

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

**RESOLUTION NO. 2019-083**

Approving the Behavioral Health Resources Center FAC-1 Preliminary Planning Proposal.

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

- a. A housing emergency exists. Thousands of people in Multnomah County and the Metro region are facing housing instability and, increasingly, experiencing homelessness. These community members spend days and nights either without shelter or within our growing network of emergency shelters and supportive and transitional housing.
- b. The population experiencing homelessness are among the most vulnerable residents of the County. Experiencing homelessness causes tremendous human suffering. The substantial threats posed by homelessness to personal and public health, welfare, safety, and property are undisputed, well-documented, and recognized nationally.
- c. Moreover, the number of people experiencing homelessness in the County who also report disabling conditions, including behavioral health issues such as mental illness and substance use disorders, has continued to grow faster than the number of people experiencing homelessness overall
- d. There is a pressing need in Multnomah County for facilities and services to serve this population. Currently, services and facilities specifically serving this population are limited, which leaves these individuals to seek assistance through hospitals and crisis services, and increases their contact with law enforcement and jail. Serving this population through these systems is not the most effective or efficient approach and inappropriately strains the capacity of those systems.
- e. This resource gap has been identified by numerous reports and studies calling for improved community-based mental health infrastructure and specifically by: a 2012 United States Department of Justice Settlement agreement with the City of Portland requiring the establishment of one or more resource centers for individuals with behavioral health needs to avoid unnecessary hospitalizations; a 2015 Multnomah County Mental Health Jail Diversion Feasibility Study, which identified a 24-hour resource center as a crucial system gap that contributes to unnecessary incarceration of people in mental health crisis; and a 2018 Multnomah County Mental Health System Analysis recommending enhanced peer-led, walk-in services to address unmet need
- f. The Multnomah County Health Department, Mental Health and Addiction Services Division and the Joint Office for Homeless Services, in collaboration with our community partners have identified the need in our community for a centrally located, dedicated behavioral health resource center
- g. In 2018 Multnomah County engaged in an analysis of a facility in downtown Portland to determine the viability of the property to meet the requirements of the Center.

- h. In January 2019, The Multnomah County Board of Commissioners approved Resolution 2019-007: The purchase of the Real Property Located at 333 SW Park Avenue, Portland, Oregon. This property is now owned by Multnomah County, Oregon.
- i. In January 2019, The Multnomah County Board of Commissioners approved Resolution 2019-011: The purchase the Real Property Located at 810 SW Oak Street, Portland, Oregon. This property is now owned by Multnomah County, Oregon.
- j. These properties, the building and the adjacent surface parking lot, present an excellent opportunity for establishment of the Center, potentially including peer support services, a shelter, and transitional housing (the "Project").
- k. Further analysis in 2019 informed that renovation of these properties would provide the most efficient path forward to delivering these critical services to the community.
- l. The preliminary scope, schedule and estimated budget for the Project are outlined in the Multnomah County Behavioral Health Resources Center FAC-1 Preliminary Planning Proposal dated September 2019 (the "Proposal").
- m. The County Project team recommends Board approval of the Proposal.
- n. Approval of the Proposal is in the best interests of Multnomah County.

**Multnomah County Board of Commissioners Resolves:**

- 1. The Proposal is approved and the Project team is authorized to proceed with the next steps in the FAC-1 process and as specified in the Proposal.

**ADOPTED this 26th day of September, 2019.**



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

*Deborah Kafoury*

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Deborah Kafoury, Chair

REVIEWED:  
JENNY M. MADKOUR, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By *Jed Tomkins*  
Jed Tomkins, Sr. Asst. County Attorney

**SUBMITTED BY:** Bob Leek, Director, Department of County Assets



**MULTNOMAH COUNTY**  
**BEHAVIORAL HEALTH RESOURCE CENTER**  
**FAC-1 PRELIMINARY PLANNING PROPOSAL**

SEPTEMBER 2019

PREPARED BY: Project Management Team

IN CONJUNCTION WITH: Multnomah County Facilities & Property Management

Multnomah County Mental Health & Addiction Services

Carleton Hart Architecture

Klosh Group



# **FAC-1 PRELIMINARY PLANNING PROPOSAL**

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# FAC-1 PRELIMINARY PLANNING PROPOSAL

## EXECUTIVE SUMMARY

Thousands of people in Multnomah County and the Metro region are facing housing instability and, increasingly, experiencing homelessness. The County and the City of Portland have formed the Joint Office of Homeless Services to respond to this crisis. Although progress is being made, the housing emergency continues in substantial degree and disproportionately affects some of the most vulnerable residents of our community. The number of people experiencing homelessness in the County who also report disabling conditions, including behavioral health issues such as mental illness and substance use disorders, has continued to grow faster than the number of people experiencing homelessness overall. More services and facilities specifically serving this population are needed.

