



Multnomah County Oregon

Board of Commissioners & Agenda

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BOARD OF COMMISSIONERS

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AUGUST 14, 2008

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:30 a.m. Thursday Opportunity for Public Comment on Non-Agenda Matters
Pg 2	9:30 a.m. Approval of Multnomah County and Corrections Deputy Association's Labor Contract Agreement
Pg 2	9:40 a.m. Notice of Intent to Submit a Proposal for up to \$150,000 to the Robert Wood Johnson Foundation Healthy Eating Research Rapid Response Grant Program
Pg 3	9:50 a.m. Thursday Opportunity for Board Comment on Non-Agenda Matters
Pg 3	10:00 a.m. Thursday Executive Session

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

Thursday, 9:30 AM, (LIVE) Channel 30

Saturday, 10:00 AM, Channel 29

Sunday, 11:00 AM, Channel 30

Tuesday, 8:15 PM, Channel 29

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Thursday, August 14, 2008 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM

DEPARTMENT OF COMMUNITY SERVICES

- C-1 Budget Modification DCS-02 Reclassifying Three Positions in the Animal Services Program as Determined by the Class/Comp Unit of Central Human Resources

DEPARTMENT OF COUNTY MANAGEMENT

- C-2 Budget Modification DCM-02 Reclassifying Four Positions in Assessment & Taxation as Determined by the Class/Comp Unit of Central Human Resources

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 COUNTY MANAGEMENT – 9:30 AM

- R-1 Approval of Multnomah County and Corrections Deputy Association's Labor Contract Agreement (Wage Reopener for 2008-09 and extension through 2013-14)

DEPARTMENT OF HEALTH – 9:40 AM

- R-2 NOTICE OF INTENT to Submit a Proposal for up to \$150,000 to the Robert Wood Johnson Foundation Healthy Eating Research Rapid Response Grant Program

NON-DEPARTMENTAL - 9:45 AM

- R-3 Budget Modification NOND 01 Funding 2.0 FTE in the County Attorney's Office

BOARD COMMENT – 9:50 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.

Thursday, August 14, 2008 - **10:00 AM**
Multnomah Building, First Floor Commissioners Boardroom 112
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. 15-55 MINUTES REQUESTED.

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: AUG. 14TH

SUBJECT: DEVELOPMENTAL DISABILITIES

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: DAVID McDONALD

ADDRESS: 2225 N. EMERSON ST.

CITY/STATE/ZIP: PORTLAND, OR. 97217

PHONE: DAYS: 285-1242 EVES: 285-1242

EMAIL: dawgoregon@aol.com FAX: _____

SPECIFIC ISSUE: DV AND ABUSE/NEGLECT

WRITTEN TESTIMONY: _____

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.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-1 DATE 8-14-08
 ANA KARNES, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 08/14/08
 Agenda Item #: C-1
 Est. Start Time: 9:30 AM
 Date Submitted: 07/30/08

BUDGET MODIFICATION: DCS- 02

Agenda Title: Budget Modification DCS-02 Reclassifying Three Positions in the Animal Services Program as Determined by the Class/Comp Unit of Central Human Resources

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

Requested Meeting Date:	<u>August 14, 2008</u>	Amount of Time Needed:	<u>Consent</u>
Department:	<u>Community Services</u>	Division:	<u>Animal Services</u>
Contact(s):	<u>Jerry Elliott</u>		
Phone:	<u>(503)988-4624</u>	Ext.:	<u>84624</u>
		I/O Address:	<u>455/2/224</u>
Presenter(s):	<u>N/A</u>		

General Information

1. What action are you requesting from the Board?

The Department is requesting the Board approve a budget modification for the reclassification of an Operations Supervisor position to an Operations Administrator position and two Operations Administrator positions to Program Supervisor positions in the Animal Services program as determined by the Class/Comp Unit of Central Human Resources.

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 reclassifications are the result of a countywide study of all Operations Administrators and Operations Supervisors initiated and performed by the Class/Comp unit of Central Human Resources. This study found that three positions in Animal Services were incorrectly classified. Due to how the employees' salaries fell within their old and new classifications, only two of the three reclassifications will affect the budgeted salary amounts. This budget modification will implement these reclassifications in the budget.

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

Budget modification detail is attached. Two of the three reclassified positions will be increased in the budget. In future years these positions will have increases due to COLA, step increases and increased benefit costs.

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.

N/A

ATTACHMENT A

Budget Modification

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

- What revenue is being changed and why?

