |  |
| 740025                           | Adjustments to revenue                 | 317,360          | Comprises 33.69% average provision for EHHC and OHSU patient revenues  |
| 740025                           | Adjustments to revenue                 | 81,203           | Comprises 30.17% average provision for KAISER patient revenues   |
|                                  | <b>INCOME AFTER PROVISION ADJUST</b>   | <b>2,207,338</b> |  |
| <b>EXPENSES</b>                  |  |                  |  |
| <u>Emanuel Hospital Salaries</u> |  |                  |  |
|                                  | Administrative                         | 125,434          | 1.53   |
|                                  | MD/PNP                                 | 291,965          | 3.25   |
|                                  | Interviewers                           | 230,157          | 6.05   |
|                                  | Intake Specialist                      | 146,980          | 3.98   |
|                                  | Clerical                               | 166,285          | 5.50   |
|                                  | Medical Assistant                      | 31,831           | 1.25   |
|                                  | Interviewer Supervisor                 | 51,168           | 1.00   |
|                                  | MH Therapist                           | 0                | 5.00 Donated by Multnomah County   |
|                                  | Fundraising                            | 34,570           | 1.00   |
|                                  | Transcriptionist                       | 123,847          | 4.30   |
|                                  | Research                               | 53,625           | 1.25   |
|                                  | Volunteer Coordinator                  | 53,108           | 2.00   |
|                                  | Spanish Speaking Interpreter           | 28,374           | 1.00   |
| 611000                           | Total EHHC Salaries                    | 1,335,146        | 37.1 Total FTE's   |
| 618000                           | Flex Benefits(vac/hidy/sick/med)       | 337,479          | 26.10% of Labor  |
| <u>Kaiser Salaries</u>           |  |                  |  |
|                                  | MD/PNP                                 | 83,254           | 0.80 From Kaiser-includes 36.5% benefit allowance  |
|                                  | Interviewer                            | 47,684           | 0.88 From Kaiser-includes 36.5% benefit allowance  |
| 620000                           | Total Kaiser Professional Fees         | 130,938          | 1.68 Total contracted FTE's  |
| <u>OHSU Salaries</u>             |  |                  |  |
|                                  | MD/PNP                                 | 32,760           | 0.30 From OHSU-includes 36.5% benefit allowance  |
| 620000                           | Total OHSU Professional Fees           | 32,760           | 0.30 Total contracted FTE's  |
|                                  | <b>SALARIES, BENEFITS, PRO FEES</b>    | <b>1,836,323</b> |  |
| 620200                           | Consulting                             | 2,100            |  |
| 620300                           | Legal                                  | 14,000           |  |
| 620400                           | Accounting, Audit                      | 5,300            | Required for Multnomah Cty contract  |
| 630900                           | Other Medical Supplies                 | 600              |  |
| 632100                           | Office & Administration Supplies       | 24,000           |  |
| 632302                           | Minor Equipment-Capital                | 5,000            | Replace dated computer and other equipment   |
| 632900                           | Other Non-med Supplies                 | 1,704            |  |
| 635000                           | Repairs & Maintenance                  | 1,200            |  |
| 635400                           | Contract Maintenance                   | 2,400            |  |
| 635412                           | Contract Maintenance-Bio Med           | 2,100            |  |
| 636900                           | Other Purchased Services               | 12,000           |  |
| 638600                           | Telephone                              | 24,344           |  |
| 660000                           | Travel                                 | 20,000           |  |
| 660100                           | Training & Education                   | 7,000            |  |
| 663200                           | Catering & Food                        | 3,000            |  |
| 666500                           | Audiovisual                            | 24,000           |  |
| 664000                           | Printing & Marketing                   | 6,000            |  |
| 667700                           | Subscriptions & Journals               | 1,500            |  |
| 684900                           | Intercompany Expense                   | 170              |  |
| 684904                           | Intercompany Expense-Foundation        | 180,380          |  |
| 661200                           | Lease Costs                            | 160,103          | Includes additional 30k for Mental Hlth space; 29K additional physician office suites  |
| 667000                           | Special Events-fundraising costs       | 12,000           |  |
| 669501                           | Indirect Costs                         | 13,921           |  |
|                                  | <b>TOTAL OTHER EXPENSE</b>             | <b>522,822</b>   |  |
|                                  | <b>TOTAL LABOR &amp; OTHER EXPENSE</b> | <b>2,359,145</b> |  |
|                                  | <b>SURPLUS(DEFICIT)</b>                | <b>(151,807)</b> |  |

Budget assumption changes from 6/30/01: Volume increase to 129/mo avg; Rev adj to \$785 & \$769, based on hisorical avg.  
 Salaries = actual plus est. yearly increase; Average budgeted cost per patient \$1,522

## Budget 2001 Increases

### Account:

666500- Audio Visual - We are using approximately 20-25 more rolls of 35mm film per month. We should increase our budgeted amount per month from \$1750.00 to \$2000.00 to cover the increase in the cost of film per roll and processing charges.

636900- Other purchase services - **Iron Mountain.** Iron Mtn. is taken out of this account for our off-site storage charges. With the added amount of videotapes and charts that have been added to the storage warehouse the average monthly amount has increased to \$500.00+ per month. The amount of \$225.00 which is our budgeted monthly amount should be increased to \$1,200.00.

632100- Office and Admin Supplies - With the increase in CARES staff there is a demand for added office supplies. A significant amount of supplies are used each month and the cost for these supplies have risen over the last year. We need to increase our budgeted amount from \$1,517.00 to \$2,000.00 per month.

663200- Catering - Snack usage for children who come into CARES and Family Support Non-Offending Parents Group snacks needs to be increased from \$41.00 per month to \$250.00 per month. Will work on Foundation Funding.

634412 - Bio-Med (Premier) Need to add \$175.00 per month into our budgeted monthly amount to cover costs for services performed by Legacy's Bio-Med department.

620200- Consulting - We need to increase our monthly budgeted amount from \$136.00 to \$175.00 to cover the increase in consulting fees.

630900- Other medical supplies - Increase from \$41.00 to \$50.00 per month to cover the increase of supplies for the increase in children CARES is seeing per month.

664000-Printing & Marketing - Increase amount from \$441.00 budgeted amount to \$500.00 per month to cover the increase in printing costs. (Example-Business cards. Prior cost \$54.40 per person. Now \$219.00 per person for business cards.)

635000- Repairs and Maintenance - Increase budgeted monthly amount from \$20.00 per month to \$100.00 per month. (Example: \$105.00 to repair desktop dictating machine each time unit is sent back)

684904 - Foundation - Add \$180,380.00 (annually)

635400-Contract.Maintenance-Leave the same.

620300- Legal - Leave the same.

620400- Accounting, Audit - Leave the same.

632302- Minor.Equipment-Capital Leave the same

638600-Telephone - Leave the same  
660000-Travel- Leave the same  
660100-Training and Education - Leave the same.  
667700-Subscriptions & Journals - Leave the same.  
684900- Intercompany expense-Leave the same.  
667000-Special Events-fundraising costs - Leave the same.  
669501-Indirect costs - Leave the same

# CARES Northwest Statistical Report

## December, 2000

### Patient Totals:

|                                    | JAN        | FEB        | MAR        | APR        | MAY        | JUN        | JUL        | AUG        | SEP        | OCT        | NOV        | DEC       |
|------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Regular App'ts with Children       | 109        | 107        | 105        | 118        | 104        | 137        | 107        | 138        | 139        | 132        | 100        | 95        |
| Re-Exams                           | 3          | 1          | 4          | 5          | 6          | 7          | 2          | 1          | 1          | 3          | 3          | 2         |
| <b>Total App'ts with Children:</b> | <b>112</b> | <b>108</b> | <b>109</b> | <b>123</b> | <b>110</b> | <b>144</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>135</b> | <b>103</b> | <b>97</b> |
| Case Consults                      | 1          | 0          | 0          | 0          | 0          | 1          | 0          | 0          | 0          | 3          | 0          | 1         |
| Custody App'ts <sup>1</sup>        | 0          | 2          | 0          | 0          | 4          | 1          | 0          | 0          | 0          | 0          | 0          | 0         |
| <b>TOTAL APP'TS</b>                | <b>113</b> | <b>110</b> | <b>109</b> | <b>123</b> | <b>114</b> | <b>146</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>138</b> | <b>103</b> | <b>98</b> |

### Gender:

|                | Totals:     | %     | JAN        | FEB        | MAR        | APR        | MAY        | JUN        | JUL        | AUG        | SEP        | OCT        | NOV        | DEC       |
|----------------|-------------|-------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Female         | 980         | 68.6% | 78         | 81         | 77         | 83         | 74         | 91         | 79         | 100        | 90         | 90         | 65         | 72        |
| Male           | 449         | 31.4% | 34         | 27         | 32         | 40         | 36         | 53         | 30         | 39         | 50         | 45         | 38         | 25        |
| <b>Totals:</b> | <b>1429</b> |       | <b>112</b> | <b>108</b> | <b>109</b> | <b>123</b> | <b>110</b> | <b>144</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>135</b> | <b>103</b> | <b>97</b> |

### Cancellations/ No Shows:

|         | JAN | FEB | MAR | APR | MAY | JUN | JULY | AUG | SEP | OCT | NOV | DEC |
|---------|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|
| Totals: | 12  | 13  | 12  | 11  | 15  | 19  | 11   | 25  | 8   | 12  | 20  | 17  |

### Method of Payment:

|                    | JAN        | FEB        | MAR        | APR        | MAY        | JUN        | JUL        | AUG        | SEP        | OCT        | NOV        | DEC       |
|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Admin Medical      | 2          | 2          | 4          | 0          | 1          | 1          | 0          | 0          | 3          | 1          | 0          | 0         |
| Crime Victims Comp | 14         | 13         | 17         | 17         | 10         | 17         | 24         | 11         | 9          | 10         | 12         | 14        |
| Private Insurance  | 23         | 27         | 22         | 38         | 30         | 36         | 23         | 36         | 45         | 39         | 19         | 25        |
| Kaiser             | 23         | 29         | 15         | 17         | 17         | 17         | 26         | 28         | 30         | 28         | 22         | 27        |
| OHP                | 50         | 27         | 45         | 44         | 49         | 65         | 35         | 45         | 53         | 47         | 44         | 26        |
| Additional LEA     | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0         |
| Unknown            | 0          | 10         | 6          | 7          | 3          | 8          | 1          | 19         | 0          | 10         | 6          | 5         |
| <b>Totals:</b>     | <b>112</b> | <b>108</b> | <b>109</b> | <b>123</b> | <b>110</b> | <b>144</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>135</b> | <b>103</b> | <b>97</b> |

The separate listing of "custody appointments" reflects a pilot project wherein CARES staff are examining the utility of an extended assessment model for cases in which parents and other caretakers are disputing child custody. In these cases, the team meets individually with each of the child's parents to gather an extended history, and to provide debriefing. The child evaluation happens separately from the gathering of information from the parents. This model prevents parents from usurping their child's time, and allows staff time to collect the more complicated history typically needed in these cases.

**SCF Agency:**

|                | TOTALS      | %      | JAN        | FEB        | MAR        | APR        | MAY        | JUN        | JUL        | AUG        | SEP        | OCT        | NOV        | DEC       |
|----------------|-------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Clackamas      | 290         | 20.29% | 21         | 24         | 17         | 32         | 26         | 28         | 23         | 24         | 31         | 25         | 19         | 20        |
| Clark          | 29          | 2.03%  | 1          | 2          | 3          | 2          | 2          | 4          | 2          | 8          | 2          | 2          | 1          | 0         |
| Clatsop        | 5           | .35%   | 0          | 0          | 1          | 0          | 0          | 0          | 0          | 1          | 1          | 2          | 0          | 0         |
| Columbia       | 30          | 2.10%  | 4          | 2          | 0          | 3          | 3          | 0          | 3          | 4          | 2          | 3          | 2          | 4         |
| Cowlitz        | 12          | .84%   | 3          | 2          | 1          | 0          | 3          | 0          | 2          | 0          | 0          | 0          | 1          | 0         |
| Marion         | 5           | .35%   | 0          | 1          | 3          | 0          | 0          | 0          | 0          | 1          | 0          | 0          | 0          | 0         |
| Multnomah      | 691         | 48.36% | 60         | 52         | 62         | 49         | 49         | 70         | 40         | 69         | 74         | 71         | 54         | 41        |
| Washington     | 333         | 23.30% | 23         | 22         | 19         | 36         | 23         | 35         | 38         | 31         | 29         | 27         | 25         | 25        |
| Yamhill        | 7           | .49%   | 0          | 2          | 1          | 0          | 0          | 1          | 0          | 0          | 0          | 1          | 0          | 2         |
| Other          | 18          | 1.26%  | 0          | 1          | 0          | 1          | 3          | 3          | 1          | 1          | 1          | 3          | 0          | 4         |
| None           | 9           | .63%   | 0          | 0          | 2          | 0          | 1          | 3          | 0          | 0          | 0          | 1          | 1          | 1         |
| <b>Totals:</b> | <b>1429</b> |        | <b>112</b> | <b>108</b> | <b>109</b> | <b>123</b> | <b>110</b> | <b>144</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>135</b> | <b>103</b> | <b>97</b> |

**LEA Agency  
(by County):**

|                | TOTALS      | %      | JAN        | FEB        | MAR        | APR        | MAY        | JUN        | JUL        | AUG        | SEP        | OCT        | NOV        | DEC       |
|----------------|-------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Clackamas      | 275         | 19.24% | 27         | 23         | 17         | 32         | 21         | 25         | 24         | 21         | 29         | 20         | 19         | 17        |
| Clark          | 30          | 2.10%  | 1          | 0          | 1          | 1          | 1          | 6          | 2          | 7          | 5          | 5          | 1          | 0         |
| Columbia       | 25          | 1.75%  | 2          | 2          | 0          | 3          | 4          | 0          | 1          | 4          | 2          | 1          | 2          | 4         |
| Cowlitz        | 9           | 0.63%  | 3          | 1          | 1          | 0          | 2          | 0          | 0          | 0          | 1          | 0          | 1          | 0         |
| Marion         | 6           | 0.42%  | 2          | 0          | 2          | 0          | 0          | 0          | 1          | 0          | 1          | 0          | 0          | 0         |
| Multnomah      | 659         | 46.1%  | 52         | 49         | 60         | 48         | 50         | 67         | 32         | 68         | 65         | 68         | 53         | 47        |
| OSP            | 26          | 1.82%  | 2          | 4          | 2          | 2          | 3          | 2          | 3          | 0          | 1          | 4          | 0          | 3         |
| Washington     | 318         | 22.25% | 22         | 24         | 23         | 31         | 23         | 28         | 40         | 27         | 27         | 26         | 25         | 22        |
| Other          | 33          | 2.31%  | 1          | 3          | 1          | 3          | 4          | 5          | 1          | 4          | 4          | 6          | 1          | 0         |
| None           | 48          | 3.36%  | 0          | 2          | 2          | 3          | 2          | 11         | 5          | 8          | 5          | 5          | 1          | 4         |
| <b>Totals:</b> | <b>1429</b> |        | <b>112</b> | <b>108</b> | <b>109</b> | <b>123</b> | <b>110</b> | <b>144</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>135</b> | <b>103</b> | <b>97</b> |

**Appointment  
Type:**

|                             | TOTALS      | %      | JAN        | FEB        | MAR        | APR        | MAY        | JUN        | JUL        | AUG        | SEP        | OCT        | NOV        | DEC       |
|-----------------------------|-------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Exam only                   | 21          | 1.46%  | 0          | 0          | 1          | 0          | 3          | 6          | 1          | 3          | 4          | 1          | 1          | 1         |
| Re-exam                     | 38          | 2.66%  | 3          | 1          | 4          | 5          | 6          | 7          | 2          | 1          | 1          | 3          | 3          | 2         |
| Exam/Consult                | 647         | 45.28% | 48         | 41         | 46         | 59         | 37         | 65         | 55         | 60         | 64         | 76         | 48         | 48        |
| Exam/Interview              | 482         | 33.73% | 36         | 47         | 40         | 31         | 40         | 41         | 37         | 51         | 43         | 48         | 34         | 34        |
| Emergency<br>Exam Only      | 25          | 1.75%  | 4          | 0          | 2          | 6          | 1          | 3          | 3          | 1          | 3          | 0          | 2          | 0         |
| Emergency<br>Exam/Consult   | 125         | 8.75%  | 11         | 11         | 9          | 12         | 16         | 17         | 5          | 12         | 14         | 5          | 7          | 6         |
| Emergency<br>Exam/Interview | 45          | 3.15%  | 5          | 3          | 3          | 4          | 3          | 2          | 2          | 6          | 8          | 1          | 3          | 5         |
| Interview only              | 46          | 3.22%  | 5          | 5          | 4          | 6          | 4          | 3          | 4          | 5          | 3          | 1          | 5          | 1         |
| <b>Totals</b>               | <b>1429</b> |        | <b>112</b> | <b>108</b> | <b>109</b> | <b>123</b> | <b>110</b> | <b>144</b> | <b>109</b> | <b>139</b> | <b>140</b> | <b>135</b> | <b>103</b> | <b>97</b> |

# Intake Statistics

## REFERRALS PER MONTH

|      | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Totals | Avg/month |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|-----------|
| 1997 | 181 | 146 | 179 | 195 | 207 | 178 | 202 | 220 | 196 | 208 | 187 | 194 | 2293   | 191       |
| 1998 | 158 | 170 | 169 | 173 | 166 | 186 | 196 | 200 | 197 | 197 | 193 | 143 | 2148   | 179       |
| 1999 | 209 | 183 | 215 | 210 | 193 | 211 | 122 | 213 | 196 | 199 | 193 | 205 | 2349   | 196       |
| 2000 | 177 | 198 | 218 | 227 | 249 | 218 | 229 | 291 | 239 | 221 | 204 | 169 | 2636   | 220       |

## APPOINTMENTS SEEN PER MONTH (includes ward consults, custody cases)

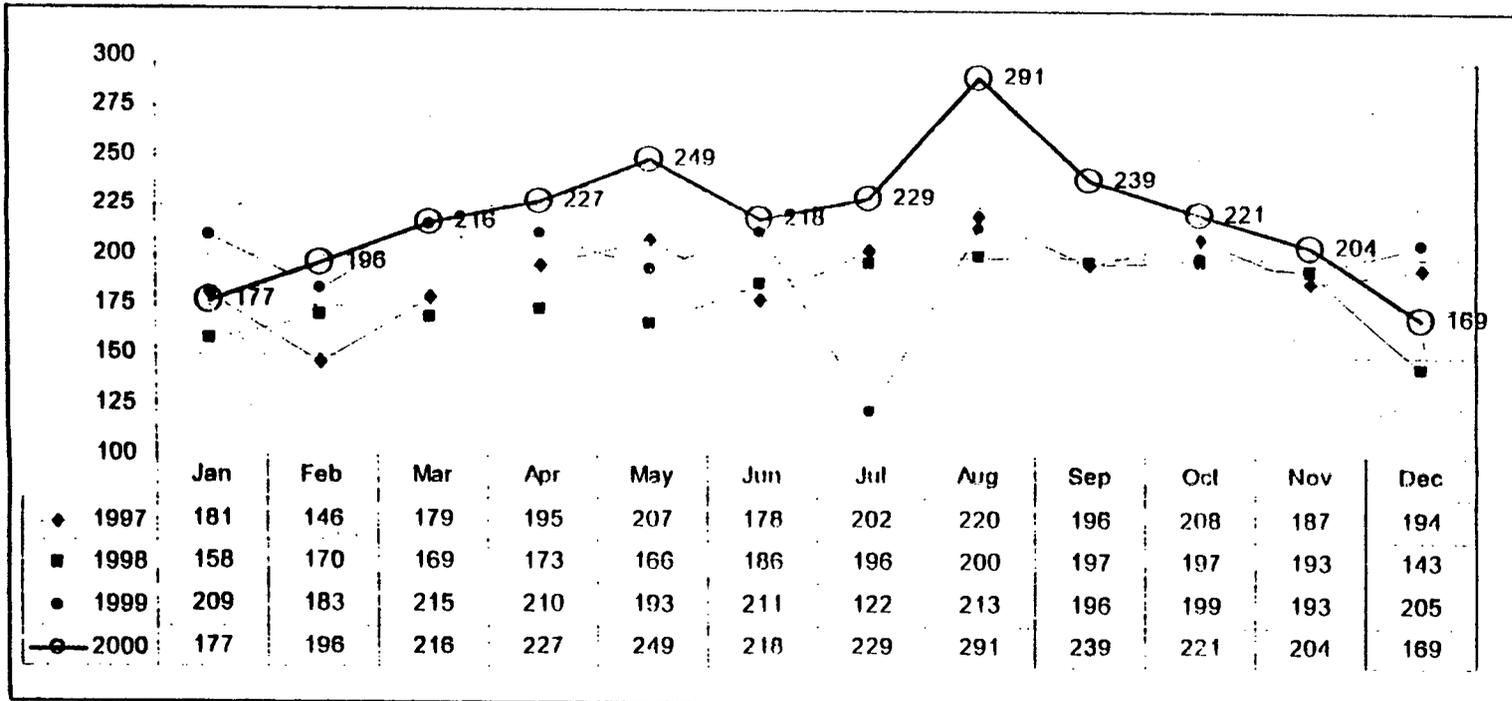
|      | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Totals | Avg/month |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|-----------|
| 1997 | 91  | 90  | 90  | 102 | 99  | 114 | 102 | 92  | 111 | 120 | 87  | 93  | 1191   | 99        |
| 1998 | 99  | 102 | 122 | 114 | 89  | 106 | 110 | 109 | 114 | 116 | 103 | 103 | 1287   | 107       |
| 1999 | 103 | 114 | 116 | 133 | 112 | 134 | 97  | 115 | 107 | 101 | 113 | 103 | 1348   | 112       |
| 2000 | 113 | 110 | 109 | 123 | 114 | 146 | 109 | 139 | 140 | 138 | 103 | 98  | 1442   | 120       |

## CANCELLATIONS/NO SHOWS

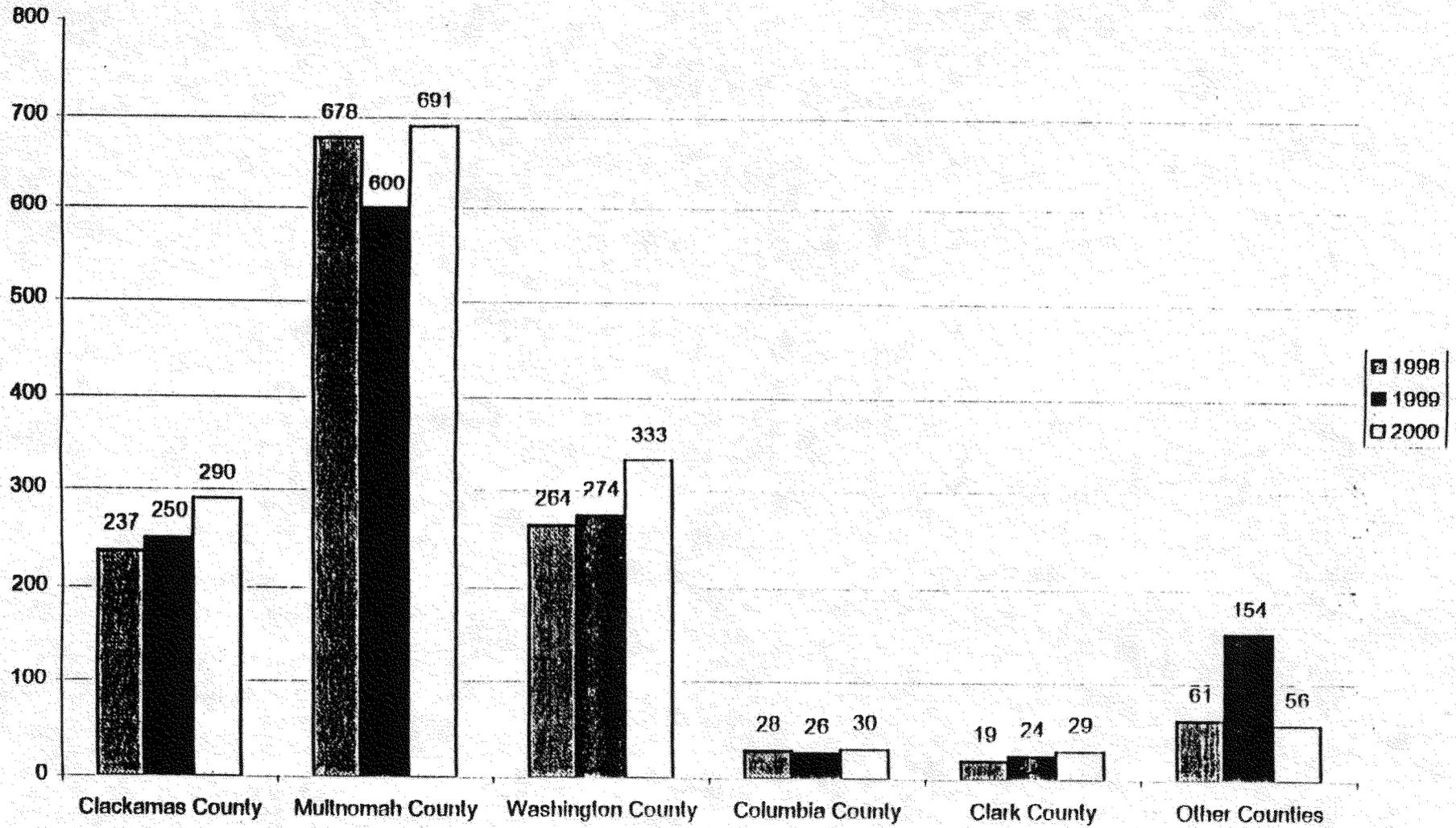
|      | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | Avg/month |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----------|
| 1998 |     |     |     |     |     | 11  | 13  | 8   | 8   | 8   | 17  | 16  | 81    | 11.57     |
| 1999 | 11  | 2   | 8   | 6   | 8   | 7   | 7   | 3   | 13  | 12  | 10  | 12  | 99    | 8.25      |
| 2000 | 12  | 13  | 12  | 11  | 15  | 19  | 11  | 25  | 8   | 12  | 20  | 17  | 175   | 14.58     |

# CARES NW Referrals

Monthly comparisons of 1997, 1998, 1999 and 2000



**Number of Children Seen at CARES NW From Each County in 1998, 1999, and 2000  
(based on SCF Agency)**



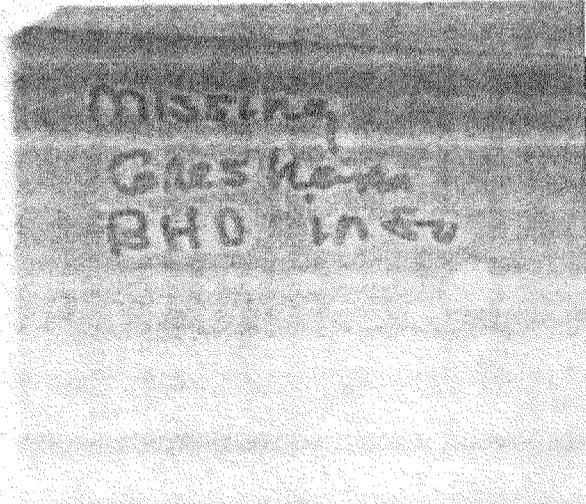
Percentage of children seen at CARES NW  
 from the following counties (based on SCF  
 agency):

|              | <u>2000</u> | <u>1999</u> | <u>1998</u> |
|--------------|-------------|-------------|-------------|
| - Multnomah  | 48%         | 45%         | 53%         |
| - Washington | 23%         | 22%         | 21%         |
| - Clackamas  | <u>20%</u>  | <u>19%</u>  | <u>18%</u>  |
| Subtotal     | 91%         | 86%         | 92%         |
| <br>         |             |             |             |
| - Columbia   | 2%          | 2%          | 2%          |
| - Clark      | 2%          | 2%          | 1%          |
| - Other      | 5%          | 10%         | 5%          |



CITY OF  
**PORTLAND, OREGON**  
BUREAU OF POLICE

VERA KATZ, MAYOR  
Mark A. Kroeker, Chief of Police  
1111 S.W. 2nd Avenue  
Portland, Oregon 97204



March 1, 2001

Ms. Meredith Morrison  
MDT Coordinator  
1021 SW 4<sup>th</sup> Avenue, Room 600  
Portland, Oregon 97204

Reference: C.A.M.I. Grant Application

Dear Ms. Morrison,

Enclosed are the requests for continued CAMI funding for the period July 1, 2001 through June 2002. These proposals include funding for Project Coordinator for the Safe Haven Program, After Hours Overtime Project, Continuation of Training Fund, and Equipment Purchases.

