



Multnomah County Oregon

## Board of Commissioners & Agenda

connecting citizens with information and services

REVISED 02/26/07

### BOARD OF COMMISSIONERS

**Ted Wheeler, 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](mailto:mult.chair@co.multnomah.or.us)

**Maria Rojo de Steffey, Commission Dist. 1**

501 SE Hawthorne Boulevard, Suite 600

Portland, Or 97214

Phone: (503) 988-5220 FAX (503) 988-5440

Email: [district1@co.multnomah.or.us](mailto:district1@co.multnomah.or.us)

**Jeff Cogen, Commission Dist. 2**

501 SE Hawthorne Boulevard, Suite 600

Portland, Or 97214

Phone: (503) 988-5219 FAX (503) 988-5440

Email: [district2@co.multnomah.or.us](mailto:district2@co.multnomah.or.us)

**Lisa Naito, Commission Dist. 3**

501 SE Hawthorne Boulevard, Suite 600

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Phone: (503) 988-5217 FAX (503) 988-5262

Email: [district3@co.multnomah.or.us](mailto:district3@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](mailto:lonnie.j.roberts@co.multnomah.or.us)

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**FEBRUARY 27, 2007**

**& MARCH 1, 2007**

### BOARD MEETINGS

### FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Executive Session
Pg 2	9:30 a.m. Thursday Opportunity for Public Comment on Non-Agenda Matters
Pg 3	9:45 a.m. Thursday Resolution Establishing Work Group to Study Reform Options for County Business Income Tax
Pg 3	10:10 a.m. Thursday Briefing on County Case Management Services and "The Cooper Report"
Pg 3	10:30 a.m. Thursday Opportunity for Board Comment on Non-Agenda Matters
	<b>Board Meetings cancelled Tuesday, March 6 and Thursday, March 8 (no quorum)</b>

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or: <http://www.mctv.org>

Tuesday, February 27, 2007 - 9:00 AM  
Multnomah Building, Sixth Floor Commissioners Conference Room 635  
501 SE Hawthorne Boulevard, Portland

## **EXECUTIVE SESSION**

- E-1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d),(e) and/or (h). Only Representatives of the News Media and Designated Staff are allowed to attend. News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Session. No Final Decision will be made in the Session. Presented by County Attorney Agnes Sowle. 90 MINUTES REQUESTED.
- 

Thursday, March 1, 2007 - 9:30 AM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **REGULAR MEETING**

### **CONSENT CALENDAR - 9:30 AM** **DEPARTMENT OF HEALTH**

- C-1 Intergovernmental Revenue Agreement 0607096 (State Agreement 119615) with the State of Oregon for the Health Department's Regional Emergency Preparedness Program

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

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

### **DEPARTMENT OF COMMUNITY SERVICES - 9:30 AM**

- UC-1 NOTICE OF INTENT to Submit a Transportation Growth Management Grant Application for SW Scholls Ferry Road Street Design Plan

UC-2 RESOLUTION Supporting the Application for a Transportation Growth Management Grant through the Oregon Department of Transportation for the SW Scholls Ferry Road Street Design Plan

**NON-DEPARTMENTAL - 9:40 AM**

- R-1 RESOLUTION Authorizing Issuance of a Permit to Close the Broadway Bridge for Filming of a Motion Picture
- R-2 Approval of an Amended Multnomah County 2007 State Legislative Agenda
- R-3 Second Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code Sections 7.104 and 7.201 Relating to Litigation Authority
- R-4 RESOLUTION Establishing a Work Group to Study Reform Options for Multnomah County's Business Income Tax

**DEPARTMENT OF COUNTY MANAGEMENT - 10:00 AM**

- R-5 Budget Modification DCM-06 Reclassifying a Position in the Information Technology Division, as Determined by the Class/Comp Unit of Central Human Resources
- R-6 Budget Modification DCM-07 Increasing the Budget for Assessment and Taxation Records Management Program to Reflect an Additional State Grant for the Oregon Map Project

**DEPARTMENT OF HEALTH - 10:05 AM**

- R-7 NOTICE OF INTENT to Submit a Proposal to the Housing Authority of Portland to Provide Funding for Short Term Housing for Homeless Persons Undergoing Treatment for Tuberculosis

**DEPARTMENT OF COUNTY HUMAN SERVICES - 10:08 AM**

- R-8 NOTICE OF INTENT to Respond to the Housing Authority of Portland Request for Proposals for Short Term Rent Assistance Funding
- R-9 Briefing on Case Management Services and "The Cooper Report" from the Department of County Human Services' Developmental Disabilities Services Division. Presented by Joanne Fuller and Patrice Botsford. 20 MINUTES REQUESTED.

**BOARD COMMENT - 10:30 AM**

Opportunity (as time allows) for Commissioners to provide informational comments to Board and public on non-agenda items of interest or to discuss legislative issues.



**Multnomah County Oregon**

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**Lonnie Roberts**  
Multnomah County Commissioner  
District 4



501 SE Hawthorne Boulevard, Suite 600  
Portland, Oregon 97214  
(503) 988-5213 phone  
(503) 988-5262 fax  
Email: [lonnie.j.roberts@co.multnomah.or.us](mailto:lonnie.j.roberts@co.multnomah.or.us)  
[www.co.multnomah.or.us/cc/ds4/](http://www.co.multnomah.or.us/cc/ds4/)

## **MEMORANDUM**

**DATE:** February 27, 2007

**TO:** Chair Ted Wheeler  
Commissioner Maria Rojo de Steffey, District 1  
Commissioner Jeff Cogen, District 2  
Commissioner Lisa Naito, District 3  
Board Clerk Deb Bogstad

**FROM:** Kristen West  
Staff Assistant to Commissioner Lonnie Roberts

**RE:** Notice of Meeting Excuse

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Commissioner Roberts will be unable to attend the March 1st Regular Board Meeting as well as the March 13th morning and afternoon Budget Work Sessions. He will be out of town. Thank you.





## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (short form)

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: C-1  
Est. Start Time: 9:30 AM  
Date Submitted: 02/15/07

**Agenda Title:** Intergovernmental Revenue Agreement 0607096 (State Agreement 119615) with the State of Oregon for the Health Department's Regional Emergency Preparedness Program

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: N/A  
Department: Health Division: Director's Office  
Contact(s): Kathryn Richer, Christine Bernsten  
Phone: (503) 988-3674 Ext. 24223 I/O Address: 160/8  
Presenter(s): Consent Calendar

### General Information

#### 1. What action are you requesting from the Board?

Request approval of Revenue agreement #0607096 (State agreement #119615) between Multnomah County and the State of Oregon for the Health Department's Regional Emergency Preparedness Program. Multnomah County will continue to serve as the Regional Lead Agency to provide leadership and staffing for hospital and health system emergency preparedness in the six county NW Oregon region.

#### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Oregon is divided into seven regions for purposes of hospital/health system preparedness for emergencies. Each Region is required to have a "Regional Lead Agency" (RLA) to coordinate and provide staff support for hospital/health system preparedness activities. Multnomah County is part of Region 1 which also includes Clackamas, Washington, Columbia, Clatsop, and Tillamook counties. Multnomah County Health Department currently acts as RLA for Region 1.

The original IGA with the state in 2004 represented a formalization of the Health Department's leadership and support for regional health preparedness that has been ongoing since the Fall of 2001.

This effort has involved all hospitals in the region, medical providers, and other health system representatives. It has resulted in an effective voluntary public/private partnership – the NW Oregon Health Preparedness Organization (HPO). Both public and private participants have expressed a high degree of satisfaction with this arrangement, and have requested that it be continued.

Under the proposed IGA agreement, the Health Department will continue to employ staff to support and coordinate the ongoing planning effort. Staff will continue to receive broad policy and program direction from the HPO Steering Committee, and will receive day-to-day supervision from the County Health Officer. Through the HSA/HSS Class/Comp study conducted by the Health Department, the two HSS positions in this program were reclassified as Program Manager 1 positions.

In December 2005, the Multnomah County Board of Commissioners approved a grant from the Oregon Association of Hospitals and Health Systems to fund three projects: 1) conduct a study to assess the ability of Region I's ambulatory health care system to accommodate a potential surge in demand caused by a large-scale public health emergency; 2) provide planning and implementation for Medical Care Points (field triage, evaluation and treatment operations); 3) identify systems for communicating with culturally specific populations in an emergency.

Under the proposed revenue extensions, the Health Department will continue to support and coordinate the ongoing projects.

**3. Explain the fiscal impact (current year and ongoing).**

This agreement will increase the Health Departments Regional Emergency Preparedness revenue by \$176,678 for the period Feb 1, 2007 through Aug 31, 2007.

**4. Explain any legal and/or policy issues involved.**

This activity represents a continuation of the County's ongoing work to develop a coordinated public/private health response to bioterrorism and other public health emergencies. No significant legal issues are anticipated.

**5. Explain any citizen and/or other government participation that has or will take place.**

The requested/recommended approach represents the consensus of key public and private parties in local health emergency preparedness. The approach has been specifically approved by the Directors of the Health departments of Clackamas and Washington Counties and the HPO Steering Committee.

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**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**

  
\_\_\_\_\_  
/wl

**Date:** 02/15/07

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Pre-approved Contract Boilerplate (with County Attorney signature) ☐ Attached ☒ Not Attached

Contract #: 0607096 (119615)

Amendment #:

CLASS I Based on Informal / Intermediate Procurement	CLASS II Based on Formal Procurement	CLASS III Intergovernmental Contract (IGA)
<input type="checkbox"/> Personal Services Contract <input type="checkbox"/> PCR Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input type="checkbox"/> Personal Services Contract <input type="checkbox"/> PCR Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input type="checkbox"/> Expenditure Contract <input checked="" type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement
<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> INTER-DEPARTMENTAL AGREEMENT (IDA)

Department: Health Division/Program: Director's Office Date: 2/15/07  
 Originator: Kathryn Richer/Christine Bersten Phone: x24223 / x28751 Bldg/Room: 160/8  
 Contact: Amy Wong Phone: x25449 Bldg/Room: 167/210

Description of Contract: County will continue to serve as Regional lead Agency to provide leadership and staffing for hospital and health system emergency preparedness in the six-county NW OR region.

RENEWAL: ☒ PREVIOUS CONTRACT #(S) 0410533

EEO CERTIFICATION EXPIRES \_\_\_\_\_

PROCUREMENT, EXEMPTION OR CITATION # \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# \_\_\_\_\_ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	State of OR - Department of Human Services Public Health Emergency Preparedness Program		Remittance address (If different)	<b>Susan Gilbert, Contract Specialist Connie Thies, Contracts and Procurement 500 Summer St. NE, E-03, Salem, OR 07301</b>	
Address	800 Northeast Oregon St., Ste. 305		Payment Schedule / Terms: <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info:		
City/State	Portland, OR				
ZIP Code	97232				
Phone	(971) 673-1313 Fax (503) 378-4324				
Employer ID# or SS#				<input type="checkbox"/> Due on Receipt <input type="checkbox"/> Net 30 <input type="checkbox"/> Other	
Contract Effective Date	02/01/07	Term Date	8/31/07		
Amendment Effect Date		New Term Date			
Original Contract Amount	\$ 176,678.00		Original PA/Requirements Amount	\$	
Total Amt of Previous Amendments	\$		Total Amt of Previous Amendments	\$	
Amount of Amendment	\$		Amount of Amendment	\$	
Total Amount of Agreement \$	\$ 176,678.00		Total PA/Requirements Amount	\$	

## REQUIRED SIGNATURES:

Department Manager Jillian Shirley / WJ  
 County Attorney Jacquie A. Weber  
 CPCA Manager \_\_\_\_\_  
 County Chair RED WHEELER  
 Sheriff \_\_\_\_\_  
 Contract Administration \_\_\_\_\_

DATE 2/15/07  
 DATE 2/6/07  
 DATE \_\_\_\_\_  
 DATE 03.01.07  
 DATE \_\_\_\_\_

COMMENTS:

APPROVED: MULTNOMAH COUNTY  
 BOARD OF COMMISSIONERS  
 AGENDA # C-1 DATE 03.01.07  
 DEBORAH L. BOGSTAD, BOARD CLERK

**WONG Amy A**

---

**From:** WEBER Jacquie A  
**Sent:** Tuesday, February 06, 2007 11:01 AM  
**To:** WONG Amy A  
**Subject:** RE: State of Oregon IGA Emergency Preparedness 0607096

This contract may be circulated for signature.

-----Original Message-----

**From:** WONG Amy A  
**Sent:** Monday, February 05, 2007 9:29 AM  
**To:** WEBER Jacquie A  
**Subject:** FW: State of Oregon IGA Emergency Preparedness 0607096

Jacquie,

Ooops, I forgot to attach the new IGA. This is a brand new agreement for regional preparedness (we have had one in the past).

Amy  
X25449

-----Original Message-----

**From:** WONG Amy A  
**Sent:** Thursday, January 11, 2007 4:27 PM  
**To:** WEBER Jacquie A  
**Subject:** State of Oregon IGA Emergency Preparedness 0607096

Hi Jacquie,

Please review and approve. This contract starts on Feb 1, 2007.

Thank you.

Amy  
X25449



Agreement Number 119615

**State of Oregon  
Intergovernmental Agreement**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audiotape, oral presentation, and electronic format. To request an alternate format call the State of Oregon, Department of Human Services, Office of Forms and Document Management at (503) 373-0333, Fax (503) 373-7690, or TTY (503) 947-5330.

This Agreement is between the State of Oregon, acting by and through its Department of Human Services, hereinafter referred to as "DHS," and

**Multnomah County Health Department  
Lillian Shirley  
Health Administrator  
1120 Southwest 5<sup>th</sup> Avenue, 14<sup>th</sup> Floor  
Portland, Oregon 97204  
Phone number: (503) 988-3674  
Fax number: (503) 988-4117  
Email address: [lillian.m.shirley@co.multnomah.or.us](mailto:lillian.m.shirley@co.multnomah.or.us)**

hereafter referred to as "Agency".

Work to be performed under this Agreement relates principally to the DHS'

**Public Health Emergency Preparedness Program  
800 Northeast Oregon Street, Suite 305  
Portland, Oregon 97232**

0607096

## **I. EFFECTIVE DATE AND DURATION**

This Agreement shall be effective February 1, 2007 through August 31, 2007, regardless of the date it is actually signed by all applicable parties. Agreement termination or expiration shall not extinguish or prejudice Department's right to enforce this Agreement with respect to any default by Agency that has not been cured.

## **II. AGREEMENT DOCUMENTS**

- A. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:

Exhibit A, Part 1:	Definitions
Exhibit A, Part 2:	Statement of Work
Exhibit A, Part 3:	Payment and Financial Reporting
Exhibit A, Part 4:	Special Terms and Conditions
Exhibit B:	Standard Terms and Conditions
Exhibit C:	Insurance
Exhibit D:	Required Federal Terms and Conditions
Exhibit E:	(RESERVED)

There are no other agreement documents unless specifically referenced and incorporated in this Agreement.

- B. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The precedence of each of the documents comprising this Agreement is as follows, listed from highest precedence to lowest precedence: (a) this Agreement without Exhibits, (b) Exhibit D, (c) Exhibit A, (d) Exhibit B, (e) Exhibit C.

## **III. CONSIDERATION**

- A. The maximum not-to-exceed amount payable to Agency under this Agreement, which includes any allowable expenses, is \$176,678.00. DHS will not pay Agency any amount in excess of the not-to-exceed amount for completing the Work, and will not pay for Work until this Agreement has been signed by all parties.
- B. DHS will pay only for completed Work under this Agreement.

#### IV. AGENCY DATA AND CERTIFICATION

- A. Agency Tax Identification and Insurance Information. Agency shall provide Agency's federal tax ID number and the additional information set forth below. This information is requested pursuant to ORS 305.385. Social Security Numbers provided pursuant to this Section IV will be used for the administration of state, federal and local tax laws.

Please print and/or type the following information:

Name (exactly as filed with the IRS) COUNTY OF MULTNOMAH  
Address 501 SE HAWTHORNE BLVD., PORTLAND, OR 97214  
Telephone: (503) 988-3212 Facsimile: ( ) - -

Proof of Insurance:

Workers Compensation – Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Professional Liability Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
General Liability Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Auto Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Tax I.D.# 93-6002309

The above information must be provided prior to Agreement approval. Agency shall provide proof of Insurance upon request by DHS or DHS designee. DHS may report the information set forth above to the Internal Revenue Service (IRS) under the name and taxpayer identification number provided.

- B. **Certification.** By signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
1. The number shown in Section IV(A) is Agency's correct taxpayer identification and all other information provided in Section IV(A) is true and accurate; and
  2. Agency is not subject to backup withholding because:
    - i. Agency is exempt from backup withholding;
    - ii. Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or
    - iii. The IRS has notified Agency that Agency is no longer subject to backup withholding.

AGENCY, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT AGENCY HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

AGENCY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Approved By Agency

<hr/>		
Authorized Signature	Title	Date
<i>Lillian Shirley</i>	<i>Director, Health Dept.</i>	<i>2/15/07</i>

Approved By DHS

<hr/>		
Authorized Signature	Title	Date

Approved for Legal Sufficiency:

Karl Goodwin, Assistance Attorney General, email approval in Agreement file,  
dated December 29, 2006

DHS Contract Specialist:

<hr/>		
Signature	Name (printed)	Date

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-1 DATE 03-01-07  
DEBORAH L. BOGSTAD, BOARD CLERK



## **EXHIBIT A: Statement of Work**

Agency: Multnomah County Health Department  
Agreement #: 119615

### **I. DEFINITIONS:**

- A. Health Resource Service Administration (HRSA)** is the federal agency of the Department of Health and Human Services that provides funds to Oregon through the National Bioterrorism Hospital Preparedness Program Cooperative Agreement, grant number U3RHS07549. This contract with the Regional Lead Agency is supported by federal grant funds from this program to carry out program activities with guidance and oversight from HRSA and the Oregon Department of Human Services (DHS or Department). This contract includes goals, activities, and outcomes described in the HRSA guidance document provided by HRSA for the Fiscal Year 2006 grant application. The State of Oregon applied for funds through the cooperative agreement and the application was approved. This contract will enable the activities set forth in the guidance document and the approved application. Both documents are available upon request from DHS.
- B. Healthcare Preparedness Region (HPR)** refers to one of the seven regions (with the boundaries and composition described in Appendix A to this Statement of Work). Regions have been designated to enhance preparedness planning and effective use of federal, state and local resources in preparedness work carried out under the HRSA bioterrorism cooperative agreement and related activities. More specifically, regionalization is intended to: 1) promote coordinated sharing of information on potential risks or threats and the response to these threats, and 2) to facilitate preparedness planning and budgeting. Regional boundaries are subject to change. Department retains the right to change boundaries with advance notice of 30 days.
- C. National Bioterrorism Hospital Preparedness Program (NBHPP)** is a federal program to improve the preparedness of hospitals and other health care providers to respond to bioterrorism attacks, outbreaks of infectious disease, chemical and radiation events and other public health emergencies. See the link to the HRSA NBHPP at <http://www.hrsa.gov/bioterrorism/>.
- D. Integrated HRSA Oversight Committee (IHOC):** An advisory subcommittee of the Health Preparedness Advisory Committee (HPAC) tasked with policy oversight of Oregon's HRSA NBHPP program.
- E. Incident Command System Standard:** The National Incident Management System's standard for facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, to perform domestic incident management activities in response to emergency incidents that have a significant public health impact.

- F. Regional Healthcare Preparedness Board (RHPB)** is an organization consisting of representatives of the healthcare delivery and public health systems in each of the seven Healthcare Preparedness Regions throughout the state. There is one RHPB in each region. The mission of each board is to develop plans to ensure an effective healthcare response to a wide range of emergencies (e.g., bioterrorism, chemical releases, explosions, and natural disasters). Each RHPB is responsible for guiding healthcare preparedness planning, identifying priority preparedness activities, developing regional budgets for use of HRSA funds and other available resources, and generally promoting effective and coordinated healthcare system preparedness within the region. RHPB activities and recommendations are reviewed by the Regional Lead Agency (RLA) and IHOC. The Department has final approval authority for activities, expenditures and purchases funded by the HRSA cooperative agreement.
- G. Regional Healthcare Response Plan (RHRP)** is the plan adopted by the Regional Healthcare Preparedness Board consistent with the requirements of Section V.A.3. of this Statement of Work. An RHRP is a healthcare response plan that a) defines a coherent regional approach to the response to emergencies with significant health impacts, and b) identifies and integrates existing and additional healthcare resources into the response. Healthcare resources are defined broadly to include, but not be limited to hospitals, ambulatory healthcare facilities (e.g., clinics and private practitioners' offices), specially-developed alternative care site, nursing homes, hospices, rehabilitation facilities, psychiatric and mental health facilities, and emergency medical services assets. Because the RLA and RHPB do not have statutory authority for emergency response, the RHRP must be operationalized and integrated into the emergency management systems and authorities existing in the region.
- H. Regional Lead Agency (RLA, or Contractor)** is a public or private organization within a HPR that enters into a contractual agreement with the Department to serve as primary contractor to perform the activities identified in this Statement of Work. The RLA identifies a director who is responsible for the implementation of this contract. The RLA will also employ a Regional HRSA Grant Coordinator (or coordinators) using funds from this contract. The Regional HRSA Grant Coordinator is a dedicated position with the authority to manage and perform the work of the RLA as defined in this Statement of Work. The RLA director supervises the Regional HRSA Grant Coordinator.
- I. Regional Lead Agency Budget (RLA Budget)** is the administrative budget that permits the RLA to hire the Regional HRSA Grant Coordinator and maintain an office system with which to carry out the functions of the RLA. The RLA will receive and manage RLA Budget funds directly from DHS.
- J. Regional Operations Budget** is the budget that the RLA develops in partnership with the RHPB, regional hospitals, and healthcare organizations. The Regional Operations Budget funds are not received by the RLA from DHS nor managed by the RLA; they will be dispersed through a separate contract with another recipient organization that

will act as a fiscal manager for DHS. The Regional Operations funds will go directly from the fiscal management organization to the hospitals and healthcare organizations for which the Regional Operations Budget was developed, with approval by DHS.

- K.** **Scenario** events are planning tools to focus HRSA state and regional healthcare response plan development. Examples include: Pandemic Influenza, earthquakes, explosions, and chemical releases.
- L.** **Surge Capacity Event:** An emergency (e.g., bioterrorism event, chemical release, etc.) with health or healthcare impacts that have the potential to stress or overwhelm healthcare delivery system capacity. HRSA defines a bioterrorism or infectious disease “surge” event as one that has the potential to create 500 additional acutely ill patients per 1 million population.
- M.** **Tiered Response Systems:** Refer to the federal Department of Health and Human Services 2004 manual (Manual, available upon request from DHS), *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies*. Six tiers exist in this concept for managing the health and medical response to mass casualty or complex incidents.
- **Tier 1** includes the community’s primary sites of direct medical evaluation and treatment. It includes hospitals, clinics, offices, facilities, and services of individual or integrated healthcare systems. A Tier 1 response features various local healthcare assets operating independently in an emergency response.
  - **Tier 2** represents a healthcare coalition that organizes the individual assets described in Tier 1 into a single functional approach to providing healthcare surge capacity and surge capability. Mutual aid agreements among healthcare entities, and shared self-governance among healthcare provider entities within a defined geographic area are hallmarks of a Tier 2 response.
  - **Tier 3** (jurisdiction incident management) is based on a) operational integration of the healthcare response with the activities of fire, EMS, law enforcement, public health, public works, and other traditional response agencies, and b) functional integration of the healthcare response into the community’s emergency management system. Healthcare is thus part of the larger community response, and operates as a part of that system.
  - **Tier 4** is the state response and coordination of intrastate jurisdictions. It addresses situations in which the state is considered the lead incident management authority.
  - **Tier 5** is interstate regional management coordination;
  - **Tier 6** is federal response to support state and locals.

- N. Centers for Disease Control and Preparedness Cooperative Agreement Guidance for Public Health Emergency Preparedness:** guidance for state and local public health jurisdictions' preparedness for and response to terrorism, pandemic influenza, and other public health emergencies with federal, state, local, and tribal governments, the private sector, and non-governmental organizations. See the link to the guidance at <http://www.bt.cdc.gov/planning/coopagreement/#fy06>.
- O. Hospitals and Healthcare Organizations (H/HCO)** are public, private, and non-profit agencies within the state and regions of the state that provide medical or emergency response assistance due to a public health or large-scale medical event, and are likely sub-recipients of funds from HRSA Cooperative Agreement.
- P. Approved Planning Framework** is a set of scenarios and standard capabilities and capacities that will be needed in order for the RLA to develop a RHRP. The scenarios include Pandemic Influenza, earthquake, a large explosive event that could result in many trauma victims, and a chemical event that could result in many victims. The scenarios are defined by HRSA through a regional hazard and vulnerability assessment and the US Department of Homeland Security National Planning Scenarios. The Approved Planning Framework will be developed specifically for the regions in Oregon, so that the RLA can develop a RHRP for its region.
- Q. Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)** is a system of electronic databases which contains identifying information and certifies the qualifications of individual healthcare providers. The purpose of the ESAR-VHP is to have a data source of healthcare providers who can be notified of a medical surge event, mobilized to respond, and ensure that qualifications, liability, and compensation issues are settled before there is an emergency that would require these volunteers.
- R. Hospital Capacity (HOSCAP)** is an Internet website with a database of information about hospitals in the state. The information provides the status of the hospitals in terms of bed capacity, numbers of patients, divert status, etc. The HOSCAP allows emergency managers and planners to know each hospital's situation in order to allocate patients and resources.
- S. Alternative Treatment Facilities** are places in addition to hospitals and include long-term care, private physician offices, clinics, and any other health or medical asset that may be brought to bear during major medical response.

## **II. PURPOSE OF THE NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM (NBHPP)**

The purpose of the NBHPP is to fully integrate emergency procedures among healthcare resources: hospitals, acute care medicine, emergency medical services (EMS), local public health agencies, tribal health centers and other health assets into appropriate jurisdictional emergency operations plans.

### III. PROJECT PURPOSE AND OVERVIEW:

This Statement of Work is intended to guide and specify the services, activities and deliverables expected and required of the RLA in promoting healthcare preparedness for emergencies in Oregon.

The RLA is responsible for promoting and enlisting the cooperation of H/HCO to improve the capacity and capability of the healthcare delivery system within the region to respond effectively and efficiently to the health impacts of emergencies, including complex and large scale emergencies. In doing this work, the RLA shall utilize a) the tiered response framework (See below and the Definitions section), and b) priority response scenarios and concepts of operations as approved by IHOC and the Department (to be developed by April 2, 2007).

#### A. Expectations re: Tiered Response Framework:

1. **Tier 1.** The RLA shall facilitate development, implementation, exercising, and refinement of response capacities and capabilities on the part of individual hospitals and other health care organizations (H/HCOs) (e.g., medical practices, clinics, behavioral health providers, etc.). The goal of this work is to assure that H/HCOs are able to respond individually in a consistent and effective manner to a range of emergencies with significant health impacts.
2. **Tier 2.** The RLA shall engage H/HCOs and other healthcare and community partners to facilitate development of mechanisms to ensure that there is a coordinated healthcare system response within the region to a range of emergencies with significant health impacts, as determined by the Approved Planning Framework. Contractor shall facilitate the development of Memoranda of Understanding (MOUs) among H/HCOs that are considered to be a necessary and core mechanisms for achieving a coordinated response. Contractor shall facilitate the development of other mechanisms (for example, specified communications protocols and communications systems among H/HCOs) to assure an effective Tier 2 response.
3. **Tier 3.** The RLA shall engage H/HCOs, a wide range of other relevant healthcare partners, local emergency management agencies within the region, and a range of other community responders to develop a Regional Healthcare Response Plan that provides for:
  - a. effective coordination among the healthcare and other responders (e.g., police, fire, etc.), and
  - b. effective integration of the healthcare response into existing emergency management system(s) within the region.

Beyond engaging stakeholders, this Tier 3 work requires that the RLA (with participation of its partners and stakeholders) develop, exercise, and refine a Regional Healthcare Response Plan that can be implemented in the event of an emergency. Contractor shall engage a wide range of health care and other

responders be engaged, for example, H/HCOs, Emergency Medical Services, home health, nursing homes, medical clinics, fire, police, and others as locally appropriate. The Regional Healthcare Response Plan must be developed and documented in ways that are appropriate to the methods typically used by healthcare and emergency management organizations in the region. It must be integrated with county, state and higher-level plans (Tiers 4 – 6) as these are developed and approved by IHOC, the Department, and other appropriate advisory groups and authorities. The Contractor shall provide a draft RHRP for review by DHS.

**B. Expectations regarding Approved Planning Framework**

Since the RLAs were first implemented in 2004, healthcare system preparedness work has been carried out based on priorities determined primarily at the local/regional level. Implementation of the Tiered response framework by HRSA in 2006 requires both a consistent set of preparedness targets shared by all regions, and clear expectations and approaches for developing a coordinated response among regions and with the state (and other higher-level resources). These targets, and expectations and approaches were under development at the time this Statement of Work was adopted.

The Department expects the RLA to:

1. Participate in the development of a statewide framework that specifies consistent response capacity and capability targets for all regions. This framework may include one or more priority scenarios, specific quantitative response targets (e.g., specified inpatient bed surge capacity, etc.), and specified healthcare incident objectives as planning tools or requirements.
2. Participate in the development of a concept of operations and more detailed operational planning for coordinated inter-regional and statewide healthcare responses to large and complex incidents.
3. Utilize and adhere to the above methods and approaches in carrying out work specified by this Statement of Work.

For purposes of integration of these requirements and expectations into this Statement of Work, it is assumed that a) various individuals and groups (including but not limited to RLA Directors, IHOC, and Regional Coordinators) will have an opportunity to review and participate in approval of these frameworks, and b) these requirements and expectations will be clearly documented and made part of this Statement of Work through addendum, side letter or other formal mechanism. The framework will be developed so that the RHRP can be drafted; the framework will be subject to improvements throughout the contract until such time as the regional draft is submitted.

#### **IV. GENERAL TASKS REQUIRED OF THE REGIONAL LEAD AGENCY (RLA)**

- A.** The Contractor shall be responsible for performing the tasks and deliverables outlined in this Statement of Work.
- B.** Required and Allowed Use of Funds Received from DHS are subject to approval by the Department. The RLA shall utilize funds from the Department to:
  - 1.** Employ key regional planning staff, including a Regional HRSA Grant Coordinator. The Coordinator must be an employee or contractor, and have duties devoted to development, implementation and maintenance of healthcare preparedness in the region consistent with the conditions of this Statement of Work.
  - 2.** Provide office space, and other necessary materials and services to support the work of the planning staff, and
- C.** Contractor shall provide general supervision and oversight of the work of Regional Planning Staff. It is understood that the Regional Healthcare Preparedness Board may provide the Regional Planning Staff with direction on preparedness and response policies, and on expenditures to be undertaken in accordance with the Regional Operational Budget. The Department has final approval authority for activities, expenditures and purchases funded by the HRSA cooperative agreement.
- D.** Contractor shall develop an RLA Budget to cover agency costs for staffing and support services as defined in section IV.B. This budget is separate from the Regional Operational Budget that specifies expenditures of funds that are provided by the Department to health care organizations to support these organizations' preparedness activities. The Department has final approval authority for activities, expenditures and purchases funded by the HRSA cooperative agreement.
- E.** Contractor shall participate as necessary with the Department to assure appropriate and consistent statewide implementation of Oregon's National Bioterrorism Hospital Preparedness Program. Activities associated with such participation include, but are not limited to:
  - 1.** Attending monthly Regional HRSA Grant Coordinators' meetings; participate in conference calls with the state and local health departments, and other meetings requested by the Department.
  - 2.** Submission to DHS of required documents (e.g., reports, narratives, minutes, and exercise schedules) in a timely fashion.
  - 3.** Participation in preparation of the Department's annual HRSA program application by providing to the Department information necessary to support the State's application(s) to HRSA for future funding (to include, for example, budget proposals, recommendations, and regional preparedness status information, etc.).

4. Participation in annual and other periodic program evaluation activities to include:
  - a. Providing documentation to DHS that identifies local and regional medical surge capacity and capability,
  - b. Submitting copies of model or executed MOUs among H/HCOs,
  - c. Submitting resource lists including services, personnel, goods, and supplies within the region that are potentially available during a medical surge event,
  - d. Submitting a draft Regional Healthcare Response Plan as set forth in section V.3., by June 30, 2007.
5. Participation in defined processes to better integrate HRSA NBHPP healthcare preparedness and CDC Public Health Preparedness goals and activities. The processes and integration are in reference to Program Element #12, which is in a contract the Department has with county health departments to carry out related public health emergency preparedness goals and activities. The contract (or interagency agreement) can be obtained from DHS upon request.
6. Participation in processes to evaluate the effectiveness of Oregon's NBHPP Program to include:
  - a. Providing input into the design of the evaluation processes and measures, and drawing on the RLA's experience, professional expertise, and judgment,
  - b. Participating in the evaluation processes.

**V. SPECIFIC TASKS REQUIRED OF THE REGIONAL LEAD AGENCY (RLA)**

- A. The Contractor shall perform the following tasks within the timelines set forth in Appendix: B:
  1. *Contractor shall develop, support and maintain an effective Regional Health Preparedness Board, which include, but are not limited to the Contractor's obligation to:*
    - a. Identify and recruit appropriate members for the RHPB to include:
      - i. All Hospitals within the Healthcare Preparedness Region (HPR);
      - ii. All Local Health Departments within the HPR;
      - iii. Representation from each of the following sectors of the healthcare delivery system. It is not the intent that all individual



entities that comprise each sector be members of the RHPB. Where appropriate, each of the following groups should be represented (listed without preference or priority) on the RHPB:

- 1) Emergency Medical Services (EMS);
- 2) Tribal health care providers;
- 3) Medical societies or other representatives of the community of practicing physicians;
- 4) Individual Practice Associations (IPAs);
- 5) "Major/large" medical groups (subject to local interpretation);
- 6) Safety net clinics (including but not limited to FQHCs)
- 7) County and other local emergency management agencies (as appropriate)
- 8) Other first response agency representatives from the region as appropriate (e.g., there are HAZMAT teams in some but not all regions; there are special fire districts as well as fire departments.)

iv. The Public Health Preparedness Liaison(s) within the region shall be invited to attend, but are not members of the RHPB.

