



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

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

Deborah Kafoury, 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

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

Judy Shiprack, Commission Dist. 3

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

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

Email: district3@co.multnomah.or.us

Diane McKeel, Commission Dist. 4

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-5213 FAX (503) 988-5262

Email: district4@co.multnomah.or.us

Link to watch live Thursday Board meetings on-line:

www2.co.multnomah.or.us/cc/live_broadcast.shtml

Link for on-line agendas and agenda info:

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Free public access to wireless internet M-F from 6 AM to 9 PM during meetings in the Boardroom

Americans with Disabilities Act Notice: If you need this agenda in an alternate format or wish to attend a Board Meeting, please call the Board Clerk (503) 988-3277. Call the City/County Information Center TDD number (503) 823-6868 for info on available services and accessibility.

REVISED-2 SEPTEMBER 17, 2009 BOARD MEETING FASTLOOK AGENDA ITEMS

| | |
|---------|--|
| Pg 2 | 9:30 a.m. Thursday Public Comment |
| Pg 2 | 9:35 a.m. Thursday Ordinance Amending County Land Use Code, Plans and Maps to Adopt Portland's Recent Land Use Code, Plan and Map Revisions Regarding the Hayden Island Plan |
| Pg 3 | 9:40 a.m. Thursday Appointments to the Citizen Advisory Committee and Library Advisory Board |
| Pg 3 | 9:55 a.m. Thursday Approval of the 2009-2011 Community Corrections Plan |
| Pg 3 | 10:10 a.m. Thursday Proclamation Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon |

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(503) 667-8848, ext. 332 for further info
or: <http://www.metroeast.org>

Thursday, September 17, 2009 - 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 Intergovernmental Revenue Agreement 0910090 with the City of Wood Village for the Installation of Curb and Sidewalk on NE Halsey Street from the City Park to NE Birch Avenue Utilizing "Exchange" Funds from the Oregon Department of Transportation

DEPARTMENT OF COMMUNITY JUSTICE

C-2 BUDGET MODIFICATION DCJ-05 Reclassifying a Corrections Technician to a Program Coordinator in the Business Applications and Technology Team, as Determined by the Class/Comp Unit of Central Human Resources

C-3 BUDGET MODIFICATION DCJ-06 Reclassifying a Program Development Specialist to a Program Coordinator in the Business Applications and Technology Team, 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 COMMUNITY SERVICES – 9:30 AM

R-1 NOTICE OF INTENT to Apply for Federal Highway Bridge Program Funds for Broadway Bridge for 2014-2015

R-2 First Reading and Possible Adoption of an ORDINANCE Amending County Land Use Code, Plans and Maps to Adopt Portland's Recent Land Use Code, Plan and Map Revisions to Adopt and Implement the Hayden Island Plan in Compliance with Metro's Functional Plan and Declaring an Emergency

NON-DEPARTMENTAL - 9:40 AM

- R-3 Appointment of Steven Pascal-Joiner, Amy Anderson, B.J. Finley-Branch and Miguel Gonzalez to the Multnomah County CITIZEN INVOLVEMENT COMMITTEE
- R-4 Appointment of Danika Stochosky and Lori Irish Bauman to the Multnomah County LIBRARY ADVISORY BOARD

DEPARTMENT OF COUNTY MANAGEMENT – 9:50 AM

- R-5 BUDGET MODIFICATION DCM-03, Adding \$30,000 to the Central Human Resources Training Budget to Reimburse the County for Providing Facilitative Leadership Training

DEPARTMENT OF COMMUNITY JUSTICE – 9:55 AM

- R-6 Approval of the 2009-2011 Community Corrections Plan

DEPARTMENT OF COUNTY HUMAN SERVICES – 10:00 AM

- R-7 BUDGET MODIFICATION DCHS-04 Increasing Community Services Division Federal/State Appropriation by \$81,318 in U.S. Department of Housing and Urban Development Community Development Block Grant, American Reinvestment Recovery Act Entitlement Grant Funding
- R-8 BUDGET MODIFICATION DCHS-05 Increasing Aging and Disability Services Division Federal/State Appropriation by \$224,150 in American Recovery and Reinvestment Act Grant Funding
- R-9 PROCLAMATION Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon

DEPARTMENT OF HEALTH – 10:20 AM

- R-10 BUDGET MODIFICATION HD-02 Appropriating \$427,049 in Revenue from the Department of Health and Human Services, Health Resources and Services Administration, American Recovery and Reinvestment Act, Increased Demand for Health Services Initiative, and Reducing Appropriation by \$427,049 in Revenue from Title 19/Medicaid–OMAP Fee for Services

- R-11 BUDGET MODIFICATION HD-03 Appropriating \$2,320,075 in Revenue from the Department of Health and Human Services, Health Resources and Services Administration, American Recovery and Reinvestment Act, Capital Improvement Program
- R-12 Budget Modification HD-04 Appropriating \$50,000 in Revenue from the City of Portland Bureau of Housing and Community Development, Lead Hazard Control
- R-13 NOTICE OF INTENT to Submit a \$1.75 Million Grant Request to the Health Resources and Services Administration to Establish Health Service Facilities in the Rockwood Area of Multnomah County through the American Recovery and Reinvestment Act of 2009

BOARD COMMENT

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.



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SEPTEMBER 15 & 16, 2009 BOARD MEETINGS FASTLOOK AGENDA ITEMS

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Tuesday, September 15, 2009 - 9:00 AM
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 **IF NEEDED** 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 may attend. News media and all other attendees are specifically directed not to disclose information that is the subject of the Executive Session. Final decisions are decided in public Board meetings. Presented by County Attorney Agnes Sowle. 15-55 MINUTES REQUESTED.
-

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MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: **0910090**

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

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"/> Personal Services Contract | <input type="checkbox"/> Expenditure Contract |
| <input type="checkbox"/> PCRB 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"/> PCRB 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 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: Community Services Division/ Program: Land Use and Trans Program Date: 8/14/09
 Originator: Adam Soplop/Brian Vincent Phone: (503) 988-5050 x22604/x29642 Bldg/Room: 425/Yeon
 Contact: Cathey Kramer (Administrative) Phone: (503) 988-5050 x22589 Bldg/Room: 425/Yeon

Description of Contract: An Intergovernmental Agreement between Multnomah County and the City of Wood Village for design and construction of a concrete curb and sidewalk in the vicinity of Donald Robertson city Park, on the south side of NE Halsey St., from the park entrance to Birch Avenue. This is a Revenue IGA.

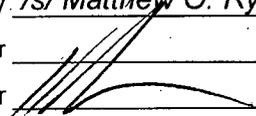
RENEWAL: PREVIOUS CONTRACT #(S) _____ EEO CERTIFICATION EXPIRES _____

PROCUREMENT, _____ ISSUE _____ EFFECTIVE _____ END _____
 EXEMPTION OR _____ DATE: _____ DATE: _____ DATE: _____
 CITATION # _____

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

| | | | |
|----------------------------------|--|---|---|
| Contractor | City of Wood Village | Remittance address (if different) | |
| Address | 2055 NE 238 th Drive | Payment Schedule / Terms: | |
| City/State | Wood Village OR | <input type="checkbox"/> Lump Sum \$ _____ | <input type="checkbox"/> Due on Receipt |
| ZIP Code | 97060 | <input type="checkbox"/> Monthly \$ _____ | <input type="checkbox"/> Net 30 |
| Phone | (503) 667-6211/Fax: (503) 669-8723 (Randy Jones) | <input checked="" type="checkbox"/> Other \$ _____ | <input type="checkbox"/> Other |
| Employer ID# or SS# | N/A | <input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info: | |
| Contract Effective Date | 09/03/2009 | Term Date | 09/02/2011 |
| Amendment Effect Date | | New Term Date | |
| Original Contract Amount | \$ _____ | Original PA/Requirements Amount | \$ _____ |
| Total Amt of Previous Amendments | \$ _____ | Total Amt of Previous Amendments | \$ _____ |
| Amount of Amendment | \$ _____ | Amount of Amendment | \$ _____ |
| Total Amount of Agreement | \$ 90,000.00 | Total PA/Requirements Amount | \$ _____ |

REQUIRED SIGNATURES:

Department Manager  DATE _____
 County Attorney /s/ Matthew O. Ryan DATE August 14, 2009
 CPCA Manager _____ DATE _____
 County Chair  DATE 10.01.09
 Sheriff _____ DATE _____
 Contract Administration _____ DATE _____

COMMENTS: (WBS: ROADCEC061P)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-1 DATE 09.17.09

DEBORAH L. BOGSTAD, BOARD CLERK

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

From: RYAN Matthew O

Sent: Thursday, August 13, 2009 11:37 AM

To: VINCENT Brian S

Cc: KRAMER Cathey M

Subject: FW: 2009 Wood Village Halsey St Sidewalks IGA FOR ARRA.doc

Brian,

The attached contract has been reviewed and is approved for signatures.

Thanks.

Matthew O. Ryan

Assistant County Attorney

Office of Multnomah County Attorney

501 SE Hawthorne, Suite 500

Portland, Oregon 97214

Tel: 503-988-3138; Fax: 503-988-3377

matthew.o.ryan@co.multnomah.or.us

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From: VINCENT Brian S

Sent: Thursday, August 13, 2009 11:33 AM

To: RYAN Matthew O

Cc: KRAMER Cathey M

Subject: RE: 2009 Wood Village Halsey St Sidewalks IGA FOR ARRA.doc

Matt

Wood Village signed the IGA as you had modified (with a couple formatting things Cathey saw). Final is attached. For process; can you please affirm that you approve?

We have three signed copies here in the office. WV's confirmation of OK is attached. Brian

INTERGOVERNMENTAL AGREEMENT

County No. 0910090

This is an Agreement between the City of Wood Village, a political subdivision of the State of Oregon ("The City"), and Multnomah County, a political subdivision of the State of Oregon ("The County"), pursuant to authority granted in ORS Chapter 190.

PURPOSE:

The purpose of this Agreement is to provide for the design and construction of a concrete curb and sidewalk (including storm drain improvements) along NE Halsey Street (a County Road under the jurisdiction of the County) from the entrance to Donald Robertson City Park to Birch Ave. within the City of Wood Village (the "Project") and to establish the parties' obligations with respect to the Project. The parties have determined that the Project is necessary for the improved public safety and livability of NE Halsey Street.

RECITALS:

1. The Project budget estimate as of August 24, 2009 is \$150,000.
2. In 2009, the City was awarded Community American Rehabilitation and Recovery Act (ARRA) Funds in the amount of \$100,000 to fund the Project. The City has elected to engage in ODOT's "fund exchange" program and will receive \$94,000 from the State in exchange for the \$100,000 federal dollars. This program allows the City to engage in City managed design and construction of the project.
3. In 2009, the City was awarded Community Development Block Grant (CDBG) Program funds in the amount of \$45,000 to be matched with \$15,000 from the City of Wood Village to fund water quality improvements.
4. The City and County mutually agree that it is in the best public interest to utilize County design, advertising, award, and construction management services in executing the Project.
5. The Scope of the Project is set forth in the attached Exhibit A.
6. A map identifying the Project area is attached as Exhibit B.
7. The ODOT to City award letter is attached as Exhibit C.
8. The ODOT/City Agreement is attached as Exhibit D.
9. The CDBG award letter to City is attached as Exhibit E.

THE PARTIES AGREE AS FOLLOWS:

1. **TERM.** The term of this agreement shall be from the date that all required signatures have been obtained to the completion of the Project and final payment, or two calendar years following the date that all required signatures have been obtained, whichever is sooner.
2. **RECITALS ARE INCORPORATED.** The above Recitals are contractual and incorporated by this reference.

3. **RESPONSIBILITIES OF THE COUNTY.** The County agrees to provide the following services:
 - A. Designate the County Project Manager, who shall be:
 Name: Adam Soplop, PE
 Address: 1620 SE 190th Ave., Portland OR
 Phone/Fax: (503) 988-5050 x22604 – Fax: (503) 988-3321
 E-mail: adam.soplop@co.multnomah.or.us
 - B. County's Project Manager and/or appropriate staff shall regularly meet with City during the design and construction stages of the Project and provide timely responses to City's inquiries regarding the Project.
 - C. The County will design, advertise; and, provided an acceptable responsive bid is received, award a contract for and manage the construction of the Project in compliance with Exhibits A and B. The County shall only award a contract for construction of the Project if the available cash funds will cover the contract amount.
 - D. If the County does award the construction contract, the County shall maintain electronic copies of all project documents, which shall be provided to the City. The preliminary design shall identify any needs for ROW acquisition, easements, permits, utility relocations or reconstructions, etc., and such identified costs will be included in the project estimate.
 - E. If the County does award the construction contract, the County shall:
 1. Participate in public meetings scheduled for the Project by the City.
 2. Develop and deliver the project in accordance with timelines identified in Exhibit D.
 3. Invoice City on a monthly basis for project costs incurred.

4. **RESPONSIBILITIES OF CITY.** City agrees to provide the following services:
 - A. Designate the City's Project Manager, who shall be:
 Name: Randy Jones, Public Works Director
 Address: Wood Village City Hall, 2055 NE 238th Drive, Wood Village OR 97060
 Phone/Fax/E-mail: (503) 667-6211 – Fax: (503) 669-8723
 E-mail: randyj@ci.wood-village.or.us
 - B. Meet regularly with County during the design and construction stages of the Project.
 - C. Timely respond to County's Project Manger's inquiries regarding the Project.
 - D. Participate in all scheduled public meeting(s).
 - E. Within 30 days of receipt of the invoice by the County to the City of the County's incurred costs for the Project; the City shall request progress payment from ODOT out of the Fund exchange allocation for this project. Within 10 days of receipt of reimbursement from ODOT, City shall forward payment to County for County invoice.

5. **TERMINATION.** This Agreement may be terminated by either party upon 60 days' written notice.

6. **INDEMNIFICATION.**
 - A. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the financial limits therein, County shall indemnify, defend, and hold harmless City from and against all liability, loss, and costs arising out of or resulting from the acts of County, its officers, employees, and agents in the performance of this agreement.
 - B. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the financial limits therein, City shall indemnify, defend, and hold harmless County from and against all liability, loss, and costs arising out of or resulting from the acts of City, its officers, employees, and agents in the performance of this agreement.

7. **INSURANCE.** Each party shall be responsible for providing workers' compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.
8. **ADHERENCE TO LAW.** Each party shall comply with all federal, state, and local laws and ordinances applicable to this agreement.
9. **NON-DISCRIMINATION.** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
10. **ACCESS TO RECORDS.** Each party shall have access to the books, documents, and other records of the other which are related to this agreement for the purpose of examination, copying, and audit, unless otherwise limited by law.
11. **SUBCONTRACTS AND ASSIGNMENT.** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.
12. **THIS IS THE ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.
13. **ADDITIONAL TERMS AND CONDITIONS:**
 - A. Both parties agree that the final design, specifications, plans and standards and engineer's estimate for the Project shall be mutually approved before the advertisement for bids is published.
 - B. In the event the construction bids returned to the County exceed by 10% or more the estimated cost of the Project, the parties agree to timely meet to resolve how to fund the additional cost or revise the proposed project to stay within budget. If a mutually acceptable resolution is not obtained, the Project will be cancelled, and this Agreement will be terminated.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

By  10-01-09
Ted Wheeler Date

Title Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY

By /s/ Matthew O. Ryan (electronic)
Matthew O. Ryan 08/14/09
Assistant County Attorney

APPROVED : MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-1 DATE 09-17-09

DEBORAH L. BOGSTAD, BOARD CLERK

CITY OF WOOD VILLAGE, OREGON

By  Date: 09/09/09
David M. Fuller

Title Mayor

APPROVED AS TO FORM:

/s/ Jeffrey Condit
City Attorney Date: 08/11/09
City of Wood Village

EXHIBIT A

Project Description/Scope of Work

NE Halsey St Sidewalks – Robertson Park to NE Birch Ave

1. Remove boulders and grade existing ditch line on south side of Halsey from Robertson Park to Birch Ave.
2. Provide new closed drainage conveyance in ditch location adequately sized to accommodate existing flows. Connect known or observed side drains from existing home sites.
3. Provide catch basins and manholes as required.
4. Establish road profile grades for future road widening and place concrete curb and sidewalk at appropriate dimensions.
5. Incorporate the Halsey Street concept plan cross section profile to the greatest extent allowed by physical constraints.
6. Install water quality vault on south side of Halsey Street.

EXHIBIT B
Project Location
NE Halsey St Sidewalks – Robertson Park to NE Birch Ave



Richard Strathern, President, Gresham City Council
Chairman Wheeler and County Commissioners,

When it came to my attention that the County might again settle on the Rockwood Town Center in Gresham as their preferred location for the Multnomah County Justice Center Courthouse, my sense of government sound judgment was restored. There are two critical reasons why this selected site makes good business sense:

- 1) The current construction cost is at its lowest level since the Great Depression for public buildings.
- 2) Currently it looks as if the Multnomah County Commission, Metro Council and the City of Gresham's recommendations on the Urban and Rural Reserves being kept within the current urban growth boundaries in order to facilitate the development and "redevelopment" of Rockwood like neighborhoods also makes great business sense.

Facts in Support of REASON #1 (Headlines)

Public construction boosted amid recession: States are reporting decreases in building and construction costs. As reported by the (AP), the recession has sparked a decrease in public construction material costs. Tony Dorsey, a spokesman for the American Association of State highway and Transportation Officials says it matters that the global economic downturn has a far reaching impact which has caused prices to go down for everything and has help these reduced costs fuel lower bids and increased competition.

Costs post rare decline as contractors and suppliers cut margins to find work: Some economist have dubbed the current economic troubles "The Great Recession" to differentiate it from the Great Depression of the 1930s. While there are significant differences between the two economic calamities, there is one striking similarity: a sharp and prolonged decline in construction costs.

Recession lowers cost of Fire Stations: Lumping three fire stations projects together in one bid let Tualatin Valley Fire & Rescue take advantage of recession-driven savings. General contractor CSI won the contract with a bid \$7 million, \$1.2 million below Tualatin Valley's estimate.

Current construction costs to save University of Georgia millions: "We're see savings of 18 to 28 percent" said UGA Campus Architect Danny D Sniff. "The downturn in the economy is terrible for everyone, but for us, we're seeing real savings. Bids and actual project costs are coming in at millions of dollars below budget."

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. 09-111

Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

- 23.2 million people aged 12 or older in the United States needed treatment for a substance use disorder in 2007, and 5.4 million adults also suffered from a concurrent mental illness; and
- People who are part of the recovery community lead more productive and fulfilling lives, personally and professionally; and add to the health of our community.
- Real stories of long-term recovery can inspire others to ask for help and improve their own lives, the lives of their families, and the entire community; and
- It is critical that we educate our community members that substance use disorders are serious, but treatable health care problems, and by treating them like other chronic diseases, we can improve the quality of life for the entire community.

The Multnomah County Board of Commissioners Proclaims:

The month of September 2009 is proclaimed **NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH IN MULTNOMAH COUNTY, OREGON**. We invite all residents of Multnomah County to observe this month with appropriate programs, activities, and ceremonies supporting this year's theme, *"Join the Voices for Recovery: Together We Learn, Together We Heal"*.

ADOPTED this 17th day of September 2009.

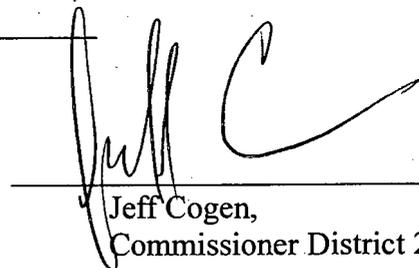
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



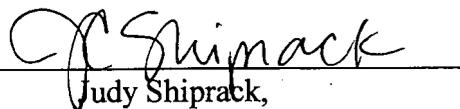
Ted Wheeler, County Chair



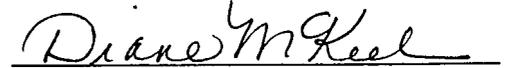
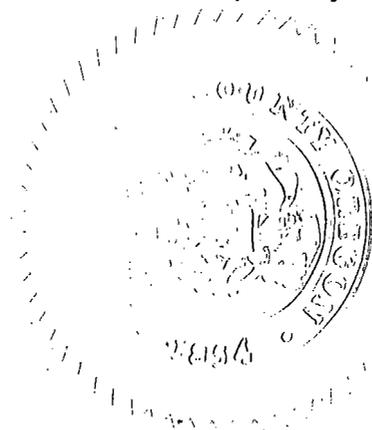
Deborah Kafoury,
Commissioner District 1



Jeff Cogen,
Commissioner District 2



Judy Shiprack,
Commissioner District 3



Diane McKeel,
Commissioner District 4

SUBMITTED BY:

Joanne Fuller, Director, Department of County Human Services



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

Ted Wheeler, Chair

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REVISED-2 SEPTEMBER 17, 2009 BOARD MEETING FASTLOOK AGENDA ITEMS

| | |
|---------|--|
| Pg 2 | 9:30 a.m. Thursday Public Comment |
| Pg 2 | 9:35 a.m. Thursday Ordinance Amending County Land Use Code, Plans and Maps to Adopt Portland's Recent Land Use Code, Plan and Map Revisions Regarding the Hayden Island Plan |
| Pg 3 | 9:40 a.m. Thursday Appointments to the Citizen Advisory Committee and Library Advisory Board |
| Pg 3 | 9:55 a.m. Thursday Approval of the 2009-2011 Community Corrections Plan |
| Pg 3 | 10:10 a.m. Thursday Proclamation Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon |

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Produced through MetroEast Community Media

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Thursday, September 17, 2009 - 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 Intergovernmental Revenue Agreement 0910090 with the City of Wood Village for the Installation of Curb and Sidewalk on NE Halsey Street from the City Park to NE Birch Avenue Utilizing "Exchange" Funds from the Oregon Department of Transportation

DEPARTMENT OF COMMUNITY JUSTICE

- C-2 BUDGET MODIFICATION DCJ-05 Reclassifying a Corrections Technician to a Program Coordinator in the Business Applications and Technology Team, as Determined by the Class/Comp Unit of Central Human Resources
- C-3 BUDGET MODIFICATION DCJ-06 Reclassifying a Program Development Specialist to a Program Coordinator in the Business Applications and Technology Team, 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 COMMUNITY SERVICES – 9:30 AM

- R-1 NOTICE OF INTENT to Apply for Federal Highway Bridge Program Funds for Broadway Bridge for 2014-2015
- R-2 First Reading and Possible Adoption of an ORDINANCE Amending County Land Use Code, Plans and Maps to Adopt Portland's Recent Land Use Code, Plan and Map Revisions to Adopt and Implement the Hayden Island Plan in Compliance with Metro's Functional Plan and Declaring an Emergency

NON-DEPARTMENTAL - 9:40 AM

- R-3 Appointment of Steven Pascal-Joiner, Amy Anderson, B.J. Finley-Branch and Miguel Gonzalez to the Multnomah County CITIZEN INVOLVEMENT COMMITTEE
- R-4 Appointment of Danika Stochosky and Lori Irish Bauman to the Multnomah County LIBRARY ADVISORY BOARD

DEPARTMENT OF COUNTY MANAGEMENT – 9:50 AM

- R-5 BUDGET MODIFICATION DCM-03, Adding \$30,000 to the Central Human Resources Training Budget to Reimburse the County for Providing Facilitative Leadership Training

DEPARTMENT OF COMMUNITY JUSTICE – 9:55 AM

- R-6 Approval of the 2009-2011 Community Corrections Plan

DEPARTMENT OF COUNTY HUMAN SERVICES – 10:00 AM

- R-7 BUDGET MODIFICATION DCHS-04 Increasing Community Services Division Federal/State Appropriation by \$81,318 in U.S. Department of Housing and Urban Development Community Development Block Grant, American Reinvestment Recovery Act Entitlement Grant Funding
- R-8 BUDGET MODIFICATION DCHS-05 Increasing Aging and Disability Services Division Federal/State Appropriation by \$224,150 in American Recovery and Reinvestment Act Grant Funding
- R-9 PROCLAMATION Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon

DEPARTMENT OF HEALTH – 10:20 AM

- R-10 BUDGET MODIFICATION HD-02 Appropriating \$427,049 in Revenue from the Department of Health and Human Services, Health Resources and Services Administration, American Recovery and Reinvestment Act, Increased Demand for Health Services Initiative, and Reducing Appropriation by \$427,049 in Revenue from Title 19/Medicaid-OMAP Fee for Services

- R-11 BUDGET MODIFICATION HD-03 Appropriating \$2,320,075 in Revenue from the Department of Health and Human Services, Health Resources and Services Administration, American Recovery and Reinvestment Act, Capital Improvement Program
- R-12 Budget Modification HD-04 Appropriating \$50,000 in Revenue from the City of Portland Bureau of Housing and Community Development, Lead Hazard Control
- R-13 NOTICE OF INTENT to Submit a \$1.75 Million Grant Request to the Health Resources and Services Administration to Establish Health Service Facilities in the Rockwood Area of Multnomah County through the American Recovery and Reinvestment Act of 2009

BOARD COMMENT

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.