Sincerely,

Andrew Kirkland  
Captain  
Family Services Division

AK/sd

**CHILD ABUSE TEAM INVESTIGATIVE UNIT  
SAFE HAVEN PROGRAM  
PLAN FOR JULY 1, 2001 – JUNE 30, 2002**

- **ACTIVITY, SERVICES PROGRAM OR PURCHASE**

**Goals:**

To reduce physical and sexual violence against children by developing a three tiered triage system that will allow law enforcement to use a more coordinated, comprehensive and thorough response to child abuse.

**Objectives:**

To create a process that allows tracking and arresting of all registered sex offenders within Multnomah County with warrants.

To create a process that alerts Multnomah County child abuse investigators when a registered sex offender with a predisposition to sexual child abuse is contacted and or arrested so additional intervention and investigative resources can be assigned for follow up.

To institute a system within the Multnomah County Child Abuse Team whereby cases that are not normally assigned to detectives are flagged and triaged in an attempt to establish additional information that may raise the level of this case to one that is assigned for investigative or administrative follow up.

**Worksheet B**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 – June 20, 2002**  
**(Services new this year)**

County Name: Multnomah

**1. Identify or describe the CAMI funded service or activity being added this year:**

The goals of this project are to reduce physical and sexual violence against children by developing a three tiered triage system that will allow law enforcement to use a more coordinated, comprehensive and thorough response to child abuse.

The main objectives for this project are:

- To create a process that allows tracking and arresting of all registered sex offenders within Multnomah County with warrants.
- To create a process that alerts Multnomah County child abuse investigators when a registered sex offender with a predisposition to sexual child abuse is contacted and or arrested so additional intervention and investigative resources can be assigned for follow up.
- To institute a system within the Multnomah County Child Abuse Team whereby cases that are not normally assigned to detectives are flagged and triaged in an attempt to establish additional information that may raise the level of this case to one that is assigned for investigative or administrative follow up

**2. Why is this being added? How does it fit with your team's overall CAMI plan and with the *Optimal Plan*?**

To further enhance the Multi-disciplinary Team's overall response to child abuse.

This program will allow the team to investigate cases of sexual abuse to children by instituting a three tiered triage system aimed at those registered sex offenders that are predisposed to targeting children.

Level 1 of this three tiered system will target the top 50 high-risk registered sex offenders. A crime analyst, SCF Worker and coordinator will select these offenders based on a pre-set criteria and forward the names to the child abuse team who will then triage these cases with all relevant partners and provide an immediate response to the case. Law enforcement, the district attorney's office and victim services will provide assistance to the family while dealing with the suspect in an appropriate manner.

Level II will focus on the next 100-150 high-risk repeat sex offenders. This level combines the current case assignment response and the use of the crime analyst, SCF worker and coordinator, who will assist in the selection

of the Level II offenders, based upon a pre-set criteria. All partners will triage Level II cases, select the appropriate action to take and respond within 24 hours.

Finally Level III will strive to reduce the number of outstanding sex offender related warrants. With assistance from the crime analyst, parole and probation and the coordinator, the child abuse team will work with several other partnering agencies to serve the current backlog of outstanding sex offender related warrants in Multnomah County. The purpose of this response is to reduce the large number of outstanding warrants and keep the number of warrants from increasing again.

3. **What specific outcomes will you measure to demonstrate that this service is benefiting children and families?**

The number of sex offenders who were arrested for violation of the conditions of supervision will be measured. The number of interventions between the child abuse team and the families involved with the sex offenders will also be measured, along with the number of warrants or reductions of warrants outstanding in Multnomah County.

4. **Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)**

Services will be provided by the Multnomah County Child Abuse Team, the Portland Police Bureau, the Portland Police Bureau Family Services Division, the Portland Police Bureau Detective Division, Services to Children and Families, the Multnomah County District Attorney's Office, and non-profit victim services programs that are currently partnering with the Portland Police Bureau on family violence issues.

The coordinator's position, which is to be funded by CAMI, will be responsible for the following:

- Coordination of child abuse cases with law enforcement agencies and the child abuse team sergeant.
- Supervision and administration of volunteer advocacy and training for the Portland Police Bureau Family Services Division.
- Preparation of monthly research updates and statistical reports.
- Oversee all research projects via the child abuse team.

5. **How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)**

**CAMI funds           \$67,000.00**

**non-CAMI funds   \$23,000.00**

**Source of non-CAMI funds:   The Portland Police Bureau**

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah

New Services

| Expenditures<br>Line Item                    | CAMI<br>Funds<br>Used | Match<br>Funds<br>Used | Source of<br>Match<br>Funds | Cash @ or<br>In-Kind<br>(IK) | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|-----------------------------|------------------------------|--------------------------|
| <b>PERSONNEL SERVICES (1)</b>                |                       |                        |                             |                              |                          |
| Salary                                       | 64,000.00             |                        |                             | IK - 20,000.00               |                          |
| Benefits                                     |                       |                        |                             |                              |                          |
| Contractual (2)                              |                       |                        |                             |                              |                          |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          | <b>64,000.00</b>      |                        |                             | <b>IK - 20,000.00</b>        |                          |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                             |                              |                          |
| Training                                     |                       |                        |                             | IK - 1,500.00                |                          |
| Travel                                       |                       |                        |                             |                              |                          |
| Equipment                                    | 3,000.00              |                        |                             |                              |                          |
| Other (3)                                    |                       |                        |                             | IK - 1,500.00                |                          |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    | <b>3,000.00</b>       |                        |                             | <b>IK - 3,000.00</b>         |                          |
| <b>TOTAL EXPENDITURES</b>                    | <b>67,000.00</b>      |                        |                             | <b>IK - 23,000.00</b>        |                          |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                       |                        |                             |                              |                          |
| Personnel                                    |                       |                        |                             |                              |                          |
| Materials & Services                         |                       |                        |                             |                              |                          |
| Other (4)                                    |                       |                        |                             |                              |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                             |                              |                          |

- (1) Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- (2) Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMIO/MDT contracts tab.
- (3) Include information regarding items included in "Other" on Worksheet 3.
- (4) Please estimate dollar value of in-kind contributions.

**CHILD ABUSE INVESTIGATIVE UNIT  
AFTER HOURS OVERTIME PROJECT  
Plan for Year July 1, 2001 – June 30, 2002**

- **ACTIVITY, SERVICE PROGRAM OR PURCHASE**

Continue the capability for consistent law enforcement investigatory response to reports of child abuse. The established overtime fund provides that specially trained child abuse investigators are available on a timely basis to respond to child abuse cases. At the Child Abuse Team Supervisor's discretion, critical investigatory follow-up may be assigned. Additionally, investigators will provide training to operational / investigative personnel on child abuse investigations.

The CAMI call out program is ongoing and is being continuously monitored by the Supervisors of the Child Abuse Team. The needs and the effectiveness of the program are apparent, as the request for services continue to be heard from all police agencies within Multnomah County.

The unit continues to make every effort to educate law enforcement officers on proper reporting and investigatory procedures. Roll Call training to Multnomah County law enforcement agencies at the DPSST academy, and community education projects continue to be performed.

Supervisors are on call 24 hours a day to analyze a request for service, making sure each request meets the CAMI overtime criteria. This allows the detective on call to respond in a timely manner after normal working hours.

For the period July 1, 1999 through June 30, 2000, the number of after hour follow up investigations was 83, representing approximately 565 investigative hours.

**WORKSHEET A**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: JULY 1, 2001 – JUNE 31, 2002**  
**(Services continued from last year, one worksheet per**  
**line item on budget page)**

County Name: Multnomah

1. **Identify or describe the service or activity being funded by CAMI.**  
To continue the capability for consistent law enforcement investigatory response to reported child abuse.
  
2. **Why is this being provided? How does it fit with your Team's overall CAMI plan and with the *Optimal Plan*?**  
To ensure that investigators who are trained in child abuse are available for child abuse call outs 24 hours per day, 7 days per week, 365 days per year.  
This fits in the Optimal Child Abuse Intervention Plan in the following areas:
  - Monitoring coordination between Services to Children and Families, law enforcement and the District Attorney's Office.
  - Ensuring that team members involved in the investigations and assessments are well trained and experienced.
  - Providing proper interviewing techniques that focus on children and families.
  - Ensuring that medical evaluations are given to children who are alleged victims of abuse.
  - Providing coordination of follow up services for the child or family member through referrals, crisis intervention, counseling services and victim assistance programs.
  
3. **What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal.**  
The team worked to alleviate gaps in service by analyzing data from the annual report. As a result, child abuse investigators are now available for call-outs 24 hours per day. Increased coordination between Services to Children and Families, the District Attorney's Office and law enforcement helped to ensure appropriate and timely responses to cases involving child abuse.

4. **What specific outcomes will you measure to demonstrate that this service is benefiting children and families?**  
The number of cases investigated, the number of indictments, the number of interventions made and the number of investigate hours.
5. **Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)**  
The Portland Police Bureau, Gresham Police Department, and the Multnomah County Sheriff's Office.
6. **How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)**

**CAMI funds: \$35,000.00**

**Non-CAMI funds: \$20,000.00**

**Source of non-CAMI funds: Portland Police Bureau**

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah

Overtime

| <b>Expenditures<br/>Line Item</b>            | <b>CAMI<br/>Funds<br/>Used</b> | <b>Match<br/>Funds<br/>Used</b> | <b>Source of<br/>Match<br/>Funds</b> | <b>Cash @ or<br/>In-Kind<br/>(IK)</b> | <b>Total<br/>CAMI<br/>Project</b> |
|--|--------------------------------|---------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| <b>PERSONNEL SERVICES (1)</b>                |                                |                                 |                                      |                                       |                                   |
| Salary                                       | 35,000.00                      |                                 |                                      | IK - 20,000.00                        |                                   |
| Benefits                                     |                                |                                 |                                      |                                       |                                   |
| Contractual (2)                              |                                |                                 |                                      |                                       |                                   |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          | 35,000.00                      |                                 |                                      | IK - 20,000.00                        |                                   |
| <b>MATERIALS &amp; SERVICES</b>              |                                |                                 |                                      |                                       |                                   |
| Training                                     |                                |                                 |                                      |                                       |                                   |
| Travel                                       |                                |                                 |                                      |                                       |                                   |
| Equipment                                    |                                |                                 |                                      |                                       |                                   |
| Other (3)                                    |                                |                                 |                                      |                                       |                                   |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    |                                |                                 |                                      |                                       |                                   |
| <b>TOTAL EXPENDITURES</b>                    | 35,000.00                      |                                 |                                      | IK - 20,000.00                        |                                   |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                                |                                 |                                      |                                       |                                   |
| Personnel                                    |                                |                                 |                                      |                                       |                                   |
| Materials & Services                         |                                |                                 |                                      |                                       |                                   |
| Other (4)                                    |                                |                                 |                                      |                                       |                                   |
| <b>TOTAL CARRY OVER</b>                      |                                |                                 |                                      |                                       |                                   |

- (1) Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)  
(2) Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMIO/MDT contracts tab.  
(3) Include information regarding items included in "Other" on Worksheet 3.  
(4) Please estimate dollar value of in-kind contributions.

**CHILD ABUSE TEAM INVESTIGATIVE UNIT  
CONTINUATION OF TRAINING / EQUIPMENT FUND  
PLAN FOR JULY 1, 2001 – JUNE 30, 2002**

- **ACTIVITY, SERVICE PROGRAM OF PURCHASE**

To provide continuation of training fund assistance for law enforcement members to achieve basic, intermediate, and advanced education levels on child abuse investigations. It is important for this unit to implement a training and continuing education program so investigators can acquire the skills and techniques necessary to investigate reports of child abuse and to keep current with legislative changes concerning child abuse investigations. In addition to the education component of the training fund, it has become necessary to upgrade computers with current technology and replace or upgrade day to day operational equipment in order to maintain the training standards established as outlined below.

**Family Services Division  
Child Abuse Training Standards**

| Basic   | Date | Hours |
|---|------|-------|
| Clinical Response To Child Sexual Abuse (CARES NW)  |      |       |
| Reid School (general)                               |      |       |
| Multi-Discipline Child Abuse Investigation Training |      |       |
| Animal Cruelty & Human Violence                     |      |       |
| 16 Steps: Legally sound sexual abuse investigations |      |       |
| Child Abuse & Physical Abuse: Evidence Collection   |      |       |
| Use of Search Warrants in Child Abuse               |      |       |
| Pedophile Sting Projects                            |      |       |
| Interview and interrogation Seminar                 |      |       |
| Crime Scene Investigation                           |      |       |
| OPOA -Investigation of the Polly Klass Abduction    |      |       |
| SIDS Seminar  |      |       |
| Interview guideline training                        |      |       |
| Investigating Child Abuse                           |      |       |

| <b>Intermediate</b>  | <b>Date</b> | <b>Hours</b> |
|--|-------------|--------------|
| San Diego Conference on Child Maltreatment                         |             |              |
| Dallas Conference on Child Abuse & Crimes Against Children         |             |              |
| Western Regional Symposium on Child Abuse & Sexual Assault (SCARS) |             |              |
| OJJDP U.S. Dept of Child Abuse & Exploitation                      |             |              |
| Reid School for Sexual Abuse                                       |             |              |
| Shaken Baby Syndrome Seminar                                       |             |              |
| Investigation of Suspicious Burns                                  |             |              |
| National Child Advocacy Center Conference in Huntsville Alabama    |             |              |
| Practical Homicide Investigation                                   |             |              |
| Advanced Interview & Interrogation                                 |             |              |
| Child Abuse Investigation and Treatment Seminar - PSU              |             |              |

| <b>Advanced</b>  | <b>Date</b> | <b>Hours</b> |
|--|-------------|--------------|
| Investigation & Prosecution of Child Fatalities & Physical Abuse |             |              |
| National Conference on Shaken Baby Syndrome in Salt Lake City    |             |              |
| Death Investigation (Seattle)                                    |             |              |
| Clackamas County "Summit"  |             |              |
| Homicide Investigation - A practical approach                    |             |              |

**WORKSHEET A**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: JULY 1, 2001 – JUNE 31, 2002**  
**(Services continued from last year, one worksheet per**  
**line item on budget page)**

County Name: Multnomah

1. **Identify or describe the service or activity being funded by CAMI.**  
Continuation of a training fund for law enforcement member to achieve basic, intermediate, and advanced levels of child abuse investigations.
  
2. **Why is this being provided? How does it fit with your Team's overall CAMI plan and with the *Optimal Plan*?**  
To maintain the highest standards of training and continuing education available. This will enable the investigators to remain current with the skills necessary to properly investigate reports of child abuse.  
This fits in the Optimal Child Abuse Intervention Plan in the following areas:
  - Monitoring coordination between Services to Children and Families, law enforcement and the District Attorney's Office.
  - Ensuring that team members involved in investigations and assessments are well trained and experienced.
  - That up to date technology is available for MDT members such as video and audio equipment to be utilized for taping interviews, photo equipment to record bruises or other injuries, and computer hardware and software to tack data related to child abuse cases.
  
3. **What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal.**  
For the period July 1, 1999 through June 30, 2000, 11 Child Abuse Team Investigators received approximately 130 hours of basic training, 474 hours of intermediate training, and 60 hours of advanced training.
  
4. **What specific outcomes will your measure to demonstrate that this service is benefiting children and families?**  
Training records will be monitored by supervisory staff to ensure that all investigators meet the basic, intermediate, and advanced training requirements of the multi-disciplinary team. The ongoing training will provide to children and families, investigators whose skills and services will be of the highest quality.

5. **Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)**  
Various contractors from training programs throughout the state of Oregon.
6. **How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)**

**CAMI funds: \$27,000.00**

**Non-CAMI funds: \$8,000.00**

**Source of non-CAMI funds: Portland Police Bureau**

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah

Training/Equipment

| Expenditures<br>Line Item                    | CAMI<br>Funds<br>Used | Match<br>Funds<br>Used | Source of<br>Match<br>Funds | Cash @ or<br>In-Kind<br>(IK) | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|-----------------------------|------------------------------|--------------------------|
| <b>PERSONNEL SERVICES (1)</b>                |                       |                        |                             |                              |                          |
| Salary                                       |                       |                        |                             |                              |                          |
| Benefits                                     |                       |                        |                             |                              |                          |
| Contractual (2)                              |                       |                        |                             |                              |                          |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          |                       |                        |                             |                              |                          |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                             |                              |                          |
| Training                                     | 17,000.00             |                        |                             | IK - 5,000.00                |                          |
| Travel                                       |                       |                        |                             |                              |                          |
| Equipment                                    | 10,000.00             |                        |                             | IK - 3,000.00                |                          |
| Other (3)                                    |                       |                        |                             |                              |                          |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    | 27,000.00             |                        |                             | IK - 8,000.00                |                          |
| <b>TOTAL EXPENDITURES</b>                    | 27,000.00             |                        |                             | IK - 8,000.00                |                          |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                       |                        |                             |                              |                          |
| Personnel                                    |                       |                        |                             |                              |                          |
| Materials & Services                         |                       |                        |                             |                              |                          |
| Other (4)                                    |                       |                        |                             |                              |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                             |                              |                          |

- (1) Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- (2) Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- (3) Include information regarding items included in "Other" on Worksheet 3.
- (4) Please estimate dollar value of in-kind contributions.

**FAMILY INVOLVEMENT TEAM**  
**CAMI APPLICATION**  
**MARCH 2001**

Multnomah County

1. Identify or describe the service or activity being funded by CAMI.

This request for funding is to continue the successful SCF TRIAGE TEAM project. The name has been changed to the FAMILY INVOLVEMENT TEAM at the request of a parent group. The goal is to rapidly provide drug and alcohol and related case management services to appropriate families involved in Dependency Court proceedings and who come under the new ASFA guidelines.

CAMI funds a full time SCF caseworker who is stationed at the Juvenile Court. Multnomah County Office of Addiction Services funds a full time A&D/mental health clinical specialist, also housed at the Juvenile Court. Further, the County funds six case managers and three family therapists located at six inpatient drug and alcohol treatment programs in Multnomah County. Also, there are eight in-patient beds funded for FIT clients and their children. There are plans to partner with HAP to bring drug and alcohol free housing on-line for FIT clients.

When a family with drug/alcohol issues on their dependency petition appears at a preliminary hearing, they are offered the services of the FIT team. There is a cross check to see if the FST is already involved or if they should receive a referral. Since this is a voluntary program, we provided considerable outreach to the judicial officers, defense bar, district attorney's office, CASA's and others about the benefits of having their clients agree to FIT services prior to adjudication of the petition. We have met with considerable success and many families are engaging in services in a matter of a few days from the first preliminary hearing. Enclosed are monthly reports from the start of the program in November, 2000.

2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the Optimal Plan?

Part of the Optimal Plan calls for coordination of services to children and families and to ensure child safety. This project involves extensive coordination between SCF, drug and alcohol treatment providers, Multnomah County Office of Addiction Services, the Judicial Department, AFS, the Volunteers of America, defense bar members, and others. With the advent of ASFA, there is an increased need for all entities involved to assist families to access services as soon as possible in order for them to have a greater degree of opportunity to achieve reunification with their children. The FIT team attends the preliminary hearing and offers services during the first or second preliminary hearing. Services are extensive and comprehensive, including transportation to appointments, screening for appropriate A&D services. The Judicial Officer is

involved in the process and helps to ensure the service plans contain elements to address the safety needs of the child(ren).

3. What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal.

The FIT project did not get off the ground immediately. There were some difficulties in the hiring processes and in the completion of some of the contracts. All those issues have been resolved and the program is up and running as of November 1, 2000. Enclosed please find monthly reports showing the exact services and time frames. Families are accessing services rapidly and the results so far show they are making good use of the inpatient and outpatient A&D services offered.

The Policy Group is the oversight group and is well attended and functions smoothly. A referee is a regular participant, as are one or two members of the defense bar. We have been able to address a great number of issues in a timely manner and with good results.

**ADDENDUM:** During the Policy Group meeting on March 15, 2001 there was discussion about children receiving visits within 24 hours of the Preliminary hearing. One of the goals of the project, and continually stressed by the judiciary, is to provide visits as soon as possible; preferably within 24 hours. In practice, we have not been able to achieve this goal. The statistics show there are visits taking place with 48 hours in many of the cases. In reality, there is an error in the data collection which will be corrected in future reports. Children returned home or placed with a parent in an in-patient program are being counted in the 1-2 day visit times frames. They should be removed from that count. In reality we are not providing visits in a timely fashion. The Volunteers of America aides who transport adults for the FIT program cannot transport children. The HSA's (Human Service Assistants), who are SCF employees and stationed in the branch offices, do not have much flexibility in their schedules due to heavy workload demands. The caseworkers are often not able to schedule visits for several days or even for a couple of weeks. As a result, we wish to apply through CAMI for funding for a full time HSA to be stationed with the team at the Court or in the unit which provides the direct supervision for the FIT worker. The job duties would be to provide therapeutic visits for the children withing 24 hours. The job would not be limited to a single visit per case, but rather to establish a visitation plan in compliance with the overall service plan developed with the family. A goal would be to engage the caseworker in the visit whenever possible. This would be accomplished by bringing the child and parent together in a setting close to the branch where the worker is so there can be an opportunity for the worker to engage with the family.

4. What specific outcomes will you measure to demonstrate that this service is benefitting children and families?

A number of indicators have been selected and are tracked each month. They are found on the monthly reports (enclosed). Also, a Robert Wood Johnson Foundation grant was secured by the Northwest Research Labs in conjunction with Portland State University. The grant is looking at the effects of ASFA on drug and alcohol impacted families. It is a multi-year research grant. The research team is assisting FIT with research and data analysis and will prove to be very

valuable to the overall assessment of the FIT program.

5. Who will provide the service?

Please refer to the complete program design documents submitted with last years application.

Submitted by  
Rob Abrams, MSW  
Assistant Administrator  
Metro Region SCF

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah F.I.T. Team

| Expenditures<br>Line Item                     | CAMI<br>funds<br>used | Match<br>funds<br>used | Source of<br>Match<br>Funds                | Cash ☉ or<br>In-kind<br>(IK) ☉ | Total<br>CAMI<br>Project |
|---|-----------------------|------------------------|--|--------------------------------|--------------------------|
| <b>PERSONNEL SERVICES ☉</b>                   |                       |                        |  |                                |                          |
| Salary <i>Social Service Specialist 6 #15</i> | 44,256                |                        |  |                                | 44,256                   |
| Benefits <i>APF 22-6290</i>                   | 12,396                |                        |  |                                | 12,396                   |
| Contractual ☉                                 |                       |                        |  |                                |                          |
| <b>TOTAL PERSONNEL SERVICES</b>               | 56,652                |                        |  |                                |                          |
| <b>MATERIALS &amp; SERVICES</b>               |                       |                        |  |                                |                          |
| Training                                      |                       |                        |  | 2,000                          |                          |
| Travel  |                       |                        | <i>Mileage - state car &amp; person al</i> | 1,900                          |                          |
| Equipment                                     |                       |                        | <i>Computer, supplies, etc</i>             | 2,000                          |                          |
| Other ☉                                       |                       |                        | <i>Supervision space etc.</i>              | 5,000<br>10,000                |                          |
| <b>TOTAL MATERIALS &amp; SERVICES</b>         |                       |                        |  | 20,900                         |                          |
| <b>TOTAL EXPENDITURES</b>                     |                       |                        |  |                                |                          |
| <b>FUNDS CARRIED OVER FROM 2000-2001</b>      |                       |                        |  |                                |                          |
| Personnel                                     |                       |                        |  |                                |                          |
| Materials & Services                          |                       |                        |  |                                |                          |
| Other ☉                                       |                       |                        |  |                                |                          |
| <b>TOTAL CARRY OVER</b>                       |                       |                        |  |                                |                          |

- ☉ Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- ☉ Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- ☉ Include information regarding items included in "Other" on Worksheet 3.
- ☉ Please estimate dollar value of in-kind contributions.

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah FIT Team

| Expenditures<br>Line Item                    | CAMI<br>funds<br>used | Match<br>funds<br>used | Source of<br>Match<br>Funds        | Cash ② or<br>In-kind<br>(IK) ③ | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|------------------------------------|--------------------------------|--------------------------|
| <b>PERSONNEL SERVICES ①</b>                  |                       |                        |                                    |                                |                          |
| Salary <i>HUMAN SERVICES ASSISTANT (HSA)</i> | 22,000                |                        |                                    |                                | 66,256                   |
| Benefits                                     | 5,000                 |                        |                                    |                                | 17,396                   |
| Contractual ④                                |                       |                        |                                    |                                |                          |
| <b>TOTAL PERSONNEL SERVICES</b>              | 27,000                |                        |                                    |                                | 83,652                   |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                                    |                                |                          |
| Training                                     |                       |                        |                                    | 2,000                          | 4,000                    |
| Travel                                       |                       |                        | <i>Assigned state car</i>          | 6,000                          | 7,900                    |
| Equipment                                    |                       |                        | <i>Computer, supplies, etc.</i>    | 2,000                          | 4,000                    |
| Other ④                                      |                       |                        | <i>SUPERVISION<br/>SPACE RENT.</i> | 5,000<br>10,000                | 15,000                   |
| <b>TOTAL MATERIALS &amp; SERVICES</b>        |                       |                        |                                    | 25,000                         | 30,900                   |
| <b>TOTAL EXPENDITURES</b>                    |                       |                        |                                    |                                |                          |
| <b>FUNDS CARRIED OVER FROM 2000-2001</b>     |                       |                        |                                    |                                |                          |
| Personnel                                    |                       |                        |                                    |                                |                          |
| Materials & Services                         |                       |                        |                                    |                                |                          |
| Other ④                                      |                       |                        |                                    |                                |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                                    |                                |                          |

- ① Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- ② Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- ③ Include information regarding items included in "Other" on Worksheet 3.
- ④ Please estimate dollar value of in-kind contributions.