- b. Contractor shall serve as the staff to the Regional Health Preparedness Board.
- c. In concert with the RHPB, Contractor shall develop and maintain a written charter that outlines the Board's mission and governance.
- d. Contractor shall ensure that the Department has copies and timely updates of the RHPB's charter and current membership.
- e. Contractor shall ensure that the RHPB meets as often as necessary (no less than four times a year).
- f. Contractor shall ensure that meeting minutes and other records of RHPB activities and decisions are appropriately maintained, and periodically submitted to the Department.

2. ***Budgeting and Financial Expectations shall conform to HRSA program cost directives for this cooperative agreement (U#RHS07549).***

- a. In concert with the RHPB, Contractor shall develop an annual Regional Operations Budget as described in section I.J. for utilization of HRSA FY 2006 (September 2006 - August 2007) funds for Department approval and fiscal reviews.

This budget is to include requests for expenditures of NBHPP funds by H/HCOs and other partnering organizations within the region.

- b. In concert with the RHPB, Contractor shall develop an annual RLA Budget and an annual Regional Operations Budget for utilization of HRSA FY 2007 (September 2007 - August 2008) funds.

The draft budgets must be submitted by June 30, 2007 for inclusion with the Cooperative Agreement application for FY 2007.

- c. Contractor shall be subject to participating in fiscal reviews of awards made under the Contract. Contractor shall maintain records relevant to these reviews in accordance with records retention requirements referenced in Exhibit B Expenditure Report (ER), and applicable Federal requirements.
- d. Contractor shall participate in planning with H/HCO participants on the purchase of equipment funded by HRSA.
- e. Contractor shall maintain an accurate inventory of regional resources, including equipment purchased by with HRSA funds by H/HCOs and other community partners, in a format specified by the Department to be used as a tool to determine potential availability of materiel during an emergency.
- f. Contractor shall transmit Department's expectations and requirements regarding use of funds, budgeting, and other financial issues to H/HCOs.

3. ***Develop a Regional Healthcare Response Plan***

- a. With the participation of a wide range of other relevant healthcare partners, local emergency management agencies, and other community responders, Contractor shall create and submit to the Department a draft Regional Healthcare Response Plan by June 30, 2007.
- b. Contractor shall assure that the draft Regional Healthcare Response Plan addresses:
  - i. coordination among the healthcare and other responders (e.g., police, fire, etc.), and

- ii. integration of the healthcare response into existing emergency management system(s) within the region.
- c. Contractor shall assure that the draft Regional Healthcare Response Plan shall at a minimum:
  - i. Include procedures for coordinating the healthcare responses of hospitals, other major healthcare organizations, and responders in non-health disciplines to medical surge capacity events,
  - ii. Include procedures for coordination with adjacent Healthcare Preparedness Regions, and the state's health response to medical surge capacity events,
  - iii. Be attached to or otherwise integrated with health and medical annexes of the emergency plans of each county within the healthcare preparedness region,
  - iv. Describes how the Incident Command System and other National Incident Management System components will be utilized in the response,
  - v. Defines for the region minimum healthcare capacities and capabilities that are in conformance with the Department's Planning Framework (when approved). Subject to further specification in the Approved Planning Framework, capacities and capabilities include:
    - Providing medical care for multiple critically ill patients resulting from an emergency,
    - Implementing protocols to assure patients are appropriately transferred and referred for medical care,
    - Sustaining a Tier 1 healthcare response to an emergency for up to 72 hours without outside assistance,
    - Utilizing common medical emergency response protocols throughout the region,
    - Identify regional sources and availability of equipment, supplies, personnel and other necessary resources,
    - Providing and receiving mutual aid, evidenced by signed mutual aid agreements.
- d. Contractor shall develop a plan to train and exercise the Regional

Healthcare Response Plan to include:

- i. Plan components to be exercised, and exercise objectives,
  - ii. Types of exercises to be employed, and the corresponding schedule of exercises,
  - iii. Proposed participants,
  - iv. Methods for evaluation and after-action follow-up, in conformance with the document, Homeland Security Exercise and Evaluation Program, which describes the national standards. A copy is available from DHS.
4. Contractor shall participate with the Department in developing an effective state/regional/local approach to identifying and utilizing volunteers to include:
  - a. Developing systems for identifying and recruiting appropriate volunteers for response during a medical surge capacity event,
  - b. Developing and implementing a volunteer registry and management system (ESAR-VHP, see definition section I.Q.).
5. As appropriate to the Approved Planning Framework and the Regional Healthcare Response Plan, Contractor shall develop plans for alternative treatment facilities to include:
  - a. Use of appropriate tools and resources (e.g., from the Agency for Healthcare Research and Quality, as supplied from DHS and AHRQ),
  - b. Appropriate prioritization of alternative care site plans relative to other regional capacities and capabilities
  - c. Integration into the overall approach of the Regional Healthcare Response Plan, including mechanisms necessary for implementation (e.g., memoranda of understanding, protocols, etc.).
6. Contractor shall participate with the Department in implementing systems to track hospital bed availability and other critical resources:
  - a. Implement HOSCAP or other state-specified systems within the region,
  - b. Include use of HOSCAP in regional exercises to identify gaps in preparedness or response.
7. Contractor shall promote competency-based training within the region as needed to support development of surge capacity and capability.

## **VI. DELIVERABLES FROM REGIONAL LEAD AGENCY**

- A.** The RLA shall provide a proposed RLA budget for staff and staff operations, and a regional budget for planning, exercises, materials, equipment, contracts, etc., for the next contract year by June 30, 2007.
- B.** The RLA shall provide to DHS reports on specific progress made in performing the activities described in Sections IV. & V., using a template provided by DHS by the dates in Appendix B.
- C.** The RLA shall complete and submit the expenditure reporting form attached to this contract as Appendix C.: Expenditure Report (ER) HRSA Program. The completed form shall be sent to the DHS Contract Administrator by the dates in Appendix B.
- D.** Additional reports may be required as reasonable and requested by the Department or federal partners for ongoing program review and guidance activities, which include HRSA Progress Reports, performance measures, minimum levels of readiness and sentinel indicators as provided by HRSA. DHS retains the right to review, seek clarification, and accept the report products.

**Appendix A to Exhibit A (Statement of Work):  
Healthcare Preparedness Region (HPR)**

1. The Healthcare Preparedness Region is a geographic unit for surge capacity planning for a bioterrorism or public health emergency and is composed of groupings of contiguous counties.
2. There are seven Healthcare Preparedness Regions in Oregon.
3. The following is the list of Healthcare Preparedness Regions, Regional Lead Agencies, and counties in each region:

<b>Healthcare Preparedness Region (HPR)</b>	<b>Regional Lead Agency</b>	<b>Counties in HPR</b>
1	Multnomah County Health Department	Multnomah Clackamas Washington Columbia Clatsop Tillamook
2	Samaritan Health System	Yamhill Polk Marion Linn Benton Lincoln
3	Douglas County Health and Social Services	Lane Douglas Coos Curry
5	Jackson County Health Department	Jackson Josephine
6	Mid Columbia Medical Center	Hood River Wasco Sherman Gilliam
7	AHEC Cascade East (under St Charles Medical Center)	Deschutes Jefferson Wheeler Crook Grant Klamath Lake Harney
9	Center for Human Development, Inc.	Morrow Umatilla Wallowa Union Baker Malheur

**Appendix B to Exhibit A (Statement of Work):**

**Timeline of Deliverables:**

<b>Required Activity:</b>	<b>Due Date</b>	<b>Responsible Party</b>
Provide Regional Health Preparedness Board Charter and membership list	3/1/2007	RLA
First Narrative Report and Expenditure Report due for the period Feb. 1, 2007-May 31, 2007	6/15/2007	RLA
Draft Regional Preparedness Plan	6/15/2007	RLA
Detailed FY 2007 (September 1, 2007 to August 31, 2008) RLA budget and regional operational budget	6/30/2007	RLA
Second Narrative Report for period June 1, 2007-August 29, 2007 and Expenditure Report for period June 1, 2007-July 31, 2007	8/29/2007	RLA

## **EXHIBIT A**

### **Part 2 Consideration**

#### **I. CONSIDERATION**

Based on DHS' receipt and approval of proposed budget from the RLA as described in Section VI.D., DHS will pay Contractor for the work and deliverables described in this Statement of Work as follows:

**General:** RLA will receive up to \$176,678.00 for Regional HRSA Grant Coordinator activities, which will be dispersed as follows:

Based on DHS' receipt of monthly invoices and approval of reports from RLA summarizing the work performed during the previous reporting period, DHS will pay RLA monthly, amounts up to and including sum of \$25,240.00 (1/7<sup>th</sup> of \$176,678.00).



**EXHIBIT A**  
**Part 3**  
**Special Terms and Conditions**

**I. SPECIAL PROVISIONS**

**A. Confidentiality of Client Information**

1. All information as to personal facts and circumstances obtained by the Contractor on the client shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the written consent of the client, his or her attorney, the responsible parent of a minor child, or his or her guardian except as required by other terms of this contract. Nothing prohibits the disclosure of information in summaries, statistical, or other form, which does not identify particular individuals.
2. The use or disclosure of information concerning clients shall be limited to persons directly connected with the administration of this contract. Confidentiality policies shall be applied to all requests from outside sources.
3. DHS, Contractor and any subcontractor will share information as necessary to effectively serve DHS clients.

**B. Information Privacy/Security**

If the Work performed under this contract requires Contractor to have access to or use of any DHS computer system or other DHS Information Asset for which DHS imposes security requirements, Contractor shall comply and require subcontractors to comply with information security requirements imposed under this section. For purposes of this section, "Information Asset" refers to all confidential information in any form (e.g., written, verbal, oral or electronic) for which DHS determines requires security measures, including confidential information created by DHS, gathered for DHS or stored by DHS for external parties. All other terms not defined in this section shall have the meaning used in the HIPAA Security Rules, 45 CFR § 164.304.

1. The Contractor shall comply with the following requirements. For purposes of this section, all requirements imposed on Contractor shall also apply to its officers, employees, agents and subcontractors that have access to any DHS information computer system or other DHS Information Asset, and Contractor shall include these requirements in any subcontract that may provide such access by a subcontractor, its officers, employees or agents to any DHS computer system or other DHS Information Asset. Contractor shall:
  - a. Cooperate with the DHS contract administrator in identifying Information Assets that will be utilized in the performance of the Work and applicable security measures that will be undertaken to protect the

Information Assets, and provide updated information to the DHS contract administrator within fourteen (14) calendar days of the date such information changes for any reason;

- b. Implement security measures that reasonably and appropriately provide administrative, physical and technical safeguards that protect the confidentiality, integrity and availability of the Information Assets that it creates, receives, maintains or transmits on behalf of the DHS. Contractor's security measures must be documented in writing and be available for review by DHS upon request. DHS review of the reasonableness of security measures, as well as Contractor's compliance with DHS assigned access control or security requirements, will take into account the Contractor's physical, administrative, and technical capabilities related to security measures and the potential risk of unauthorized use or disclosure of information assets by Contractor, its officers, employees, agents or subcontractors.
- c. Prevent any unauthorized access to or disclosure of DHS information systems or information assets.
- d. Take necessary actions to comply with DHS determinations of the level of access that may be granted, as well as changes in level of access, or suspension or termination of access as determined by DHS;
- e. Keep any DHS-assigned access control requirements such as identification of authorized user(s) and access-control information in a secure location until access is terminated; monitor and securely maintain access by Contractor and its agents or subcontractors in accordance with security requirements or access controls assigned by DHS; and make available to DHS upon request all information about contractor's use or application of access-controlled DHS computer systems or Information Assets.
- f. Report to the DHS, Information Security Office, and to the DHS contract administrator, any privacy or security incidents by Contractor, its officers, employees, agents or subcontractors that compromise, damage, or cause a loss of protection to the DHS Information Assets. Contractor shall report in the following manner:
  - (i) Report to the DHS, Information Security Office, and to the DHS contract administrator, in writing within five (5) business days of the date on which Contractor becomes aware of such incident; and
  - (ii) Provide the DHS, Information Security Office, and the DHS contract administrator, the results of the incident assessment findings and resolution strategies

Contractor will comply with DHS requests for corrective action concerning a privacy or security incident, and with laws requiring mitigation of harm caused by the unauthorized use or disclosure of confidential information, if any.

2. If DHS determines that Contractor's security measures or actions required under subsection (1) of this section are inadequate to address the security requirements of DHS, DHS will notify the Contractor. DHS and Contractor may meet to discuss appropriate security measures or action. If security measures or corrective actions acceptable to DHS cannot be agreed upon, DHS reserves the right to take such actions as it determines appropriate under the circumstances. Actions may include but are not limited to restricting access, or amending or terminating the contract.
3. DHS reserves the right to request additional information from Contractor related to security measures, and to change, suspend or terminate access to or use of a DHS computer system or Information Assets by Contractor, its officers, employees, agents or subcontractors.
4. Wrongful use of DHS computer systems, wrongful use or disclosure of Information Assets by Contractor, officers, its employees, agents or its subcontractors may cause the immediate suspension or revocation of any access granted through this contract, in the sole discretion of DHS. DHS may also pursue any other legal remedies provided under the law.

C. Anticipated Amendments

All amendments shall comply with applicable statutes and administrative rules.

1. Circumstances Requiring Amendments. Agency may request Contractor to provide additional quantities of Work in the event the parties expend the maximum, not-to-exceed compensation payable to Contractor, and additional quantities of Work must be performed to meet Agency program needs. Agency may also request Contractor to provide additional quantities of Work that may be required after the expiration date of this Contract to meet Agency program needs or may determine a need for Contractor to perform new Work within the scope of the solicitation, if any, and if no solicitation to the extent permitted by applicable statutes and administrative rules. Also, Agency may request a change in the Statement of Work to conform to legislative, administrative rule requirements or to meet an operational or practice change. In addition, Agency may decrease the quantity of Work or delete Work, and correspondingly decrease the maximum, not-to-exceed compensation payable to Contractor if Agency program needs are less than originally anticipated by Agency, and/or if legislative action so requires in the exercise of Agency's reasonable administrative discretion. Agency may also increase the rate payable to Contractor to meet legislative action, changes in applicable rules, operations and

practice, changes in the market place or increases in Agency standard payment rates. To address the circumstances described in this Section C.1. the parties may amend this Contract in accordance with Section C.2.

2. Scope of Amendments. During the term of this Contract, one or more of the following amendments may be made to this Contract:
  - a. Amendments to extend the term of this Contract for additional periods;
  - b. Amendment to increase the quantity of Work;
  - c. Amendments to add new Work within the scope of the solicitation, if any, or if no solicitation, to the extent permitted by applicable statutes and administrative rules;
  - d. Amendments to increase the maximum, not-to-exceed compensation payable to Contractor to cover new Work or additional quantity of Work added to the Contract;
  - e. Amendments to conform the Work to legislative, administrative rule requirements, operational and practice changes;
  - f. Amendments to delete Work;
  - g. Amendments to decrease the maximum, not-to-exceed compensation payable to Contractor; and
  - h. Amendments to increase the rate payable to Contractor, but only in the circumstances described in Section C.1.
3. Amendment Process. Upon identification of any of the circumstances set forth in Section C.1., requiring an amendment to this Contract by either party, the parties may enter into negotiations regarding the proposed amendment to this Contract. All amendments must comply with Exhibit B, Section 20 of the Contract document.

## EXHIBIT B

### STANDARD TERMS & CONDITIONS

1. **Governing Law, Consent to Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between DHS or any other agency or department of the State of Oregon, and Agency that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within a circuit court in the State of Oregon of proper jurisdiction. In no event shall this section be construed as a waiver by the State of Oregon of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court. **AGENCY, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.**
2. **Compliance with Law.** Agency shall comply with all state and local laws, regulations, executive orders and ordinances applicable to the Agreement or to the delivery of services. Without limiting the generality of the foregoing, Agency expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement: (a) all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations; (b) all state laws governing operation of locally administered public health programs, including without limitation, all administrative rules adopted by DHS related to public health programs; (c) all state laws requiring reporting of Agency Client abuse; (d) ORS 659A.400 to 659A.409, ORS 659A.145 and all regulations and administrative rules established pursuant to those laws in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of services. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. All employers, including Agency, that employ subject workers who provide services in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126.
3. **Independent Contractors.** The parties agree and acknowledge that their relationship is that of independent contracting parties and that Agency is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
4. **Representations and Warranties**
  - a. Agency's Representations and Warranties. Agency represents and warrants to DHS that
    - (i) Agency has the power and authority to enter into and perform this Agreement,
    - (ii) this Agreement, when executed and delivered, shall be a valid and binding obligation of Agency enforceable in accordance with its terms,
    - (iii) Agency has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Agency will apply that skill and knowledge with care and diligence to perform the Services in a professional manner and in accordance with standards prevalent in Agency's industry, trade or profession,
    - (iv) Agency shall, at all times during the term of this Agreement, be qualified, professionally competent, and duly licensed to perform the Services, and

(v) Agency prepared its proposal related to this Agreement, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.

b. Warranties cumulative. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

5. **Funds Available and Authorized; Payments.** Agency shall not be compensated for Services performed under this Agreement by any other agency or department of the State of Oregon or the federal government. DHS certifies that it has sufficient funds currently authorized for expenditure to finance the costs of this Agreement within DHS' current biennial appropriation or limitation. Agency understands and agrees that DHS' payment of amounts under this Agreement is contingent on DHS receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow DHS, in the exercise of its reasonable administrative discretion, to continue to make payments under this Agreement.

6. **Recovery of Overpayments.** If billings under this Agreement, or under any other Agreement between Agency and DHS, result in payments to Agency to which Agency is not entitled, DHS, after giving written notification to Agency, may withhold from payments due to Agency such amounts, over such periods of time, as are necessary to recover the amount of the overpayment.

7. **Ownership of Intellectual Property.**

- a. Except as otherwise expressly provided herein, or as otherwise required by state or federal law, DHS will not own the right, title and interest in any intellectual property created or delivered by Agency or a Provider in connection with the Services. With respect to that portion of the intellectual property that the Agency owns, Agency grants to DHS a perpetual, worldwide, non-exclusive, royalty-free and irrevocable license, subject to any provisions in the Agreement that restrict or prohibit dissemination or disclosure of information, to (i) use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the intellectual property, (ii) authorize third parties to exercise the rights set forth in Section 7.a(i) on DHS' behalf, and (iii) sublicense to third parties the rights set forth in Section 7.a(i).
- b. If state or federal law requires that DHS or Agency grant to the United States a license to any intellectual property, or if state or federal law requires that the DHS or the United States own the intellectual property, then Agency shall execute such further documents and instruments as DHS may reasonably request in order to make any such grant or to assign ownership in the intellectual property to the United States or DHS. To the extent that DHS becomes the owner of any intellectual property created or delivered by Agency in connection with the Services, DHS will grant a perpetual, worldwide, non-exclusive, royalty-free and irrevocable license, subject to any provisions in the Agreement that restrict or prohibit dissemination or disclosure of information, to Agency to use, copy, distribute, display, build upon and improve the intellectual property.
- c. Agency shall include in its Provider Contracts terms and conditions necessary to require that Providers execute such further documents and instruments as DHS may reasonably request in order to make any grant of license or assignment of ownership that may be required by federal or state law.

8. **Agency Default.** Agency shall be in default under this Agreement upon the occurrence of any of the following events:

- a. Agency fails to perform, observe or discharge any of its covenants, agreements or obligations set forth herein.
- b. Any representation, warranty or statement made by Agency herein or in any documents or reports relied upon by DHS to measure the delivery of services, the expenditure of payments or the performance by Agency is untrue in any material respect when made;
- c. Agency (i) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property, (ii) admits in writing its inability, or is generally unable, to pay its debts as they become due, (iii) makes a general assignment for the benefit of its creditors, (iv) is adjudicated a bankrupt or insolvent, (v) commences a voluntary case under the Federal Bankruptcy Code (as now or hereafter in effect), (vi) files a petition seeking to take advantage of any other law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, (vii) fails to controvert in a timely and appropriate manner, or acquiesces in writing to, any petition filed against it in an involuntary case under the Bankruptcy Code, or (viii) takes any action for the purpose of effecting any of the foregoing; or
- d. A proceeding or case is commenced, without the application or consent of Agency, in any court of competent jurisdiction, seeking (i) the liquidation, dissolution or winding-up, or the composition or readjustment of debts, of Agency, (ii) the appointment of a trustee, receiver, custodian, liquidator, or the like of Agency or of all or any substantial part of its assets, or (iii) similar relief in respect to Agency under any law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, and such proceeding or case continues undismissed, or an order, judgment, or decree approving or ordering any of the foregoing is entered and continues unstayed and in effect for a period of sixty consecutive days, or an order for relief against Agency is entered in an involuntary case under the Federal Bankruptcy Code (as now or hereafter in effect).

**9. DHS Default.** DHS shall be in default under this Agreement upon the occurrence of any of the following events:

- a. DHS fails to perform, observe or discharge any of its covenants, agreements, or obligations set forth herein; or
- b. Any representation, warranty or statement made by DHS herein is untrue in any material respect when made.

**10. Termination.**

**a. Agency Termination.** Agency may terminate this Agreement in whole or in part:

- (i) For its convenience, upon at least three calendar months advance written notice to DHS, with the termination effective as of the first day of the month following the notice period;
- (ii) Upon 45 days advance written notice to DHS, if Agency does not obtain funding, appropriations and other expenditure authorizations from Agency's governing body, federal, state or other sources sufficient to permit Agency to satisfy its performance obligations under this Agreement, as determined by Agency in the reasonable exercise of its administrative discretion;

- (iii) Upon 30 days advance written notice to DHS, if DHS is in default under this Agreement and such default remains uncured at the end of said 30 day period or such longer period, if any, as Agency may specify in the notice; or
- (iv) Immediately upon written notice to DHS, if Oregon statutes or federal laws, regulations or guidelines are modified, changed or interpreted by the Oregon Legislative Assembly, the federal government or a court in such a way that Agency no longer has the authority to meet its obligations under this Agreement.

**b. DHS Termination.** DHS may terminate this Agreement in its entirety or may terminate its obligation to provide financial assistance under this Agreement for one or more particular Services described in the Financial Assistance Award:

- (i) For its convenience, upon at least three calendar months advance written notice to Agency, with the termination effective as of the first day of the month following the notice period.
- (ii) Upon 45 days advance written notice to Agency, if DHS does not obtain funding, appropriations and other expenditure authorizations from federal, state or other sources sufficient to meet the payment obligations of DHS under this Agreement, as determined by DHS in the reasonable exercise of its administrative discretion. Notwithstanding the preceding sentence, the DHS may terminate this Agreement in its entirety or may terminate its obligation to provide financial assistance under this Agreement for one or more particular Services, immediately upon written notice to Agency or at such other time as it may determine if action by the Oregon Legislative Assembly or Emergency Board reduces the DHS' legislative authorization for expenditure of funds to such a degree that DHS will no longer have sufficient expenditure authority to meet its payment obligations under this Agreement, as determined by DHS in the reasonable exercise of its administrative discretion, and the effective date for such reduction in expenditure authorization is less than 45 days from the date the action is taken.
- (iii) Immediately upon written notice to Agency if Oregon statutes or federal laws, regulations or guidelines are modified, changed or interpreted by the Oregon Legislative Assembly, the federal government or a court in such a way that the DHS no longer has the authority to meet its obligations under this Agreement or no longer has the authority to provide the financial assistance from the funding source it had planned to use.
- (iv) Upon 30 days advance written notice to Agency, if Agency is in default under this Agreement and such default remains uncured at the end of said 30 day period or such longer period, if any, as DHS may specify in the notice.
- (v) Immediately upon written notice to Agency, if any license or certificate required by law or regulation to be held by Agency or a Provider to deliver a Service described in the Financial Assistance Award is for any reason denied, revoked, suspended, not renewed or



changed in such a way that Agency or a Provider no longer meets requirements to deliver the Service. This termination right may only be exercised with respect to the particular Service or Services impacted by loss of necessary licensure or certification.

- (vi) Immediately upon written notice to Agency, if DHS determines that Agency or any of its sub-contractors have endangered or are endangering the health or safety of a Client or others.

## **11. Effect of Termination**

### **a. Entire Agreement.**

- (i) Upon termination of this Agreement in its entirety, DHS shall have no further obligation to pay Agency under this Agreement.
- (ii) Upon termination of this Agreement in its entirety, Agency shall have no further obligation to perform work under this Agreement.

### **b. Termination In Part.**

- (i) Upon termination by DHS of part of the work, DHS shall have no further obligation to pay Agency under this Agreement for that work.
- (ii) Upon termination by DHS of part of the work, Agency shall have no further obligation to perform that work.
- (iii) Upon termination by Agency of a part of the work, DHS shall have no further obligation to pay Agency under this Agreement for that work.

### **c. Obligations and Liabilities.**

Notwithstanding Section 11(a) and (b) above, any termination of this Agreement shall not prejudice any obligations or liabilities of either party accrued prior to such termination.

- 12. Limitation of Liabilities.** NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS AGREEMENT. NEITHER PARTY SHALL BE LIABLE FOR ANY DAMAGES OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS AGREEMENT OR ANY PART HEREOF IN ACCORDANCE WITH ITS TERMS.

- 13. Insurance.** AGENCY shall maintain insurance as set forth in Exhibit C, which is attached hereto.

- 14. Records Maintenance; Access.** Agency shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Agency shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Agency, whether in paper, electronic or other form, that are pertinent to this Agreement in such a manner as to clearly document Agency's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Agency whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "Records." Agency acknowledges and agrees that DHS and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make

excerpts and transcripts. Agency shall retain and keep accessible all Records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later. Agency shall maintain Records in accordance with the records retention schedules set forth in OAR Chapter 166.

15. **Force Majeure.** Neither DHS nor Agency shall be held responsible for delay or default caused by fire, riot, acts of God, power outage, government fiat, terrorist acts or other acts of political sabotage, civil unrest, labor unrest, or war, where such cause is beyond the reasonable control of DHS or Agency. Each party shall, however, make all reasonable efforts to remove or eliminate such cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this Agreement.
16. **Assignment of Agreement, Successors in Interest.**
  - a. Agency shall not assign or transfer its interest in this Agreement without prior written approval of DHS. Any such assignment or transfer, if approved, is subject to such conditions and provisions as DHS may deem necessary. No approval by DHS of any assignment or transfer of interest shall be deemed to create any obligation of DHS in addition to those set forth in the Agreement.
  - b. The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and permitted assigns.
17. **SubAgreements.** Agency shall not enter into any subagreements for any of the Services required by this Agreement without DHS' prior written consent. In addition to any other provisions DHS may require, Agency shall include in any permitted subagreement under this Agreement provisions to ensure that DHS will receive the benefit of subcontractor performance as if the subcontractor were the Agency with respect to Sections 1, 2, 3, 4, 7, 14, 16, 17, 18, and 20 of this Exhibit B. DHS' consent to any subagreement shall not relieve Agency of any of its duties or obligations under this Agreement.
18. **No Third Party Beneficiaries.** DHS and Agency are the only parties to this Agreement and are the only parties entitled to enforce its terms. The parties agree that Agency's performance under this Agreement is solely for the benefit of DHS to assist and enable DHS to accomplish its statutory mission. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.
19. **Amendment.** DHS may amend this Agreement to the extent provided in the solicitation document, if any, from which this Agreement arose, and to the extent permitted by applicable statutes and administrative rules. No amendment, waiver, consent, modification or change of terms of this Agreement shall bind either party unless in writing and signed by both parties and when required the Department of Justice. Such amendment, waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.

20. **Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
21. **Survival.** Sections 1, 4, 5, 6, 7, 10, 12, 13, 14, 18, and 21 of this Exhibit B shall survive Agreement expiration or termination as well as those the provisions of this Agreement that by their context are meant to survive. Agreement expiration or termination shall not extinguish or prejudice DHS' right to enforce this Agreement with respect to any default by Agency that has not been cured.
22. **Notice.** Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, or mailing the same, postage prepaid to Agency or DHS at the address or number set forth below, or to such other addresses or numbers as either party may indicate pursuant to this section. Any communication or notice so addressed and mailed shall be effective five (5) days after mailing. Any communication or notice delivered by facsimile shall be effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the recipient, or on the next business day, if transmission was outside normal business hours of the recipient. To be effective against DHS, any notice transmitted by facsimile must be confirmed by telephone notice to DHS' Office of Contracts and Procurement at number listed below. Any communication or notice given by personal delivery shall be effective when actually delivered to the addressee.

**DHS:** Office of Contracts & Procurement  
Department of Human Services  
500 Summer St NE, E03  
Salem, OR 97301-1080  
Telephone: 503-945-5818  
Facsimile Number: 503-378-4324

**AGENCY:** Multnomah County Health Department  
Lillian Shirley  
Health Administrator  
1120 Southwest 5<sup>th</sup> Avenue, 14<sup>th</sup> Floor  
Portland, Oregon 97204  
Phone number: (503) 988-3674  
Fax number: (503) 988-4117  
Email address: lillian.m.shirley@co.multnomahor.us

23. **Headings.** The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement.
24. **Counterparts.** This Agreement may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Agreement so executed shall constitute an original.
25. **Construction.** The parties agree and acknowledge that the rule of construction that ambiguities in a written agreement are to be construed against the party preparing or drafting the agreement shall not be applicable to the interpretation of this Agreement.

**EXHIBIT C**  
**INSURANCE REQUIREMENTS**

During the term of this Agreement, Agency shall maintain in force at its own expense, each kind of insurance noted below:

**1. Required by DHS of Agencies with one or more workers, as defined by ORS 656.027.**

**Workers' Compensation:** All employers, including Agency, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Agency shall require and ensure that each of its sub-contractors complies with these requirements.

**2. ☒ Required by DHS   ☐ Not required by DHS.**

**Professional Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 each claim, incident or occurrence This is to cover damages caused by error, omission or negligent acts related to the professional services to be provided under this Agreement.

**3. ☒ Required by DHS   ☐ Not required by DHS.**

**General Liability** insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage. It shall provide that the State of Oregon, Department of Human Services and their clusters, officers and employees are Additional Insureds but only with respect to the Agency's services to be provided under this Agreement;

**4. ☐ Required by DHS   ☒ Not required by DHS.**

**Automobile Liability** insurance with a combined single limit, or the equivalent, of not less than \$0.00 each accident for Bodily Injury and Property Damage, including coverage for owned, hired or non-owned vehicles, as applicable. It shall provide that the State of Oregon, Department of Human Services and their divisions, officers and employees are Additional Insureds but only with respect to the Agency's services to be provided under this Agreement;

**5. Notice of cancellation or change.** There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without 30 days prior written notice from the Agency or its insurer(s) to Department of Human Services;

**6. Certificates of insurance.** As evidence of the insurance coverages required by this Agreement, the Agency shall furnish acceptable insurance certificates to Department of Human Services upon request. The certificate will specify all of the parties who are Additional Insureds. Insuring companies or entities are subject to State acceptance. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to the State. The Agency shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

## EXHIBIT D

### REQUIRED FEDERAL TERMS AND CONDITIONS

In addition to any other requirements prescribed in Exhibit A, Agency shall comply and, as indicated, cause all sub-contractors to comply with the following federal requirements. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. **Miscellaneous Federal Provisions.** Agency shall comply and require all sub-contractors to comply with all federal laws, regulations, executive orders applicable to the Agreement or to the delivery of Services. Without limiting the generality of the foregoing, Agency expressly agrees to comply and require all sub-contractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, (j) all federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. No federal funds may be used to provide Services in violation of 42 USC 14402.
2. **Equal Employment Opportunity.** If this Agreement, including amendments, is for more than \$10,000, then Agency shall comply and require all sub-contractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).
3. **Clean Air, Clean Water, EPA Regulations.** If this Agreement, including amendments, exceeds \$100,000 then Agency shall comply and require all sub-contractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857(h)), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to DHS, HHS and the appropriate Regional Office of the Environmental Protection Agency. Agency shall include and require all sub-contractors to include in all contracts with sub-contractors receiving more than \$100,000, language requiring the sub-contractor to comply with the federal laws identified in this section.
4. **Energy Efficiency.** Agency shall comply and require all sub-contractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163).

5. **Truth in Lobbying.** The Agency certifies, to the best of the Agency's knowledge and belief that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of Agency, to any person for influencing or attempting to influence an officer or employee of an 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 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 Agency shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c. The Agency shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Agreement imposed by section 1352, Title 31, U.S. 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.

6. **HIPAA Compliance.** If the Services provided under this Agreement are covered by the Health Insurance Portability and Accountability Act or the federal regulations implementing the Act (collectively referred to as HIPAA), Agency agrees to deliver the Services in compliance with HIPAA. Without limiting the generality of the foregoing, Services funded in whole or in part with financial assistance provided under this Agreement are covered by HIPAA. Agency shall comply and require all sub-contractors to comply with the following:

- a. **Privacy and Security Of Individually Identifiable Health Information** Individually Identifiable Health Information about specific individuals is confidential. Individually Identifiable Health Information relating to specific individuals may be exchanged between Agency and DHS for purposes directly related to the provision of services to Clients which are funded in whole or in part under this Agreement. However, Agency shall not use or disclose any Individually Identifiable Health Information about specific individuals in a manner that would violate DHS Privacy Rules, OAR 410-014-0000 *et. seq.*, or DHS Notice of Privacy Practices, if done by DHS. A copy of the most recent DHS Notice of Privacy Practices is posted on the DHS web site at <http://www.dhs.state.or.us/policy/admin/infosecuritylist.htm>, or may be obtained from DHS.
- b. **Data Transactions Systems** If Agency intends to exchange electronic data transactions with DHS in connection with claims or encounter data, eligibility or enrollment information, authorizations or other electronic transaction, Agency shall execute an EDI Trading Partner Agreement with DHS and shall comply with DHS EDI Rules.

- c. **Consultation and Testing** If Agency reasonably believes that the Agency's or DHS' data transactions system or other application of HIPAA privacy or security compliance policy may result in a violation of HIPAA requirements, Agency shall promptly consult the DHS Information Security Office. Agency or DHS may initiate a request for testing of HIPAA transaction requirements, subject to available resources and the DHS testing schedule.