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SEPTEMBER 15 & 16, 2009 BOARD MEETINGS FASTLOOK AGENDA ITEMS

| | |
|---------|--|
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Tuesday, September 15, 2009 - 9:00 AM
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 **IF NEEDED** 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 may attend. News media and all other attendees are specifically directed not to disclose information that is the subject of the Executive Session. Final decisions are decided in public Board meetings. Presented by County Attorney Agnes Sowle. 15-55 MINUTES REQUESTED.
-

Thursday, September 17, 2009 - 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 Intergovernmental Revenue Agreement 0910090 with the City of Wood Village for the Installation of Curb and Sidewalk on NE Halsey Street from the City Park to NE Birch Avenue Utilizing "Exchange" Funds from the Oregon Department of Transportation

DEPARTMENT OF COMMUNITY JUSTICE

- C-2 BUDGET MODIFICATION DCJ-05 Reclassifying a Corrections Technician to a Program Coordinator in the Business Applications and Technology Team, as Determined by the Class/Comp Unit of Central Human Resources
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REGULAR AGENDA

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BOARD COMMENT

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
Commissioner
Jeff Cogen, District 2

501 SE Hawthorne Boulevard, Suite 600
Portland, Oregon 97214-3587
(503) 988-5219 phone
(503) 988-5440 fax
<http://www.commissinercogen.com>
district2@co.multnomah.or.us

MEMORANDUM

TO: Chair Ted Wheeler
Commissioner Deborah Kafoury
Commissioner Judy Shiprack
Commissioner Diane McKeel
Board Clerk Deb Bogstad

FROM: Marissa Madrigal
Chief of Staff to Commissioner Jeff Cogen

DATE: 7-23-2009

RE: Board Meeting Excused Absences

Commissioner Cogen will be out of town the weeks of August 31st and September 14th, 2009. He will be absent for any September 3rd and September 17th Board Meetings, as well as any "as needed" executive sessions September 1st or September 15th, 2009.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: C-1
 Est. Start Time: 9:30 AM
 Date Submitted: 08/27/09

Agenda Title: Intergovernmental Revenue Agreement 0910090 with the City of Wood Village for the Installation of Curb and Sidewalk on NE Halsey Street from the City Park to NE Birch Avenue Utilizing "Exchange" Funds from the Oregon Department of Transportation

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

| | | | |
|--------------------------------|---|-------------------------------|-------------------------------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>Consent Calendar</u> |
| Department: | <u>Community Services</u> | Division: | <u>Land Use & Trans Program</u> |
| Contact(s): | <u>Brian Vincent, PE, County Engineer</u> | | |
| Phone: | <u>(503) 988-5050</u> | Ext. | <u>29642</u> |
| Presenter(s): | <u>Brian Vincent, PE, County Engineer</u> | | |
| I/O Address: | <u>#425/2nd Floor</u> | | |

General Information

1. What action are you requesting from the Board?

The Department of Community Services' Land Use and Transportation Program requests approval of an Intergovernmental Agreement with the City of Wood Village for the installation of curb and sidewalk on NE Halsey Street from the City Park to NE Birch Avenue utilizing "exchange" funds from the Oregon Department of Transportation (ODOT).

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 Wood Village pursued options to take advantage of funds available to the state of Oregon and small cities from the American Recovery Reinvestment Act of 2009 (ARRA). Funds were awarded via a competitive process, and Transportation, in partnership with the City, submitted the Halsey Street Sidewalk project. This work will complement a current ARRA project County Land Use & Transportation is undertaking and will more fully complete this section of NE Halsey St. ODOT offered the small cities (under 5,000 in population) the option of "exchanging" ARRA funds for more discretionary funds. The City elected to participate. As a direct result of the discretionary funding, the City was able to engage County services (on a reimbursable basis) to design, advertise, award, and construct the project.

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

There is no direct impact. The City of Wood Village will fully compensate County costs associated with this work up to the limit specified in this agreement. Transportation will manage the scope of the project as necessary to stay within this limit and will receive an indirect benefit from this project as it will reduce maintenance costs on NE Halsey Street.

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. The City pursued and was awarded a grant under the American Recovery Reinvestment Act of 2009 (ARRA) through a competitive process. This project complements another Land Use & Transportation project and will be presented to the public prior to construction.

Required Signature

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



M. Cecilia Johnson

Date: 08/27/09

INTERGOVERNMENTAL AGREEMENT
County No. 0910090

This is an Agreement between The City of Wood Village, a political subdivision of the State of Oregon ("The City"), and Multnomah County, a political subdivision of the State of Oregon ("The County"), pursuant to authority granted in ORS Chapter 190.

PURPOSE:

The purpose of this Agreement is to provide for the design and construction of a concrete curb and sidewalk (including storm drain improvements) along NE Halsey Street (a County Road under the jurisdiction of the County) from the entrance to Donald Robertson City Park to Birch Ave. within the City of Wood Village (the "Project") and to establish the parties' obligations with respect to the Project. The parties have determined that the Project is necessary for the improved public safety and livability of NE Halsey Street.

RECITALS:

1. The Project budget estimate as of August 1, 2009 is \$90,000.
2. In 2009, the City was awarded Community American Rehabilitation and Recovery Act (ARRA) Funds in the amount of \$100,000 to fund the Project. The City has elected to engage in ODOT's "fund exchange" program and will receive \$94,000 from the State in exchange for the \$100,000 federal dollars. This program allows the City to engage in City managed design and construction of the project.
3. The City and County mutually agree that it is in the best public interest to utilize County design, advertising, award, and construction management services in executing the Project.
4. The Scope of the Project is set forth in the attached Exhibit A.
5. A map identifying the Project area is attached as Exhibit B.
6. The ODOT to City award letter is attached as Exhibit C.
7. The ODOT/City Agreement is attached as Exhibit D.

The parties agree as follows:

1. **TERM.** The term of this agreement shall be from the date that all required signatures have been obtained to the completion of the Project and final payment, or two calendar years following the date that all required signatures have been obtained, whichever is sooner.
2. **RECITALS ARE INCORPORATED.** The above Recitals are contractual and incorporated by this reference.

3. **RESPONSIBILITIES OF THE COUNTY.** The County agrees to provide the following services:
- A. Designate the County Project Manager, who shall be:
Name: Adam Soplop, PE
Address: 1620 SE 190th Ave., Portland OR
Phone/Fax: (503) 988-5050 x22604 – Fax: (503) 988-3321
E-mail: adam.soplop@co.multnomah.or.us
 - B. County's Project Manager and/or appropriate staff shall regularly meet with City during the design and construction stages of the Project and provide timely responses to City's inquiries regarding the Project.
 - C. The County will design, advertise; and, provided an acceptable responsive bid is received, award a contract for and manage the construction of the Project in compliance with Exhibits A and B. The County shall only award a contract for construction of the Project if the available cash funds will cover the contract amount.
 - D. If the County does award the construction contract, the County shall maintain electronic copies of all project documents, which shall be provided to the City. The preliminary design shall identify any needs for ROW acquisition, easements, permits, utility relocations or reconstructions, etc., and such identified costs will be included in the project estimate.
 - E. If the County does award the construction contract, the County shall:
 - 1. Participate in public meetings scheduled for the Project by the City.
 - 2. Develop and deliver the project in accordance with timelines identified in Exhibit D.
 - 3. Invoice City on a monthly basis for project costs incurred.
4. **RESPONSIBILITIES OF CITY.** City agrees to provide the following services:
- A. Designate the City's Project Manager, who shall be:
Name: Randy Jones, Public Works Director
Address: Wood Village City Hall, 2055 NE 238th Drive, Wood Village OR 97060
Phone/Fax/E-mail: (503) 667-6211 – Fax: (503) 669-8723
E-mail: randyj@ci.wood-village.or.us
 - B. Meet regularly with County during the design and construction stages of the Project.
 - C. Timely respond to County's Project Manger's inquiries regarding the Project.
 - D. Participate in all scheduled public meeting(s).
 - E. Within 30 days of receipt of the invoice by the County to the City of the County's incurred costs for the Project; the City shall request progress payment from ODOT out of the Fund exchange allocation for this project. Within 10 days of receipt of reimbursement from ODOT, City shall forward payment to County for County invoice.
5. **TERMINATION.** This Agreement may be terminated by either party upon 60 days' written notice.
6. **INDEMNIFICATION.**
- A. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the financial limits therein, County shall indemnify, defend, and hold harmless City from and against all liability, loss, and costs arising out of or resulting from the acts of County, its officers, employees, and agents in the performance of this agreement.
 - B. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the financial limits therein, City shall indemnify, defend, and hold harmless County from and against all liability, loss, and costs arising out of or resulting from the acts of City, its officers, employees, and agents in the performance of this agreement.

6. **INSURANCE.** Each party shall be responsible for providing workers' compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.
7. **ADHERENCE TO LAW.** Each party shall comply with all federal, state, and local laws and ordinances applicable to this agreement.
8. **NON-DISCRIMINATION.** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
9. **ACCESS TO RECORDS.** Each party shall have access to the books, documents, and other records of the other which are related to this agreement for the purpose of examination, copying, and audit, unless otherwise limited by law.
10. **SUBCONTRACTS AND ASSIGNMENT.** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.
11. **THIS IS THE ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.
12. **ADDITIONAL TERMS AND CONDITIONS:**
 - A. Both parties agree that the final design, specifications, plans and standards and engineer's estimate for the Project shall be mutually approved before the advertisement for bids is published
 - B. In the event the construction bids returned to the County exceed by 10% or more the estimated cost of the Project, the parties agree to timely meet to resolve how to fund the additional cost or revise the proposed project to stay within budget. If a mutually acceptable resolution is not obtained, the Project will be cancelled, and this Agreement will be terminated.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

By _____
Ted Wheeler

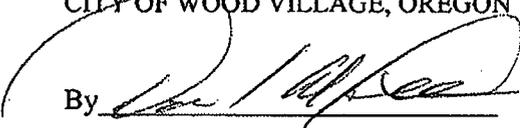
Title Chair Date: _____

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY

/s/ Matthew O. Ryan (Electronic)
Matthew O. Ryan 8-14-09
Assistant County Attorney

CITY OF WOOD VILLAGE, OREGON

By  _____ 8-11-09
David M. Fuller

Title MAYOR

APPROVED AS TO FORM:

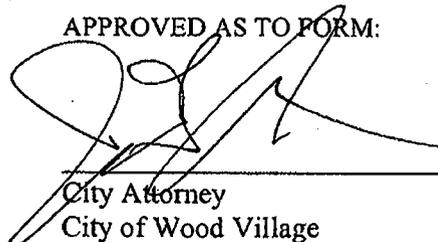
 _____ 8-11-09
City Attorney
City of Wood Village

EXHIBIT A

Project Description/Scope of Work NE Halsey St Sidewalks – Robertson Park to NE Birch Ave

1. Remove boulders and grade existing ditch line on south side of Halsey from Robertson Park to Birch Ave.
2. Provide new closed drainage conveyance in ditch location adequately sized to accommodate existing flows. Connect known or observed side drains from existing home sites.
3. Provide catch basins and manholes as required.
4. Establish road profile grades for future road widening and place concrete curb and sidewalk at appropriate dimensions.
5. Incorporate the Halsey Street concept plan cross section profile to the greatest extent allowed by physical constraints.

EXHIBIT B
Project Location
NE Halsey St Sidewalks – Robertson Park to NE Birch Ave





Oregon

Theodore R. Kulongoski, Governor

Department of Transportation
ODOT Procurement Office
455 Airport Rd. SE, Bldg. K
Salem, OR 97301-5348

July 9, 2009

City of Wood Village
Randy Jones
2055 NE 238th Dr
Wood Village, OR 97060

RE: Economic Stimulus Project - Confirmation and Agreement
Halsey St: Robertson Park - NE Birch Ave Sidewalk
Agreement No. 26004

The above-named project has been accepted for funding through the American Recovery and Reinvestment Act of 2009 (ARRA). Your agency's share of the ARRA funds allocated to cities, counties, and metropolitan areas is \$100,000. However, you have chosen to trade the federal ARRA funds for state funds at the ratio of \$94 state for \$100 federal. The amount of state funds for this project is \$94,000.

The ARRA program has specific goals and deadlines different from those of other federal or state programs. One critical difference is that the funds are available only until March 1, 2010. If your project has not advanced to construction by then, the funds will be withdrawn for redistribution to other projects. It is important to start your project promptly and advance it to contract on time. Several actions must occur before the project can begin:

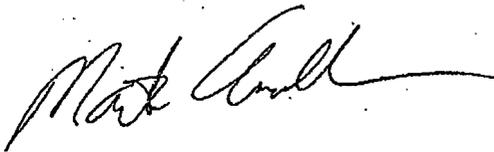
- Sign the Fund Exchange Agreement
- Obtain Notice to Proceed from ODOT
- Secure a qualified consultant (if needed)

Fund Exchange Agreement – The Agreement for your Project is attached as a PDF document. This Agreement contains provisions specific to the ARRA, and the standard provisions that require the project be consistent with the Oregon Constitution and statutes. To meet the stated deadlines, you must sign and return by email in the form of a PDF, the Agreement to karin.l.jorgensen@odot.state.or.us no later than July 29, 2009. The Agreement text is the same for all ARRA projects. Do not request changes unless there are errors specific to your agency or project identification.

Prospectus, STIP Amendment and Notice to Proceed - When you return the signed Agreement your project will be assigned to a Local Agency Liaison in the ODOT Region 1 office. This person will work with ODOT Highway Program staff (Salem) to complete any actions needed before giving your project a Notice to Proceed.

For general information about the ARRA program you may contact me at (503) 986-3640. If you have specific questions about the next steps for your project or changes in your project information, please contact Dave Galati, ODOT Local Government Section, attention: David.A.Galati@odot.state.or.us. If you have specific questions regarding the Fund Exchange Agreement, please contact the ODOT Procurement office attention: Karin Jorgensen via email at: Karin.L.Jorgensen@odot.state.or.us.

Sincerely,



Martin E. Andersen, PE
Local Government Section Manager

cc: Tom Weatherford, ODOT Region 1, Local Program

Enclosures (1) original agreements in PDF format

**2009 FUND EXCHANGE AGREEMENT
AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
Halsey Street: Robertson Park - NE Birch Avenue Sidewalk
City of Wood Village**

THIS AGREEMENT is made and entered into by and between the STATE OF OREGON, acting by and through its Department of Transportation, hereinafter referred to as "State"; and City of Wood Village, acting by and through its elected officials, hereinafter referred to as "Agency," collectively referred to as the "Parties."

RECITALS

1. By the authority granted in Oregon Revised Statute (ORS) 190.110, 366.572 and 366.576, ODOT may enter into cooperative agreements with counties, cities and units of local governments for the performance of work on certain types of improvement projects with the allocation of costs on terms and conditions mutually agreeable to the contracting parties.
2. The American Recovery and Reinvestment Act of 2009, hereinafter referred to as the "ARRA", provides funding for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and state and local fiscal stabilization, for fiscal years 2009 and 2010.
3. The ARRA provides each state a sub-allocation of ARRA funds for cities, counties and metropolitan areas.

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

TERMS OF AGREEMENT

1. Agency has submitted a completed and signed Part 1 of the Project Prospectus, or a similar document agreed to by State, outlining the schedule and costs associated with all phases of the construction of sidewalks on the south side of Halsey Street between Robertson Park and NE Birch Avenue, hereinafter referred to as "Project."
2. State has reviewed Agency's "Small City Economic Stimulus" application and considered Agency's request for the Fund Exchange. State has determined that Agency's Project is eligible for the exchange of funds.

Agency/State
Agreement No. 26004

3. To assist in funding the Project, Agency has requested State to exchange 2009 federal funds, which have been allocated to Agency, for state funds based on the following ratio:

\$94 state for \$100 federal

4. Based on this ratio, Agency wishes to trade \$100,000 federal funds for \$94,000 state funds.
5. Agency must advance the Project to construction prior to May 31, 2010; and State must make a determination no later than March 31, 2010 whether this date will be met. Therefore, in December 2009 the Project will be reviewed by State, in coordination with the Oregon Local Program Committee. If State determines that the Project will not, or is not likely to, advance to construction by May 31, 2010, State may terminate this Agreement effective upon delivery of written notice to Agency, allowing the state funds provided for the Project to be distributed to another project at State's discretion; and State shall have no obligation to replace these funds with other state or federal funds.
6. The term of this Agreement will begin upon execution and will terminate upon completion of the Project and final payment or September 30, 2015, whichever is sooner.
7. The Parties agree that the exchange is subject to the following conditions:
 - a. The federal funds transferred to State may be used by State at its discretion.
 - b. State funds transferred to Agency must be used for the Project identified in the Economic Stimulus application and described in paragraph number 1 (one) above.
 - c. State funds may be used for all phases of the Project, including preliminary engineering, right of way, utility relocations and construction. Said use shall be consistent with the Oregon Constitution and statutes (Section 3a of Article IX Oregon Constitution). Agency shall be responsible to account for expenditure of state funds.
 - d. This Fund Exchange shall be on a reimbursement basis, with state funds limited to a maximum amount of \$94,000. All costs incurred in excess of the Fund Exchange amount will be the sole responsibility of Agency.

Agency/State
Agreement No. 26004

- e. State certifies, at the time this Agreement is executed, that sufficient funds are available and authorized for expenditure to finance costs of this Agreement within State's current appropriation or limitation of the current biennial budget.
- f. Agency and any Contractors shall perform the work as an independent contractor and will be exclusively responsible for all costs and expenses related to its employment of individuals to perform the work including, but not limited to, retirement contributions, workers compensation, unemployment taxes, and state and federal income tax withholdings.
- g. Agency shall comply with all federal, state, and local laws, regulations, executive orders and ordinances applicable to the work under this Agreement, including, without limitation, the provisions of ORS 279C.505, 279C.515, 279C.520, 279C.530 and 279B.270 incorporated herein by reference and made a part hereof. Without limiting the generality of the foregoing, Agency expressly agrees to comply with (i) Title VI of Civil Rights Act of 1964; (ii) Title V and Section 504 of the Rehabilitation Act of 1973; (iii) the Americans with Disabilities Act of 1990 and ORS 659A.142; (iv) all regulations and administrative rules established pursuant to the foregoing laws; and (v) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations.
- h. Agency, or its consultant, shall conduct the necessary preliminary engineering and design work required to produce final plans, specifications and cost estimates; purchase all necessary right of way in accordance with current state and federal laws and regulations; obtain all required permits; be responsible for all utility relocations; advertise for bid proposals; award all contracts; perform all construction engineering; and make all contractor payments required to complete the Project.
- i. Agency shall submit invoices to State on a monthly basis, for actual costs incurred by Agency on behalf of the Project directly to State's Project Manager for review and approval. Such invoices will be in a form identifying the Project, the agreement number, the invoice number or account number or both, and will itemize all expenses for which reimbursement is claimed. Under no conditions shall State's obligations exceed \$94,000, including all expenses. Travel expenses will not be reimbursed.
- j. Agency shall, at its own expense, maintain and operate the Project upon completion at a minimum level that is consistent with normal depreciation and service demand.
- k. All employers, including Agency, that employ subject workers in the State of Oregon shall comply with ORS 656.017 and provide the required Workers'

Agency/State
Agreement No. 26004

Compensation coverage unless such employers are exempt under ORS 656.126. Agency shall ensure that each of its subcontractors complies with these requirements.