The Multnomah County Health Department, in collaboration with our community partners, have identified the need in our community for a centrally located, dedicated behavioral health resource center providing services during the day, overnight shelter, and transitional housing to serve this vulnerable population.

An executive project team was assembled to review the feasibility of purchasing the property at 333 SW Park Avenue and the adjacent parking lot on SW Oak Street. Through a series of feasibility analyses, the site was identified as an excellent location with a flexible interior and exterior space for this specific purpose.

Additional analysis regarding the project delivery led to the path of renovating the current building for the new center. The Project Management Team (PMT) was recently formed with members including Multnomah County Mental Health & Addiction Services (MHASD), Facilities & Property Management (FPM), The Klosh Group, Carleton Hart Architecture (CHA), and Mortenson Construction.

The PMT recently engaged in an effort to evaluate the program for the new Behavioral Health Resource Center. The program is to be based on the existing structure that has four floors, plus a basement and mezzanine, and the adjacent surface parking lot.

The conceptual estimate for this project, including hard construction and soft costs, is a range of \$15 million to \$20 million. The preliminary project schedule targets the opening of the facility in 18-24 months.

A Board Resolution has been prepared to seek approval of this FAC-1 Preliminary Plan and authorize the Schematic Design and Design Development phases of the Behavioral Health Resource Center (BHRC) Project, as laid out in the following document.

# FAC-1 PRELIMINARY PLANNING PROPOSAL

## PART A - INTRODUCTION

### Project Sponsors

Multnomah County Chair, Deborah Kafoury  
Multnomah County Health Department  
Joint Office for Homeless Services

### Project Stakeholders

Multnomah County Board of Commissioners  
Multnomah County Facilities and Property Management  
Multnomah County Health Department

### Statement of Need

Thousands of people in Multnomah County and the Metro region are facing housing instability and, increasingly, experiencing homelessness. The root causes of this unprecedented housing emergency are numerous and the County is actively employing many tools and strategies to address the emergency in partnership with other jurisdictions. To coordinate efforts, the County and the City of Portland have formed the Joint Office of Homeless Services, which has doubled emergency shelter capacity, added services to those shelters, and helped shelters better connect with growing investments in supportive and transitional housing. Much of the work described above is achieved with expediency due to the City of Portland's ongoing declaration of a housing emergency.

Although progress is being made, the housing emergency continues in substantial degree and disproportionately affects some of the most vulnerable residents of our community. As evidenced by the biennial point-in-time count of homelessness in Portland and Multnomah County, the number of people experiencing homelessness in the County who also report disabling conditions, including behavioral health issues such as mental illness and substance use disorders, has continued to grow faster than the number of people experiencing homelessness overall. This trend is attributable to deinstitutionalization, plus a lack of adequate community supports for those who suffer from severe and persistent mental illness, chronic substance abuse (opioids, methamphetamine, alcohol), coupled with an intense housing crisis.

Those experiencing behavioral health issues often face additional, significant barriers to accessing shelter and housing and participating in services. In Multnomah County, we have limited resources designed to meet the unique needs of people experiencing homelessness and behavioral health issues. Existing behavioral health resources within Multnomah County are geared towards in-patient, acute, and critical care settings. This is both an expensive, and limited resource option for care, that does not reach a large portion of the community. Without adequate services and facilities specifically serving this population, people often have frequent and unnecessary contact with crisis services, hospitals, law enforcement, and jails. Serving this population through these systems is not the most effective or efficient approach, and inappropriately strains the capacity of those systems.