N/A

- What budgets are increased/decreased?

This budget modification will increase salaries, insurance and benefits by \$4,582. This increase is offset by an equivalent reduction to Professional Services of \$2,000 and a related reduction to Supplies of \$2,582.

- What do the changes accomplish?

This budget modification implements the classification study conducted by the Class/Comp unit of Central Human Resources.

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

Reclassification of existing positions.

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

Any changes 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?

This change is ongoing, contingent upon Board approval of future program offers related to this program

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

N/A

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

N/A

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: DCS - 02

Required Signatures

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



Date: 07/28/08

Budget Analyst:



Date: 07/30/08

Countywide HR:



Date: 07/30/08

Budget Modification ID: DCS-02

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: 2009

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	91-30	1000	0020		903000		60000	406,024	407,539	1,515		Increase Salary
2	91-30	1000	0020		903000		60130	119,968	120,407	439		Increase Fringe
3	91-30	1000	0020		903000		60140	150,880	150,994	114		Increase Insurance
4	91-30	1000	0020		903200		60000	619,992	621,834	1,842		Increase Salary
5	91-30	1000	0020		903200		60130	185,617	186,151	534		Increase Fringe
6	91-30	1000	0020		903200		60140	224,711	224,849	138		Increase Insurance
7	91-30	1000	0020		903100		60170	7,500	5,500	(2,000)		Decrease Prof Services
8	91-30	1000	0020		903100		60240	15,000	12,418	(2,582)	0	Decrease Supplies
9									0			
10	72-10	3500	0020		705210		50316		(252)	(252)		Increase Insurance SR
11	72-10	3500	0020		705210		60330		252	252		Increase Insurance SR
12									0			
13									0			
14									0			
15									0			
16									0			
17									0			
18									0			
19									0			
20									0			
21									0			
22									0			
23									0			
24									0			
25									0			
26									0			
27									0			
28									0			
										0	0	Total - Page 1
										0	0	GRAND TOTAL



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (Budget Modification)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-2 DATE 8-14-08
 ANA KARNES, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 08/14/08
 Agenda Item #: C-2
 Est. Start Time: 9:30 AM
 Date Submitted: 07/30/08

BUDGET MODIFICATION: DCM – 02

Agenda Title: Budget Modification DCM-02 Reclassifying Four Positions in Assessment & Taxation as Determined by the Class/Comp Unit of Central Human Resources

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

Requested Meeting Date: August 14, 2008 Amount of Time Needed: Consent
 Department: County Management Division: Director's Office
 Contact(s): Bob Thomas
 Phone: (503) 988-4283 Ext. 84283 I/O Address: 503/531
 Presenter(s): Consent

General Information

1. What action are you requesting from the Board?

The department is requesting Board approval of a budget modification reclassifying four positions in the Assessment & Taxation Division as determined by the Class/Comp Unit of Central Human Resources.

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 of the following positions:

Assessment & Taxation

Position Title (Old)	Position Title (New)	Position Number	FTE
1. Program Supervisor	Program Manager 1	703924	No change
2. Tax Collection Records Admr	Operations Supervisor	705963	No change
3. Finance Technician	A&T Admin Assistant	704893	No change
4. A&T Technician 1	A&T Admin Assistant	705215	No change

1. This position manages all phases of the Customer Service Program and all matters pertaining to public records/research activities within this program. Essential functions include: Manage and direct staff (two supervisors and 25 indirect technical staff) by assisting in the development of performance measures for all employees; serve as link between division director and front line supervisors; establish direction for work section. Upon review of these duties, Central Class/Comp has reclassified the job level of this position to Program Manager 1.

2. The purpose of this vacant position is to plan, organize, coordinate and exercise direct supervision over the Tax Finance Operations Unit. This position is a result of changes in the organization over the year as a result of retirements and the reallocation of resources. The best fit for this position, as determined by Central Class/Comp is at the Operations Supervisor level.

3 and 4. These are two vacant administrative support positions within the Division of Assessment & Taxation. Essential functions include: process procurement of supplies, equipment, and services; gather statements of work and quotations/bids from vendors; prepare/compile contract documents; maintain A&T website; and process personnel/HR paperwork for division staff. These functions are consistent with the A&T Administrative Assistant classification, as determined by Central Class/Comp.

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

No overall fiscal impact for the current year, funds are budgeted to cover these changes. Overall personal service savings due to these reclassifications are \$18,040 for FY 2009, with balancing adjustments in materials and services. Future budget requests will include costs for cost of living or merit increases, as appropriate.