7. **Resource Conservation and Recovery.** Agency shall comply and require all sub-contractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 USC 6901 et. seq.). Section 6002 of that Act (codified at 42 USC 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Parts 247-253.
8. **Audits.** Agency shall comply and, if applicable, cause a sub-contractor to comply, with the applicable audit requirements and responsibilities set forth in the Office of Management and Budget Circular A-133 entitled "Audits of States, Local Governments and Non-Profit Organizations."
9. **Debarment and Suspension.** Agency shall not permit any person or entity to be a sub-contractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension". (See 45 CFR part 76.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Sub-contractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.
10. **Drug-Free Workplace.** Agency shall comply and require all sub-contractors to comply with the following provisions to maintain a drug-free workplace: (i) Agency certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Agency's workplace or while providing services to the DHS Clients. Agency's notice shall specify the actions that will be taken by Agency against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Agency's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Agreement a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) that, as a condition of employment to provide services under this Agreement, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify DHS within ten (10) days after receiving notice under subparagraph (iv) from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi); (viii) Require any sub-contractor to comply with subparagraphs (i) through (vii); (ix) Neither Agency, or any of Agency's employees, officers, agents or sub-contractors may provide any service required under this Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Agency or Agency's employee, officer, agent or sub-contractor has used

a controlled substance, prescription or non-prescription medication that impairs the Agency or Agency's employee, officer, agent or sub-contractor's performance of essential job function or creates a direct threat to the DHS Clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; (x) Violation of any provision of this subsection may result in termination of the Agreement.

11. **Pro-Children Act.** Agency shall comply and require all sub-contractors to comply with the Pro-Children Act of 1994 (codified at 20 USC section 6081 et. seq.).
12. **Medicaid Services.** Agency shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 USC Section 1396 et. seq., including without limitation:
  - a. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 USC Section 1396a(a)(27); 42 CFR 431.107(b)(1) & (2).
  - b. Comply with all disclosure requirements of 42 CFR 1002.3(a) and 42 CFR 455 Subpart (B).
  - c. Maintain written notices and procedures respecting advance directives in compliance with 42 USC Section 1396(a)(57) and (w), 42 CFR 431.107(b)(4), and 42 CFR 489 subpart I.
  - d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Agency shall acknowledge Agency's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
13. **Agency-based Voter Registration.** Agency shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered to applicants for services.



**EXHIBIT E**  
**Required Sub-Contractor Provisions**  
**( RESERVED )**

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP**

---

Please complete this form and return to the Board Clerk

\*\*\*This form is a public record\*\*\*

MEETING DATE: 03.01.07

SUBJECT: OPEN Forum letter (1999)

AGENDA NUMBER OR TOPIC: Public Comment

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: PAUL Phillips

ADDRESS: 1212 SW Clay Apt 217

CITY/STATE/ZIP: Portland, OR 97201

PHONE: DAYS: NONE

EVES: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

SPECIFIC ISSUE: \_\_\_\_\_

WRITTEN TESTIMONY: Submitted

**IF YOU WISH TO ADDRESS THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

and many local companies will be involved in the project. The Carnegie project will help the local economy while also providing the region with a center for art exhibits, classes and performances.

The community already has shown its interest in seeing the historic Carnegie building pre-

At a time when the downtown area is reeling from the loss of structures due to fires, it is especially timely to invest in the preservation of this architecturally interesting building. To help with the Carnegie Campaign, contact the arts center at 278-9201.

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*East Oregonian Sept. 4, 1999 page 8A*

## **Open forum**

### **Don't get hurt while working at the hospital**

Open letter to Gov. John Kitzhaber:

SDSD is going to terminate my medical health insurance after almost a year.

I have growth rings (don't laugh) and my right thumb and forearm were broken and injured at a hospital Oct. 7, 1981. My right thumb has had cartilage at both ends dislocated out of socket

from the broken thumb and my forearm broken at two places. I'm blind 20/400.

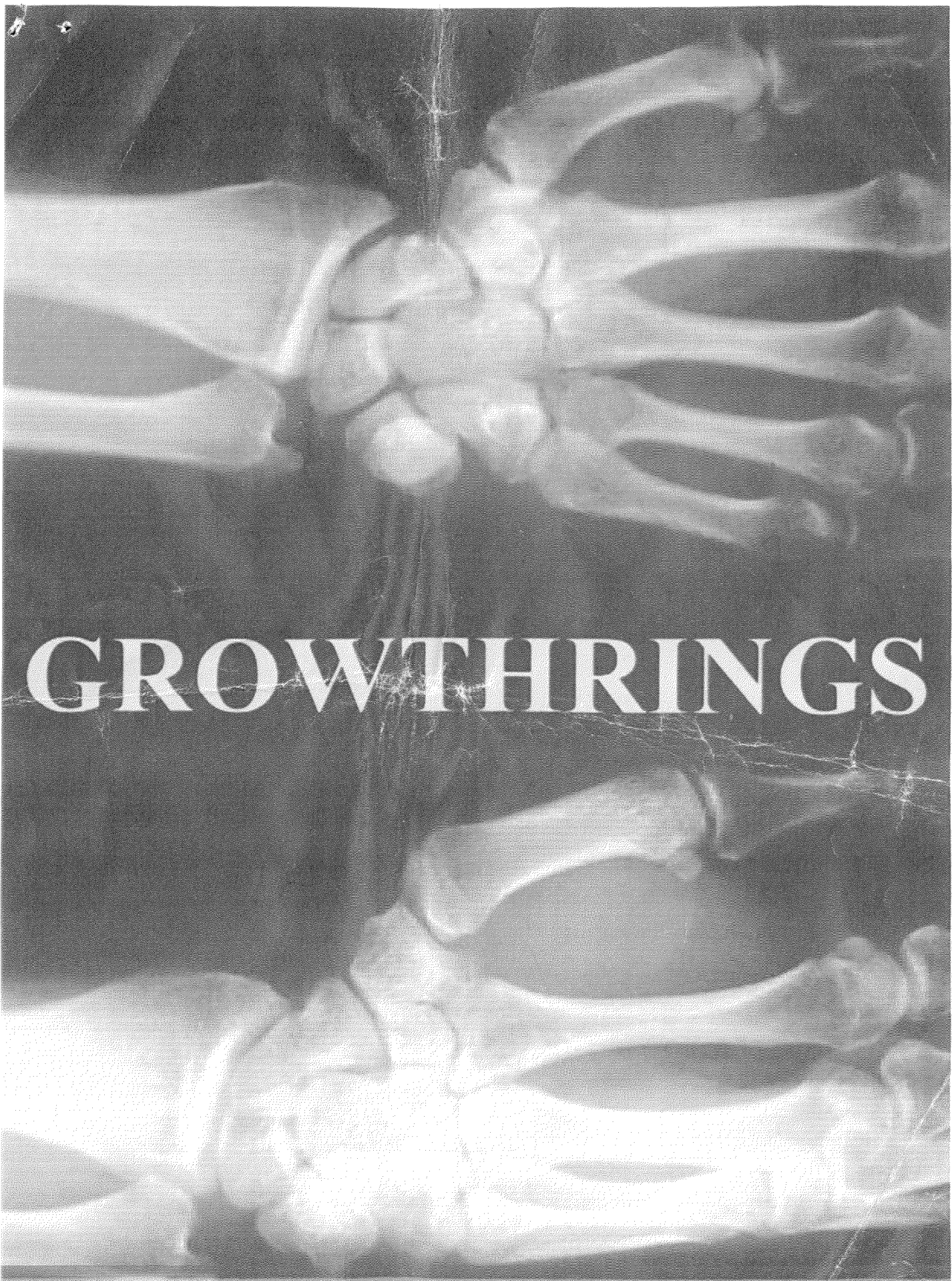
In the one year of health insurance, I got rides to medical appointments using Oregon state vehicles, gasoline, and of course drivers. I sure learned my lesson.

The worst place in the world to get injured is at a hospital as an employee. I was put in a cast that day and have never recovered from the injury.

**PAUL A. PHILLIPS**  
Pendleton



W



RECEIVED APR 14 1999



503-247-6042

# walla walla clinic

55 WEST TIEHAN • (509) 525-3720  
WALLA WALLA, WASHINGTON 99362

April 6, 1999

Walter Hales, M.D.  
821 Swift Boulevard  
Richland, WA 99352

RE: PAUL A. PHILLIPS  
DOB: 3/10/54

Dear Walter:

Paul Phillips is a 45-year-old originally right-handed male, but now left-handed with impaired vision, considered legally blind. He was injured on 7 October 1981 while working in the laundry in St. Joseph's Hospital, Lewiston, Idaho. He is not sure how he injured his hand, but he is concerned about his persisting pain. He has seen a host of different physicians but has not yet seen a hand surgeon.

*X* I think his right hand is quite normal but I cannot convince him of that because he thinks I am biased. I would appreciate your evaluation and recommendations for Paul. I thank you very much for your cooperation.

Sincerely,

*Rug*

ROBERT W. RUGGERI, M.D.  
Department of Orthopaedic Surgery

RWR/kgb



# TRI-CITY ORTHOPAEDIC CLINIC

15 West 10th Avenue  
Kornewick, WA 99334  
Telephone (509) 585-0533  
FAX (509) 582-4321

621 South Broadway  
Richland, WA 99352  
Telephone (509) 946-8144  
FAX (509) 946-7211

Robert Ruggieri, M.D.  
35 W. Tietan  
Walla Walla, WA 99362

April 30, 1999

Re: PAUL PHILLIPS  
DOS: 4-26-99

Dear Dr. Ruggieri,

I had a chance to evaluate Paul Phillips who came to see me at your suggestion on April 26. This 45 year old white male, apparently legally blind, came in concerning this painful right hand. He describes it as beginning in 1991 when he was working at St. Joseph's Hospital in Idaho. He was working in laundry he says moving about 6-8 tons of laundry a day at work, working a good 10 hour days 6 days a week for a four year period. Suddenly one day without any specific injury his arm became painful and he simply could not use it anymore he states. He has had multiple work ups and evaluations and treatments. I would estimate ~~approximately~~ between 10-15 physicians have evaluated and attempted treatment for this including physicians in Lewiston, Rollings, WY, and then of course in Pendleton, OR and Walla Walla. These evaluations included an MRI done in Ochsner ordered by a Dr. Steven Topper and read by Frank Erickson, which in my opinion are totally over-read and they are reading way too much detail into the findings. To make a long story short this patient is a difficult historian and has seemed very fixated on this going clear back to 1991 and insisting on multiple evaluations and examinations.

However, there is one very definite finding that is present and that is he has marked instability and pain in the metacarpal trapezial joint of his right thumb. Obviously others have recognized this as he presented today in the office with a thumb post splint. I don't know if that was ordered by yourself or some time before he saw you. Most of his complaints center on the distal forearm then radiating up on the dorsal radial aspect of the wrist and thumb. I explained to him that based on this one time exam his history and exam seems out of proportion to that one single problem. I would not be comfortable based on this one time examination suggesting that is his major problem although it could be. I recommend that he be more specific about what his symptoms are, keep a diary and we will talk again in three weeks. If his symptoms seem consistent with that perhaps this does warrant surgical

In this case I definitely would recommend a fusion rather than an arthroplasty since in my experience it is much more reliable for giving pain relief and that is his chief

Paul .A. Phillips

**From:** Paul .A. Phillips <offl@oregontrail.net>  
**To:** <1stlady@gov.state.id.us>  
**Sent:** Thursday, July 29, 1999 1:24 AM  
**Attach:** ps000005.JPG; ps000006.JPG; P1261906.bmp; Black white.JPG; Not BROKEN bones growth rings.JPG  
**Subject:** 4Th reply

I'm sorry the last 2 center pictures were wrong ones .



15 West 10th Avenue  
 Kennewick, WA 99336  
 Telephone (509) 585-4533  
 FAX (509) 582-9327

821 Swift Boulevard  
 Richland, WA 99352  
 Telephone (509) 946-6144  
 FAX (509) 946-7253

James R. Hazel, M.D.  
 Orthopedic Surgeon  
 St. Joseph's Hospital  
 1000 W. 10th Avenue  
 Kennewick, WA 99336

Walter J. Hazel, M.D.  
 Orthopedic Surgeon  
 St. Joseph's Hospital  
 1000 W. 10th Avenue  
 Kennewick, WA 99336

Mark R. Merrill, M.D.  
 Orthopedic Surgeon  
 St. Joseph's Hospital  
 1000 W. 10th Avenue  
 Kennewick, WA 99336

Kimberly S. Lamson  
 CPA  
 Office Administrator

Robert Ruggeri, M.D.  
 55 W. Tietan  
 Walla Walla, WA 99362

Re: PAUL PHILLIPS  
 DOS: 4-26-99

April 30, 1999

Dear Dr. Ruggeri,

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PAUL PHILLIPS, Cont.

In this case I definitely would recommend a fusion rather than an arthroplasty since in my experience it is much more reliable for giving pain relief and that is his chief complaint. There are no particular demands that would require obtaining full abduction and extension of the thumb such as piano playing.

Thank you again for the chance to see and help in the care of this patient.

Sincerely,

Walter J. Haies, M.D.

WJH:amm



**X-RAY REPORT**

NAME: PHILLIPS, PAUL MEDICAL RECORD NO. 03 54 42

PHYSICIAN: Dr. Steven Topper DATE: 10-16-98

c.c. to patient: Paul A. Phillips  
517 1/2 S.W. 13th  
Pendleton, Oregon 97801

EXAM: MRI OF RIGHT HAND AND WRIST AND MRI OF FOREARM

PATIENT HISTORY: 44-year-old with right hand pain since 1981 extending into the right forearm; previous surgery 17 years ago (details unavailable).

MRI TECHNIQUE:

Siemens 1.0 tesla pulse sequences included the following for the forearm:

T1-W, Turbo STIR, coronal 4 mm. slices; PD and T2-W Turbo SPIN echo axial 4 mm. slices extending from the mid forearm through the distal carpal row.

MRI SEQUENCES FOR WRIST AND HAND included the following:

T1-W, Turbo STIR coronal 3 mm. slices; PD and T2-W axial conventional SPIN echo 4 mm. slices; T2-W axial fat suppression 4 mm. slices; 2D FLASH T2\*W coronal 3 mm. slices. All of the hand and wrist sequences included the distal radius and ulna through the MCP joints.

MRI OF FOREARM FINDINGS:

Signal intensities of bone marrow, cortex, musculature and subcutaneous fat are within normal limits. No mass lesions, edema or abnormal fluid collections are identified in the forearm region. An effusion is noted in the proximal carpal row particularly near the navicular bone and also at the ulnar side of the proximal carpal row with further details discussed below.

MRI OF FOREARM IMPRESSION:

NO SIGNIFICANT ABNORMALITIES IN THE FOREARM. EFFUSION SEEN AT THE WRIST.

MRI OF WRIST AND HAND FINDINGS:

Bone marrow signal intensities are abnormal at the carponavicular bone and the lunate bone where cysts are noted in the cancellous bone. The cyst at the carponavicular bone is eccentrically located at the subcortical area of the dorsal aspect proximal end measuring

*Handwritten signature* Page 1 of 2 pages

**X-RAY REPORT**

Page 2 - X-RAY REPORT CONTINUED

PHILLIPS, PAUL

Dr. Steven Topper

October 16, 1998

approximately 4 mm. diameter. Immediately adjacent to the cyst is an effusion in the proximal carpal row joint space extending toward the radial aspect of the navicular bone. The rest of the navicular bone has normal signal intensity with no evidence of avascular necrosis. The lunate carpal bone has a similar cluster of eccentrically located cysts also at the dorsal surface with thin, possibly discontinuous cortex.


Joint space effusion is noted at the ulnar side of the proximal carpal row particularly around the palmar aspect near the triangular fibrocartilage complex. The TFCC has irregular increased signal intensity and linear defects extending through its central substance. The radial attachment is discontinuous. Ulnar collateral attachment of the TFCC is also tenuous and ill-defined. No excess fluid accumulation is identified in the distal radial ulnar joint to confirm TFCC tear. Additional increased signal intensity on T2-weighted images particularly on the fat suppression axial sequence is identified in the dorsal soft tissues immediately adjacent to the proximal carpal row near midline suggesting edema displacing extensor tendons dorsally. All the tendons and musculature have normal features otherwise. No other carpal bone abnormalities are detected. The flexor retinaculum is normal in thickness. The median nerve has normal configuration and signal intensity.

MRI RIGHT WRIST AND HAND IMPRESSION:

POSSIBLE INTEROSSEOUS GANGLION OF THE CARPONAVICULAR BONE WITH ASSOCIATED EFFUSION. A 4 MM. CYST WITH OTHERWISE SIMPLE FEATURES LOCATED AT THE DORSAL MARGIN OF THE BASE OF THE CARPONAVICULAR BONE HAS CORTICAL THINNING/POSSIBLE DISCONTINUITY IMMEDIATELY ADJACENT TO THE EFFUSION AND MAY IN FACT COMMUNICATE WITH THE EFFUSION.

SIMILAR CYSTS OF SMALLER SIZE IN THE LUNATE BONE WITH POSSIBLY DISCONTINUOUS CORTEX AGAIN AT THE DORSAL SURFACE WITHOUT ASSOCIATED EFFUSION. NO ADJACENT EFFUSION BUT POSSIBLY OF SIMILAR ETIOLOGY.

TRIANGULAR FIBROCARILAGE COMPLEX INJURIES SUGGESTED BY INHOMOGENEITY AND DISCONTINUOUS ATTACHMENTS BUT WITHOUT DISTAL RADIAL ULNAR JOINT EFFUSION TO CONFIRM ACTUAL TEAR.

 Page 2 of 3 pages

# St. Anthony Hospital

† CATHOLIC HEALTH  
INITIATIVES

1601 S.E. Court Ave. Pendleton, OR 97801-3297 Phone: 541-278-3228 Fax: 541-278-3219

## X-RAY REPORT

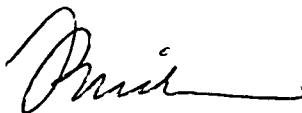
Page 3 - X-RAY REPORT CONTINUED

PHILLIPS, PAUL

Dr. Steven Topper

October 16, 1998

EDEMA IN THE PERIARTICULAR SOFT TISSUES DORSAL TO THE PROXIMAL CARPAL ROW, DISPLACING EXTENSOR TENDONS BUT WITHOUT WELL DEFINED BORDERS SUGGESTING EDEMA/INFLAMMATORY CHANGES, POSSIBLY A RUPTURED GANGLION CYST.



FRANK ERICKSON, M.D.,  
RADIOLOGIST

FE/lg

D: 10-17-98

T: 10-19-98 13:55

# LIST OF EXHIBITS

Paul A. Phillips

544-64-5929

(Claimant)

(Social Security Number)

(Wage Earner)(Leave Blank in Title XVI cases  
or if name is same as above)

EXHIBIT NO.	DESCRIPTION	NO.OF PAGES
1.	Notice of Disapproved Claim dated 1-20-82 with attached Disability Determination and Transmittal dated 1-19-82 and Application for Disability Insurance Benefits filed 12-23-81	9
2.	Application for Disability Insurance Benefits filed 3-24-86	4
3.	Disability Determination and Transmittal dated 6-17-86	4
4.	Social Security Notice dated 7-2-86	1
5.	Request for Reconsideration filed 10-20-86	2
6.	Report of Contact dated 10-20-86	1
7.	Disability Determination and Transmittal dated 11-24-86 with attached Residual Functional Capacity Assessment dated 11-20-86	8
8.	Notice of Reconsideration dated 12-3-86	3
9.	Request for Hearing filed 1-29-87	2
10.	Earnings Record with attached Report of Contact dated 4-5-86	3
11.	Disability Report dated 12-22-81	8
12.	Vocational Report dated 12-22-81	4
13.	Work Activity Report dated 12-22-81	4
14.	Vocational Report dated 3-24-86	6
15.	Disability Report dated 3-24-86	8
16.	Questionnaire filled out by claimant daed 4-18-86	8
17.	Questionnaire filled out by claimant dated 4-18-86	8
18	Hearing Before Vocational Rehabilitation Division 8-28-85	6

19	Medical Record Emergency Outpatient, St. Jos. Hospital 10/7/81	3
20	Medical Report, R. D. Thorson M.D 10/13/80 - 11/24/81 Professional Qualifications not available	6
21	Medical Report, James F. Conaty M.D. 12/16/81 with Professional Qualifications	3
22	Medical Report, Larry Harries M.D, 6/24/76 - 1/25/82 with Professional Qualifications	18
23	Medical Report, James E. Haug. O.D., 9/10/82	1
24	Medical Report, John B. Rule, M.D. 3/30/83 with Professional Qualifications	3
25	Medical Report, E. G. Spier O.D. 4/4/83	2
26	Medical Report, Jaques P. Herter PhD 4/12/83	3
27	Medical Report, Charles F. McMahon M.D. 6/7/83, with Professional Qualifications	4
28	Medical Report, Robert Kelso, PhD 7/18/82	17
29	Medical Report, T. Wesley Hunter, M.D. 7/19/87 with Professional Qualifications	2
30	Medical Report, John A. Carolan M.D. 10/24/83 with Professional Qualifications	2
31	Medical Report, James E. Cashman, M.D. 8/28/84 with Professional Qualifications	3
32	Medical Records, Memorial Hospital of Carbon County Rawlins, Wyo. 10/19/84	9
33	Medical Report, D. L. Shutt Ed. D. 12/19/84	4
34	Medical Report, Terrel L. Templeman, Ph.D 3/25/85 - 4/1/85	4
35	Medical Record, Pendleton Orthopedic Clinic, P.C. 4/10/85	1
36	Medical Report, Andrea C. Tongue, M.D. 4/23/85 with Professional Qualifications	2
37	Medical Report, Louis J. Feves M.D., 2/11/85 and 3/4/86 with Professional Qualifications	6
38	Medical Records, Umatilla County Mental Health Clinic 5/5/86	4

1020 E Caroline  
Port Angeles Washington 98362

## LIST OF EXHIBITS

Paul A. Phillips

544-64-5929

(Claimant)

(Social Security Number)

(Wage Earner)(Leave Blank in Title XVI cases  
or if name is same as above)

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES
39	Medical Report, John H. Diehl, M.D, 6/2/87 with Professional Qualifications	4
40	Medical Report, Bruce L. Till, M.D. and Stanley Simons, M.D. 1964 - 10/10/86 with Professional Qualifications	20
<u>EVIDENCE RECEIVED PRIOR TO THE HEARING</u>		
41.	Vocational Evaluation, The Gottsche Rehabilitation Center dated 7/18-22/83	11
42.	Report from Curt Hibbard, Director Plant Operations & Maintenance St. Joseph Regional Medical Center dated 7/16/87	1
43.	Letter from Betty Simonson, Cl's Mother (undated)	1
44.	Letter to Wilmer B. Hill, ALJ from Claimant dated 7/21/87	1
45.	Claimant's Questionnaire dated (date stamped 7/23/87)	10
46	Photo of Lens (submitted 7/28/87	1
47.	Medical Records, St. Anthony Hospital 4/13/73 - 6/26/74	8
48	Letter to Vocational Expert and Resume	3



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Office of Communication

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## Facts About Occupational Injuries

September 12, 1997  
 Division of Media Relations  
 (404) 639-3286

- From 1980-1992, more than 77,000 workers died as a result of work-related injuries. This means that an average of 16 workers die each day from work-related injuries; and more than 17,000 are injured.
- The cost of work-related injuries and fatalities is estimated to be greater than \$121 billion annually. In 1994, 6.3 million workers suffered nonfatal occupational injuries that resulted in lost work time or medical treatment.
- From 1980-1992, the leading causes of occupational injury were motor vehicles, machines, homicides, falls, electrocutions, and falling objects.
- Four industries -- mining, construction, transportation, and agriculture -- had occupational injury fatality rates that were consistently higher than all other industries.
- The leading causes of nonfatal occupational injuries in 1993 were overexertion, contact with objects or equipment, and falls.
- Industries experiencing the largest number of serious nonfatal injuries included eating and drinking places, hospitals, and grocery stores.
- Industries facing higher risks of serious nonfatal injuries were concentrated in the manufacturing sector and included workers in shipbuilding, wooden building and mobile home manufacture, foundries, special products sawmills, and meat packing plants.
- Efforts to set research and prevention priorities in traumatic injury must be driven by data that illuminate the nature and magnitude of these injuries. The challenge is to develop information systems that allow new preventive efforts to target high-risk worksites.

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 URL: <http://www.cdc.gov/od/oc/media/fact/safety.htm>

[Centers for Disease Control and Prevention](#)  
 Office of Communication



# CHA About CHA

(.pdf)  
(.pdf)  
(.pdf)

## FACTS ABOUT The Catholic Health Association of the United States

The Catholic Health Association of the United States (CHA) is the national leadership organization representing the Catholic health ministry. CHA's more than 2,000 members form the nation's largest group of not-for-profit Catholic health care systems, sponsors, facilities, health plans, and related organizations. Since its founding in 1915, CHA has worked to strengthen the Catholic health ministry so that it can provide care to everyone, particularly the poor and vulnerable populations.

CHA Member organizations include:

- **61 Catholic health care systems**
  - Range in size from two or three health care facilities in a single metropolitan area to more than 100 organizations in 19 states
  - Are active in developing integrated networks and partnerships across the full continuum of care, including such services as home care, primary care, physician groups, long-term care, assisted living, and hospice
  - Minister through shelters, food programs, and hundreds of other community outreach efforts
  - Sometimes act as full or partial owners of health maintenance organizations (HMOs)
- **More than 614 Catholic hospitals**
  - 86 percent of which are in health care systems
  - 28 percent of which are in rural areas
  - Particularly concentrated in the Midwest, West Coast, and Northeast regions of the country
  - Many engaged in a wide range of non-acute care services, as described above
  - An additional 63 hospitals that are other-than-Catholic, but that belong to Catholic systems, are also members of CHA
- **More than 700 Catholic continuum of care/long-term care facilities**
  - 19 percent of which are in rural areas
- **261 sponsors**, a term for the religious congregations, dioceses, and other "owners" of health care organizations. Most Catholic health care organizations were founded by religious congregations of women (e.g., Daughters of Charity, Sisters of Mercy) that continue to oversee and help govern these services. Some systems are sponsored by more than one religious congregation and have combined their facilities into a single, "co-sponsored" system. A few systems are sponsored by a body of lay persons authorized to carry on and steward the ministry in a structure called a "public juridic person." These sponsoring structures are becoming more common as religious congregations become smaller, prompting them to seek new ways to continue the ministry.

June 2002

Strategic Plan  
Form 990

About CHA  
Trustees & Committees  
Award Programs  
Group Ruling Memorandum

Services (.pdf)  
Membership



Bart A. Adams, M.D.

Physician and Surgeon  
Diseases & Surgery  
of the Eye

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Hermiston, Oregon 97838  
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1368  
ON, OREGON 97801  
(541) 276-4752  
278-2918

June 25, 1998

Guide Dogs for the Blind, Inc.  
P.O. Box 151200  
San Rafael, CA 94915-1200

RE: Paul Phillips                      DOB: 03-10-54

To Whomever It May Concern:

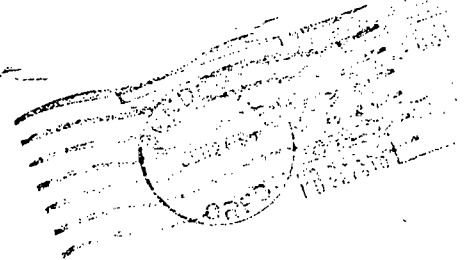
This letter is to certify that Paul Phillips is legally blind as a result of ocular albinism. There is no chance that his vision will ever improve.

Sincerely yours,

(Dictated but not read to expedite mail)

Bart A. Adams, M.D.  
BAA:cmb

CC: Chris Lundquist, M.D.  
Paul Phillips



Pendleton Eye Clinic, P.C.  
Bart A. Adams, M.D.  
Physician and Surgeon  
P.O. Box 1368  
Pendleton, OR 97801  
Address Correction Requested

Paul Phillips  
517 1/2 SW 13th Street  
Pendleton, OR 97801



# MULTNOMAH COUNTY

## AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # UC-1 DATE 03-01-07  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: UC-1  
Est. Start Time: 9:30 AM  
Date Submitted: 02/26/07

### BUDGET MODIFICATION:

**Agenda Title:** **NOTICE OF INTENT to Submit a Transportation Growth Management Grant Application for SW Scholls Ferry Road Street Design Plan**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 5 minutes  
Department: Department of Community Services Division: Land Use Transportation  
Contact(s): Ed Abrahamson, Dept. of Community Services  
Phone: (503) 988-5050 Ext. 29620 I/O Address: 455  
Presenter(s): Ed Abrahamson

### General Information

**1. What action are you requesting from the Board?**

Approval of an NOI to apply for a Grant. The Department recommends approval.

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

The area around and adjacent to SW Scholls Ferry Road continues to experience development pressures. Due to the topographical constraints, the road cannot be built to typical design standards. Therefore, alternative designs must be considered, taking into account development pressures, street cross sections, drainage, and the possibility of Green Street type of improvements and multi-modal access. The desired outcome would address cross section and drainage improvements, allowing for urban improvements to begin as the County is presently receiving development application adjacent to the road.

The project supports Program Offer 91019, Transportation Planning (FY 07), by promoting a Thriving Economy by providing transportation choices, making the region an attractive place to live by coupling a safe and efficient multi-modal transportation system and land use.

**3. Explain the fiscal impact (current year and ongoing).**

The Grant, if awarded, would cover FY 08 and 09.

**4. Explain any legal and/or policy issues involved.**

There are no legal issues. The project meets county policy to provide a safe, well-balanced transportation system to our citizens.

**5. Explain any citizen and/or other government participation that has or will take place.**

The City of Portland and Washington County have been invited to participate in the design process as they are adjacent to the study area. The design process will be a public event, seeking public involvement in the streetscape design.

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## ATTACHMENT A

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### Grant Application/Notice of Intent

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
ODOT is the granting agency.
- **Specify grant (matching, reporting and other) requirements and goals.**  
A grant of \$50,000 is being sought that requires a 10% local match. The county's indirect and departmental overhead costs will count as local match and will be covered by the transportation fund in the year a project is awarded.

The TGM program provides funding for planning projects that lead to more livable, transportation efficient, compact, pedestrian-friendly communities. The goal of the program is to help local governments address transportation needs by considering and adopting land use and transportation system plans to:

- Bring planned land uses and planned transportation system into balance;
- Reduce reliance on the state highway for local travel needs;
- Promote transportation-efficient development patterns that support compact, mixed-use, pedestrian-friendly development; and,
- Increase opportunities for transit, walking, and bicycling.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
This funding becomes available every biennium. Our application is for developing a concept design for SW Scholls Ferry Road. Presuming that a consensus is reached on the design concept, the county will work with the local jurisdictions to seek and obtain funding for preliminary engineering and right of way acquisition (if necessary), most likely through the Metropolitan Transportation Improvement Program (MTIP). Construction funds will also be sought through the MTIP and other funding sources that may be available at that time.
- **What are the estimated filing timelines?**  
A TGM pre-application was submitted on December 15, 2006. The final application will be submitted by March 9, 2007.
- **If a grant, what period does the grant cover?**  
The grant period covers the 2007-2009 biennium.
- **When the grant expires, what are funding plans?**  
This grant will be complete when the grant expires. The County will continue working to obtain engineering and construction funds to complete design concept from other sources.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**  
Transportation funds will be used to cover internal costs and count as match towards grant award.

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## ATTACHMENT B

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### Required Signatures

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Elected Official or  
Department/  
Agency Director:

*Robert A. Maestre*

Date: 02/26/07

Budget Analyst:

*Chris [unclear]*

Date: 02/26/07

Department HR:

Date:

Countywide HR:

Date:



# MULTNOMAH COUNTY

## AGENDA PLACEMENT REQUEST (long form)

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: UC-2  
Est. Start Time: 9:30 AM  
Date Submitted: 02/26/07

### BUDGET MODIFICATION:

**RESOLUTION Supporting the Application for a Transportation Growth**  
**Agenda Management Grant through the Oregon Department of Transportation for the**  
**Title: SW Scholls Ferry Road Street Design Plan**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 5 minutes  
Department: Department of Community Services Division: Land Use Transportation  
Contact(s): Ed Abrahamson, Dept. of Community Services  
Phone: (503) 988-5050 Ext. 29620 I/O Address: 455  
Presenter(s): Ed Abrahamson

### General Information

#### 1. What action are you requesting from the Board?

Approval of a Resolution Supporting the Application for a Transportation Growth Management Grant through the Oregon Department of Transportation for the SW Scholls Ferry Road Street Design Plan. The Department recommends approval.

#### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The area around and adjacent to SW Scholls Ferry Road continues to experience development pressures. Due to the topographical constraints, the road cannot be built to typical design standards. Therefore, alternative designs must be considered, taking into account development pressures, street cross sections, drainage, and the possibility of Green Street type of improvements and multi-modal access. The desired outcome would address cross section and drainage improvements, allowing for urban improvements to begin as the County is presently receiving development application adjacent to the road.

The project supports Program Offer 91019, Transportation Planning (FY 07), by promoting a Thriving Economy by providing transportation choices, making the region an attractive place to live by coupling a safe and efficient multi-modal transportation system and land use.

**3. Explain the fiscal impact (current year and ongoing).**

The Grant, if awarded, would cover FY 08 and 09.

**4. Explain any legal and/or policy issues involved.**

There are no legal issues. The project meets county policy to provide a safe, well-balanced transportation system to our citizens.

**5. Explain any citizen and/or other government participation that has or will take place.**

The City of Portland and Washington County have been invited to participate in the design process as they are adjacent to the study area. The design process will be a public event, seeking public involvement in the streetscape design.

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## ATTACHMENT A

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### Grant Application/Notice of Intent

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
ODOT is the granting agency.
- **Specify grant (matching, reporting and other) requirements and goals.**  
A grant of \$50,000 is being sought that requires a 10% local match. The county's indirect and departmental overhead costs will count as local match and will be covered by the transportation fund in the year a project is awarded.

The TGM program provides funding for planning projects that lead to more livable, transportation efficient, compact, pedestrian-friendly communities. The goal of the program is to help local governments address transportation needs by considering and adopting land use and transportation system plans to:

- Bring planned land uses and planned transportation system into balance;
- Reduce reliance on the state highway for local travel needs;
- Promote transportation-efficient development patterns that support compact, mixed-use, pedestrian-friendly development; and,
- Increase opportunities for transit, walking, and bicycling.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
This funding becomes available every biennium. Our application is for developing a concept design for SW Scholls Ferry Road. Presuming that a consensus is reached on the design concept, the county will work with the local jurisdictions to seek and obtain funding for preliminary engineering and right of way acquisition (if necessary), most likely through the Metropolitan Transportation Improvement Program (MTIP). Construction funds will also be sought through the MTIP and other funding sources that may be available at that time.
- **What are the estimated filing timelines?**  
A TGM pre-application was submitted on December 15, 2006. The final application will be submitted by March 9, 2007.
- **If a grant, what period does the grant cover?**  
The grant period covers the 2007-2009 biennium.
- **When the grant expires, what are funding plans?**  
This grant will be complete when the grant expires. The County will continue working to obtain engineering and construction funds to complete design concept from other sources.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**  
Transportation funds will be used to cover internal costs and count as match towards grant award.