This resource gap has been identified by numerous reports and studies calling for improved community-based mental health infrastructure. It is specifically identified in published reports including a 2012 United States Department of Justice Settlement agreement with the City of Portland requiring the establishment of one or more resource centers for individuals with behavioral health needs to avoid unnecessary hospitalizations; a 2015 Multnomah County Mental Health Jail Diversion Feasibility Study, which identified a 24-hour resource center as a crucial system gap that contributes to unnecessary incarceration of people in mental health crisis; and a 2018 Multnomah County Mental Health System Analysis recommending enhanced peer-led, walk-in services to address unmet need. This resource gap is well-documented and has become more acute as our region's housing crisis worsens. To respond to this resource gap, the Multnomah County Health Department, in collaboration with our community partners, has identified the need in our community for a centrally located, dedicated behavioral health resource center providing services during the day, overnight shelter, and transitional housing to this vulnerable population.

Many existing shelters and treatment centers have barriers to care that can prevent individuals in the homeless community from being able to access mental health and addiction services and temporary housing. A peer-led, low-barrier Behavioral Health Resource Center would allow people to access services and transitional housing in the central city where they are often already living.

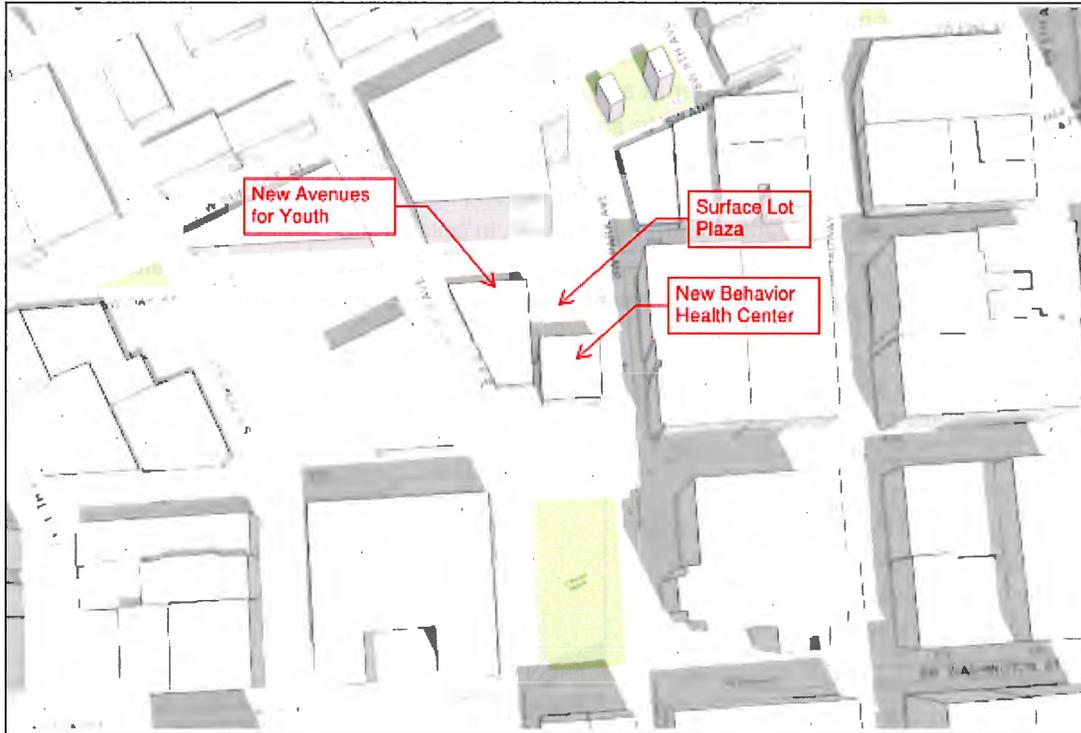
Over the past several years the County has sought a location in the downtown area that would meet the program requirements for this type of center, including: an available, appropriately zoned property, a central downtown location, adequate interior and exterior space for day services and overnight shelter and short-term transitional housing, easy walk-in access, and capacity for necessary infrastructure like hygiene facilities and safe storage space for belongings. The property at 333 SW Park Avenue, and the adjacent parking lot on SW Oak Street, provide an excellent location and flexible interior and exterior space for this specific purpose.



## Project Development History

Starting in September of 2018, Multnomah County began to explore the feasibility of a behavioral health resource center at an available property located at 333 SW Park Avenue. The building is at the center of the easterly portion of Block 86 at NW Park Ave & SW Harvey Milk Street in downtown Portland and immediately adjacent to a surface parking lot also available for purchase. The property owner, Project^, provided preliminary information on the property, and the County engaged in several phases of due diligence investigation. Klash Group, with assistance from Carleton Hart Architecture, produced an initial 30-day due diligence report.