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

NA

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

NA

ATTACHMENT A

Budget Modification

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

- **What revenue is being changed and why?**
Risk Management Fund service reimbursement is decreased by \$844.
- **What budgets are increased/decreased?**
Risk Management Fund is decreased by \$844.
- **What do the changes accomplish?**
Position reclassifications as described in section 2.
- **Do any personnel actions result from this budget modification? Explain.**
Position reclassifications as described in section 2
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
Not applicable to this action.
- **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?**
NA
- **If a grant, what period does the grant cover?**
NA
- **If a grant, when the grant expires, what are funding plans?**
NA

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: DCM - 02

Required Signatures

Elected Official or
Department/
Agency Director:

Carol M. Ford

Date: 7/29/08

Budget Analyst:

Debra

Date: 7/29/08

Department HR:

Carl R. Quigg

Date: 7/29/08

Countywide HR:

Tami Graves

Date: 7/29/08

Budget Modification ID: **DCM-02****EXPENDITURES & REVENUES**

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

Budget/Fiscal Year: 2009

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
1	72-30	1000	72031	0020		706202	60000	791,830	794,054	2,224		Increase Base Pay	
2	72-30	1000	72031	0020		706202	60130	231,813	232,458	645		Increase Salary Related	
3	72-30	1000	72031	0020		706202	60140	232,111	232,256	145		Increase Insurance Benefits	
4	72-30	1000	72031	0020		706202	60240	9,000	11,500	2,500		Increase Supplies	
5	72-30	1000	72032	0020		706203	60000	481,343	483,567	2,224		Increase Base Pay	
6	72-30	1000	72032	0020		706203	60130	146,065	146,710	645		Increase Salary Related	
7	72-30	1000	72032	0020		706203	60140	157,579	157,724	145		Increase Insurance Benefits	
8	72-30	1000	72032	0020		706203	60240	15,559	20,000	4,441		Increase Supplies	
9	72-30	1000	72033	0020		706204	60000	920,429	891,364	(29,065)		Decrease Base Pay	
10	72-30	1000	72033	0020		706204	60130	274,639	265,500	(9,139)		Decrease Salary Related	
11	72-30	1000	72033	0020		706204	60140	278,983	277,094	(1,889)		Decrease Insurance Benefits	
12	72-30	1000	72033	0020		706204	60240	12,000	13,099	1,099		Increase Supplies	
13	72-30	1000	72030	0020		706400	60240	10,000	15,000	5,000		Increase Supplies	
14	72-30	1000	72030	0020		706201	60240	10,000	15,000	5,000		Increase Supplies	
15	72-30	1000	72030	0020		706201	60000	234,860	246,477	11,617		Increase Base Pay	
16	72-30	1000	72030	0020		706201	60130	69,178	72,831	3,653		Increase Salary Related	
17	72-30	1000	72030	0020		706201	60140	48,110	48,865	755	0	Increase Insurance Benefits	
18									0				
19	72-10	3500		0020		705210	50316		844	844		Increase Serv Reimb	
20	72-10	3500		0020		705210	60330		(844)	(844)		Decrease Offsetting Expend	
21									0				
22									0				
23									0				
24									0				
25									0				
26									0				
27									0				
28									0				
29									0				
									0	0	0	Total - Page 1	
									0	0	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	CC/WBS/IO	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1000	9005	64957	706202	Program Supervisor	703924	(0.50)	(38,431)	(11,133)	(7,972)	(57,536)
1000	9005	61797	706203	Program Supervisor	703924	(0.50)	(38,431)	(11,133)	(7,972)	(57,536)
1000	9710	64957	706202	Program Manager 1	703924	0.50	40,655	11,778	8,117	60,550
1000	9710	61797	706203	Program Manager 1	703924	0.50	40,655	11,778	8,117	60,550
1000	9691	61794	706204	Tax Coll Records Administrator	705963	(1.00)	(80,695)	(25,371)	(16,193)	(122,259)
1000	9025	61794	706204	Operations Supervisor	705963	1.00	51,630	16,232	14,304	82,166
1000	6027	64932	706204	Finance Technician	704893	(1.00)	(42,595)	(13,392)	(13,717)	(69,704)
1000	6455	61795	706201	A&T Admin Assistant	704893	1.00	42,595	13,392	13,717	69,704
1000	6450	61997	706406	A&T Technician 1	705215	(1.00)	(36,365)	(11,433)	(13,312)	(61,110)
1000	6455	61795	706201	A&T Admin Assistant	705215	1.00	47,982	15,086	14,067	77,135
										0
										0
										0
										0
										0
TOTAL ANNUALIZED CHANGES						0.00	(13,000)	(4,196)	(844)	(18,040)