FAMILY INVOLVEMENT TEAM  
MONTHLY PROGRESS REPORT

For the month of: October-November 2000

Number of clients  
who accepted FIT services: 12

Number of clients  
who have been screened: 12

Recommendation for treatment:

Inpatient: 3 Outpatient: 5 Not in TX: 4

Within how many days did client accept  
FIT services following shelter hearing?

Same day 10 1-2 days 1  
3-4 days \_\_\_\_\_ 5-6 days \_\_\_\_\_  
7-8 days 1 9-10 days \_\_\_\_\_  
11-12 days \_\_\_\_\_ 13-14 days 1

Within how many days was screening  
completed after client accepted services?

1-2 9 3-4 1 5-6 2 other \_\_\_\_\_

Within how many days was assessment  
scheduled following screening date?

1-2 7 3-4 \_\_\_\_\_ 5-6 2 other 3

Dates of no shelter hearings: 11-1; 11-2; 11-3; 11-6; 11-8; 11-15; 11-17; 11-22; 11-24.

Number of cases attorney's advised against FIT participation: 3

Number of cases Family Support Team provided services: 4

Number of cases referral for FIT was appropriate but was not accepted: 8

Number of cases where screening was off-site: 1

Within how many days was initial visit: 1-2: 5 3-4: 1 5-6: 2 7-8: \_\_\_\_\_ N/A: 5

Total number of shelter hearings: 53

Unmet needs/barriers/comments: Case workers have commented that they need assistance with transportation for children, that HSA's are already booked to be available for visits scheduled right after shelter hearing.

NOVEMBER 2000-FAMILY INVOLVEMENT TEAM CLIENT TRACKING FORM

Client Name      Branch/ Case #      Prelim Date      Accepted Date      Screening Date      Assessment Date      Date in Treatment -rec

|                      |               |       |               |                    |                                       |
|----------------------|---------------|-------|---------------|--------------------|---------------------------------------|
| Midtown<br>BE60662   | 10-30         | 10-30 | 10-31         | 11-4               | Detox on 11-4                         |
| Midtown<br>BE60662   | 10-30         | 10-30 | 10-31         | 11-1               | 11-1:outpatient                       |
| St. Johns<br>DY39393 | 10-31         | 10-31 | 11-1          | referred to Kaiser | 11-17:outpatient                      |
| East<br>BU43943      | 10-31         | 11-6  | 11-6          | 11-7               | 11-7:outpatient<br>11-29: residential |
| Midtown<br>EM66016   | 11-13         | 11-13 | 11-14         | 11-14              | 11-30: outpatient                     |
| N/NE<br>CQ57133      | 11-9<br>11-16 | 11-16 | 11-17 in jail | absconded          | had bed on 11-21                      |
| N/NE<br>CP08112      | 11-13         | 11-13 | 11-17         | 11-27              | referred to Kaiser for outpatient     |
| Gresham<br>CJ68085   | 11-16         | 11-16 | 11-22         | initially declined | residential by 12-11?                 |
| N/NE<br>DV03017      | 11-21         | 11-27 | 11-27         | 11-28              | 11-28:outpatient                      |
| N/NE<br>DV03017      | 11-21         | 11-27 | 11-27         | 11-28              | 11-28:outpatient                      |
| N/NE<br>EZ31100      | 11-27         | 11-27 |               |                    |                                       |
| Midtown<br>DW46675   | 11-27         | 11-27 | 11-28         | 11-28              | 11-28:residential                     |
|                      |               |       |               |                    |                                       |
|                      |               |       |               |                    |                                       |
|                      |               |       |               |                    |                                       |

| Client Name | Branch    | Prelim Date | Reasons for not accepting other than FST |
|-------------|-----------|-------------|--|
|             | N/NE      | 11-7-00     | Already in Tx did not want asst.         |
|             | St. Johns | 10-31-00    | In jail thru January                     |
|             | St. Johns | 11-20-00    | Mom's atty advised against               |
|             | St. Johns | 11-7-00     | Dad's atty advised against               |
|             | Midtown   | 10-31-00    | Mom's whereabouts unknown                |
|             | N/NE      | 11-13-00    | Client refused                           |

**FAMILY INVOLVEMENT TEAM  
CORE TEAM MONTHLY PROGRESS REPORT**

For the month of: December 2000

Number of clients  
who accepted FIT services: 5

Number of clients  
who have been screened: 4

Recommendation for treatment: Inpatient: 3 Outpatient: 0  
Treatment not recommended: 1  
Next month: 1

Within how many days did client accept  
FIT services following shelter hearing?

Same day 3 1-2 days \_\_\_\_\_

3-4 days \_\_\_\_\_ 5-6 days \_\_\_\_\_

7-8 days \_\_\_\_\_ 9-10 days \_\_\_\_\_

11-12 days \_\_\_\_\_ 13-14 days 2

Within how many days was screening  
completed after client accepted services?

1-2 3 3-4 \_\_\_\_\_ 5-6 1 Next month 1

Within how many days was assessment  
scheduled following screening date?

1-2 2 3-4 1 5-6 \_\_\_\_\_ Next month 1

Dates without shelter hearings or dates of shelter hearings without substance abuse  
issues/allegations:

12-1-00; 12-05-00; 12-7-00; 12-8-00; 12-11-00; 12-13-00; 12-15-00; 12-19-00; 12-20-00; 12-21-00; 12-22-00; 12-25-00; 12-27-00 = 13 days.

Number of cases attorney's advised against FIT participation: 2

Number of cases Family Support Team provided services: 7

Number of cases referral for FIT was appropriate but was not accepted: 4

Number of cases where parent is minor and needs treatment: 2

Number of cases where screening was off-site: 0

Within how many days was initial visit: 1-2: \_\_\_\_\_ 3-4: \_\_\_\_\_ 5-6: \_\_\_\_\_ 7-8: \_\_\_\_\_

N/A (Children remained in care of parent): 3 No visits: 1

Total number of shelter hearings: 41

Unmet needs/barriers/comments: Difficulty reaching clients because they do not have phones.

---



---



Client  
Name

| Branch  | Prelim<br>Date | Reasons for not<br>Accepting  |
|---------|----------------|---|
| N/NE    | 12-6-00        | Getting UA's. Was not being asked to do treatment.                                |
| Gresham | 12-6-00        | Denied problem. Not interested.   |
| N/NE    | 12-12-00       | Accepted at prelim. Did not return calls from worker or FIT.                      |
| East    | 12-18-00       | Atty declined. Thinks case will be dismissed.                                     |
| Midtown | 12-14-00       | Atty and caseworker made many attempts to locate. Unable to locate. Time expired. |
| N/NE    | 12-18-00       | Atty. did not return three msgs. Time expired.                                    |
|         |                |   |
|         |                |   |
|         |                |   |
|         |                |   |
|         |                |   |

FAMILY INVOLVEMENT TEAM  
CORE TEAM MONTHLY PROGRESS REPORT

*At said  
3 pgs of report*

For the month of: January 2001

Number of clients  
who accepted FIT services: 14

Number of clients  
who have been screened: 12

Recommendation for treatment:

Inpatient: 3    Outpatient: 6  
Treatment not recommended: 3  
Did not follow through with screening: 2

Within how many days did client accept  
FIT services following shelter hearing?

Same day 10                      1-2 days \_\_\_\_\_  
3-4 days \_\_\_\_\_                      5-6 days 2  
7-8 days \_\_\_\_\_                      9-10 days 1  
11-12 days \_\_\_\_\_                      13-14 days 1

Within how many days was screening  
completed after client accepted services?

1-2 7; 3-4 0; 5-6 6; 14 2

Clients given four appointment times:

2

Within how many days was assessment  
scheduled following screening date?

1-2 1; 3-4 1; 5-6 2; 7-8 1; 14 1; 20 1 (in jail)

Dates of no shelter hearings: 1-1; 1-5; 1-10; 1-11; 1-12; 1-19; 1-22; 1-25

Number of cases attorney's advised against FIT participation: 2

Number of cases Family Support Team provided services: 12

Number of cases referral for FIT was appropriate but was not accepted: 2

Number of cases client refused treatment following screening: 1

Number cases where parent is minor and needs treatment: 1

Number of cases where screening was off-site: 0

Within how many days was initial visit: 1-2: 0; 3-4: 1; 5-6: 3; 7-8: 1; 12: 1; 20: 1

N/A (Children remained in care of parent: 4; No visits: 1; Unknown: 1

Total number of shelter hearings: 70

Unmet needs/barriers/comments: Two clients unable to participate in treatment following screening due to incarceration. Difficult to assist SCF caseworkers in setting up visitation because of lack of resources. Oregon Health Plan access is difficult to coordinate; plans are unavailable to clients.

| Client Name | Branch/<br>Case # | Prelim<br>Date | Accepted<br>Date | Screening<br>Date | Assessment<br>Date | Date in<br>Treatment -rec |
|-------------|-------------------|----------------|------------------|-------------------|--------------------|---------------------------|
|-------------|-------------------|----------------|------------------|-------------------|--------------------|---------------------------|

|                       |                    |              |  |                                |  |
|-----------------------|--------------------|--------------|--|--------------------------------|--|
| N/NE<br>CB79163       | 1-2-01<br>1-4-01   | 1-4-01       | 1-5-01                                   | 1-19-01                        | ASAP<br>1-23-01                        |
| N/NE<br>CB79163       | 1-2-01<br>1-4-01   | 1-4-01       | 1-5-01                                   | N/A                            | No tx rec.                             |
| N/NE<br>BQ42148       | 1-3-01<br>1-5-01   | 1-3-01       | 1-4-01<br>1-8-01                         | 1-11-01                        | 1-11-01<br>residential tx/PN           |
| Gresham<br>BI57454    | 12-29-<br>00       | 12-29-<br>00 | 1-4-01                                   | 1-9-01                         | ASAP 2-12-01<br>div + outpatient       |
| East<br>AQ41626       | 1-4-01             | 1-18-01      | 1-25-01                                  | 1-22-01                        | Kaiser outpatient                      |
| Midtown<br>CE12589    | 1-8-01             | 1-8-01       | 1-11-01<br>other<br>attempts             | Unable to<br>locate            | N/A                                    |
| Gresham<br>DW73067    | 1-16-01            | 1-16-01      | 1-17-01<br>1-23-01<br>1-26-01<br>1-30-01 | 2-7-01<br>2-9-01               | Intensive OP<br>AFTC                   |
| Midtown<br>BK67920    | 1-17-01            | 1-23-01      | 1-24-01                                  | 1-29-01                        | Intensive OP-New<br>Directions 1-29-01 |
| Midtown<br>FA32138    | 1-17-01            | 1-17-01      | 1-18-01                                  | refused tx                     | N/A                                    |
| East<br>CJ54176       | 1-8-01             | 1-18-01      | 1-24-01<br>1-26-01<br>2-5-01<br>2-6-01   | decided<br>against<br>services | N/A                                    |
| Midtown<br>CY30205    | 1-16-01<br>1-24-01 | 1-24-01      | 1-24-01                                  | 2-15-01<br>Invemess            | AFTC residential<br>2-15-01            |
| St. Johns<br>AX38897  | 1-8-01             | 1-8-01       | 1-9-01                                   | No tx rec.                     | N/A.                                   |
| St. Johns<br>AX 38897 | 1-8-01             | 1-8-01       | 1-9-01                                   | No tx rec.                     | N/A.                                   |
| Gresham<br>BO65503    | 1-24-01            | 1-24-01      | 1-30-01                                  | 2-6-01                         | Incarcerated before<br>OP began.       |

**FAMILY INVOLVEMENT TEAM  
CORE TEAM MONTHLY PROGRESS REPORT**

For the month of: February 2001

Number of clients  
who accepted FIT services: 13

Number of clients  
who have been screened: 14

Recommendation for treatment:

Inpatient: 5 Outpatient: 7  
Treatment not recommended: 1  
Did not follow through with screening: 0

Within how many days did client accept  
FIT services following shelter hearing?

|            |          |            |          |
|------------|----------|------------|----------|
| Same day   | <u>5</u> | 1-2 days   | <u>4</u> |
| 3-4 days   | <u>5</u> | 5-6 days   | <u>1</u> |
| 7-8 days   | <u>0</u> | 9-10 days  | <u>0</u> |
| 11-12 days | <u>0</u> | 13-14 days | <u>2</u> |

Within how many days was screening  
completed after client accepted services?

1-2: 7; 3-4 3; 5-6 11; 7 1; 14 1.

Within how many days was assessment  
scheduled following screening date?

1-2 4; 3-4 2; 5-6 2; 10 1; 25 1; leah?  
N/A 1.

Dates of no shelter hearings for the FIT: 2-1; 2-6; 2-9; 2-14; 2-15; 2-16; 2-21; 2-23; 2-28.

Number of cases attorney's advised against FIT participation: 2.

Number of cases Family Support Team provided services: 6. Shared: 1.

Number of cases referral for FIT was appropriate but was not accepted: 1.

Number cases where parent is minor and needs treatment: 0.

Number of cases where screening was off-site: 0.

Within how many days was initial visit: 1-2:     3-4:     5-6: 6; 7-8: 1.

N/A (Children remained in care of parent): 2 No visits: 0 Unknown: 0

Total number of shelter hearings: 50.

Unmet needs/barriers/comments:

| Client Name | Branch/<br>Case #    | Prelim<br>Date    | Accepted<br>Date | Screening<br>Date  | Assessment<br>Date | Date in<br>Treatment -rec                                      |
|-------------|----------------------|-------------------|------------------|--------------------|--------------------|--|
|             | Gresham<br>CY51979   | 2-2-01            | 2-5-01           | 2-7-01             | 2-7-01             | 2-26-01<br>ASAP - outpatient                                   |
|             | East/Col.<br>EG66829 | 2-5-01            | 2-6-01           | 2-6-01             | 2-16-01            | Project Stop- OP<br>3-2-01                                     |
|             | East/Col.<br>EG66829 | 2-5-01            | 2-6-01           | 2-6-01             | 2-9-01             | CODA AFTC  |
|             | St. Johns<br>DJ05946 | 2-5-01            | 2-6-01           | 2-8-01             | 3-5-01             | 3-5-01 detox   |
|             | East<br>DI15864      | 2-8-01            | 2-9-01           | 2-16-01            | 2-23-01            | (in jail thru 2-11)<br>OP until<br>methodone detox<br>then res |
|             | N/NE<br>CU66349      | 2-7-01            | 2-13-01          | 2-15-01            | 2-21-01            | 2-21-01 LOC  |
|             | N/NE<br>CD18373      | 2-12-01           | 2-12-01          | 2-19-01<br>2-26-01 | 2-28-01            | 2-28-01 Project<br>Network-res                                 |
|             | East<br>AX40109      | 1-31-01<br>2-9-01 | 2-9-01           | 2-13-01            | 2-14-01            | CODA AFTC<br>Outpatient  |
|             | Gresham<br>BN61074   | 2-22-01           | 2-22-01          | 2-26-01            | 3-01-01            | TVC 3-1<br>AFTC  |
|             | Gresham<br>BA91443   | 2-22-01           | 2-22-01          | 2-26-01            | 2-28-01            | TVC<br>3-2-01  |
|             | East<br>BO86665      | 2-12-01           | 2-26-01          | 2-28-01            | N/A                | no tx rec.   |
|             | Gresham<br>CW79347   | 2-26-01           | 2-26-01          | 2-27-01            |                    | Kaiser + UA's  |
|             | Gresham<br>BO65503   | 1-24-01           | 2-7-01           | 2-13-01            |                    | New Directions<br>OP then res                                  |
|             |                      |                   |                  |                    |                    |  |
|             |                      |                   |                  |                    |                    |  |

| Client Name | Branch    | Prelim Date | Reasons for not Accepting  |
|-------------|-----------|-------------|--|
|             | Gresham   | 2-5-01      | Denies substance abuse problem   |
|             | East      | 2-9-01      | Atty. declined services for Mark. Mark did part in screening, rec. for outpatient I. |
| m           | St. Johns | 2-21-01     | Msg for Pat Sheridan. Has until 3-7-01 to accept.                                    |
| l           | N/NE      | 2-20-01     | Kaiser ins./ 2-27-01, 3-6-01   |
| l           | East      | 2-22-01     | Following relapse, wanted to return to DePaul.                                       |
|             |           |             |  |
|             |           |             |  |
|             |           |             |  |
|             |           |             |  |
|             |           |             |  |

**PROPOSED FIT DATA ELEMENTS ARRANGED BY SOURCE and FIT  
PROJECT STAFF RESPONSIBLE  
December 20, 2000**

| <b>DCFS</b>   |   |  |
|---|---|--|
| <b>Data Element</b>   | <b>Data Source</b>  | <b>Use of the Data</b>   |
| <ul style="list-style-type: none"> <li>It will be DCFS' role to collect, maintain, and analyze all project data from all sources</li> </ul> | <p>Agreed upon sources and data elements will be transmitted to DCFS in agreed upon formats and schedules for entry into a project database</p> | <ul style="list-style-type: none"> <li>All agreed upon outcomes, goals, and questions including, at a minimum, the goals included in the accepted project proposal and regular reports to project stakeholders.</li> </ul> |

| <b>FIT TRIAGE STAFF</b>   |  |  |
|---|--|--|
| <b>Data Element</b>   | <b>Data Source</b>                                     | <b>Use of the Data</b>   |
| <ul style="list-style-type: none"> <li>Client name, zip code, DOB, gender, race/ethnicity</li> </ul>  | Family Involvement Team Screen                         | <ul style="list-style-type: none"> <li>Identifies the client and allows matches with data from other project members.</li> <li>Provides client demographics</li> </ul> |
| <ul style="list-style-type: none"> <li>Names of court involved children, DOB, residence, living with</li> </ul>   | Family Involvement Team Screen and SCF/ICDB face Sheet | <ul style="list-style-type: none"> <li>Identifies children for whom rates of reunification, out of home placement, and child abuse apply to</li> </ul>                 |
| <ul style="list-style-type: none"> <li>Screening date and score, referred to treatment information (provider name)</li> </ul>   | Family Involvement Team Screen                         | <ul style="list-style-type: none"> <li>Contributes to chronology of client services and timeframes</li> </ul>  |
| <ul style="list-style-type: none"> <li>SCF case #, SCF worker name, SCF branch, AFS case # and worker name and #</li> </ul>   | Family Involvement Team Screen                         | <ul style="list-style-type: none"> <li>Identifier for SCF client data, distribution of clients in County</li> </ul>  |
| <ul style="list-style-type: none"> <li>Parole/probation officer name, current legal issues, defense attorney name and firm</li> </ul>   | Family Involvement Team Screen                         | <ul style="list-style-type: none"> <li>Client history, legal issues impacting acceptance or rejection of project services</li> </ul>                                   |
| <ul style="list-style-type: none"> <li>Special needs i.e. DV, DD, Homelessness, mental health, etc.</li> <li>Wrap around service referrals made &amp; date, engagement (yes/no) and date if yes.</li> </ul> | Family Involvement Team Screen                         | <ul style="list-style-type: none"> <li>Client profile</li> </ul>   |

| Data Element  | Data Source                    | Use of the Data  |
|---|--------------------------------|--|
| <ul style="list-style-type: none"> <li>Financial / employment status</li> </ul>   | Family Involvement Team Screen | <ul style="list-style-type: none"> <li>Client profile</li> </ul>   |
| <ul style="list-style-type: none"> <li># of eligible clients, # of clients screened, # of clients assessed, # of clients referred for treatment, # of eligible households rejecting project services and reasons</li> </ul> | Family Involvement Team staff  | <ul style="list-style-type: none"> <li>Performance data to evaluate impact of project on eligible clients</li> </ul> |
| <ul style="list-style-type: none"> <li>Substance abuse history (age of first use and primary drugs of abuse), previous treatment (# of encounters)</li> </ul>   | Family Involvement Team Screen | <ul style="list-style-type: none"> <li>Client profile</li> </ul>   |

| PROVIDER CASE MANAGEMENT and TREATMENT STAFF   |                                      |   |
|--|--------------------------------------|---|
| Data Element   | Data Source                          | Use of the Data   |
| <ul style="list-style-type: none"> <li>CPMS data (enrollment and termination)</li> </ul>   | Treatment provider                   | <ul style="list-style-type: none"> <li># of clients entering treatment, # continuing after 30 days, after 60 days, number of clients completing treatment</li> <li>Chronology of treatment while in the FIT project</li> <li>Other client profile data</li> </ul> |
| <ul style="list-style-type: none"> <li>Residential beds days</li> <li>Outpatient treatment sessions</li> <li>Family treatment sessions</li> <li>Case management hours</li> </ul> | 30 Day Progress Report               | <ul style="list-style-type: none"> <li>Services received</li> </ul>   |
| <ul style="list-style-type: none"> <li>Client progress on issues identified</li> </ul>   | See detail in 30 Day Progress Report | <ul style="list-style-type: none"> <li>Client issues in addition to A&amp;D, impact of case management services</li> </ul>  |
| <ul style="list-style-type: none"> <li>Family therapist appointments (client &amp; family), issues, ways used</li> </ul>   | 30 Day Progress Report               | <ul style="list-style-type: none"> <li>Impact of family therapist services</li> </ul>   |

| SCF   |             |  |
|---|-------------|--|
| Data Element  | Data Source | Use of the Data  |
| <ul style="list-style-type: none"> <li>Initial allegation and date</li> </ul> | SCF File    | <ul style="list-style-type: none"> <li>Who is the project serving</li> </ul> |

| Data Element  | Data Source | Use of the Data  |
|---|-------------|--|
| <ul style="list-style-type: none"> <li>Chronology of court dates and actions</li> </ul>                         | SCF File    | <ul style="list-style-type: none"> <li>Timeframe for each step in the process</li> </ul>   |
| <ul style="list-style-type: none"> <li>Dates and actions involving clients and children</li> </ul>              | SCF File    | <ul style="list-style-type: none"> <li>Number of clients reuniting with children</li> <li>Number of clients whose youth are placed out of the home during the permanency planning period</li> <li>Time in out-of-home placement for children in the project</li> </ul> |
| <ul style="list-style-type: none"> <li>Comparison group by which project performance can be measured</li> </ul> | SCF         | <ul style="list-style-type: none"> <li>Impact of project services on client group</li> </ul>   |

**DEPARTMENT OF COMMUNITY JUSTICE**

| Data Element  | Data Source    | Use of the Data   |
|---|----------------|---|
| <ul style="list-style-type: none"> <li>Universe of allegations of abuse or neglect for the year after FIT project began, # of allegations involving alcohol or drugs</li> </ul> | Juvenile court | <ul style="list-style-type: none"> <li>Impact of project on universe of all allegations and allegations involving drugs or alcohol</li> </ul> |

**VOLUNTEERS OF AMERICA**

| Data Element   | Data Source | Use of the Data   |
|--|-------------|---|
| <ul style="list-style-type: none"> <li>Services and hours provided to project clients</li> </ul> | VOA records | <ul style="list-style-type: none"> <li>Impact of wrap around services on project performance</li> </ul> |

**ADULT AND FAMILY SERVICES**

| Data Element   | Data Source | Use of the Data  |
|--|-------------|--|
| <ul style="list-style-type: none"> <li>Housing grant status</li> </ul> | AFS records | <ul style="list-style-type: none"> <li># of clients for whom housing grants are continued on an exception basis</li> </ul> |
| <ul style="list-style-type: none"> <li>OHP Eligibility</li> </ul>      | AFS records | <ul style="list-style-type: none"> <li># of households for whom cost of treatment is a barrier</li> </ul>                  |

The data elements shown above are intended to answer all of the outcome questions included in the grant proposal and the following:

Grant Mandated Questions

1. Number of families agreeing to FIT services who enter treatment.
2. Number of women continuing treatment 30 days after admission.
3. Number of women continuing treatment 60 days after admission.
4. Number of women terminating as treatment completed.
5. Did the number of clients reuniting with a their children increase?
6. Was there a reduction in the number of clients whose youth are placed out of the home during the permanency planning period?
7. Was there a reduction in the average time in out-of-home placement for children of project clients?
8. Was there a reduction in the re-abuse rates for clients?

Possible Additional Questions

- What was the overall impact of the project in the following areas:
  - Reducing the time from the initial preliminary hearing to enrollment in treatment;
  - Reducing the time a child is placed in non-family care;
  - Reducing the number of youth who are placed in non-family permanency care;
  - Increasing treatment engagement rate;
  - Increasing length of stay in treatment;
  - Increasing treatment completion rate;
  - Reducing the number of new allegations;
- What client demographic factors are associated with positive and negative client outcomes?
- What is the impact of different project services ( expedited entrance into treatment, case management services, service modality, family treatment services, etc.) on positive and negative client outcomes?
- What client clinical factors are associated with positive and negative client outcomes?
- What is the impact of successful access to wrap around services on positive and negative client outcomes?

March 2, 2001

Meredith Morrison  
Multnomah County  
District Attorney's Office

Dear Meredith:

Enclosed you will find the completed re-application for CAMI funding for fiscal year 2001-2002 for the Multnomah County Health Department Physical Examination Service for children entering the Metro State Office for Services to Children and Families legal custody and Morrison Center's Children's Assessment Service.

Should you have any questions, please feel free to contact me at your earliest convenience.