On Jan. 17, 2019, the Board of County Commissioners approved Resolution 2019-007 for the purchase of the Real Property located at 333 SW Park Avenue in Portland. On Jan. 31, 2019 the Board of Commissioners approved Resolution 2019-011 for the purchase of the adjacent surface parking lot.



## Project Status

The Project Management Team (PMT) was recently formed with members including Multnomah County Mental Health & Addiction Services (MHASD), Facilities & Property Management (FPM), The Kloth Group, Carleton Hart Architecture (CHA), and Mortenson Construction.

The PMT recently engaged in an effort to evaluate the program for the new facility. The program is to be based on the existing structure that has four floors, plus a basement and mezzanine, and the adjacent surface parking lot to support the Behavioral Health Resource Center.

Carleton Hart Architects is leading the effort to update the conceptual building layout provided by the prior building owner. The Project Management Team is currently meeting with MHASD to review potential programming elements and associations. Several organizational, communication and administrative tasks, have been initiated to lay the groundwork for a well-functioning project team.

Contracts for services with the architect and owner's representative have been developed, and the management team is well positioned to effectively and efficiently engage in the project design effort.

The team will present this FAC-1 Preliminary Planning Proposal to the Board of County Commissioners in September 2019 for authorization to complete the design phases and potentially early work on the construction of the new facility.

The scope, costs and schedule of this new project are presented within this Preliminary Planning Proposal.

# FAC-1 PRELIMINARY PLANNING PROPOSAL

## PART B - SUMMARY OF FINDINGS

### Project Goals & Objectives

The following guiding principles and goals were established through work sessions with MHASD leadership.

#### GUIDING PRINCIPLES

- Plan for 80-year structure
- Determine appropriate target lifetime for programmatic build-out
- Provide dignity for guests and residents
- Assure flexibility to accommodate changing uses over time
- Build for durability and maintenance but not institutional
- Incorporate trauma-informed design principles
- Anticipate trends in behavioral health care
- Evaluate funding-driven service/facility requirements
- Equity-informed design
- Support wellness, through use of daylight, sound, etc.
- Integrate with the community
- Promote the safety of guests, residents and staff
- Remove barriers to assure accessibility
- Be environmentally sustainable

#### GOALS

Form:

- Easy to clean and maintain
- Durable and welcoming
- Safe and private outdoor space for residents
- Welcoming street presence

Function:

- Design for integrated care
- Guest and resident safety
  - Staff visibility of residents and guests
  - Safe spaces for residents and guests
  - Self-injury prevention
- Staff efficiency
- Space for guests to get off the street
- Separate day-use guests and residents
- Accommodate minimum 40 beds in mental health shelter
- Allow for smooth circulation
- Encourage clear navigation

Sustainability:

- Achieve a Leadership in Energy & Environmental Design (LEED) Gold Rating

- Meet the Architecture 2030 Challenge
- Meet 2009 Climate Action Plan
- 1.5% for Green Energy Technology
- 1.0% for Workforce Development through the Construction Diversity and Equity Fund (CDEF)

Art:

- Participate in the Percent for Arts Program at 2% of construction costs per Ordinance No. 1117

Schedule:

- Move-in as soon as possible

Budget:

- On-budget

**COMMUNITY BENEFITS**

Minority-Owned Business, Women-Owned Business, Service Disabled Veteran, Emerging Small Business (MWSDVESB) Involvement: The County is seeking a high level of participation from MWSDVESB businesses and organizations, and has identified an aspirational goal of 20% involvement of the value of construction, and for 20% of the total design fee.

Apprentice Involvement: The County is seeking a high level of participation from women and minority apprentices with an overall apprentice workforce goal of 20% in alignment with the County’s Workforce Training and Hiring Program requirements.

**COMMUNITY INVOLVEMENT**

The project will seek the input of, and ensure communication with, community members throughout the design and construction process.

Community stakeholder engagement is an integral part of the planning process for the Resource Center. The initial efforts, as described below, have yielded valuable information and has sparked interest in the program. Engagement began in early 2019 with businesses, neighbors and peer groups. Additional engagement efforts will be scheduled beginning in Fall 2019.

*Businesses and Neighbors*

Surrounding businesses and other neighbors of 333 SW Park Ave have a unique vantage point to consider in developing BHRC. Their knowledge, community understanding, and experiences with the population served, will be sought throughout the development process through a series of feedback sessions.