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## ATTACHMENT B

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### Required Signatures

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Elected Official or  
Department/  
Agency Director:

*Robert A. Maestre*

Date: 02/26/07

Budget Analyst:

*Chris H.*

Date: 02/26/07

Department HR:

Date: \_\_\_\_\_

Countywide HR:

Date: \_\_\_\_\_

**BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON**

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

Supporting the Application for a Transportation Growth Management Grant through the Oregon Department of Transportation for the SW Scholls Ferry Road Street Design Plan

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

- a. SW Scholls Ferry Road is a minor arterial road connecting US Highway 26 and the Raleigh Hills Town Center.
- b. The portion of SW Scholls Ferry Road in western unincorporated Multnomah County is a three-lane road built to rural standards and is a county road as defined under ORS Chapter 368 under the jurisdiction of Multnomah County.
- c. In this area, SW Scholls Ferry Road is situated in a steep canyon with numerous constraints. It is narrow with no shoulders, curbs, drainage, bicycle lanes, or sidewalks. Due to the terrain, it has two uphill lanes and a single downhill lane.
- d. The area around and adjacent to SW Scholls Ferry Road continues to experience development pressures.
- e. Due to the topographical constraints noted above, SW Scholls Ferry Road cannot be built to typical urban design standards. Therefore, alternative designs must be considered, taking into account development pressures, street cross sections, drainage, and the possibility of Green Street type of improvements and multi-modal access.
- f. To meet these design objectives, the County's Land Use and Transportation Program (LUTP) has determined the best option would be the development of a SW Scholls Ferry Road Street Design Plan.
- g. Further LUTP has concluded that the best available option for funding this Street Design Plan is to pursue an Oregon Department of Transportation's (ODOT) Transportation Growth Management Grant (TGM Grant).
- h. ODOT requires the local government submitting the request to include a resolution or letter of support along with the TGM Grant application.

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

1. Multnomah County's LUTP is directed to apply for a TGM Grant through ODOT to obtain funding to develop a Street Design Plan for SW Scholls Ferry Road as explained above.
2. This Resolution establishes this Board's full support of the pursuit and procurement of the TGM Grant.

ADOPTED this 1st day of March 2007.

**BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON**

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Ted Wheeler, Chair

**REVIEWED:**

**AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON**

By \_\_\_\_\_  
Matthew O. Ryan, Assistant County Attorney

**SUBMITTED BY:**

**M. Cecilia Johnson, Director, Dept. of Community Services**

**BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON**

**RESOLUTION NO. 07-039**

Supporting the Application for a Transportation Growth Management Grant through the Oregon Department of Transportation for the SW Scholls Ferry Road Street Design Plan

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

- a. SW Scholls Ferry Road is a minor arterial road connecting US Highway 26 and the Raleigh Hills Town Center.
- b. The portion of SW Scholls Ferry Road in western unincorporated Multnomah County is a three-lane road built to rural standards and is a county road as defined under ORS Chapter 368 under the jurisdiction of Multnomah County.
- c. In this area, SW Scholls Ferry Road is situated in a steep canyon with numerous constraints. It is narrow with no shoulders, curbs, drainage, bicycle lanes, or sidewalks. Due to the terrain, it has two uphill lanes and a single downhill lane.
- d. The area around and adjacent to SW Scholls Ferry Road continues to experience development pressures.
- e. Due to the topographical constraints noted above, SW Scholls Ferry Road cannot be built to typical urban design standards. Therefore, alternative designs must be considered, taking into account development pressures, street cross sections, drainage, and the possibility of Green Street type of improvements and multi-modal access.
- f. To meet these design objectives, the County's Land Use and Transportation Program (LUTP) has determined the best option would be the development of a SW Scholls Ferry Road Street Design Plan.
- g. Further LUTP has concluded that the best available option for funding this Street Design Plan is to pursue an Oregon Department of Transportation's (ODOT) Transportation Growth Management Grant (TGM Grant).
- h. ODOT requires the local government submitting the request to include a resolution or letter of support along with the TGM Grant application.

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

1. Multnomah County's LUTP is directed to apply for a TGM Grant through ODOT to obtain funding to develop a Street Design Plan for SW Scholls Ferry Road as explained above.
2. This Resolution establishes this Board's full support of the pursuit and procurement of the TGM Grant.

ADOPTED this 1st day of March 2007.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

Matthew O. Ryan, Assistant County Attorney

SUBMITTED BY:

M. Cecilia Johnson, Director, Dept. of Community Services



## MULTNOMAH COUNTY

### AGENDA PLACEMENT REQUEST (short form)

#### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-1  
Est. Start Time: 9:30 AM  
Date Submitted: 02/15/07

**Agenda Title:** RESOLUTION Authorizing Issuance of a Permit to Close the Broadway Bridge for Filming of a Motion Picture

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 10 minutes  
Department: Community Services Division: Transportation  
Contact(s): Robert Maestre  
Phone: 503-988-5001 Ext. 85001 I/O Address: 455/2nd Floor  
Presenter(s): Robert Maestre and Matthew Ryan

#### General Information

**1. What action are you requesting from the Board?**

Approve Resolution authorizing issuance of a permit to close the Broadway Bridge for filming of a motion picture on the dates and times listed on the attached schedule.

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

The County is supportive of economic development efforts within its jurisdiction. A complete application to use the Broadway Bridge for prep, filming and strike work for the feature film "Untraceable" on the dates in the attached schedule has been received by our Right-of-way office. The receipt of a complete application triggers a number of steps to ensure that the disruption to traffic and possible disruption to businesses in the area are addressed appropriately. The County's Bridge Special Event Ordinance outlines the notice and other considerations to be addressed when these types of requests are received (see section 4 below). This is the second request this year for filming on the Broadway Bridge by Untraceable Productions LLC. The Board approved the previous request on January 25. The County has received a letter of support for the requested closure dates from the Mayor's Office of the City of Portland. The Ordinance provides an opportunity for affected and interested parties to comment on the proposed closure dates in writing or in person at a

public meeting. The Ordinance requires the Board to schedule a public hearing on the proposed closure prior to the County issuing a permit. Bicyclists and pedestrians will be allowed to use the bridge with intermittent closures from 5 to 10 minutes during filming only. This proposed action is consistent with the County's desired outcome of having a Thriving Economy through the creation of a favorable business environment. "The ease of doing business and the time it takes to get through regulatory 'red tape' were cited consistently as aspects of creating a favorable business environment" (see factor 3 of the County's Strategy Map for Thriving Economy.)

**3. Explain the fiscal impact (current year and ongoing).**

An application has been submitted along with a required cash deposit. Applicant has agreed to reimburse the County for all costs incurred by the County that are associated with the requested bridge closures to include labor, equipment and any damage or repair to the bridge structure that is a result of their work activities. No County funds will be expended in this effort. There will be a positive fiscal impact to the local economy. This film production is estimated to have a direct fiscal impact to the local economy of \$14 - \$16 million and an indirect impact of \$28 - \$32 million.

**4. Explain any legal and/or policy issues involved.**

County Code MCC 29-700 "Bridge Special Events" provides the authority and requirements for a closure of this type. Notice to potentially affected areas and parties as described in the ordinance will be provided by the County Public Affairs Office. This closure will not require US Coast Guard approval since river traffic will not be impeded. Staff do not foresee conflicts with other events in the area and will review and approve any potential structural integrity impacts to the bridge. The County will have reviewed and approved a traffic control plan with an emphasis on coordination with the City of Portland's Traffic Engineer regarding those streets and routes most impacted. The applicant has provided for emergency medical coverage during the closures and has provided assurance that any potentially hazardous materials used in the filming will be handled in a manner consistent with applicable State and Federal regulations.

**5. Explain any citizen and/or other government participation that has or will take place.**

As provided in County Code MCC 29-700 the County's Public Affairs office has provided notice of this meeting giving the public opportunity to comment on the proposed application. Should the resolution be adopted additional notice will be provided. A letter of support from the Mayor's Office of the City of Portland has been received by the County.

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**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**

*Robert A Maestre*

**Date:** 02/15/07

## **STAFF REPORT:**

1. Untraceable Productions LLC (9268 West Third Street – Beverly Hills, CA 90210) submitted a second Bridge Special Event permit application on February 8, 2007 (dated February 1, 2007), that requests additional closures of the Broadway Bridge for prep, filming and strike work for the feature film “Untraceable” during the month of March
2. Bridge closure dates and times per attached EXHIBIT “A”.
3. The on-site representative shall be Film Location Manager, Jennifer Dunne (503) 560-5278.
4. Approximately 180 people will be involved during this film shoot; 100 motor vehicles in addition to 15 police vehicles.
5. All attachments to the County bridge structure shall be reviewed and approved by the County Bridge Shop. In addition to the temporary bridge attachments approved for the February 17, 2007 film shoot, Applicant requests construction of a temporary rain generating facility on the bridge, use of a camera dolly on the sidewalk and various crane set ups.
6. Applicant is required to obtain approval from the City of Portland Department of Environmental Services for the discharge of potable water to the City storm sewer system (Letter of Authorization issued January 29, 2007 - attached).
7. County to receive a letter from the City of Portland in support of the closures identified in item 2 above (City of Portland letter dated 2/13/2007 – attached).
8. The City of Portland has also agreed to grant a closure of a section of NW Naito Parkway, located directly below the Broadway Bridge, for filming purposes.
9. The permit application fee of \$50.00 and a cash deposit in the amount of \$8000.00 has been submitted to the County for this second film request.
10. Untraceable Productions LLC has provided the County with the required Indemnification and Insurance.
11. A traffic control plan has been submitted to Multnomah County and the City of Portland for their review and approval.
12. Emergency Response access to the Broadway Bridge will be provided for at all times.
13. Film, prep and strike work will not require a closure to river traffic on the Broadway Bridge.
14. No alcoholic beverages will be used or associated with this filming event.



15. Applicant has retained KPFF Engineering to provide the engineering analysis for the placement of the crane mentioned in item 5 above.
16. Tri-Met has been provided notice of the proposed closure dates to the Broadway Bridge.
17. Applicant shall be in compliance with the City of Portland noise ordinance at all times unless a noise variance permit is obtained from the City of Portland.
18. All Special Effects proposed for this film shot shall be subject to review and approval by the City of Portland Fire Marshall.
19. Applicant shall restore the Broadway Bridge to an "as good" or "better" condition after the filming work has been completed.

# UNTRACEABLE

Date: February 12th, 2007  
To: Alan Young  
From: Locations Department  
RE: Broadway Bridge Hours

---

Below are the dates and hours we will be working on the Broadway Bridge.  
Please let me know if you have any questions.

Prep:

Monday, March 12 <sup>th</sup>	8:00p-9:30p lane closure on West end of bridge 9:30p-5:00a full bridge closure
Tuesday, March 13 <sup>th</sup>	8:00p-9:30p lane closure on West end of bridge 9:30p-5:00a full bridge closure
Wednesday, March 14 <sup>th</sup>	8:00p-9:00p ITC to test rain 10:00p-11:00p lane closure on West end of bridge* 11:00p-5:00a full closure*
Monday, March 19 <sup>th</sup>	8:00p-9:30p lane closure on West end of bridge* 9:30p-5:00a full bridge closure*
Wednesday, March 21 <sup>st</sup>	Prep during day without closure

Film:

Wednesday, March 21 <sup>st</sup>	6:30p-6:30a full bridge closure
Thursday, March 22 <sup>nd</sup>	6:30p-6:30a full bridge closure
Friday, March 23 <sup>rd</sup>	6:30p-6:30a full bridge closure

Strike:

Saturday, March 24 <sup>th</sup>	9:00p-10:30p lane closure on West end of bridge 10:30p-7:00a full bridge closure
Sunday, March 25 <sup>th</sup>	2:00p-5:00a full bridge closure*

\*Only if needed



Office of Mayor Tom Potter  
City of Portland

February 13, 2007

Alan Young  
Right of Way Permit Specialist  
Multnomah County Transportation  
1600 SE 190<sup>th</sup> Avenue  
Portland, Oregon 97233-5910

Dear Mr. Young:

Thank you for your consideration of the bridge closure application from Untraceable Productions. After working with the Portland Department of Transportation's City Traffic Engineer, Robert Burchfield and Senior Engineering Associate, Doug Thompson and the film's location manager to find dates and times that would least impact the residents and businesses in the area, the City of Portland has approved the following dates and times in 2007 for closure of the Broadway Bridge for the purpose of filming portions of the feature film *Untraceable*:

March 12 & 13: Lane closure on the West end at 8:00 pm and full closure 9:00 pm to 5:00 am.  
March 14: ITC from 8:00 pm - 9:00 pm; lane closure on the West end at 10 pm and full closure 11:00 pm to 5:00 am.  
March 19: Lane closure on the West end at 8 pm and full closure at 9:00 pm - 5:00 am.  
March 21, 22, and 23: Full closure 6:30 pm - 6:30 am.  
March 24: Full closure 9:00 pm - 7:00 am.  
March 25: Full closure 2:00 pm - 5:00 am.

Thank you very much for all your time and energy.

Sincerely,

Michael Fine  
Film and Video Policy Manager



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory  
6543 N. Burlington Ave., Portland, Oregon 97203-5452  
(503) 823-5600

2007 January 29

## LETTER OF AUTHORIZATION for the discharge of POTABLE WATER

**COMPANY NAME:**

Untraceable Productions LLC  
123 NE 3<sup>rd</sup> Ave  
Portland, OR 97232

**LOCATION:**

West End Broadway Bridge

**DISCHARGE PROCESS:**

Discharge of Potable (Chlorinated) Water

The Untraceable Productions LLC is authorized to discharge potable water to the City of Portland's storm sewer system from the rain simulation event utilizing water from a fire hydrant and rain towers. The discharge point(s) are the street inlet(s) at the west end of the Lovejoy ramp. Discharges to the Broadway ramp are anticipated to be minimal. This authorization is for the listed discharge only. Discharge activities are scheduled for March 21 - 23, 2007. Discharges other than that described are not allowed under this authorization.

**Regulations.** It is a violation of City Code to discharge or cause to be discharged directly or indirectly into the City storm sewer system any discharge having a visible sheen or which may cause visible discoloration of the receiving waters. Oregon Administrative Rules 340-041-0445(2)(c) state that discharges may not increase the natural stream turbidities by more than 10 percent as measured relative to a control point immediately upstream of the turbidity causing activity.

**Best Management Practices.** The following Best Management Practices (BMPs) must be implemented. Failure to implement BMPs is cause for revocation of this authorization. BMPs not listed may be employed if they meet the objectives of this authorization.

- Notify this office (503-823-7584 or 503-823-7598) at least two business days prior to the event. Please provide a site contact for Untraceable Productions LLC and the estimated date and time of the discharge.
- Dechlorinate the discharge by placing dechlor tablets in the gutter in the path of the discharge prior to where it enters the City's storm sewer. As a courtesy, the City will provide the dechlor tabs when it is notified two days prior to the discharge.

- Ensure that the gutters are clear of any wastes or debris from the filming activities. Remove any such materials and dispose of or store properly.

**Reporting.** Violation of any state water quality standard, discharge limitation, or provision of this Letter of Authorization shall be reported within 24 hours of discovery to the Bureau of Environmental Services (823-5320 during regular business hours; 823-7180 during office closure times). Permittee shall implement all appropriate mitigation measures to minimize the effect of the violation.

**Violation.** If any discharge to the City storm sewer system attributable to Untraceable Productions LLC, or its designees, causes a violation of the City's NPDES Stormwater Permit, Untraceable Productions LLC and/or its designees, shall be directly liable for any penalty and costs associated therewith.

**Revocation.** The Bureau of Environmental Services may revoke this authorization for failure to comply with discharge limitations or other provisions herein.

**Duration of Authorization.** This Letter of Authorization is effective for the duration of the activities as listed and the stated locations. This Authorization is not transferable to other activities or site locations. If the activities are rescheduled, please notify this office. This authorization will be valid for the revised date.

Signature



Michael J. Pronold  
Environmental Program Manager

Effective Date

01/29/07

**YOUNG Alan G**

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**From:** Pronold, Michael [MICHAELP@BES.CI.PORTLAND.OR.US]  
**Sent:** Tuesday, February 13, 2007 1:43 PM  
**To:** YOUNG Alan G  
**Cc:** 'jenndunne13@yahoo.com'  
**Subject:** Rain Event Shot - Untraceable productions

Alan,

I spoke with Jody Morris of Untraceable Productions regarding the discharge of potable water from the "rain event" shot on the Broadway Bridge Lovejoy Ramp. Untraceable Productions was granted a Letter of Authorization (Authorization) from the City for the discharge of this water to the City's sewer system for the March 21 - 23, 2007 event. Ms Morris was informed that this approval extends to the trial run on March 14th per the conditions set out in the Authorization.

Michael J. Pronold  
Environmental Manager  
Bureau of Environmental Services  
6543 N Burlington Ave.  
Portland, OR 97203  
503-823-7584  
503-823-5559 (fax)

2/15/2007

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Authorizing Issuance of a Permit to Close the Broadway Bridge for Filming of a Motion Picture

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

- a. Multnomah County's Land Use and Transportation Program (LUTP) has received an application from Untraceable Productions, LLC (applicant); to use the Broadway Bridge for filming activities and to use and close the bridge on the following dates and times:

March 12 & 13: Single traffic lane closure on the West end at 8:00 pm and  
Full closure 9:00 pm to 5:00 am.

March 14: Intermittent Traffic Control (ITC) from 8:00 pm – 9:00 pm;  
**and if needed**, a Single traffic lane closure on the West end at 10:00 pm  
and a Full closure 11:00 pm to 5:00 am

March 19: **If needed**, Single traffic lane closure on the West end at 8:00 pm and  
Full closure at 9:00 pm – 5:00 am

March 21, 22 & 23: Full closure 6:30 pm – 6:30 am

March 24: Full closure 9:00 pm – 7:00 am

March 25: Full closure 2:00 pm – 5:00 am

- b. In addition to the request to conduct Intermittent Traffic Control (ITC) on March 14, the applicant seeks up to ten minute intervals of ITC for pedestrian and bicycle traffic on filming days (March 21st-23rd).
- c. MCC §§ 29.701-29.714 establishes the procedures for the review of such an application and the issuance of a "Bridge Special Event Permit" by this Board.
- d. The County has received the application fee and deposit required under MCC § 29.708.
- e. The LUTP staff has reviewed the application and is willing to deem this permit application complete and present it to the Board based on their understanding that the applicant's plans for the use of the Bridge, although not fully detailed at this time, nonetheless is sufficiently understood to conclude the scope of the impact to the structure is relatively minor.
- f. Accordingly, the LUTP staff, providing certain contingencies are met, recommends the Board approve this application and that the authority to issue a Permit to Untraceable Productions, LLC as allowed under MCC §§ 29.701- 29.714 be given, but that the Permit not be issued unless and until the Applicant addresses all contingencies noted herein and provides the LUTP with all plans, specifications, permits, written consents etc required under the County Code; and all said plans and specifications are reviewed and approved by the LUTP.
- g. The Board has received and reviewed the attached staff report describing the activities to take place on the bridge, the status of the applicant's efforts to obtain necessary permits from outside agencies and the coordination with the City of Portland.

- h. The County has received a letter of support for the closures from the City of Portland.
- i. The County is supportive of events and activities which will enhance the economy of the Portland Metropolitan area.
- j. The County Public Affairs Office has given notice of this meeting under MCC § 29.708 (E) (1) and provided an opportunity for public comment on the application.

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

1. The Board approves the issuance of a Special Event Permit to Untraceable Productions, LLC for the closure of the Broadway Bridge for the specific dates and times provided above, only if the following conditions are met:
  - a. Applicant submits all information required under MCC 29.708, including but not limited to any required plans and specifications regarding all attachments, installations, equipment uses; removal of same; traffic control plans (as applicable) and general use, to the LUTP Bridge Section not less than seven days before the first scheduled closure date;
  - b. LUTP's Bridge Section reviews and approves all of the applicant's required submissions identified in Resolve No.1a.; and
  - c. Applicant complies with all conditions and requirements of MCC §§ 29.701- 29.714, including but not limited to insurance requirements; environmental compliance and public safety requirements.
2. The permit to Untraceable Productions, LLC, is subject to revocation, as provided under MCC §29.711.
3. The \$8,000 deposit shall be used as provided in MCC § 29.712.
4. The County Public Affairs Office is directed to provide notice as required under MCC § 29.708 (E) (2).

ADOPTED this 1st day of March, 2007.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Matthew O. Ryan, Assistant County Attorney

SUBMITTED BY:  
Ted Wheeler, Multnomah County Chair



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 07-040**

Authorizing Issuance of a Permit to Close the Broadway Bridge for Filming of a Motion Picture

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

- a. Multnomah County's Land Use and Transportation Program (LUTP) has received an application from Untraceable Productions, LLC (applicant); to use the Broadway Bridge for filming activities and to use and close the bridge on the following dates and times:

March 12 & 13:           Single traffic lane closure on the West end at 8:00 pm and  
Full closure 9:00 pm to 5:00 am.

March 14:               Intermittent Traffic Control (ITC) from 8:00 pm – 9:00 pm;  
**and if needed**, a Single traffic lane closure on the West end at 10:00 pm  
and a Full closure 11:00 pm to 5:00 am

March 19:               **If needed**, Single traffic lane closure on the West end at 8:00 pm and  
Full closure at 9:00 pm – 5:00 am

March 21, 22 & 23:   Full closure 6:30 pm – 6:30 am

March 24:               Full closure 9:00 pm – 7:00 am

March 25:               Full closure 2:00 pm – 5:00 am

- b. In addition to the request to conduct Intermittent Traffic Control (ITC) on March 14, the applicant seeks up to ten minute intervals of ITC for pedestrian and bicycle traffic on filming days (March 21st-23rd).
- c. MCC §§ 29.701-29.714 establishes the procedures for the review of such an application and the issuance of a "Bridge Special Event Permit" by this Board.
- d. The County has received the application fee and deposit required under MCC § 29.708.
- e. The LUTP staff has reviewed the application and is willing to deem this permit application complete and present it to the Board based on their understanding that the applicant's plans for the use of the Bridge, although not fully detailed at this time, nonetheless is sufficiently understood to conclude the scope of the impact to the structure is relatively minor.
- f. Accordingly, the LUTP staff, providing certain contingencies are met, recommends the Board approve this application and that the authority to issue a Permit to Untraceable Productions, LLC as allowed under MCC §§ 29.701- 29.714 be given, but that the Permit not be issued unless and until the Applicant addresses all contingencies noted herein and provides the LUTP with all plans, specifications, permits, written consents etc required under the County Code; and all said plans and specifications are reviewed and approved by the LUTP.
- g. The Board has received and reviewed the attached staff report describing the activities to take place on the bridge, the status of the applicant's efforts to obtain necessary permits from outside agencies and the coordination with the City of Portland.

- h. The County has received a letter of support for the closures from the City of Portland.
- i. The County is supportive of events and activities which will enhance the economy of the Portland Metropolitan area.
- j. The County Public Affairs Office has given notice of this meeting under MCC § 29.708 (E) (1) and provided an opportunity for public comment on the application.

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

1. The Board approves the issuance of a Special Event Permit to Untraceable Productions, LLC for the closure of the Broadway Bridge for the specific dates and times provided above, only if the following conditions are met:
  - a. Applicant submits all information required under MCC 29.708, including but not limited to any required plans and specifications regarding all attachments, installations, equipment uses; removal of same; traffic control plans (as applicable) and general use, to the LUTP Bridge Section not less than seven days before the first scheduled closure date;
  - b. LUTP's Bridge Section reviews and approves all of the applicant's required submissions identified in Resolve No.1a.; and
  - c. Applicant complies with all conditions and requirements of MCC §§ 29.701- 29.714, including but not limited to insurance requirements; environmental compliance and public safety requirements.
2. The permit to Untraceable Productions, LLC, is subject to revocation, as provided under MCC §29.711.
3. The \$8,000 deposit shall be used as provided in MCC § 29.712.
4. The County Public Affairs Office is directed to provide notice as required under MCC § 29.708 (E) (2).

ADOPTED this 1st day of March, 2007.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
Matthew O. Ryan, Assistant County Attorney

SUBMITTED BY:  
Ted Wheeler, Multnomah County Chair

## **STAFF REPORT:**

1. Untraceable Productions LLC (9268 West Third Street – Beverly Hills, CA 90210) submitted a second Bridge Special Event permit application on February 8, 2007 (dated February 1, 2007), that requests additional closures of the Broadway Bridge for prep, filming and strike work for the feature film “Untraceable” during the month of March
2. Bridge closure dates and times per attached EXHIBIT “A”.
3. The on-site representative shall be Film Location Manager, Jennifer Dunne (503) 560-5278.
4. Approximately 180 people will be involved during this film shoot; 100 motor vehicles in addition to 15 police vehicles.
5. All attachments to the County bridge structure shall be reviewed and approved by the County Bridge Shop. In addition to the temporary bridge attachments approved for the February 17, 2007 film shoot, Applicant requests construction of a temporary rain generating facility on the bridge, use of a camera dolly on the sidewalk and various crane set ups.
6. Applicant is required to obtain approval from the City of Portland Department of Environmental Services for the discharge of potable water to the City storm sewer system (Letter of Authorization issued January 29, 2007 - attached).
7. County to receive a letter from the City of Portland in support of the closures identified in item 2 above (City of Portland letter dated 2/13/2007 – attached).
8. The City of Portland has also agreed to grant a closure of a section of NW Naito Parkway, located directly below the Broadway Bridge, for filming purposes.
9. The permit application fee of \$50.00 and a cash deposit in the amount of \$8000.00 has been submitted to the County for this second film request.
10. Untraceable Productions LLC has provided the County with the required Indemnification and Insurance.
11. A traffic control plan has been submitted to Multnomah County and the City of Portland for their review and approval.
12. Emergency Response access to the Broadway Bridge will be provided for at all times.
13. Film, prep and strike work will not require a closure to river traffic on the Broadway Bridge.
14. No alcoholic beverages will be used or associated with this filming event.
15. Applicant has retained KPFF Engineering to provide the engineering analysis for the placement of the crane mentioned in item 5 above.

16. Tri-Met has been provided notice of the proposed closure dates to the Broadway Bridge.
17. Applicant shall be in compliance with the City of Portland noise ordinance at all times unless a noise variance permit is obtained from the City of Portland.
18. All Special Effects proposed for this film shot shall be subject to review and approval by the City of Portland Fire Marshall.
19. Applicant shall restore the Broadway Bridge to an "as good" or "better" condition after the filming work has been completed.



## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (short form)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-2 DATE 03-01-07  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-2  
Est. Start Time: 9:40 AM  
Date Submitted: 02/20/07

**Agenda Title:** Approval of an Amended Multnomah County 2007 State Legislative Agenda

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

<b>Requested Meeting Date:</b>	<u>March 1, 2007</u>	<b>Amount of Time Needed:</b>	<u>10 minutes</u>
<b>Department:</b>	<u>Non Departmental</u>	<b>Division:</b>	<u>Public Affairs Office</u>
<b>Contact(s):</b>	<u>Barb Disciascio</u>		
<b>Phone:</b>	<u>503-988-6800</u>	<b>Ext.</b>	<u>86800</u>
		<b>I/O Address:</b>	<u>503/600/PAO</u>
<b>Presenter(s):</b>	<u>Gina Mattioda</u>		

### General Information

**1. What action are you requesting from the Board?**

Approval of an Amended Multnomah County 2007 State Legislative Agenda.

- 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.** Each legislative session the Multnomah County Board of Commissioners approves an agenda to be used as a roadmap in working with the legislature. In order to better align county priorities with the work being done in Salem it is often necessary to amend the agenda as session progresses.

The Board approved the 2007 State Legislative Agenda on January 25, 2007. Below are recommended additions to the 2007 State Legislative Agenda. Each is a part of the county priority areas to support through coalitions:

- Support the Governor's recommended funding level for community corrections budget.
- Advocate and secure funding for a permanent sub-acute facility, which stems from Portland Mayor Tom Potter's mental health/public safety initiative.

- Maintain Oregon Youth Authority (OYA) budget, supporting juvenile delinquency intervention and program including youth gang transition services funds

**3. Explain the fiscal impact (current year and ongoing).**

N/A

**4. Explain any legal and/or policy issues involved.**

N/A

**5. Explain any citizen and/or other government participation that has or will take place.**

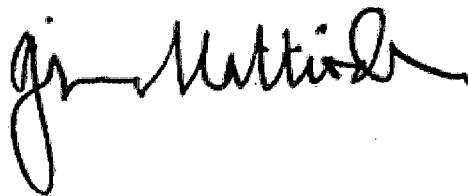
N/A

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**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**



**Date: 01-20-07**

# **Multnomah County 2007 Oregon Legislative Agenda**

## **County Priority Issues**

- Improve base funding and/or the funding model to reflect actual costs for community mental health, public health, drug and alcohol treatment and senior and disabled persons services.
- Identify and tie down, if possible, a funding source for county courthouse replacement.
- Advocate for seamless delivery of community mental health services, even when a person is incarcerated for alcohol or substance abuse.
- Introduce legislation to clarify property assessment and taxation practices.

## **County Priority Issues to Support Through Coalitions**

- Secure funding for early childhood development package, including Head Start, Healthy Start and Healthy Kids programs.
- Join Oregon Association of Area Agencies on Aging and Disabilities (O4AD) agencies and other allies to push for increased funding for Project Independence and achieve local agency funding equity.
- Support community school efforts to bring greater alignment of social services at schools.
- Advocate for implementation of the 10-year plan on homelessness, especially the provision to place the most chronic homeless families into permanent, supported housing.
- Lend support to credible efforts to streamline implementation of Measure 37.
- Participate in discussions of legislative vehicles to increase transportation funding.
- Support the findings and recommendations from the Governor's Task Force on Equality.

### **Emerging Issues**

- Begin a conversation with key lawmakers over state funding to replace the Sellwood Bridge.
- Participate in discussions about significant state fiscal and revenue reform.
- Explore opportunities for a Regional Transportation Authority.

### **Issues to Monitor**

- How health insurance coverage for Oregon children will affect county public health programs and school-based clinics.
- Engage in and inform discussion that modifies voter-approved Measure 39 limitations on use of eminent domain.



# **Multnomah County**

## **2007 Oregon Legislative Agenda**

*(Modified March 1, 2007)*

### **County Priority Issues**

- Improve base funding and/or the funding model to reflect actual costs for community mental health, public health, drug and alcohol treatment and senior and disabled persons services.
- Identify and tie down, if possible, a funding source for county courthouse replacement.
- Advocate for seamless delivery of community mental health services, even when a person is incarcerated for alcohol or substance abuse.
- Introduce legislation to clarify property assessment and taxation practices.

### **County Priority Issues to Support Through Coalitions**

- Secure funding for early childhood development package, including Head Start, Healthy Start and Healthy Kids programs.
- Join Oregon Association of Area Agencies on Aging and Disabilities (O4AD) agencies and other allies to push for increased funding for Oregon Project Independence and achieve local agency funding equity.
- Support community school efforts to bring greater alignment of social services at schools.
- Advocate for implementation of the 10-year plan on homelessness, especially the provision to place the most chronic homeless families into permanent, supported housing.
- Lend support to credible efforts to streamline implementation of Measure 37.
- Participate in discussions of legislative vehicles to increase transportation funding.
- Support the findings and recommendations from the Governor's Task Force on Equality.

- Support the Governor's recommended funding level for community corrections budget.
- Advocate and secure funding for a permanent sub-acute facility, which stems from Mayor Potter's mental health/public safety initiative.
- Maintain Oregon Youth Authority (OYA) budget, supporting juvenile delinquency intervention and program including youth gang transition services funds.

### **Emerging Issues**

- Begin a conversation with key lawmakers over state funding to replace the Sellwood Bridge.
- Participate in discussions about significant state fiscal and revenue reform.
- Explore opportunities for a Regional Transportation Authority.

### **Issues to Monitor**

- How health insurance coverage for Oregon children will affect county public health programs and school-based clinics.
- Engage in and inform discussion that modifies voter-approved Measure 39 limitations on use of eminent domain.



## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (short form)

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-3  
Est. Start Time: 9:45 AM  
Date Submitted: 02/08/07

**Second Reading and Possible Adoption of an ORDINANCE Amending  
Agenda Multnomah County Code Sections 7.104 and 7.201 Relating to Litigation  
Title: Authority**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 1 minute  
Department: Non-Departmental Division: County Attorney  
Contact(s): Agnes Sowle, County Attorney  
Phone: 503-988-3138 Ext. 83138 I/O Address: 503/500  
Presenter(s): Agnes Sowle, County Attorney

### General Information

**1. What action are you requesting from the Board?**

Approve second reading and adoption of ordinance amending MCC §§ 7.104 and 7.201 relating to litigation authority

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

These amendments clarify the Sheriff's authority with respect to settlement of non-monetary operations issues (MCC § 7.104) and legal actions (MCC § 7.201) of the Sheriff's Office and remove unnecessary Charter references (6.10 and 6.50).

**3. Explain the fiscal impact (current year and ongoing).**

None

**4. Explain any legal and/or policy issues involved.**

None

**5. Explain any citizen and/or other government participation that has or will take place.**

None

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**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**

A handwritten signature in black ink, appearing to read "A. J. Smith", is written over a horizontal line.

**Date: 2/5/2007**

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. \_\_\_\_\_

Amending MCC §§ 7.104 and 7.201 Relating to Litigation Authority

(Language ~~stricken~~ is deleted; double underlined language is new.)