- I. This Agreement may be terminated by either Party upon thirty (30) days' notice, in writing and delivered by certified mail or in person.
 - i. State may terminate this Agreement effective upon delivery of written notice to Agency, or at such later date as may be established by State, under any of the following conditions:
 - A. If Agency fails to provide services called for by this Agreement within the time specified herein or any extension thereof.
 - B. If Agency fails to perform any of the other provisions of this Agreement, or so fails to pursue the work as to endanger performance of this Agreement in accordance with its terms, and after receipt of written notice from State fails to correct such failures within ten (10) days or such longer period as State may authorize.
 - ii. Either Party may terminate this Agreement effective upon delivery of written notice to the other Party, or at such later date as may be established by the terminating Party, under any of the following conditions:
 - A. If either Party fails to receive funding, appropriations, limitations or other expenditure authority sufficient to allow either Party, in the exercise of their reasonable administrative discretion, to continue to make payments for performance of this Agreement.
 - B. If federal or state laws, regulations or guidelines are modified or interpreted in such a way that either the work under this Agreement is prohibited or either Party is prohibited from paying for such work from the planned funding source.
 - iii. Any termination of this Agreement shall not prejudice any rights or obligations accrued to the Parties prior to termination.
8. State and Agency agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be invalid, unenforceable, 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.

Agency/State
Agreement No. 26004

9. Agency acknowledges and agrees that State, the Oregon Secretary of State's Office, the federal government, and their duly authorized representatives shall have access to the books, documents, papers, and records of Agency which are directly pertinent to this Agreement for the purpose of making audit, examination, excerpts, and transcripts for a period of six (6) years after final payment. Copies of applicable records shall be made available upon request. Payment for costs of copies is reimbursable by State.
10. Agency certifies and represents that the individual(s) signing this Agreement has been authorized to enter into and execute this Agreement on behalf of Agency, under the direction or approval of its governing body, commission, board, officers, members or representatives, and to legally bind Agency.
11. This Agreement may be executed in several counterparts (facsimile or otherwise) 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.
12. This Agreement and attached exhibits constitute the entire agreement between the Parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. No waiver, consent, modification or change of terms of this Agreement shall bind either Party unless in writing and signed by both Parties and all necessary approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of State to enforce any provision of this Agreement shall not constitute a waiver by State of that or any other provision.

THE PARTIES, by execution of this Agreement, hereby acknowledge that each Party has read this Agreement, understands it, and agrees to be bound by its terms and conditions.

The funding for this Fund Exchange program was approved by the Oregon Transportation Commission on November 17, 2007, as a part of the 2008-2011 Statewide Transportation Improvement Program (STIP).

The Program and Funding Services Manager approved the Fund Exchange on June 29, 2009.

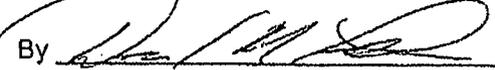
The Oregon Transportation Commission on December 29, 2008, approved Delegation Order No. 2, which authorizes the Director to approve and execute agreements for day-to-day operations. Day-to-day operations include those activities required to implement

Agency/State
Agreement No. 26004

the biennial budget approved by the Legislature, including activities to execute a project in the Statewide Transportation Improvement Program.

On February 22, 2007, the Director and Deputy Director, Highways, approved Subdelegation Order No. 18, in which authority is delegated to the Highway Program Office Manager to approve and sign agreements over \$75,000 up to a maximum of \$500,000 when the work is related to a project included in the Statewide Transportation Improvement Project.

City of Wood Village, by and through its
elected officials

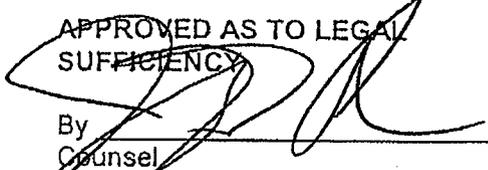
By 

Date 7-14-09

By _____

Date _____

APPROVED AS TO LEGAL
SUFFICIENCY

By 
Counsel

Date 7-20-09

Agency Contact:
Randy Jones, Public Works Director
2055 NE 238th Drive
Wood Village, OR 97060
503-489-6857
randyj@ci.wood-village.or.us

State Contact:
Tom Weatherford, ODOT Region 1
123 NW Flanders Street
Portland, OR 97209-4012
503.731.8238
thomas.l.weatherford@odot.state.or.us

STATE OF OREGON, by and through
its Department of Transportation

By _____
Highway Program Office Manager

Date _____

APPROVAL RECOMMENDED

By _____
Local Government Section Manager

Date _____

By _____

Date _____



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-2 DATE 09/17/09
 DEBORAH L. BØGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: C-2
 Est. Start Time: 9:30 AM
 Date Submitted: 09/08/09

BUDGET MODIFICATION: DCJ- 05

**BUDGET MODIFICATION DCJ-05 Reclassifying a Corrections Technician to
 Agenda a Program Coordinator in the Business Applications and Technology Team, as
 Title: 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 sufficient to describe the action requested.

Requested Meeting Date: September 17, 2009 **Amount of Time Needed:** N/A
Department: Dept. of Community Justice **Division:** Information Services
Contact(s): Shaun Coldwell
Phone: 503-988-3961 **Ext.** 83961 **I/O Address:** 503 / 250
Presenter(s): Consent Calendar

General Information

1. What action are you requesting from the Board?

The Department of Community Justice (DCJ) requests approval of a budget modification to reclassify a vacant Corrections Technician position which has been reviewed 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.

Reclassification of a vacant 1.00 FTE Corrections Technician (6266) position to a Program Coordinator (6022) was approved for recommendation to the Board of County Commissioners by the Class/Comp Unit of Central Human Resources on August 27, 2009, to be effective August 27, 2009.

This position is being moved from the Adult Services Division to Information Services Division, Business Applications and Technology Team so that it can support all of DCJ. This position will provide business process analysis, business integration and systems implementation, training and

support, security and access, and data integrity for various information systems, automated tools, and technology solutions that support the work of DCJ. Program Coordinators typically assist in planning, coordination and implementation of specialized programs; serve as liaison between the agency and community or other department personnel. The duties and responsibilities described on the position description are consistent with those of a Program Coordinator (6022).

This position enhances FY 2010 Program Offer 50005 – DCJ Information Services.

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

For current year FY-2010 this reclassification increases DCJ's personnel expense budget by \$1,656. The increased personnel expense budget is offset by a decrease of \$(1,656) in DCJ's temporary personnel budget, respectively. This position is ongoing and is expected to be included in the FY2011 budget submittal.

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

Local 88 represented employees have a contractual right to appeal and arbitrate the outcome of a reclassification request, which would include Board action to disapprove the request. It is the policy of Multnomah County to make all employment decisions without regard to race, religion, color, national origin, sex, age, marital status, disability, political affiliations, sexual orientation, or any other nonmerit factor.

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?

N/A

- What do the changes accomplish?

Approval of a reclassification decision from the Class/Comp Unit of Central Human Resources.

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

No because the position is currently vacant.

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

N/A

- 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?

N/A

- 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: DCJ - 05

Required Signatures

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

John Anderson for Scott Taylor

Date: 09/08/09

Budget Analyst:

[Signature]

Date: 09/08/09

Department HR:

James J. Opoka

Date: 09/08/09

Countywide HR:

A. Busby

Date: 08/27/09

Budget Modification ID: **DCJ-05**

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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|-------------|--------------|----------------|----------------|-----------------------------|----------|------------------------------|
| | | | | | | Cost Center | WBS Element | | | | | | |
| 1 | 50-10 | 1000 | 50006 | 50 | | 501000 | | 60000 | | (38,924) | (38,924) | | Salary |
| 2 | 50-10 | 1000 | 50006 | 50 | | 501000 | | 60130 | | (11,288) | (11,288) | | Fringe |
| 3 | 50-10 | 1000 | 50006 | 50 | | 501000 | | 60140 | | (12,303) | (12,303) | | Insurance |
| 4 | | | | | | | | | | 0 | | (62,515) | Reduce ASD / Corr Tech |
| 5 | | | | | | | | | | 0 | | | |
| 6 | 50-90 | 1000 | 50005 | 50 | | 509100 | | 60000 | 287,216 | 327,353 | 40,137 | | Salary |
| 7 | 50-90 | 1000 | 50005 | 50 | | 509100 | | 60100 | 5,532 | 3,876 | (1,656) | | Temporary |
| 8 | 50-90 | 1000 | 50005 | 50 | | 509100 | | 60130 | 83,087 | 94,727 | 11,640 | | Fringe |
| 9 | 50-90 | 1000 | 50005 | 50 | | 509100 | | 60140 | 78,071 | 90,465 | 12,394 | | Insurance |
| 10 | | | | | | | | | | 0 | | 62,515 | Increase Info Svcs / Prg Crd |
| 11 | | | | | | | | | | 0 | | | |
| 12 | 72-10 | 3500 | | 20 | | 705210 | | 50316 | | (91) | (91) | | Service Reimb, Insurance |
| 13 | 72-10 | 3500 | | 20 | | 705210 | | 60330 | | 91 | 91 | | Claims Paid, Insurance |
| 14 | | | | | | | | | | 0 | | | |
| 15 | | | | | | | | | | 0 | | | |
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| 26 | | | | | | | | | | 0 | | | |
| 27 | | | | | | | | | | 0 | | | |
| 28 | | | | | | | | | | 0 | | | |
| 29 | | | | | | | | | | 0 | | | |
| | | | | | | | | | | 0 | | 0 | Total - Page 1 |
| | | | | | | | | | | 0 | | 0 | GRAND TOTAL |

| ANNUALIZED PERSONNEL CHANGE | | | | | | | ANNUALIZED | | | |
|---|-------|--------|-----------|------------------------|-----------------|-------------|--------------|------------|------------|--------------|
| Change on a <u>full year basis</u> even though this action affects only a part of the fiscal year (FY). | | | | | | | | | | |
| Fund | Job # | HR Org | CC/WBS/IO | Position Title | Position Number | FTE | BASE PAY | FRINGE | INSUR | TOTAL |
| 1000 | 6266 | 65253 | 501000 | Corrections Technician | 714154 | (1.00) | (46,896) | (13,600) | (14,823) | (75,319) |
| 1000 | 6022 | 65253 | 509100 | Program Coordinator | 714154 | 1.00 | 48,358 | 14,024 | 14,933 | 77,315 |
| | | | | | | | | | | 0 |
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| TOTAL ANNUALIZED CHANGES | | | | | | 0.00 | 1,462 | 424 | 110 | 1,996 |

| CURRENT YEAR PERSONNEL DOLLAR CHANGE | | | | | | | CURRENT YEAR | | | |
|--|-------|--------|-----------|------------------------|-----------------|-------------|--------------|------------|-----------|--------------|
| Calculate costs/savings that will take place <u>in this FY</u> ; these should explain the actual dollar amounts being changed by this Bud Mod. | | | | | | | | | | |
| Fund | Job # | HR Org | CC/WBS/IO | Position Title | Position Number | FTE | BASE PAY | FRINGE | INSUR | TOTAL |
| 1000 | 6266 | 65253 | 501000 | Corrections Technician | 714154 | (0.83) | (38,924) | (11,288) | (12,303) | (62,515) |
| 1000 | 6022 | 65253 | 509100 | Program Coordinator | 714154 | 0.83 | 40,137 | 11,640 | 12,394 | 64,171 |
| | | | | | | | | | | 0 |
| | | | | | | | | | | 0 |
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| | | | | | | | | | | 0 |
| | | | | | | | | | | 0 |
| TOTAL CURRENT FY CHANGES | | | | | | 0.00 | 1,213 | 352 | 91 | 1,656 |



Department of County Management
MULTNOMAH COUNTY OREGON
 Human Resources

Multnomah Building
 501 SE Hawthorne, Suite 400
 Portland, Oregon 97214
 (503) 988-5015 Phone
 (503) 988-3009 Fax

To: Wende Hickman, DCJ - Business Applications and Technology
 From: Candace Busby, Classification and Compensation Unit (503/4) *C. Busby*
 Date: August 27, 2009
 Subject: Reclassification Request # 1312 (Re-org vacant)

We have completed our review of your request and the decision is outlined below.

Request Information:

| | |
|--|---|
| Date Request Received: August 24, 2009 | Position Number: 714154 |
| Current Classification: Corrections Technician | Requested Classification: Program Coordinator |
| Job Class Number: 6266 | Job Class Number: 6022 |
| Pay Grade: 17 | Pay Grade: 25 |

| | | |
|-------------|---|---------------------------------|
| Request is: | <input checked="" type="checkbox"/> Approved as Requested | Effective Date: August 27, 2009 |
| | <input type="checkbox"/> Approved - Revised | |
| | <input type="checkbox"/> Denied | |

| | |
|--|------------------------|
| Allocated Classification: Program Coordinator | Job Class Number: 6022 |
| Pay Range: \$48,358.08 to \$59,445.36 annually | Pay Grade: 25 |

Please note this classification decision is subject to all applicable requirements stated in MC Personnel Rule 5-50 and may require Board of County Commissioners' approval. This decision is considered preliminary until such approval is received.

Position Information:

- Vacant - see New/Vacant Section
- Filled & incumbent reclassified - see Employee Information Section
- Filled & incumbent not reclassified with position See New/Vacant Section

New/Vacant Position Information:

If the position is vacant or incumbent not reclassified with position, position must be filled in accordance with the normal appointment procedures. If position is reclassified due to reorganization, a limited recruitment process may be conducted. Please consult with the Department Human Resources Unit for assistance.

Reason for Classification Decision:

This position is being moved from Adult Transition and Community Services to the newly formed DCJ Business Applications and Technology Unit; as such it is reorganization. This position will provide business process analysis, business integration and systems implementation, training and support, security and access, and data integrity for various information systems, automated tools, and technology solutions that support the work of DCJ. Program Coordinators typically assist in planning, coordination and implementation of specialized programs; serve as liaison between the agency and community or other department personnel. The duties and responsibilities described on the position description are consistent with those of a Program Coordinator (6022).

If you have any questions, please feel free to contact me at 503-988-5015 ext. 24422.

cc: HR Manager
 HR Maintainer
 Local 88
 Class Comp File Copy



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-3 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: C-3
 Est. Start Time: 9:30 AM
 Date Submitted: 09/08/09

BUDGET MODIFICATION: DCJ- 06

BUDGET MODIFICATION DCJ-06 Reclassifying a Program Development Specialist to a Program Coordinator in the Business Applications and Technology Team, 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 sufficient to describe the action requested.

| | | | |
|--------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>N/A</u> |
| Department: | <u>Dept. of Community Justice</u> | Division: | <u>Information Services</u> |
| Contact(s): | <u>Shaun Coldwell</u> | | |
| Phone: | <u>503-988-3961</u> | Ext. | <u>83961</u> |
| | | I/O Address: | <u>503 / 250</u> |
| Presenter(s): | <u>Consent Calendar</u> | | |

General Information

1. What action are you requesting from the Board?

The Department of Community Justice (DCJ) requests approval of a budget modification to reclassify a Program Development Specialist position which has been reviewed 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.

Reclassification of a 1.00 FTE Program Development Specialist (6021) position to a Program Coordinator (6022) was approved for recommendation to the Board of County Commissioners by the Class/Comp Unit of Central Human Resources on August 27, 2009. This reclass will become effective after a limited recruitment process is conducted.

This position is being moved from the Juvenile Services Division to Information Services Division, Business Applications and Technology Team so that it can support all of DCJ. This position will

provide business process analysis, business integration and systems implementation, training and support, security and access, and data integrity for various information systems, automated tools, and technology solutions that support the work of DCJ. Program Coordinators typically assist in planning, coordination and implementation of specialized programs; serve as liaison between the agency and community or other department personnel. The duties and responsibilities described on the position description are consistent with those of a Program Coordinator (6022).

This position enhances FY 2010 Program Offer 50005 – DCJ Information Services.

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

There is no fiscal impact for current year FY 2010 because both the positions are in the same pay scale range. This position is ongoing and is expected to be included in the FY2011 budget submittal.

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

Local 88 represented employees have a contractual right to appeal and arbitrate the outcome of a reclassification request, which would include Board action to disapprove the request. It is the policy of Multnomah County to make all employment decisions without regard to race, religion, color, national origin, sex, age, marital status, disability, political affiliations, sexual orientation, or any other nonmerit factor.

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?

N/A

- What do the changes accomplish?

Approval of a reclassification decision from the Class/Comp Unit of Central Human Resources.

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

Yes, since this position reclass is due to reorganization a limited recruitment process must be conducted. The current incumbent must go through the application process in order to be considered for this position.

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

N/A

- 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?

N/A

- 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: DCJ - 06

Required Signatures

Elected Official or
Department/
Agency Director:



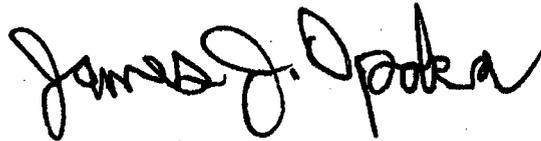
Date: 09/08/09

Budget Analyst:



Date: 09/08/09

Department HR:



Date: 09/08/09

Countywide HR:



Date: 08/27/09

Budget Modification ID: **DCJ-06**

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: 2010

| 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 | | | | | | | | | 0 | | | | |
| 2 | | | | | | | | | 0 | | | | |
| 3 | | | | | | | | | 0 | | | | |
| 4 | | | | | | | | | 0 | | | | |
| 5 | | | | | | | | | 0 | | | | |
| 6 | | | | | | | | | 0 | | | | |
| 7 | | | | | | | | | 0 | | | | |
| 8 | | | | | | | | | 0 | | | | |
| 9 | | | | | | | | | 0 | | | | |
| 10 | | | | | | | | | 0 | | | | |
| 11 | | | | | | | | | 0 | | | | |
| 12 | | | | | | | | | 0 | | | | |
| 13 | | | | | | | | | 0 | | | | |
| 14 | | | | | | | | | 0 | | | | |
| 15 | | | | | | | | | 0 | | | | |
| 16 | | | | | | | | | 0 | | | | |
| 17 | | | | | | | | | 0 | | | | |
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| 23 | | | | | | | | | 0 | | | | |
| 24 | | | | | | | | | 0 | | | | |
| 25 | | | | | | | | | 0 | | | | |
| 26 | | | | | | | | | 0 | | | | |
| 27 | | | | | | | | | 0 | | | | |
| 28 | | | | | | | | | 0 | | | | |
| 29 | | | | | | | | | 0 | | | | |
| | | | | | | | | | | | 0 | 0 | Total - Page 1 |
| | | | | | | | | | | | 0 | 0 | GRAND TOTAL |



Department of County Management
MULTNOMAH COUNTY OREGON
Human Resources

Multnomah Building
501 SE Hawthorne, Suite 400
Portland, Oregon 97214
(503) 988-5015 Phone
(503) 988-3009 Fax

To: Wende Hickman, DCJ - Business Applications and Technology
From: Candace Busby, Classification and Compensation Unit (503/4) *C Busby*
Date: August 27, 2009
Subject: Reclassification Request # 1313 (Re-org)

We have completed our review of your request and the decision is outlined below.

Request Information:

Date Request Received: August 24, 2009 Position Number: 710180
Current Classification: Program Development Specialist Requested Classification: Program Coordinator
Job Class Number: 6021 Job Class Number: 6022
Pay Grade: 25 Pay Grade: 25

Request is: Approved as Requested Effective Date: August 27, 2009
 Approved - Revised
 Denied

Allocated Classification: Program Coordinator Job Class Number: 6022
Pay Range: \$48,358.08 to \$59,445.36 annually Pay Grade: 25

Please note this classification decision is subject to all applicable requirements stated in MC Personnel Rule 5-50 and may require Board of County Commissioners' approval. This decision is considered preliminary until such approval is received.

Position Information:

- Vacant - see New/Vacant Section
- Filled & incumbent reclassified - see Employee Information Section
- Filled & incumbent not reclassified with position See New/Vacant Section

New/Vacant Position Information:

If the position is vacant or incumbent not reclassified with position, position must be filled in accordance with the normal appointment procedures. If position is reclassified due to reorganization, a limited recruitment process may be conducted. Please consult with the Department Human Resources Unit for assistance.

Reason for Classification Decision:

This position is being moved from Juvenile BIST to the newly formed DCJ Business Applications and Technology Unit; as such it is reorganization. This position will provide business process analysis, business integration and systems implementation, training and support, security and access, and data integrity for various information systems, automated tools, and technology solutions that support the work of DCJ. Program Coordinators typically assist in planning, coordination and implementation of specialized programs; serve as liaison between the agency and community or other department personnel. The duties and responsibilities described on the position description are consistent with those of a Program Coordinator (6022).

If you have any questions, please feel free to contact me at 503-988-5015 ext. 24422.

cc: HR Manager
HR Maintainer
Local 88
Class Comp File Copy

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: 9-17-09

SUBJECT: Sellwood Bridge

AGENDA NUMBER OR TOPIC: Public Comment

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Ron Swaren

ADDRESS: 1543 SE Umatilla St

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: Sellwood Bridge has several hundred tons of concrete that is unusual for a metal truss bridge. Perhaps this could be replaced with lighter weight metal or pre-fabbed concrete components

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

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-2
 Est. Start Time: 9:35 AM
 Date Submitted: 09/08/09

Agenda Title: First Reading and Possible Adoption of an ORDINANCE Amending County Land Use Code, Plans and Maps to Adopt Portland's Recent Land Use Code, Plan and Map Revisions to Adopt and Implement the Hayden Island Plan in Compliance with Metro's Functional Plan and Declaring an Emergency

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

| | | | |
|------------------------|---------------------------|------------------------|--------------------------------------|
| Date Requested: | <u>September 17, 2009</u> | Time Requested: | <u>5 minutes</u> |
| Department: | <u>Community Services</u> | Program: | <u>Land Use & Transportation</u> |
| Contact(s): | <u>Adam Barber</u> | | |
| Phone: | <u>503-988-3043</u> | Ext. | <u>22599</u> |
| | | I/O Address: | <u>455/116</u> |
| Presenter(s): | <u>George Plummer</u> | | |

General Information

1. What action are you requesting from the Board?

Adopt the ordinance as recommended by the Portland Planning Commission and Portland City Council.