Jan.14, 2019: Mental Health and Addiction Services staff presented to the Oregon Restaurant and Lodging Association to offer preliminary information about the project and to discuss potential benefit to local restaurants and hotels with regard to opportunities to help those who seek help from these businesses or their customers.

March 7, 2019: Representatives from the Multnomah County Chair’s office, Office of Joint Homeless Services and Mental Health Division presented to the Portland Business Alliance to discuss the project and to field questions and concerns of local businesses. Overall, the feedback was positive and audience expressed excitement about the impact of the project on those in need.

The BHRC planning team is in the process of scheduling formal stakeholder meetings with Businesses and Neighbors beginning Nov. 1, 2019. Topics for this group are in development, but may include the following:

- Increasing safety in community
- Referral pathways to the Resource Center.
- Addressing concerns and exploring ways to support collaboration between businesses and neighbors and the Resource Center.
- Behavioral Health stigma
- Communication pathways to address concerns or share successes

#### *Peer Groups*

Peers, including those affiliated with large and small agencies, shelters, substance use treatment programs, mental health treatment facilities and culturally specific services, will help guide the development process through a valuable lens. This stakeholder group has provided and will continue to provide recommendations, feedback and suggestions in the following areas:

- Safety and belonging
- Services
- Inclusion and exclusion criteria
- BHRC promotion/marketing
- Avoiding past missteps
- Hiring, training and volunteer coordination
- Trauma-informed architectural design
- Creating a healing environment
- Strategies for managing capacity and traffic flow

To date, four peer stakeholder meetings have taken place with an average of 19 peer attendees and 40 individuals invited. These meetings took place on Feb. 22, March 29, Aug. 16 and Sept. 6, 2019. The next meeting will take place on Oct. 30, when Carleton Hart will join for the second time to offer sample design ideas to the group for feedback and recommendations. This group will continue to meet until the Advisory Council is established and as needed, see below Advisory Council section.

#### *Consumers/Impacted Individuals*

The goal for this project is to be client-centered and informed for the success of the BHRC. Individuals impacted by homelessness, mental illness and/or substance use disorders have the lived experience to help Resource Center develop into an informed space for healing, safety and belonging. We are in the process of developing a survey to include open-ended questions that explore service needs, qualities of good and bad experiences of other similar programs, barriers to engagement, barriers to following through with resource connection, trauma and equity informed programming, and tips and strategies to increase program success. The Behavioral Health Resource Center planning team has also connected and will soon meet with Cascadia's Street Outreach team to connect with consumers to learn from their experiences.

#### *Providers/Services*

Providers who offer services similar to those potentially provided at BHRC will be invited to feedback sessions starting early 2020, although information is already being shared within the provider community through word of mouth. The following non-exhaustive list includes service type providers who will be invited to participate:

- Mental health
- Substance use disorder treatment
- Culturally specific services
- Housing support
- Employment and educational support
- Medical/Nursing
- Health and wellness
- Benefits
- Parenting resources and education

Topics to be explored with this group include:

- Policies and procedures
- Best practices
- Outcomes
- Culturally specific service provision
- Trauma-informed care
- Form and policy development
- Referral paths

#### *First Responders*

This stakeholder group will be helpful in understanding the issues, incidents and events that typically lead to their involvement with the intended population to understand the intersections with their work and BHRC. The following groups will be invited to stakeholder groups starting in early 2020:

- Portland Police Bureau
- Portland Fire & Rescue
- Emergency Medical Services
- Project Respond
- Mobile Crisis Team

Topics explored will include the following:

- Expectations
- Agreements
- Referral process
- Barriers
- Needs

#### Advisory Council

By mid-2020, the Behavioral Health Resource Center planning group will organize an advisory council made up of individuals whose interests, experience and affiliations will increase the effectiveness of the center. This group will assist with decision-making, influence program design, serve on procurement evaluation committees, and continue to provide feedback, recommendations to inform the work of the center. Individuals representing the various stakeholders impacting project design will be sought for membership to continue to engage the impacted community.

## Project Scope

The proposed project is the renovation of an existing, county-owned building for use as a Behavioral Health Resource Center. The building is approximately 24,000 gross square feet, four-and-one-half story structure located on Southwest Park Avenue in Portland's Central City.