6,028
(40,093)
16,025
(18,040)

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	CC/WBS/IO	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
1000	9005	64957	706202	Program Supervisor	703924	(0.50)	(38,431)	(11,133)	(7,972)	(57,536)
1000	9005	61797	706203	Program Supervisor	703924	(0.50)	(38,431)	(11,133)	(7,972)	(57,536)
1000	9710	64957	706202	Program Manager 1	703924	0.50	40,655	11,778	8,117	60,550
1000	9710	61797	706203	Program Manager 1	703924	0.50	40,655	11,778	8,117	60,550
1000	9691	61794	706204	Tax Coll Records Administrator	705963	(1.00)	(80,695)	(25,371)	(16,193)	(122,259)
1000	9025	61794	706204	Operations Supervisor	705963	1.00	51,630	16,232	14,304	82,166
1000	6027	64932	706204	Finance Technician	704893	(1.00)	(42,595)	(13,392)	(13,717)	(69,704)
1000	6455	61795	706201	A&T Admin Assistant	704893	1.00	42,595	13,392	13,717	69,704
1000	6450	61997	706406	A&T Technician 1	705215	(1.00)	(36,365)	(11,433)	(13,312)	(61,110)
1000	6455	61795	706201	A&T Admin Assistant	705215	1.00	47,982	15,086	14,067	77,135
										0
										0
										0
										0
										0
TOTAL CURRENT FY CHANGES						0.00	(13,000)	(4,196)	(844)	(18,040)



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 08/14/08
Agenda Item #: R-1
Est. Start Time: 9:30 AM
Date Submitted: 08/06/08

Agenda Title: **Approval of Multnomah County and Corrections Deputy Association's Agreement (Wage Reopener for 2008-09 and extension through 2013-14)**

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

Requested Meeting Date: August 14, 2008 **Amount of Time Needed:** 10-15 minutes
Department: Dept. of County Management **Division:** Central HR/Labor Relations
Contact(s): Blaise Lamphier, Labor Relations Manager
Phone: 503.988.5135 **Ext.** 22168 **I/O Address:** 503/400
Presenter(s): Blaise Lamphier and Phil Anderchuk, vice president of MCCDA

General Information

1. What action are you requesting from the Board?

The Department of County Management recommends approval of a multi-year agreement on wages between the County and the Corrections Deputy Association (MCCDA), covering the classifications of Corrections Officer and Corrections Sergeant.

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 current 2004-2010 collective bargaining agreement (CBA) between the County and MCCDA included a wage reopener for 2008-09 and 2009-10. The County and MCCDA entered negotiations on the wage reopener for 2008-09 on June 20, 2008. On July 11, 2008, the County and MCCDA reached a tentative agreement on the wage rate for 2008-09 and 2009-2010. The parties also agreed to extend the existing CBA with a limited reopener for 2010-2011, along with a wage agreement for 2011-2012, 2012-2013 and 2013-2014. On July 29, 2008, MCCDA announced that its general membership had ratified the agreement, and it is now subject to ratification by the Board of County Commissioners.

The highlights of this agreement are as follows:

Wage Adjustments:

Effective July 1, 2008: 3.8 %

Effective July 1, 2009: CPI-W 2nd Half Portland (Dec 2007 to Dec 2008) min 2% to max 5 %

Reopener for 2010-2011: Art. 12 Health & Welfare, Art. 16 Wages and Classification, and 2 other articles of choice for each party (but not Art. 6)

Effective July 1, 2011: CPI-W 2nd Half Portland (Dec 2009 to Dec 2010) min 2% to max 5%

Effective July 1, 2012: CPI-W 2nd Half Portland (Dec 2010 to Dec 2011) min 2% to max 5%

Effective July 1, 2013: CPI-W 2nd Half Portland (Dec 2011 to Dec 2012) min 2% to max 5%

The parties agree that the wage range increase effective for July 1, 2008 will be applied after the wage range increase effective for July 1, 2007 (pending the decision of the interest arbitrator) is applied.

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

The CBA calls for a wage adjustment of 3.8% for FY2009. The County budgeted a 3% increase. MCSO is therefore short by 0.8%, but this is a similar situation faced by all other departments in the County.