2. Please provide sufficient background information for the Board and the public to understand this issue.

On October 11, 2001 the Board adopted Ordinance 967 (effective date January 1, 2002) adopting, in summary, the Portland Comprehensive Plan and zoning ordinance. The County and the City of Portland have been engaged in agreements enabling the City of Portland to provide planning services to achieve compliance with the Metro Functional Plan for those areas outside the City limits, but within the urban growth boundary and urban service boundary of Portland. Since the adoption of Ordinance 967 and subsequently Ordinance 997, the attached ordinances have been passed by the Portland City Council and therefore the County must adopt them pursuant to our intergovernmental agreement to keep the code up to date. Multnomah County and the City of Portland entered into an Intergovernmental Agreement (IGA) to transfer land use planning

responsibilities on January 1, 2002. The IGA lays out a process requiring the County to ensure that any amendments to the City's comprehensive plan, zoning code and other regulations adopted by the City Council will be considered by the County Board of Commissioners at the earliest possible meeting. It also states "The County Board of Commissioners shall enact all comprehensive plan and code amendments so that they take effect on the same date specified by the City's enacting ordinance" (unless adopted by emergency). The City will have taken action on all of the above items by the hearing date of this ordinance. If the County does not adopt these amendments, the IGA will be void and the County will be required to resume responsibility for planning and zoning administration within the affected areas.

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

N/A

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

State law requires a notice be placed in a newspaper of general circulation 10 days prior (9/7/09) to the BCC hearing. We request adoption of this ordinance by emergency to closely align with the City of Portland effective date (9/18/09) as stated in the IGA. The County Attorney's office was involved in the drafting of the original IGA and has been involved in coordinating our compliance effort through adoption of these code amendments.

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

The City included the County affected property owners in their noticing for these code revisions when required pursuant to the IGA and directed them to the City legislative process.

Required Signatures

**Department/
Agency Director:**



Date: 09/04/09

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. ____

Amending County Land Use Code, Plans and Maps to Adopt Portland's Recent Land Use Code, Plan and Map Revisions to Adopt and Implement the Hayden Island Plan in Compliance with Metro's Functional Plan and Declaring an Emergency

The Multnomah County Board of Commissioners Finds:

- a. The Board of County Commissioners (Board) adopted Resolution A in 1983 which directed the County services towards rural services rather than urban.
- b. In 1996, Metro adopted the Functional Plan for the region, mandating that jurisdictions comply with the goals and policies adopted by the Metro Council.
- c. In 1998, the County and the City of Portland (City) amended the Urban Planning Area Agreement to include an agreement that the City would provide planning services to achieve compliance with the Functional Plan for those areas outside the City limits, but within the Urban Growth Boundary and Portland's Urban Services Boundary.
- d. It is impracticable to have the County Planning Commission conduct hearings and make recommendations on land use legislative actions pursuant to MCC 37.0710, within unincorporated areas inside the Urban Growth Boundary for which the City provides urban planning and permitting services. The Board intends to exempt these areas from the requirements of MCC 37.0710, and will instead consider the recommendations of the Portland Planning Commission and City Council when legislative matters for these areas are brought before the Board for action as required by intergovernmental agreement (County Contract #4600002792) (IGA).
- e. On August 6, 2009, the Board amended County land use codes, plans and maps to adopt the City's land use codes, plans and map amendments in compliance with Metro's Functional Plan by Ordinance 1143.
- f. Since the adoption of Ordinance 1143, the City's Planning Commission recommended land use code, plan and map amendments to the City Council through duly noticed public hearings.
- g. The City notified affected County property owners as required by the IGA.
- h. The City Council adopted the land use code, plan and map amendments set out in Section 1 below and attached as Exhibits 1 through 7. The IGA requires that the County adopt these amendments for the City planning and zoning administration within the affected areas.

Multnomah County Ordains as follows:

Section 1. The County Comprehensive Framework Plan, community plans, rural area plans, sectional zoning maps and land use code chapters are amended to include the City land use code, plan and map amendments, attached as Exhibits 1 through 7, effective on the same date as the respective Portland ordinance:

| Exhibit No. | Description | Date |
|-------------|---|---------|
| 1 | Ordinance to Adopt and Implement the Hayden Island Plan and amend Comprehensive Plan Map (PDX Ord. #183124) | 8/19/09 |
| 2 | Exhibit A Hayden Island Report | 6/09 |
| 3 | Exhibit A Hayden Island Appendix A - Background | 6/09 |
| 4 | Exhibit A Hayden Island Appendix B – Land Use | 6/09 |
| 5 | Exhibit A Hayden Island Appendix C - Transportation | 6/09 |
| 6 | Exhibit A Hayden Island Appendix D – Public Involvement | 6/09 |
| 7 | Exhibit A Hayden Island Amendments | 8/12/09 |

Section 2. In accordance with ORS 215.427(3), the changes resulting from Section 1 of this ordinance shall not apply to any decision on an application that is submitted before the applicable effective date of this ordinance and that is made complete prior to the applicable effective date of this ordinance or within 180 days of the initial submission of the application.

Section 3. In accordance with ORS 92.040(2), for any subdivisions for which the initial application is submitted before the applicable effective date of this ordinance, the subdivision application and any subsequent application for construction shall be governed by the County's land use regulations in effect as of the date the subdivision application is first submitted.

Section 4. Any future amendments to the legislative matters listed in Section 1 above, are exempt from the requirements of MCC 37.0710. The Board acknowledges, authorizes and agrees that the Portland Planning Commission will act instead of the Multnomah Planning Commission in the subject unincorporated areas using the City's own procedures, to include notice to and participation by County citizens. The Board will consider the recommendations of the Portland Planning Commission when legislative matters for County unincorporated areas are before the Board for action.

Section 5. An emergency is declared in that it is necessary for the health, safety and general welfare of the people of Multnomah County for this ordinance to take effect concurrent with the City code, plan and map amendments. Under section 5.50 of the Charter of Multnomah County, this ordinance will take effect in accordance with Section 1.

FIRST READING AND ADOPTION: September 17, 2009

BOARD OF COUNTY COMMISSIONERS,
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By Sandra N. Duffy
Sandra N. Duffy, Assistant County Attorney

SUBMITTED BY:

M. Cecilia Johnson, Director, Department of Community Services

EXHIBIT LIST FOR ORDINANCE

1. Ordinance to Adopt and Implement the Hayden Island Plan and amend Comprehensive Plan Map (**PDX Ord. #183124**).
2. Exhibit A Hayden Island Report.
3. Exhibit A Hayden Island Appendix A - Background.
4. Exhibit A Hayden Island Appendix B – Land Use
5. Exhibit A Hayden Island Appendix C – Transportation
6. Exhibit A Hayden Island Appendix C – Transportation
7. Exhibit A Hayden Island Amendments

Prior to adoption, this information is available electronically or for viewing at the Multnomah County Board of Commissioners and Agenda website (www.co.multnomah.or.us/cc/WeeklyAgendaPacket/). To obtain the adopted ordinance and exhibits electronically, please contact the Board Clerk at 503-988-3277. These documents may also be purchased on CD-Rom from the Land Use and Transportation Program. Contact the Planning Program at 503-988-3043 for further information.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only

Meeting Date: 09/17/09
Agenda Item #: R-3
Est. Start Time: 9:40 AM
Date Submitted: 08/20/09

Agenda Title: **Appointment of Steven Pascal-Joiner, Amy Anderson, B.J. Finley-Branch and Miguel Gonzalez to the Multnomah County CITIZEN INVOLVEMENT COMMITTEE**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: September 17, 2009 **Amount of Time Needed:** 5 minutes
Department: Non Departmental **Division:** CIC
Contact(s): Kathleen Todd
Phone: 503-988-3450 **Ext.** 22438 **I/O Address:** 503/6/CIC
Presenter(s): Kathleen Todd

General Information

1. What action are you requesting from the Board?

Appointment of 4 new members to the Citizen Involvement Committee.

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.

Nominees are passed forward by the Citizen Involvement Committee and appointed to 3-year terms by the Board of County Commissioners. Citizen Involvement Committee members have a 2-term limit. Current nominees will fill positions vacated due to term limits. These candidates have all met the appointment criteria set forth by the CIC for membership on the Committee. These include geographic distribution, a letter of recommendation, interviews with current committee members and staff, and participation at CIC discussions, events and meetings.

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

None

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

This nomination process is consistent with the charter provisions establishing the CIC.

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

Acting as an independent, advocate, evaluator and monitor of county citizen involvement, the CIC and its office work to enhance opportunities for citizen participation in policy and decision-making within Multnomah County, thereby increasing the openness of county government.

The Office of Citizen Involvement staff actively recruits new members of the CIC to fill vacancies with press releases, outreach to East County cities, Sauvie Island/Corbett Springdale residents, community groups, through social technology such as facebook, blogs, and list-serves as well as word of mouth and various meetings and events. Application materials and recruitment announcements are placed on the County Website. Current members of the CIC recommend this slate of nominees to the Board of County Commissioners for appointment.

Required Signature

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

Kathleen M. Todd

Date: 08/19/09



Office of
Citizen
Involvement

Office of Citizen Involvement
MULTNOMAH COUNTY OREGON

501 SE Hawthorne, Room 192
Portland, Oregon 97214
(503) 988-3450 phone
(503) 988-5674 fax
www.citizenweb.org

August 20th, 2009

MEMORANDUM

TO: Chair Ted Wheeler

FROM: Kathleen Todd
Office of Citizen Involvement

RE: New Appointments to the Citizen Involvement Committee

The following four Multnomah County citizens are recommended for appointment to the Citizen Involvement Committee (CIC): Amy Anderson, B.J. Finley Branch, Steven Pascal-Joiner, and Miguel Gonzalez. If appointed, these new members would serve a three year term, effective through September of 2012.

We are pleased with the range of geographical, personal and occupational experience that Amy, B. J., Steven, and Miguel bring to the CIC. Each candidate has been active in the community and is eager to serve on the CIC. They all have successfully met the appointment criteria used by the CIC for membership on the Committee which includes a letter of recommendation as well as interviews with committee members and staff. They have also participated at CIC events and meetings. The prospective appointee's interest forms are attached.

cc: file



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 09/17/09
Agenda Item #: R-4
Est. Start Time: 9:45 AM
Date Submitted: 08/20/09

Agenda Title: **Appointment of Danika Stochosky and Lori Irish Bauman to the Multnomah County LIBRARY ADVISORY BOARD**

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

Requested Meeting Date: September 17, 2009 **Amount of Time Needed:** 5 minutes
Department: Non-Departmental **Division:** Chair's Office
Contact(s): Ruth Langlois
Phone: (503)988-3308 **Ext.** 85531 **I/O Address:** 503/600
Presenter(s): Marian Creamer

General Information

1. What action are you requesting from the Board?

Request the Board approve appointment of Danika Stochosky and Lori Irish Bauman to the Multnomah County Library Advisory Board. These appointments will begin November 1 and end June 30, 2013

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 Library Advisory Board advises the board of County Commissioners on matters relating to library services, policies and funding. It also serves as the Citizen Budget Advisory Committee for the County's Library Department. There are 17 members including two youth members (between the ages of 13 and 17). Non-youth members are appointed to 4-year terms by the county Chair with approval of the board of County Commissioners. Youth members are appointed to 2-year terms by the County Chair with approval of the Board of County Commissioners. Carolyn Kimpton is liaison to the Multnomah County Library Advisory Board.

Danika Stochosky works as a Business and Personal Banker at Washington Mutual Bank. Danika also has experience serving on boards similar to the LAB. During her time as a student at Beloit College, she served as the first student liaison to the Beloit College Alumni Association Board. She was so successful that the board chose to add more students to their ranks. Upon graduation, she served as an alumni member of the same board from 2002 to 2006. Ms. Stochosky has also given her time as a volunteer speaker for Dress for Success, an instructor for Banking on our Future and currently holds a position as Company Member and Associate Artistic Director of Defunkt Theatre Company.

The LAB's Nominating Committee has interviewed Danika Stochosky and highly recommended her to the full LAB. Ms. Stochosky's term will begin November 1, 2009, upon her approval from the BCC. She will fill position 13, a vacancy created by the end of Alice Meyer's term. Pending your approval, Ms. Stochosky's term will expire on June 30, 2013.

Lori Irish Bauman is a graduate of Princeton University and the University of Chicago Law School. Ms. Bauman is currently employed by Ater Wynne LLP, Attorneys at Law. Lori is a member of the Holy Family Catholic Church and has served on the church's Master Plan Steering Committee, the Holy Family School Auction Co-Chair, the School Advisory Council of the Holy Family School, as well as the City Club of Portland's Research Board and a Ballot Measure Study Committee.

The LAB's Nominating Committee has interviewed Lori Irish Bauman and highly recommended her to the full LAB. Ms. Bauman's term will begin November 1, 2009, upon her approval from the BCC. She will fill position 12, a vacancy created by the end of Rick Gustafson's term. Pending your approval, Ms. Bauman's term will expire on June 30, 2013.

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

No fiscal impact

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

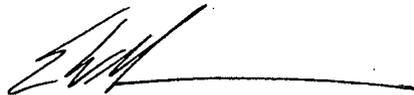
No legal and/or policy issues involved.

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:**



Date: July 29, 2009

MULTNOMAH COUNTY
LIBRARY



205 N.E. Russell Street • Portland, OR 97212-3796 • PHONE: 503.988.5402 • FAX: 503.988.5441

To: Ruth Langlois, Staff Assistant
Deborah Bogstad, Board Clerk
Tara Bowen-Biggs, Chair's Office

From : Carolyn Kimpton
Library Director's Office

Date: July 22, 2009

Subject: Library Board Appointments

Pending the Board of County Commissioners' approval, please assign the following terms for the incoming Library Advisory Board members:

Danika Stochosky - Appointment to 4-year term, position 13 (term dates: 11/1/09-6/30/13); vacancy left by Alice Meyer.

Lori Irish Bauman - Appointment to 4-year term, position 12 (term dates: 11/1/09-6/30/13); vacancy left by Rick Gustafson.

Thank you.

Carolyn Kimpton, MBA
Administrative Analyst, Director's Office
Multnomah County Library Administration
205 NE Russell Street
Portland, OR 97212
ph: (503) 988-5403
e-mail: carolyk@multcolib.org



MULTNOMAH COUNTY OREGON - LIBRARY

Citizen Advisory Boards & Commissions Interest Form

The purpose of this form is to obtain information to use in making appointments to Multnomah County Citizen Advisory Boards and Commissions, ad hoc committees, task forces, etc. If you have a resume, please attach it to this form. **Please note that, with the exception of the confidential section, information provided in this document is public information.** Thank you for your interest in participating in County government.

Name: _____ Danika Stochosky _____

Address: __5816 SE 85TH AVE _____

City: PORTLAND _____ State: __OR__ Zip: _____97266_____

Daytime Phone: __503-238-3129__ Email Address: __martaabba@gmail.com

Are you a resident of Multnomah County? Yes: No: _____

Occupation: Business and Personal Banker at WaMu Chase Bank__

Please check board/commission of interest:

- | | |
|--|--|
| <input type="checkbox"/> Affordable Housing Review Committee | <input type="checkbox"/> Emergency Medical Services Advisory Board |
| <input type="checkbox"/> Agricultural Board of Review | <input type="checkbox"/> Food Service Advisory Board |
| <input type="checkbox"/> Animal Control Advisory Committee | <input type="checkbox"/> Greenspaces Review Committee |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Housing & Community Development Commission |
| <input type="checkbox"/> Board of Property Tax Appeals | <input type="checkbox"/> Investment Advisory Board |
| <input type="checkbox"/> City/County Sustainable Development Commission | <input type="checkbox"/> Joint Bicycle & Pedestrian Citizen Advisory Committee |
| <input type="checkbox"/> Citizen Budget Advisory Committees | <input checked="" type="checkbox"/> Library Advisory Board |
| <input type="checkbox"/> Citizen Involvement Committee | <input type="checkbox"/> Merit System Civil Service Council |
| <input type="checkbox"/> Commission on Children, Families & Community | <input type="checkbox"/> Mt. Hood Cable Regulatory Commission |
| <input type="checkbox"/> Community Health Council | <input type="checkbox"/> Multnomah County Planning Commission |
| <input type="checkbox"/> Contract Compliance & Rate Regulation Committee | <input type="checkbox"/> Regional Arts & Culture Council |
| <input type="checkbox"/> Elders in Action Commission | |

Please list employment and volunteer activities that may relate to your service on boards/commissions.

| Dates (from/to) | Employment/Volunteer Activity |
|-----------------------|--|
| 01/01/2005 to present | Business and Personal Banker at WaMu Chase Bank |
| 06/2003 to present | Company Member and Associate Artistic Director of defunkt theatre company |
| 09/2000 to 09/2006 | Beloit Alumni Association Board Member 2002-06, Student Liason to the Board, 2000-2002 |

REFERENCES: (Please list two or three people who can be contacted as personal references.)

| Name | Address | Daytime Phone | Relationship |
|------------------|---------|--|--|
| Corie Wiren | | 503-419-7751 | Longtime friend |
| Thomas Dickenson | | <u>thomas.dickenson@osd.mil</u> would love to write a letter of reccomendation | Beloit College Alumni Board Member |
| Lori Sue Hoffman | | 503-720-3817 | THEATRE ASSOCIATE |

CONFIDENTIAL INFORMATION

The following information is confidential and optional. You are under no obligation to provide this information. This information will be used for statistical purposes, such as tracking the geographical diversity of board and commission appointees. By providing this information, you will help ensure that appointments represent a broad cross-section of our community.

Age: 29__

Gender: ___ Male Female

Race:

___ African-American

___ Asian

Caucasian

___ Hispanic

___ Native American

___ Pacific Islander

My signature affirms that all information provided is true to the best of my knowledge. I understand that any misrepresentation of credentials or misstatement of fact may result in this application being disqualified from further consideration.

Signature _____

Date _____

Please note that most appointees to Multnomah County Citizen Advisory Boards and Commissions are subject to approval by the Board of County Commissioners during a regular Board meeting.

Return this form to:

Yvonne Chambers
Administrative Analyst, Director's Office
Multnomah County Library
205 NE Russell St.
Portland, Oregon 97212
Phone: 503/988-5403
Fax: 503/988-5441
Email: yvonnec@multcolib.org



MULTNOMAH COUNTY OREGON - LIBRARY

Citizen Advisory Boards & Commissions Interest Form

The purpose of this form is to obtain information to use in making appointments to Multnomah County Citizen Advisory Boards and Commissions, ad hoc committees, task forces, etc. If you have a resume, please attach it to this form. **Please note that, with the exception of the confidential section, information provided in this document is public information.** Thank you for your interest in participating in County government.

Name: Lori Irish Bauman

Address: [business address] Ater Wynne, LLP, 1331 NW Lovejoy St, Suite 900

City: Portland State: OR Zip: 97209-2785

Daytime Phone: 503-226-8646 Email Address: lib@aterwynne.com

Are you a resident of Multnomah County? Yes: x No:

Occupation: Lawyer

Please check board/commission of interest:

- | | |
|---|---|
| <input type="checkbox"/> Affordable Housing Review Committee <input type="checkbox"/> Agricultural Board of Review <input type="checkbox"/> Animal Control Advisory Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Board of Property Tax Appeals <input type="checkbox"/> City/County Sustainable Development Commission <input type="checkbox"/> Citizen Budget Advisory Committees <input type="checkbox"/> Citizen Involvement Committee <input type="checkbox"/> Commission on Children, Families & Community <input type="checkbox"/> Community Health Council <input type="checkbox"/> Contract Compliance & Rate Regulation Committee <input type="checkbox"/> Elders in Action Commission | <input type="checkbox"/> Emergency Medical Services Advisory Board <input type="checkbox"/> Food Service Advisory Board <input type="checkbox"/> Greenspaces Review Committee <input type="checkbox"/> Housing & Community Development Commission <input type="checkbox"/> Investment Advisory Board <input type="checkbox"/> Joint Bicycle & Pedestrian Citizen Advisory Committee <input checked="" type="checkbox"/> Library Advisory Board <input type="checkbox"/> Merit System Civil Service Council <input type="checkbox"/> Mt. Hood Cable Regulatory Commission <input type="checkbox"/> Multnomah County Planning Commission <input type="checkbox"/> Regional Arts & Culture Council |
|---|---|

Please list employment and volunteer activities that may relate to your service on boards/commissions.

| Dates (from/to) | Employment/Volunteer Activity |
|---|---|
| 1987-present | Attorney, Ater Wynne LLP |
| 2005-2008 | City Club of Portland, Resarch Board member |
| See resume for other volunteer activities | |

REFERENCES: (Please list two or three people who can be contacted as personal references.)

| Name | Address | Daytime Phone | Relationship |
|---|---|---------------|-------------------------------------|
| Justice Thomas Balmer, Oregon Supreme Court | Supreme Court Building 1163 State St. Salem, OR 97301 | 503-986-5717 | Former colleague at Ater Wynne, LLP |
| Rev. Bob Barricks | 3732 SE Knapp St Portland 97202 | 503-774-1428 | Pastor, Holy Family Catholic Church |
| | | | |

CONFIDENTIAL INFORMATION

The following information is confidential and optional. You are under no obligation to provide this information. This information will be used for statistical purposes, such as tracking the geographical diversity of board and commission appointees. By providing this information, you will help ensure that appointments represent a broad cross-section of our community.

Age: 49

Gender: Male

 x Female

Race:

 African-American

 Asian

 x Caucasian

 Hispanic

 Native American

 Pacific Islander

My signature affirms that all information provided is true to the best of my knowledge. I understand that any misrepresentation of credentials or misstatement of fact may result in this application being disqualified from further consideration.

Signature Lori Irish Bauman

Date 2/3/09

Please note that most appointees to Multnomah County Citizen Advisory Boards and Commissions are subject to approval by the Board of County Commissioners during a regular Board meeting.

Return this form to:

Yvonne Chambers
Administrative Analyst, Director's Office
Multnomah County Library
205 NE Russell St.
Portland, Oregon 97212
Phone: 503/988-5403
Fax: 503/988-5441
Email: yvonnec@multcolib.org

BOGSTAD Deborah L

From: KIMPTON Carolyn
Sent: Wednesday, September 16, 2009 1:10 PM
To: 'mlcreamer@comcast.net'
Cc: BOGSTAD Deborah L
Subject: 9/17 Board Meeting

Dear Marian,

Per our discussion, you can send your written script (for the Thursday, 9/17 board meeting recommending **Lori Irish Bauman and Danika Stockosky** to the Library Advisory Board) to Deborah Bogstad at deborah.l.bogstad@co.multnomah.or.us and Chair Wheeler at ted.wheeler@co.multnomah.or.us.

Thank you and please let me know if you need anything else. DEBORAH - Marian will be sending this to you this afternoon between 3:30-4:30pm. Thank you for helping with this matter and for suggesting Chair Wheeler to read the script.