The Center will house three distinct, but interrelated, behavioral health programs to support persons experiencing homelessness including: a day-use resource center, a 24-hour dedicated mental health shelter, and transitional housing.

Design work has not been initiated, but the programming process is working with the assumption that the programs will be distributed vertically as follows:

- Day-use resource center – Levels 1 & 2; Exterior plaza
- Mental health shelter – Level 3
- Transitional housing – Level 4
- Shared administrative spaces – Level 5

## Building Programming:

From June to August 2019, Carleton Hart Architecture staff led an effort to develop program information for each of the programmatic components of the Behavioral Health Resource Center. Detailed program data such as area and space needs, spatial relationships, and functional requirements were obtained in the following manner:

- Carleton Hart consulted with representatives of Multnomah County Mental Health and Addiction Services Division over a series of meetings to develop the Resource Center's programmatic requirements and ideals. Program data was then refined to fit the limitations of the existing structure.
- The program incorporates lessons learned from recent shelter and transitional housing projects in the region.

Carleton Hart is developing adjacency diagrams to document required and preferred adjacencies between programmatic components as well as between functional spaces within each program.

## Concept Design Narrative:

The building design has not yet commenced. As defined in the Project Goals and Objectives, expectations for building design include:

**Cost efficiency:** The goal is to realize best value and operational efficiency for the citizens of Multnomah County.

**Durability:** Design decisions will be made with the goal of a minimum 80 years life expectancy for the building. This means that choices about the kinds of exterior materials, hardware, mechanical systems, roofing and other important elements will be made in the context of maximizing longevity. Finishes and materials will be selected for durability and ease of maintenance while avoiding an institutional feel.

**Functionality:** The project's functional goal is to provide integrated care along a continuum of behavioral health services for persons experiencing homelessness. The project seeks to create a safe, dignified,

wellness-supportive environment for guests and residents.

**Sustainability:** The project seeks to minimize environmental impact within an urban environment and has specifically set significant goals with respect to multiple performance benchmarks including LEED and Architecture 2030.

**Community integration:** The project will be designed to provide privacy and dignity to guests and residents while unobtrusively integrating into the neighborhood.

## MWSDVESB Participation and Subcontracting Plan

M.A. Mortenson Company, our competitively selected construction manager, general contractor construction firm, will work in conjunction with Multnomah County and the Kloth Group to develop and implement a project specific subcontracting plan. The plan will define a prescriptive bidding approach that ensures that the diversity goals for both the construction manager and Multnomah County are met. The plan will be specific to MWSDVESB firm participation and Workforce Training Goals associated with apprenticeship programs.

The Subcontracting Plan will define multiple approaches to subcontractor procurement which includes Open/Competitive Bidding, Targeted/Select Bidder Lists, and RFP Best Value Selection. Each scope of work will be assigned to one of these procurement approaches to maximize diversity in the project. These scopes of work/bid packages will be clearly communicated to the subcontractor community to ensure participation.

## Preliminary Project Milestone Schedule

<i>Date:</i>	<i>Activity:</i>
September 2019	FAC-1 Presented to Board of County Commissioners
4th Quarter 2019	Complete Schematic Design and Design Development
1st Quarter 2020	Early Release Seismic CD, Permitting, and Establish Prelim GMP
2nd Quarter 2020	Construction Documents, Permitting, and Establish Final GMP
1st Quarter 2020	Begin Construction
2nd Quarter 2021	Construction Complete, Begin Move-in

## Conceptual Cost Estimate:

The estimate for the project is conceptual in these early planning stages of a project, variations of estimate components may be wide, and that there are essentially no design documents available to develop take-off based construction estimates.

A conceptual estimate, when properly assembled, includes contingency factors to reflect that the level of data upon which the estimate is based is limited. Costs are anticipated to increase somewhat as the project design is developed and more detailed estimates are performed. As that occurs, portions of the contingencies are applied to offset the cost increases, while estimate reliability also increases. When the Design Development phase is completed, a comprehensive re-evaluation of project costs will be developed

with the first package of preliminary design drawings and specifications. Accordingly, the updated estimate will have an increased level of reliability. Further estimate reliability will occur as drawings and specifications are completed.