**Multnomah County Ordains as follows:**

**Section 1.** MCC 7.104 is amended as follows:

**§ 7.104 AUTHORITY.**

Authority for settlement of general liability claims and litigation against the county or its employees shall rest with the Board and may be delegated by Board resolution, except that the Sheriff shall retain all settlement authority regarding non-monetary operations issues in the Sheriff's Office ~~as limited by Sections 6.10 and 6.50 of the Multnomah County Charter.~~

**Section 2.** MCC 7.201 is amended as follows:

**§ 7.201 DUTIES.**

The County Attorney shall:

\* \* \* \* \*

(H) Initiate, defend, appear or appeal any legal action, matter or proceeding in any court or tribunal when requested by the Board or as delegated by Board resolution, except that the Sheriff shall have authority over legal actions regarding operations of the Sheriff's Office; ~~as limited by Sections 6.10 and 6.50 of the Multnomah County Charter;~~

\* \* \* \* \*

FIRST READING:

February 22, 2007

SECOND READING AND ADOPTION:

March 1, 2007

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

\_\_\_\_\_  
Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Agnes Sowle, County Attorney

SUBMITTED BY:  
Agnes Sowle, County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**ORDINANCE NO. 1090**

Amending MCC §§ 7.104 and 7.201 Relating to Litigation Authority

(Language ~~stricken~~ is deleted; double underlined language is new.)

**Multnomah County Ordains as follows:**

**Section 1.** MCC 7.104 is amended as follows:

**§ 7.104 AUTHORITY.**

Authority for settlement of general liability claims and litigation against the county or its employees shall rest with the Board and may be delegated by Board resolution, except that the Sheriff shall retain all settlement authority regarding non-monetary operations issues in the Sheriff's Office as limited by Sections 6.10 and 6.50 of the Multnomah County Charter.

**Section 2.** MCC 7.201 is amended as follows:

**§ 7.201 DUTIES.**

The County Attorney shall:

\* \* \* \* \*

(H) Initiate, defend, appear or appeal any legal action, matter or proceeding in any court or tribunal when requested by the Board or as delegated by Board resolution, except that the Sheriff shall have authority over legal actions regarding operations of the Sheriff's Office as limited by Sections 6.10 and 6.50 of the Multnomah County Charter;

\* \* \* \* \*

FIRST READING:

February 22, 2007

SECOND READING AND ADOPTION:

March 1, 2007



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler  
Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By Agnes Sowle  
Agnes Sowle, County Attorney

SUBMITTED BY:

Agnes Sowle, County Attorney



## MULTNOMAH COUNTY

### AGENDA PLACEMENT REQUEST (short form)

#### Board Clerk Use Only

Meeting Date: 3/1/07  
Agenda Item #: R-4  
Est. Start Time: 9:46 AM  
Date Submitted: 2/20/07

**Agenda Title:** **RESOLUTION Establishing a Work Group to Study Reform Options for Multnomah County's Business Income Tax**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 15 minutes  
Department: Non-Departmental Division: Commissioner, District 2  
Contact(s): Marissa Madrigal, Warren Fish  
Phone: 503.988.5219 Ext. 85219 I/O Address: 503/600  
Presenter(s): Jeff Cogen

#### General Information

**1. What action are you requesting from the Board?**

Establishing a workgroup to study reform options for Multnomah County's Business Income Tax.

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

The City of Portland's recent adoption of a package of reforms to its Business License Fee (BLF) presents a good opportunity for Multnomah County to examine its own Business Income Tax (BIT) system. The many thousands of businesses affected by the BIT are critical to our local economy. Together they represent the vast majority of local jobs, new-job creation, and new business investment. This workgroup will assess whether the County's BIT should be more closely aligned to the recently reformed BLF, or whether there are other reforms appropriate for the BIT.

**3. Explain the fiscal impact (current year and ongoing).**

The fiscal impact of the workgroup's recommendations will not be known until after the workgroup makes its recommendations to the Board.

**4. Explain any legal and/or policy issues involved.**

The workgroup may recommend significant reforms to the County's Business Income Tax system.

The BIT currently provides approximately 14% of the County's total general fund revenues.

**5. Explain any citizen and/or other government participation that has or will take place.**

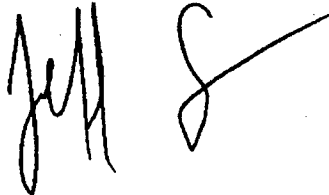
The workgroup will be led by Commissioner Jeff Cogen and will include ten other volunteer members from relevant business groups, community stakeholders and government agencies in Multnomah County. See section 2 for details on the make-up of the workgroup.

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**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**

A handwritten signature in black ink, appearing to read "Jeff Cogen", is written over a horizontal line.

**Date: 02/21/07**



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

**Establishing a Work Group to Study Reform Options for Multnomah County's Business Income Tax**

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

- a. Small Businesses are the lifeblood of our community and they represent the most significant source of local employment and of new local jobs.
- b. Over 94% of all firms in Multnomah County employ 50 people or less. Of that group of businesses, over 13,000 - more than 50% - employ fewer than five employees.
- c. Multnomah County should do what it can to help smaller, locally-owned businesses to thrive. One way to assist small businesses is to minimize their business tax burden.
- d. Revenue from Multnomah County's Business Income Tax makes up a significant part of the County's budget. In fiscal year 2005-2006 the Business Income Tax generated \$50,980,000 out of the county's \$350,293,000 General Fund.
- e. Services vital to the health and well being of our entire community, and especially vital to the health and well being of the most vulnerable members of our community, are funded in part through the Business Income Tax.
- f. Recent reforms to the City of Portland's Business License Fee were crafted after extensive study and they appear to have achieved the goals of greater fiscal responsibility, fairness to both small and large businesses, and improved stability for Portland's Business License Fee revenues.

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

- 1. The Board of County Commissioner's will convene a work group to study options for reforming the County's Business Income Tax (BIT) system, aiming to make the BIT more fair and equitable for all county businesses, and a more stable source of funding for Multnomah County.
- 2. To assist the Board in understanding the needs and concerns of business people and other community stakeholders, the Business Income Tax Reform Work Group, chaired by Commissioner Jeff Cogen, shall include the following members:

- a. One representative from Multnomah County's budget office.
  - b. One representative from the County Chair's office.
  - c. One representative from the City of Portland.
  - d. One representative from the Gresham Chamber of Commerce.
  - e. One representative from the Portland Business Alliance.
  - f. One representative from the West Columbia Gorge Chamber of Commerce.
  - g. One representative from an association or nonprofit that represents minority and/or women entrepreneurs.
  - h. One representative from the Small Business Advisory Committee.
  - i. One representative from AFSCME Local 88.
  - j. One representative from a local human services nonprofit.
3. The workgroup will examine in detail the 2007 Business License Fee reforms adopted by the City of Portland and assess whether the county's Business Income Tax should be aligned with those policies.
  4. The workgroup shall provide the Board with a final report summarizing its specific recommendations for further action no later than April 5, 2007.

ADOPTED this 1st day of March, 2007.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Agnes Sowle, County Attorney

SUBMITTED BY:

Jeff Cogen, Commissioner, District 2

## ROJO DE STEFFEY Maria

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**From:** NAITO Lisa H  
**Sent:** Tuesday, February 13, 2007 5:08 PM  
**To:** WHEELER Ted; ROJO DE STEFFEY Maria; COGEN Jeff; ROBERTS Lonnie J  
**Cc:** GRIFFIN-VALADE LaVonne L; CAMPBELL Mark; FARVER Bill  
**Subject:** Multnomah County Business Income Tax



BOARD OF COUNTY COMMISSIONERS  
501 S.E. HAWTHORNE BLVD. , Room 600  
PORTLAND, OREGON 97204  
(503) 988-5217

## MULTNOMAH COUNTY OREGON


LISA NAITO • DISTRICT 3 COMMISSIONER

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February 13, 2007

**TO:** Chair Ted Wheeler  
Commissioner Maria Rojo de Steffey  
Commissioner Jeff Cogen  
Commissioner Lonnie Roberts

**CC:** Auditor LaVonne Griffin-Valade  
Carol Ford, Director, Department of County Management  
Karyne Dargan, Budget Director  
Mark Campbell, Deputy Budget Director

**FR:** Commissioner Lisa Naito 

**RE:** Multnomah County Business Income Tax

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Our recent briefing from Portland City Commissioner Sam Adams on the adopted City reforms to its Business License Fee (BLF) made even clearer that reform of our own County's Business Income Tax (BIT) is necessary. Necessary in order to provide some measure of immediate relief to small business owners; to provide a more equitable business tax structure that supports small and emerging firms; and to encourage businesses to locate and stay in Multnomah County.

I have discussed with each of you the resolution I intend to file that will be a first step in restructuring the BIT. Notably, the resolution will increase the compensation exemption allowed business owners from \$50,000 to \$80,000 – the same exemption business owners now enjoy from the BLF – bringing the BIT in closer alignment with the City's BLF.

The Board of Commissioners has continually been concerned with the volatility of the BIT. As revenue trended downward, we were forced to adjust and re-adjust our budget downward. Last year, as BIT revenue increased expectations for a third year in a row, we found ourselves in the fortunate position to be able to set aside \$3.5 million in a BIT Stabilization Fund. As we look towards this next fiscal year and a predicted \$12 million-plus in BIT revenue over forecasted expectations, we know that it is the right moment to begin BIT reform by offering some small relief to the many business owners that supported our County services during tough times.

The County Budget office indicates that increasing business owner's exemption to \$80,000

3/1/2007

could lead to a \$2 million reduction in revenues for FY 2008. Clearly, this negative impact is offset by higher-than-anticipated BIT revenues and by our provident BIT Stabilization Fund.

Because most businesses pay both the City BLF and the County BIT, it is important not to burden small business operations with a dual tax structure. The alignment offered by this resolution will ease their burden by simplifying business tax returns, and will provide for easier administration.

I recognize that the next steps in creating a truly equitable business tax structure will take time and study. I thank Chair Wheeler for his efforts to convene a work group that will analyze larger BIT reform options, and look forward to the discussions we will have in the weeks and months to come.

That said, it is essential for us to adopt this resolution as soon as possible so, as we move forward in the FY 2008 budgeting process, we can accurately anticipate the level of revenues against expenditures. *I invite you to join me in co-sponsoring this resolution.* My office is in the process of preparing the resolution. I will share a draft with you as soon as it is available.

**BOGSTAD Deborah L**

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**From:** NAITO Lisa H  
**Sent:** Thursday, March 01, 2007 8:59 AM  
**To:** ROJO DE STEFFEY Maria; ROBERTS Lonnie J; WHEELER Ted; COGEN Jeff  
**Cc:** BOGSTAD Deborah L  
**Subject:** FW: BIT Resolution...R

Greetings!

As I wrote you in a memo a few weeks ago, I am interested in making the BIT more equitable now. I also support efforts to look at a larger reform package, which I believe may take some time, but think the workgroup proposed by Commissioner Cogen has the potential for recommending those reforms to the Board. Here is an amendment I intend to offer today. Thanks!

Lisa

3/1/2007

**AMENDMENTS TO RESOLUTION Establishing a Work Group to Study Reform Options for Multnomah County's Business Income Tax.**

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

f. Recent reforms to the City of Portland's Business License Fee (BLF), a counterpart to the BIT, were crafted after extensive study and they appear to have achieved the goals of greater fiscal responsibility, fairness to both small and large businesses, and improved stability for Portland's Business License Fee revenues.

g. The Portland BLF reforms include an increase in the Owner's Compensation Deduction from \$60,000 to \$80,000 with the intent to increase the deduction to \$125,000 within five years to help address the inequities of the BLF and focus tax relief for small businesses.

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

5. In order to alleviate the burden of a dual tax structure for our local businesses and provide for a more equitable tax structure, the County Commission intends to align its BIT Owner's Compensation Exemption with the recently adopted City of Portland BLF Owner's Compensation Exemption reform by increasing it from \$60,000 to \$80,000 for Fiscal Year 2007/2008.

**SUBMITTED BY:**

Lisa Naito, Commissioner, District 3

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 07-041**

**Establishing a Work Group to Study Reform Options for Multnomah County's Business Income Tax**

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

- a. Small Businesses are the lifeblood of our community and they represent the most significant source of local employment and of new local jobs.
- b. Over 94% of all firms in Multnomah County employ 50 people or less. Of that group of businesses, over 13,000 - more than 50% - employ fewer than five employees.
- c. Multnomah County should do what it can to help smaller, locally-owned businesses to thrive. One way to assist small businesses is to minimize their business tax burden.
- d. Revenue from Multnomah County's Business Income Tax makes up a significant part of the County's budget. In fiscal year 2005-2006 the Business Income Tax generated \$50,980,000 out of the county's \$350,293,000 General Fund.
- e. Services vital to the health and well being of our entire community, and especially vital to the health and well being of the most vulnerable members of our community, are funded in part through the Business Income Tax.
- f. Recent reforms to the City of Portland's Business License Fee were crafted after extensive study and they appear to have achieved the goals of greater fiscal responsibility, fairness to both small and large businesses, and improved stability for Portland's Business License Fee revenues.

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

1. The Board of County Commissioner's will convene a work group to study options for reforming the County's Business Income Tax (BIT) system, aiming to make the BIT more fair and equitable for all county businesses, and a more stable source of funding for Multnomah County.
2. To assist the Board in understanding the needs and concerns of business people and other community stakeholders, the Business Income Tax Reform Work Group, chaired by Commissioner Jeff Cogen, shall include the following members:

- a. One representative from Multnomah County's budget office.
  - b. One representative from the County Chair's office.
  - c. One representative from the City of Portland.
  - d. One representative from the Gresham Chamber of Commerce.
  - e. One representative from the Portland Business Alliance.
  - f. One representative from the West Columbia Gorge Chamber of Commerce.
  - g. One representative each from the African American Chamber of Commerce, the Hispanic Chamber of Commerce and the Asian Business Community.
  - h. One representative from the Small Business Advisory Committee.
  - i. One representative from AFSCME Local 88.
  - j. One representative from a local human services nonprofit.
3. The workgroup will examine in detail the 2007 Business License Fee reforms adopted by the City of Portland and assess whether the county's Business Income Tax should be aligned with those policies.
  4. The workgroup shall provide the Board with a final report summarizing its specific recommendations for further action no later than April 5, 2007.

ADOPTED this 1st day of March, 2007.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

*TED WHEELER*

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

*Agnes Sowle*  
Agnes Sowle, County Attorney

SUBMITTED BY:

Jeff Cogen, Commissioner, District 2





# MULTNOMAH COUNTY

## AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-5 DATE 03.01.07  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-5  
Est. Start Time: 10:00 AM  
Date Submitted: 02/14/07

### BUDGET MODIFICATION: DCM - 06

**Budget Modification DCM-06 Reclassifying a Position in the Information  
Agenda Technology Division, as Determined by the Class/Comp Unit of Central Human  
Title: Resources**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 5 minutes  
Department: County Management Division: Director's Office  
Contact(s): Bob Thomas  
Phone: (503) 988-4283 Ext. 84283 I/O Address: 503 / 531  
Presenter(s): Bob Thomas

### General Information

#### 1. What action are you requesting from the Board?

The department is requesting the Board approve a budget modification relating to the reclassification of a position in Information Technology that was approved by the Central Class/Comp Unit.

#### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Department of County Management is asking the Board to approve the reclassification and position request for the following position:

Position Title (Old)	Position Title (New)	Position Number	FTE
<u>Information Technology</u>			
IT Business Consultant, Sr	IT Security Manager	712633	No FTE Change

During the FY 2007 Budget Hearings, the Board expressed interest in seeing that IT Security become a priority for the County and that it should be provided using current resources. This reclassification request converts a vacant IT Business Consultant Sr position into a new classification, the IT Security Manager. This position will be responsible for ensuring the integrity of County systems and to investigate breaches of security and/or violations of County's policies on the use of Information Technology.

A Memorandum of Agreement was reached on January 29<sup>th</sup> between Local 88 and the County over the reassignment of this position from the union to being excluded from the bargaining unit. Both parties agreed that because of the county-wide responsibilities of this position, it has a "community of interest" distinct from the bargaining unit.

**3. Explain the fiscal impact (current year and ongoing).**

Budget modification detail is attached. The reclassification request is being accomplished within current resources. There is no increase in FY 2007 personnel costs with this reclassification, since the position will be hired at or below the current budget for the existing position. There will be increased costs in future years, since the IT Security Manager has a top salary approximately \$12,000 greater than the IT Business Consultant, Sr level.

**4. Explain any legal and/or policy issues involved.**

No legal or policy issues involved, apart from those described in section 2, above.

**5. Explain any citizen and/or other government participation that has or will take place.**

NA

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## ATTACHMENT A

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### Budget Modification

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If the request is a Budget Modification, please answer all of the following in detail:

- What revenue is being changed and why?

No changes in revenue to any budget.

- What budgets are increased/decreased?

No budgets are increased or decreased. One position is shifted between existing IT programs.

- What do the changes accomplish?

This budget modification implements a position change as described in this document.

- Do any personnel actions result from this budget modification? Explain.

Reclassification of an existing position.

- How will the county indirect, central finance and human resources and departmental overhead costs be covered?

Any charges will be covered within existing departmental resources.

- Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?

Any future changes would be ongoing.

- If a grant, what period does the grant cover?

NA

- If a grant, when the grant expires, what are funding plans?

NA

<p><i>NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense &amp; Revenues Worksheet and/or a Budget Modification Personnel Worksheet.</i></p>
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## ATTACHMENT B

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**BUDGET MODIFICATION: DCM - 06**

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### Required Signatures

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**Elected Official or  
Department/  
Agency Director:**

*Carol M. Ford*

**Date:** 02/14/07

**Budget Analyst:**

*Chris H*

**Date:** 02/13/07

**Department HR:**

*Carl R. Quigley*

**Date:** 02/14/07

**Countywide HR:**

*Arthur Hitting*

**Date:** 02/14/07

Budget Modification ID: **DCM-06****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: 2007

Line No.	Fund Center	Fund Code	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
				Internal Order	Cost Center	WBS Element						
1	72-60	3503	20		709003		60000	0	31,581	31,581		Security Manager
2	72-60	3503	20		709003		60130	0	10,134	10,134		
3	72-60	3503	20		709003		60140	0	6,250	6,250		
4	72-60	3503	20		709599		60000	495,806	464,225	(31,581)		IT Busl Cons Sr Resource Pl
5	72-60	3503	20		709599		60130	152,850	142,716	(10,134)		
6	72-60	3503	20		709599		60140	84,443	78,193	(6,250)	0	
7												
8									0			
9									0			
10									0			
11									0			
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										-	0	Total - Page 1
										-	0	GRAND TOTAL

**ANNUALIZED PERSONNEL CHANGE**Change on a full year basis even though this action affects only a part of the fiscal year (FY).

						ANNUALIZED			
Fund	Job #	HR Org	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
3503	6409	64597	IT Business Analyst sr	712633	(1.00)	(75,192)	(24,129)	(14,881)	(114,202)
3503	9456	64551	IT Security Manager	712633	1.00	75,192	24,129	14,881	114,202
									0
									0
									0
									0
									0
									0
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									0
									0
									0
									0
TOTAL ANNUALIZED CHANGES					0.00	0	0	0	0

**CURRENT YEAR PERSONNEL DOLLAR CHANGE**Calculate costs/savings that will take place in this FY; these should explain the actual dollar amounts being changed by this Bud Mod.

						CURRENT YEAR			
Fund	Job #	HR Org	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
3503	6409	64597	IT Business Analyst sr	712633	(0.42)	(31,581)	(10,134)	(6,250)	(47,965)
3503	9456	64551	IT Security Manager	712633	0.42	31,581	10,134	6,250	47,965
									0
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TOTAL CURRENT FY CHANGES					0.00	0	0	0	0



## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-6 DATE 03-01-07  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-6  
Est. Start Time: 10:03 AM  
Date Submitted: 02/21/07

### BUDGET MODIFICATION: DCM-07

**Budget Modification DCM-07 Increasing the Budget for Assessment and  
Agenda Taxation Records Management Program to Reflect an Additional State Grant  
Title: for the Oregon Map Project**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 5 minutes  
Department: Department of County Management Division: Director's Office  
Contact(s): Bob Thomas  
Phone: (503) 988-4283 Ext. 84283 I/O Address: 503/531  
Presenter(s): Bob Thomas

### General Information

#### 1. What action are you requesting from the Board?

The department is requesting Board approval of a budget modification to increase the budget for - A&T Records Management Program, for an additional ORMAP Grant (Oregon Map) from the Oregon Department of Revenue. This will provide funding in the amount of \$80,000 for continuation of digital map projects in support of the statewide ORMAP Project.

#### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

From 1995-1998 the Oregon GIS Association, in partnership with county cartographers, the Oregon Geographic Information Council, and the Oregon Association of County Engineers and Surveyors, developed "The Oregon Map" concept. The 1999 Legislature approved house bill 2139, and ORS 306.132 and 306.135 were enacted into law by the Legislative Assembly, and became effective January 1, 2000. Under ORS 306.135, the Department of Revenue shall develop a base map system to facilitate and improve the administration of the ad valorem property tax system.

Multnomah County has been participating in the ORMAP Grant process since 2001, funding mapping projects to convert Multnomah County Assessor Maps to GIS digital formats, with the

purpose of meeting ORMAP statewide goals. The current approved grant of \$80,000 funds additional conversions of Multnomah County assessor maps to GIS digital formats, and allows Multnomah County to continue to participate in the mapping projects approved and funded by previous ORMAP grants. ORMAP grants have previously been included in the annual adopted budget submitted by A&T Records Management, Program Offer 72021.

**3. Explain the fiscal impact (current year and ongoing).**

Budget modification detail is attached. Budgeted resources are increased by \$80,000, due to approved State IGA ORMAP Grant. Budgeted expenditures are increased by \$80,000.

**4. Explain any legal and/or policy issues involved.**

None

**5. Explain any citizen and/or other government participation that has or will take place.**

The Oregon Map (ORMAP) Program is administered by the Oregon Department of Revenue. The Department makes decisions and sets priorities that allow the program to fulfill the objectives and goals of ORMAP and administers ORMAP Policy Guidelines. All Counties statewide must develop and maintain an ORMAP Business Plan that outlines how and when the county will complete the work to move the county cadastral data to ORMAP standards.

ORS directs the Department of Revenue to develop a base map system to facilitate and improve the administration of the ad valorem property tax system. Money to fund ORMAP is collected at the county level, from a fee charged on all real property transactions recorded. These funds are transferred to the Oregon Land Information System Fund (OLIS) Fund and are continuously appropriated to the Dept of Revenue for the purpose of funding the base map system.

The State ORMAP Advisory Committee provides policy advice on issues related to establishing the ORMAP vision, fund distribution, goal setting, priority setting and overall direction of the program. Final policy decisions are the responsibility of the Director of the Department of Revenue.



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## ATTACHMENT A

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### Budget Modification

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If the request is a Budget Modification, please answer all of the following in detail:

- **What revenue is being changed and why?**

Fed/State Fund revenue is increased by \$80,000 by this bud mod. Risk Management Fund revenue is increased by \$13,155 and revenue to the General Fund is increased by \$1,921.

- **What budgets are increased/decreased?**

Fed/State Fund expenditures are increased by \$80,000 with this bud mod. Increase A&T Records Management Program budget for Overtime and related personal services, professional services, supplies, education & training for additional ORMAP project expenditures. Risk Management Fund budget is increased by \$13,155 and General Fund Contingency is increased by \$1,921.

- **What do the changes accomplish?**

Provides for reimbursement of expenses incurred for the purpose of continued conversion of assessor maps to established GIS digital formats, moving multnomah county cadastral maps towards meeting statewide ORMAP goals.

- **Do any personnel actions result from this budget modification? Explain.**

No new positions are added as a result of the budget modification.

- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

Any county indirect charges will be covered within the resources of this bud mod.

- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

The currently approved IGA ORMAP Grant is one-time-only, to reimburse the county for project activities as set forth in the grant application, which includes conversion of additional sections of county cadastral maps to statewide GIS digital standards. However, the ORMAP Grant may be amended to extend the termination date, in order to complete the activities as may be necessary.

The ORMAP statewide project is ongoing, as defined in ORS 306.132 and 306.135, for the exclusive purpose of development of the Oregon Map. Funding continues to be provided by the collection of fees on recorded documents, and transferred to the Oregon Land Information Systems Fund and appropriated to the DOR for future ORMAP Grant applications.

- **If a grant, what period does the grant cover?**

The approved ORMAP Grant covers the period from signature date November 20, 2006, through December 31, 2007.

- **If a grant, when the grant expires, what are funding plans?**

Grant Funds are limited to activities outlined in the grant application, and do not require ongoing funding, as the expenditures are of limited duration.

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## ATTACHMENT B

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**BUDGET MODIFICATION: DCM-07**

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### Required Signatures

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**Elected Official or  
Department/  
Agency Director:**

*Carol M. Ford*

**Date:** 02/19/07

**Budget Analyst:**

*Cheryl*

**Date:** 02/21/07

**Department HR:**

**Date:** \_\_\_\_\_

**Countywide HR:**

**Date:** \_\_\_\_\_

Budget Modification or Amendment ID:

DCM-07

**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:07

Line No.	Fund Center	Fund Code	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Cost Center	WBS Element						
1	72-30	1505	0020			ORMAP.7	50180	(80,000)	(160,000)	(80,000)		Increase Revenue - New State IGA #1765 ORMAP Grant
2	72-30	1505	0020			ORMAP.7	60110	31,565	82,565	51,000		Increase Overtime
3	72-30	1505	0020			ORMAP.7	60130	10,129	19,479	9,350		Increase Salary Related
4	72-30	1505	0020			ORMAP.7	60140	2,052	15,207	13,155		Increase Insurance Benefits
5	72-30	1505	0020			ORMAP.7	60170	25,000	26,500	1,500		Increase Professional Services
6	72-30	1505	0020			ORMAP.7	60260	9,333	11,407	2,074		Increase Education & Training
7	72-30	1505	0020			ORMAP.7	60240	0	1,000	1,000		Increase Supplies
8	72-30	1505	0020			ORMAP.7	60350	1,921	3,842	1,921		Increase Indirect
9	19	1000	0020		9500001000		50310		(1,921)	(1,921)		Indirect reimbursement revenue in General Fund
10	19	1000	0020		9500001000		60470		1,921	1,921		CGF Contingency expenditure
11	72-10	3500	0020		705210		50316		(13,155)	(13,155)		Increase Serv Reimb revenue
12	72-10	3500	0020		705210		60330		13,155	13,155	0	Increase offsetting expenditure
13									0			
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# MULTNOMAH COUNTY

## AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-7 DATE 03-01-07  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-7  
Est. Start Time: 10:05 AM  
Date Submitted: 02/15/07

**NOTICE OF INTENT to Submit a Proposal to the Housing Authority of**  
**Agenda** **Portland to Provide Funding for Short Term Housing for Homeless Persons**  
**Title:** **Undergoing Treatment for Tuberculosis**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 5 minutes  
Department: Health Division: Community Health Services  
Contact(s): Tom Waltz, Development Manager  
Phone: 503-988-3674 Ext. 22670 I/O Address: 160/9  
Presenter(s): Tom Waltz, Arlene Warren

### General Information

#### 1. What action are you requesting from the Board?

Authorize the Director of the Health Department to apply for grant funding through the Housing Authority of Portland to support short term housing for homeless persons undergoing treatment for TB.

#### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Health Department proposes to request \$8,250 through the Housing Authority of Portland's "Short Term Rent Assistance" program to provide motel vouchers to homeless persons undergoing treatment for TB. It is estimated that rent assistance will be needed for 12 homeless persons throughout the year.

TB is an infectious disease caused by the tubercle bacteria. This germ spreads from person to person through the air when a person with TB in their lungs coughs. Half of people with untreated TB disease die within five years. TB is curable, but requires a minimum of six months treatment. TB directly effects approximately 1/3 of the world's population, and there is one death from TB every 15 seconds.

In Oregon the responsibility for TB investigation and control is assigned to county health

departments.

The goal of the Multnomah County Health Department's Tuberculosis Program is to prevent TB. Delay in treatment of an individual can allow the disease to spread to others, is often more expensive to treat, and may become debilitating or fatal to the individual infected.

Usually TB can be treated without hospitalization, however individuals with TB cannot "share air" with others in order to prevent the spread of the disease. They must not be out in the community, go to work or reside with other people while they are infectious.

The TB Program provides a Nurse Case Manager for every individual with TB. A TB Outreach Worker watches them take their TB medicines daily and provides them with food and other necessities. A person with TB usually takes four different medications each day which can be over a dozen pills. The medications can be toxic and the individual must be monitored closely. If the six to nine months of treatment isn't completed, the individual can have a reoccurrence of the disease and the TB can become resistant to the drugs resulting in extremely costly treatment, incurable disease and/or further spread of the disease to others.

Any homeless client with TB would be eligible for Short Term Rent Assistance while infectious. The length of service would be determined by how long they are able to spread the disease. The average length of time a person is infectious is two to four weeks. For example, last year, one homeless client was infectious for five weeks, two clients were infectious for four weeks, one was infectious for three weeks, six individuals were infectious for two weeks, and several for a week. A motel voucher would be used throughout the infectious period. Infectiousness is always confirmed by laboratory tests.

This proposal is related to County Program Offer #40010 – Communicable Disease Prevention Control, see question #3. Explain the fiscal impact (below).

**3. Explain the fiscal impact (current year and ongoing).**

Grant funding in the amount of \$8,250 will offset County funding that will be necessary to provide housing for homeless individuals in need of TB treatment.

**4. Explain any legal and/or policy issues involved.**

Under Oregon Revised Statute 433.006 and Oregon Administrative Rule 333-019-0041. Multnomah County's TB Program is required by state law to provide targeted testing, TB outreach, and treatment for locally identified populations at greater risk for TB infection and disease than the general community. Homeless persons are considered a high risk population.

**5. Explain any citizen and/or other government participation that has or will take place.**

None.

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## ATTACHMENT A

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### Grant Application/Notice of Intent

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

Housing Authority of Portland

- **Specify grant (matching, reporting and other) requirements and goals.**

The Short-Term Rent Assistance program does not require matching funds. As this is an essential service to protect the health of the general public. Grantees are expected to track financial assistance to assist participants with the payment of rent and expenses pursuant to program requirements; and track and report client demographic and outcome information pursuant to reporting requirements.

- **Explain grant funding detail – is this a one time only or long term commitment?**

This request represents a one-time only commitment.

- **What are the estimated filing timelines?**

March 9, 2007.

- **If a grant, what period does the grant cover?**

July 1, 2007 - June 30, 2008.

- **When the grant expires, what are funding plans?**

It is anticipated that the Department will be able to apply for additional grant funding from HAP, or it will request funding through the County General Fund (i.e., Program Offer).

- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

Indirect and administrative costs are not allowable expenses.

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## ATTACHMENT B

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### Required Signatures

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**Elected Official or  
Department/  
Agency Director:**

*Lillian Shirley*

**Date:** 02/15/07

**Budget Analyst:**

*Debra*

**Date:** 02/15/07

**Department HR:**

**Date:** \_\_\_\_\_

**Countywide HR:**

**Date:** \_\_\_\_\_



# MULTNOMAH COUNTY

## AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-8 DATE 03.01.07  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-8  
Est. Start Time: 10:08 AM  
Date Submitted: 02/21/07

### BUDGET MODIFICATION:

**Agenda Title:** **NOTICE OF INTENT to Respond to the Housing Authority of Portland Request for Proposals for Short Term Rent Assistance Funding**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

Requested Meeting Date: March 1, 2007 Amount of Time Needed: 10 minutes  
Department: Department of County Human Services Division: DDSD & ADS  
Contact(s): Donna Shackelford and Michael Hardt  
Phone: 503-988-3691 Ext. 28409 I/O Address: 167/620  
Presenter(s): Donna Shackelford

### General Information

#### 1. What action are you requesting from the Board?

Approval of the Multnomah County Department of County Human Services Notice of Intent to respond to the Housing Authority of Portland's short term rent assistance funding request for proposals.

#### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The former Multnomah County Department of School and Community Partnerships (DSCP), The City of Portland Bureau of Housing and Community Development (BHCD), the City of Gresham and the Housing Authority of Portland (HAP) provided short-term rental assistance resources to social service agencies through various programs for over ten years. These resources evolved into three main programs called the Clearinghouse, Transitions to Housing and the Rental Assistance Supplement Program (RASP), encompassing six different funding sources from federal, state, and local levels and administered by three administrative entities. During 2003-2004, two workgroups – first the Short Term Rent Assistance Workgroup, followed by the Inter-Jurisdictional Working Group on Rent Assistance – met regularly to develop and propose a model for a comprehensive



system of administering, accessing and delivering rent assistance which would have the support of multiple jurisdictions. In 2005, HAP was selected by a group of representatives from the City of Portland, Multnomah County, and the City of Gresham to serve as the single administrative entity for the Short-Term Rent Assistance (STRA) funds. In 2006, HAP began administration of the STRA system, but continued to allocate funds to social service agencies based on formulas, selection process and systems previously utilized by the administrator of each funding source. The Multnomah County Aging and Disabilities Services Division (ADS) and Developmental Disabilities Services Division (DDSD) both currently receive funding through this arrangement.

With approval of this Notice of Intent, the Department of County Human will submit an application to receive these funds in response to the HAP request for proposals. If awarded, ADS and the DDSD are the divisions that will use these funds to serve their clients.

This Request for Proposals, which covers the period from July 1, 2007 through June 30, 2010, represents the first time that all of the STRA funding sources will be put out for competitive bid at the same time under a unified system.

These funds effect FY08 program offer 251331 "*Housing Stabilization for Vulnerable Populations*" and program offer 25021 "*ADS Emergency Basic Needs for Vulnerable Adults*". If awarded, funding from this grant will augment the Aging and Disabilities Services (ADS) housing program and provide 100% of the emergency voucher and short-term eviction prevention/housing stabilization funding for DDSD clients.

**3. Explain the fiscal impact (current year and ongoing).**

The award of these funds will be effective on July 1, 2007. The Department is requesting \$20,000 for "safety off the streets"(motel vouchers) for ADS and \$32,350 for eviction prevention, deposit assistance, motel vouchers and longer term housing (up to 24 months) for DDSD households. In FY 06/07, the allocation was \$38,412 for DDSD and \$23,104 for ADS. No additional staff is required to support this funding.

**4. Explain any legal and/or policy issues involved.**

County Counsel has questioned why Multnomah County departments need to apply for Multnomah County monies through a third jurisdiction. Currently, the Department understands that this question has been addressed to County Counsel's satisfaction.