Sincerely,

Darlene Young  
Health Services Administrator  
Multnomah County Health Department  
Neighborhood Health Division/Neighborhood Health Access  
(503) 988-3842 Ext. 254

**CAMI APPLICATION  
MULTNOMAH COUNTY HEALTH DEPARTMENT  
PHYSICAL EXAMINATION SERVICE  
FOR  
CHILDREN ADMITTED INTO THE METRO  
STATE OFFICE FOR SERVICES TO CHILDREN AND  
FAMILIES**

Worksheet A  
CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
CAMI APPLICATION: July 1, 2001 - June 30, 2002  
(Services continued from last year, one worksheet per line item on budget page)

County Name Multnomah County

1. Identify or describe the service or activity being funded by CAMI.

This proposal provides funding to staff physical examinations for children age's birth-13 years entering foster care through the Metro Branch of the State Office for Services to Children and Families (SOSCF), in Multnomah County and those referred to Morrison Center's Children's Assessment Service. This service is a collaborative effort between Multnomah County Health Department, Morrison Center's Child Assessment Service (CAS) and SOSCF. Children entering the state's custody are a high-risk group as many of them have experienced not only maltreatment of some form and separation from caregivers, but often have witnessed domestic violence, and/or been in attachment relationships with substance-abusing and/or mentally ill parents. It is the intent of this service in collaboration with the aforementioned organizations, to facilitate foster children in obtaining the resources and/or treatment they require addressing their specific issues, needs and problems as they relate to optimal health.

The health care staff will be comprised of a nurse practitioner, community health nurse and office assistant with consultation services provided by a licensed pediatrician. Physical examinations would be conducted by the nurse practitioner according to age-specific protocols based on the American Academy of Pediatrics. The community health nurse would have responsibility for providing nursing support to the nurse practitioner, leadership to the team, coordination of clinical services, and development of the children's health passport.

2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the *Optimal Plan*?

The literature seems to be in agreement that there are problems encountered in the provision of adequate health care to children entering into State protective custody. Because children may receive health care

from a varied number of providers scattered throughout the region, the net result is a general lack of continuity and coordination of health care for these children resulting in missed diagnosis, untreated health conditions and unidentified developmental and mental health conditions.

The goal of the physical exam service is to establish centralized health services for children entering foster care in Multnomah County, and to identify acute and chronic conditions requiring expedient treatment which the foster parents/parents and caseworker should be aware. This includes triage, comprehensive age appropriate health screenings/assessments/treatment and referrals for children entering the protective custody of SOSCF in Multnomah County. This service fits into the *Optimal Plan* under the area of Investigation & Assessment. The medical evaluation will be available to all children who are referred to us under the direction of SOSCF and Morrison Center's Children's Assessment Program. Those children who are victims of sexual abuse will continue to be referred to CARES.

Referrals into this service would be coordinated with Morrison Center's Children Assessment Service (CAS) and SOSCF. All medical assessment information will be forwarded to CAS to be incorporated into a physical, mental and developmental health assessment record that would be forwarded to SOSCF and caregivers.

When the Multnomah County Children's Receiving Center opens in 2001, this service would be co-located there along with the mental health and developmental services of CAS.

3. What were the results of providing this service last year? What was accomplished to met the goals of your team's overall CAMI plan? What barriers were there to meeting your goal?

The physical examination service had been delayed due to the securing of a clinical site, subsequent building improvements, systems preparation and staff training for Health Department, Morrison Center and SOSCF staff. This service will be co-housed at the Multnomah County Health Department's Rockwood Neighborhood Health Access Center, which opened in late November 2000. This site will be utilized until the Children's Receiving

Center opens later this year. The projected start date for beginning this service at Rockwood is April 1, 2001.

4. What specific outcomes will you measure to demonstrate that this service is benefiting children and families?

**Physical Examination Service Mission Statement:**

To identify any immediate medical needs the child may have and any additional health conditions of which the foster parents, child's parents and caseworker should be aware.

**Physical Examination Service Desired Outcomes:**

- All children will receive an initial comprehensive physical examination to determine their health status and if there is any presenting health conditions requiring expedient care and treatment.
- The immunization status of all children enrolled will be assessed and brought up to date before discharge.
- All medical information obtained during the child's admittance will be transferred to the child's community medical provider upon discharge.

The potential advantages of this type of service to children and families are several. First, access into health care would potentially be improved, secondly, children and families would benefit from receiving health care from a team of health care providers who clearly understand the necessity for identification & treatment of both acute and chronic health conditions often seen in children entering protective custody situations. And lastly, the coordination of health, mental health and developmental services has the potential for improved over-all child health outcomes.

5. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)

0.30 FTE            Nurse Practitioner  
0.50 FTE            Community Health Nurse  
0.25 FTE            Office Assistant II

6. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page.)

CAMI funds Requested \$56,216

Non-CAMI funds \$41,600\* Source of non-CAMI funds OMAP Billing

Total Project Cost \$97,816

\*Revenue Projection/Non-CAMI Funds

Worksheet-2001 App.

BUDGET PAGE 1 OF 4  
 CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
 CAMI APPLICATION: July 1, 2001-June 30, 2002

County Name Multnomah County

| Expenditures Line Item                | CAMI funds used            | Match funds used | Source of Match Funds | Cash @ or In-kind (IK) 4 | Total CAMI Project         |
|---------------------------------------|----------------------------|------------------|-----------------------|--------------------------|----------------------------|
| Personnel Services 1                  | 0.3 FTE Nurse Practitioner |                  |                       | Administrative Oversight | 0.3 FTE Nurse Practitioner |
| Salary                                | 19,669                     |                  |                       | 3,264                    |                            |
| Benefits                              | 8,987                      |                  |                       |                          |                            |
| Contractual 2                         |                            |                  |                       |                          |                            |
| <u>Total Per. Services</u>            | 28,656                     | 28,656           | OMAP Billing          |                          |                            |
| Materials & Services                  | 5,363                      |                  |                       | Space/Rockwood \$1400    |                            |
| Training                              | 200                        |                  |                       |                          |                            |
| Travel                                |                            |                  |                       |                          |                            |
| Equipment                             |                            |                  |                       |                          |                            |
| Other 3                               | 11,794                     |                  |                       |                          |                            |
| <u>Total Materials &amp; Services</u> | 17,357                     | 12,944           | OMAP Billing          |                          | 4,413                      |
| <b>TOTAL EXPENDITURES</b>             | <b>46,013</b>              | <b>41,600</b>    |                       | <b>4,664</b>             | <b>4,413</b>               |
| Funds Carried Over from 2000-2001     |                            |                  |                       |                          |                            |
| Personnel                             |                            |                  |                       |                          |                            |
| Materials & Services                  |                            |                  |                       |                          |                            |
| Other 3                               |                            |                  |                       |                          |                            |
| Total Carry Over                      |                            |                  |                       |                          |                            |

- 1 Provide information on each CAMI funded position separately. (Make additional copies of this page as needed).
- 2 Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- 3 Include information regarding items included in "Other" o Worksheet 3.
- 4 Please estimate dollar value of in-kind contributions.

BUDGET PAGE 2 of 4  
 CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
 CAMI APPLICATION: July 1, 2001-June 30, 2002

County Name Multnomah County

| Expenditures<br>Line Item               | CAMI funds<br>used                  | Match<br>funds used | Source of<br>Match<br>Funds | Cash @ or<br>In-kind<br>(IK) 4 | Total CAMI<br>Project               |
|---|-------------------------------------|---------------------|-----------------------------|--------------------------------|-------------------------------------|
| Personnel<br>Services 1                 | 0.5<br>Community<br>Health<br>Nurse |                     |                             |                                | 0.5<br>Community<br>Health<br>Nurse |
| Salary                                  | 25,884                              |                     |                             |                                | 25,884                              |
| Benefits                                | 10,899                              |                     |                             |                                | 10,899                              |
| Contractual 2                           |                                     |                     |                             |                                |                                     |
| <b>Total Per.<br/>Services</b>          | <b>36,783</b>                       |                     |                             |                                | <b>36,783</b>                       |
| Materials &<br>Services                 |                                     |                     |                             |                                |                                     |
| Training                                | 250                                 |                     |                             |                                | 250                                 |
| Travel                                  |                                     |                     |                             |                                |                                     |
| Equipment                               |                                     |                     |                             |                                |                                     |
| Other 3                                 |                                     |                     |                             |                                |                                     |
| Total<br>Materials &<br>Services        |                                     |                     |                             |                                |                                     |
| <b>TOTAL<br/>EXPENDITURES</b>           | <b>37,033</b>                       |                     |                             |                                | <b>37,033</b>                       |
| Funds Carried<br>Over from<br>2000-2001 |                                     |                     |                             |                                |                                     |
| Personnel                               |                                     |                     |                             |                                |                                     |
| Materials &<br>Services                 |                                     |                     |                             |                                |                                     |
| Other 3                                 |                                     |                     |                             |                                |                                     |
| Total Carry Over                        |                                     |                     |                             |                                |                                     |

- 1 Provide information on each CAMI funded position separately. (Make additional copies of this page as needed).
- 2 Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- 3 Include information regarding items included in "Other" o Worksheet 3.
- 4 Please estimate dollar value of in-kind contributions.

BUDGET PAGE 3 of 4  
 CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
 CAMI APPLICATION: July 1, 2001-June 30, 2002

County Name Multnomah County

| Expenditures<br>Line Item               | CAMI funds<br>used          | Match<br>funds used | Source of<br>Match<br>Funds | Cash ☉ or<br>In-kind<br>(IK) 4 | Total CAMI<br>Project       |
|---|-----------------------------|---------------------|-----------------------------|--------------------------------|-----------------------------|
| Personnel<br>Services 1                 | 0.25 Office<br>Assistant II |                     |                             |                                | 0.25 Office<br>Assistant II |
| Salary                                  | 8,050                       |                     |                             |                                | 8,050                       |
| Benefits                                | 5,412                       |                     |                             |                                | 5,412                       |
| Contractual 2                           |                             |                     |                             |                                |                             |
| <u>Total Per.<br/>Services</u>          | 13,462                      |                     |                             |                                | 13,462                      |
| Materials &<br>Services                 |                             |                     |                             |                                |                             |
| Training                                | 100                         |                     |                             |                                | 100                         |
| Travel                                  |                             |                     |                             |                                |                             |
| Equipment                               |                             |                     |                             |                                |                             |
| Other 3                                 |                             |                     |                             |                                |                             |
| Total<br>Materials &<br>Services        |                             |                     |                             |                                |                             |
| <b>TOTAL<br/>EXPENDITURES</b>           | 13,562                      |                     |                             |                                | 13,562                      |
| Funds Carried<br>Over from<br>2000-2001 |                             |                     |                             |                                |                             |
| Personnel                               |                             |                     |                             |                                |                             |
| Materials &<br>Services                 |                             |                     |                             |                                |                             |
| Other 3                                 |                             |                     |                             |                                |                             |
| Total Carry Over                        |                             |                     |                             |                                |                             |

- 1 Provide information on each CAMI funded position separately. (Make additional copies of this page as needed).
- 2 Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- 3 Include information regarding items included in "Other" o Worksheet 3.
- 4 Please estimate dollar value of in-kind contributions.

BUDGET PAGE 4 of 4  
 CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
 CAMI APPLICATION: July 1, 2001-June 30, 2002

County Name Multnomah County

| Expenditures<br>Line Item               | CAMI funds<br>used                                 | Match<br>funds used | Source of<br>Match<br>Funds | Cash ☉ or<br>In-kind<br>(IK) 4 | Total CAMI<br>Project                               |
|---|--|---------------------|-----------------------------|--------------------------------|---|
| Personnel<br>Services 1                 | Pediatrician<br>Consultant/2<br>hrs. Per<br>month. |                     |                             |                                | Pediatrician<br>Consultant/2<br>hrs. per<br>month ☉ |
| Salary                                  | 992  |                     |                             |                                | 992   |
| Benefits                                | 216  |                     |                             |                                | 216   |
| Contractual 2                           |  |                     |                             |                                |   |
| <u>Total Per.<br/>Services</u>          | 1,208  |                     |                             |                                | <u>1,208</u>  |
| Materials &<br>Services                 |  |                     |                             |                                |   |
| Training                                |  |                     |                             |                                |   |
| Travel                                  |  |                     |                             |                                |   |
| Equipment                               |  |                     |                             |                                |   |
| Other 3                                 |  |                     |                             |                                |   |
| Total<br>Materials &<br>Services        |  |                     |                             |                                |   |
| <b>TOTAL<br/>EXPENDITURES</b>           | <b>1,208</b>                                       |                     |                             |                                | <b>1,208</b>  |
| Funds Carried<br>Over from<br>2000-2001 |  |                     |                             |                                |   |
| Personnel                               |  |                     |                             |                                |   |
| Materials &<br>Services                 |  |                     |                             |                                |   |
| Other 3                                 |  |                     |                             |                                |   |
| Total Carry<br>Over                     |  |                     |                             |                                |   |

- 1 Provide information on each CAMI funded position separately. (Make additional copies of this page as needed).
- 2 Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- 3 Include information regarding items included in "Other" on Worksheet 3. Please estimate dollar value of in-kind contributions.

CHILD ABUSE MULTIDISCIPLINARY INTERVENTION  
CAMI APPLICATION: July 1, 2001-June 30, 2002  
WORKSHEET 3  
OTHER EXPENDITURES

OTHER EXPENDITURES

Multnomah County General Fund Indirect Cost      \$11,794\*

\*Indirect Cost Computed at (0.1371)

**MULTNOMAH COUNTY HEALTH DEPARTMENT  
PHYSICAL EXAMINATION SERVICE  
JOB DESCRIPTIONS  
for**

**Community Health Nurse  
Nurse Practitioner  
Office Assistant II**

**Multnomah County Health Department  
Physical Examination Service  
Children's Receiving Center  
Community Health Nurse  
Position Description**

General Description

The Community Health Nurse functions as a member of the health team and multidisciplinary Children's Receiving Center team, promoting good health practices, coordinating existing health resources and providing high quality services in a clinic setting. Services include, child health, communicable disease prevention, immunizations, reproductive health, client and family health education and health information and referral services.

Supervision Received

This position reports directly to the Neighborhood Health Access Program Manager, or her designee. The Community Health Nurse also receives clinical direction from the clinic Nurse Practitioner.

Supervision Exercised

This position supervises unlicensed clinic personnel within the context of the Oregon State Board of Nursing licensure laws.

Principle Duties Include

- Develop nursing care plans for children admitted to and discharged from the Children's Receiving Center.
- Perform invasive nursing procedures such as immunizations, phlebotomy and tuberculin skin test.
- Evaluate nursing care plans.
- Supervise the practice of unlicensed clinic personnel.
- Administer some medications per direct or standing order.
- Accurately take and record patient vital signs.
- Follows all body substance universal precautions in the performing of tasks.
- Accurately take, record and graph anthropometric data.
- Identify baseline lab work needed per protocol and/or provider request.

- Accurately collect, process and record blood, urine, stool and other specimens. Instruct patients in the correct procedure for obtaining specimens.
- Perform heel and finger sticks for diagnostic determinations.
- Perform basic lab/screening tests and properly record in patient chart.
- Maintain clinic flow by keeping rooms filled with patients, preventing bottlenecks, alerting provider when she/he falls behind and consulting with the provider on problems.
- Document brief and accurate "subjective" and "objective" of SOAP.
- Prepare required ROIs; fill out basic data such as patient name, DOB etc.
- Review prior progress notes and anticipate needs for visit. Complete any needed forms.
- Have patient prepared for the provider examination.
- Answer patients and legal guardian questions.
- Provide health education. Distribute patient health information such as pamphlets.
- Assist patient/legal guardian with referrals and follow-up appointments.
- Provide patient follow-up for example on abnormal labs, & outside referrals.
- Complete CPR training every two years.
- Know role in case of an emergency.
- Adhere to confidentiality standards as detailed in the Administrative Guidelines.
- Be responsible for reviewing and communicating new Administrative Guidelines/Policies and Procedures. Make necessary changes in the clinic to be in compliance with guidelines, policies and procedures.
- Use good communication skills in interviewing, problem solving and educating.
- Use basic medical terminology correctly, including approved abbreviations.
- Watch for signs of domestic violence and child abuse. Follow child abuse reporting law.
- Have a basic knowledge of the Health Information System (HIS).
- Respect and value individual and cultural differences.
- Be familiar with health and social agencies and general community resources.
- Knowledge of various specialties for provider referrals such as colposcopy, podiatry, ENT.

- Refer patients for screening for the Oregon Health Plan.
- Orient new staff to clinic.
- Assures Quality Assurance/OSHA and other standards are met.
- Participates in the performance evaluation of clinical staff.

#### Additional Skills & Knowledge

- Venipuncture
- Lab quality control activities
- Immunization forecasting
- PPDs
- OSHA Standards

#### Experience and Training

- One year of community health nursing is desirable.
- Equivalent to a bachelor's degree from an accredited college or university with major course work in community health nursing or related field or associate's degree in nursing.
- Possession of an Oregon license to practice as a registered professional nurse and a current driver's license.

2/22/01

**Multnomah County Health Department  
Physical Examination Service  
Children's Receiving Center  
Family Nurse Practitioner  
Position Description**

General Description

This position is a member of the multidisciplinary team at the Children's Receiving Center and provides independent comprehensive care and specialized services with an emphasis on prevention, diagnosis and treatment of diseases and health maintenance for children enrolled into the Children's Receiving Center.

Supervision Received

The Neighborhood Health Access Program Manager and the Multnomah County Health Department Lead Nurse Practitioner define clinical practice expectations.

Supervision Exercised

Provides clinical supervision to the licensed registered nurse and participates in defining the performance expectations of non-licensed staff in the clinic.

Principle Duties

- Provide wellness and preventative education to children and their legal guardians.
- Provide comprehensive physical examinations for enrolled children.
- Diagnose and treat children for primary, secondary and tertiary health conditions such as sexually transmitted diseases, urinary tract infections, otitis media, dermatitis, and reproductive health care.
- Provide health care education.
- Facilitate patient referrals for Oregon Health Plan Screening by referring to CHN or Office Assistant.
- Initiate specialty referrals for health care.
- Collaborate with the members of the multidisciplinary team sharing health care information as appropriate.

- Maintain updated, accurate, systematic recording in all patient records.
- Administer injections and perform Venipuncture when nursing support is unavailable.
- Prescribe appropriate medications and administer on-site when indicated.
- Review laboratory reports and medical correspondence on a daily basis.
- Attend & participate in clinical and multidisciplinary team meetings.
- Provide medical/nursing expertise to the multidisciplinary team membership.
- Participate in giving and receiving feedback through the team evaluation system.
- Lead team members in medical case-conferencing on selected clients.
- Participate in CQI activities and data gathering as requested by the program manager.
- Participate in other duties as assigned by the program manager.

#### Other Skills and Abilities

- Knowledge of County, Department and Center work-unit policies and procedures.
- Ability to communicate effectively with team members, clients and their legal guardians.
- Ability to work independently within the scope of practice as defined by agency and licensing agent.
- Adept at problem solving and role modeling.
- Demonstrates effective time management.
- Ability to identify knowledge deficits and seek opportunities for continuing education.

#### Qualifications

Current Oregon State Nurse Practitioner License.

#### Experience and Training

Two years of successful independent practice.

**Multnomah County Health Department  
Physical Examination Service  
Children's Receiving Center  
Office Assistant II  
Position Description**

**General Description**

This position provides office support requiring proficiency in several areas. The person in this position must prioritize their own work, handle several assignments simultaneously, be responsible for all clerical procedures and assist in clerical coordination as it relates to efficient clinic flow. All tasks must maintain client confidentiality and be performed within agency and clinic policies and procedures.

**Supervision Received**

This position reports directly to the Neighborhood Health Access Manager or designee, and receives oversight of their daily tasks by the Lead Community Health Nurse.

**Supervision Exercised**

This position has no supervision requirements, but is expected to provide clerical expertise to their assigned team.

**Principle Duties**

- Prepares and maintains client health records according to agency policy, updating them as necessary with current client information such as address and insurance information.
- Acts as receptionist, answering telephones and waiting on clients.
- Provides information within the context of the job description, knows when to refer calls to appropriate clinical staff.
- Maintains and updates the clinic answering machine message with appropriate clinic information, emergency numbers and Oregon Health Plan member information.
- Maintains a clinic environment that assures client confidentiality.
- Creates and maintains appointment scheduling that supports efficient clinic flow.
- Receives, sorts and distributes incoming and outgoing correspondence.

- Posts lab and correspondence in charts after initial review by provider.
- Files documents maintaining alphabetical index and cross-reference file.
- Orders and maintains office supplies and forms, payroll, accounting and purchasing information.
- Checks clients in on computer verifying insurance, special message and other pertinent information.
- Check clients out of clinic, enters any follow-up messages/recall into the computer, billing insurance or special handling visit according to policies and procedures.
- Schedule interpreters for non-English speaking clients as required.
- Maintain staff sign-in/out system according to guidelines.
- Document failed appointments in chart and forward to the provider.
- Gathers requested data, records and other necessary information for clinic audits.
- Participates in clinical audits.
- Transfers request for release of medical records to the Lead Community Health Nurse or Accredited Record Technician per clinic policy & procedures.
- Utilizes Department Guidelines and policies in the course of daily work, assignments and interactions with clients.
- Reports malfunctioning equipment and maintains office equipment such as telephones and copier. Assists with reporting computer problems and facilitates problem solving in a timely manner.
- Shares back-up responsibilities to Center's receptionist on a scheduled basis.
- Word-processes, edits and proof reads forms, memos, reports, test and correspondence from rough drafts.
- Batches encounter forms on a daily/weekly basis. Assures that all encounter forms are returned from the provider and nurse on a daily basis.
- Archive medical records, appointment schedules, immunization consent forms, and encounter forms according to the Department policy.
- Maintain team-meeting minutes.
- Participates in team meeting, team planning sessions and educational opportunities to improve clerical and other skills.

### Additional Skills and Abilities

- Demonstrates culturally appropriate interactions and understandings when dealing with team members, community and clinic clients.
- Demonstrates the ability to successfully work within the context of a team.
- Demonstrates helpfulness in working with clients and team members.

### Knowledge OF

- English usage, spelling, grammar and punctuation; principles and procedures of record keeping.
- Basic mathematical principles
- Modern office methods and practices.
- Use of personal computer, Internet, the MINT and various software applications

### Ability To

- Work courteously with the general public on the telephone or in person, including handling difficult situations.
- Carry out both oral and written communications.
- Communicate clearly both orally and in writing.
- Prioritize tasks on an ongoing basis.

### Experience and Training

Full-time equivalent of two years general clerical experience involving some public contact or customer service. Experience with computers and/or word processing is highly desirable; AND

### Education

Equivalent to the completion of the twelfth grade. Additional specialized clerical training is desirable.



Legacy Portland Hospitals  
Legacy Emanuel Hospital & Health Center  
Legacy Good Samaritan Hospital & Medical Center  
2801 N. Gantenbein Avenue  
Portland, Oregon 97227  
(503) 413-2200

February 28, 2001

Ms. Meredith Morrison  
MDT Coordinator  
Multnomah County  
Victims Assistance Program  
1021 SW 4<sup>th</sup> Room 804  
Portland, OR 97204

Dear Ms. Morrison:

Enclosed you will find our completed application and budget for the CAMI grant 2001-2002.

I would like to take this opportunity to thank you and the grant committee for taking our application into consideration. We appreciate the grant from 2000-2001, and have the beginnings of a very successful program.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Christine Lolich".

Christine Lolich, R.N.  
Manager  
Emanuel Emergency Services

**Worksheet A**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION July 1, 2001 – June 30, 2002**  
(Services continued from last year, one worksheet per line item on budget page)

County Name Multnomah

1. **Identify or describe the service or activity being funded by CAMI.** This position provides Emergency Department (ED) on-call child abuse social worker coverage 12 hours per day 7 days per week during peak hours when CNW is closed. Legacy covers social worker costs while they are on site in the ED. This grant covers the on-call cost of \$3.25 per hour when social workers are available but not on site.
2. **Why is this being provided? How does it fit with your team's overall CAMI plan and with the Optimal Plan?** ED physicians are not specialized in obtaining forensic history from children and families regarding possible sexual abuse. This position provides a skilled child abuse social worker to obtain an in depth history from the child and family in a neutral forensically appropriate manner. This yields a better outcome for the child and family as well as providing documentation for investigation and prosecution.
3. **What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal.** ED physicians and nursing staff universally support the program believing it has dramatically improved patient care. Families feel supported during their long stay in the ED. Data regarding the allegation is now well documented and available to CNW and LEA. CNW has reported a decrease in inappropriate referrals. As a new program there have been opportunities for growth. We had planned on monthly meetings between CNW and the ED. These meetings have occurred almost monthly. We believe regularly scheduled monthly meetings would be most effective. We also would like to develop an organized infrastructure to address the numerous quality assurance, scheduling, billing, and documentation issues. Additional areas of growth and improvement during the next year will include:
  - a. Improving transcription services
  - b. Improve ease of CNW/LEA access to ED reports and staff
  - c. Hire a coordinator to improve the organization of ongoing training and quality assurance.
  - d. Improve data collection on outcome measurements.
  - e. Improve communication with LEA/SCF regarding role of the child abuse social worker. This will be accomplished by presenting at the MDT and SCF/LEA meetings.
  - f. Hire additional on-call CA social workers to cover all peak hours CARES NW is closed.

4. **What specific outcomes will you measure to demonstrate that this service is benefiting children and families?**
  - a. Number of children served by the CA social worker
  - b. Decrease visit time in the ED
  - c. Social worker documentation meeting or exceeding CQI measures
  - d. CA social worker available all hours CARES NW is closed.
5. **Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)** Paid Legacy social workers will provide the on-call service. CNW will provide training for social workers. Coordinator paid by Legacy will assess training need and complete CQI.
6. **How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)**  
CAMI funds \$ 28840  
Non-CAMI funds \$ 13304 - \$14984. Source of non-CAMI funds Legacy Emanuel ED

CA = Child Abuse

CNW = Cares NW

LEA = Law enforcement agency

ED = Emergency Department

**BUDGET DIRECTIONS**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 – June 30, 2002**

**List all services, activities and purchases that will be part of the comprehensive intervention plan and include all sources of funding for these items. List should include:**

- 1. Services and materials purchased by CAMI funds only.** On-call social worker to respond to EHC ER during peak hours when CNW is closed, to obtain history of the allegation from the child and family. Social worker coverage is 12 hour shifts, 4 pm – 4am, 7 days a week at \$3.25 an hour.
- 2. Services and materials purchased through a combination of CAMI funds and non-CAMI funds or in-kind contributions.** Legacy pays the social worker their base rate at 1.5 times, for time with patient in the ED. The minimal is 3 hours paid. There is no maximum number of hours for time in the ED.

**In-kind contributions are property or services that benefit the coordinated intervention plan and which are contributed by third parties without charge to the program. Please estimate dollar value of in-kind contributions on budget page. Examples include:**

- 1. Volunteer services furnished by professional and technical personnel, consultants and other skilled or unskilled persons.** CNW provides 8 hours training, ongoing quality assurance and scholarships for the CNW May training.
- 2. Equipment or space that is loaned to the MDT and title is retained by the contributor.**
  - a. 24 hour pager to each social worker
  - b. Office space in ED.
  - c. Transcription services and supplies
- 3. Donated supplies, land, building or equipment priced at the fair market value.**
  
- 4. Work time provided by an agency to support MDT efforts such as to attend training.** CNW provides the direct training to the social workers at no charge.