For the past several months, the conceptual estimate has been assembled with the following methods and assumptions:

- The construction cost estimate has been compiled by using concept plans from the prior building owner as a base. This was for a renovation of four-story building with a basement and a mezzanine. Materials and systems are assumed to remain as County Standard. The 1.5% Green Energy Technology Program Costs are added. Contingencies are included to address the stage of the project being conceptual in nature, escalation and other factors are included.
- County-performed or provided elements include Furniture, Fixtures and Equipment, Telecommunications Systems, and Building Network and User Hardware Systems. Factors for escalation and general contingency are included.
- Project Soft Costs include numerous line items, but essentially cover permits, fees, professional services from consultants and vendors, 2% for Art, 1.0 % Construction Diversity Equity Fund, escalation and a small contingency.
- Other assumptions include the proposed schedule is maintained, there are no significant program changes to the project, and no significant events occur that impact local economic factors.

Based on these factors, the results of the Conceptual Cost Estimate effort provides confidence that the project should be delivered within a range of \$15.0 million to \$20.0 million

### **Project Budget Funding Sources:**

The Board of County Commissioner set aside \$11 million in General Fund Contingency in the FY2020 Budget for this project. These funds are partially from proceeds from the sale of the Central Courthouse and McCoy Buildings. The project team is working to secure the remaining funds needed for this project.

# **FAC-1 PRELIMINARY PLANNING PROPOSAL**

## **PART C – NEXT STEPS**

Following is a brief description of the recommended “Next Steps” to move the project forward.

### **Initiate Schematic Design and Design Development phase**

This is the primary design phase required to produce a well-defined scope of work for the project, suitable for a significant estimate exercise for construction. Milestone estimates and review of construction materials and systems options will be conducted throughout the process to control costs. At the end of this design phase and subsequent cost estimating work, the results will be presented to the Board of Commissioners. The project team would next request authorization to develop the construction documents.

### **CM/GC Contractor Pre – Construction services**

The construction manager/general contractor and their partners will provide cost estimating, cost-risk management, and design-review activities to help align the project goals, design and constructability. They will provide early input on structural upgrade options, identify critical decisions that impact the construction schedule and opportunities to accelerate it, and begin outreach for MWSDVESB firms and Workforce diversity.

### **Initiate the City of Portland Design Review process**

An Early Assistance Meeting with the City of Portland Bureau of Development Services will be scheduled to confirm any required design review processes. It is likely that a Type II Design Review will be required for the Plaza portion of the project to review any covered structures, landscaping and driveway changes, and other required design standards. The building portion of the project may also require a form of design review approval. Neighborhood involvement may be required, and the project management team will continue previously established communication with neighborhood associations and other parties.

### **Establish the Community Advisory Committee**

The County will establish a Community Advisory Committee that will meet regularly with Multnomah County throughout the design and construction phases to maintain communications, resolve issues that may arise, and work together to improve the livability and safety of the neighborhood.

### **Determine the viability of an early work package to occur in Spring 2020**

The Project Management Team has identified the potential for a method to shorten the project delivery schedule and mitigate potential risks to the County, by construction of an “Early Seismic Package” in Spring 2020. Many challenges must be addressed, but if the approach appears viable, the team would engage in planning for excavation, foundation systems and rough carpentry to be performed when the weather is favorable for such activities.

## Estimate of Next Steps Activities

Activities required to complete schematic and design development phases, initiate early construction activities and explore early work packages:

Architecture and Consultant Fees	\$ 700,000
Pre-Construction & Design / Build Services*	\$ 800,000
Multnomah County, Consultants, Initial Permit Fees	\$ 300,000
Contingencies	\$ 400,000
Total	\$ 2,200,000

\* Estimate does not include costs for early structural package

## Schedule for Next Steps Activities

Schematic Design Phase:	Aug. 2019 – Oct. 2019
Design Review Process:	Oct. 2019
Design Development Phase:	Oct. 2019 – Dec. 2019
Initiate Community Involvement Committee:	Dec. 2019
Complete Design Development Est., Brief Board:	Jan. 2020
Present Project Plan for Construction:	Apr. 2020