Sincerely,

Carolyn

*Carolyn Kimpton, MBA
Administrative Analyst, Director's Office
Multnomah County Library Administration
205 NE Russell Street
Portland, OR 97212
ph: (503) 988-5403
e-mail: carolyk@multcolib.org*

I am Marian Creamer, member of the Library Advisory Board, chair of the Nominating Committee. I regret that a family medical emergency precludes my attendance this morning. I particularly enjoy appearing before this esteemed group and consider this responsibility one of the most favorable aspects of my service as Nominating Committee Chair.

I am requesting your approval of the appointments of Lori Irish Bauman and Danika Stochosky to the LAB. If approved, Lori and Danika will serve 4 yr. Terms, beginning November 1, 2009. At its July meeting, our two teen members forwarded and recommended Lori and Danika to the LAB; both were unanimously approved by the Library Advisory Board.

Lori and Danika are active volunteers living in SE Portland: Lori in S.E. and Danika in outer S.E. Portland. Both are frequent and enthusiastic library patrons; they expressed a desire to serve the library, submitting their Interest Forms and impressive resumes, earlier this spring.

Lori Bauman served as a member of City Club Research Board, which directs and supervises research activities of the Club, ballot measure studies and long-term policy studies. She is of counsel at the Ader Wyn law firm, formerly a partner.

Lori wrote:

“My husband and I have raised three avid readers – my son who is 18 and twin daughters 14 – with early assistance from the storytimes at the Woodstock branch library, supplemented with many visits to check out books over the years. The written word is my stock in trade as a business litigation lawyer; I spend my work hours writing to persuade judges and opposing lawyers. I became part of the on-line world of writers when I launched my firm’s law blog three years ago. Because I value the role the library plays in our community, I am honored to have the opportunity to serve on the LAB.”

Danika Stochosky is unable to be present this morning. She is a personal banker at Chase Bank in downtown Portland. Danika recently opened a show based on Kafka's *Ein Landarzt / A Country Doctor*, produced by defunkt theatre. She is currently reading *Wild Swans* and *The Good Earth*. She anticipates that her contributions to the Library Advisory Board will help her become more active outside the theatre community and bring a fresh perspective to the current board.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-5 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-5
 Est. Start Time: 9:50 AM
 Date Submitted: 09/03/09

BUDGET MODIFICATION: DCM - 03

Agenda Title: BUDGET MODIFICATION DCM-03, Adding \$30,000 to the Central Human Resources Training Budget to Reimburse the County for Providing Facilitative Leadership Training

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

| | | | |
|--------------------------------|---------------------------|-------------------------------|-------------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>5 minutes</u> |
| Department: | <u>County Management</u> | Division: | <u>Central HR</u> |
| Contact(s): | <u>Travis Graves</u> | | |
| Phone: | <u>503-988-6134</u> | Ext. | <u>86134</u> |
| | | I/O Address: | <u>503/4</u> |
| Presenter(s): | <u>Travis Graves</u> | | |

General Information

1. What action are you requesting from the Board?

Approval of bud mod DCM-03, adding up to \$30,000 from the Housing Authority of Portland (HAP) to reimburse the County for providing Facilitative Leadership trainings to HAP.

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.

Central HR has entered into an intergovernmental agreement with HAP to provide Facilitative Leadership training to HAP staff during FY 2010. Each Facilitative Leadership workshop is a three day intensive experience that provides participants with the opportunity to engage in a variety of learning activities to leverage individual and team work performance, lead collaboratively, and enhance organizational efficiency. Central HR's Talent Development group has planned three workshops for FY 2010, and anticipates that HAP may also pay to send its staff to fill any vacant slots in trainings offered to Multnomah County employees.

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

This action adds up to \$30,000 in revenue to reimburse the County for providing trainings in FY

2010. The program is not currently anticipated to be ongoing.

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

None. Both the County and HAP have signed an intergovernmental agreement for this service.

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?**

Fee revenue from the Housing Authority of Portland is increased by \$30,000.
- **What budgets are increased/decreased?**

The Central HR-Talent Development budget is increased by \$30,000 in order to cover the costs associated with providing training to HAP.
- **What do the changes accomplish?**

These changes allow the County to provide training to one of our local government partners, and to accept reimbursement for our costs.
- **Do any personnel actions result from this budget modification? Explain.**

None.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

Increases to these costs are expected to be minimal and can be covered by the revenue received.
- **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?**

At this time, both the revenue and the service are expected to be one-time-only for FY 2010.
- **If a grant, what period does the grant cover?**

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

N/A

ATTACHMENT B

BUDGET MODIFICATION: DCM - 03

Required Signatures

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



Date: 09/02/09

Budget Analyst:



Date: 09/03/09

Department HR:

Date: _____

Countywide HR:



Date: 09/02/09

Budget Modification ID: DCM-03

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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|-------------|--------------|----------------|----------------|-----------------------------|----------|-------------------------|
| | | | | | | Cost Center | WBS Element | | | | | | |
| 1 | | | | | | | | | | 0 | | | |
| 2 | | | | | | | | | | 0 | | | |
| 3 | | | | | | | | | | 0 | | | |
| 4 | 72-80 | 1000 | 72057A | 20 | | 706000 | | 50200 | 0 | (30,000) | | | IG Local: reimbursement |
| 5 | 72-80 | 1000 | 72057A | 20 | | 706000 | | 60170 | 0 | 30,000 | 0 | | Professional Services |
| 6 | | | | | | | | | | 0 | | | |
| 7 | | | | | | | | | | 0 | | | |
| 8 | | | | | | | | | | 0 | | | |
| 9 | | | | | | | | | | 0 | | | |
| 10 | | | | | | | | | | 0 | | | |
| 11 | | | | | | | | | | 0 | | | |
| 12 | | | | | | | | | | 0 | | | |
| 13 | | | | | | | | | | 0 | | | |
| 14 | | | | | | | | | | 0 | | | |
| 15 | | | | | | | | | | 0 | | | |
| 16 | | | | | | | | | | 0 | | | |
| 17 | | | | | | | | | | 0 | | | |
| 18 | | | | | | | | | | 0 | | | |
| 19 | | | | | | | | | | 0 | | | |
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| 25 | | | | | | | | | | 0 | | | |
| 26 | | | | | | | | | | 0 | | | |
| 27 | | | | | | | | | | 0 | | | |
| 28 | | | | | | | | | | 0 | | | |
| 29 | | | | | | | | | | 0 | | | |
| | | | | | | | | | | | 0 | 0 | Total - Page 1 |
| | | | | | | | | | | | 0 | 0 | GRAND TOTAL |

INTERGOVERNMENTAL AGREEMENT
Contract Number 0910098

This is an Agreement between **Housing Authority of Portland (HAP)** and Multnomah County (County).

PURPOSE:

The purpose of this agreement is the County will perform the facilitation of *Facilitative Leadership: Tapping the Power of Participation* workshops for HAP. Each Facilitative Leadership workshop is a three (3) day workshop. The 3 day intensive workshop provides participants with the opportunity to engage in a variety of learning activities to leverage individual and team work performance, lead collaboratively, and enhance organizational efficiency.

The parties agree as follows:

1. **TERM** The term of this agreement shall be from **August 19, 2009 to June 30, 2012.**
 2. **RESPONSIBILITIES OF HAP.** The HAP agrees to pay the County \$400.00 per participant up to \$8,000.00 (20 participants) for each Facilitative Leadership workshop.
 3. **RESPONSIBILITIES OF COUNTY.**
Facilitation of the training class titled: *Facilitative Leadership: Tapping the Power of Participation*. The contractor(s) facilitates for twenty one of twenty four hours during the class time of 8:30 am – 4:30 pm, and is available for consultation over the lunch hour. The classes are all held within HAP and Multnomah County buildings. Maximum number of participants per class is 20, minimum is 10.
- Course Objectives
By the end of the workshop, participants can expect to have:
1. A broader sense of yourself as a leader – your strengths, behavior, mid-set, and aspirations;
 2. An expanded repertoire of skills and practical tools for tapping the creativity and experience in yourself and others;
 3. A vision of the impact you would like to have as a leader, and an action plan to reach your vision.
4. **TERMINATION** This agreement may be terminated by either party upon 30 day's written notice.
 5. **INDEMNIFICATION** Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend and hold harmless HAP from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300 HAP shall indemnify, defend and hold harmless County from and against all liability, loss and costs arising out of or resulting from the acts of HAP, its officers, employees and agents in the performance of this agreement.
 6. **INSURANCE** Each party shall each be responsible for providing worker's compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.

- 7. **ADHERENCE TO LAW** Each party shall comply with all federal, state and local laws and ordinances applicable to this agreement.
- 8. **NON-DISCRIMINATION** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
- 9. **ACCESS TO RECORDS** Each party shall have access to the books, documents and other records of the other which are related to this agreement for the purpose of examination, copying and audit, unless otherwise limited by law.
- 10. **SUBCONTRACTS AND ASSIGNMENT** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.
- 11. **THIS IS THE ENTIRE AGREEMENT** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.
- 12. **ADDITIONAL TERMS AND CONDITIONS:**
 - a. Multnomah County will provide each participant with a "Facilitative Leadership: Tapping the Power of Participation Manual" created and trademarked by Interaction Institute for Social Change.

MULTNOMAH COUNTY, OREGON:

CONTRACTOR:

Ted Wheeler
County Chair or Designee

Signature: Patsy Nedrow

Date: 8/25/09

Name: Patsy Nedrow
Please Print

Approved: Carol Brown
Department Director or Designee

Title: Training Coordinator

Date: 8-12-09

Date: 8/31/09

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

Approved as to form:

By: Kathryn A. Short 8/26/09
Assistant County Attorney Date

By: Cinna' Mon Williams 8/31/09
Date
Cinna' Mon Williams
Purchasing Manager



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-1 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-1
 Est. Start Time: 9:30 AM
 Date Submitted: 08/27/09

Agenda Title: NOTICE OF INTENT to Apply for Federal Highway Bridge Program Funds for Broadway Bridge for 2014-2015

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

| | | | |
|--------------------------------|--------------------------------------|-------------------------------|----------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>5 mins</u> |
| Department: | <u>Community Services</u> | Division: | <u>Bridges</u> |
| Contact(s): | <u>Jon Henrichsen, Jerry Elliott</u> | | |
| Phone: | <u>503-988-3757</u> | Ext. | <u>228</u> |
| | | I/O Address: | <u>446</u> |
| Presenter(s): | <u>Jon Henrichsen</u> | | |

General Information

- 1. What action are you requesting from the Board?**
 Approval to request approximately \$10 million in Federal Highway Bridge Program funds to complete the painting of the Broadway Bridge.
- 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.**
 During the previous Broadway Bridge Rehabilitation Project there was not enough money to completely paint the bridge. Paint is essential on the steel structure of the bridge to prevent corrosion and loss of structural capacity. This project will complete the painting of spans 2, 3, and 7 of the Broadway Bridge.
- 3. Explain the fiscal impact (current year and ongoing).**
 There is no current year fiscal impact. Approximately 10% County matching funds will be required when these federal funds are expended.
- 4. Explain any legal and/or policy issues involved.**
 Multnomah County is responsible by statute for maintaining the Willamette River Bridges.

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

Closer to the time of the project, community outreach will be performed to inform about the project impacts including noise, traffic impacts and to understand community issues surrounding the project. The County will work with the Oregon Department of Transportation, the City of Portland, TriMet, and the National Marine Fisheries Service to minimize impacts from the project.

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?**
Federal Highway administration acting through the Oregon Department of Transportation
- **Specify grant (matching, reporting and other) requirements and goals.**
Approximately 10% local matching funds are required.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This will be project specific funding for the duration of the project. There is no long-term commitment.
- **What are the estimated filing timelines?**
Application due by September 18, 2009
- **If a grant, what period does the grant cover?**
2014 and 2015
- **When the grant expires, what are funding plans?**
This grant is for a specific construction project. No funds will be required for this project after the grant expires.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
Any applicable indirect costs will be covered with dedicated Bridge funds.

ATTACHMENT B

Required Signatures

Elected Official or
Department/
Agency Director:



Date: 08/27/09

Budget Analyst:

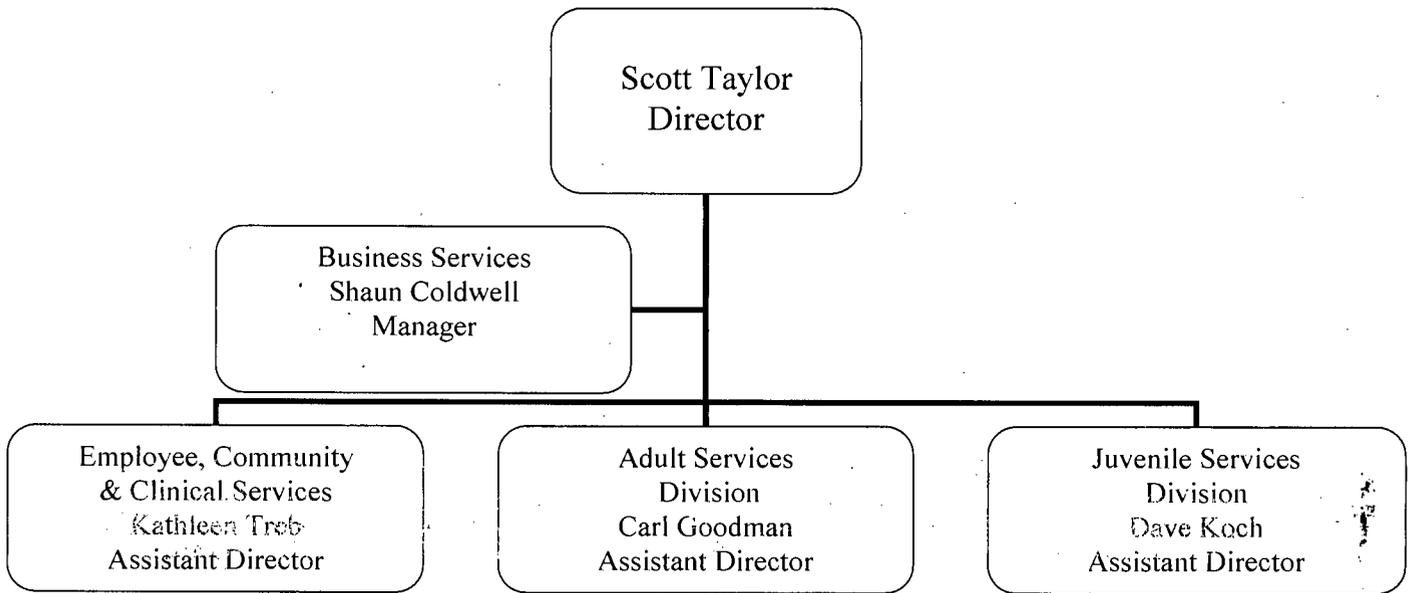


Date: 08/26/09

COUNTY COMMUNITY CORRECTIONS 2009-2011 Community Corrections Plan Cover Sheet

| | |
|---|--|
| Department of Corrections 2575 Center St. NE Salem, OR 97310 | <i>For Office Use Only</i> Date Received: _____ Time Received: _____ |
| County: Multnomah County | Date: _____ |
| Address: Multnomah County Department of Community Justice 501 SE Hawthorne Blvd. Suite 250, Portland, Oregon 97214 Telephone: 503-988-3701 Fax: 503-988-6895 E-mail: scott.m.taylor@co.multnomah.or.us | |
| Community Corrections Director/Manager: Scott Taylor Address: 501 SE Hawthorne Blvd. Suite 250, Portland, Oregon 97214 Telephone 503-988-3701 Fax: 503-988-6895 E-mail: scott.m.taylor@co.multnomah.or.us | |
| Sheriff: Bob Skipper Address: 501 SE Hawthorne Blvd, Suite 350, Portland, Oregon 97214 Telephone 503-988-4300 Fax: 503-988-4320 E-mail: bob.skipper@mcso.us | |
| Jail Manager: Ron Bishop Address: 501 SE Hawthorne Blvd, Suite 350, Portland, Oregon 97214 Telephone 503-988-4300 Fax: 503-988-4320 E-mail: ron.bishop@mcso.us | |
| Supervisory Authority: Scott Taylor, Community Corrections Director Address: 501 SE Hawthorne Blvd. Suite 250, Portland, Oregon 97214 Telephone 503-988-3701 Fax: 503-988-6895 E-mail: scott.m.taylor@co.multnomah.or.us | |
| Supervisory Authority: Bob Skipper, Sheriff Address: 501 SE Hawthorne Blvd, Suite 350, Portland, Oregon 97214 Telephone 503-988-4300 Fax: 503-988-4320 E-mail: bob.skipper@mcso.us | |
| LPSCC Contact: Peter Ozanne Address: 501 SE Hawthorne Blvd. Suite 624, Portland, Oregon 97214 Telephone 503-988-5777 Fax: 503-988-5262 E-mail: peter.a.ozanne@co.multnomah.or.us | |
| BUDGET | |
| State Grant-in-Aid Funds: | \$ 47,245,941 |
| County General Funds: | \$ 103,518,841 |
| Supervision Fees: | \$ 3,174,300 |
| Client Fees: | \$ 272,662 |
| Other Funds: | \$ 6,644,222 |
| Inmate Welfare Release Subsidy Funds: | \$ 127,344 |
| TOTAL BUDGET: | \$ 160,983,310 |

Multnomah County Department of Community Justice Organizational Chart



PROGRAM DESCRIPTION

| | |
|--|--|
| Program Name: DCJ Director's Office | |
| Program Purpose: The Director's office is responsible for daily operational management of a large urban community justice agency that supervises approximately 8,500 adult probationers and parolees and nearly 1,000 youth on formal and informal community supervision. | |
| <p>Program Description: The Department of Community Justice (DCJ) focuses on public safety by reducing both criminal activity and victimization. The Director's Office provides policy, program and fiscal direction to DCJ, and ensures that DCJ is accountable to County residents, the Board of County Commissioners and system partners. The Director's Office provides direction and support to staff that enhance public safety by changing behavior, providing treatment, promoting rehabilitation for young people, and helping offenders transition back into the community from incarceration.</p> <p>The state Department of Corrections monitors six outcome measures for county community corrections departments. Of these six county outcome measures, DCJ saw improvements and maintains good outcomes in five out of six indicators. In the last year, DCJ's juvenile division recidivism rate was at its lowest rate in six years, with recidivism falling more sharply than the statewide average.</p> | |
| <p>Program Objectives:</p> <p>Percent of adult parolees who did not recidivate Percent of adult probationers who did not recidivate</p> <p>Method(s) of Evaluation:</p> <p>Adult recidivism is measured by a three year felony conviction rate. Recidivism data is reflected for those adult offenders who entered supervision three years ago.</p> | |
| <p>CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score</p> | |
| <p>Monthly Average to be served:</p> <p>N/A</p> | <p>Type of offender served:</p> <p><input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control</p> <p>Risk Level</p> <p><input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited</p> <p>Gender</p> <p><input type="checkbox"/> Men <input type="checkbox"/> Women</p> <p>Crime Category</p> <p><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p> |

Funding Sources:

State Grant-in-Aid

County General Fund

Other (_____)

\$ _____
\$ 1,605,638
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

PROGRAM DESCRIPTION

| |
|--|
| Program Name: Adult Services Division Management |
| Program Purpose: Adult Services Management provides leadership and direction for the supervision of approximately 8,500 adult offenders in the community. It is responsible for implementing evidence-based practices, managing risk, creating service standards, coordinating with public safety partners and ensuring the safety of DCJ staff that supervise adult offenders. This program offer supports critical oversight and leadership for our adult staff, as significant reductions in recidivism have been achieved. |
| <p>Program Description: Adult Services Managers are responsible for regulating policy, maintaining quality services, and implementing evidence-based practices that reduce crime. They ensure integration with other public safety partners through the Local Public Safety Coordinating Council; Criminal Justice Advisory Council; Oregon Association of Community Corrections Directors; and Oregon Department of Corrections (DOC).</p> <p>The Survival Skills Manager is responsible for the development, implementation and oversight of a training program that enabling sworn and armed Parole and Probation Officers to safely perform their jobs. Regular qualification and certification trainings are required for sworn officers to meet departmental and legal mandates.</p> <p>As budget reductions necessitate that we focus our resources on the highest risk and highest need offenders, the Department is utilizing the latest and most effective tools to help develop a case plan to reduce reoffending. This year, we will continue to train our Parole and Probation Officers on the use of effective case management tools in order to develop more proficient supervision plans that will impact the recidivism rates associated with high risk offenders.</p> |
| <p>Program Objectives:</p> <p>Percent of parolees who did not recidivate Percent of probationers who did not recidivate</p> <p>Method(s) of Evaluation:</p> <p>Adult recidivism is measured by a three year felony conviction rate. Recidivism data are reflected for those adult offenders who entered supervision three years ago.</p> |
| CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score |

| | |
|---|---|
| Monthly Average to be served: N/A | Type of offender served: <input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control Risk Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited Gender <input type="checkbox"/> Men <input type="checkbox"/> Women Crime Category <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
|---|---|

| | |
|---|---------------------|
| Funding Sources: | |
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ <u>3,171,120</u> |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

| |
|---|
| Program Name: Employee, Community and Clinical Services |
| Program Purpose: The Employee, Community and Clinical Services (ECCS) unit implements collaborative program development, develops new community and clinical treatment options, manages volunteers, and maintains an extensive informational website. This unit often works closely with non-profit providers and community members to collaboratively problem solve both contract and service related issues. Additional responsibilities of this unit include: development of Departmental policies and procedures, internal investigations, and the coordination of safety and emergency response for DCJ. |
| <p>Program Description: The ECCS unit provides administrative support to both the Juvenile and Adult Services Divisions. Responsibilities include:</p> <ol style="list-style-type: none"> 1) Providing administration and operational support for alcohol, drug and mental health services for adult offenders. 2) Coordinating programs for contracted services. 3) Supervision and support of: Quality Systems and Evaluation Services, Human Resources, Training, and Volunteer functions of DCJ. 4) Publishing two electronic newsletters designed to keep both employees and the public informed of Department and community issues; using web-based technology to relay video updates from the Director to personnel; maintaining DCJ's websites. 5) Management of policies and procedures, and management of volunteers. |
| <p>Program Objectives:</p> <p>Percent of engaged clients who successfully complete outpatient a/d treatment Percent of engaged clients who successfully complete residential a/d treatment Percent of Internal Investigations completed within 60 days</p> <p>Method(s) of Evaluation:</p> |
| <p>CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score</p> |

| | | | | | | | | | | | | | | | |
|---|--|---|----------|---|--------------|--|----------|--|----------|--|----------|--|----------|--|----------|
| <p>Monthly Average to be served:</p> <p>N/A</p> | <p>Type of offender served:</p> <p><input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control</p> <p>Risk Level</p> <p><input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited</p> <p>Gender</p> <p><input type="checkbox"/> Men <input type="checkbox"/> Women</p> <p>Crime Category</p> <p><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p> | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table><tr><td><input type="checkbox"/> State Grant-in-Aid</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> County General Fund</td><td>\$ 3,884,112</td></tr><tr><td><input type="checkbox"/> Other (_____)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Other (_____)</td><td>\$ _____</td></tr></table> | | <input type="checkbox"/> State Grant-in-Aid | \$ _____ | <input checked="" type="checkbox"/> County General Fund | \$ 3,884,112 | <input type="checkbox"/> Other (_____) | \$ _____ | <input type="checkbox"/> Other (_____) | \$ _____ | <input type="checkbox"/> Other (_____) | \$ _____ | <input type="checkbox"/> Other (_____) | \$ _____ | <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ 3,884,112 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION

| | |
|---|--|
| Program Name: Quality Systems and Evaluation Services | |
| <p>Program Purpose: DCJ Quality Systems and Evaluation Services (QSES) includes the functions of Continuous Quality Improvement (CQI) as well as traditional research and evaluation (R&E) activities. This duality aligns contract compliance with best practices and allows for the implementation of a quality control and evaluation process. QSES continues to analyze and report on issues critical to the Department (including program planning, program implementation, quality improvement and assessing program impacts for both adult and juvenile divisions). Results are presented to the Department's management team, staff, and the Board, before being published on the website for community review. QSES also develops and reports performance measures for all departmental programs, services and contracts. In sum, services provided by QSES ensure that the departmental operations have fidelity and are delivered in a manner optimizing client outcomes.</p> | |
| <p>Program Description: QSES supports the departmental principle of information-based decision making by:</p> <ul style="list-style-type: none"> a) conducting process and outcome evaluations of programs and initiatives; b) presenting research and evaluation studies orally and in writing to internal and external stakeholders; c) providing support for routine and periodic management reporting; d) providing ongoing contract monitoring for compliance; e) making recommendations regarding departmental priorities supported by the research and evaluation process. <p>Our research and evaluation approach is consistent with the American Evaluation Association's (AEA) 'Guiding Principles for Evaluators.'</p> | |
| <p>Program Objectives:</p> <ul style="list-style-type: none"> Number of program evaluations produced annually for juvenile and adult divisions Number of contract compliance site visits conducted annually Quality assurance projects completed to monitor evidence-based practices | |
| <p>Method(s) of Evaluation:</p> | |
| <p>CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score</p> | |

| | |
|---|---|
| Monthly Average to be served: N/A | Type of offender served: <input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control Risk Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited Gender <input type="checkbox"/> Men <input type="checkbox"/> Women Crime Category <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Funding Sources: <input type="checkbox"/> State Grant-in-Aid <input checked="" type="checkbox"/> County General Fund <input type="checkbox"/> Other (_____) <input type="checkbox"/> Other (_____) | |

| | |
|----|---------|
| \$ | _____ |
| \$ | 904,494 |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |

PROGRAM DESCRIPTION

| | |
|---|--|
| Program Name: Information Services | |
| <p>Program Purpose: DCJ Information Services (IS) creates, delivers and supports technology solutions and automated systems to provide department staff, system partners and the public with access to information and services in an efficient, cost effective manner. IS also streamlines business operations and improves the quality of service. This program offer supports our public safety activities by ensuring that we have the most effective technology for our staff.</p> | |
| <p>Program Description: The IS program provides oversight and direction for evaluation, selection, and implementation of effective, innovative technology solutions and monitors use of technology resources, tools and systems to obtain maximum benefit. IS collaborates with partner agencies from the County and local, state and federal governments as well as private service providers to develop system-wide technology solutions and share and exchange data.</p> <p>This program offer contains services provided by the County's Information Technology organization to facilitate delivery of DCJ services and support information needs of the department, system partners and the public. This includes development and maintenance of software and reporting systems to automate business operations and improve delivery of service, a technology infrastructure to support business needs and easy access to information, and other support services to allow DCJ to effectively utilize technology. This program also provides for the purchase and replacement of computer equipment, software and technology tools.</p> | |
| <p>Program Objectives: Number of new technologies and initiatives Percent of staff who say they have the technology tools and systems they need</p> | |
| <p>Method(s) of Evaluation:</p> | |
| <p>CPC Review Completed? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, _____ Overall Score</p> | |

| | |
|---|---|
| Monthly Average to be served: N/A | Type of offender served: <input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control Risk Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited Gender <input type="checkbox"/> Men <input type="checkbox"/> Women Crime Category <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Funding Sources: <input type="checkbox"/> State Grant-in-Aid <input checked="" type="checkbox"/> County General Fund <input type="checkbox"/> Other(_____) <input type="checkbox"/> Other(_____) | |

| | |
|----|-----------|
| \$ | _____ |
| \$ | 9,831,488 |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |

PROGRAM DESCRIPTION

Program Name: Adult Pretrial Supervision

Program Purpose: The Pre-Trial Supervision Program (PSP) performs functions necessary for public safety and the effective operation of the local justice system. PSP uses Oregon Revised Statute (ORS) release criteria to assess safety risks of defendants to determine their potential to attend court once out of custody. During FY 2008, 4331 defendants were supervised in the community by PSP who otherwise would have occupied scarce and expensive jail beds. In FY 2008, less than 1% of felony defendants were arrested for another felony offense while under PSP supervision, and 85% of defendants appeared for their court dates. During the first 6 months of FY 2009, 95% of defendants appeared for their court dates.

Program Description: The primary mission of PSP is to evaluate the risk of releasing defendants prior to trial, supervise defendants in the community and ensure that defendants attend court hearings. When a defendant is referred by the Court to PSP for review,

PSP staff use evidence based criteria during their investigation to determine if a defendant is likely to pose a safety risk or is unlikely to attend subsequent court hearings once released from custody. The results of the investigation are presented back to the Court. When a defendant is released under PSP supervision, the assigned case manager monitors the defendant's behavior and actions through regular home, community, office and telephone contacts, as well as electronic and Global Positioning Software (GPS) monitoring if applicable.

Defendants supervised by PSP are afforded the opportunity to maintain employment and/or school attendance, continue with health related services (drug and alcohol counseling, mental health treatment) and reside in the community pending the resolution of their court matters.

Program Objectives:

Number of defendants supervised monthly
 Percent of released defendants who appear (do not FTA) at hearing
 Average number of days to make release recommendation
 Percentage of felony and misdemeanor defendants re-arrested pending trial

Method(s) of Evaluation:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | |
|--|--|
| Monthly Average to be served: | Type of offender served: X Probation X Parole / Post-Prison Supervision X Local Control Risk Level X High X Medium X Low X Limited Gender X Men X Women Crime Category X Felony X Misdemeanor |
| Funding Sources: <input type="checkbox"/> State Grant-in-Aid \$ _____ <input checked="" type="checkbox"/> County General Fund \$ 3,278,784 <input type="checkbox"/> Other (_____) \$ _____ <input type="checkbox"/> Other (_____) \$ _____ | |

PROGRAM DESCRIPTION

| | |
|---|---|
| <p>Program Name: Adult Recog Program</p> | |
| <p>Program Purpose: By assessing a defendant's potential to appear for court hearings and/or reoffend if released from custody, the Adult Recognizance (Recog) unit performs functions critical to the effective operation of the local justice system. The defendants determined to be most likely to appear for court hearings and a low risk to reoffend are released. This process results in maintaining jail bed availability for higher risk defendants. Eight out of 10 defendants released by Recog returned for their scheduled court appearance during the first 6 months of FY 2009. A recent study designed to measure the success of Recog's risk assessment tool for the system stakeholders found, "The Recog instrument currently provides sound guidance about which defendants can be safely released on their own recognizance. Any recommended modifications to the instrument are designed to improve upon these already encouraging results" (Dedel, 2008).</p> | |
| <p>Program Description: The Recog unit is a 24-hour, 7-day-a-week program housed in the jail. Recog staff interview all defendants with a pending Multnomah County charge. Defendants charged with felonies and/or person-to-person misdemeanor crimes are subject to a full criminal history and warrant check in addition to a risk screening. This process takes approximately one hour per defendant and provides a comprehensive, objective and valid system for release decisions which prioritizes victim and community safety in addition to the defendant's flight risk. The screening tool used to guide Recog staff to a release decision has been validated via an independent research group. The results of that study have been approved by the Community Justice Advisory Council.</p> | |
| <p>Program Objectives: Number of release decisions conducted annually. Percent of interviewed defendants released on own recog who return to court.</p> | |
| <p>Method(s) of Evaluation:</p> | |
| <p>CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score</p> | |
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor</p> |

Funding Sources:

| | |
|---|--------------|
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ 2,255,564 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

| | |
|---|---|
| Program Name: Adult Field Services - Felony Supervision | |
| Program Purpose: Multnomah County's Felony Supervision unit has been nationally recognized for the use of evidence based strategies, including the development of a system used to identify potentially violent offenders and construct supervision strategies to meet the risk they pose. Multnomah County receives a greater number of high risk offenders than any other Oregon county and is still able to produce lower recidivism rates for both probation and parole cases. This is accomplished through field supervision by Parole/Probation Officers (PPOs). | |
| Due to the budget constraint, this program offer represents a reduction in services by 500 offenders who are being moved to the least restrictive form of supervision. | |
| Program Description: Felony supervision uses research based strategies to supervise felony offenders on parole and probation. PPOs enforce law-abiding behavior and link offenders to treatment, employment and other services. Supervision is conducted through: a) home and office visits; b) contacts with family; c) correspondence with community members and treatment providers; and d) coordination with law enforcement agencies. | |
| This type of supervision helps address the offender's daily challenges of drug addiction, mental illness, anti-social attitudes, lifestyle instability, etc. Specialized units work with gang members, sex offenders, women, and chronically mentally ill individuals. PPOs work with local law enforcement agencies to prevent new criminal activity and improve community livability. One PPO position is dedicated to work in conjunction with the US Marshall's Service to apprehend high risk fugitives. | |
| Program Objectives: | |
| Average number of offenders field supervised | |
| Percent of parolees who did not recidivate | |
| Percent of probationers who did not recidivate | |
| Method(s) of Evaluation: | |
| Adult recidivism is measured by a three year felony conviction rate. Recidivism data are reflected for those adult offenders who entered supervision three years ago. The 'Current Year Estimate' is based on 'Previous Year Actual' figures due to the lack of DOC reporting for this period. | |
| CPC Review Completed? | _____ No _____ Yes; if yes, _____ Overall Score |

| | |
|--------------------------------------|--|
| Monthly Average to be served: | Type of offender served: X Probation X Parole / Post-Prison Supervision X Local Control Risk Level X High X Medium X Low X Limited Gender X Men X Women Crime Category X Felony Misdemeanor |
|--------------------------------------|--|

| | |
|---|---------------|
| Funding Sources: | |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 20,044,592 |
| <input checked="" type="checkbox"/> County General Fund | \$ 2,364,598 |
| <input type="checkbox"/> Other (Supervision Fees) | \$ 1,864,242 |
| <input type="checkbox"/> Other (BWC) | \$ 632,728 |
| <input type="checkbox"/> Other (M57) | \$ 2,155,098 |
| <input type="checkbox"/> Other (US Marshall) | \$ 22,500 |
| <input type="checkbox"/> Other () | \$ |

PROGRAM DESCRIPTION

| | |
|--|--|
| Program Name: Adult Parole/Post Prison Violation Hearings and Local Control | |
| Program Purpose: The Department of Community Justice (DCJ) is statutorily and legislatively mandated to provide services to local control (LC) and parole offenders in order to carry out the local supervisory authority (LSA) functions. The LC and Hearings Unit is instrumental in providing all LSA functions including, but not limited to investigations, issuance of warrants, release planning, parole hearings and active supervision. | |
| Program Description: The Local Control (LC) unit supervises offenders who are sentenced to a prison sentence of 12 months or less in a local jail. Working with the Sheriff's Office, LC has the legal authority to issue arrest warrants and has jurisdiction over the supervision conditions for these offenders. LC staff develop release plans and monitor offenders with community based sanctions (such as drug and alcohol treatment programs) upon the completion of their incarceration. LC also provides notification to known victims when an offender leaves jail. If during supervision, a Parole Officer (PO) determines that an offender has violated his/her parole conditions, the PO submits required written documents and a violation hearing is arranged. Hearings Officers (HO) conduct local parole hearings and determine consequences for offenders found in violation of supervision. HOs are able to order jail releases, recommend revocations of offenders and/or make other recommendations that are consistent with evidence based practices (Andrews, 1994). | |
| Program Objectives: Average number of jail beds saved per day Average number of hearings conducted monthly Average number of release plans reviewed/approved monthly | |
| Method(s) of Evaluation: | |
| CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score | |
| Monthly Average to be served: | Type of offender served: X Probation X Parole / Post-Prison Supervision X Local Control Risk Level X High X Medium X Low X Limited Gender X Men X Women Crime Category X Felony X Misdemeanor |

Funding Sources:

| | |
|--|--------------|
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 2,079,196 |
| <input checked="" type="checkbox"/> County General Fund | \$ 2,197,860 |
| <input checked="" type="checkbox"/> Other(State Board of Parole Hearings fund___) | \$ 90,482 |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: High Risk Drug Unit

Program Purpose: The High Risk Drug Unit (HRDU) is important public safety program designed to reduce drug use, increase treatment success and inhibit further arrests for drug related activities for more than 450 high risk drug addicted adult offenders each year. HRDU involves offenders in substance abuse treatment while actively supervising and managing the offender's criminal behavior through collaboration with law enforcement, community partners and treatment providers. Offenders supervised by this program reduced their drug arrest rate by 69% (Rhyne and Hamblin). About 7 out of 10 offenders supervised by this unit did not recidivate in a three year period following their convictions.

Program Description: This program works closely with community partners to engage offenders in substance abuse treatment. HRDU realizes that in addition to holding offenders accountable for their actions, service coordination and collaboration among community agencies and law enforcement are necessary to help the offender change addictive criminal behaviors.

HRDU staff use effective supervision and case management practices. HRDU supervises offenders released from state prisons, specifically those released from the SUMMIT Boot Camp program, and ensures the offenders receive aftercare and related services in the community to maintain their abstinence.

Program Objectives:

Average number of offenders supervised monthly
 Percent of parolees who did not recidivate
 Percent of probationers who did not recidivate

Method(s) of Evaluation:

Adult recidivism is measured by a three year felony conviction rate. Recidivism data are reflected for those adult offenders who entered supervision three years ago. The 'Current Year Estimate' is based on 'Previous Year Actual' figures due to the lack of DOC reporting for this period.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | |
|---|---|--|--------------|---|------------|--|-----------|--|----------|--|----------|--|----------|--|----------|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: X Probation X Parole / Post-Prison Supervision X Local Control</p> <p>Risk Level X High X Medium Low Limited</p> <p>Gender X Men X Women</p> <p>Crime Category X Felony Misdemeanor</p> | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> State Grant-in-Aid</td> <td style="width: 50%; text-align: right;">\$ 1,284,437</td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: right;">\$ 580,294</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (Supervision Fees)</td> <td style="text-align: right;">\$ 90,000</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 1,284,437 | <input checked="" type="checkbox"/> County General Fund | \$ 580,294 | <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ 90,000 | <input type="checkbox"/> Other (_____) | \$ _____ |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 1,284,437 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ 580,294 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ 90,000 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ _____ | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION

| | |
|--|--|
| Program Name: Adult Sex Offender Treatment and Management Program | |
| Program Purpose: The Sex Offender Treatment and Management Program is a critical public safety function that provides oversight to comprehensive treatment and management of nearly 900 sex offenders living in Multnomah County. The priorities of this unit are to increase community safety, decrease sexual victimization and reduce new criminal activity. This program reduces the risk that sex offenders pose to the community by providing effective treatment combined with aggressive field supervision. | |
| Program Description: This program manages and provides oversight to the supervision and treatment of 900 sex offenders by certified Parole/Probation Officers (PPOs) and treatment providers. High and medium risk offenders are actively supervised in one of four field offices. Lower risk cases are assigned to a Reduced Supervision Caseload. This program mandates a comprehensive offender evaluation and assessment of sexual behaviors. Specific sex offender treatment is also mandated and provided by 32 approved providers in the community. Ongoing polygraph examinations help monitor compliance with treatment and supervision conditions. On occasion, pharmacological (drug) treatment is used to reduce deviant sexual arousal. | |
| Program Objectives: Number of indigent SO who receive subsidized SO treatment annually. Percent of clients who did not recidivate during treatment. Percent of clients who did not recidivate, one year post treatment. | |
| Method(s) of Evaluation: New outcome measures: percent of clients who did not recidivate during treatment; percent of clients who did not recidivate one year post-treatment (as measured by new sexual criminal activity that results in an arrest). | |
| CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score | |
| Monthly Average to be served: | Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor |

Funding Sources:

| | | |
|--|----|---------|
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ | 155,211 |
| <input checked="" type="checkbox"/> County General Fund | \$ | 901,090 |
| <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ | 400,000 |
| <input checked="" type="checkbox"/> Other (SVDO) | \$ | 24,000 |
| <input type="checkbox"/> Other () | \$ | |
| <input type="checkbox"/> Other () | \$ | |
| <input type="checkbox"/> Other () | \$ | |

PROGRAM DESCRIPTION

| | |
|---|---|
| <p>Program Name: Adult Field Services-Misdemeanor Supervision</p> | |
| <p>Program Purpose: Many of the misdemeanor offenders supervised by Adult Field Services are repeat offenders who have mental health concerns and/or addiction issues which exacerbate their criminal behavior. Misdemeanor Supervision uses evidence based interventions to address criminal behavior and promote community safety. In FY2008, of the 1200 offenders on Misdemeanor Supervision, nearly 9 out of 10 offenders did not recidivate.</p> | |
| <p>Program Description: Through the use of evidence based case management practices, Misdemeanor Supervision protects the public, holds offenders accountable and brings about long-term behavioral change.</p> <p>Probation Officer (PO) supervision includes: case planning and management, office and home visits, surveillance, and applying intervention sanctions and services when probation violations occur. POs also help offenders access treatment and/or other behavioral modification services mandated by the Courts.</p> | |
| <p>Program Objectives:</p> <p>Average number of offenders supervised monthly Percent of probationers who did not recidivate</p> | |
| <p>Method(s) of Evaluation:</p> <p>Adult recidivism is measured by a three year felony conviction rate. Recidivism data are reflected for those adult offenders who entered supervision three years ago. The Department Of Corrections (DOC) has discontinued reporting misdemeanor recidivism. DCJ QS&ES ran a sample of 500 misdemeanants to approximate recidivism for this group of offenders.</p> | |
| <p>CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score</p> | |
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control</p> <p>Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited</p> <p>Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women</p> <p>Crime Category Felony <input checked="" type="checkbox"/> Misdemeanor</p> |

Funding Sources:

| | |
|---|--------------|
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ 1,807,386 |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |

PROGRAM DESCRIPTION

| | |
|--|---|
| Program Name: Court Appearance Notification System | |
| <p>Program Purpose: The Court Appearance Notification System (CANS) is a collaborative, multi-jurisdictional program designed to reduce offenders' rate of failure to appear (FTA) in court. Reducing FTAs is accomplished through the use of automated telephone reminder calls. Of the thousands of notifications made by CANS in FY 2009, 90% appeared in court. CANS is being incorporated into Department of Community Justice (DCJ) operations for restitution and supervision fee collection in addition to appointment reminders. CANS has implemented measures to improve program efficiency and regularly monitors and reports program performance to the Local Public Safety Coordinating Council (LPSCC) and the Criminal Justice Advisory Committee (CJAC). CANS also provides notification for the Multnomah County District Attorney's Support Enforcement Division.</p> | |
| <p>Program Description: CANS works by reminding defendants of: a) upcoming court hearing dates, times and locations; and b) any outstanding restitution, compensatory, and/or supervision fees.</p> <p>CANS is managed by a full time program coordinator within the Business Applications Unit of DCJ. A contracted vendor provides telephone notification for all eligible criminal cases.</p> | |
| <p>Program Objectives:</p> <p>Percent of circuit court notifications that are successful Appearance rate for successful circuit court notifications Total number of DCJ, Multnomah Co. DA, circuit court notifications</p> <p>Method(s) of Evaluation:</p> | |
| <p>CPC Review Completed? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, _____ Overall Score</p> | |
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control</p> <p>Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited</p> <p>Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women</p> <p>Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor</p> |

Funding Sources:

| | |
|---|------------|
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ 592,786 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: DUII Supervision and Enhanced Bench Probation

Program Purpose: The Enhanced Bench Probation Program (EB) promotes public safety by monitoring over 3,200 adult offenders who have 1-3 convictions for Driving Under the Influence of Intoxicants (DUII). EB staff monitor these cases by tracking each case for police contacts and reporting these contacts to the Judge supervising the case. Offenders who have been convicted of Felony DUII offenses are supervised by a Parole/Probation Officer (PPO). The PPO uses evidence based practices to address factors in the offender's life that lead to criminal activity. Under this program, a PPO supervises 75 offenders per year.

Program Description: EB currently monitors approximately 3,000 offenders who have failed to successfully complete the DUII Diversion program, or are ineligible for diversion. Twenty percent of these offenders are high-risk multiple DUII offenders participating in the DUII Intensive Supervision Program.

Defendants supervised by EB are entered into the statewide computer system known as the Law Enforcement Data System (LEDS) following their conviction. If the EB offender has any type of police contact, an electronic notification is sent to EB

staff directly from the street officer. An EB staff researches the nature of the contact and once that has been determined, sends a report to the supervising judge.

On average, EB supervises 3,200 cases annually. During 2008, this unit generated over 1,000 reports and collected over \$194,000 in monthly monitoring fees (Total General Fund expenditure on this program in the last budget cycle was \$102,000).

Offenders convicted of Felony DUII are supervised by a PPO who administers risk and needs assessments to help evaluate and manage the offender. The PPOs also collaborate with treatment providers, family members, employers and community members in order to increase an offender's success rate with probation.