ED = Emergency Department

**PLAN OVERVIEW**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 – June 30, 2002**

County Name Multnomah

In Multnomah County during the hours of 8-5, Monday through Friday, CNW is the child abuse assessment center. All other hours are covered by Legacy Emanuel ED. ED physicians are responsible for a vast array of medical problems. In general, they receive little training on CA and little or no training on how to conduct a forensically sound interview with a child regarding allegations of abuse. Additionally, the hectic schedule in the ED and the emergent life threatening cases take precedent over child sexual abuse cases.

With the addition of the CA interviewer we are able to:

- Have a resource available to the child and family within 30 minutes of the child arriving at the ED
- Notify SCF and LEA with appropriate referral information in a timely fashion
- Coordinate response with SCF and LEA
- Gather a medical and social history in a detailed, documented fashion
- Assist the physician in obtaining the history of the allegation in a forensically sound manner
- Have a neutral, supportive member of the team present during the exam
- Do immediate referrals for CARES NW, counseling resources, medical needs, LEA and SCF
- Assess protection issues
- Do immediate crisis intervention with family.

The CAMI funds will be used to cover the on-call scheduled hours at \$3.25 per hour when the social worker is on-call but not on site in the ED and paid time for training in CARES. This is 4,380 hours per year. Legacy Emanuel ED will cover the costs of some training, staff meeting, pagers, transcription and the actual time spent in the ED. The time the social worker spends in the ED is paid at 1.5 times the hourly rate with a minimal time of 3 hours. This on site cost is estimated to be \$20,000.

The addition of a CA social worker at the ED has integrated Legacy Emanuel ED into the Multnomah County intervention plan. This program creates a stronger bridge with CNW, LEA and SCF.

The short term goal of this project was to see if this program was feasible and improved the outcome for the child and family. Without question, the program has met these goals. The long term goal is to:

- Have this program well organized into the multidisciplinary team in Multnomah County
- To provide a well documented plan for other EDs to use around the state
- To improve the coverage of the CA interview to all peak hours CNW is not open
- Hire a coordinator to review training needs and complete quality assurance of all staff.

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION July 1, 2001 - June 30, 2002**

County Name: Multnomah

| Expenditures<br>Line Item  | CAMI<br>funds<br>used                 | Match<br>funds<br>used | Source of<br>Match<br>Funds | Cash or In-<br>kind (IK)                             | Total CAMI<br>Project                     |
|--|---------------------------------------|------------------------|-----------------------------|--|---|
| <b>PERSONNEL SERVICES</b>  |                                       |                        |                             |  |   |
| Salary: Call time  | \$14235                               |                        |                             | Staff Meeting  | 2 hrs X 4 = 8 hrs<br>each/year =<br>\$800 |
| Orientation CARES  | Paid time<br>\$200/person<br>X3=\$600 |                        |                             | Call back  | \$10800-13320                             |
| Education Days   | 2 each X 3<br>days =<br>\$1200        |                        |                             |  |   |
| Supervisor to oversee<br>program maximum 4<br>hrs per week \$30/hr | \$6240/year                           |                        |                             |  |   |
| Benefits   |                                       |                        |                             |  |   |
| Contractual  |                                       |                        |                             |  |   |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>                                |                                       |                        |                             |  |   |
| <b>MATERIALS &amp; SERVICES</b>                                    |                                       |                        |                             |  |   |
| Training - EII-new employee<br>orientation                         |                                       |                        |                             | Cares does (IK)<br>training for each<br>interviewer  | 8 hrs each<br>\$600                       |
| CARES conference   |                                       |                        |                             | 2 slots/positions<br>donated by<br>CARES \$440       |   |
| Other: Pager   |                                       |                        |                             | \$72/pager<br>\$288/year                             |   |
| Transcription  |                                       |                        |                             | \$1890   |   |
| Administrative<br>RN/MD  |                                       |                        |                             | RN - \$2400<br>Manager<br>responsible<br>MD - \$4000 |   |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>                          |                                       |                        |                             |  |   |
| <b>TOTAL EXPENDITURES</b>  | \$22275                               |                        |                             |  |   |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b>                       |                                       |                        |                             |  |   |
| Personnel  |                                       |                        |                             |  |   |
| Materials & Services   |                                       |                        |                             |  |   |
| Other  |                                       |                        |                             |  |   |
| <b>TOTAL CARRY OVER</b>  |                                       |                        |                             | \$21218-\$23738                                      |   |

Provide information on each CAMI funded position separately. (Make additional copies of this page as needed). Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab. Include information regarding items included in "Other" on Worksheet 3. Please estimate dollar value of in-kind contributions.

**PLAN OVERVIEW**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 – June 30, 2002**

**County Name:** Multnomah

**CAMI Plan Overview**

This application is for two phases of Multnomah County's continuum of services to children affected by abuse: the Children's Receiving Center (Gateway Children's Campus) and the Early Childhood Partnerships Project.

The Children's Receiving Center on the Gateway Children's Campus will be a short-term shelter and service center for children removed from their homes due to abuse or neglect. The program is a joint effort of Multnomah County, State SCF, the City of Portland, the Christie School and the Morrison Center. Its goal is to minimize the trauma to children and ensure a safe, stable placement by providing multi-disciplinary evaluation and care of the child and the biological family. These services relate to Section 2 and 3 of the *Optimal Child Abuse Intervention Plan*.

The Early Childhood Partnerships Project will provide coordinated, comprehensive and intensive services for young foster children and their biological and foster families. It will be part of a continuum of services provided by Multnomah County, which are reflected in the *Optimal Child Abuse Intervention Plan*. This service is under the *Optimal Plan's* section three: *Coordination of follow-up services for child, supporting caretaker, other family*.

The Early Childhood Partnerships Project will provide access to mental health, substance abuse and domestic violence services for the biological families of young foster children. The need for these services is based on research and experience that the families of foster children are often affected by mental health, substance abuse and domestic violence problems. These adult problems adversely impact children and the impact is felt most deeply by the youngest children. Without treatment and support, family members are not prepared for their children to return home and stay home.

The Project seeks to foster attachments between foster/kin and biological parents and their young children through mental health consultation, and it seeks to help biological parents access treatment and support for mental health, substance abuse and domestic violence problems. The ultimate goal for each child is to achieve the best possible, most stable, developmentally appropriate, growth-promoting placement: whether that be a return home, or not.

**Worksheet A**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION; July 1, 2001- June 30, 2002**  
(Services continued from last year, one worksheet per line item on budget page)

**County Name:** Multnomah

**1. Identify or describe the service or activity being funded by CAMI.**

This request is for the Children's Receiving Center campus' support services and the Early Childhood Partnerships Project, two phases of Multnomah County's continuum of care for children affected by abuse. The Children's Receiving Center will provide short-term shelter and services to young children removed from their homes due to abuse or neglect. The Partnerships Project will follow-up with appropriate families to provide coordinated, comprehensive and intensive services for young foster children and their biological and foster families.

The Children's Receiving Center (CRC) will provide shelter, basic needs, health screening, mental health screening, supervised visitation, and placement planning to young children and families affected by abuse. The facility has a sixteen-bed target and will be able to accommodate sibling groups. The campus, now called the Gateway Children's Campus, will house the CRC, the Multi-disciplinary Team, and a set of services designed to compliment the CRC and the MDT functions.

The Partnership Project will deliver its follow-up services to children and families in two ways: 1) County mental health consultants will provide regular in-home child development, parenting and early childhood mental health consultation and 2) access and payments for substance abuse, mental health treatment services and domestic violence support services will be made available to biological families.

**2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the *Optimal Plan*?**

Both components of this application, services and supports for the Gateway Children's Campus and the Early Childhood Partnerships Project, seek to reduce harm and improve the strength and quality of placement for abused and neglected children.

The Children's Receiving Center will provide shelter and services to reduce trauma to the child and increase the probability of a safe and stable future placement for the child. This fits in both the second and third sections of the *Optimal Child Abuse Intervention Plan*. Specifically the Receiving Center will address Sections 2D, 2E, 3A, 3B, and 3D.

The Early Childhood Partnerships Project seeks to improve the well-being of foster children by reducing the number and impact of risk factors and increase the number and strength of protective factors for foster children and their families.

Research and experience show that foster children are typically affected by the following risk factors: parental mental health problems, poor parenting skills, substance abuse, and domestic violence. The Project aims to decrease these risk factors by providing mental health consultation and payment for supportive services. In the *Optimal Plan* these services fit in 3. *Coordination of follow-up services for child, supporting caretaker, other family.*

**3. What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal.**

Because the Project was initially designed to include major financial contributions from other child-serving partner agencies, its implementation has been delayed. The County and other partners have been unable to commit financial resources to the Project until this coming fiscal year, due to current and anticipated budgetary constraints: worries about the 11/00 ballot initiatives, then, State budget shortfalls this year. The anticipated financial contributions from SCF and the County did not come through.

With the new emphasis on early childhood at both the State and county levels and increased revenue from federal participation, we are now confident that the Project will move forward this year in concert with the Children's Receiving Center component.

**4. What specific outcomes will you measure to demonstrate that this service is benefiting children and families?**

The Children's Receiving Center will measure the benefits of its services by measuring customer satisfaction. Customers are the biological parents, foster parents, SCF caseworker, police and child.

The Early Childhood Partnership Project will measure three areas to demonstrate its benefits:

- ◆ Biological parents will have increased access to substance abuse and mental health care, and to domestic violence services and supports
- ◆ Disruptions in placements will be reduced for young children in foster care
- ◆ Foster/kinship parents will indicate increased satisfaction with the young children in their care

**5. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI. (Behind tab provided)**

The Gateway Children's Campus is a collaborative project. The Christie School, who successfully completed the County's Notice of Intent process, will operate the Children's Receiving Center. Multnomah County Department of

Community and Family Services will provide campus administrative supports and security services. Multnomah County Health Department will provide health services. The Morrison Center, in an expansion of the current Children's Assessment Service, will provide mental health services. State Services to Children and Families will have workers on site to arrange family visitation and plan placements. The Multi-Disciplinary CAT team will be closely integrated into the Receiving Center services.

Contract agreements for the Receiving Center are in the negotiation stage.

For the Early Childhood Partnership Project, Multnomah County Department of Community and Family Services will provide the family consultation. The county will contract out the substance abuse and adult mental health treatment services, and the domestic violence services and supports in an RFP process.

**6. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions. (This should match line items on budget page)**

**CAMI funds \$: 290,000**

**Non CAMI funds \$: 1,557,525**

**Source of non-CAMI funds: County  
General Fund, Federal Financial Partnership,  
OHP Reimbursement**

## **CHILD ABUSE MULTIDISCIPLINARY INTERVENTION CAMI APPLICATION; July 1, 2001- June 30, 2002**

We are submitting two budgets with this application: *Option A* and *Option B*. *Option A* is designed to meet the full need for service. *Option B* has the same program components of *Option A* but serves fewer children. We recognize *Option A* as idealistic in the current environment and are submitting *Option B* for CAMI funding. The CAMI budget form reflects *Option B*.

Both *Option A* and *Option B* budgets are based on a full year of programming. We plan to phase in programming over this year (July 1, 2001 to June 30, 2002), as the buildings housing the programs will be remodeled this year. For *Option B*, the total cost this year of phase is estimated at \$1,010,000. A schedule of the phase in plan is included in the attachments to this application.

The following is an explanation of each budget line item.

### **Salary**

The following positions are included in this item: Early Childhood Mental Health Consultants, Clinical Services Supervisor, Office Assistants, Administrator for Early Childhood and Child Abuse Services and Program Development Specialists. All positions will be employees of Multnomah County Department of Community and Family Services.

### **Benefits**

This is the Department of Community and Family Service's standard charge for the benefits of the salaried positions listed above.

### **Contractual**

This category includes cash enhancements for mental health and substance abuse services, domestic violence services and supports, child psychiatry consultation.

### **Training**

This item has two parts: 1) a standard per employee training charge of the Department of Community and Family Services and 2) domestic violence training for mental health staff.

### **Equipment**

This is a standard Department of Community and Family Service charge for supplies, telephone and PC fee for all employees. For new hires, this charge includes furniture and a desktop PC.

### **Other**

This item has three parts: 1) county indirect charge 2) program evaluation and 3) a standard Department of Community and Family Service charge for building management, printing, distribution and other miscellaneous costs.

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

**County Name: Multnomah, Option B**

| <b>Expenditures<br/>Line Item</b> | <b>CAMI<br/>funds<br/>used</b> | <b>Match<br/>funds<br/>used</b> | <b>Source of<br/>Match funds<br/>used</b> | <b>Cash or<br/>In-Kind</b> | <b>Total<br/>CAMI<br/>Project</b> |
|-----------------------------------|--------------------------------|---------------------------------|---|----------------------------|-----------------------------------|
| <b>PERSONNEL SERVICES</b>         |                                |                                 |   |                            |                                   |
| Salary                            | \$100,083                      | \$537,387                       | See Note                                  |                            | \$637,470                         |
| Benefits                          | \$44,937                       | 241,287                         |   |                            | 286,224                           |
| Contractual*                      | \$81,436                       | 437,264                         |   |                            | 518,700                           |
| <b>TOTAL</b>                      |                                |                                 |   |                            |                                   |
| <b>PERSONNEL SERVICES</b>         | <b>\$226,456</b>               | <b>\$1,215,938</b>              |   |                            | <b>\$1,442,394</b>                |
| <b>MATERIALS &amp; SERVICES</b>   |                                |                                 |   |                            |                                   |
| Training                          | \$1,614                        | 8,666                           |   |                            | 10,280                            |
| Travel                            | \$1,375                        | 7,385                           |   |                            | 8,760                             |
| Equipment                         | \$10,985                       | 58,985                          |   |                            | 69,970                            |
| Other**                           | \$49,570                       | 266,551                         |   |                            | 316,121                           |
| <b>TOTAL</b>                      |                                |                                 |   |                            |                                   |
| <b>MATERIALS &amp; SERVICES</b>   | <b>\$63,545</b>                | <b>\$341,586</b>                |   |                            | <b>\$405,131</b>                  |
| <b>TOTAL EXPENDITURES</b>         | <b>\$290,000</b>               | <b>\$1,557,525</b>              |   |                            | <b>\$1,847,525</b>                |
| <b>FUNDS CARRIED OVER</b>         |                                |                                 |   |                            |                                   |
| <b>FROM 2000-2001</b>             |                                |                                 |   |                            |                                   |
| Personnel                         | 50,000                         |                                 |   |                            |                                   |
| Materials & Services              | 20,000                         |                                 |   |                            |                                   |
| Other                             | 20,000                         |                                 |   |                            |                                   |
| <b>TOTAL CARRY OVER</b>           | <b>90,000</b>                  | <b>0</b>                        | <b>0</b>                                  | <b>0</b>                   | <b>0</b>                          |

Note: Other funding sources are County General Fund, Federal Financial Partnership, and OHP Reimbursement

\* Contractual includes: mental health, substance abuse and domestic violence services; child psychiatry consultation; Receiving Center campus security; Children's Assessment Service

\*\*Other includes: county indirect (15.89%), program evaluation, printing, and building management

# Attachments

**Early Childhood Partnerships Project, and  
Children's Receiving Center Campus Supports**  
**Add Package**  
**February 2001**

**Title of Proposal: Early Childhood Partnerships Project—Intensive Services and Supports for Young Foster Children and Their Foster and Biological Families; Children's Receiving Center Campus Supports**

**Brief Summary of Proposal:** This proposal includes a new program designed to support young foster children and their families, within an integrated services model and based on the Children's Receiving Center campus. The Children's Receiving Center (CRC) campus will function as a center for services for young children and their families, with the CRC as the anchor facility.

The Early Childhood Partnerships program proposal builds on the successful "Partners Project"—a family-centered model of blended and braided funds to bring together major young child-serving agencies to provide choices within a coordinated, comprehensive and intensive service delivery system for young foster children and their biological and foster families. Pairing County Early Childhood Mental Health Consultants with SCF Case Workers provides these very young children and their families the combined support and supervision of child welfare and mental health staff, and provides the following during the child's critical first months of out-of-home placement:

- Child development, parenting and early childhood mental health consultation for caregivers,
- Access to and payment for substance abuse and adult mental health treatment for biological families,
- Access to and payment for domestic violence support services for biological families, and
- Stability of primary relationships.

This program proposal is necessary to increase family self-sufficiency within a complex and fragmented service delivery system for the following reasons:

- Very young children are extremely vulnerable,
- SCF Case Worker caseloads and agency focus on court responsibilities,
- The capacity of the adult mental health system has been greatly diminished,
- The capacity of the adult substance abuse system is primarily limited to outpatient care, and
- The domestic violence service system is chronically at capacity.

The Early Childhood Mental Health Partnership, whose mission is to improve the systems that promote the social, emotional and relational development of young children and families, will serve as the sponsor and advisory council to the Partnerships Project.

**Description of Population to be Served:** This proposal seeks to serve young children (0—6) placed in the foster care system, through coordination and consultation with SCF Case Workers and by supporting the foster and biological families of those children

through on-site consultation and access to adult mental health, substance abuse, and domestic violence services.

**Objective:** To reduce the number and impact of risk factors and increase the number and strength of protective factors, both within the child and within his or her environment.

**Proposal Components:**

1. **Early Childhood Mental Health Consultation:** Each child and his/her foster/kinship and biological families will have an Early Childhood Mental Health Consultant: a QMHP with early childhood expertise. This Consultant Team will also have expertise in adult mental health, substance abuse and domestic violence care and support. Cases are referred by SCF from the Receiving Center, where the children have or will also receive a comprehensive assessment by the Children's Assessment Service. The Early Childhood Mental Health Consultant and the SCF Case Worker will meet with the CAS assessors to jointly develop an initial service plan. The Consultants will meet with biological and foster families, in their homes, to provide consultation and training on attachment issues, developmental concerns, behavioral issues, and concerns specific to that child's individual needs and strengths. They will bill OHP for these services. They will also assist the SCF Case Worker with access to mental health and early intervention services (Early Intervention/Early Childhood Special Education) for the child, and with access to mental health, substance abuse, and domestic violence services for the biological family.

**Projected number of population in need:**

- **Option A:** 250 young children entering the foster care system each year (from Children's Assessment Service data).
  - **Option B:** 225 young children entering the foster care system
2. **Cash Enhancements for Mental Health and Substance Abuse Services:** To help gain access to essential mental health and substance abuse services for biological families, the Consultants will be able to refer/authorize cash enhancements for families who cannot obtain services through the current systems. This will likely be purchased through an RFP, much like the new contract with Morrison/Unity for access to early childhood mental health services. Each enrolled child will have \$1500 available for cash enhancements. Using the Partners Project model, these funds will be pooled for matching with a given family's need—so that some families will need much less than the \$1500, and some families will need much more than the \$1500. These funds enhance the OHP and/or Strengths/Needs payments available. This dollar amount is based on the following:
    - a. The adult substance abuse system seems to allow for adequate access for outpatient care, but, while OHP apparently covers the cost of residential treatment (average of 50day stay costing an average of \$4,000), the capacity is extremely limited. Extra funds would help to stimulate the substance abuse treatment community to develop additional beds.
    - b. The adult mental health system capacity has been greatly diminished as a result of managed care. The Mental Health Task Force is now

aware of this and the County and the State are negotiating for some long-term solutions. While long-term solutions are being sought, this proposal would provide additional funds to ensure access to appropriate, intensive, community-based care. Meanwhile, the model used for the new contract with Morrison/Unity for early childhood mental health service access could be applied here.

- c. While SCF continues to have a pool of funds for Strengths/Needs services, that pool has been directed to community programming efforts—effectively reducing the funds available for individual families by half recently. The kinds of “wrap-around” services that these funds could purchase— respite care, transportation, childcare— could also be purchased with the County funds.

3. **Domestic Violence Services and Supports:** To assist with access to services and supports for those families who have experienced domestic violence, the Consultants will be able to refer individuals for case management services and cash supports for enhancing victims’ independent living opportunities and skills. It is estimated that domestic violence occurs in 50-60% of families in which child abuse occurs. Non-shelter-based services are very limited in Multnomah County. The Project case managers would provide referred families with education about domestic violence and assist in accessing needed services—such as restraining orders, shelters, civil legal representations, support groups, and safe housing.

**Projected number of population in need:**

- **Option A:** 125 families of the 250 total Project group.
- **Option B:** 112 families of the 225 total Project group

4. **Infrastructure to Support Partnerships Project and CRC campus:**

This Project is part of a system of services and supports for young children and their families and for families and children involved with child abuse. All of these early childhood and child abuse programs will be linked together under one Program Administrator: Early Childhood Partnerships Project; Early Childhood Mental Health Consultant Team; Early Childhood Mental Health Partnership (sponsor for the Partnerships Project); Morrison/Unity—County Early Childhood Project; CARES; Family Enhancement Team; and Children’s Receiving Center. The Program Administrator will be housed at the CRC and serve as the campus administrator.

The development, data management and evaluation activities of this system of services and supports for families and children involved with child abuse will be performed by a Program Development Specialist. The Children’s Receiving Center will require building maintenance support (such as security systems) through the Department of Community and Family Services’ Operations Unit.

The Mental Health Consultants will receive administrative and clinical supervision from a Clinical Services Supervisor, and will receive psychiatric consultation from a Child Psychiatrist who has early childhood expertise. The Project will generate 250 clinical records, documentation for the referral/authorization system, data collection on the performance of the project components, and reports for the partner/sponsors. These activities will require

support staff assistance, and the support staff will alternate as receptionist for the CRC. The Team will require training to support the domestic violence triage and support functions of the Consultants and the Supervisor. The Children's Assessment Service currently receives \$50,000 grant funding that will need to be replaced by the end of this fiscal year, in order for the program to maintain full capacity. The Project will be evaluated to determine effectiveness.

**Supporting Research/Best Practices:**

1. CAS estimates that 250 young children enter foster care and are evaluated at CAS each year.
2. Locally, 75% of these children have a substance-abusing parent, more than 50% have been exposed to domestic violence, and more than 80% have been neglected.
3. "It is that pervasive insensitivity to the child's needs rather than the incidence of abuse per se which is the primary factor accounting for long term psychological consequences." From a review of studies of the effects of child abuse—Erickson and Egeland.
4. Substance abuse is closely associated with increased risk of maltreatment.
5. Families whose children are placed in foster care appear to have more significant or multiple problems.
6. There is a direct correlation between multiple environmental risk scores and school outcomes of academic achievement and social competence. (Peck, Sameroff, Ramey and Ramey, 1999) Handbook of Infant Mental Health.
7. Parenting styles and practices that are characterized by problematic attachments between the parents and children are directly linked to subsequent behavioral problems. (Shaw and Vondra, 1995; Lyons-Ruth, et al., 1997) Handbook of Infant Mental Health
8. Young children remain in foster care longer than older children do, and reunification with their families is often followed by re-entry into foster care, due to repeated incidences of abuse and neglect. Young children involved in the foster care system are also more likely than older children to experience multiple placements during their tenure in the system.
9. Public Law 105-89, the "Adoption and Safe Families Act of 1997" ("Best Interest of the Child") places a maximum of 1 year limit for children to be removed from their families, before a permanency plan must be developed. This puts pressure on the Child Welfare system to speedily assess and determine the biological parents' potential for having their children return home.
10. ASFA regulations set up a new federal review process which will measure the quality of services provided to, and outcome results for, at risk children:
  - Recurrence of child abuse and neglect
  - Incidence of child abuse and neglect in foster care
  - Time to reunification
  - Re-entries into foster care
  - Time in foster care to adoption
  - Stability of foster care placements

11. Of infants who are later reunified with their families, those families before and at the time of reunification, had high rates of substance abuse (84% at entry, 33% at reunification), mental health problems (66% at entry, 55% at reunification), and engagement in criminal behavior (68% at entry, 21% at reunification).
12. The Partners' Project has been successful in utilizing a blended and braided funding approach to provide comprehensive and intensive services for multi-problem children and their families. The Project has demonstrated that this approach can reduce or eliminate costly out-of-home placements.
13. The Early Childhood Mental Health Consultation Team has been successful in utilizing a mental health consultation model to enhance the capacities of young child-serving agencies and of families to provide developmentally sensitive, individualized care to very young children. Outcomes include increased stability of the child's home environment and of the child's involvement in normative, community-based care and education.
14. "Families who have contact with the child welfare system may need to be provided with an array of services in a saturated fashion, including drug treatment, assistance with housing, income and parenting." From The Tender Years: Toward Developmentally Sensitive Child Welfare Services for Very Young Children by Berrick, et.al.
15. The National Council of Juvenile and Family Court Services have published Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice. The Court, SCF, domestic violence victim services programs, the Family Violence Intervention Coordinating Council, and others in the community are seeking to implement these guidelines in Multnomah County.
16. The following is from The Tender Years:  
A multi-layered approach to the goals of the child welfare system for young children

Primary Goal

Protecting  
Children

Secondary Goals

Supporting  
Families

Promoting  
Permanence

Tertiary Goals

Enhancing  
Developmental  
Value

Fostering  
Cultural  
Continuity

All of which support the child's well being.