It is estimated that the unbudgeted cost to the County, not including any retroactive payment (pending arbitration) is between \$341,000 and \$599,000 for base pay, fringe and insurance. Additional costs will also be incurred for overtime and shift differentials, some of which can be controlled by management.

We will be able to provide better estimates once we know what the interest arbitrator has decided as the wage increase for July 1, 2007 because that decision has an impact on all future costs.

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

Required Signature

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

Carol M. Ford

Date: 08/06/08

County Wage Counterproposal – MCCDA Reopener – Wage Proposal # 3
July 1, 2008

Wages Effective July 1, 2008 –

Effective July 1, 2008, the straight-time base hourly wage ranges of employees covered by this Agreement shall be increased by three point eight percent (3.8 %). The County and MCCDA agree that the wage range increases effective for July 1, 2008 will be applied after the wage range increases effective for July 1, 2007 (yet to be determined by an interest arbitrator) are applied to the wage ranges.

Wages Effective July 1, 2009 –

Effective July 1, 2009, the straight-time base hourly wage ranges of employees covered by this Agreement shall be increased by an amount equal to the annual percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (Portland CPI-W 2nd Half, December 2007 to December 2008), with a minimum increase of two percent (2.0%) and a maximum increase of five percent (5.0%). All other Articles and terms of the Agreement shall continue without interruption for the term thereof.

Reopener for 2010-2011 –

Parties agree to reopen Article 12 Health and Welfare, Article 16 Wages and Classification, and two other Articles each of their choice (but not Article 6) no later than February 1, 2010. All other Articles and terms of the Agreement shall continue without interruption for the term thereof.

Wages Effective July 1, 2011 –

Effective July 1, 2011, the straight-time base hourly wage ranges of employees covered by this agreement shall be increased by an amount equal to the annual percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (Portland CPI-W 2nd Half, December 2009 to December 2010), with a minimum increase of two percent (2.0%) and a maximum increase of five percent (5.0%). All other Articles and terms of the Agreement shall continue without interruption for the term thereof.

Wages Effective July 1, 2012 –

Effective July 1, 2012, the straight-time base hourly wage ranges of employees covered by this agreement shall be increased to an amount equal to the annual percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (Portland CPI-W 2nd Half, December 2010 to December 2011), with a minimum increase of two percent (2.0%) and a maximum increase of five percent (5.0%). All other Articles and terms of the Agreement shall continue without interruption for the term thereof.

County Wage Counterproposal – MCCDA Reopener – Wage Proposal # 3

July 1, 2008

Wages Effective July 1, 2013 –

Effective July 1, 2013, the straight-time base hourly wage ranges of employees covered by this agreement shall be increased to an amount equal to the annual percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (Portland CPI-W 2nd Half, December 2011 to December 2012), with a minimum increase of two percent (2.0%) and a maximum increase of five percent (5.0%). All other Articles and terms of the Agreement shall continue without interruption for the term thereof.

Article 24 – Termination (proposed deletions in strikethrough; proposed new language in bold)

This Agreement shall be effective as the execution date of this Agreement and shall remain in full force and effect through the 30th day of June-~~2010~~ **2014**, subject only to the reopener exceptions set forth in Addendum A. Negotiations for a successor agreement shall commence no later than February 1, ~~2010~~ **2014**. The contract shall remain in full force and effect during the period of negotiations and impasse resolution procedures, if any.

T.A.
[Handwritten Signature]
7/11/08

[Handwritten Signature] 20600
MCCDA



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

APPROVED : MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-2 DATE 8-14-08
ANA KARNES, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 08/14/08
Agenda Item #: R-2
Est. Start Time: 9:40 AM
Date Submitted: 08/06/08

NOTICE OF INTENT to Submit a Proposal for up to \$150,000 to the Robert Wood Johnson Foundation Healthy Eating Research Rapid Response Grant Program.

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

Requested Meeting Date: August 14, 2008 **Amount of Time Needed:** 5 minutes
Department: Health **Division:** Program Design & Evaluation Services
Contact(s): Myde Boles, Sonia Manhas, Nicole Hermanns
Phone: 503-988-3663 **Ext.** 26314 **I/O Address:** 160/9
Presenter(s): Myde Boles, Sonia Manhas, Nicole Hermanns

General Information

1. What action are you requesting from the Board?

Authorization to submit a proposal to for up to \$150,000 to the Robert Wood Johnson Foundation Healthy Eating Research Rapid Response Grant Program to request one-time funding to evaluate Multnomah County's chain restaurant nutrition labeling policy.