Program Objectives:

Number of offenders served annually

Number of offenders/police contacts reported to the courts

Method(s) of Evaluation:

The annual number of offenders depends on prosecution and sentencing, decisions by the Courts and the District Attorney.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | |
|--|--|
| Monthly Average to be served: | Type of offender served: X Probation X Parole / Post-Prison Supervision X Local Control Risk Level X High X Medium X Low X Limited Gender X Men X Women Crime Category X Felony X Misdemeanor |
| Funding Sources: <input checked="" type="checkbox"/> State Grant-in-Aid \$ 194,158 <input type="checkbox"/> County General Fund \$ _____ <input checked="" type="checkbox"/> Other (Supervision Fees) \$ 558,058 <input type="checkbox"/> Other () \$ _____ <input type="checkbox"/> Other () \$ _____ <input type="checkbox"/> Other () \$ _____ <input type="checkbox"/> Other () \$ _____ | |

PROGRAM DESCRIPTION

Program Name: Domestic Violence Program

Program Purpose: The Domestic Violence unit (DV) collaborates with police, courts and treatment agencies to hold offenders accountable and promote offender change. This program supervises approximately 1,000 offenders convicted of misdemeanor and felony level offenses. In addition, the DV unit works closely with victims to empower them to make changes that improve their lives as well as the lives of their families. Over the last three years, about 8 out of 10 offenders supervised by the DV unit have not reoffended. Those who are first-time domestic violence offenders (approximately 150) are placed in the Deferred Sentencing Program (DSP). DSP provides offenders access to services that help address their violent behavior patterns. If an offender successfully completes all requirements of DSP, he/she is not convicted of the initial offense and the case is dismissed.

Program Description: The DV unit strives to end the cycle of violence by holding offenders accountable for their actions and giving them the opportunity to make long-term positive changes by engaging in appropriate counseling groups (batterers intervention, alcohol & drug, mental health, etc.). In addition to working with offenders to address behavior change, Parole/Probation Officers (PPOs) in the DV unit work closely with victims to develop safety plans that help empower them to break the cycle of domestic violence. DV PPOs regularly attend court to ensure a systematic approach is being utilized in victim safety and offender accountability.

Program Objectives:

Average number of offenders served monthly.
 Percent of parolees who did not recidivate.
 Percent of probationers who did not recidivate.

Method(s) of Evaluation:

Adult recidivism is measured by a three year felony conviction rate. Recidivism data are reflected for those adult offenders who entered supervision three years ago.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----|---------|---|----|-----------|--|----|---------|--|----|-------|--|----|-------|--|----|-------|--|----|-------|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control Risk Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited Gender <input type="checkbox"/> Men <input type="checkbox"/> Women Crime Category <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> State Grant-in-Aid</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 40%; text-align: right;">806,844</td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">3,277,586</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (Supervision Fees)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">215,000</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">_____</td> </tr> </table> | | <input checked="" type="checkbox"/> State Grant-in-Aid | \$ | 806,844 | <input checked="" type="checkbox"/> County General Fund | \$ | 3,277,586 | <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ | 215,000 | <input type="checkbox"/> Other (_____) | \$ | _____ | <input type="checkbox"/> Other (_____) | \$ | _____ | <input type="checkbox"/> Other (_____) | \$ | _____ | <input type="checkbox"/> Other (_____) | \$ | _____ |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ | 806,844 | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ | 3,277,586 | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ | 215,000 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | _____ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | _____ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | _____ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | _____ | | | | | | | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION

Program Name: Family Supervision Unit

Program Purpose: The Family Supervision Unit (FSU) supervises approximately 330 offenders, of whom 50% have children age seven and under. Several offenders supervised by this unit have children involved in the juvenile system and/or are pregnant women. By collaborating with community partners, including the Juvenile Services Division, FSU protects children and works to break the cycle of cross-generational antisocial behavior and crime. Integrating supervision, child welfare, the Family Court, benefits assistance, housing, social and health services, and addiction treatment, allows FSU to efficiently address dynamics that place an entire family at risk.

Program Description: FSU is a unique program which supervises offenders within both the Adult and Juvenile Services Divisions (approximately 125 juveniles - including juveniles with Measure 11 cases). It is comprised of a multi-disciplinary team of staff from Child Welfare, Health Services, the Department of Corrections and mental health agencies. FSU emphasizes collaboration with other agencies for case planning, resource allocation and efficient service delivery.

The Family Support project (a community based component of FSU) reduces recidivism of women through accountability, education and training, prioritizing child welfare, and facilitating access to necessary treatment and/or counseling. FSU supports the County's innovative 'one family/one judge' model, wherein one judge oversees all cases associated with a particular family (everything from adult felony probation to juvenile cases). FSU works closely with the Courts and coordinates interventions for the entire family.

Program Objectives:

Average number of offenders supervised monthly
 Percent of probationers who did not recidivate
 Percent of parolees who did not recidivate
 Percent of babies that are born drug-free

Method(s) of Evaluation:

Adult recidivism is measured by a three year felony conviction rate. Recidivism data are reflected for those adult offenders who entered supervision three years ago.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | |
|--------------------------------------|--|
| Monthly Average to be served: | Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor |
|--------------------------------------|--|

| | |
|--|--------------|
| Funding Sources: | |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 430,778 |
| <input checked="" type="checkbox"/> County General Fund | \$ 2,255,462 |
| <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ 47,000 |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |
| <input type="checkbox"/> Other (_____) | \$ _____ |

PROGRAM DESCRIPTION

| | |
|---|---|
| Program Name: Drug Diversion Drug Court (STOP) | |
| Program Purpose: Drug Diversion Drug Court (STOP) contributes to public safety by providing outpatient treatment and supervision to over 600 adult offenders each year, with a daily capacity of 244 individuals. It is part of the continuum of treatment that contributes to public safety. STOP holds adults charged with illegal drug offenses accountable while providing them an opportunity for treatment. Those who successfully complete treatment and court requirements have their charge dismissed. | |
| Program Description: STOP serves adults charged with various drug-related offenses. Multnomah County's Drug Court is one of the oldest of its kind that collaborates with criminal justice partners to expedite the court process and offer drug treatment. The treatment component is operated through Volunteers of America (VOA) who works closely with the court to provide mental health and drug treatment, employment resources, housing referrals, mentoring, residential treatment referrals and long-term follow-up services. Offenders may attend court as frequently as once a week during the first phases of their recovery, to as little as one time per month as they stabilize with treatment. | |
| Program Objectives: Number of participants served annually Percent of successful completers | |
| Method(s) of Evaluation: Successful program completion of engaged clients is the percent of clients that completed treatment and the conditions of the program. | |
| CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score | |
| Monthly Average to be served: | Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor |

Funding Sources:

| | |
|---|--------------|
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ 1,694,916 |
| <input type="checkbox"/> Other(Diversion – Client Fees) | \$ 10,000 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Community Service Formal Supervision

Program Purpose: The Adult Community Service Program (CS) promotes critical public safety goals. CS works with approximately 3000 formally supervised offenders each year to assist them with their court mandated obligations of community service work. Offenders work in parks, assist non-profit agencies and community clean up projects which, in FY 2008, resulted in approximately 106,000 hours of unpaid community service and over \$773,000 of unpaid work provided to Multnomah County. CS also represents one of a range of sanctions the Department can use to monitor offenders, hold them accountable, and reserve jail bed days to incarcerate the most violent offenders.

Program Description: Community Service provides the Courts and Parole/Probation Officers (PPOs) with a cost effective method of holding offenders accountable while creating reparations for the community.

Courts sentence offenders to community service as a condition of probation and PPOs can sanction offenders to complete community service as a consequence of a supervision violation. Over 100 non-profit community organizations use offenders in this program for non-paid work. Under several circumstances, implementing CS is much more cost effective than using a jail bed, when a swift response to a supervision violation is necessary.

Program Objectives:

Annual hours of community service provided
 Annual dollars of unpaid work provided to the community**
 Number of offenders served annually

Method(s) of Evaluation:

**using federal minimum wage of \$7.25/hr

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

Monthly Average to be served:

Type of offender served:

X Probation
 X Parole / Post-Prison Supervision
 X Local Control

Risk Level

X High X Medium X Low X Limited

Gender

X Men X Women

Crime Category

X Felony X Misdemeanor

Funding Sources:

| | |
|--|--------------|
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 969,531 |
| <input checked="" type="checkbox"/> County General Fund | \$ 1,420,220 |
| <input checked="" type="checkbox"/> Other (Supervision Fees) | \$ 31,000 |
| <input checked="" type="checkbox"/> Other (Parks Funding) | \$ 223,570 |
| <input checked="" type="checkbox"/> Other (Brush Funding) | \$ 80,000 |
| <input type="checkbox"/> Other () | \$ |
| <input type="checkbox"/> Other () | \$ |

PROGRAM DESCRIPTION

Program Name: Community Service Community Court and Bench Probation

Program Purpose: The Adult Community Service program (CS) assists the courts in promoting public safety by helping offenders who are on bench probation (supervised directly by a judge). The CS program also supports the Community Court program by providing this sentencing alternative.

In addition to monitoring the work hours of bench probation clients, CS works with individuals participating in Project Clean Slate (PCS). PCS converts outstanding financial obligations for minor criminal and/or civil matters to community service work. The CS office interviews PCS participants, assigns them to a community service project, supervises the work, maintains a file for each case and reports back to the Court regarding each participant's compliance.

Program Description: CS for Bench Probation and Community Court provides direct visibility of offenders as they restore the damage done to the community as a result of criminal actions. These offenders do not have a Parole/Probation Officer (PPO), but report directly to the sentencing Court.

CS is responsible for coordinating community service work sites at public and non-profit agency locations, supervising each offender's community service and providing offender status reports to the Courts.

Program Objectives:

Annual hours of community service
 Annual number of jail beds saved
 Annual dollars of unpaid work provided to the community
 Number of participants referred annually

Method(s) of Evaluation:

The last output measure was changed from served to referred to better match data supplied:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

Monthly Average to be served:

Type of offender served:

Probation
 Parole / Post-Prison Supervision
 Local Control

Risk Level

High Medium Low Limited

Gender

Men Women

Crime Category

Felony Misdemeanor

Funding Sources:

- State Grant-in-Aid
- County General Fund

- Other (_____)

| | |
|----|---------|
| \$ | _____ |
| \$ | 591,602 |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |
| \$ | _____ |

PROGRAM DESCRIPTION

Program Name: Adult Day Reporting Center

Program Purpose: The Day Reporting Center (DRC) is a cost-effective public safety program that holds violent, mentally ill and drug addicted adult parole and probation violators accountable for their actions. DRC provides intensive case management and counseling, along with educational, cognitive skill-based programming (otherwise known as FOR curriculum - Focus on Re-entry) and employment services.

DRC is an alternative consequence to jail or other custody sanctions used to address supervision violations. The existence of this program allows jail beds to be available for more serious offenders.

Program Description: DRC is a nonresidential sanction and skill building program for adult offenders. The program works with high and medium risk offenders who have been released from incarceration, or who have been sanctioned to the program by their Parole/Probation Officer (PPO) due to supervision violations.

Offenders in this program receive services designed to address challenging life circumstances - addiction issues, criminal thinking, inadequate work skills, a lack of stability and/or pro-social support.

Program Objectives:

Number of offenders served in case management and cognitive options annually
 Percent of participants who did not recidivate one year post exit
 Percent of participants who did not recidivate during program participation

Method(s) of Evaluation:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

Monthly Average to be served:

Type of offender served:

X Probation
 X Parole / Post-Prison Supervision
 X Local Control

Risk Level

X High X Medium Low Limited

Gender

X Men X Women

Crime Category

X Felony X Misdemeanor

Funding Sources:

| | |
|---|--------------|
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 2,083,711 |
| <input checked="" type="checkbox"/> County General Fund | \$ 2,116,640 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Electronic Monitoring

Program Purpose: Electronic Monitoring (EM) allows staff to monitor the activities of pre- and post-adjudicated individuals in the community through house arrest, curfew monitoring, alcohol consumption monitoring, or the monitoring of an offender's movement in the community. Utilizing EM and Global Positioning Software (GPS) technology to minimize the movements of offenders within the community has proven to be a reliable, cost-effective way to sanction offenders and reinforce public safety.

Current data indicates that most defendants and offenders on EM complete their obligation successfully. On average, 54 individuals are supervised per day on EM, which translates to over 20,000 expensive jail bed days saved annually.

Program Description: EM enables the county to utilize a restriction other than jail during pre-adjudication and post-conviction. EM allows Parole/Probation Officers (PPOs) to know where high risk offenders are located at any given time.

This alternative sanction expands supervision sentencing options for judges and creates cost effective offender management by having the offender pay a portion of the equipment costs (determined by a fee scale).

The EM program is a collaborative, systems oriented project that works closely with PPOs who in turn work with the Courts, the Oregon Board of Parole, and the District Attorney's Office to enhance the success of individuals placed on EM.

Program Objectives:

Average number of program participants per day
 Percent of participants who successfully complete program
 Number of jail bed days saved annually

Method(s) of Evaluation:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

Monthly Average to be served:

Type of offender served:

X Probation
 X Parole / Post-Prison Supervision
 X Local Control

Risk Level

X High X Medium Low Limited

Gender

X Men X Women

Crime Category

X Felony X Misdemeanor

Funding Sources:

| | |
|---|------------|
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ 831,298 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Londer Learning Center

Program Purpose: Londer Learning Center (LLC) promotes public safety by addressing low employability, lack of education and poor behavioral skills of offenders—prime risk factors which, if unaddressed, lead to increased crime, re-incarceration and unpaid restitution to victims. LLC's program outcomes and collaboration with Parole/Probation Officers (PPOs), courts, judges, treatment providers, community colleges and employment agencies earned recognition as a national program model by the US Office of Vocational and Adult Education.

Program Description: PPOs, treatment providers and courts annually refer over 650 medium and high risk offenders for instruction in employment skills, GED, reading, writing, math and bilingual English courses. More than 70% of offenders accessing LLC read below 9th grade levels; 90% cannot do math at 5th grade levels; 42% have suspected learning disabilities; 70% suffer from substance abuse and attention deficits. Instruction focuses on increasing academic skills and addressing attention difficulties, learning disabilities and behavioral problems that inhibit offenders' ability to find and maintain employment. Employment courses teach offenders interviewing skills, job search techniques and overcoming barriers caused by criminal histories. Collaboration with Portland Community College allows for transition to vocational courses and links with Worksource Centers provide employment pathways.

Despite serving this high risk population, LLC annually meets or exceeds performance standards set by Oregon's Department of Community Colleges and Workforce Development for reading in college basic skills programs. The program design allows offenders to start class immediately, and flexible scheduling allows them to meet other supervision requirements such as employment and treatment. Instructors at LLC use cognitive behavioral change and motivational interviewing techniques to elicit change in offenders.

Program Objectives:

Number of offenders served annually
 Percent of participants who did not recidivate within one year of program exit
 Percent of participants who did not recidivate during program participation
 Number of GED graduates annually

Method(s) of Evaluation:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | |
|--|---|--|--------------|---|-----------|--|-----------|-----------------------------------|----|-----------------------------------|----|-----------------------------------|----|-----------------------------------|----|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control</p> <p>Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited</p> <p>Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women</p> <p>Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor</p> | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> State Grant-in-Aid</td> <td style="width: 50%; text-align: right;">\$ 1,228,897</td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: right;">\$ 57,776</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other(DOE - PCC)</td> <td style="text-align: right;">\$ 69,354</td> </tr> <tr> <td><input type="checkbox"/> Other()</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Other()</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Other()</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Other()</td> <td style="text-align: right;">\$</td> </tr> </table> | | <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 1,228,897 | <input checked="" type="checkbox"/> County General Fund | \$ 57,776 | <input checked="" type="checkbox"/> Other(DOE - PCC) | \$ 69,354 | <input type="checkbox"/> Other() | \$ |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 1,228,897 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ 57,776 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other(DOE - PCC) | \$ 69,354 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other() | \$ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other() | \$ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other() | \$ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other() | \$ | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION

Program Name: Mental Health Services

Program Purpose: While 5% of the U.S. population has a serious mental illness, at least 16% of offenders in the criminal justice system have been diagnosed with a mental illness. In Oregon prisons, 11.8% more inmates have been identified as severely mentally ill than were identified in 1999. Some people with mental illness have unmet needs that result in actions/behaviors which bring them into the criminal justice system, particularly, re-incarceration in county jails. The Department of Community Justice (DCJ) provides funding for services that assist Parole/Probation Officers' (PPOs) work with over 200 adult mentally ill offenders annually. This work is essential for stabilizing and decreasing recidivism rates for this specific population.

Program Description: Mental Health Services (MHS) help PPOs access necessary mental health services for adult offenders. Most offenders access the traditional services. Special, limited services that benefit this target population are not available without DCJ assistance.

MHS provides: 1) Mental Health Evaluations (in order to determine the best way to achieve offender compliance with court orders for offenders who pose a serious risk to the community); 2) Three contracted staff to work with 60 offenders, preparing them for community treatment (accessing emergency medical care, food, shelter and clothing); and 3) Fifteen residential beds of Dual Diagnosis treatment (the Residential Integrated Treatment Services (RITS), operated by Cascadia Behavioral Healthcare, for offenders who have not been successful in alternate treatment modalities).

Program Objectives:

Average number of offenders supervised monthly
 Percent of offenders who did not recidivate within one year of program exit
 Percent of offenders admitted to housing that is safe and stable upon exit
 Percent of offenders moving toward self-sufficiency

Method(s) of Evaluation:

Recidivism is a measure of re-arrest data one year post successful program exit. The self-sufficiency outcome measure compares the clients expressing a need for services at intake to evidence they are in receipt of these services at exit.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----|--|---|----|-----------|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control</p> <p>Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited</p> <p>Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women</p> <p>Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> State Grant-in-Aid</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 45%; border-bottom: 1px solid black;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: center;">\$</td> <td style="text-align: center; border-bottom: 1px solid black;">2,203,210</td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other (_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | | <input type="checkbox"/> State Grant-in-Aid | \$ | | <input checked="" type="checkbox"/> County General Fund | \$ | 2,203,210 | <input type="checkbox"/> Other (_____) | \$ | |
| <input type="checkbox"/> State Grant-in-Aid | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ | 2,203,210 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (_____) | \$ | | | | | | | | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION

Program Name: Substance Abuse/Residential Treatment (Men & Women)

Program Purpose: Residential drug treatment is an essential part of the alcohol and drug treatment continuum that impacts public safety. The National Institute of Justice reports over 50% of violent crimes (including domestic violence), 60-80% of child abuse and neglect cases, 50-70% of theft and property crimes, and 75% of drug dealing and manufacturing offenses involve offender drug use. When residential treatment is successful for women offenders, the long-term collateral costs of re-arrest, re-incarceration and inadvertent consequences for the children of female offenders, significantly decline.

On any given day, half of the 500 Multnomah County residents waiting to enter publicly funded alcohol and drug residential treatment are connected to the criminal justice system. This program allows courts and Parole/Probation Officers (PPOs) an alternative option to jail use. Past evaluations have shown that these county services effectively reduce rearrest rates.

Program Description: Sixty-two beds currently serve high and medium risk offenders in a facility specialized in treating males involved with the criminal justice system. Ten other beds are located at the only Portland facility equipped to treat extremely violent or high risk sex offenders. An additional 20 beds serve a small percentage of the high risk drug offender population that has extensive needs.

Forty-eight residential drug and alcohol treatment beds are for high risk female offenders in a facility that can also accommodate four dependent children.

While the length of treatment varies for each individual, the average length of stay in residential treatment is 90 days, but may last up to six months. When appropriate, offenders are transported directly from jail to residential treatment, ensuring a drug-free transition.

Program Objectives:

- Number of beds available for high risk offenders.
- Percent reduction in pre/post treatment arrests.
- Percent of exiting offenders admitted to safe and stable housing.
- Percent of successful clients moving toward self-sufficiency.
- Number of beds available to high risk women offenders annually

Method(s) of Evaluation:

Recidivism is a measure of re-arrest data one year post successful program exit compared to one year pre-admit.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----|--|---|----|------------|---|----|--|---|----|--|---|----|--|---|----|--|---|----|--|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: X Probation X Parole / Post-Prison Supervision X Local Control Risk Level X High X Medium Low Limited Gender X Men X Women Crime Category X Felony X Misdemeanor</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> State Grant-in-Aid</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 45%; border-bottom: 1px solid black;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black; text-align: center;">10,900,120</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | | <input type="checkbox"/> State Grant-in-Aid | \$ | | <input checked="" type="checkbox"/> County General Fund | \$ | 10,900,120 | <input type="checkbox"/> Other(_____) | \$ | | <input type="checkbox"/> Other(_____) | \$ | | <input type="checkbox"/> Other(_____) | \$ | | <input type="checkbox"/> Other(_____) | \$ | | <input type="checkbox"/> Other(_____) | \$ | |
| <input type="checkbox"/> State Grant-in-Aid | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ | 10,900,120 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ | | | | | | | | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION:**Program Name: Substance Abuse/Outpatient Treatment**

Program Purpose: Outpatient treatment is an essential part of the alcohol and drug treatment continuum that impacts public safety. The National Institute of Justice reports over 50% of violent crimes (including domestic violence), 60-80% of child abuse and neglect cases, 50-70% of theft and property crimes and 75% of drug dealing and manufacturing offenses involve offender drug use. This program includes 185 slots.

In this community, 80% of the people utilizing publicly-funded treatment programs receive outpatient treatment. At any time, 160 offenders who are classified as high risk to commit a new crime attend these community based, outpatient treatment programs 1-3 times a week. An additional 60 parolees are also enrolled in outpatient treatment as a part of their previous treatment received in prison. This will serve approximately 500 people annually.

Program Description: Services are provided through contracts with 6 non-profit providers that are dually licensed to provide drug and alcohol treatment and mental health services.

Outpatient treatment is an excellent option for qualified offenders. Programs are equipped to respond to culturally-specific needs, provide comprehensive mental health counseling, assist with job related issues and support housing transitions. All contracted treatment programs use research-based approaches that motivate offenders to learn new skills that support a lifestyle free of crime and addiction.

Program Objectives:

Percent of offenders admitted to housing that is safe and stable upon exit.

Percent of offenders who did not recidivate one year post-exit.

Percent of successful completers.

Percent of offenders moving toward self-sufficiency.