**5. Explain any citizen and/or other government participation that has or will take place.**

Please refer to #1

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## ATTACHMENT A

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### Grant Application/Notice of Intent

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

Housing Authority of Portland (HAP)

- **Specify grant (matching, reporting and other) requirements and goals.**

This proposal is comprised of six (6) funding sources for short-term rental assistance. Each funding source carries specific eligibility requirements and usage restrictions. Funded proposals will receive a portfolio of up to three of these funding sources. These funds are currently being utilized by DDSD and ADS to assist households to stabilize in permanent housing or gain a "safety off the streets" status (motel voucher). Data and follow-up information must be entered into Service Point Data collection system – a housing management information system (HMIS).

- **Explain grant-funding detail – is this a one-time only or long-term commitment?**

An award of these monies will continue housing assistance currently offered through DDSD and ADS. The STRA system is made up of six (6) funding source, each of which carries specific eligibility requirements and usage restrictions. Each funded proposal will receive a portfolio of up to three of these funding sources. If awarded funding, ADS and DDSD will be expected to establish and deliver a flexible, transitional tenant based rent assistance program and deliver services in pursuit of the program goal of helping participants achieve an increased level of housing stability. The award of funding would be through June 30, 2010.

- **What are the estimated filing timelines?**

The grant is due to HAP no later than 3:00 pm on Friday, March 9, 2007.

- **If a grant, what period does the grant cover?**

The initial award is for a period of one year (July 2007- June 2008) with the possibility of a two year funding extension.

- **When the grant expires, what are funding plans?**

It is anticipated that these funds will continue to be available for procurement after the initial contract expires. If the funds are no longer available from the federal, state or local jurisdictions, housing assistance will no longer be available.

- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

DDSD and ADS staffs currently access these funds to aid their clients with housing issues. An award of this grant would continue to provide funding to aid vulnerable citizens in our community obtain stable housing or assist with eviction prevention. If awarded the funds, 12% may be billed as administrative support and/or contract compliance costs.

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## ATTACHMENT B

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### Required Signatures

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**Elected Official or  
Department/  
Agency Director:**

*Joanne Filler*

**Date:** 02/21/07

**Budget Analyst:**

*Michael D. Gaspin*

**Date:** 02/21/07

**Department HR:**

**Date:**

**Countywide HR:**

**Date:**



## MULTNOMAH COUNTY

### AGENDA PLACEMENT REQUEST (short form)

#### Board Clerk Use Only

Meeting Date: 03/01/07  
Agenda Item #: R-9  
Est. Start Time: 10:10 AM  
Date Submitted: 02/20/07

**Agenda Title:** Briefing on Case Management Services and "The Cooper Report" from the Department of County Human Services' Developmental Disabilities Services Division

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

**Requested Meeting Date:** March 1, 2007 **Amount of Time Needed:** 20 minutes  
**Department:** Department of County Human Services **Division:** Developmental Disabilities Services Division  
**Contact(s):** Patrice Botsford or Kathy Tinkle  
**Phone:** 503.988.3658 **Ext.** x26360 (pb) **I/O** x26858 (kt) **Address:** 167/620  
**Presenter(s):** Joanne Fuller, Patrice Botsford

#### General Information

**1. What action are you requesting from the Board?**

None. This is an informational briefing only.

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

In 2003 the State of Oregon, Seniors and People with Disabilities (SPD) audited the Developmental Disabilities Services Division (DDSD) of the Department of County Human Services for the first time since receiving Medicaid funds in the late 1980's. From 2003 to 2006 broad changes were made in the Divisions operation and systems. Creation of an electronic progress note system was developed by DDSD, central filing was established, processes and procedures updated, internal website developed with desk manuals for each position online as well as forms and all appropriate resources. All of this was system oriented to meet program delivery requirements for Medicaid.

Case management is the foundation of the DDSD services provided in Multnomah County. It

connects the clients we serve to their community to assist with access to appropriate services, as well as assisting with Medicaid funded services as they are available. The rapid changes in the system resulting from the audit of 2003 caused morale issues as staff were required to change the way they did nearly all of the services they engage in to some degree. As a result of these changes, in the spring of 2006 DDSD made the request of the National Association of State Developmental Disabilities Directors (NASDDDS) to do a 360 degree review of our case management services. NASDDDS Technical Assistance Director, Robin Cooper, did the review during the summer and fall of 2006 and the final report sent to DDSD in January 2007. Although these are the recommendations of a consultant, and not an audit, the 28 recommendations, some of which have already been completed, are important to the improvement and development of the DDSD program, and will be reviewed, tracked and reported as implementation may take place.

This action is related to program offers: 25010, 25012, 25013, 25014, and 25015

**3. Explain the fiscal impact (current year and ongoing).**

There is no fiscal impact as the implementation of the recommendations will be accomplished within the established DDSD budget.

**4. Explain any legal and/or policy issues involved.**

There are no current policy issues, although case management is under a general review by both the State funding agency (Seniors and People with Disabilities) and a State organized Metro area committee that includes county managers from Clackamas, Washington and Multnomah as well as provider agencies and advocates. The State SPD is supportive of the changes already in place and is likewise supportive of those things yet to be implemented.

**5. Explain any citizen and/or other government participation that has or will take place.**

None at this time.

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**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**



**Date:** 02/20/07

**Current Issues, Future Directions**

**An Analysis of Multnomah County Case  
Management for Persons with  
Developmental Disabilities**

**Prepared by:**

**Robin E. Cooper  
Director of Technical Assistance  
NASDDDS, Inc.  
Fall, 2006**

**Under the Auspices of the Oregon Technical Assistance Corporation**

**I. Overview of Project**

In April 2006, the National Association of State Directors of Developmental Disabilities Services (NASDDDS) was asked by Jean Tuller (then of the Oregon Technical Assistance Corporation) on behalf of Patrice Botsford, Division Director of Multnomah County Developmental Disabilities Services (DDS) of our interest in performing a review of the case management system in Multnomah County, Oregon. Mary Lee Fay Administrator of the Office of Home & Community Supports,

Seniors and People with Disabilities (SPD) in the Oregon Department of Human Services supported the study.

The central purpose of this project is an assessment of issues with the Multnomah County DDS case management system in order to provide recommendations for improvements to the system that reflect national best practices and take into account multiple stakeholder views and preferences. This report attempts to describe the current concerns within the case management system and offer insights gathered from stakeholders as to what will help move the organization forward. ***It is important to know that this review is NOT a performance review of the supervisors, case management units or of individual personnel.*** The review is not an audit and is in no way intended to be the basis for rewards, sanctions or individual personnel action of any type. Additionally, since the report was commissioned by an outside agency and the contractor has no financial or business ties to the county, this allowed the reviewer the freedom to be candid in the observations contained in this report.

### A. National Context

State and county system structures vary considerably. There is no one “right” model. The key concern is whether or not-- regardless of the structure-- the system is effective (and cost-effective) in delivering and managing services. The author of this report has no particular bias or “preferred” system structure. Reviews of many state and local systems have made it evident that many approaches can work. But to be effective the system structure must reflect local and state culture and be fiscally sustainable, provide for an effective working environment, and build on the systems within the locality that already exist.

Nationally, developmental disabilities case management system are changing and evolving in response to increased caseloads, new demands from federal funding streams and changing service systems. The growing opportunities for self-directed services require new approaches to our “traditional” models—both for direct services and case management. The inclusion of individuals with highly specialized needs in our community services systems as well as increased accountability for overseeing the quality and outcomes of the service system have pushed case management services in new directions. Multnomah County is at the same juncture that many systems around the country face about how to best meet these challenges while delivering critical services and assuring quality.

Community services expanded rapidly through the 1990’s with steep increases in the number of individuals served through the Medicaid Home and Community Based Services (HCBS) waivers. Today these programs alone serve nearly half a million individuals with developmental disabilities. (This number does not even include those individuals supported through state and local funds—or in the case of Multnomah County those termed “not in service” (NIS) that also gets case management support.)

The increase in the use of federal Medicaid funds has meant that states must also invest in oversight and management of these programs—roles often fulfilled by case managers. But like Oregon, many states are increasingly unable to finance enough professional case managers and must use limited funds for direct services. States are looking to other options to other options such as support brokering separate from case management for self-directed caseloads (Colorado, Connecticut,

Maine, Florida, Minnesota, Oregon of course, New Jersey, North Carolina, North Dakota, Utah and Rhode Island). Some states and localities are redesigning case management through 'devolving' some functions to contracted organizations. California, Colorado, Idaho, Illinois, Louisiana, New Mexico and South Dakota all have contracted out the delivery of case management to private vendors. Indiana just joined this group with a completely vendored system of case management, no longer using any government entities for day-to-day case management services. Nineteen other states including Oregon have vendored out some case management with state or local government continuing to provide some case management as well.<sup>1</sup> Wisconsin (which is mainly a county-based case management system) is looking to a new structure called Family Care which may open system management to entities other than the counties who traditionally, with one or two exceptions, have managed the system and provided case management services. New models and approaches are emerging nationally as existing case management systems no longer can meet growing demand.

## **B. Context for this Report**

The Multnomah County case management system for persons with developmental disabilities has experienced some difficult events over the past three to four years. A state audit of the program performed in 2003 by the state Department of Human Services, Seniors, and People with Disabilities (SPD) resulted in significant negative findings regarding case management documentation and the performance of case managers and other system personnel. Not only did this audit have serious financial implications, the audit surfaced issues that related to compliance with regulations. As a result of the performance issues discovered in the audit, policies were changed and enforced more stringently and some personnel actions were taken when individuals were unable to come up to the new standards. Although the audit occurred three years ago, the audit and the ensuing changes reverberate today. For significant numbers of staff the "fallout" from the audit is still in play. Both staff present at the time of the audit and new staff report feeling the effects. While many individuals expressed the desire to "move on", it is difficult to discuss organizational issues within the county without dealing with the audit and related issues.

Adding to a sense of disruption and instability, the Multnomah County case management unit has been subject to "bumping" due to layoffs in other county divisions and has also experienced layoffs of their own. And adding yet more concern is the fiscal picture for Multnomah County—and Oregon as a whole—is challenging, although overall developmental disabilities has experienced less fiscal disruption than other segments of the services system.

The focus of the review is almost exclusively on the internal workings and interrelationships within Multnomah County DDS that are affecting the capacity of the organization to function effectively in a collegial, productive and supportive atmosphere. Although some external stakeholders were interviewed (providers, advocates and families) this review does not focus intently on the satisfaction of external stakeholders. The review was mainly intended to look inward, into the functioning and relationships mainly within the Multnomah County case management units. Also most of the issues covered in this report are not new to county management and staff. DDD management has been making strong and continuous efforts to make improvements. Much has changed for the better since the audit, with more accountability and better record-keeping along with

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<sup>1</sup> States with a mix of vendored and government case management are:  
AZ, AR, IA, KS, KY, ME, MD, MI, MN, MT, NH, NY, NC, OR, SC, TX, VT, WI, WY.



improvements in many of the areas noted on the work plan that came out of the audit. Similar concerns have been raised in the Barriers Committee and certainly some of the same types of recommendations have come out of that effort as well. This report perhaps can lend further credence to the concerns brought out through the Barriers work and add impetus to finding solutions to the issues that are undermining the capacity of Multnomah County to provide a positive work environment and top notch case management services

In the course of this review, many concerns were touched on that really lie outside of the scope of this report. It is not that they are not deserving of attention, but this report is not a full-blown analysis of the workings of the developmental disabilities system in the county or the state. For example, issues such as concerns about the scope and adequacy of supports to children, the responsibilities the county has for individuals not in service and the interrelationships with other divisions within the county surfaced in the many conversations with county personnel. While certainly meritorious issues, they are not within the focus area of this report and thus are not explored in any depth.

Another very significant area not addressed is the lack of good data systems and information technology, which includes streamlined, easily accessible electronic records and record-keeping requirements and systems. DDS is well aware of these issues and the Barriers Committee and other groups are addressing these shortcomings. The lack of a comprehensive and interconnected (with other databases such as the Medicaid information system) data and records system makes access to client records challenging, increases the load of paper work (e.g. different ISP forms for foster care from the "regular form") and does not provide case managers, supervisors, or top management the data and tools they need to manage an organization with close to 100 employees, serving thousands of individuals. Data systems development is a very important and critical piece of improving the workplace and it is included here to add weight to the work already in progress. Recently there has been a surge in the development of information technology solutions for developmental disabilities systems. Pennsylvania completely redesigned a Web-based system that is in the public domain. Missouri is just now implementing a fully computerized case records system. And in a recent study of 47 states case management systems, 28 states indicate that they already have in place an electronic case records system.<sup>2</sup>

It is important to thank the many individuals who provided candid and thoughtful insights about their work and the county system. The willingness of individuals to speak frankly was invaluable—this candor will help the system move forward and make needed improvements.

And finally, a disclaimer. The observations in this report are the sole responsibility of the author. While hopefully guided by the input from those interviewed, the observations and recommendation in the report is just that—not received "truth", but a measured attempt to reflect on the observations of the DDS staff and management. The information provided in the report reflects the stated perceptions of staff and management. The information is not presented as fact, but as the *observations* of individuals within the organization. These perceptions may or may not be based on "objective reality" or data and certainly are disputable. But these perceptions unfortunately can, and seem to negatively affect the morale of the organization which in turn affects the capacity to function

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<sup>2</sup> Cooper, Robin, "NASDDDS Technical Report: Survey of State Case Management Policies and Practices", NASDDDS, August, 2006, p. 7. A copy of this report is attached.

optimally. There is little new “news” contained in this report—the issues are known, progress has been made, yet serious concerns still linger. The reflections on the DDS staff and management are offered in hopes that by openly discussing the issues, Multnomah County can move forward in becoming a more effective and collegial organization.

## **II. Report Structure**

The report is divided into multiple sections that include observations based on the information provided through the interviews and other reviews along with specific recommendations relating to these observations. Within the sections, the recommendations are in response to specific items and issues brought forward by staff. Since the interview process was not highly structured allowing for the collection of discrete data elements, this report reflects a qualitative, not a quantitative analysis. Although many concerns may have been indicated by individuals, unless multiple interviewees, typically at least four, expressed the same concern, it was not included as an issue broadly affecting the organization.

The final section of the report includes more broad-based recommendations about possible future directions for DDS that are intended to address the issues of sustainability of the organization and the capacity to provide effective case management services to county citizens with developmental disabilities and their families.

### **A. Data gathering process**

#### **1. Interviews**

The information for this study was gathered through a 360 degree environmental ‘scan’ of the case management system. Staff was informed through e-mails and announcements at staff meetings that any interested individuals could meet to discuss their perceptions and concerns. Staff was encouraged to come forward and gratifyingly many did. Staff were assured that all their comments would be anonymous thus the report does not identify the individual making the comment. The scan incorporated interviews with twenty-nine case managers, including three individuals from the Title XIX Unit, and three case managers from the Protective Services Unit staff. The interviewees also included lead workers and union stewards. Four supervisors were interviewed along with thirteen other staff in various other positions including information technology, records, administrative support and training. Two officials from a neighboring county were also interviewed to give a view as to how other similar systems might be operating. Two individual providers were interviewed in addition to attendance at a provider meeting (with ten providers represented) where providers gave case management supervisors feedback on the performance of case managers. Discussions were also held with two staff from the SPD. Two family representatives were interviewed and one organization representing self-advocates was also interviewed. The author also had the opportunity to sit in on two management team meetings and the Executive Committee.

As noted earlier, this was not a quantitative data project with a highly structured interview process intended for data analysis. The interviews consisted of four open-ended questions. The interviewer took extensive handwritten notes including many quotes. The interviews with staff were generally conducted within a framework of four questions, but interviewees were free to add other topics or

information as they wished. Most interviews lasted about 45 minutes. The four basic questions were:

1. What is your position and what do you do?
2. What about your organization and job do you like, is working well and should be preserved as you move forward and make improvements?
3. What specifically about your organization and job does not work well and interferes with your ability to get your job done?
4. What specific, concrete suggestions do you have that would improve the working environment and your capacity to do your job?

Other stakeholders such as the providers, consumers and family members were asked similar questions and also asked to reflect on their experiences with the case management unit.

A qualitative analysis was performed to ascertain how many times certain topics were mentioned—not how many time one person mentioned the issue, but how many different individuals brought the issue up. These “tallies” appear in various sections of the report.

## **2. Record review**

After receiving training on the federal, state and county privacy requirements under HIPAA, access was awarded to case records. A very cursory read through was done of a handful of records just to get a sense of the array of paperwork that case managers have responsibility for. Additionally a “tour” of the new electronic case notes system was provided. The record review was primarily intended to give the reviewer a “feel “ for the complexity of the record-keeping requirements and the nature and intensity of the individuals case managers support.

## **3. Review of state and county regulations, manuals and guidelines**

Copies of state regulations (the OARS) that pertain to case management were reviewed as these form the basis for case managers required responsibilities. Copies of the case manager job description were also reviewed along with the union contract that pertains to represented employees. A cursory reading was made of other case management manuals, but again, the focus of the review was more on the interrelationships, culture and effectiveness of the current organizational structure rather than on compliance with rules and regulations. The review of the rules and manuals was intended—much like the record review—to give the reviewer a sense of the scope, complexity and intensity of the case manager’s responsibilities.

## **III. Brief Overview of the Multnomah County Developmental Disabilities Program Case Management System**

### **A. State Structure**

The delivery of developmental disabilities services in Oregon is mainly under the management of counties. Oregon does provide some state-operated residential services and recently three counties have opted out of the provision of case management services, turning this responsibility over to vendored agencies under state oversight.

Funding for direct services is provided by the state along with funding for case management and administrative functions the county performs. Counties provide additional funding typically to cover the costs associated with county employees rather than for the purchase of services, although some programs do use county funds.

Oregon's mainly county-based services system is not necessarily an unusual approach to the management and delivery of human services. The structure of Oregon's service system is quite similar to other county-based states such as Minnesota, Pennsylvania, Iowa, Wisconsin, and Ohio. Other states such as Missouri, Colorado and California contract with regional entities to manage the system, somewhat analogous to the new service delivery structures that are emerging in Oregon, although in Missouri counties do provide funding for local services and are providers of services as well.

## **B. County Structure**

Until recently, counties functioned almost exclusively as agents of the state government with all activities either authorized or mandated by state law. But a 1958 constitutional amendment authorized counties to adopt "home rule" charters, and a 1973 state law gave all counties power to exercise this broad "home rule" authority, giving voters the power to design own county government organization. Twenty-four of Oregon's 36 counties operate under a "board of commissioners" with from three to five elected members. The remaining 12 less populated counties are governed by a "county court" consisting of a county judge and two commissioners. Interestingly, the national Advisory Commission on Intergovernmental Relations has named county government in Oregon as having the highest degree of local discretionary authority of any state in the nation.

In Multnomah County DHS has four separate divisions responsible for developmental disabilities, aging and disability services, mental health and substance abuse and domestic violence services. Each appointed Division head reports to the appointed County DHS Director who in turn reports to the elected county chair.

Multnomah County receives more than \$3.95 million of state funding for FY 05-06 from SPD for the cost of providing case management services to over 3,400 individuals (a number which is growing with 3,600 individuals now being served). Additional funds are available from the state to cover the costs of administering DDS programs. In terms of case management services, Multnomah must generate enough Medicaid billing (under the State plan targeted case management (TCM) option) to "earn back" the revenues provided by SPD. (This is discussed in detail later under the fiscal section and the billables discussion.) But the state allocation and the revenues earned though TCM do not fully cover county costs of doing business, thus the county adds in local funds to cover operating costs. Again, this is analogous to other county-based systems, particularly those in Wisconsin, Minnesota, Iowa and Ohio. In these states counties both receive state shared revenues and fund services through county levies. Ohio counties in particular provide nearly 60% of the

matching funds for the Medicaid HCBS waiver programs serving individuals with developmental disabilities and the case management services for individuals with developmental disabilities.

But the addition of county funds into a system adds a level of uncertainty since the amount of county funding added into a system is typically a local decision. This can mean that program and administrative funding can vary year to year based on the decisions made by local officials and citizens.<sup>3</sup> And when local funds account for a substantial portion of the operating budget, changes in local priorities can seriously affect the capacity and stability of local programs.

### **C. Developmental Disabilities Services**

DDS is under the direction of Patrice Botsford, Division Director. Ms. Botsford oversees nearly 100 staff divided into nine units. These units consist of four case management units, one protective services unit (comprised of the case managers), a family support and files section, a crisis and long-term diversion section, a regional crisis diversion section and a small administration section.

Three of the units that provide case management services are organized regionally, with each unit focusing on a section of the county. One case management unit is exclusively dedicated to oversight of the Title XIX Supports Waiver program. The protective services unit, while staffed by case managers, is charged with investigations of reported incidents. The protective services case managers do not carry specific caseloads for whom they provide on-going case management services.

### **IV. Strengths of the current organization**

As with most studies, the intent is really to surface issues and concerns and provide some ideas about improving the organization, but this report would be inaccurate if it did not point out the significant strengths and accomplishments of the Multnomah County Developmental Disabilities Program. In each interview, individuals were asked about what about their job or organization works—and, as the organization moves forward what should be retained of the current system. The report does not really note nor honor the continuous improvement efforts staff and management have been engaged in over the past three years. These efforts are not insignificant and to be frank if this were a more well-rounded report, there would be many more pages of positive accomplishments to note.

The comments below are reminder that despite the issues currently affecting the county, there are aspects of the organization that members feel are positive and should inform decision-making about the future direction of the case management services. And it is important to remember that because the focus of the interviews was on problems, the review does not fully reflect the many accomplishments of DDS and its staff. Not every single person was upset about every single thing. Individuals interviewed reported both positive and negatives aspects within the organization. The sections below are just intended to provide a little balance and reminder that the individuals within DDS do see strengths along with the problems.

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<sup>3</sup> In Wisconsin counties have a required matching amount they must contribute in order to “earn” their state shared revenues (from the state income taxes collected). But counties also put in “overmatch” which contributes to variability in the services systems county to county.

## **A. Staff**

Many staff made complimentary and positive comments including supervisors, co-workers, and providers. It was evident from the interviews that county staff represent many years of knowledge and considerable skills in supporting individuals with developmental disabilities. As an observer, it was very apparent that the case managers are a skilled group with a challenging and complex job. Even the cursory review of records gave a picture of the difficulty and intensity of the situations the case managers handle on a daily basis and the competencies and abilities the case managers have in dealing with challenging individuals and situations. And DDS should be commended for the attention paid to assuring a diverse workforce. DDS staff represent many cultures and backgrounds which is a positive aspect of the organization and for the communities DDS serves.

Individuals mentioned that their lead workers were helpful and individual supervisors were singled out as providing excellent support with staff noting. Nine staff took the time to note positives about their supervisors. Some practices were seen as supportive and commendable. For example, meeting every morning with staff if needed, using a "white board" to let staff know where the supervisor is and how to find them. One staff person noted that their team meetings are good. Another staff member noted that her manager helps in resolving conflicts, supports the staff and goes in the field if needed. In addition to positive comments about individual supervisors, members interviewed from the Title XIX and APS units reported that their units were generally working well and although there are always concerns they were not feeling the same level of concern and/or disruption as other units. The nature of their work is distinct from the regionally organized case management units, thus they did not as strongly feel the effects of the audit—nor many other policies and requirements—that are felt by the majority of the case managers.

## **B. Current Division Leadership**

Although this report is mainly anonymous as to the individual subject of various comments, because nineteen different individuals made specific positive comments about the current leadership it seemed appropriate to note this. The theme that ran through many interviews is that the current Division leadership is a positive change. Staff in every classification interviewed, including union stewards, supervisors, case managers, other support staff—and those outside of the organization as well—had positive comments about the current Division Director. The interviewees indicated that the Division Director has made a significant difference and has been making inroads into the difficulties the case management units in particular have experienced. While clearly there is much more work to be done (including continuing improvements in DDS management) the current Division Director's positive effect was noted by many of those interviewed.

## **C. Other Positive Comments**

In addition to compliments about staff and supervisors, there are other aspects of the work environment that garnered positive comments. Efforts such as new the case note system, the "newbies" meeting, the Barriers Committee were singled out for praise. The case note system in particular was mentioned as a positive achievement by every one of the case managers using the new system and also extended to the individuals who developed this system. And it is pleasure to report

that the system went fully "live" in September. The new system is representative of the kinds of tools case managers need to get their work done and fulfill their documentation requirements. The online manual was also cited as being very useful and the kind of improvement that really supports staff. Having up to date and current manuals is a big improvement from "piles of unfiled paper", as one individual noted.

Although only a couple of individuals mentioned it directly, the interviewees indicated that they feel their salaries and benefits are good. Multnomah County has made a substantial financial commitment to its employees and has agreed to a benefit package that is enviable. As discussed later, there are comparable systems in terms of benefits and salaries—but the scope of responsibility is quite different, and thus the fiscal impact of the professional range salaries quite different on the entire organization. And five individual interviewed noted that the best part of the job was the work itself and the people they serve.

## **V. Issues and Concerns**

### **A. Strategic Framework/Strategic Plan**

DDS does not presently have an overall strategic framework or plan for establishing the goals and objectives of the system. While certainly there are various work plans around specific aspects of the organization, and of course DDS understands their responsibilities and role in providing and managing services, there is not an overall process to lay out what the organization intends to accomplish nor how the organization systematically will meet it's responsibilities for the present and future. Certainly planning efforts are well under way. The work plan put together for the audit is a piece of an overall strategic plan but this effort mainly relates to compliance with specific OARs and is a plan of correction. DDS has made significant progress in meeting this plan of correction and has made multiple system improvements. The work of the Barriers Committee is an excellent foundation for framing near and longer-term direction for DDS. But without a comprehensive framework for accomplishment that benchmarks outcomes, DDS can be buffeted by the "problem de jour" and sidetracked by concerns that do not advance the organizational goals and outcomes.

A strategic framework gives an organization a set of values and guiding principles against which to test its actions. It includes the mission and vision of the organization as well as concise statements of the values that undergird the system. The framework articulates the overall goals and objectives of the organization. The strategic plan lays out the priorities and specific goals and actions needed to accomplish those goals. The strategic plan also allows the organization to plan for the future and make critical changes in a measured rather than reactionary way.

There are many fine approaches to the development of this kind of framework. The University of Minnesota manages a Web site—[www.QualityMall.org](http://www.QualityMall.org)—(with which the county may already be familiar) that provides information on how organizations plan for quality. As an example, the state of Connecticut has a Quality Assurance Systems Support Unit (QASS) that engages with providers and other organizations on the development of a clear set of values. They offer a workshop called the "Values Exploration Workshop" that allows groups to clarify and define the values that undergird their work. The Quality Mall site describes this process as,

"The VEW is a twenty hour exploration of values by providers of service. QASS facilitators lead groups of fifteen to thirty persons to reformulate their thinking about what presence, participation, choice, respect and dignity, competence, good relationships, and the quality of life mean. Examples of questions considered are: "What do these ideas mean?" "Why are they important?" and "What do they mean in relation to the lives of people with disabilities you support?"

There are other approaches such as John O'Brien's five day, "framework for accomplishment" that works with an agency to design how they will achieve their desired outcomes. As is surely known to staff, there is a significant body of work in managing human services organizations. The University of California at Berkeley has a Center on Non-Profit Management; the University of Michigan has a long involvement with publications and research on managing human services organizations. And of course management literature and practice offers rich sources of approaches for the development of strategic plans.

**Recommendation:** DDS should engage in the development of a strategic framework and plan that includes key stakeholders in the development and incorporates the many activities already underway that are a part of strategic planning.

## **B. Quality Management Plan**

Clearly DDS has a commitment to quality in the supports and services provided to individuals with developmental disabilities. The Division has a quality management position and multiple staff engages in activities that promote and enhance the quality and outcomes of the Division—from records reviews to individual evaluations. But the Division could benefit from a quality management plan that flows from the strategic framework which provides the guiding principles of the systems as well as specific goals and objectives. The quality management plan then describes what measures DDS will use to understand if they are achieving the outcomes dictated by the strategic framework and plan. As noted by one manager, rather than an annual audit that looks back, the DDS needs on-going reviews of quality and outcomes, including record reviews that aren't just retrospective. And this quality management approach must be grounded in state expectations but with the ability to tailor sections to local needs.

There are many good examples of quality management approaches. States use the Center for Medicare and Medicaid Services (CMS) Quality Toolkit and Quality Framework as a starting place since so many individuals are served through the Medicaid Home and Community-Based Services waivers.<sup>4</sup> Others have used outcome-based approaches such as the Kansas Quality of Life approach. Some systems use the Core Indicators which include data collection on system performance (including case management) and individual interviews with consumers and families to assess system performance. The Core Indicators are used by 22 states and several localities to assess system performance.<sup>5</sup> There are many other tools and approaches—and surely DDS has a number of these in use today—that can offer a means to know where the organization is succeeding and identify the areas for targeted improvements.

<sup>4</sup> By December, 2006, a Web site will be available that provides states quality management plans for review. Check [www.nasddds.org](http://www.nasddds.org) for these materials.

<sup>5</sup> Information on the CMS Quality Initiatives can be found at:

[http://www.cms.hhs.gov/HCBS/02\\_QualityToolkit.asp#TopOfPage](http://www.cms.hhs.gov/HCBS/02_QualityToolkit.asp#TopOfPage); Core Indicators is at: <http://www.hsri.org/nci/>



**Recommendation:** As a critical piece of the strategic planning effort, DDS should develop an overall quality management plan that advances the goals and objectives articulated by the framework and plan that can be tested against the stated values and guiding principles articulated in the strategic framework. DDS has dedicated a position to quality management which is a very positive step.

### C. Overall Agency Culture

In the 160 pages of notes taken from the interviews with staff, five individuals made explicit comments that a positive aspect of the work was the individuals they serve. One case manager actually focused almost the entire interview on concerns about serving the assigned caseload. Case managers did mention concerns about what their role is with not in service individuals—and those with children's caseloads noted a lack of resources for serving that population. And there were comments about various policies and rules getting in the way of working with clients. Individuals noted that the focus on "billables" did detract from the focus on working with individuals, thus indicating their concern about the individuals they support. While consumers were not the focus of the review, it was surprising that only five individuals spontaneously and specifically indicated that the work with individuals and families is a positive part of the job. Perhaps this is a given. Or perhaps the lack of focus on individuals with disabilities may be because the introduction to the interviews stressed that the intent of the review was to look at how the DDS is functioning—but every person was given the opportunity to talk about the positives of their job, and only a few people expressly mentioned the contact and work with individuals they support as a positive. This may mean that the internal issues within the organization are diminishing and getting in the way of staff capacity to focus on the intent and outcomes of their work.

Management voiced concerns about the lack of and/or resistance to person-centered focus on behalf of some case managers. A recent training event served to highlight this concern. An internationally respected, highly sought after trainer did a presentation on person-centered planning with the full consent and cooperation of a family and their child. They engaged in the planning process in the presence of those attending the training which at times was very personal and upsetting for the family—not unusual when dealing with sensitive and challenging issues. The trainer has used this method with great success throughout the country—it is way to model the approaches and skills needed for person-centered planning in "real time." She is well-known to families and highly respected—that is why families agree to participate—and the trainer makes it very clear that the family can withdraw at any point. The trainer is known as highly sensitive to family needs—this is why families trust her enough to engage in the planning process in a training session. Surprisingly the session received many negative comments, some very cynical, others highly critical of the approach. Usually she is received with highest praise and serves to inspire and motivate people (some individuals attending the training did have this reaction)—but there were many negative comments that are disturbing since they are so out of sync with the reactions of case managers and other attendees around the nation. In another instance, at a provider meeting, one provider noted that the majority of case managers are, "probably good, but some don't see the importance of having the client at the ISP." While there may be occasions when an individual does not attend the planning meeting about his or her own life, a central practice of person-centered planning is the presence and participation of the person ("Nothing about me without me" is the rallying cry of self-advocates). And even in instances when the individual may have limited capacity to follow the discussion, having the person present is a means to focus attention on the individual and remind

participants of the intent of the meetings. Another provider indicated that case managers were unwilling to have ISP meetings after 2 PM in order to accommodate individuals who have jobs in the community and would have to take time away from work.

When asked about DDS mission or values statements, only a few staff indicated that they thought there was such a document, “something on the Web”. Staff generally was not familiar with any materials articulating DDS values and mission. That is not to say that staff do not understand their work nor the values and attitudes that guide the field of developmental disabilities, but they were unaware of any official framework or source of guidance for their work other than the OARs. And given the concerns voiced throughout the organization about individuals coming into DDS without a developmental disabilities background, the lack of these types of guiding statements can add to difficulties of effectively integrating individuals into the field of developmental disabilities and DDS.

Most people come to human services work because of a passion and commitment to public service and to serving others. And this likely is true for the employees of Multnomah County. The work itself is draining and challenging—and the perceptions voiced by staff and management regarding the current work environment add pressure to what is already a challenging job. It is easy to lose the inherent value and importance of what case managers—and all staff do—in the day-to-day challenges and difficulties within the workplace.

DDS staff needs time and opportunities to connect with the intent and heart of the work they do—this includes time for, as one staff member said, “Celebrating successes and grieving losses together.” In concert with other activities (such as the development of a strategic framework and plan discussed below) DDS needs to engage in a process of reconnecting to the purpose of the work and the people with disabilities who benefit from the work. Some organizations—either through team meetings or other staff meetings—hold aside time in every meeting to share successes and/or share situations that were difficult. In one agency, staff takes time to write short stories of their experiences and every other month they share these. One manager reports that in their team they routinely take time to review successes. While the storytelling sounds “hokey” at first, some staff have found that it is very powerful—and the agency that started this published a book of these stories. Getting support and feedback on the actual work—not just policies and procedures—goes a long way toward keeping folks in touch with why they choose this work in the first place. Like the strategic plan, this type of effort may work better if guided by individuals who have a deep understanding through personal experiences as case managers for individuals with developmental disabilities. It may be worthwhile to ask staff if there are individuals they respect and trust who could guide and model way to reconnect to the heart of their work.<sup>6</sup> In other organizations, staff routinely has opportunities for regular “values-based” training, often provided by consumers and families themselves.

**Recommendation:** DDS staff may benefit from some opportunities of their choosing to reconnect with the “soul of the work.” Working on the strategic framework, including an iteration of agency mission and values can help in refocusing the organization on outcomes for the individuals served.

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<sup>6</sup> For example, Dennis Harkins of “A Better Way”, Dave Petoniak, Chris Heimerl, Michael Smull, Gail Jacobs are just a few of the trainers who are highly respected and skilled in assisting individuals to recognize and connect to what is positive and satisfying about the work case managers do.