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 Board of County Commissioners, acting as the County Board of Health, adopted the Chain Restaurant Nutrition Labeling Policy as recommended by the Chronic Disease Prevention Program, with several Amendments proposed by Commissioner Naito, on July 31, 2008. Program Design and Evaluation Services, a unit of the Health Department, has been urged by the Robert Wood Johnson Foundation to submit a proposal to their Rapid Response Grant Program for funds to evaluate the implementation and initial effect of the policy. A similar evaluation study has already been approved in Seattle, King County. Adding Multnomah County as a second study site has the potential to greatly strengthen the data obtained from each individual study.

Specific objectives of the evaluation study will include:

1. A pre-post Point-of-Purchase (PoP) survey conducted at effected food establishments in Multnomah County.
2. A pre-post quasi-experimental population-based telephone survey using the Behavioral Risk Factor Surveillance System (BRFSS).
3. A pre-post audit of menus from effected restaurants to assess a shift in caloric content and select nutrients of standard items.
4. Focus groups and key informant interviews with stakeholders and community members in Multnomah County (especially low-income and minority children and their families) to understand perceptions of and reactions to implementation process, costs, acceptance, and utility.
5. A communications strategy to share project outcomes and methods.

It is critical for the evaluation to begin in the fall so that there will be sufficient time to collect baseline data.

This opportunity to evaluate the chain restaurant nutrition labeling policy will provide the Board, the Health Department and other areas throughout the nation with insight into the effectiveness of this type of policy.

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

This grant will provide \$150,000 for a one year project period.

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

There are no legal or policy issues related to the research/evaluation project.

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

The Health Department's Chronic Disease Prevention Program will convene a public rule-making process to seek input from stakeholders about implementation of the policy. The research design will be adjusted as needed.

ATTACHMENT A

Grant Application/Notice of Intent

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

- **Who is the granting agency?**
The Robert Wood Johnson Foundation.
- **Specify grant (matching, reporting and other) requirements and goals.**
The *Healthy Eating Research* grants “support research to identify and evaluate policies and environmental approaches that have the potential to reverse the nation’s rising levels of childhood obesity, especially among children at highest risk for obesity.” The overall aim of the program “is to provide key decision- and policymakers with evidence to guide effective action to reverse the rise in childhood obesity.” Periodic progress and financial reports are required, along with a final report at the end of the evaluation study.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is a one-time only grant in the amount of \$150,000 for a 12 month project period.
- **What are the estimated filing timelines?**
The grant is due on August 15th.
- **If a grant, what period does the grant cover?**
The grant covers a 12 month period, beginning in November or December. (The evaluation team will need to collect base-line data before the policy is implemented.)
- **When the grant expires, what are funding plans?**
When the grant expires, the project will be over.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
All indirect costs will be covered through the grant.

ATTACHMENT B

Required Signatures

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

Lillian Shirley

Date: 8/6/08

Budget Analyst:

Angela Burdine

Date: 8/6/08

KARNES Ana

From: BOGSTAD Deborah L
Sent: Tuesday, August 19, 2008 2:33 PM
To: KARNES Ana
Subject: RE: Response to BCC Concerns regarding NOI for Robert Wood Johnson grant

Ana the Board can approve the department request to apply for a grant but the Chair can then decline to allow the department to send the grant application to the Robert Wood Johnson folks. Does that answer your question?

Deb Bogstad, Board Clerk
Multnomah County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, Oregon 97214-3587
(503) 988-3277 phone
(503) 988-3013 fax
deborah.l.bogstad@co.multnomah.or.us
<http://www.co.multnomah.or.us/cc/index.shtml>

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

From: KARNES Ana
Sent: Tuesday, August 19, 2008 2:10 PM
To: BOGSTAD Deborah L
Subject: FW: Response to BCC Concerns regarding NOI for Robert Wood Johnson grant
Importance: High

FYI. It was item R-2 in the agenda last week.
They voted approved, minus Maria. How does it work if they don't go forward?