**EARLY CHILDHOOD PARTNERSHIPS PROJECT  
& CHILDREN'S RECEIVING CENTER SERVICES AND SUPPORTS  
PROPOSED BUDGET**

**FOR  
OPTION A (250 PARTNERSHIPS CHILDREN) ✓**

**March 2001**

**Expenses**

|  |                    |
|--|--------------------|
| <b>I. Partnerships Project—Total.....</b>  | <b>\$1,551,418</b> |
| • <b>Early Childhood Mental Health Consultants</b>   | <b>\$795,234</b>   |
| <i>11 Consultants at \$72,294 each (approximately 22 children per year, per Consultant)</i>                            |                    |
| <i>One Consultant has domestic violence expertise</i>  |                    |
| • <b>Cash Enhancements for Mental Health and Substance Abuse Services</b>  | <b>\$375,000</b>   |
| <i>250 cases with \$1500 each</i>  |                    |
| • <b>Domestic Violence Services and Supports</b>   | <b>\$162,500</b>   |
| <i>3 domestic violence case managers at \$50,000 each</i>  |                    |
| <i>125 cases at \$100 cash supports</i>  |                    |
| • <b>Infrastructure</b>  | <b>\$218,684</b>   |
| <i>Clinical Services Supervisor at \$84,302</i>  |                    |
| <i>Child Psychiatry Consultation at \$20,000</i>   |                    |
| <i>2 Office Assistants (also cover reception at Services Bldg) at \$44,691 = \$89,382</i>                              |                    |
| <i>Domestic Violence Training at \$5,000</i>   |                    |
| <i>Program Evaluation, \$20,000</i>  |                    |
| <hr/>  |                    |
| <b>II. Children's Receiving Center Services and Supports—Total.....</b>  | <b>\$153,882</b>   |
| • <b>Infrastructure</b>  | <b>\$153,882</b>   |
| <i>Administrator for Early Childhood and Child Abuse Services (also functions as Campus Administrator) at \$90,553</i> |                    |
| <i>Program Development Specialist at \$63,329</i>  |                    |
| <i>2 Office Assistants coverage for Services Bldg (costs figured above)</i>  |                    |
| <hr/>  |                    |
| <b>TOTAL EXPENSES (without indirect) .....</b>   | <b>\$1,705,300</b> |
| <i>Cost for building maintenance expenses is included in above personnel costs, at \$2,091 per FTE</i>                 |                    |
| • <b>Indirect at 15.89%</b>  | <b>\$270,972</b>   |
| <b>TOTAL EXPENSES.....</b>   | <b>\$1,976,272</b> |

**Revenue**

|   |                    |
|---|--------------------|
| • <b>County General Fund (CGF)</b>  | <b>\$203,723</b>   |
| <i>Includes indirect and contribution to Morrison CAS</i>   |                    |
| • <b>County General Fund (CGF)</b>  | <b>\$96,970</b>    |
| <i>Contribution allows for adequate federal match to serve 250 children</i>   |                    |
| • <b>CAMI</b>   | <b>\$290,000</b>   |
| <i>Initial and likely continuing commitment level</i>   |                    |
| • <b>Federal Financial Partnership</b>  | <b>\$982,379</b>   |
| <i>Based on 40% CAMI funds and CGF drawing down 60% federal funds</i>   |                    |
| • <b>Reimbursements from OHP</b>  | <b>\$403,200</b>   |
| <i>Based on conservative average of 200 cases/month, consultation to each case at least 2 visits/month, reimbursed at \$84/hour</i> |                    |
| <hr/>   |                    |
| <b>TOTAL REVENUE.....</b>   | <b>\$1,976,272</b> |

**EARLY CHILDHOOD PARTNERSHIPS PROJECT  
& CHILDREN'S RECEIVING CENTER SERVICES AND SUPPORTS  
PROPOSED BUDGET  
FOR  
OPTION B (225 PARTNERSHIPS CHILDREN)  
March 2001**

**Expenses**

|   |                    |
|---|--------------------|
| <b>I. Partnerships Project—Total.....</b>   | <b>\$1,440,324</b> |
| • <b>Early Childhood Mental Health Consultants</b>  | <b>\$722,940</b>   |
| 10 Consultants at \$72,294 each (approximately 22 children per year, per Consultant)                            |                    |
| <i>One Consultant has domestic violence expertise</i>   |                    |
| • <b>Cash Enhancements for Mental Health and Substance Abuse Services</b>                                       | <b>\$337,500</b>   |
| 225 cases with \$1500 each  |                    |
| • <b>Domestic Violence Services and Supports</b>  | <b>\$161,200</b>   |
| 3 domestic violence case managers at \$50,000 each  |                    |
| 112 cases at \$100 cash supports  |                    |
| • <b>Infrastructure</b>   | <b>\$218,684</b>   |
| Clinical Services Supervisor at \$84,302  |                    |
| Child Psychiatry Consultation at \$20,000   |                    |
| 2 Office Assistants (also cover reception at Services Bldg) at \$44,691 = \$89,382                              |                    |
| Domestic Violence Training at \$5,000   |                    |
| Program Evaluation, \$20,000  |                    |
| <hr/>   |                    |
| <b>II. Children's Receiving Center Services and Supports—Total.....</b>   | <b>\$153,882</b>   |
| • <b>Infrastructure</b>   | <b>\$153,882</b>   |
| Administrator for Early Childhood and Child Abuse Services (also functions as Campus Administrator) at \$90,553 |                    |
| Program Development Specialist at \$63,329  |                    |
| <hr/>   |                    |
| <b>TOTAL EXPENSES (without indirect) .....</b>  | <b>\$1,594,206</b> |
| <i>Cost for building maintenance expenses is included in above personnel costs, at \$2,091 per FTE</i>          |                    |
| • <b>Indirect at 15.89%</b>   | <b>\$253,319</b>   |
| <b>TOTAL EXPENSES.....</b>  | <b>\$1,847,525</b> |

**Revenue**

|  |                    |
|--|--------------------|
| • <b>County General Fund (CGF)</b>   | <b>\$357,130</b>   |
| <i>Includes half of indirect and contribution to Morrison CAS</i>  |                    |
| • <b>CAMI</b>  | <b>\$290,000</b>   |
| <i>Initial and likely continuing commitment level</i>  |                    |
| • <b>Federal Financial Partnership</b>   | <b>\$830,795</b>   |
| <i>Based on 40% CAMI funds and CGF drawing down 60% federal funds</i>  |                    |
| • <b>Reimbursements from OHP</b>   | <b>\$369,600</b>   |
| <i>Based on average of 220 cases/month, consultation to each case at least 2 visits/month, reimbursed at \$84/hour</i> |                    |
| <hr/>  |                    |
| <b>TOTAL REVENUE.....</b>  | <b>\$1,847,525</b> |

## Early Childhood Partnerships Project

### Phased-in Start-up Plan

July 2001 through June 2002

### Option A (250 children)

| July                    | Sept         | Oct            | Nov | Dec                       | Jan             | June           |
|-------------------------|--------------|----------------|-----|---------------------------|-----------------|----------------|
| Program                 | Supervisor   | RFP's          | Nov | Dec                       | Jan             | Hiring         |
| <i>Admin hired;</i>     | <i>hired</i> | <i>let;</i>    |     | <i>awarded;</i>           | <i>services</i> | <i>for</i>     |
| <i>PDS hired;</i>       |              | <i>Hiring</i>  |     | <i>6 Mental</i>           | <i>begin;</i>   | <i>5 MHC's</i> |
| <i>OA2 hired</i>        |              | <i>for</i>     |     | <i>Health</i>             | <i>Direct</i>   |                |
| <i>Child Assessment</i> |              | <i>6 MHC's</i> |     | <i>Consultants</i>        | <i>services</i> |                |
| <i>Service funded</i>   |              |                |     | <i>Hired;</i>             | <i>begin</i>    |                |
|                         |              |                |     | <i>2<sup>nd</sup> OA2</i> |                 |                |
|                         |              |                |     | <i>hired;</i>             |                 |                |
|                         |              |                |     | <i>Move in</i>            |                 |                |

**Early Childhood Partnerships Project**  
Phased-in Start-up Plan  
July 2001 through June 2002  
Option B (225 children)

| July                    | Sept         | Oct            | Nov                       | Dec                | Jan             | June           |
|-------------------------|--------------|----------------|---------------------------|--------------------|-----------------|----------------|
| Program                 | Supervisor   | RFP's          | RFP's                     | RFP's              | Contract        | Hiring for     |
| <i>Admin hired;</i>     | <i>hired</i> | <i>let;</i>    | <i>awarded;</i>           | <i>awarded;</i>    | <i>services</i> | <i>5 MHC's</i> |
| <i>PDS hired;</i>       |              | <i>Hiring</i>  | <i>2.5 Mental</i>         | <i>Health</i>      | <i>begin;</i>   |                |
| <i>OA2 hired</i>        |              | <i>for</i>     | <i>Consultants</i>        | <i>Consultants</i> | <i>Direct</i>   |                |
| <i>Child Assessment</i> |              | <i>5 MHC's</i> | <i>Hired;</i>             | <i>Hired;</i>      | <i>services</i> |                |
| <i>Service funded</i>   |              |                | <i>2<sup>nd</sup> OA2</i> | <i>hired;</i>      | <i>begin</i>    |                |
|                         |              |                | <i>hired;</i>             | <i>Move in</i>     |                 |                |

## Plan Overview

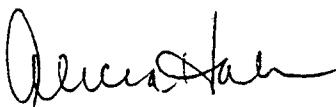
### Multnomah

#### C.A.M.I. Plan Overview

This C.A.M.I plan will continue a Community Health Nurse (CHN) and an Alcohol and Drug (A&D) Specialist as members of the multi-disciplinary service delivery team at Gresham Branch of SOSCF. The plan provides for the services of the CHN and A&D Specialist to be available to all units and families served at Gresham SCF. The families we serve experience crisis in their lives not only at the time SCF initially intervenes due to abuse or neglect, but also at different times during our work with them. It is critical we are able to continue an intervention or service we have begun at assessment to lower the risk of future abuse or neglect, to accurately assess the dynamics, strengths and risks and to appropriately develop service plans. It is also critical to adequately intervene at the time of a new crisis with experienced, trained staff. With the time lines and expectations of ASFA and SB 408, provision of CHN services and A&D services across the service delivery system is imperative.

This plan compliments the Optimal Child Abuse Intervention Plan. The goals are:

1. Improve the investigation/assessment of child abuse cases, especially targeting the highest risk cases, by adding the skills and expertise of a community health nurse and drug and alcohol specialist to the child protective service unit. They are well trained and experienced.
2. Enhancing and improving inter-agency and multi-disciplinary participation and coordination in child abuse cases.
3. Providing an earlier, more comprehensive investigation/assessment of child abuse cases by adding a nurse and abuse specialist to the first response team of a CPS worker and law enforcement officer. Crisis intervention services are accessible and provided.
4. Provides for cross training of staff.
5. The needs of the children and families will be accurately identified.
6. Appropriate levels of intervention and service needs will be identified and appropriate referrals made by these professionals.
7. Engagement of the family and needed services will begin in the initial phase of the case, allowing children to remain at home or return safely to the family.
8. Increased focus on systemic risk assessment and intervention will occur at all service levels.
9. Permanency for children will occur in a timely manner.



C.A.M.I Application: July 1, 2001 through June 30, 2002

County Name: Multnomah

- 1) This proposal will continue a Community Health Nurse (CHN) and an Alcohol and Drug (A&D) Specialist in the Gresham Branch of the State Office for Services to Children and Families (SOSCF). This proposal has been funded for the past year. This is a joint proposal between Multnomah County Health Department, Multnomah County Department of Community and Family Services and the State Office for Services to Children and Families.
- 2) The original funding of these positions created a multi-disciplinary team at Gresham SCF which includes a medical professional and a substance abuse professional. In addition to being integrated into the existing child protective service team at Gresham SCF, they have also been integrated into the total service delivery system of the Gresham Branch. They joined the initial response team of a CPS worker and law enforcement officer in the assessment of allegations of child abuse and neglect. They provided needed expertise in medical and developmental issues and substance abuse issues. The families we serve often present complex, layered, ongoing issues which result in high risk conditions for children and the need for immediate safety assessment and planning. The expertise these professionals bring provides for a more complete assessment and the development of a comprehensive service plan, with rapid and appropriate referrals for service. They provide consultation and service delivery throughout the time SCF works with a family. This allows for their participation in continual risk assessment, safety planning, service planning with the caseworker and the family. There is enhanced coordination between agencies. Team members are trained and experienced. Crisis intervention services are provided and appropriate referrals made for community resources and counseling. Approval of this proposal will provide for continuation of these valuable, integrated services.
- 3) The CHN began working in February 2000, and the A&D Specialist began in May 2000. One of the barriers we faced was finding people who had worked with our client population previously, had the skills necessary to work with our families and had some understanding of child welfare work.

The CHN participated in approximately 20 immediate response calls, mainly neglect and drug exposed infants at birth. It is anticipated this will be higher next year. One of the barriers I will discuss later had an effect on this statistic. The CHN provided follow-up visits at home with families open to SCF; did developmental assessments of children; worked with parents during in-office visits on parenting health issues and breast feeding; provided emergency transportation for children for visitation; provided consultation on medical reports and consultation with caseworkers on health and developmental issues on families. The CHN provided direct service contact on 45 families and carried an ongoing

caseload of 15 families. The CHN and A&D Specialist attended a methamphetamine training and then developed a presentation based on the research and practice strategies which they have given to caseworkers, foster parents, A&D counselors, attorneys and other community partners. The Volunteers of America outreach worker was also part of this team presentation. The CHN also is a member of the branch Safety Committee and helped develop branch protocols for exposure to blood borne pathogens.

The A&D Specialist has conducted approximately 300 A&D assessments at the branch. She has been able to schedule these within 5 days of referral. She meets with the client, calls the appropriate treatment resource and meets at least one time with the client and treatment provider. She follows the client's treatment progress, receives treatment reports and follows up with the caseworker. The A&D Specialist interprets UA results for caseworkers and is available for case consultation. She has probably done another 300 consultations with caseworkers. She has also provided networking between SCF and treatment programs and trained staff on addiction and treatment. She participated in the SCF/A&D forums.

The barriers we encountered were significant. The supervision issue was difficult. The CHN and A&D Specialist were supervised by different people and the supervisor for the A&D Specialist retired soon after her hiring. As the workload at the branch increased, the supervision became more fragmented. We also needed to define clearly the role of the CHN and the services provided as the family went from PS/Intake to a Permanency unit. The difference in how the units work was not fully explained and created conflict on 2-3 occasions. In order to address these issues, a new supervisor is being hired within the next month and will be responsible for supervising the CHN and A&D Specialist and tracking outcome data. Through trial and error, both of these positions have become positive forces within the branch and in service delivery to our families. There are positive relationships that have grown and rewarding networking. We have learned through our mistakes and believe the new supervisory structure will further develop and cement our team.

- 4) The following outcomes will be measured:
  - 1) The number of immediate responses in which the CHN and the A&D Specialist participate.
  - 2) The number and types of cases in which the CHN and A&D Specialist are active team members.
  - 3) The number and type of assessments and referrals for treatment that are made by the CHN and A&D Specialist.
  - 4) The number of Family Decision Meetings attended by the CHN and A&D Specialist to identify strengths of the family, needs of the children and develop a service plan with the family.
  - 5) The length of time for referrals for services to be made.
  - 6) The length of time for services to begin.
  - 7) Were the children able to remain at home and if not, the length of time they remain out of the home.

8) Did the parents/children engage in services? For how long? Outcome?

With this proposal, the children's needs will be clearly defined, appropriate intervention and services will be identified, and appropriate referrals for services will be made within the assessment/investigation time frame. This will provide appropriate, timely services for children and families, allowing children to remain at home or return safely to their families.

- 5) This proposal will continue contracted positions for a CHN and an A&D Specialist through Multnomah County to be housed at the Gresham Branch of SOSCF, to participate in the intervention, assessment and service delivery in cases of child abuse and neglect. Attached are descriptions of the positions submitted by Multnomah County.
- 6) C.A.M.I funds \$149,082



**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah Alcohol & Drug Specialist

| Expenditures<br>Line Item                    | CAMI<br>funds<br>used | Match<br>funds<br>used | Source of<br>Match<br>Funds | Cash or<br>In-kind<br>(IK) ④ | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|-----------------------------|------------------------------|--------------------------|
| <b>PERSONNEL SERVICES ①</b>                  |                       |                        |                             |                              |                          |
| Salary                                       | 51,089                |                        |                             | M.Co. A+D<br>(IK) 3318       | 54,407                   |
| Support,<br>Supervision / Admin              |                       |                        |                             | SCF<br>(IK) 5,000            | 5,000                    |
| Contractual ② 15.88<br>Indirect              | 8,486                 |                        |                             | M.Co. A+D<br>(IK) 400        | 8,886                    |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          | <b>59,575</b>         |                        |                             | <b>8,718</b>                 | <b>68,293</b>            |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                             |                              |                          |
| Training                                     | 250                   |                        |                             |                              | 250                      |
| <del>Travel</del> mileage                    | 2,040                 |                        |                             |                              | 2,040                    |
| Equipment & Supplied                         | 600                   |                        |                             | SCF<br>(IK) 2,000            | 2,600                    |
| Other ③ state car, rent, util. lit.          |                       |                        |                             | SCF<br>(IK) 2,000            | 2,000                    |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    | <b>2,890</b>          |                        |                             | <b>4,000</b>                 | <b>6,890</b>             |
| <b>TOTAL EXPENDITURES</b>                    | <b>62,465</b>         |                        |                             | <b>12,718</b>                | <b>75,183</b>            |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                       |                        |                             |                              |                          |
| Personnel                                    |                       |                        |                             |                              |                          |
| Materials & Services                         |                       |                        |                             |                              |                          |
| Other ③                                      |                       |                        |                             |                              |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                             |                              |                          |

- ① Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- ② Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- ③ Include information regarding items included in "Other" on Worksheet 3.
- ④ Please estimate dollar value of in-kind contributions.

*Alicia Hahn*

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah Community Health Nurse

| Expenditures<br>Line Item                    | CAMI<br>funds<br>used | Match<br>funds<br>used | Source of<br>Match<br>Funds | Cash @ or<br>In-kind<br>(IK) ④ | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|-----------------------------|--------------------------------|--------------------------|
| <b>PERSONNEL SERVICES ①</b>                  |                       |                        |                             |                                |                          |
| Salary & Benefits                            | 73,046                |                        |                             |                                | 73,046                   |
| Support, Supervision/<br>Admin               |                       |                        |                             | SCF<br>(IK) 5000               | 5000                     |
| Contractual @ 13%<br>Indirect                | 9496                  |                        |                             |                                | 9496                     |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          | <b>82,542</b>         |                        |                             | <b>5000</b>                    | <b>87,542</b>            |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                             |                                |                          |
| Training & Travel                            | 300                   |                        |                             |                                | 300                      |
| Travel Mileage                               | 1935                  |                        |                             |                                | 1935                     |
| Equipment & Supplies                         | 840                   |                        |                             | SCF<br>6000                    | 3840                     |
| Other @ State Car, rent,<br>Utilities        |                       |                        |                             | SCF<br>(IK) 3000               | 3000                     |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    | <b>3075</b>           |                        |                             | <b>6000</b>                    | <b>9075</b>              |
| <b>TOTAL EXPENDITURES</b>                    | <b>86,614</b>         |                        |                             | <b>11,000</b>                  | <b>97,614</b>            |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                       |                        |                             |                                |                          |
| Personnel                                    |                       |                        |                             |                                |                          |
| Materials & Services                         |                       |                        |                             |                                |                          |
| Other ③                                      |                       |                        |                             |                                |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                             |                                |                          |

- ① Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- ② Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- ③ Include information regarding items included in "Other" on Worksheet 3.
- ④ Please estimate dollar value of in-kind contributions.

*Handwritten signature*

Job Responsibilities - St John's SCF  
CAMI Positions

Substance Abuse Specialist:

1. To provide and initial screening and a substance abuse treatment referral for clients, as soon as possible. A screening may include a urinalysis.
2. To collect necessary and appropriate releases of information to allow appropriate sharing of information with Services to Children and Families, the public health nurse, the substance abuse treatment agency and other parties involved with the client.
3. Referrals of clients to treatment agencies will be made with consideration to clients' insurance coverage.
4. Referring clients to treatment can include, when necessary, accompanying the client to detox, to intake appointments. Assistance can be provided in completing intake forms. Support and monitoring of follow through.
5. Work closely with the public health nurse and protective services worker assigned to each client. This will include regular planning time so that efforts, actions and interventions for each client are coordinated and communicated.
6. Monitor progress of clients in treatment, as necessary or appropriate.
7. Act as a liaison between treatment programs and the Child Welfare system (SOSCF, the Court, attorneys, etc.).

Public Health Nurse

1. Assess and appropriately refer for immediate health care needs of client families.
2. Evaluate basic attachment of parent and children using observations or NCAST as appropriate.
3. Assess safety issues for infants and children including availability of adequate beds/cribs, general hygiene of children and the living space.
4. Assess and address immediate nutritional needs of the family.
5. Attend hospital staffings on new cases of drug or alcohol exposed infants.
6. Assess and refer as appropriate, the developmental profiles of infants/children..
7. Health care during new pregnancy of clients; care for newborns, and for post partum mothers.
8. Explore and support clients receiving birth control.

# Community Health Nurse @ SCF

11/27/00

## 1. Communication

Walk thru

Voice mail

Joint e-mails (2)

Hotline e-mail (2)

Documentation

charting

data

## 2. Hospital visits / Immediate response

## 3. Initial joint HVs

## 4. HV as follow-up initial referral

## 5. Consultation / Resource Information

## 6. HV - on going

## 7. Mental Health Time

## 8. Health Care Case Management

## 9. SCF Branch Mtgs (PS Unit; Informal staffing; FUMs)

Safety Committee

## 10. Outside SCF Branch Mtgs (Staffing; MDT; Court)

0017011

12. Trainings - presentations

13. Conferen Attendance

14. MCHD

4 hrs go. week @ 1.5% of time  
Mtg.s - liaison the Sec. + MCHD  
b/w specialized info + MCHD staff

2000-01-01 to 2000-12-31

0017011

0017011

0017011

0017011

0017011

0017011

0017011

0017011

**ALCOHOL/DRUG EVALUATION SPECIALIST**  
**(Nonexempt/Classified)**

**DEFINITION**

To provide professional alcohol/drug abuse evaluation, referral and monitoring services.

**SUPERVISION RECEIVED AND EXERCISED**

Receives general supervision from assigned management and supervisory staff.

May exercise functional and technical supervision over volunteers and clerical staff.

**EXAMPLES OF DUTIES** - Duties may include, but are not limited to, the following:

Evaluate clients for nature and extent of alcohol and drug problems, in accordance with guidelines, by interviewing defendants, verifying personal information and scoring and evaluating assessment tests.

Review clients personal records, computer reports of past history of alcohol and drug abuse.

Determine the nature and level of education or treatment required by the client and refer to appropriate community treatment agency.

Document pertinent interview and other data for case files and forward appropriate information to treatment agency.

Monitor client participation in and compliance with treatment programs; review non-compliance data; advise clients of consequences of non-compliance; prepare cases for Show Cause orders in case of non-compliance.

Attend court hearings and make recommendations on client sentence violations.

Evaluate clients for indigency with regard to program fees and make fee adjustments in accordance with established guidelines.

Assist in preparing cases for termination.

Assist treatment providers in preparing treatment care plans.

Respond to providers request for upgrading and downgrading clients assigned treatment level.

Maintain close and cooperative relationships with court personnel, community agencies, and alcohol and drug treatment agencies as required.

Perform related duties as assigned.

## **QUALIFICATIONS**

### **Knowledge of**

Alcohol and drug abuse evaluation, treatment and rehabilitation principles, practices and techniques.

Criminal Justice System practices and procedures for DUII and other alcohol/drug related offenses.

Interviewing and limited counseling practices and techniques.

Diversion resources available for client's services such as mental health and drug and alcohol education/treatment.

Mental health evaluation, treatment and rehabilitation principles, practices and techniques.

Pertinent Federal, State, and local laws, codes and regulations.

English usage, spelling, grammar and punctuation.

### **Ability to:**

Interview clients and make appropriate mental health and substance abuse evaluations.

Properly interpret data and make appropriate decisions in accordance with laws, rules and regulations.

Establish and maintain cooperative working relationships with those contacted in the course of work.

Communicate clearly and concisely, both orally and in writing.

Gain cooperation through discussion and persuasion.

Prepare and maintain case records and reports.

Work with people from various socio-economic backgrounds and who could be potentially hostile and/or under the influence of drugs or alcohol.

Work independently within established guidelines and procedures.

Operate computer terminals and other electronic media for information retrieval, entry, and analysis.

### **Experience and Training Guidelines:**

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

### **Experience:**

Two years of responsible alcohol or drug abuse evaluation or treatment services experience.

**QUALIFICATIONS (Continued)**

**Training:**

Equivalent to a Bachelor's degree from an accredited college or university with major course work in, alcohol or drug dependency, mental health, psychology, sociology or a related field.

**License or Certificate:**

Possession of, or ability to obtain, an appropriate and valid Drug and Alcoholism Evaluator certificate issued by the State Mental Health Division.

NRDATAWPCENTERCLASSA



# Oregon

John A. Kitzhaber, M.D., Governor

**Department of Human Resources**  
*State Office for Services to Children and Families*  
**Child Abuse Hotline**  
2115 SE Morrison  
Portland, OR 97214  
(503) 731-3100

March 8, 2001

Meredith Morrison, MDT Coordinator  
2115 SE Morrison, Suite 225  
Portland, Or 97214

RE: CAMI Grand Application

Dear Ms Morrison,

Enclosed is an application for CAMI funds for July 1, 2001 to June 30, 2002. The funds will be used to continue funding weekend screening at the Metro Child Abuse Hotline until permanent position funding can be provided by SCF before June 30, 2002.

If you have any questions, or would like to discuss this further, you may call me at 503-731-3383 ext. 231.

Sincerely,

John Richmond  
Metro Child Abuse Hotline

*Assisting People to Become Independent, Healthy and Safe*  
An Equal Opportunity Employer

**Worksheet A**  
**CHILD ABUSE MULTI-DISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 to June 30, 2002**

**County Name:** Multnomah County

**1. Identify or describe the service or activity funded by CAMI.**

Metro Services to Children and Families (SCF) is reapplying for CAMI funds to hire two, .5 FTE (Full Time Equivalency) child protective service screeners in order to maintain our weekend child abuse response capacity. This is an increase of .5 FTE over the current (7-1-00 to 6-30-01) CAMI grant for weekend screening.

A weekend screener answers the phones at the Metro Child Abuse Hotline. Calls that involve physical abuse, sex abuse, neglect and threat of harm are thoroughly researched (i.e. details from caller; SCF and AFS computer checks; criminal record checks; calls to collaterals); written up in the SCF client information system (FACIS); cross reported to law enforcement; and, referred to the appropriate SCF branch. On highest risk cases the weekend screener coordinates immediate dispatch of law enforcement and protective services go out workers. The weekend screener coordinates placement of children taken into protective custody and schedules the preliminary hearing at Court. On calls that do not involve child protection concerns the weekend screener provides information and referral.

The .5 FTE weekend screener, currently funded by CAMI, works ten hour shifts (noon to 10 pm) on Saturdays and Sundays for a total of 20 hours per week. The increase in volume and complexity of the calls to the Hotline, since CAMI first funded the project in January, 1999, led SCF to add a second weekend screener. using one of the protective services go out workers which has lessened our weekend go out - field response capacity.

Over the past four years Metro SCF has make progress in making our after hours protective services staff permanent employees. We have added two permanent, full time supervisors who supervise the after hours screeners and go out workers seven days per week. We have added two permanent screening positions to cover 5 pm to 10 pm Monday through Friday. The final step will be making the two weekend screening positions permanent which will occur before June 30, 2002. As the third funding cycle request, this application will act as the bridge to permanent funding by SCF.

**2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the Optimal Plan?**

This position expands Multnomah County's protective service screening, assessment and investigation to weekends. The position fits into Multnomah County's overall team plan for prompt, coordinated, effective intake and assessment of child abuse reports by SCF and law enforcement seven days per week. The position enhances cross reporting, planning of joint responses and coordination of child placements which protect and balance safety and attachment needs.

This position fits into the Optimal Child Abuse Intervention Plan at time of referral.