## **D. The Audit**

### **1. Audit Effect on Organizational Climate and Culture**

A dominant theme, as all of DDS is aware, is the continuing negative fallout from the audit. Nineteen individuals expressly mentioned the audit and twenty-five individuals mentioned issues in the work "climate" that have roots in the audit. Personnel from every segment of DDS—from support staff, to new staff, to managers—mentioned the continuing reverberations of the audit. This section focuses mainly on the interpersonal/cultural/emotional climate that seems to have arisen from events that came after the audit. Arguably there are issues about DDS culture that led to the problems discovered through the audit. The audit has really become a "buzz word" for noting a variety of issues within the organization. Later sections focus on specific policies or procedures e.g., increased accountability for documenting billables, in-house day, that were outgrowths of the audit findings that continue to be sticking points with some staff. In a sense the policies and procedures are more easily "fixable"—but the apparent dip in morale and loss of collegiality and respect among staff and between supervisors and staff lingers and is not as amenable to straightforward changes in policy.

To be frank, there are some divisions in the opinions of staff regarding the audit. There is a group of individuals who were directly affected by the audit; their work life changed dramatically after the audit, and in many ways in their assessment, not for the better. Their experiences continue to affect their perceptions of the current workplace but the disaffection and distress and continued upset around these past issues also affect others who were not at DDS at the time of audit.

Some individuals experienced personnel actions as they were unable to come into compliance with the billing and documentation requirements. According to management most of these actions were handled well but admittedly a few were not handled well. And on the face of it, to the case management staff, it appears to case managers that managers did not receive the same level of reprimands or changes to their work as line staff did for the failures cited in the audit. The discussion of personnel actions is a difficult area since these actions of course must be confidential, so measures that were not obviously visible to staff cannot be known. But there is the perception--correct or incorrect—that line staff more obviously experienced personnel actions. These experiences have exacerbated divisions between staff and management and among staff as well. Staff even noted divisions within their own ranks—the "lunch bunch", those intensively involved with the union, the "newbies", the individuals that have "bumped" in from other units.

The newer staff who was not present for the audit did not express the same level of distress with their current jobs, although they too have concerns and many suggestions as to how to improve the workplace and their jobs. But there is not as much tension and upset around some of the "fallout" from the audit such as increased emphasis on assuring the documentation of billable contacts, or as strained a relationship between staff and supervisors (although again new staff had concerns described in sections below). Some of the newer case management staff, those from units not affected by the audit, and other managers and other administrative staff voiced impatience with the continuing focus of their colleagues on the audit. While they concur that it was obviously a damaging event, it was three years ago and now, with new management and new opportunities, it is "time to move on." Staff that expressed satisfaction with their work indicated some impatience and

annoyance at the continued focus on the audit by some of their colleagues as this affects their work—and creates divisions among staff.

There are a considerable amount of unresolved concerns that relate to the audit (and likely have their roots much earlier) that go beyond making specific changes to the policies and procedures that resulted from the audit. The organization—and some individuals in particular—need some avenues and methods to put the fallout from the audit to rest. Clearly one of the avenues is to make improvements in policies and procedures that resulted from the audit—but without a concerted effort to improve the collegiality, and improve the respect among staff and management, the organization as a whole continues to feel the effects of past events. In any organization there are always disaffected individuals. And in every organization there are issues and policies that are upsetting and annoying. But the numbers of comments about the audit (and related policies and events) at least from an outside observer's view seem to give weight to dealing with this event.

Just redesigning the organizational chart or changing the scope of job duties does not address the organizational culture. Organizational culture is a tricky area. It is absolutely true that employees are paid a wage to do a job—and they just need to do it. But their capacity to do the job and their effectiveness in doing so can be enhanced or eroded by how the organization functions among colleagues and between management and staff. There is an enormous body management literature on organizational culture. A simple Google search on the words turns up thousands of references. And a recurring theme is that organizational culture is a critical factor in organizational change. As one management consulting firm noted,

“The underlying causes of many companies' problems are not in the structure, CEO, or staff; they are in the social structure and culture. Because people working in different cultures act and perform differently, changing the culture can allow everyone to perform more effectively and constructively.”<sup>7</sup>

Edgar Schein, an MIT professor has done extensive work on the impact of organizational culture on the effectiveness of organizations (including the military) reminds managers that,

” Don't label culture as solely a human resources (read "touchy-feely") aspect of an organization, affecting only its human side. The impact of culture goes far beyond the human side of the organization to affect and influence its basic mission and goals.”

The group of most affected individuals continues to put current actions in the context of their past experiences. And although many of these same individuals note marked improvements under the new director, they are not as yet fully assured that the perceived missteps and mistakes of the past will be not repeated. These past events color perceptions of current activities, whether or not they really are similar. A degree of mistrust and cynicism has come into the interrelationships that make it difficult to clearly assess decisions and actions, both from managers and staff. And this focus on past events affects the perceptions of newer case managers. Some have adopted the view of those who directly experienced the audit, while others do not seem affected and express satisfaction with their job. And some staff have expressed the desire to “move on” beyond the effects of these past events.

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<sup>7</sup>“Organizational Culture”, Toolpack Consulting, 2001-2005, <http://www.toolpack.com/culture.html>

And adding to the mix of issues engendered by the audit is a marked lack of collegiality among some case managers (and not necessarily related to anything from the audit). Case managers with long service in developmental disabilities dismiss other case managers who come to DDS with extensive years of service in related disciplines. As an example, a case manager with more than a decade of mental health case management indicated that skills and knowledge acquired in that work are not valued by peers; the knowledge and experience the person brings is not recognized because it is "not DD." (Some of these issues are addressed in the staff training section.) This dismissive attitude does not build strong teamwork and does not honor the knowledge individuals bring from other disciplines—knowledge that could be of great use, particularly since DDS serves many individuals with co-occurring disabilities, including mental health needs. (And as noted later, this same issue occurs with respect to supervisors.) DDS needs to focus on what additional knowledge or skills are needed by case managers entering the Division and through focused training and support establish those skills. This issue is addressed in more detail in a later section.

DDS has been taking steps to improve these relationships. The Barriers Committee is a positive step to airing and addressing staff concerns. Staff have been given information about the fiscal picture in the county, and have been informed in a more timely manner of personnel issues, such as layoffs. The open door policy of the new director clearly has made a difference. A renewed focus on training and development can assure that new case managers have a "DD focus" and can bring their other skills and knowledge into play within the context of DDS and build on the skills and knowledge individuals bring from past work history.

These are positive steps but resentments and disgruntlement still linger. While every organization has individuals who do not get along and every organization has tension between line staff and management, the intensity of these disjunctions seem to be affecting the capacity of DDS to work well. That is not to say that everyone has to be "best friends". There is no requirement that individuals within an organization "like" each other. In fact, given the size of DDS that is an impossibility. Joining a large organization is like joining a large family—you don't necessarily like the in-laws. What is critical is that the interpersonal culture not erode the capacity of the organization to function properly and effectively and make best use of its human resources.

Perhaps DDS may want to take some guidance from the recovery movement which aims to "rediscover meaning and purpose after a series of catastrophic events."<sup>8</sup> Earlier the suggestion that staff have opportunities to reconnect with what brought them to the work they do in the first place might be a starting place—but it may not be enough. Taking a chapter from much more dramatic events, a step toward resolving these lingering resentments and moving forward could be taken from the South African "Truth and Reconciliation" approach. While surely the seriousness of the issues in South African are not those of DDS, the approach to putting past events in the past is instructive. In this approach, individuals have the opportunity to speak freely without any hint of retribution. The first step is "amnesty"—allowing the telling of the events that people believe are harmful without any fear of retribution. The second step is putting together a plan to prevent the same types of events from occurring again—the strategic framework and planning process, the Barriers Committee planning, the quality management plans, restructuring caseloads, changes to policies, opportunities

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<sup>8</sup> This is the definition used by Pat Deegan, a consumer and advocate in the mental health community, , quoted in, "Recovery Movement Gains Influence In Mental Health Programs", Kate Mulligan, *Psychiatric News* January 3, 2003, Volume 38 Number 1

for rebuilding interpersonal relations and commitment to the mission of the organization, training, are all part of this. The end result of the process is to account for past problems, put an end to them, prevent recurrences and institute a new order that allows the organization to move forward. Fundamentally the point of the process is to fully acknowledge the mistakes that were made by staff and management, to recognize that there is no going backward, and, to succeed, amnesty is key to allow the organization to move forward. If people are serious about and committed to creating a better workplace—a place people enjoy showing up to every day—then they must also be willing to engage in the processes needed to make improvements to organizational climate and culture.

**Recommendation:** To move forward, Multnomah County staff and management need to engage in a process to put the interpersonal and emotional effects of the audit to rest and to create a collegial atmosphere that focuses on supporting individuals with disabilities as the first order of business.<sup>9</sup> Certainly changes in policies and procedures can ease some of the effects of the audit, but work on the development of a more collegial atmosphere can help DSS move forward. .

## **2. Audit-related policies**

This section addresses a few of the policies and procedures that were a result of the audit that staff noted may have outlived their usefulness, may no longer have the intended result or have unintended or upsetting consequences that continue to reverberate. Some policies are legacies of the audit and merit review to assure that they still are appropriate and productive and/or are understood by staff, while others are absolute requirements that will not go away.

### **a. Billables**

Case management services under the Medicaid State plan targeted case management option are paid for in a monthly “unit” of service. The state has set a unit rate reimbursement methodology that is uniform throughout the state and based on an average caseload and cost per unit. There is no geographic factor or other factors that “correct” for differences in the costs of doing business from one part of the state to another. This disadvantages some counties with higher costs while others gain since their cost of doing business may be less than the unit rate.

In Multnomah County the unit rate does not cover the cost of paying for case management, thus the county supplements the revenues from the state with local dollars in order to cover salary, benefits and administrative costs of the case management units. Later sections of the report (Fiscal and Union Issues, State Oversight and Support) delve into this issue in more depth. Suffice to say that because Multnomah costs are not covered by the unit rate reimbursement, it is absolutely critical that Multnomah bills for the fullest amount possible from state/federal revenues to offset local costs, which puts pressure on case managers to make their billable targets.

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<sup>9</sup> As with other recommendations, there are many fine resources regarding improving workplace relationships which DDS may be aware of. Some resources are: The Association for Conflict Resolution at: <http://acrn.org/> The Center for Human Services at UC Davis: <http://humanservices.ucdavis.edu/Professional/>; the United States Institute of Peace at: <http://www.usip.org/library/truth.html> as well as many other individual practitioners with experience in organizational development and conflict management.

In order to “earn” the state revenues made available for case management services in Multnomah County, case managers must make 50 contacts per month—or 600 contacts over a year. In order to earn the reimbursement for the unit of service, the case manager must make a contact with a Medicaid-eligible individual. A “billable” contact is defined as documentation that demonstrates:

1. At least one contact in a month outlining targeted case management or administrative function(s) appropriate to the planned services and needs of the customer.
2. Information that outlines how the contact with the consumer promotes the outcomes sought in any planned agreement.

Documenting billable contacts was a requirement before and after the audit—but the audit shifted more attention to assuring that case managers accurately documented their contacts and did so in a timely manner. Based on the audit findings it appeared that documentation requirements were not enforced across the board, thus the focus on assuring billable documentation was a significant change. The activities that “count” as billables clearly fall within the routine responsibilities of the case manager but the pressure to “make” and document the required number, for some staff, feels onerous. Three staff expressly indicated that billables were not a problem and twelve case managers did not mention the issue. Staff interviewed in a neighboring county did not seem to have as much difficulty accepting the same requirement—they saw it as routine. When interviewed their staff noted, “I hear it’s a struggle but I don’t hear that it’s a problem. It’s accepted its part of the job.”

Among the case managers, fourteen individuals expressly had concerns about meeting billables and effects of billables on their work. Staff reports that the billable pressure feels artificial in that it requires that staff make contacts that may or may not be necessary, since each billable must be for a different consumer. The billable requirement does affect the individualization of contacts in that it obliges case managers to make contacts that, although useful, may not be completely necessary given the support systems and stability and quality of services the person has. But surely consumers and families do derive benefit from these contacts even if they are not triggered by problems or required monitoring reviews. For individuals in group settings, case managers can make multiple contacts throughout the course of one visit, again easing the time and effort needed to make contacts. Multnomah County has made efforts to give case managers tools to make their documentation requirements easier. Case managers have laptops that are enabled to access their server through wireless and thus can do case notes while in the field. Surprisingly some case manager report they don’t use the laptops and a few indicated they really don’t know how—and do not wish to use the computer.

The pressure to make the billables is unlikely to go away in the near-term. The state has set up the reimbursement on this model—which is similar to 33 other states with the same type of monthly billable contact requirements. And presently some states are in negotiations with the federal Medicaid agency regarding the monthly unit with CMS pressuring states to use a 15 minute increment, which would be even more onerous than the present documentation. The documentation of the billables should get easier now that everyone has access to the Web-based case notes system that automatically keeps a running tally. While it is unlikely that there is a single solution that makes the billable issue go away, there are several issues around billables that add to the difficulty in meeting the requirement such as planning for vacation, the cost of providing case management in

Multnomah County and caseload size. Discussion of the costs of case management in Multnomah County and caseload size issues appear later in the report.

**Recommendation:** Staff needs a reminder that all case managers around the state (and in the 33 other states who have similar reporting systems) have similar pressure to make the billables. The revenues are critical to every county in order to provide case management and the standard for earning billables is similar throughout the state. Other neither case managers around the state do not seem to have as much difficulty with nor resistance to the billables. In a neighboring county with exactly the same pressures, case managers just see billables as a requirement of the job, not a source of contention. Twelve of the DDS case managers did not even mention the billables and as noted above three expressly indicated that billables were not a problem for them. It may be worthwhile for case managers to connect with their peers in other counties to get ideas about how to make the documentation processes easier or to strategize on ways to make the billables more “connected” to the person. And as the many good suggestions from the Barriers Committee noted, Multnomah County can do more to ease the paperwork burdens and streamline reporting and documentation through information technology solutions that will also make it easier for case managers to fulfill the billables requirement.

**Recommendation:** Computer literacy and use must be an established requirement of case managers’ jobs. In today’s work world there are very few professional jobs that do not require computer literacy and use. It is no longer a choice in today’s work world.

#### **b. Vacation**

Among the case managers, nine individuals expressly noted concerns about the impact of the billable requirement on vacations. In order to take vacations staff must still meet the billable requirements, that is they have to assure that they have met the 50 billables per month requirement in order to take their vacations. Staff report that this can be very challenging—it forces them to make many contacts in a short period—either before or after their vacation or try and squeeze “extra” billables into each month.. Securing the needed number of billables can be challenging particularly if unexpected crises limit the capacity to assure enough billables in the time period before and/or after vacation. Management has indicated that if vacations are properly planned the billable requirement should not be a problem. Individuals reported that they end up not taking vacations for fear of not meeting billables, and thus they lose their vacation time. Management does report that no one has been denied vacation and managers do work closely with staff to assure a plan to cover the billable documentation needed to assure vacation time is covered. But staff does perceive this pressure as problematic. While there are individuals who do not feel the pressure of making billables, staff indicated the billable/vacation issue was upsetting.

**Recommendation:** Staff and management perhaps can work together need to work together to find a collective solution to the billable vacation issue. Perhaps teams could work together to “pool” billable contacts in order to make the number needed by the county to “earn” the state and federal revenues. Creating a pool of vacation billables could be a way to build team relationships, where everyone shares the problem *and* the reward of making the billables needed to assure everyone has a vacation. *This does NOT mean that individual performance on billables would again become public (as had happened in the past),* but managers would work with each individual to assist the whole team in making a collective target that would allow vacation coverage. Staff may have other creative



solutions to this issue—and since it is an upsetting and annoying problem, making a good faith effort to find a solution might be of some help in rebuilding staff and management relationships.

### **c. In-Office Day**

The author was given to understand that the in-office day was instituted after the audit for purposes of providing training and for people to catch up on paperwork, including their billable documentation. Because staff spends much of their day in the field, the in-office day provides time to catch up on paperwork and assure that the billables are documented. While well-intended, three years after the audit, the requirement of an in-office day for every employee every Thursday may have outlived its usefulness for all employees. Thirteen employees reported concerns about the in-office day and meetings, noting that the in-office day gets eaten up by meetings—all-staff, team meetings and trainings (more about this later), so it isn't useful as a day for paperwork anyway.

Additionally, a couple of staff reported that they understand that the in-office day has an unintended consequence of constraining the opportunity for flex time. They indicated that it is their understanding that only employees who had flex time before the institution of the in-office day are allowed this option. Staff indicated they believed that they cannot have flex time because with the in-office day requirement, there would not be enough time for field work, thus no new employees have been permitted the flex time option.

**Recommendation:** Management should reevaluate the requirement for a weekly in-office day. While it may be a useful tool for employees who are having difficulty managing their documentation requirements, the full in-office day may no longer function as originally intended. Lifting this requirement—in concert with reevaluating staff meetings discussed below—may allow for more flexibility for case managers and managers in scheduling and overall use of their time. But this does mean that supervisors of course must continue to exercise their authority to assure that individual case managers are making their billable targets and enforcing the use of the in-office day for those individuals who are having difficulty. As a means to clear up confusion, management may wish to review the basis for current flex time policies with staff

### **d. Changed role of case managers**

The issue of the nature of the relationship between case managers and the individuals they support was raised by case managers and supervisors alike. In addition to the institution of new policies and the other disruptions caused by the audit, staff reports a significant change in how managers expect them to carry out their work. Six of the case managers noted that they have been told, “We don't do social work.” This issue was mentioned by most of the supervisors and managers as well. The term social work has become a “hot button”—shorthand for the changes in the roles of case managers since the audit.

Case management is one of the many professions that have roots in traditional social work begun in the late 19<sup>th</sup> century to assist low income individuals and immigrants to make their way into American society. But social work has evolved to encompass far more complexity and specialization, from providing therapy to individuals with mental health and substance abuse to family counseling to assisting individuals to gain access to needed benefits. Social work training and skills clearly provide an excellent foundation for today's case managers—but today social work

and case management have also diverged. Today, social work more typically refers to a direct service—counseling, therapy, individuals support and intervention, whereas case management is a broader service that connects people to resources—such as individual counseling—rather than being the source of the direct, individual counseling service.<sup>10</sup>

Federal Medicaid regulation further establishes the divergence of direct services and case management. Under the federal Medicaid program (the source of financing for case management in Oregon and every other state); the regulations are very clear that case management is *not* a “direct service.” Fundamental to understanding what the Centers for Medicare and Medicaid Services (CMS), the federal agency overseeing the Medicaid program, considers reimbursable under the optional State plan benefit called Targeted Case Management (TCM) is the expressed statutory intent of the service. CMS has repeatedly stated in several regional and State Medicaid Director Letters that case management does not include direct services. Beginning with a 1993 interpretative letter, CMS declares that “...payment for case management is dictated by the nature of the activity and the purpose for which the activity is performed.”<sup>11</sup> The CMS letter reiterates that targeted case management is intended to, “assist Medicaid recipients in gaining access to needed...services.”

In determining whether or not an activity can be claimed under TCM, CMS “tests” the activity against this standard. CMS also makes a distinction between offering assistance in aiding an individual in gaining access to a service and providing a “direct service”, noting that: “Targeted case management does not include payment for the cost of the specific services needed by the individual.” Again, this position is solidified by the provisions of Section 1015(g)(2)(iii) of the Act as added by the Deficit Reduction Act of 2005, which states in part that the term case management services “... *does not include the direct delivery of an underlying medical, educational, social or other service to which an eligible individual is referred ...*”. The federal regulations as to what is reimbursable as case management are further defined under Section 1915(g) of the Act, reading:

(A) (i) The term “case management services” means services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services.

The CMS letter cited earlier reinforces the prohibition on direct services saying, “CMS again cautions that the intent of these services is germane to whether or not they are allowable under Medicaid, noting that “... educating recipients in skills other than accessing services would not be an acceptable targeted case management activity.” CMS has reinforced the distinction of what constitutes a “direct” service versus what is case management in the prohibitions included in the HCBS waiver application instructions regarding Medicaid funded case management noting, “The scope of case management services may not include activities/services that constitute the provision of direct services to the participant that normally are covered as distinct services...When case managers furnish direct services, the costs of the services must be billed to the appropriate service coverage.”<sup>12</sup> Thus clinical services such as counseling, family counseling and other therapies

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<sup>10</sup> Please note that some of the following section appeared in a similar form in a publication by the author of this report, “Medicaid and Case Management for Persons with Developmental Disabilities: Options, Practice, Issues, Second Edition, NASDDDS, 2006”.

<sup>11</sup> Letter from Rozann Abato, Acting Director, Medicaid Bureau to Dallas Regional Office Administrator, dated May 14, 1993

<sup>12</sup> Application for a 1915(c) HCBS Waiver [Version 3.3], Instructions, Technical and Guide Review Criteria,

otherwise billable to Medicaid under other service titles, are not a covered service under the rubric of case management. Again, this is not to say that social work and other clinical skills do not help case managers do their jobs just that individual or group counseling and/or therapy are not billable services under Medicaid financed case management.

Based on reviews of approved State plan amendments from around the country, it appears that the following types of services are allowable under Medicaid funded case management services.<sup>13</sup>:

- ✓ The development of service plans and support strategies for individuals, including case manager involvement in the activities of traditional “interdisciplinary teams” or more contemporary “person-centered” planning approaches. This activity includes serving as a convener and facilitator of planning sessions or participating in an individual’s circle of support;
- ✓ Gathering information about consumers in order to better identify the services and supports that would be useful for them;
- ✓ Seeking to connect individuals to “generic” sources of community services and supports. Examples include linking individuals to community housing agencies, connecting people with self-advocacy groups, identifying possible community resources such as recreation or religious programs;
- ✓ Identifying other public benefit programs that might furnish assistance to the person and arranging for the individual to apply for or enroll in such programs;
- ✓ Active monitoring of the services and supports being furnished to an individual;
- ✓ Aiding the person to resolve disputes with service providers;
- ✓ Active listening to identify when changes in supports might be appropriate;
- ✓ Helping to identify other Medicaid services that might benefit the individual and arranging for their provision;
- ✓ Serving as a point of contact when emergencies arise and arranging for the services that are needed to resolve the emergency;
- ✓ Linking the person to protective services when abuse or neglect is suspected;
- ✓ Working actively with support agencies to improve the services that individuals are receiving; and,
- ✓ Collaborating with the individual’s family in identifying ways to support the person.

In reading through this list, it is apparent that approved, allowable activities under Medicaid do not include the individual (or group or family) direct counseling, training or educational services performed by social workers who bill their services under Medicaid. CMS very clearly makes a distinction between direct services and case management which profoundly affects what is an allowable, billable service. This in turn affects the activities that Multnomah County can claim as allowable for reimbursement. It seems that this distinction got translated as “we don’t do social work” which has the unintended effect of negating and devaluing the education and skills of some case managers. Social work skills clearly relate to case management since social work degrees are highly valued as good training for case management, but social work and case management no longer are synonymous. Case management is no longer direct case work—“social work”—with

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November 2005, Core Services Definitions, page 129.

<sup>13</sup> Cooper, Robin, “Medicaid and Case Management for Persons with Developmental Disabilities: Options, Practice, Issues, Second Edition, NASDDDS, 2006, p.38.

individuals and families. Case management is a service that helps link individuals to direct services and assures that the outcomes and quality of those direct services are good.

**Recommendation:** Management may wish to clarify again what is meant by “we don’t do social work” and assist case managers to move into the new roles, while honoring their skills and abilities that are based in social work training and competencies. The distinction is that in the role of case manager, the social work skills are not used for counseling or other direct therapeutic interventions, but for evaluating and assisting individuals to get the support—including counseling—that they need. For those who wish to serve in a more direct capacity, a move into clinical practice might be more satisfying. This topic might be a rich source of discussion for a training event that looks at the interrelationships of traditional social work skills and the demands of case management as defined and proscribed under Medicaid funding.

Certainly personal relationships with the individuals served are a basis for trust and allow case managers to support individuals. One of the rewards of the work is the relationships case managers—and any of us—establish with those we serve and support. And it is a disservice to individuals with disabilities who experience frequent change in their lives, to deny the opportunity, when possible, for stable relationships that exist over time. Case managers personally are not fully “interchangeable”, particularly to the individuals whom they have supported for many years. Their *skills* should be interchangeable—meaning case managers all command the same general skill set. It is correct that the case management/client relationship does not rely on the personal relationship *as much* as other direct services, but it would be an overstatement to say that changing case managers has or should have *no* effect on the case manager and the individual served. Case managers, given the scope of their responsibilities and the nature of the work, cannot and should not be present in individuals’ lives in the same way direct services staff can. Case managers cannot provide the level of support that should rightfully come from those who work with and support the individual every day.

Caseload changes are often necessary for administrative and other reasons and are fully at the discretion of management. But these changes do affect both the case manager and the person supported (and providers too)—particularly if the relationship has been longstanding. It would improve the relationships among managers and case managers if when making these necessary transitions the effects on both the case managers and individual with disabilities were noted and assistance provided to both the case manager and the individual involved to make the transitions when changes in caseloads must occur.

*This is NOT to say that case managers should be deeply socially and/or emotionally involved in the lives of the individuals they support—case managers are not substitutes for family, friends or intimate relationships.* In fact, it is the role of case managers to assure that the direct services individuals receive are a means to connect them to their communities, to make friends and establish social relationships, not be the source of those relationships. Case managers cannot do this because they do not have the time to provide this level of involvement, secondly it is inherently “unfair”, and finally may compromise their ability to make honest assessments of the person and their needs.

There will always be individuals for whom we feel a personal affection or connection—how can a case manager choose? In those rare and very special circumstances where a case manager makes a personal connection that goes beyond the bounds of the professional relationship, an alternative is to

ask to have another case manager support the individual—thus opening the way for the former case manager to enter into a personal relationship that otherwise falls outside of the bounds of a professional relationship. And although one hopes we derive satisfaction from our work, we cannot rely on personal relationships with clients to substitute for relationships in our own lives.

**Recommendation:** Managers could be more alert to the long-standing relationships established between individuals and case managers—but case managers also must establish appropriate relationships with their clients that do not substitute for other intimate, personal relationships. And case managers must respect management decisions to transfer cases that advance the overall goals of the organization. Assessing the appropriateness of these relationships is a supervisory issue as to when the relationship oversteps or interferes with the professional role. Much like the changing role of case management due to the external requirements (CMS and the state), the issue of boundaries and the extent of the professional relationship may be a good discussion topic.

## **E. Personnel Performance and Interrelationship Issues**

### **1. Management Team**

#### **a. Establishing Supervisory Authority**

In an article about best practices in providing quality services to individuals with co-occurring disabilities the authors made the following observation about management:

“Effective system is characterized by: (a) unambiguous leadership; (b) the presence of clear lines of authority and responsibility, and, (c) the presence of operational protocols that assure decision-makers have the autonomy, support and back-up they need to make key program decisions without unnecessary administrative review and approval.”<sup>14</sup>

Although the overall theme from those interviewed is that “things are better than they were”, concerns were raised about the performance of both top and middle management, by both staff and management alike. While the director received many kudos, individuals noted that too much relies on the director. Some sentiment was expressed that she took on tasks and situations that should be solved by supervisors--which the director has to “manage down” rather than “manage up.” The director should rely on supervisors to carry forward the daily work, allowing the director to relate more to upper management, either carrying out the overall administration’s policies or trying to influence those policies from the perspective of the needs of her division, staff and the individuals they serve. While the open door policy is admirable, it also gives a message that staff can come directly to the director without going through their own supervisors. Thus, the director may be dealing with problems and solving situations that really should not come to the director’s office, undermining the authority of supervisors and the establishment of the appropriate lines of authority. Additionally, relying on the director too heavily to solve supervisory problems actually erodes the authority of managers and allows staff to sidestep their managers and does not give supervisors the

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<sup>14</sup> Moseley, Chas, EdD, “*Getting a Life: Findings and Recommendations from the NASDDDS Invitational Symposium on State Strategies for Supporting Individuals with Co-occurring Disabilities*”, November, 2004, p.16.

opportunities to exercise their management skills. Reiterating the lines of authority with supervisors and making these well known to staff will further empower supervisors to exercise their rightful authority in managing their staff.

**Recommendation:** The director in concert with supervisors need to lay out the parameters of what issues and problems should be solved at the supervisory, not the upper management level. The director needs to “model” the type of problem-solving skills needed by supervisors and work in concert with them to make decisions—staff should be discouraged from bringing issues to the director unless the issue has not been first been resolved at the supervisory level. If the issues cannot be resolved, then the supervisor and the staff person should approach the director in order to assure supervisor’s role and authority in problem-solving

There are a variety of reasons why supervisors have difficulty establishing their authority—much of it influenced by issues in the organizational culture. Some of the disrespect was exacerbated through the audit “fallout”—and kept going by discontented employees.

But it does seem that staff does not understand the roles and responsibilities of their supervisors. As with many of the comments received in the interviews, they are the perceptions of individuals, not necessarily “facts”. But these perceptions unfortunately have powerful negative effects on staff morale, understanding and behavior and to the faulty idea that the managers really aren’t necessary since their job is not understood by staff. Staff remarked that managers are often gone in meetings but they have no idea what they are meeting about and why they have to gone so much. *Obviously staff cannot and should not be privy to the content of management meetings.* Managers do not “report” to their staff. Staff does need reminders that there are lines of authority and supervisors have the right to impose requirements and make personnel decisions. Personnel issues which must remain confidential and division policies not ready for public dissemination surely occupy management time. But it may be helpful for managers to routinely (and briefly) discuss the kinds of issues they are dealing with in their meetings in order to assure staff that the time spent in these meetings has benefit to everyone’s work. This is not to say that managers need to explain their time commitments to staff—but a bit more transparency as to the scope of responsibilities of supervisors beyond the direct supervision of the unit staff may be worthwhile. And as DDS develops the quality management plan, staff will grow in their understanding of why and how their work is evaluated and against what benchmarks. Management is correct in the statement they not only have the right, but the responsibility to review case manager performance which is obviously critical for the individuals served and the performance of the organization as a whole.

**Recommendation:** As a routine matter, supervisors could very briefly go over their own meeting schedule with staff at weekly team meetings, letting them know, when appropriate, the kinds of issues they are working on. This might be one more small step in easing management/staff relations. Work on a strategic plan and quality management plan should also help staff and managers to establish the lines of authority and the expectations for performance.

#### **b. Management Performance Expectations**

Both staff and management noted that supervisors seem to have very flexible schedules. It appears that managers do not have to keep business hours—some are allowed to come into the office quite late in the morning, while others are permitted to flex their schedules to leave early every day. At

times, this apparently leaves the division without supervisors available. (This leads to staff coming into the director's office late in the day since she may be the only manager available.) While there should be some flexibility in scheduling for supervisors, it is imperative that supervisory staff be available throughout the regular business day which would assure coverage and help erase the perception that supervisors are accorded special treatment that may compromise their availability.

**Recommendation:** Managers may want to collaborate on a schedule by which they assure coverage for the full business day—much like what occurs when there are management meetings or managers are on vacation. A schedule could allow for flexibility in manager work hours, but would assure supervisory coverage for case managers.

In the past, apparently supervisors were given a 360-type evaluation which included feedback from their staff (in addition to their own manager). While these types of evaluations can be very challenging (and distressing at times) for supervisors, they are worthwhile. This type of evaluation must be well-structured so it does not become a field for individual complaints and grievances. One of the ways to build teams and trust is to establish the qualities and competencies that staff value and need from managers—asking them what makes a good manager could be a starting place for crafting the questions for feedback from staff about supervisory performance. The 360 could also include feedback from peers—and of course ALL feedback is anonymous.

**Recommendation:** The division has apparently reinstituted the 360 evaluations to solicit staff input as to what their expectations are from supervisors. The evaluations might be a way to open dialogue about the supervisory needs staff have and give supervisors ideas about where they can provide better support to their staff.

### c. Training

Managers themselves—and their employees-- remarked on the lack of training for new supervisors. Although most managers came to DDS with considerable management experience, they did not receive planned, targeted training on the expectations for DDS managers, nor on the specifics of the responsibilities of their staff. Twenty-eight of the individuals interviewed, including line staff and management, voiced concerns over management skills. There is a perception that at times, some managers have had difficulty establishing their authority. Perceived inconsistency in discipline, gaps in knowledge and lack of teambuilding and facilitation skills can add to the erosion of respect and authority for supervisors. Some of this is related to the perception that supervisors do not command the knowledge base needed to really assist their staff. And to be frank, some complaints are due to endlessly disgruntled individuals who do not believe that any one who has not been a case manager can actually supervise them. As one supervisor noted after four and a half years, "staff still say I am new."

But assuring that new supervisors have needed knowledge will help them establish their credibility and authority. Some staff is adamant that only those who have been a case manager can supervise and really understand the job. Although having done the job of case manager is good background, it is not the only path to an understanding of the job. Background in other human services systems (such as mental health or aging) can form a strong foundation for moving into developmental disabilities if paired with specific training to develop the knowledge needed for the developmental

disabilities systems. And good supervisory skills do translate from one job to another—as evidenced by the respect people have for supervisors who have come from other disciplines.

Certainly some solutions to issues facing the organization are rightly appropriate for all staff. But at times, decisions are made for the entire organization that are really intended to solve issues affecting a few. Sometimes union work rules may constrain the ability to “tailor” solutions to individuals. This is a difficult area where perhaps supervisors may want to additional professional development on the tools they have for handling and making disciplinary and other policy/personnel decisions. Staff and management alike noted inconsistencies in decision-making and in how discipline is handled. And a common complaint was that “solutions” to individual disciplinary and/or performance problems were imposed on everyone. (Again this is perception, not “fact”.) While in one sense this gives the impression of being fair, the many staff who are not experiencing problems receive these policies as punishment for something they did not do. While of course the union work rules and policies do constrain flexibility in setting work rules and expectations, sensitivity to how “blanket” policies are received by staff may remind management to seek alternatives that target the specific issues and individuals, not the entire staff. Managers also feel “hamstrung” by their lack of effective tools for managing individual non-performance. Clearly this is a labor relations issue that lies far outside of the scope of this report, but it has a serious and detrimental impact on supervisory ability to manage personnel issues—and further has an impact on staff, since the inability to deal with individual performance issues leads to group “solutions” that further erode workplace culture and interrelationships.

**Recommendation:** Good training—including opportunities to experience the job first hand—can help bridge the distance between supervisors and staff. While it is not an appropriate use of time for supervisors to have caseloads, occasional trips into the field with staff (as supervisors already do) can be a means to stay close to the difficulties and challenges the case managers face every day, and some supervisors do routinely make field visits. On-going opportunities for professional development of supervisory skills may also be of value to supervisors, particularly in the area of personnel management and disciplinary actions.