Ana Karnes, Assistant Board Clerk
Multnomah County Commissioners
501 SE Hawthorne Blvd, Suite 600
Portland, OR 97214
Phone: 503 988 5274 / 22865
Fax: 503 988 3013
Bldg: 503 / 600 /
ana.karnes@co.multnomah.or.us
<http://www.co.multnomah.or.us/cc/index.shtml>

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

From: WHEELER Ted
Sent: Monday, August 18, 2008 3:47 PM
To: #ALL CHAIR'S OFFICE
Subject: FW: Response to BCC Concerns regarding NOI for Robert Wood Johnson grant
Importance: High

I am thinking we should not submit the NOI. Too much dissent for what we get in return unless someone else sees this as an immediate priority. I think its rapidly becoming a distraction. Ted

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

From: ROJO DE STEFFEY Maria
Sent: Monday, August 18, 2008 3:03 PM
To: WHEELER Ted
Subject: FW: Response to BCC Concerns regarding NOI for Robert Wood Johnson grant
Importance: High

And, you know how I feel about this mess that you have saddled yourself with!

Maria

From: NAITO Lisa H
Sent: Mon 8/18/2008 12:49 PM
To: WHEELER Ted
Cc: ROBERTS Lonnie J; ROJO DE STEFFEY Maria; COGEN Jeff
Subject: FW: Response to BCC Concerns regarding NOI for Robert Wood Johnson grant

Dear Ted,

As I said, this is a decision for you as Executive Officer and I'm fine if you think the Health Department should do this.

My concern is not whether or not they are capable, I am sure they are. My concern is the political issues that could arise from this and whether any findings from the study will have legitimacy if there is a perception of conflict of interest. The "stakeholder" advisory committee is composed mostly of health organizations which are proponents of the policy.

I think it would really be a bad idea for Multnomah County to give out incentives, such as cash, at fast food chain restaurants.

Lisa

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

From: BOWEN-BIGGS Tara C
Sent: Monday, August 18, 2008 8:31 AM
To: #ALL CHAIR'S OFFICE; #ALL DISTRICT 1; #ALL DISTRICT 2; #ALL DISTRICT 3; #ALL DISTRICT 4
Cc: SHIRLEY Lillian M
Subject: FW: Response to BCC Concerns regarding NOI for Robert Wood Johnson grant
Importance: High

Hector Roche asked me to forward this information.

Good morning commissioners,

In response to questions and concerns raised at the Health Department's intent to apply presentation at last Thursday's Board meeting, we asked the PDES staff to create a summary that addressed those concerns. We also asked them to reference the passages in the grant application itself that corresponded to the responses in the summary letter.

Attached are the final versions of both the draft letter and the highlighted/annotated grant application.

Lillian has agreed to respond to any unresolved questions and concerns.

I will be back in the office on Wednesday.

Thanks,
Hector

8/19/2008



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-3 DATE 8-14-08
 ANA KARNES, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 08/14/08
 Agenda Item #: R-3
 Est. Start Time: 9:45 AM
 Date Submitted: 07/31/08

BUDGET MODIFICATION: NOND - 01

Agenda Title: Budget Modification NOND 01 Funding 2.0 FTE in the County Attorney's Office

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

Requested Meeting Date: August 14, 2008 **Amount of Time Needed:** 5 minutes
Department: Non-Departmental **Division:** County Attorney's Office
Contact(s): Agnes Sowle
Phone: 503-988-3138 **Ext.** 83183 **I/O Address:** 503/5
Presenter(s): Agnes Sowle

General Information

1. What action are you requesting from the Board?

Approve Bud Mod NOND-01, funding 1.0 FTE attorney, 1.0 FTE legal assistant, and modification of work space to the County Attorney's Office. This action will fund two positions and provide office modification which the Board approved in June, 2008, after the FY 2009 budget was adopted. Thus, they were not included in the current year budget, and this bud mod is needed to add the approved positions to the 2009 budget.

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 Board approved the attorney position to provide sufficient in-house resources to meet the County's need for labor relations and employment litigation services and the legal assistant position to provide sufficient support staff to accommodate current workload needs of the County Attorneys. A small conference room must be converted to an office to accommodate the attorney.

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

The entire County Attorney budget is funded by the Risk Fund. It amounts to approximately 3.46 %

of the total Risk Fund budget in FY 2009. The costs likely to be incurred in FY 2009 total \$199,341, all of which can be absorbed in the Risk Fund this year. \$10,000 of this amount is one-time-only, for re-configuring office space and adding computers and telephones. The remainder will cover personnel costs through June 30th 2009. For FY 2010, the total cost of this proposal is estimated to be about \$250,000, for personnel costs and related supplies, training, and internal service costs.

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.

N/A

ATTACHMENT A

Budget Modification

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

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

Service reimbursement revenue in the IT and Facilities Funds is increased by \$3,000 and \$7,000 respectively.