**3. What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal?**

The volume of calls taken each month by the weekend screeners is as follows:

|                 | <u>2001</u> | <u>2000</u> | <u>1999</u> |
|-----------------|-------------|-------------|-------------|
| Jan.            | 350         | 351         | 236         |
| Feb.            |             | 284         | 214         |
| Mar.            |             | 279         | 260         |
| Apr.            |             | 302         | 296         |
| May             |             | 293         | 285         |
| Jun.            |             | 315         | 227         |
| Jul.            |             | 276         | 293         |
| Aug.            |             | 255         | 278         |
| Sept.           |             | 270         | 280         |
| Oct.            |             | 290         | 262         |
| Nov.            |             | 267         | 309         |
| Dec.            |             | 342         | 294         |
| Total           |             | 3524        | 3234        |
| Monthly Average |             | 293         | 269         |

The weekend screeners processed an average of 100 written police reports per month. They dispatched protective service go out workers and law enforcement on an average of 11 joint, immediate responses a month. Weekend screeners coordinated the placement or replacement of an average of 14 children per month.

The most significant barrier has been that the volume and complexity of phone calls, written referrals (mostly from law enforcement) and child placement duties overwhelmed one screener. In response we were forced to take one of our weekend go out workers and use them for screening.

**4. What specific outcomes will you measure to demonstrate that this service is benefitting children and families?**

- Tracking the number of calls taken during the weekend.
- Tracking the number of police reports processed by weekend screeners.
- Track the number of placements and replacements made by weekend screeners.
- Track the number of immediate, joint responses by law enforcement and SCF initiated by weekend screeners.

**5. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI.**

Services to Children and Families will provide this service by hiring two, .5 FTE screeners at the Social Service Specialist I (SSS-1) level.

Job description is attached.

**6. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions.**

**CAMI funds: \$45,458**

**Non-CAMI funds: \$6,000 (in kind)**

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah Co.

| Expenditures<br>Line Item                    | CAMI<br>funds<br>used | Match<br>funds<br>used | Source of<br>Match<br>Funds | Cash ① or<br>In-kind<br>(IK) ② | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|-----------------------------|--------------------------------|--------------------------|
| <b>PERSONNEL SERVICES ①</b>                  |                       |                        |                             |                                |                          |
| Salary .5 FTE SSS-1                          | \$17,484              |                        |                             |                                | \$17,484                 |
| .5 FTE SSS-1                                 | \$17,484              |                        |                             |                                | \$17,484                 |
| Benefits .5 FTE SSS-1                        | 5,245                 |                        |                             |                                | \$5,245                  |
| .5 FTE SSS-1                                 | 5,245                 |                        |                             |                                | \$5,245                  |
| Contractual ②                                |                       |                        |                             |                                |                          |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          | <b>\$45,458</b>       |                        |                             |                                |                          |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                             |                                |                          |
| Training                                     |                       |                        |                             |                                |                          |
| Travel                                       |                       |                        |                             |                                |                          |
| Equipment & office supplies                  |                       |                        |                             | \$3,000                        | \$3,000                  |
| Other ③ Rent & utilities                     |                       |                        |                             | \$3,000                        | \$3,000                  |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    |                       |                        |                             | <b>\$6,000</b>                 |                          |
| <b>TOTAL EXPENDITURES</b>                    | <b>\$45,458</b>       |                        |                             | <b>\$6,000</b>                 | <b>\$51,458</b>          |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                       |                        |                             |                                |                          |
| Personnel                                    |                       |                        |                             |                                |                          |
| Materials & Services                         |                       |                        |                             |                                |                          |
| Other ③                                      |                       |                        |                             |                                |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                             |                                |                          |

- ① Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- ② Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- ③ Include information regarding items included in "Other" on Worksheet 3.
- ④ Please estimate dollar value of in-kind contributions.

**STATE OF OREGON**

This position is:

AGENCY:

DIVISION:

**POSITION DESCRIPTION**

(Form Revised 9/97)

- Mgmt Svc-Supervisory
- Mgmt Svc-Managerial
- Mgmt Svc-Confidential
- Classified
- Unclassified
- Executive Service

**\*\* PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM \*\***

New  Revised

**SECTION 1: POSITION INFORMATION**

- a. Class Title: SSS-1
- b. Class No.: C66120
- c. Effective Date:
- e. Working Title: Child Abuse Screener - Weekend
- f. Work Unit: Metro Child Abuse Hotline
- g. Agency No.: 41200
- i. Employee Name:
- j. Work Location (City-County): Portland/Multnomah County
- d. Position No.:
- h. Agency Name: SOSCF

- k. Position:  Permanent  Seasonal  Limited Duration  Academic Year  
 Full Time  Part Time  Intermittent  Job Share

- l. FLSA:  Exempt  Non-Exempt  
 If Exempt:  Exec  Prof  Admin
- m. Eligible for Overtime:  Yes  No

**SECTION 2: PROGRAM/POSITION INFORMATION**

- a. Describe the program in which this job exists. Include program purpose, who's effected, size, and scope. Include relationship to agency mission.

The SCF mission is to protect Oregon's abused and neglected children and to provide them with safe and permanent families. Mandated ORS 418.745 has the purpose to facilitate the use of protective services to prevent further abuse, safeguard and enhance the welfare of abused children and preserve family life, when consistent with the protection of the child by stabilizing the family and improving parental capacity. The Child Protective Services Program impacts on all Oregon families that have a child allegedly subjected to any of the following as defined in ORS, Administrative Rule or SCF Policy: 1) physical abuse 2) mental injury 3) sexual abuse 4) neglect 5) threat of harm 6) child selling 7) child fatalities. A unique feature of child protective services is that the service is often provided to families that are not seeking voluntary service and that do not know that a child abuse report has been made. The Metro Child Abuse Hotline which contains this position receives up to 3500 contacts a month which include but are not limited to phone calls and written LEA reports. The Metro Child Abuse Hotline acts as the intake/screening unit for all child abuse reports in Multnomah County; provides supervision and coordination for Multnomah County SCF after hours protective services; provides Out of Home Care Assessment services to Multnomah County; provides and supervises protective services liaison workers to Portland School District, East Multnomah County School Districts and CARES Northwest; and, houses a domestic violence worker position. The Hotline is co-housed with attorneys from the Multnomah District Attorney's Office and with child abuse detectives from Portland Police Bureau, Gresham Police Department, Multnomah County Sheriff's Office and Oregon State Police. Staff at the Hotline practice child welfare consistent with a strength needs based, family systems approach.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:  
**The purpose of this job/position is to . . . Screen community referrals of child abuse or neglect in order to determine protective services eligibility, initiate field protective service worker response, when appropriate, and cross report allegations to law enforcement, coordinating any joint response indicated. A screener's role in the Multnomah County child protective services system is pivotal to the prompt and appropriate response to children at risk in abusive or neglectful situations. A screener gathers enough information to judge child vulnerability factors, risk factors and safety threats all of which might place a child in imminent danger of serious harm.**

**SECTION 3. DESCRIPTION OF DUTIES**

List major duties. Note percentage of time duties are performed. If this is an existing position, mark "N" for new duties or "R" for revised duties.

| % of Time | N/R | DUTIES   |
|-----------|-----|--|
| 45 %      | A.  | <p>Receive, evaluate and screen reports and calls to the Metro Child Abuse Hotline.</p> <ul style="list-style-type: none"> <li>- Accept phone calls to the Hotline from mandatory reporters and the general public.</li> <li>- Using SCF screening guidelines and policy, elicit from caller information and detail as necessary.</li> <li>- Provide appropriate information or referrals to callers or reported families, when a report does not meet abuse and neglect case assignment levels. These reports include referrals to the Community Safety Net.</li> <li>- Review and screen written reports concerning abuse or neglect such as from Law Enforcement, Hospitals or the general public.               <ul style="list-style-type: none"> <li>- Thoroughly search the SCF and AFS computer systems using IIS and FACIS for family and individual history and information concerning abuse or neglect on reports.</li> <li>- Enter a written summary using the 307 format into FACIS on all reports from mandatory reporters and of reports from any person which involves abuse or neglect of a child.</li> <li>- As necessary and appropriate provide consultation and information to mandatory reporters and to the general public on child protection, mandatory reporting and child welfare.</li> <li>- Complete necessary collateral contacts on reports in order to decide whether or not an in person, protective service assessment is indicated.</li> </ul> </li> <li>- Initiate criminal records checks on individuals within legal and policy guidelines.               <ul style="list-style-type: none"> <li>- Process all reports quickly, thoroughly and in compliance with SCF protective services policy and ORS.</li> <li>- Process contacts with mandatory reporters and the general public in an efficient, polite, professional manner consistent with the principles of a strength/needs, family systems based practice.</li> <li>- Close referrals at the Hotline on reports of abuse and neglect which do not meet criteria for in person protective service assessment.</li> </ul> </li> </ul> |
| 35 %      | B.  | <p>Take appropriate action to initiate protective service assessment for all reports which meet criteria for field assignment.</p> <ul style="list-style-type: none"> <li>- Determine appropriate level of response using initial child vulnerability, risk and safety threat assessment.</li> <li>- Initiate Child Abuse Detective response, if the situation meets MDT criteria.</li> <li>- Cross report with LEA.</li> </ul>  |

- Initiate and coordinate immediate responses, if situation meets MDT and SCF criteria.
- Write and collect complete referral information (i.e. 307, criminal record checks, collateral written Reports, police reports) and route to necessary parties (i.e. SCF Branch, LEA, Court).
- Schedule preliminary hearings and initiate child placements as necessary.

- 15 %
- C. Establish and maintain good working relationships with key partners in the community and within SCF.
- Work well other members of the Multnomah County Multi-disciplinary Team (MDT), including the District Attorney and Law Enforcement staff who are co-housed with the Hotline.
  - Work well with SCF Branch intake and protective services staff.
  - Work well with mandatory reporters.
  - Provide consultation and training on mandatory reporting and child protection as necessary.

- 5 %
- D. General work expectations.
- Remain current on working knowledge of child protective service theory and practice.
  - Attend and participate in unit meetings, staff meetings and individual supervisory conferences as scheduled.
  - Meet Agency standards as outlined in current manuals, bulletins, Statute and other policy and procedural publications.

**SECTION 4: WORKING CONDITIONS**

Describe special working conditions, if any, that are a regular part of this job. Include frequency of exposure to these conditions.

Work station is in an open work space subject to occasional high level of noise and interruption. The job involves gathering and reviewing detailed information about often extreme violence, abuse, neglect and trauma. The scheduled working hours in this position are 12 noon to 10:00 pm Saturdays and Sundays . This is a part time position, duties include supporting screening activity covering the after-hours shift.

---

**SECTION 5: GUIDELINES**

a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

ORS 418.740 to 418.775; ORS 184.804; ORS 40.225; ORS 161.205; ORS 163; ORS 667.002; ORS 167; ORS 192.001 to 192.170; ORS 192.210 to 192.500.

All Administrative Rules pertaining to SCF.

All SCF Policies.

Court Orders.

b. How are these guidelines used to perform the job?

These laws, rules and policies give SCF the legal framework and authority to intervene with a family in order to assess risk and safety and in order to protect the welfare of children.

---

**SECTION 6: WORK CONTACTS**

With whom outside of co-workers in this work unit must this position regularly come in contact?

| <u>Who Contacted</u>       | <u>How</u>          | <u>Purpose</u>                        | <u>How Often?</u> |
|----------------------------|---------------------|---------------------------------------|-------------------|
| Reporters of Child Abuse   | Phone               | To take reports of abuse or neglect   | Daily             |
| Law Enforcement Agencies   | Phone and in Person | To take reports, plan and consult     | Daily             |
| Protective Service Clients | Phone and in Person | To assess, refer for service and plan | Daily             |
| SCF Staff                  | Phone and in Person | To consult, refer and plan            | Daily             |
| Medical Personnel          | Phone and in Person | To refer, consult and plan            | Daily             |
| School Personnel           | Phone and in Person | To refer, consult and plan            | Daily             |

**SECTION 2 - JOB RELATED DECISION MAKING**

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible.

- 1) Determine risk and safety levels for children and adults in families reported to the Hotline.
- 2) Determine level, timing and kind of protective service response necessary for referrals to the Hotline, using statute, administrative rule, policy and consultation with supervision as applicable.
- 3) Determine appropriate services for families reported to the Hotline.
- 4) Determine which reports will be closed at screening and which will be referred for protective service assessment in consultation with Hotline and Branch supervisors.

**SECTION 8: REVIEW OF WORK**

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Work is reviewed by Hotline supervisor - PEM-C, position #0799057. Supervision is provided during regularly scheduled appointments and daily as needed on a specific case or question.

---

**SECTION 9: SUPERVISORY DUTIES TO BE COMPLETED ONLY FOR POSITIONS IN MANAGEMENT SERVICE**

a. How many employees are directly supervised by this position? \_\_\_\_ Through Subordinate Supervisors? \_\_\_\_

b. Which of the following supervisory/management activities does this job perform?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Plans Work    | <input type="checkbox"/> Responds to Grievances | <input type="checkbox"/> Hires/Fires (or Effectively Recommends)   |
| <input type="checkbox"/> Assigns Work  | <input type="checkbox"/> Disciplines/Rewards    | <input type="checkbox"/> Prepares and Signs Performance Appraisals |
| <input type="checkbox"/> Approves Work |   |  |

---

**SECTION 10: ADDITIONAL JOB-RELATED INFORMATION**

Any other comments that would add to an understanding of this position:

This position requires a person with skill and knowledge about child protective services, child development and family dynamics. Also, important are an understanding of community and public relations; awareness of community resources servicing children and families; and, an ability to work with diverse populations and issues. The position demands awareness of and sensitivity to problems and interest of persons with disabilities and of persons with diverse identity, cultural, religious, economic, language and ethnic backgrounds.

**SPECIAL REQUIREMENTS:**

**BUDGET AUTHORITY:** If this position has authority to commit agency operating money, indicate in what area, how much (biennially) and type of funds:

**SECTION 4 - ORGANIZATIONAL CHART**

Attach a current organizational chart. See instructions for detail to be included on the chart.

---

---

---

-----  
\_\_\_\_\_  
Employee Signature

Date

Supervisor Signature

Date

\_\_\_\_\_  
Appointing Authority Signature

Date

**SECTION 4. ORGANIZATION CHART**

|   |   |   |   |
|---|---|---|---|
| Next Level<br>Class Title   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PEM-D</b><br/>Acting Branch Mgr.         </div> | Class Titles of those<br>directly supervised by<br>employee and the no.<br>of employees in each<br>class title. | Brief summary of<br>responsibilities of<br>people<br>supervised |
| Supervisor's<br>Class Title   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PEM-C</b><br/>Supervisor         </div>         | <div style="border: 1px solid black; height: 50px;"></div>  | <hr/>   |
| Employee's<br>Class Title   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SSS-1</b> </div>                                | <div style="border: 1px solid black; height: 45px;"></div>  | <hr/>   |
|   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>7</b><br/>SSS-1         </div>                  | <div style="border: 1px solid black; height: 45px;"></div>  | <hr/>   |
| Class Titles of<br>other<br>jobs reporting to<br>the same<br>supervisor and the<br>number of<br>employees in each<br>class title. | <div style="border: 1px solid black; height: 45px;"></div>  | <div style="border: 1px solid black; height: 45px;"></div>  | <hr/>   |
|   | <div style="border: 1px solid black; height: 45px;"></div>  | <div style="border: 1px solid black; height: 45px;"></div>  | <hr/>   |
|   | <div style="border: 1px solid black; height: 45px;"></div>  | <div style="border: 1px solid black; height: 45px;"></div>  | <hr/>   |

**Worksheet A**  
**CHILD ABUSE MULTI-DISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 to June 30, 2002**

**County Name:** Multnomah County

**1. Identify or describe the service or activity funded by CAMI.**

Metro Services to Children and Families (SCF) is reapplying for CAMI funds to hire two, .5 FTE (Full Time Equivalency) child protective service screeners in order to maintain our weekend child abuse response capacity. This is an increase of .5 FTE over the current (7-1-00 to 6-30-01) CAMI grant for weekend screening.

A weekend screener answers the phones at the Metro Child Abuse Hotline. Calls that involve physical abuse, sex abuse, neglect and threat of harm are thoroughly researched (i.e. details from caller; SCF and AFS computer checks; criminal record checks; calls to collaterals); written up in the SCF client information system (FACIS); cross reported to law enforcement; and, referred to the appropriate SCF branch. On highest risk cases the weekend screener coordinates immediate dispatch of law enforcement and protective services go out workers. The weekend screener coordinates placement of children taken into protective custody and schedules the preliminary hearing at Court. On calls that do not involve child protection concerns the weekend screener provides information and referral.

The .5 FTE weekend screener, currently funded by CAMI, works ten hour shifts (noon to 10 pm) on Saturdays and Sundays for a total of 20 hours per week. The increase in volume and complexity of the calls to the Hotline, since CAMI first funded the project in January, 1999, led SCF to add a second weekend screener, using one of the protective services go out workers which has lessened our weekend go out - field response capacity.

Over the past four years Metro SCF has made progress in making our after hours protective services staff permanent employees. We have added two permanent, full time supervisors who supervise the after hours screeners and go out workers seven days per week. We have added two permanent screening positions to cover 5 pm to 10 pm Monday through Friday. The final step will be making the two weekend screening positions permanent which will occur before June 30, 2002. As the third funding cycle request, this application will act as the bridge to permanent funding by SCF.

**2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the Optimal Plan?**

This position expands Multnomah County's protective service screening, assessment and investigation to weekends. The position fits into Multnomah County's overall team plan for prompt, coordinated, effective intake and assessment of child abuse reports by SCF and law enforcement seven days per week. The position enhances cross reporting, planning of joint responses and coordination of child placements which protect and balance safety and attachment needs.

This position fits into the Optimal Child Abuse Intervention Plan at time of referral.

**3. What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal?**

The volume of calls taken each month by the weekend screeners is as follows:

|                 | <u>2001</u> | <u>2000</u> | <u>1999</u> |
|-----------------|-------------|-------------|-------------|
| Jan.            | 350         | 351         | 236         |
| Feb.            |             | 284         | 214         |
| Mar.            |             | 279         | 260         |
| Apr.            |             | 302         | 296         |
| May             |             | 293         | 285         |
| Jun.            |             | 315         | 227         |
| Jul.            |             | 276         | 293         |
| Aug.            |             | 255         | 278         |
| Sept.           |             | 270         | 280         |
| Oct.            |             | 290         | 262         |
| Nov.            |             | 267         | 309         |
| Dec.            |             | 342         | 294         |
| Total           |             | 3524        | 3234        |
| Monthly Average |             | 293         | 269         |

The weekend screeners processed an average of 100 written police reports per month. They dispatched protective service go out workers and law enforcement on an average of 11 joint, immediate responses a month. Weekend screeners coordinated the placement or replacement of an average of 14 children per month.

The most significant barrier has been that the volume and complexity of phone calls, written referrals (mostly from law enforcement) and child placement duties overwhelmed one screener. In response we were forced to take one of our weekend go out workers and use them for screening.

**4. What specific outcomes will you measure to demonstrate that this service is benefitting children and families?**

- Tracking the number of calls taken during the weekend.
- Tracking the number of police reports processed by weekend screeners.
- Track the number of placements and replacements made by weekend screeners.
- Track the number of immediate, joint responses by law enforcement and SCF initiated by weekend screeners.

**5. Who will provide the service? Include copies of contracts or agreements with any agency, intervention center or contractor receiving CAMI funds from the MDT and copies of any job descriptions for positions funded by CAMI.**

Services to Children and Families will provide this service by hiring two .5 FTE screeners at the Social Service Specialist 1 (SSS-1) level.

Job description is attached.

**6. How is this being funded? Give dollar costs for both CAMI and non-CAMI funded portions.**

**CAMI funds: \$45,458**

**Non-CAMI funds: \$6,000 (in kind)**

**BUDGET PAGE**  
**CHILD ABUSE MULTIDISCIPLINARY INTERVENTION**  
**CAMI APPLICATION: July 1, 2001 - June 30, 2002**

County Name: Multnomah (Hotline weekend screeners)

| Expenditures<br>Line Item                    | CAMI<br>funds<br>used | Match<br>funds<br>used | Source of<br>Match<br>Funds | Cash © or<br>In-kind<br>(IK) ④ | Total<br>CAMI<br>Project |
|--|-----------------------|------------------------|-----------------------------|--------------------------------|--------------------------|
| <b>PERSONNEL SERVICES ①</b>                  |                       |                        |                             |                                |                          |
| Salary .5 FTE - SSS 1                        | 17,484                |                        |                             |                                | 17,484                   |
| .5 FTE - SSS 1                               | 17,484                |                        |                             |                                | 17,484                   |
| Benefits .5 FTE - SSS 1                      | 5,245                 |                        |                             |                                | 5,245                    |
| .5 FTE - SSS 1                               | 5,245                 |                        |                             |                                | 5,245                    |
| Contractual ②                                |                       |                        |                             |                                |                          |
| <b>TOTAL<br/>PERSONNEL SERVICES</b>          | <b>45,458</b>         |                        |                             |                                |                          |
| <b>MATERIALS &amp; SERVICES</b>              |                       |                        |                             |                                |                          |
| Supervision/Admin.                           |                       |                        |                             | 1,500                          | 1,500                    |
| Travel                                       |                       |                        |                             |                                |                          |
| Equipment & office supplies                  |                       |                        |                             | 3,000                          | 3,000                    |
| Other ③ Rent & utilities                     |                       |                        |                             | 3,000                          | 3,000                    |
| <b>TOTAL<br/>MATERIALS &amp; SERVICES</b>    |                       |                        |                             | <b>7,500</b>                   |                          |
| <b>TOTAL EXPENDITURES</b>                    |                       |                        |                             |                                | <b>52,958</b>            |
| <b>FUNDS CARRIED OVER<br/>FROM 2000-2001</b> |                       |                        |                             |                                |                          |
| Personnel                                    |                       |                        |                             |                                |                          |
| Materials & Services                         |                       |                        |                             |                                |                          |
| Other ③                                      |                       |                        |                             |                                |                          |
| <b>TOTAL CARRY OVER</b>                      |                       |                        |                             |                                |                          |

- ① Provide information on each CAMI funded position separately. (Make additional copies of this page as needed.)
- ② Include copies of all contracts and personnel services agreements funded by CAMI under enclosed CAMI/MDT contracts tab.
- ③ Include information regarding items included in "Other" on Worksheet 3.
- ④ Please estimate dollar value of in-kind contributions.

3-15-01

STATE OF OREGON

This position is:

AGENCY:

DIVISION:

- Mgmt Svc-Supervisory
- Mgmt Svc-Managerial
- Mgmt Svc-Confidential
- Classified
- Unclassified
- Executive Service

POSITION DESCRIPTION  
(Form Revised 9/97)

\*\* PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM \*\*

(X) New ( ) Revised

SECTION 1: POSITION INFORMATION

- a. Class Title: SSS-1
- b. Class No.: C66120
- c. Effective Date:
- e. Working Title: Child Abuse Screener - Weekend
- f. Work Unit: Metro Child Abuse Hotline
- g. Agency No.: 41200
- i. Employee Name:
- j. Work Location (City-County): Portland/Multnomah County
- d. Position No.:
- h. Agency Name: SOSCF

- k. Position:  Permanent  Seasonal  Limited Duration  Academic Year
- Full Time  Part Time  Intermittent  Job Share

- l. FLSA:  Exempt  Non-Exempt
- If Exempt:  Exec  Prof  Admin
- m. Eligible for Overtime:  Yes  No

SECTION 2: PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's effected, size, and scope. Include relationship to agency mission.

The SCF mission is to protect Oregon's abused and neglected children and to provide them with safe and permanent families. Mandated ORS 418.745 has the purpose to facilitate the use of protective services to prevent further abuse, safeguard and enhance the welfare of abused children and preserve family life, when consistent with the protection of the child by stabilizing the family and improving parental capacity. The Child Protective Services Program impacts on all Oregon families that have a child allegedly subjected to any of the following as defined in ORS, Administrative Rule or SCF Policy: 1) physical abuse 2) mental injury 3) sexual abuse 4) neglect 5) threat of harm 6) child selling 7) child fatalities. A unique feature of child protective services is that the service is often provided to families that are not seeking voluntary service and that do not know that a child abuse report has been made. The Metro Child Abuse Hotline which contains this position receives up to 3500 contacts a month which include but are not limited to phone calls and written LEA reports. The Metro Child Abuse Hotline acts as the intake/screening unit for all child abuse reports in Multnomah County; provides supervision and coordination for Multnomah County SCF after hours protective services; provides Out of Home Care Assessment services to Multnomah County; provides and supervises protective services liaison workers to Portland School District, East Multnomah County School Districts and CARES Northwest; and, houses a domestic violence worker position. The Hotline is co-housed with attorneys from the Multnomah District Attorney's Office and with child abuse detectives from Portland Police Bureau, Gresham Police Department, Multnomah County Sheriff's Office and Oregon State Police. Staff at the Hotline practice child welfare consistent with a strength needs based, family systems approach.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:  
**The purpose of this job/position is to . . . Screen community referrals of child abuse or neglect in order to determine protective services eligibility; initiate field protective service worker response, when appropriate; and, cross report allegations to law enforcement, coordinating any joint response indicated. A screener's role in the Multnomah County child protective services system is pivotal to the prompt and appropriate response to children at risk in abusive or neglectful situations. A screener gathers enough information to judge child vulnerability factors, risk factors and safety threats all of which might place a child in imminent danger of serious harm.**

**SECTION 3. DESCRIPTION OF DUTIES**

List major duties. Note percentage of time duties are performed. If this is an existing position, mark "N" for new duties or "R" for revised duties.

| % of Time | N/R | DUTIES  |
|-----------|-----|---|
| 45 %      | A.  | Receive, evaluate and screen reports and calls to the Metro Child Abuse Hotline. <ul style="list-style-type: none"> <li>- Accept phone calls to the Hotline from mandatory reporters and the general public.</li> <li>- Using SCF screening guidelines and policy, elicit from caller information and detail as necessary.</li> <li>- Provide appropriate information or referrals to callers or reported families, when a report does not meet abuse and neglect case assignment levels. These reports include referrals to the Community Safety Net.</li> <li>- Review and screen written reports concerning abuse or neglect such as from Law Enforcement, Hospitals or the general public.               <ul style="list-style-type: none"> <li>-Thoroughly search the SCF and AFS computer systems using IIS and FACIS for family and individual history and information concerning abuse or neglect on reports.</li> <li>-Enter a written summary using the 307 format into FACIS on all reports from mandatory reporters and of reports from any person which involves abuse or neglect of a child.</li> <li>-As necessary and appropriate provide consultation and information to mandatory reporters and to the general public on child protection, mandatory reporting and child welfare.</li> <li>-Complete necessary collateral contacts on reports in order to decide whether or not an in person, protective service assessment is indicated.</li> </ul> </li> <li>-Initiate criminal records checks on individuals within legal and policy guidelines.               <ul style="list-style-type: none"> <li>-Process all reports quickly, thoroughly and in compliance with SCF protective services policy and ORS.</li> <li>- Process contacts with mandatory reporters and the general public in an efficient, polite, professional manner consistent with the principles of a strength/needs, family systems based practice.</li> <li>- Close referrals at the Hotline on reports of abuse and neglect which do not meet criteria for in person protective service assessment.</li> </ul> </li> </ul> |
| 35 %      | B.  | Take appropriate action to initiate protective service assessment for all reports which meet criteria for field assignment. <ul style="list-style-type: none"> <li>-Determine appropriate level of response using initial child vulnerability, risk and safety threat assessment.</li> <li>-Initiate Child Abuse Detective response, if the situation meets MDT criteria.               <ul style="list-style-type: none"> <li>- Cross report with LEA.</li> </ul> </li> </ul>  |

- Initiate and coordinate immediate responses, if situation meets MDT and SCF criteria.
  - Write and collect complete referral information (i.e. 307, criminal record checks, collateral written Reports, police reports) and route to necessary parties (i.e. SCF Branch, LEA, Court).
- Schedule preliminary hearings and initiate child placements as necessary.