**Recommendation:** Much more planned and targeted training needs to be available for supervisors new to DDS. The training should include a sequenced and thorough introduction to DDS when supervisors first join the division. And on-going training opportunities in team-building and management skills might give supervisors opportunities to enhance their skills and develop more consistent approaches to decision-making and discipline.

**Recommendation:** With the current regional case management unit structure it is impossible for any supervisor to have detailed knowledge of the full range of rules, regulations and responsibilities covered by case managers. If the current structure is to continue, it may make sense to identify the supervisors with knowledge in specialty areas who are resource people to all staff. Specialization would reduce the unattainable expectations of some staff that supervisors have to know every detail of the broad scope of staff responsibilities across multiple populations. As DDS reviews how the division is organized, the development of either specialty teams—or at least visible development of supervisors with specialty skills—may have merit. As an example, one supervisor has extensive background in mental health—and individuals do use this expertise.

#### **d. Meetings**



Typically all staff and team meetings are organized and managed by supervisory or other management personnel, thus this topic is included in this section. Eight staff specifically mentioned the all staff meetings as not being as productive as they could be. The meetings are mandatory, yet staff report that the topics covered are often not relevant to certain units or to the caseloads specific case managers carry. There is no question that regularly scheduled mandatory all staff meetings are necessary to transmit new policies, provide training and information that is needed by the staff, and provide a forum for staff to bring forward questions or offer input to management on their work and the organization.

What appears to be at issue is the frequency of the all staff meetings and the content. As an example, a couple of case managers mentioned a staff meeting dedicated to detailed issues around children's services. While other case managers probably should have a cursory knowledge of the children's system (and know where to refer folks), meetings that focus intensively on a sub-set of the general DDS population might best be separated from the all staff. Staff also note that the meetings reduce the time they have available for documentation, since the all staff meetings occur on the required "in-house" day which was to be set aside for documentation of billables.

**Recommendation:** DDS management in conjunction with staff need to set the agenda for all staff meetings that allows for supervisory flexibility in determining who has to attend the full meeting versus those who may more productively use their time elsewhere. Perhaps the initial part of the meeting could be set aside for issues that are relevant to all staff, then a period for items staff have submitted for discussion or review and finally "break-out" sessions that focus on specific issues that subgroups (or specialty teams) of case managers need to know.

A few staff reflected that the team meetings also could be more productive and better managed—but this concern differed by supervisor and/or employee so there was not a clear pattern of concerns about team meetings. As noted above, additional supervisory training on team-building and meeting facilitation for some individuals may make the team meetings more productive. On a positive note, staff reflected that the "newbie" meeting is great and is very worthwhile.

## **2. Case Management Staff**

### **a. Staff Training**

Twenty-two of the individuals interviewed commented on some aspect of the training available to staff and management. A repeated comment was regarding the lack of planned, sequential training for new case managers, although two staff indicated that training for new staff has improved, particularly the "newbie" meeting. The lack of planned training is especially problematic with staff that have little or no background in developmental disabilities, or come into the position with limited background in the field. Although new staff does bring many skills to DDS, some have not had specific background in developmental disabilities and of course no new employee is familiar with

the policies, procedures and demands of a new job. This lack of planned training not only compromises the ability of new staff to perform, it contributes to tensions among staff and managers and among case management staff.

Staff are concerned that management has not provided planned training for new employees. And staff can feel burdened by responsibilities to train their colleagues. The lack of training for new employees contributes (perhaps unfairly) to a lack of collegiality among some case managers when individuals without DD background bump in from other parts of the county organization. These individuals are unfortunately, despite many years of related experience, seen as not having needed "DD focus" by some of their colleagues (Case managers have made the same observation about supervisors as well.) The provision of targeted training might help ease these tensions to a degree, but as noted earlier, an atmosphere that promotes more respect and collegiality would also go a long way to improving the workplace.

The Barriers Committee noted many of the same concerns echoed above. A more specific, planned training and orientation routine that has roles for managers and case managers in training and orienting new employees can be a vehicle to build relationships and integrate new individuals into the organization. Some organizations require intensive values-based training along with training on the technical aspects of the position (policies, procedures, work rules) as a prerequisite to becoming a case manager as a means to orient individuals to the values and attitudes and competencies that underlie the field of developmental disabilities.

**Recommendation:** With input from all levels of staff, DDS should design a formal orientation and training program for new staff. The program should be flexible enough to be tailored for staff that have extensive human services background in other areas (but who need DD specific training) and for those much newer to the field of human services.

As noted above, twenty-two individuals brought up topics around the training available for staff and management. In addition to training for new staff, on-going staff training seems to be a contentious area. In the interviews it was reported that people won't attend mandatory trainings and complain about those that are scheduled yet do not respond when asked to suggest training topics. Reportedly only three individuals responded to the last request for training topics—yet staff complained that the training they get is not good nor what they want. Complaining without offering concrete suggestions when directly asked to do so does nothing to further the learning of any staff and just adds to the negative organizational culture.

As noted earlier in the report, during the period when interviews were being conducted, Connie Lyle O'Brien, nationally recognized and highly sought after trainer came to Oregon to give a training on supporting the person-centered process with a families, yet was not particularly well-received by a number of staff. The training issue is perplexing since staff does not like what is offered yet also have not taken the opportunity to suggest topics and trainers that they feel will assist them in their work. The Barriers Committee identified numerous issues with training and perhaps is a starting place for concrete suggestions as to how to develop training that is useful and interesting to case managers. One way to build commitment to training is to have case managers *voluntarily* present and/or organize training on topics of about which they are knowledgeable.

**Recommendation:** It is difficult to know where to go with the issue of training other than to again find multiple ways to ask staff what topics interest them and what trainers meet their approval. And of course topics suggested by staff need to be balanced with management needs to assure staff have knowledge of policies, procedures or skills needed to perform the day-to-day work. Brining the staff into the design and the presentation of training can also build relationships and teams, but staff needs to take advantage of the opportunities provided to suggest and design training rather than just complaining about what has been provided.

#### **b. CM Unit Structure**

The DDS case management is organized by regional units with the exception of the Title XIX and APS units. The regional organization came out of recommendations from consumers and families who felt this type of structure would make case managers more familiar with the supports and services in local areas within the county. The current structure results in teams that have case managers with very different types of case loads—some have adults, some have children, some have significant numbers of NIS individuals. This variety makes team meetings challenging since agenda items may or may not pertain to all case managers. It also makes supervision difficult since supervisors are somehow expected to have deep knowledge across all the populations served—which is an impossibility. Case managers indicated they would like to partner more with others who have similar caseloads to share ideas and manage their work. And in reality the caseloads are not truly regional since some case managers have kept cases from other regions for a variety of reasons. Multnomah County is not so geographically large that regional caseloads are essential. Travel times and distances are not a large barrier to organizing caseloads differently.

**Recommendation:** As DDS looks into restructuring, specialty teams such as a children's team, and for adults perhaps specializations such as a family-based services team and a supported living team may be worth considering. Specialty teams would allow case managers to share knowledge, would focus team meetings and allow supervisors to use and or develop specialty knowledge.

#### **c. Leads**

Only five individuals commented on the leads but the position did get a mixed review. Some staff report that the leads are helpful and generous with their time, other say the leads are too busy to help as they must carry caseloads of their own. The lead position is a "hybrid" that seems to present some challenges. It is not an official managerial position with concomitant authority, nor is it exactly a pure staff position, although being a lead does not affect classification. It seemed that these positions were developed as a means to help bridge the gap between supervisors and staff, yet given the current culture, one would not gauge this as a fully effective measure. Perhaps there is an alternative way to structure the lead worker position that actually gives defined responsibilities and some authority to the position that improves the relationships between supervisors and teams.

**Recommendation:** These positions should be reevaluated to ascertain if they should actually be a "junior management" position and a stepping stone to advancement in the organization and how they can add value to the functioning of the organization. This is a confusing position that has engendered some controversy that is worth looking at.

#### **d. Span of Control**

Span of control relates to how many layers of management exist within an organization and the number of supervisors to employees. The move in recent years has been to "flat" organizations, which are reducing the layers of management as a means to increase communications. DDS does not have the problem of multiple layers of management since all managers report directly to the Division Director, making the organizational structure flat. Deciding the optimal span of control depends on numerous variables including the functions of the positions, the information technology capacity of the organization (which sometimes can replace managerial positions) and the competence of both staff and managers.

With regard to the director, all managers report directly to the Director but so do a number of individual staff (15 or more according to the organizational chart). Fifteen individuals is too many "direct reports" to allow for effective management. The Director spends too much time relating to individual staff rather than to upper management and the policy and fiscal needs of the organization. Dealing with so many individual staff reduces the director's capacity to focus on the broader aims of the organization.

In some teams the span of control for supervisors may be too large to effectively manage employees and meet other responsibilities. There is also significant unevenness in the distribution of staff to supervisors. Some case management supervisors oversee sixteen employees, other as few as six. Although a few case managers seem to think that there are too many managers, in terms of the case management units, there are most likely too few, at least for some teams. And because managers have both responsibility for supervision and other programmatic and fiscal duties, this further compromises their capacity to offer support and supervision to their team members.

**Recommendation:** DDS could benefit from a Deputy Director to handle day-to-day management issues in order to relieve the Division Director and allow the Director more opportunities to manage "up", not down.

**Recommendation:** It is time for a new look at how managers are deployed and if there are enough case management supervisors to effectively assure their teams are functioning well. The deployment of managers should be looked at in relation to the restructuring of the teams.

### **3. Union issues**

#### **a. Union/Management Relations**

It is no surprise that management and unions differ. Management has the responsibility to answer to the expectations of their managers—county officials, legislators and taxpayers. Unions respond basically to their membership, and, although they too are influenced by the political and fiscal climate, the job of the union is to advocate for and protect its workers. This obviously can put the two groups in contentious situations.

The fallout from the audit only added to what at best is an uneasy relationship. And as noted earlier, groups within DDS continue to view everything in the organization through the lens of the audit. The union offers protections while also constraining the system. Unions offer civil service employees protections against capricious political decisions yet, the tight, explicit work rules don't allow for flexibility and for using professional judgement in making decisions about those very same work rules. What was most surprising was the complaint, offered by some individuals closely aligned with the union that DDS rarely promotes people from within. Like the issue of bumping this is a rather disingenuous reaction. Strong alignment with a union, particularly one with a contentious history, would understandably not be seen by management as strong foundation for movement into management.

There is no magic that will make unions and management join hands and declare peace. But from an outside view, many DDS union employees are unwilling to acknowledge both the benefits of *and* the downsides of being within a professional union. Certainly the salaries and benefits the union has successfully bargained for, and the job protections may very well be worth any negatives that come from being unionized. Professionals in other occupations (and perhaps case managers in non-union positions) are often afforded flexibility in exchange for salary. Professionals are typically not paid on an hourly basis and do not get overtime. They "trade" certain protections for increased compensation and the flexibility to manage their work through setting their own schedules that meet the demands of the work. In a unionized environment, staff "trades" some of this type of professional flexibility for protections that assure they are not exploited and are duly compensated for work outside of required hours.

Bumping is one area described in detail below that many have complained about. Another concern was that the basic educational and professional requirements to become a case manager were too minimal. At best the organization can attempt to ameliorate some of the unintended negative impact of the union rules, for example, better formal training for new hires who do not have a strong DD background. But union protections do come with a price—the loss of flexibility and the ability for managers to easily individualize work rules.

**Recommendation:** Staff needs to engage in a more honest assessment of what the positive and negative consequences of the union are and not blame management--or their co-workers-- for the issues that arise from the union contracts. These tensions add to poor morale and to the cultural issues within the organization.

#### **b. Bumping**

Four staff directly mentioned bumping and multiple staff talked about the lack of training for new individuals without DD background thus bumping figures into the mix of issues about training. Staff indicated that bumping results in staff coming into DDS without background in developmental disabilities, that sometimes good staff are laid off, that clients experience multiple changes in case managers. But bumping is an artifact of the civil service and unionized system that afford protections to employees with seniority who are facing layoff. Under the unionized employee contract conditions, individuals who are laid off have the right to displace the "least senior regular employee in the affected classification", (p. 88, Article 21, Seniority and Layoff, Agreement between

Multnomah County, Oregon and Multnomah County Employees Union). The same protections are afforded to supervisors under the civil service system. These protections assure that individuals with long-time county service have the right to continue employment if layoffs occur, thus reaping a benefit of their long service. Within the county system positions that are in the same classification may have very different actual job duties and knowledge needs. While many of the basic skills are transferable, detailed knowledge about serving specific populations—mental health, aging, and disability—is still needed to perform the job.

Bumping is the proverbial double-edged sword—or even a multi-edged sword, to push the metaphor. On the positive side, bumping rights afford protections to long-time, dedicated employees. By preserving the employees with the most seniority the organization maintains workers with extensive experience and knowledge of the human services system. Clearly retention of the position is of benefit to the senior employee who does not have to face the consequences of layoff and loss of income and benefits. Bumping is an “insurance policy” for long-term employees that provide security for sustaining their income by providing the opportunity to take another position within the county. And retention of skilled, senior workers is of benefit to organizations as well.

But as long as the union—and employees—want this type of protection, then everyone has to live with both the positive and negative consequences. The union is not a system that management can effectively override—they must comply with the terms of the contracts negotiated for the county. DDS cannot institute its own rules. Bumping means people may come into positions without what others may feel is requisite experience—but again it is the union (and civil service rules) that sets the parameters for what competencies are required for certain positions and how they are classified. Bumping may mean that DDS loses wonderful staff. Bumping may also mean that DDS personnel have to leave jobs they would prefer to keep and go elsewhere in the organization to retain employment. Bumping means disruptions to clients who have to change case managers. Bumping affects the continuity of the organization and the ability to carry projects to fruition. As one case manager noted, “*Labor management is “disbursed throughout the county—the rest of the county “wags” DD*”. The policies of the larger organization have a direct effect on the capacity of DDS to perform optimally and can constrain best practices when applied to the lives of individuals served by the county and by employees (particularly newer employees).

**Recommendation:** Unless there is a massive change in union and civil service rules, bumping will continue. The best an organization can do is to put structures and processes in place that help mitigate the effects of bumping. Certainly the training plans for both new case managers and supervisors who come in from other disciplines would help. Good approaches to transition cases can help ease the changes. And a strong orientation for new staff that imbues them not only with the technical knowledge, but the values, attitudes, and best practices of the field of course can help.

But to be frank, staff does have to recognize the consequences of having strong union and civil service protections—these protections work in the individual employee’s favor but at times may not be in the best interest of the entire organization nor consumers. It is disingenuous of staff to rely on the system for these types of protections, yet complain when they are put into play.

#### **F. State oversight and support**

The perception within Multnomah County is that the relationship with the state is not functioning well. A comprehensive review of the state/county relationship is well outside of the scope of this report, but this is a significant area that has a strong impact on county functioning, thus some comments garnered in the interviews are reflected here. County personnel reflect that the state makes changes, yet fails to inform the county. The managers also cite instances where the state communicated policies and information to case managers directly but failed to inform supervisors. The county indicated that there may be daily policy transmittals—some of which are significant changes, but with the volume of transmittals, it's challenging to sort them all out and stay on top of them. Oregon is beginning to see some significant changes in the case management system overall with the opting out of three counties and the development of new models of providing services in others. Given the audit performed by the state three years ago, the state has had concerns about Multnomah County's performance as well. And since Multnomah County is the largest county, issues in Multnomah affect other counties.

As with other county-based systems, tension between the two levels of government is common. Counties—especially those that add funding to the system—wish to retain a level of control over their county that may or may not comport with the state's responsibility to comply with state and federal regulations. Multiple counties can lead to inconsistencies in how services are managed and delivered, and wide variation in the quality and outcomes for individuals served. Providers interviewed in the course of this report noted that there are significant differences in how different counties carry out what are supposed to be state OARs.

After negative reviews by CMS regarding county management of the DD system two states, Ohio and Pennsylvania have had to make extensive changes to the oversight and management to, and within the county-based system. Both states were required to establish much greater controls over county management of services. This resulted in a complete rewrite of state/county agreements and in clarifications of multiple policies and expectations. Both states also have put considerable effort into developing statewide information systems that provide data on how the county (and provider) systems are functioning. Pennsylvania instituted the COMPASS system; Ohio has a new fully implemented statewide incident reporting system. Ohio has also put considerable effort into assuring the quality and competence of their county case management systems and is in process of a substantial redesign of their system, including how they assure the quality and outcomes for individuals served. Pennsylvania also implemented new quality management strategies through their IM4Q (Independent Monitoring for Quality) monitoring and other initiatives that look at how the county-based system performs.

Oregon does not appear to have a comprehensive and systematic approach to assessing county performance and with new models of case management services delivery cropping up; current approaches may no longer be valid. The lack of a systematic approach leads to variability in the quality and outcomes of service and confusion on the part of county agencies as to expectations and outcomes.

**Recommendation:** With the fiscal pressures increasing on the largest case management systems, the “fracturing” of the county-based services system—and the real possibility of CMS reviews surfacing concerns with Oregon's county-based system--the state and counties do need to collectively revisit how case management services (along with other elements of the system such as overall system quality management) are delivered. The states and counties need a mutually agreed upon,

comprehensive quality framework including a statewide data and reporting system that gives the county and state tools to assess how the system functions.

## **VI. Systems Redesign: Case Management for the Future**

### **A. Fiscal Situation**

As noted earlier, the state provides funding for Multnomah on a formula basis. The funding includes monies for case management services and for administrative overhead. The state provides funding based on the “average” cost of case management services throughout Oregon—not the actual cost of providing case management in Multnomah County. The amount is approximate \$81,000 per year per case manager and includes salary and administrative overhead (but not benefits which are added in elsewhere). Multnomah County case manager salaries and benefits are set by the county through the negotiation process of the union. Like bumping, DDS has no control over what the salaries are for a particular classification or the cost of benefits. The case manager salaries and benefits exceed the monies provided by the state to by about \$400,000 per year. These additional funds to pay case manager salaries and benefits come from county funds. While it is true that the documentation of the billables assures that Multnomah County DDS receives the funds allocated from the state for case management services, additional county funds are required to pay the full cost of case manager salaries and benefits.

As compared to other counties in Oregon, Multnomah salaries and benefits are at or near the top—only two other Oregon counties exceed the average cost per case manager but these counties have fewer cases fewer staff and somewhat less costly benefits than Multnomah, so overall costs are less. Also, nationally case manager salaries are somewhat less than Multnomah County, although there systems that have equivalent pay scales, particularly those with state or county case managers.

In order to understand the impact of the cost of case management salaries and benefits, it is illustrative to look at a county that is very similar to Multnomah—but quite a different overall cost picture. Madison, Wisconsin, the home of the Dane County case management system has a cost of living that is comparable to Portland. According to various cost of living calculators (which of course don’t agree), a salary of \$46,612 in Madison has the buying power of \$45,000 in Portland (and another calculator puts Madison as 9% more expensive than Portland).<sup>15</sup>

Wisconsin, like Oregon, has a county-based system where the state provides funding and counties supplement these funds—both for services and case management. In fact, in Wisconsin counties provide a substantial amount of the funding for services in the state—as much as 30% in some areas. Like Multnomah County, Dane County is a “magnet” county. Not only is it the capitol of Wisconsin, it houses the University and draws individuals typically with the most significant medical and behavioral needs because of the resources available in the county. Dane County has an excellent reputation both within the state and nationally for being a forward thinking, progressive county with a focus on individualized services and quality outcomes. Dane County case manager salaries are actually quite comparable to Multnomah County. Starting salaries are about \$37,000 and go to about \$50,000. Dane County indicates that the cost of their benefits add about 30% on to that figure, for

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<sup>15</sup> Figures were found on <http://www.homefair.com> and [http://kw.moving.com/Find\\_A\\_Place/Calculators/SalaryCalc/results.asp](http://kw.moving.com/Find_A_Place/Calculators/SalaryCalc/results.asp)



an approximate *average* total cost per case manager of \$56,550. (The average cost figure is probably a bit higher since almost all the case managers are at the top of the salary range.) Multnomah County salaries range is from about \$33,654 for a Case Manager 1 position, to \$52,416 for a senior case manager.<sup>16</sup> Multnomah County benefits account for an additional 50% on top of salaries, making the costs for case management services in Multnomah substantially higher than Dane County. When one compares these salaries to average wages, case management salaries in both Dane and Multnomah *start* at what the overall average wages are for these areas. Average wages in Dane County are about \$38,999 and in Multnomah Metro area are about \$35,215.<sup>17</sup> Thus case managers are among the higher earners in both areas. Both Multnomah and Dane have senior staff that has reaped the benefit of years of long service and regular cost of living and step increases. As one Multnomah staff member indicated the salary and benefits are “golden handcuffs” that sometimes keeps people working at the county even when even when they are unhappy in and no longer enjoy the job.

As noted earlier while benefits are more costly in Multnomah, salaries are similar between Dane County and Multnomah County.<sup>18</sup> What is startlingly different in Dane County is the number of county case managers compared to Multnomah County. Dane County serves about 2,400 individuals with developmental disabilities, about 1,200 less than Multnomah County. Multnomah County employs 47 full-time equivalent positions to cover this caseload (this does not include APS). If Dane County had the same ratio of *county* case managers to clients as Multnomah, Dane County would have about 31 county case managers. *Dane County actually has eight county case managers carrying direct caseloads, three for children and five for adults.*

Dane County, like Multnomah experienced rapid growth in caseloads through the 1990s and increasing pressure on their county case management system. Dane County made some decisions about five years ago to revamp their case management system. The cost of providing county case management was rising—but the cost of providing services to individuals with developmental disabilities was also increasing—and increasing beyond the revenues provided by the state. Dane County adds considerable local funding to supplement state funding for direct services.<sup>19</sup> The decision was made that that paying for services was the first priority, thus increasing the number of expensive county employees was not a viable option. At the same time, Dane County was moving their system into a fully self-directed model. The fiscal pressures coupled with a system redesign led Dane County to change the role of the county case managers and develop an alternative to all case management services being provided by the county. County case managers still provide services. Their highly professional skills and extensive experience have not been lost to the system but redeployed to make best use of this skilled resource. Fundamentally, the cost of the county providing case management was not sustainable, and the pressures to provide more direct services overwhelming coupled with the push for a self-directed system led to major changes. Rather than grow county employment, Dane County chose to vendor much of the day-to-day case management

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<sup>16</sup> Addendum A, Supplement to 2004-2006 and Extension to June 30, 2007 if Agreement between Multnomah County, Oregon and Multnomah County Employees Union local 88, AFSCM AFL-CIO.

<sup>17</sup> Bureau of Economic Analysis, US Department of Commerce, “*Personal Income for Metropolitan Areas. 2005*”, publication 06-38, September 6, 2006.

<sup>18</sup> In a cursory review, case management salaries for state and/or county employees in several states were within the range of Multnomah County, but benefits were less costly. Vended case management salaries were substantially less.

<sup>19</sup> As an aside, all these funds—state and local—are matched with federal Medicaid funding.

and retain county case managers in a distinctly different capacity. The Dane County model is described below in the section on “Case Management for the Future.”

The case management system in Oregon is under the same type of pressures experienced by Dane County. Three Oregon counties no longer provide case management services and others are looking at alternatives as well. Multnomah has already experienced layoffs of other personnel (such as Pass) in order to preserve case management positions. And the county increasingly has to supplement the state funding available for case management services resulting in an unsustainable situation as caseloads continue to grow and state aids do not keep pace.

## **B. Caseload**

The fiscal picture also has an effect on caseload size. County employees are expensive—that is not to say they are not deserving, but the salaries and benefits commanded by union employees exceed those of private vendors. And because of the cost, it is difficult to add significant numbers of new positions as caseloads grow. In a recent national survey, the most commonly reported caseload size (fifteen states) was between 30-39 clients per case manager.<sup>20</sup> Multnomah County indicates caseloads that average above fifty for individuals actively receiving services and higher when not in service individuals are included. In a review of nine other states that have a monthly reporting requirement, none of them had caseloads as high as Multnomah County, although nationally 12 states (of the 47 states responding to the survey) report that their caseloads (regardless of the type of reporting requirement) exceed fifty individuals.<sup>21</sup>

One caveat in ascertaining what constitutes a “high” caseload is the scope of duties the case manager has to perform. One very positive aspect of the Multnomah County is that case managers do not do investigations and they do not perform licensing reviews—this frees time for providing case management services. In other localities case managers may have responsibility for investigations and licensure reviews thus affecting their capacity to carry larger caseloads. But, based on national averages, there is no question that the caseloads are somewhat high. Unfortunately, given tight budgets the likelihood of new case managers to ease caseloads does not appear very probable. And given the quality management requirements of the HCBS waiver programs, and increased pressure on states to assure quality and outcomes for individuals enrolled in the waiver program, the pressures on case managers to make regular contacts will not likely diminish. Case managers have difficulty effectively accommodating more cases and the system fiscally cannot provide for many more county case managers.

**Recommendation:** The current model of case management is not sustainable for the long-term. Multnomah County must begin today to develop a plan for the near and longer-term future that is fiscally sustainable and maintains good services to consumers. As will be described in more detail below, Multnomah County may want to take lessons from experiences elsewhere as they look for ways to best use state and county fiscal resources while also retaining and using skilled and experienced county personnel to best effect.

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<sup>20</sup> Cooper, Robin, “NASDDDS Technical Report: Survey of State Case Management Policies and Practices”, NASDDDS, August, 2006, p. 6. A copy of this report is attached.

<sup>21</sup> A survey was made of nine states that report monthly—one reported a caseload size of 45 while all others were 35 and under.

### **C. Case management for the future**

The current system of case management in Oregon and Multnomah County reflect years of independent decisions, all made for good reasons at the time that now result in a system that is not functioning optimally and is not fiscally sustainable. As described earlier Multnomah County already adds substantial funding to undergird case management. DDS has already had layoffs in other positions in order to preserve case management positions. The fiscal picture is unlikely to take a radical turn for the better and although DDS fared well in the recent budget cuts, the likelihood of measurably increasing resources is slim.

That is not to say that everything is broken. There are structures to build upon and skills that should be retained. The process of restructuring should be a measured one that is thought out and sequenced in order that the changes can be understood and absorbed by system stakeholders. What follows is a bare bones set of ideas for crafting a new approach to providing case management. It builds on the current organizational resources while positioning the county to sustain its role for the future. And Multnomah County, through the operation of the Title XIX unit has already gained considerable skills and knowledge about how to oversee vendored case management-type services.

Any new structure or approach requires new behaviors and new learning on the part of everyone. These changes are proposed as a partnership with the county and state and among the players and stakeholders within the county. Of course major stakeholders must be an integral part of any changes; the process should be open and transparent to all those affected. This means bringing in managers and employees, the union, the states and other stakeholders including providers and consumers and families into the planning very early on. And of course, this is only one approach—there are others that very well may provide a different or better direction. The proposed model offers a way to retain public oversight of a publicly funded system while deploying highly skilled and costly resources to best effect.

#### **1. Near-term Steps**

- a. Put significant effort into repairing and improving the organizational culture as recommended in earlier sections of the report. Without improvements to the culture and work climate, a new structure, particularly one that redeploys existing staff, will not “solve” the concerns staff and management voiced during the interviews that undergird this report.**
- b. Establish a quality framework that articulates the mission, values and vision of the organization and methods to instill DDS employees with this mission, vision and values. A strategic plan can flow from this framework and should include a comprehensive quality management plan that includes both compliance with required OARs along with establishing benchmarks and outcomes for the activities of the county.**
- c. Restructure the current Division to make the teams more functional, enhance the authority of supervisors and improve their**

**skills and ability to directly manage their teams. The current flat structure makes for too large of a span of control for both top management and supervisors which compromises their abilities to successfully manage. Restructuring the case management teams as specialty teams will allow for more cohesive management and skill-building as well.**

- d. Obviously Multnomah County should to continue to make whatever straightforward changes to existing work rules, training opportunities, information technology, etc. That can assist in improving the work climate and satisfaction with DDS jobs. There are a variety of improvements in process today that will help the organization regardless of current or future structure.**

## **2. Longer term steps**

Taking a lesson from Dane County (and from DDS Title XIX Unit), Multnomah should redefine the scope of responsibilities for their professional, skilled case managers. In Dane County there are two types of case managers—those that carry direct caseloads and those that oversee the day-to-day functioning of the support broker system. This would mean a comprehensive redesign the scope of responsibilities of county case managers over time and devolution of a significant segment of the present caseloads to a vendored system

- a. Begin by identifying and establishing caseloads of complex individuals to be retained by county case managers**

The Dane County case managers that carry caseload have very small numbers—about 25 individuals for whom they directly manage supports and services. These are individuals who present complex challenges to the services systems, individuals with intensive behavioral or medical support needs, individuals with highly costly services, individuals with precarious and changeable circumstances. Individuals who are served across multiple systems such as criminal justice or mental health also are served by county case managers. By using this approach the case managers with the most experience and the most authority oversee the most complex and costly situations. In Dane County all other individuals are served through the support broker system, unlike Multnomah where only those individuals who self-direct services and are enrolled in the supports waiver are served by vendored case managers.

- b. “Devolve” day-to-day case management for individuals in stable, long-standing high quality situations**

Over time Multnomah should devolve case management for individuals in stable, high quality situations to vendored case management, retaining oversight of those vendors along with certain specific responsibilities. Moving some functions to vendors while reducing pressure on the need for more county case managers, will have effects in other areas. Vending services, as the county well knows, requires a contracting process that is performance based and has county personnel assigned

to oversee and monitor those contracts. This is in addition to the oversight role played by county case managers (the analogous Title XIX Unit roles). Learning from the experience with the brokerages, clear outcomes and competencies are required of vendors and methods to measure whether or not those outcomes are achieved is critical to the success of a vendored model.

Day-to-day case vendored case management functions (taken from the list provided earlier in the report) might include:

- Assisting the individual in the development of an individual support plan;
- Assisting individuals to select and find qualified service providers;
- Management and review of the implementation of the individual support plan;
- Assisting the individual to gain access to generic and unpaid supports and services;
- Assisting with routine issues that arise in the course of services provision;
- Active monitoring of the services and supports being furnished to an individual;
- Aiding the person to resolve disputes with service providers;
- Active listening to identify when changes in supports might be appropriate;
- Helping to identify other Medicaid services that might benefit the individual and arranging for their provision;
- Serving as a point of contact when emergencies arise and arranging for the services that are needed to resolve the emergency;
- Linking the person to protective services when abuse or neglect is suspected;
- Working actively with support agencies to improve the services that individuals are receiving; and,
- Collaborating with the individual's family in identifying ways to support the person.

**c. Establish a set of 'core functions', perhaps building on the Title XIX unit model, that are retained by county case managers**

.As noted earlier, vendoring a system does not "absolve" government of responsibilities to manage and oversee that system. And some functions are typically held by government as a means to assure accountability to state and federal requirements. Oversight of an organization with the authority to command changes and improvements by providers is key to assuring the outcomes for consumers. Vendored case managers may be seen by services provider as "just another provider." Vendors do not control contracts and cannot require other providers to perform. Assuring that individuals with the authority to require performance hand have the authority to do so oversee the system is crucial to assuring system performance at the individual and collective levels. County case managers would continue to perform what might be termed, "core functions" to include:

- Eligibility determination
- Initial needs assessment and interim plan of care if services are needed immediately
- Oversight of the individual support plan development
- Approval of the individual support plan
- Annual oversight of the individual support plan reviews
- Approval of substantial changes to support plans of care
- Mediation between providers
- Assistance in gaining access to multiple systems
- Crisis intervention
- Abuse and neglect investigations and protective services
- Quality monitoring and outcome reviews of individual consumers
- Performance reviews of the vendored case management
- Technical assistance and training to vendored case managers

Basically this approach assures public oversight of a public system and puts increasingly limited county case management resources to best use. Rather than increasing caseloads of county case managers since multiple new positions are unlikely, the county can begin by vendoring out some portion of the current caseload. The vendoring could be planned with an eye to attrition in current DDS employees and the redeployment of the highly skilled professional case managers to carry caseloads of complex individuals. Making a gradual change to this type of system that relates to caseload growth and county employee attrition may be a good way to begin the process of shifting from providing case management directly to overseeing the provision of case management. A gradual process is less disruptive to current employees (and consumers, families and providers) and allows time to learn new behaviors and set up appropriate monitoring systems for vendor performance.

Although the recommendation is to initiate these changes gradually, this is not a minor undertaking. Restructuring requires the county to have strong quality management protocols in place for the performance of vendors and explicit instructions for county case managers as to their roles and responsibilities. And of course it requires significant dialogue with the state, with county employees and their unions and other stakeholders.

There are other approaches, some very different from this proposal. Indiana has recently vendored out their entire system. California has a system of vendored regional centers under contract to the state that oversee services and provide case management. Connecticut, Massachusetts and Nebraska (among others) have state case managers. Each of these systems comes with strengths and weaknesses, and each relates to the history and preferences of their state or locality. The very brief proposal contained in this report is intended to allow Multnomah County to build upon current structures and position themselves for the future in a manner that preserves the role of the county yet is financially sustainable over the long term.

## **VII. Conclusion**

There are three key findings that in many ways subsume much of the specific and individual concerns reflected in the sections above:

- ✓ Multnomah County DDS is experiencing problems with its organizational culture that diminish the ability to be a collegial and effective organization;
- ✓ Multnomah County (along with all other counties) needs a strategic framework and plan including a systematic approach to quality management that assesses performance and assures outcomes for individual personnel, the county system and the statewide system. This includes reviews of current policies and procedures, attention to training needs and of course development of needed infrastructure; and
- ✓ The current fiscal picture combined with the demands of a changing service system affect the sustainability of the system as it is currently configured, thus Multnomah County, in concert with the state, faces the need to look at new system designs that are sustainable and effective for the future.

Addressing the concerns noted in this report is obviously not a small undertaking but clearly DDS is committed to making significant improvement in the organization. DDS is already engaged in a variety of activities that are having a positive impact on the quality and outcomes of the organization. And DDS would not have commissioned this report if they were not serious about making improvements in the agency, particularly because this type of review can be challenging and distressing to everyone. DDS staff and management are to be commended for their willingness to openly discuss their concerns and it is hoped that by surfacing and directly confronting these concerns DDS can use its considerable professional resources to best effect.