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

The County Attorney's budget is increased by \$199,341; County IT and Facilities budgets are increased by \$3,000 and \$7,000 respectively. The latter of these increases are one-time-only for FY 2009.

- **What do the changes accomplish?**

The changes allow the County Attorney to hire a labor lawyer and a legal assistant in order to accommodate the requests for legal advice and services on labor matters in the County.

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

Yes. This action adds 2.0 FTE to the County Attorney's Office in order to provide labor law advice and services to County departments.

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

These costs are expected to be minimal and can be absorbed in the current administrative budget.

- **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?**

No; this is an ongoing function. Liability insurance rates recovered from departments will be adjusted for FY 2010 to pay for this increased cost.

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

N/A

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

N/A

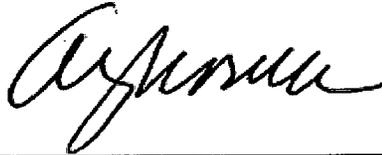
NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: NOND - 01

Required Signatures

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



Date: 7/30/2008

Budget Analyst:



Date: 07/31/08

Department HR:

Date: _____

Countywide HR:

Date: _____

Budget Modification ID:

EXPENDITURES & REVENUES

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

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal
						Cost Center	WBS Element					
1	10-70	3500	10006	20		107001		60000	1,685,537	1,809,577	124,040	
2	10-70	3500	10006	20		107001		60130	540,889	579,887	38,998	
3	10-70	3500	10006	20		107001		60140	311,237	337,540	26,303	
4	10-70	3500	10006	20		107001		60380	125,226	128,226	3,000	
5	10-70	3500	10006	20		107001		60430	245,021	252,021	7,000	
6	72-10	3500	72012	20		705210		60330	1,136,829	937,488	(199,341)	0
7												
8	72-10	3500	72012	20		705210		50316	(45,643,994)	(45,670,297)	(26,303)	
9	72-10	3500	72012	20		705210		60330	1,117,919	1,144,222	26,303	
10										0		
11	72-60	3503	72073	20		709525		50310	(2,929,869)	(2,932,869)	(3,000)	
12	72-60	3503	72073	20		709525		60200	859,051	862,051	3,000	
13										0		
14	72-50	3505	72044	20		902575		50310	(25,910,740)	(25,917,740)	(7,000)	
15	72-50	3505	72044	20		902575		60170	1,825,073	1,832,073	7,000	
16												
17												
18										0		
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26										0		
27										0		
28										0		
29										0		
											0	0
											0	0

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	CC/WBS/IO	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
3500	9440	61023	107001	Ass't County Attorney Sr.	new	1.00	101,952	32,054	17,571	151,577
3500	6241	61023	107001	Legal Assistant Sr.	new	1.00	46,896	14,744	13,992	75,633
										0
										0
										0
										0
										0
										0
										0
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										0
										0
										0
										0
										0
										0
										0
TOTAL ANNUALIZED CHANGES						2.00	148,848	46,798	31,563	227,210

midrange
step 3

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	CC/WBS/IO	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
3500	9440	61023	107001	Ass't County Attorney Sr.	new	0.83	84,960	26,711	14,642	126,314
3500	6241	61023	107001	Legal Assistant Sr.	new	0.83	39,080	12,287	11,660	63,028
										0
										0
										0
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										0
										0
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										0
										0
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										0
										0
TOTAL CURRENT FY CHANGES						1.67	124,040	38,998	26,303	189,341

Year 1
 1 month 0.0833333
 10 mos. 0.8333333

9000000
 3114642
 3.46%



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 08/14/08
Agenda Item #: E-1
Est. Start Time: 10:00 AM
Date Submitted: 08/06/08

Agenda Title: Executive Session Pursuant to ORS 192.660(2)(d),(e)and/or(h)

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

Requested Meeting Date: August 14, 2008 **Amount of Time Needed:** 15-55 minutes
Department: Non-Departmental **Division:** County Attorney
Contact(s): Agnes Sowle
Phone: 503 988-3138 **Ext.** 83138 **I/O Address:** 503/500
Presenter(s): Agnes Sowle and Invited Others

General Information

1. What action are you requesting from the Board?

No final decision will be made in the Executive Session.

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.

Only representatives of the news media and designated staff are allowed to attend. Representatives of the news media and all other attendees are specifically directed not to disclose information that is the subject of the Executive Session.

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

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

ORS 192.660(2)(d),(e)and/or(h)

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

Required Signature

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

Date: 08-06-08