15 %

- C. Establish and maintain good working relationships with key partners in the community and within SCF.
- Work well other members of the Multnomah County Multi-disciplinary Team (MDT), including the District Attorney and Law Enforcement staff who are co-housed with the Hotline.
  - Work well with SCF Branch intake and protective services staff.
  - Work well with mandatory reporters.
  - Provide consultation and training on mandatory reporting and child protection as necessary.

5 %

D. General work expectations.

- Remain current on working knowledge of child protective service theory and practice.
- Attend and participate in unit meetings, staff meetings and individual supervisory conferences as scheduled.
- Meet Agency standards as outlined in current manuals, bulletins, Statute and other policy and procedural publications.

**SECTION 4: WORKING CONDITIONS**

Describe special working conditions, if any, that are a regular part of this job. Include frequency of exposure to these conditions.

Work station is in an open work space subject to occasional high level of noise and interruption. The job involves gathering and reviewing detailed information about often extreme violence, abuse, neglect and trauma. The scheduled working hours in this position are 12 noon to 10:00 pm Saturdays and Sundays . This is a part time position, duties include supporting screening activity covering the after-hours shift.

**SECTION 5: GUIDELINES**

a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

ORS 418.740 to 418.775; ORS 184.804; ORS 40.225; ORS 161.205; ORS 163; ORS 667.002; ORS 167; ORS 192,001 to 192.170; ORS 192.210 to 192.500.  
All Administrative Rules pertaining to SCF.  
All SCF Policies.  
Court Orders.

b. How are these guidelines used to perform the job?

These laws, rules and policies give SCF the legal framework and authority to intervene with a family in order to assess risk and safety and in order to protect the welfare of children.

**SECTION 6: WORK CONTACTS**

With whom outside of co-workers in this work unit must this position regularly come in contact?

| <u>Who Contacted</u>       | <u>How</u>          | <u>Purpose</u>                        | <u>How Often?</u> |
|----------------------------|---------------------|---------------------------------------|-------------------|
| Reporters of Child Abuse   | Phone               | To take reports of abuse or neglect   | Daily             |
| Law Enforcement Agencies   | Phone and in Person | To take reports, plan and consult     | Daily             |
| Protective Service Clients | Phone and in Person | To assess, refer for service and plan | Daily             |
| SCF Staff                  | Phone and in Person | To consult, refer and plan            | Daily             |
| Medical Personnel          | Phone and in Person | To refer, consult and plan            | Daily             |
| School Personnel           | Phone and in Person | To refer, consult and plan            | Daily             |

## **SECTION 7: JOB RELATED DECISION MAKING**

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible.

- 1) Determine risk and safety levels for children and adults in families reported to the Hotline.
- 2) Determine level, timing and kind of protective service response necessary for referrals to the Hotline, using statute, administrative rule, policy and consultation with supervision as applicable.
- 3) Determine appropriate services for families reported to the Hotline.
- 4) Determine which reports will be closed at screening and which will be referred for protective service assessment in consultation with Hotline and Branch supervisors.

**SECTION 8: REVIEW OF WORK**

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Work is reviewed by Hotline supervisor - PEM-C, position #0799057. Supervision is provided during regularly scheduled appointments and daily as needed on a specific case or question.

---

**SECTION 9: SUPERVISORY DUTIES** TO BE COMPLETED ONLY FOR POSITIONS IN MANAGEMENT SERVICE

a. How many employees are directly supervised by this position? \_\_\_\_ Through Subordinate Supervisors? \_\_\_\_

b. Which of the following supervisory/management activities does this job perform?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Plans Work    | <input type="checkbox"/> Responds to Grievances | <input type="checkbox"/> Hires/Fires (or Effectively Recommends)   |
| <input type="checkbox"/> Assigns Work  | <input type="checkbox"/> Disciplines/Rewards    | <input type="checkbox"/> Prepares and Signs Performance Appraisals |
| <input type="checkbox"/> Approves Work |   |  |

---

**SECTION 10: ADDITIONAL JOB-RELATED INFORMATION**

Any other comments that would add to an understanding of this position:

This position requires a person with skill and knowledge about child protective services, child development and family dynamics. Also, important are an understanding of community and public relations; awareness of community resources servicing children and families; and, an ability to work with diverse populations and issues. The position demands awareness of and sensitivity to problems and interest of persons with disabilities and of persons with diverse identity, cultural, religious, economic, language and ethnic backgrounds.

**SPECIAL REQUIREMENTS:**

**BUDGET AUTHORITY:** If this position has authority to commit agency operating money, indicate in what area, how much (biennially) and type of funds:

**SECTION 17 ORGANIZATIONAL CHART**

Attach a current organizational chart. See instructions for detail to be included on the chart.

---

---

-----  
\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date



WORKSHEET A  
**CAMI APPLICATION: JULY 1-2001-JUNE 30-2002**

SERVICES CONTINUED FROM LAST YEAR

MULTNOMAH COUNTY

**1. Identify or describe the service or activity funded by CAMI.**

One full time position to provide direct victim intervention services, provide service linkage, prepare CAMI annual report and application, and coordinate the activities of the MDT.

**2. Why is this being provided? How does it fit with your team's overall CAMI plan and with the Optimal plan?**

The goal is to streamline and centralize the child abuse reporting and intervention process by identifying trouble spots and ensuring community and crisis intervention services are accessible and being provided in addition to collaborating with MDT partners in the judicial intervention process.

This fits with the Optimal plan in that timely referrals, follow-up, and coordinated judicial intervention occur on a consistent basis.

**3. What were the results of providing this service last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal?**

Last year the advocate participated in over 150 criminal cases, 74 Under 12 Sexually Inappropriate Behavior case reviews, and 95 Red Flag reviews.

In the coordinator portion of the job, monthly MDT meetings were coordinated, CAMI reports and applications were submitted, training requests by MDT members were processed, and there was participation in various other community projects with MDT partners.

Because the position is bifurcated, at times the needs of each part conflicted. This was a nominal amount of times and was relieved by the support of other advocates in the office.

**4. What specific outcomes will you measure to demonstrate that this service is benefiting children and families?**

One measure is to count the number of criminal convictions however other benefits are not easily quantified as we don't do follow up after disposition of a case.

**5. Who will provide the service?**

**Multnomah County District Attorney's Office.**

**6. How is this being funded?**

**CAMI funds: \$57,753**

**VICTIM ADVOCATE**  
(Nonexempt/Classified)

**DEFINITION:** To contact, aid, assist, and support felony crime victims; investigate and document victim losses; coordinate and assist in handling cases of restitution; present restitution information in Court.

**SUPERVISION RECEIVED AND EXERCISED**

Receives general supervision from assigned professional and supervisory staff.

**EXAMPLES OF DUTIES** - Duties may include, but are not limited to, the following:

Conduct investigations of cases where restitution is indicated; investigate victims' losses and document these losses via receipts, records, insurance payments, doctors' bill, etc., to determine actual amount of loss due to the crime; recommend restitution.

Work with the victim, Deputy District Attorney, defense attorney, counselor and other involved parties to arrive at appropriate types and amounts of restitution to be recommended to the court.

Attend sentencing hearings to respond to judges' requests for clarification/justification of restitution amounts; counsel and mediate between parties.

Set up restitution hearings; contact defense attorney to determine what is in dispute; coordinate with DDA, defense attorney and victim.

In homicide cases, review police file and discuss case with deputy district attorney; call medical examiner and/or funeral home for names of family members or representative; contact family members to determine needs and answer questions.

Provide immediate crisis intervention and/or short term counseling and education to victims; provide emotional support and information on medical exam and during the investigation and prosecution process; explain procedures and requirements; consult with victim to determine the full extent of the crime and assesses victim's needs; refer victim to appropriate community services for assistance made necessary by the crime; provide on-call assistance to rape victims on a 24-hour rotating basis.

Inform victims and/or families of case situation; monitor restitution paid by defendants; refer to probation officer if non-payment; review parole notices; notifies victims of impending hearings involving defendant.

Serve as liaison for the victim in dealings with police officers, attorneys, physicians, family, community and others; and is present in meetings, interviews, or examinations the victim may be required to attend; act as liaison between the D.A.'s Office and all other agencies.

Assist in the design and delivery of workshops and training programs for police, prosecutors, and medical professionals dealing with the special problems encountered by victims and criminal justice practitioners.

Coordinate a volunteer victim advocacy team; recruit, screen and train volunteers; monitor and evaluate the work of volunteers.

Perform related duties as assigned.

## **QUALIFICATIONS**

### **Knowledge of:**

Crisis intervention and reaction to trauma.  
Police, circuit court, medical, parole and probation procedures, and lab techniques.  
Victim's rights and applying to court process for compensation/restitution.  
Appropriate community resources available.  
Restitution statutes and case law of crime victim's compensation program.

### **Ability to:**

Prioritize work appropriately.  
Assess, acquire and document pertinent information for sentencing reports.  
Use a computer.  
Speak to large groups of people and conduct media presentations.  
Relate effectively with people in crisis.  
Testify in court.  
Organize and conduct training sessions and workshops.  
Empathize and establish rapport with victims, communicate court procedures, provide emotional support.  
Write and speak concisely; compile and interpret statistical data; and maintain extensive records and files.  
Safely operate a motor vehicle.

**Experience and Training Guidelines:** Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

**Experience:** Two years of responsible community service experience.

**Training:** Equivalent to an Associate degree from an accredited college with major course work in social work, psychology, sociology or a related field.

**Licenses/Certificates:** A valid drivers' license.

WORKSHEET A  
**CAMI APPLICATION: JULY 1, 2001-JUNE 30, 2002**  
SERVICES CONTINUES FROM LAST YEAR

MULTNOMAH COUNTY

**1. Identify or describe the service or activity being funded by CAMI.**

The MDT Clerk provides clerical support for various MDT team activities. They include, but are not limited to, collecting and distributing documents for various team meetings, i.e. child fatality meetings; setting and distributing agendas; inputting data into databases; tracking cases for statistical purposes; and taking minutes at various team meetings.

**2. Why is your team doing it? How does it fit with your team's overall CAMI plan and with the Optimal plan?**

The clerk's position provides a centralized point from which consistent information and needed materials can be retrieved and disbursed. It helps the coordination of the different agencies in the timely intervention and investigation of child abuse cases.

**3. What were the results of providing services last year? What was accomplished to meet the goals of your team's overall CAMI plan? What barriers were there to meeting your goal?**

The support services provided by this position contributed to the overall productive functioning of the MDT which is the team's overall goal. There were no identified barriers.

**4. What specific outcomes will you measure to demonstrate that this service is benefitting children and families?**

Tracking the numbers of SIB, Red Flag, Child Fatality, and 307 reviews during the year.

**5. Who will provide the service?**

Multnomah County District Attorney's Office

**6. How is this being funded?**

CAMI funds: \$38,991

# ***MDT UNIT - LEGAL ASSISTANT***

## **Criminal Cases:**

Enter & assign CAT cases for DDA review  
Issue custody cases  
Set up direct present cases for grand jury: assemble criminal file > assemble VA file  
Enter & distribute GJ and Trial subpoenas on all criminal cases  
Coordinate subpoena witnesses for trial dates  
    civilian witnesses > CARES/medical personnel > SCF personnel > police agencies  
Report cases for docket  
Notify witnesses/agencies of setover trial dates / trials / pleas  
Update voice mail with trial information  
Prepare criminal history reports on all criminal cases  
Order copies of conviction/ police reports/ PSI's/ mug & prints, etc. at DDA request  
Enter dispositions & prepare files for closing  
Prepare trial orders & judgment orders for DDA review and filing with court

## **Dependency Cases**

Update database on all incoming and outgoing files  
Order/Special Assign dependency cases as requested by MDT DDA for tracking with MDT  
    criminal cases  
Connect file mail from juvenile with dependency case files  
Prepare dependency trial subpoenas in Word perfect  
Coordinate witnesses for dependency trials  
Assist DDA with file prep as requested (convictions/criminal histories, etc.)

## **Child Planning Conferences**

Retrieve & print CPC dockets from E-mail  
Connect dependency files with CPC dates  
Run DHR report on all CPC cases  
Run complete criminal history report (DACTS/PPDS/LEDS&NCIC/TJIS) on all adult persons  
    relating to CPC case per DHR printout), including additional persons at request of DDA  
Order and forward police reports, convictions, etc as requested by CPC DDA

## **Monthly MDT Unit Stats**

Compile & compute monthly statistical information  
Update & print monthly statistical reports  
Maintain statistical records  
Purge SCF reports / Prelim dockets / preliminary CPC lists

## **Attendance**

Maintain & update daily attendance for MDT DA personnel

## **Supplies**

Order & maintain all MDT unit supplies

**Backup to Senior Office Assistant position**

WORKSHEET A  
**CAMI APPLICATION: JULY 1, 2001-JUNE 30, 2002**  
SERVICES CONTINUES FROM LAST YEAR

MULTNOMAH COUNTY

**1. Identify or describe the service or activity being funded by CAMI.**

This request is for training expenses, updating technological capabilities and skills, and providing other resources needed for the team.

**2. Why is your team doing it? How does it fit with your team's overall CAMI plan and the Optimal Plan?**

By providing training opportunities the team members are able to achieve the most advanced knowledge about the intervention, investigation, and prosecution of child abuse which impacts the quality of the work we do in child abuse cases. It fits the Optimal Plan in that it ensures that team members are well trained and experience.

**3. What were the results of providing services last year? What was accomplished to meet the goal of your team's overall CAMI plan? What barriers were there to meeting your goal?**

We provided training for 52 team members. It allowed members to attend national conferences where advanced training was obtained. We were able to send multidisciplinary teams to trainings which advanced our goal of coordination of services and an understanding of each other's role. Barriers include lack of time to attend the conferences and SCF's limited capability to attend out of state conferences.

**4. What specific outcomes will you measure to demonstrate that this service is benefitting children and families?**

By tracking the numbers of members receiving training and in results of coordinated and appropriate response to child abuse.

**5. Who will provide this service?**

Multnomah County MDT.

**6. How will this be funded?**

CAMI funds: \$85,000

MEETING DATE: APR 12 2001  
AGENDA NO: R-2  
ESTIMATED START TIME: 9:35  
LOCATION: BOARD ROOM 100

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Recommendation to the Oregon Legislative Assembly regarding Redistricting and Reapportionment

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_  
AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: April 12, 2001  
AMOUNT OF TIME NEEDED: 5 minutes

DEPARTMENT: BCC DIVISION: District 3

CONTACT: Terri Naito TELEPHONE #: x85217  
BLDG/ROOM #: 503 / 600

PERSON(S) MAKING PRESENTATION: Commissioner Lisa Naito

ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

Recommendation to the 71<sup>st</sup> Oregon Legislative Assembly, Joint Committee on Rules and Redistricting regarding Redistricting and Reapportionment.

04/13/01 copies to Commissioner Naito & BCC

SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT  
MANAGER: \_\_\_\_\_

*Lisa Naito*

01 APR - 5 AM '01  
MULTNOMAH COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email  
deborah.l.bogstad@co.multnomah.or.us



LISA H. NAITO  
Multnomah County Commissioner, District 3  
501 SE Hawthorne Blvd., Room 600  
Portland, Oregon 97214-3576  
Phone (503) 988-5217 Fax (503) 988-5262

# MULTNOMAH COUNTY OREGON

---

## SUPPLEMENTAL STAFF REPORT

TO: Board of County Commissioners  
FROM: Commissioner Lisa Naito  
DATE: April 4, 2001  
RE: Recommendation to the 71<sup>st</sup> Oregon Legislative Assembly, Joint Committee on Rules and Redistricting regarding Redistricting and Reapportionment.

1. Recommendation/Action Requested:

Approval of Resolution

2. Background/Analysis:

Summary by the Population Research Center, Portland State University, of U.S. Census Bureau, Census 2000 Redistricting Data for Oregon and Multnomah County.

3. Financial Impact:

None.

4. Legal Issues:

None.

5. Controversial Issues:

None.

6. Link to Current County Policies:

Continued effect of representation of Multnomah County in the United States Congress.

7. Citizen Participation:

None.

8. Other Government Participation:

Contact with Oregon 1<sup>st</sup> and 3<sup>rd</sup> Congressional District offices.

Senate Committee on Rules and Redistricting  
Sen. Steve Harper, Chair  
Sen. Peter Courtney, Vice-Chair

House Committee on Rules, Redistricting and Public Affairs  
Rep. Carl Wilson, Chair  
Rep. Richard Devlin, Vice-Chair  
Rep. Dan Doyle, Vice-Chair



71st LEGISLATIVE ASSEMBLY  
REDISTRICTING and REAPPORTIONMENT

February 21, 2001

Dear Elected Officials and Community Leaders:

This session, the legislature has the responsibility of redrawing legislative and congressional district boundaries. As we consider the possibilities of where district lines may be located, we want to hear ideas from as many citizens and interest groups as possible. We request your assistance with the process of collecting information. Your organization represents a wide range of interests and we would appreciate you forwarding our request to your constituents.

Our committee members and other legislators are eager to hear suggestions and reasons for moving legislative and congressional district lines. The legislature will use criteria listed in ORS 188.010 for redistricting legislative and congressional districts. The criteria include contiguity, equal population, use of existing geographic or political boundaries, not dividing communities of interest, and connection by transportation links. The criteria also require that no district be drawn for the purpose of favoring any political party, incumbent legislator, or other person, and that no district be drawn for the purpose of diluting the voting strength of any language or ethnic minority group. While all the criteria are significant, equalizing populations in districts is the basic purpose of redistricting. You may review ORS 188.010 at the following internet website: <http://www.leg.state.or.us/ors/188.html>.

Maps of current legislative and congressional districts are available on the internet through the Elections Division of the Secretary of State's Office at the following address: <http://www.sos.state.or.us/elections/other.info/maps.pdf>.

Time has been set aside each week to accept public testimony, either in person or in writing - Wednesdays, from 1:30 to 2:00, in the House Committee on Rules, Redistricting and Public Affairs and Thursdays, from 3:00 to 3:30 in the Senate Committee on Rules and Redistricting - Please sign up by 1:30 or 3:00 respectively if you wish to testify in person. All oral and written comments will be added to the public record during those meetings. Please contact either of our committee administrators to discuss providing testimony in person or to send written testimony for the record.

Craig Allen, Committee Administrator  
Senate Rules and Redistricting  
900 Court St. NE, Rm 333 State Capitol  
Salem, OR 97301  
(503) 986-1763

Cara Filsinger, Committee Administrator  
House Rules, Redistricting and Public Affairs  
900 Court St. NE, Rm 332 State Capitol  
Salem, OR 97301  
(503) 986-1627

We thank you for assisting us with this project. Our goal is to develop redistricting plans that will effectively represent all Oregonians.

Sincerely,

Handwritten signature of Senator Steve Harper.

Senator Steve Harper,  
Chair, Senate Rules and Redistricting

Handwritten signature of Senator Peter Courtney.  
Senator Peter Courtney,  
Vice-Chair, Senate Rules and Redistricting

Handwritten signature of Representative Carl Wilson.

Representative Carl Wilson,  
Chair, House Rules, Redistricting and Public Affairs

Handwritten signature of Representative Richard Devlin.

Representative Richard Devlin,  
Vice-Chair, House Rules, Redistricting and Public Affairs

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. \_\_\_\_\_**

Recommendation to the 71st Oregon Legislative Assembly, Joint Committee on Rules and Redistricting Regarding Redistricting and Reapportionment

**The Multnomah County Board of Commissioners Finds:**

- a. Multnomah County at more than 660,000 persons is Oregon's most populous county, home to twenty percent of the state's population. Its citizens represent the broadest spectrum of Oregon's inhabitants both economically and culturally.
- b. Multnomah County is Oregon's most ethnically diverse county with more than twenty percent of its citizens representing a variety of racial and cultural groups.
- c. Multnomah County is a focal point of Oregon's cultural, educational, professional, financial and business life.
- d. Multnomah County extends from the Cascade Range on the east, to the Tualatin Mountains on the west, to the Columbia River Gorge National Scenic Area in the north.
- e. Multnomah County currently receives excellent representation and the representation it needs in the United States Congress as a result of representation by two different congressional districts. Currently, our two able Members of Congress together bring a multiplicity of life experiences. Their effectiveness is enhanced by their history of service to this community, and by the range of committees they serve on in Congress.

**The Multnomah County Board of Commissioners Resolves:**

Multnomah County recommends and indeed urges the 71st Oregon Legislative Assembly to retain the current configuration of the two Congressional Districts in Multnomah County to every extent possible, so that our county continues to have two representatives to the United States Congress.

ADOPTED this 12th day of April, 2001.

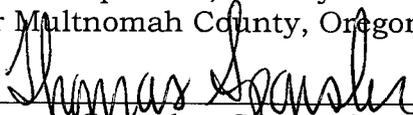
BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

---

Bill Farver, Interim Chair

REVIEWED:

Thomas Sponsler, County Attorney  
For Multnomah County, Oregon

  
\_\_\_\_\_  
Thomas Sponsler, County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 01-044**

Recommendation to the 71st Oregon Legislative Assembly, Joint Committee on Rules and Redistricting Regarding Redistricting and Reapportionment

**The Multnomah County Board of Commissioners Finds:**

- a. Multnomah County at more than 660,000 persons is Oregon's most populous county, home to twenty percent of the state's population. Its citizens represent the broadest spectrum of Oregon's inhabitants both economically and culturally.
- b. Multnomah County is Oregon's most ethnically diverse county with more than twenty percent of its citizens representing a variety of racial and cultural groups.
- c. Multnomah County is a focal point of Oregon's cultural, educational, professional, financial and business life.
- d. Multnomah County extends from the Cascade Range on the east, to the Tualatin Mountains on the west, to the Columbia River Gorge National Scenic Area in the north.
- e. Multnomah County currently receives excellent representation and the representation it needs in the United States Congress as a result of representation by two different congressional districts. Currently, our two able Members of Congress together bring a multiplicity of life experiences. Their effectiveness is enhanced by their history of service to this community, and by the range of committees they serve on in Congress.

**The Multnomah County Board of Commissioners Resolves:**

Multnomah County recommends and indeed urges the 71st Oregon Legislative Assembly to retain the current configuration of the two Congressional Districts in Multnomah County to every extent possible, so that our county continues to have two representatives to the United States Congress.

ADOPTED this 12th day of April, 2001.

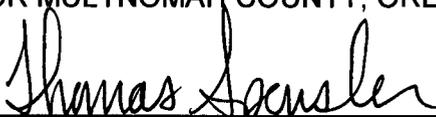
BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON



Bill Farver, Interim Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON



Thomas Sponsler, County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Substitute

**RESOLUTION NO. \_\_\_\_\_**

Recommendation to the 71st Oregon Legislative Assembly, Joint Committee on Rules and Redistricting Regarding Redistricting and Reapportionment

**The Multnomah County Board of Commissioners Finds:**

- a. Multnomah County at more than 660,000 persons is Oregon's most populous county, home to twenty percent of the state's population. Its citizens represent the broadest spectrum of Oregon's inhabitants both economically and culturally.
- b. Multnomah County is Oregon's most ethnically diverse county with more than twenty percent of its citizens representing a variety of racial and cultural groups.
- c. Multnomah County is a focal point of Oregon's cultural, educational, professional, financial and business life.
- d. Multnomah County extends from the Cascade Range on the east, to the Tualatin Mountains on the west, to the Columbia River Gorge National Scenic Area in the north.
- e. Multnomah County currently receives excellent representation and the representation it needs in the United States Congress as a result of representation by two different congressional districts. Currently, our two able Members of Congress together bring a multiplicity of life experiences. Their effectiveness is enhanced by their history of service to this community, and by the range of committees they serve on in Congress.

**The Multnomah County Board of Commissioners Resolves:**

Multnomah County recommends and indeed urges the 71st Oregon Legislative Assembly to consider that Multnomah County will be well served by at least two Congressional Districts, and that our county continues to have at least two representatives to the United States Congress.

ADOPTED this 12th day of April, 2001.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

\_\_\_\_\_  
Bill Farver, Interim Chair

REVIEWED:

Thomas Sponsler, County Attorney  
For Multnomah County, Oregon

\_\_\_\_\_  
Thomas Sponsler, County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 01-044

Recommendation to the 71st Oregon Legislative Assembly, Joint Committee on Rules and Redistricting Regarding Redistricting and Reapportionment

The Multnomah County Board of Commissioners Finds:

- a. Multnomah County at more than 660,000 persons is Oregon's most populous county, home to twenty percent of the state's population. Its citizens represent the broadest spectrum of Oregon's inhabitants both economically and culturally.
- b. Multnomah County is Oregon's most ethnically diverse county with more than twenty percent of its citizens representing a variety of racial and cultural groups.
- c. Multnomah County is a focal point of Oregon's cultural, educational, professional, financial and business life.
- d. Multnomah County extends from the Cascade Range on the east, to the Tualatin Mountains on the west, to the Columbia River Gorge National Scenic Area in the north.
- e. Multnomah County currently receives excellent representation and the representation it needs in the United States Congress as a result of representation by two different congressional districts. Currently, our two able Members of Congress together bring a multiplicity of life experiences. Their effectiveness is enhanced by their history of service to this community, and by the range of committees they serve on in Congress.

The Multnomah County Board of Commissioners Resolves:

Multnomah County recommends and indeed urges the 71st Oregon Legislative Assembly to consider that Multnomah County will be well served by at least two Congressional Districts, and that our county continues to have at least two representatives to the United States Congress.

ADOPTED this 12th day of April, 2001.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

*Bill Farver*

Bill Farver, Interim Chair

REVIEWED:  
THOMAS SPONSLER, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

*Thomas Sponsler*  
Thomas Sponsler, County Attorney