# FAC-1 PRELIMINARY PLANNING PROPOSAL

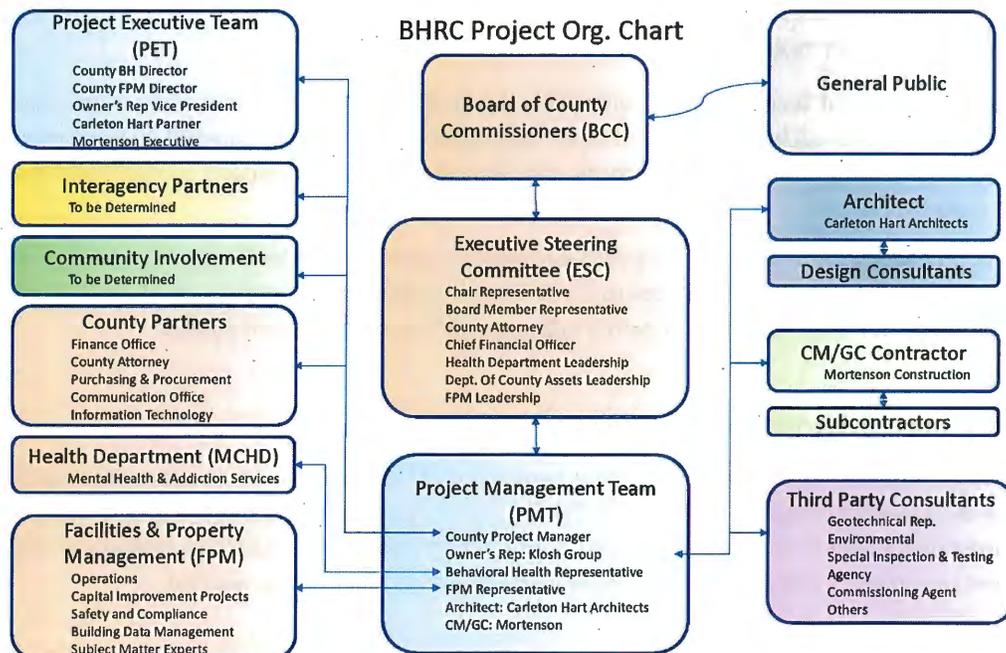
## PART D – PROJECT MANAGEMENT

### The Project Management Team (PMT)

The Project Management Team was formed in July 2019 and has been working closely together to evaluate the project and to present the recommendations contained within this FAC-1 Project Plan. The current PMT includes representation from:

- Multnomah County Facilities and Property Management
- Multnomah County Mental Health and Addiction Services
- Kloth Group, Owner Representative
- Carleton Hart Architecture, Architect
- Mortenson, CM/GC Contractor

The Project Management Team is responsible for the day-to-day detailed activities associated with the project, but is a part of a larger group of entities engaged in the common efforts to deliver a successful project to Multnomah County. The full organizational relationships are illustrated in the Org Chart.



## **Project Communication and Reporting**

### **BOARD OF COUNTY COMMISSIONERS (BCC)**

The Board of County Commissioners is composed of the elected chair and four elected commissioners of Multnomah County. The County is the Project owner by and through the Board.

### **EXECUTIVE STEERING COMMITTEE (ESC)**

The Executive Steering Committee is composed of Board Member representatives and Department and County Leadership. This team meets with Project Management Team Representatives to review the status of the project and provide guidance on project issues and goals. It is expected that the Executive Steering Committee, with the Owner's Representative, will meet regularly throughout project design and construction to completion.

### **PROJECT EXECUTIVE TEAM (PET)**

This team consists of Executive Leadership representatives from the agencies and companies directly involved in the project. Its purpose is to provide executive level communication and guidance, and to monitor the overall progress and performance of the PMT and other partners as needed. It will also undertake and resolve issues that may arise related to public and business practice. The PET will meet approximately quarterly.

### **PROJECT MANAGEMENT TEAM (PMT)**

The Project Management Team is responsible for the day-to-day detailed activities associated with the project. These activities will be guided by a Project Management Plan that is founded on principles of developing and engaging a management Process that is inclusive, transparent and protective of the County's best interests.

The Project Management Team's activities will be carefully monitored by the Owner Representative, regular meetings will be held with minutes to follow recording activities, progress, resolution of issues, identification of new issues, decisions required and status of the schedule and budget.

### **TECHNICAL WORKING GROUPS (TWGs)**

The County will form specialized working groups composed of technical experts in specialized fields that will advise the Project Management Team and the County on recommendations for specific issues. This may include County staff from the Multnomah County Health Department, Facilities Division, IT, Finance Department, and County Attorney. The technical working groups will meet as needed.

# **FAC-1 PRELIMINARY PLANNING PROPOSAL**

## **PART E – Exhibits**

### **Programming and Adjacency Diagram:**

see next page.