Method(s) of Evaluation:

Recidivism is a measure of re-arrests one year post treatment exit. Percent successful completion of engaged clients is the percent of clients that completed treatment and the conditions of the program. Percent of clients moving toward self-sufficiency shows the percent of clients successfully completing services that had a need for economic services at intake and were in receipt of these services at exit.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | |
|--|---|---|----------|---|------------|--|------------|--|------------|--|-----------|---|----------|---|----------|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control</p> <p>Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited</p> <p>Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women</p> <p>Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor</p> | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> State Grant-in-Aid</td> <td style="width: 50%; text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: right;">\$ 775,784</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ 122,780</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ 190,000</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ 41,662</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | <input type="checkbox"/> State Grant-in-Aid | \$ _____ | <input checked="" type="checkbox"/> County General Fund | \$ 775,784 | <input checked="" type="checkbox"/> Other(_____) | \$ 122,780 | <input checked="" type="checkbox"/> Other(_____) | \$ 190,000 | <input checked="" type="checkbox"/> Other(_____) | \$ 41,662 | <input type="checkbox"/> Other(_____) | \$ _____ | <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ 775,784 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other(_____) | \$ 122,780 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other(_____) | \$ 190,000 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other(_____) | \$ 41,662 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ _____ | | | | | | | | | | | | | | |

PROGRAM DESCRIPTION

Program Name: Transition Services Unit Housing Program

Program Purpose: The Transition Services Unit (TSU) Housing program provides offenders returning to the community from incarceration with stable housing and associated services. In doing so, TSU increases an offender's potential for successful re-entry into the community, and reduces the likelihood of reoffending. For the last two years, eight out of ten offenders who utilized this service exited to safe and stable housing.

Program Description: TSU Housing provides short and long-term housing to high risk and disabled offenders newly released from prison who are homeless or have inadequate housing arrangements that pose public safety concerns. This program also considers the availability of support services (such as drug and alcohol relapse prevention and group counseling) when determining a housing placement.

This program offer provides shelter to an average of 215 offenders a day (roughly 1110 per year) using several community agencies including: Central City Concern, Cascadia, Volunteers of America, YWCA, Salvation Army, City Team Ministries, Transition Projects Incorporated, Portland Impact, Human Solutions, Luke Dorf Inc., and others. TSU Housing develops a long-term housing plan for each offender placed in transitional housing.

Program Objectives:

Average number of offenders sheltered daily
 Percent of offenders admitted to housing that is safe and stable upon exit
 Percent of sex offenders in subsidized treatment who receive housing
 Percent of offenders that are moving toward self-sufficiency*

Method(s) of Evaluation:

The self-sufficiency outcome measure compares the clients expressing a need for economic services at intake to evidence they are in receipt of these economic services at exit.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

Monthly Average to be served:

Type of offender served:

X Probation
 X Parole / Post-Prison Supervision
 X Local Control

Risk Level

X High X Medium Low Limited

Gender

X Men X Women

Crime Category

X Felony Misdemeanor

Funding Sources:

| | |
|--|--------------|
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 677,699 |
| <input checked="" type="checkbox"/> County General Fund | \$ 4,539,380 |
| <input checked="" type="checkbox"/> Other(Inmate Welfare Release Subsidy Funds) | \$ 127,344 |
| <input checked="" type="checkbox"/> Other(Alternative incarceration Program_) | \$ 115,382 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Transitional Services Unit and Re-Entry Services

Program Purpose: By providing services to over 3,000 newly released, high risk and violent adult offenders (including psychopaths, predatory sex offenders and persons with special needs), the Transition Services Unit (TSU) reduces the offender's risk to reoffend. Services provided include: housing, medical benefits, and access to mental health and substance abuse treatment. Meeting with the offenders prior to their release ("Reach In"), reduces the abscond rate for post prison releases in Multnomah County to less than one percent.

Program Description: In addition to providing stabilizing services after release, TSU also works with incarcerated offenders to provide re-entry planning up to 120 days prior to their release. This process is facilitated by in-custody interviews, known as "Reach In." Potential risks are identified during Reach In, allowing for the development of appropriate supervision plans and services which are in place by the time of the offender's release.

Program Objectives:

- Average number of offenders served annually
- Percent of offenders with reach in services who report within 14 days of release

Method(s) of Evaluation:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

Monthly Average to be served:

Type of offender served:

- Probation
- Parole / Post-Prison Supervision
- Local Control
- Risk Level**
- High Medium Low Limited
- Gender**
- Men Women
- Crime Category**
- Felony Misdemeanor

Funding Sources:

| | |
|---|--------------|
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 168,143 |
| <input checked="" type="checkbox"/> County General Fund | \$ 1,205,310 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Re-Entry Enhancement Coordination

Program Purpose: The period immediately following release from prison is a particularly high-risk time for offenders. Not only is the risk of new crimes greatest during this period, but offenders often experience a heightened need for substance abuse treatment, mental health treatment, housing and other services.

This program will be funded through the Edward Byrne Memorial Justice Assistance Grant Program. This Re-entry Enhancement Coordination (REC) Program will provide transition services through the oversight and coordination of the REC Team in collaboration with prison staff. The REC Team will build on the success of prison based substance abuse and co-occurring disorder treatment by providing a continuum of care and services for successful offender re-entry.

The goals of the REC include: reducing offender recidivism, relapse and use of addictive substances; increasing offenders' engagement with treatment; and increasing offenders' ability to attain and maintain stable housing, and employment.

Program Description: The REC Team will expand and enhance transition services for up to 150 offenders transitioning from Oregon State prisons who have successfully completed substance abuse and/or co-occurring disorder treatment. The REC Team is a newly formed team collaborating with Volunteers of America for substance abuse treatment, and SE Works for employment readiness and job coaching. The housing and mentoring providers have yet to be determined.

The REC Team will concentrate essential wraparound services in the first few months of release. Effective coordination and collaboration with the Department of Corrections, the community, and the offender will be a key strategy of the REC Team to further reduce the risk of reoffense and relapse.

Activities will include: institutional reach-in; coordination and oversight of services; and collaborative offender case management and supervision. Specifically, annual services include: 40 evidence-based outpatient substance abuse and co-occurring treatment slots; 16 alcohol and drug free transitional housing beds; 3 recovery peer mentors; and 1 employment and job development specialist. DCJ will monitor compliance with the grant and collect statistical and tracking data as required.

Program Objectives:

Percent of grant benchmarks met at grant end

Method(s) of Evaluation:

| | |
|---|---|
| CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score | |
| Monthly Average to be served: | Type of offender served: Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input type="checkbox"/> Local Control Risk Level <input checked="" type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women Crime Category <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Funding Sources: | |
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input type="checkbox"/> County General Fund | \$ _____ |
| <input checked="" type="checkbox"/> Other(Edward M. Byrne Memorial Grant) | \$ 937,816 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Chronic Offender Program

Program Purpose: The City of Portland has collaborated with Multnomah County and others to address specific issues of chronic offenders within the Portland area. The goal of both Coordination teams is to reduce offender risk and promote long-term behavioral and attitudinal change.

The Services Coordination Team (SCT) is a system-wide response to chronic and repeat offenders primarily in the downtown core area of the City. The county's Department of Community Justice (DCJ) acts as a pass-through for the treatment component of SCT (currently at the Volunteers of America) and employs one Parole/Probation Officer (PPO) specifically assigned to SCT clients.

The Prostitution Coordination Team (PCT) is a newly formed collaborative program with Portland Police, DCJ, the District Attorney's Office and Lifeworks NW. DCJ acts as a pass-through and program developer for the treatment component of PCT. The designated geographic area is 82nd Avenue and Sandy Boulevard.

Program Description: SCT - Each quarter, the most chronic offenders are identified by the Portland Police Bureau. On average, 48 offenders each month receive services (housing assistance, substance abuse treatment, etc.) to decrease their addiction(s) and criminal behavior. Individuals eligible for SCT are identified pre- and post-adjudication. The PPO assigned to this caseload facilitates an individualized intervention plan and coordinates with community partners to address the needs of the offenders. The services available to this population include 20 case managed housing units and 42 day treatment slots.

PCT - Up to 60 girls and women will receive services through a contract with Lifeworks NW for the New Options for Women program. If a person is accepted into the PCT they can receive alcohol and drug treatment, mental health services, mentoring, housing and employment search assistance. The police are actively involved and will either detain a woman or bring her to services - depending on individual circumstances.

Program Objectives:

Average number of offenders supervised monthly
 Percent of participants who did not recidivate one year post exit
 Percent of participants who did not recidivate during program participation

Method(s) of Evaluation:

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | |
|---|---|
| <p>Monthly Average to be served:</p> | <p>Type of offender served: <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control</p> <p>Risk Level <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Limited</p> <p>Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women</p> <p>Crime Category <input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor</p> |
|---|---|

| | |
|---|--------------|
| Funding Sources: | |
| <input type="checkbox"/> State Grant-in-Aid | \$ _____ |
| <input checked="" type="checkbox"/> County General Fund | \$ 42,240 |
| <input checked="" type="checkbox"/> Other(City of Portland _____) | \$ 2,100,512 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Supervision / Corrections Health

Program Purpose: Corrections Health provides health services for adults and juveniles detained in County correctional facilities.

Program Description: Correctional health care encompasses identifying and stabilizing serious and chronic health conditions for all individuals booked into the County jails and juvenile facility.

Services include:

- Evaluating each person as they are booked into jail or admitted to the juvenile detention facility to identify health problems that require immediate attention and stabilization during their stay.
- Screening at booking to identify health problems that require immediate attention.
- Communicable disease screening for tuberculosis, sexually transmitted infections, etc.
- Emergency response; medication management; treatment of mental health problems; suicide prevention; continuity of care; referral to specialty services when indicated.
- Health education regarding a variety of problems including chronic, complex medical and psychiatric problems.
- Corrections Health has invaluable partnerships with the Sheriffs Office, Community Justice, and County Human Services that aid in addressing coexisting medical, psychiatric, behavioral, and criminal issues. Along with continuity of care upon release from custody.
- Jail health services protect the larger community by early identification and treatment of communicable diseases, proactive risk management and liability reduction, and cost containment through effective management.
- The right to health care in jail is legally mandated under Federal and State law. When an individual is arrested and incarcerated, the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the U.S. Constitution's 8th Amendment and the 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State laws (ORS 169.076) further delineate standards for local correctional facilities.

Program Objectives:

Corrections Health provides cost effective in-jail health services to the county's incarcerated population. Individuals continue to receive the same level of health care they received in the community. Urgent and chronic mental and medical health conditions are stabilized, so individuals are able to participate in their legal proceedings. Corrections Health protects the health of those who work and live in the county detention facilities and focuses on supporting a person's successful release back into the community.

Method(s) of Evaluation:

- Initial medical, mental, dental evaluations upon booking and admission;
- Requests for health care services in custody;
- Medical, dental, mental, orthopedic, obstetrical clinic visits scheduled;
- Specific measures include review of intake screening, health assessments, emergency response, special needs treatment planning, medications ordered, infectious disease incidents, chronic disease management, and suicide prevention.

CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score

Monthly Average to be Served:

1367 Adults in custody each day in 2 facilities.
80 Juveniles in custody each day from Washington, Clackamas and Multnomah Counties.

Type of offender served:

- Probation
- Parole / Post-Prison Supervision
- Local Control
- Risk Level**
- High Medium Low Limited
- Gender**
- Men Women
- Crime Category**
- Felony Misdemeanor

Funding Sources:

- State Grant-in-Aid. \$ _____
- County General Fund \$ 12,711,378
- Other(_____) \$ _____

PROGRAM DESCRIPTION

| | |
|--|---|
| Program Name: Supervision/Local Control Jail Beds | |
| Program Purpose: To incarcerate offenders sentenced to 12 months or less. | |
| Program Description: Offenders sentenced to 12 months or less serve at least 30 days in the Multnomah County Jail. | |
| Program Objectives: Address public safety concerns, hold offenders accountable for their behavior, and provide time/place to assess offender for appropriateness for community supervision | |
| Method(s) of Evaluation: Monthly data extracted from SWIS and DOC reports indicating the number of offenders in jail and number of jail bed days served. | |
| CPC Review Completed? _____ No _____ Yes; if yes, _____ Overall Score | |
| Monthly Average to be served: 330 offenders | Type of offender served: <input type="checkbox"/> Probation <input type="checkbox"/> Parole / Post-Prison Supervision <input checked="" type="checkbox"/> Local Control Risk Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited Gender <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women Crime Category <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Funding Sources: | |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 16,288,753 |
| <input checked="" type="checkbox"/> County General Fund | \$ 19,846,247 |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |
| <input type="checkbox"/> Other(_____) | \$ _____ |

PROGRAM DESCRIPTION

Program Name: Administration/Local Public Safety Coordinating Council

Program Purpose: The Public Safety Coordinating Council (LPSCC) coordinates agencies and jurisdictions responsible for public safety. The Executive Committee includes Federal, State, County, City, Schools and other public safety stakeholders at the top leadership levels. These members attend regularly, in person not through proxy, to share issues and solve them together. In addition to the Executive Committee, standing workgroups and ad-hoc issue groups meet to research, plan, and coordinate system responses.

Program Description: Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC meets monthly to share information, identify issues and problems affecting public safety and oversee development of new plans, policies and strategies. Under the co-chairmanship of Multnomah County Chair Ted Wheeler and Portland City Commissioner/Police Commissioner Dan Saltzman, LPSCC held a Retreat in March 2009 to reevaluate its organization and effectiveness and to identify a new focus and direction for the next two years. At this retreat, Council members identified three core public safety issues/problems on which to focus: (1) Law Enforcement Agency Alignment, (2) Youth and Gang Violence Reduction, and (3) Implementation of the County's 2008 Public Safety Plan.

LPSCC's staff consists of a part-time Executive Director, Assistant Director, and a fulltime Justice System Analyst. The staff is responsible for (1) planning LPSCC's meetings in consultation with the Co-Chairs; (2) convening and facilitating the work of LPSCC's committees and working groups, (3) conducting research regarding evidence-based public safety policies, strategies and practices (4) providing analyses and evaluations of operations and problems in the local public safety system, and (5) overseeing the operation, development and utilization of DSS-Justice.

Program Objectives: LPSCC facilitates communication and collaboration among public safety and community leaders and oversees development of public safety plans, policies and strategies through monthly meetings of its Executive Committee and quarterly meeting of LPSCC. Therefore, a major part of LPSCC's performance is measured by meeting attendance of its members, which reflect the value of these meetings, and members' satisfaction with the results/accomplishments of the meetings through the periodic administration of survey questionnaires.

LPSCC selected three public safety issues/problems to focus its efforts over the next year or more (see description above). The resulting "Special Projects" are being carried out by working groups or ad hoc committees convened by LPSCC's staff, who periodically present progress reports to LPSCC and its Executive Committee. LPSCC's performance in developing and implementing policies and strategies associated with these Special Projects will be measured by the satisfaction of its members with the results and accomplishments of these projects through periodic survey questionnaires.

Method(s) of Evaluation: LPSCC measures the success of its operations using the following four metrics: # of LPSCC Executive committee and Council Meetings; % of members satisfied with results of meetings; # of special projects; and % of Executive Committee members satisfied with results of special projects.

CPC Review Completed? _____ **No** _____ **Yes; if yes,** _____ **Overall Score**

| | | | | | | | | | | | | | | | |
|---|--|--|------------|---|--------------|--|-----------|---|----------|---|----------|---|----------|---|----------|
| <p>Monthly Average to be served:</p> <p>N/A</p> | <p>Type of offender served:</p> <p><input type="checkbox"/> Probation</p> <p><input type="checkbox"/> Parole / Post-Prison Supervision</p> <p><input type="checkbox"/> Local Control</p> <p>Risk Level</p> <p><input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Limited</p> <p>Gender</p> <p><input type="checkbox"/> Men <input type="checkbox"/> Women</p> <p>Crime Category</p> <p><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p> | | | | | | | | | | | | | | |
| <p>Funding Sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> State Grant-in-Aid</td> <td style="width: 50%; text-align: right;">\$ 833,991</td> </tr> <tr> <td><input checked="" type="checkbox"/> County General Fund</td> <td style="text-align: right;">\$ 1,064,690</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other(BWC _____)</td> <td style="text-align: right;">\$ 70,000</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other(_____)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 833,991 | <input checked="" type="checkbox"/> County General Fund | \$ 1,064,690 | <input checked="" type="checkbox"/> Other(BWC _____) | \$ 70,000 | <input type="checkbox"/> Other(_____) | \$ _____ | <input type="checkbox"/> Other(_____) | \$ _____ | <input type="checkbox"/> Other(_____) | \$ _____ | <input type="checkbox"/> Other(_____) | \$ _____ |
| <input checked="" type="checkbox"/> State Grant-in-Aid | \$ 833,991 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> County General Fund | \$ 1,064,690 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Other(BWC _____) | \$ 70,000 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other(_____) | \$ _____ | | | | | | | | | | | | | | |



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-7 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-7
 Est. Start Time: 10:00 AM
 Date Submitted: 09/03/09

BUDGET MODIFICATION: DCHS - 04

**BUDGET MODIFICATION DCHS-04 Increasing Community Services Division
 Federal/State Appropriation by \$81,318 in U.S. Department of Housing and
 Agenda Urban Development (HUD) Community Development Block Grant, (CDBG)
 Title: American Reinvestment Recovery Act (ARRA) Entitlement Grant Funding**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: September 17, 2009 **Amount of Time Needed:** 5 minutes
Department: County Human Services **Division:** Community Services Division
Contact(s): Kathy Tinkle
Phone: 988-3691 **Ext.** 26858 **I/O Address:** 167/620
Presenter(s): Mary Li

General Information

1. What action are you requesting from the Board?

The Department of County Human Services recommends approval of budget modification DCHS-04. This budget modification increases U. S. Department of Housing and Urban Development (HUD) Community Development Block Grant ARRA Entitlement Grant (CDBG-R) funding by \$81,318 in the Community Services Division Housing program.

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.

Community Services Division-Housing Program, Program Offer # 25140, administers public resources to expand affordable housing and infrastructure in low and moderate-income communities through the Community Development Block Grant, the Affordable Housing Development Program, and the home improvement loan program.

The American Reinvestment Recovery Act directs the U.S. Department of Housing and Urban

Development (HUD) to distribute Community Development Block Grant ARRA Entitlement Grant (CDBG-R) funding to jurisdictions that received CDBG funding in Fiscal Year 2008. U.S. Department of Housing and Urban Development awarded \$81,318 to the Community Services Division to fund the Lincoln Street Sewer Rehabilitation Project. This project replaces deteriorating concrete sewer pipes with plastic pipe. This process reduces the amount of groundwater that enters the sanitary sewer system and also reduces wastewater treatment costs.

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

The Fiscal Year 2010 budget for the DCHS Housing program will be increased by \$81,318. This funding will increase the following expenses: pass-through and program support by \$73,187, indirect costs by \$4,084 and supplies by \$4,047. The department indirect revenue account will increase by \$2,093 and will increase a like amount in the supplies account. The central indirect to General Fund will increase by \$1,991 and will increase a like amount in CGF contingency. This is a one-time-only grant with no renewal. There are no ongoing expenses associated with this request.

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

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?**

Budget Modification DCHS-04 increases the Fiscal Year 2010 Federal/State Fund for the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant ARRA Entitlement Grant (CDBG-R) funding by \$81,318 in the Community Services Division Housing program.

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

The Fiscal Year 2010 budget for the DCHS Housing program will be increased by \$81,318. This funding will increase the following expenses: pass-through and program support by \$73,187, indirect costs by \$4,084 and supplies by \$4,047. The department indirect revenue account will increase by \$2,093 and will increase a like amount in the supplies account. The central indirect to General Fund will increase by \$1,991 and will increase a like amount in CGF contingency. This is a one-time-only grant with no renewal. There are no ongoing expenses associated with this request.

- **What do the changes accomplish?**

Budget modification DCHS-04 increases the DCHS Fiscal Year 2010 budget by \$81,318 to award one-time-only funding created by ARRA, which directs HUD to award CDBG-R funding, and an increase in services to replace deteriorating concrete sewer pipes with plastic pipe. This process reduces the amount of groundwater that enters the sanitary sewer system and also reduces wastewater treatment costs.

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

No.

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

Of the \$81,318 increase, \$8,131 has been awarded for administrative costs, including central and department indirect.

- **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?**

Yes, the revenue is one-time-only in nature. The functions will not be ongoing.

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

The CDBG-R grant covers July 1, 2009 through June 30, 2010.

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

When the grant expires the functions will cease.

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: DCHS - 04

Required Signatures

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

Kathy Linker for Joanne Fuller

Date: 09/02/09

Budget Analyst:

SDurant

Date: 09/03/09

Department HR:

Date: _____

Countywide HR:

Date: _____

Budget Modification ID: DCHS-04

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: 2010

| 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 | 22-10 | 32349 | 25140 | 41 | | | SCPCHHFB.HUDCDBGAI | 50170 | | (73,187) | (73,187) | | IG-OP - Direct Fed |
| 2 | 22-10 | 32349 | 25140 | 40 | | | SCPCHHFB.HUDCDBGAI | 60160 | | 73,187 | 73,187 | | Pass Through & Pgm Suppt |
| 3 | | | | | | | | | | | | | |
| 4 | 22-10 | 32349 | 25140 | 41 | | | SCPCHHFB.HUDCDBGAI | 50170 | | (8,131) | (8,131) | | IG-OP - Direct Fed |
| 5 | 22-10 | 32349 | 25140 | 40 | | | SCPCHHFB.HUDCDBGAI | 60350 | | 1,991 | 1,991 | | Central Indirect |
| 6 | 22-10 | 32349 | 25140 | 40 | | | SCPCHHFB.HUDCDBGAI | 60355 | | 2,093 | 2,093 | | Dept Indirect |
| 7 | 22-10 | 32349 | 25140 | 40 | | | SCPCHHFB.HUDCDBGAI | 60240 | | 4,047 | 4,047 | | Supplies |
| 8 | | | | | | | | | | | | | |
| 9 | 26-00 | 1000 | 25000 | 40 | | | CHSDO.IND1000 | 50370 | | (2,093) | (2,093) | | Dept Indirect Revenue |
| 10 | 26-00 | 1000 | 25000 | 40 | | | CHSDO.IND1000 | 60240 | | 2,093 | 2,093 | | Supplies |
| 11 | | | | | | | | | | | | | |
| 12 | 19 | 1000 | | 20 | | | 9500001000 | 50310 | | (1,991) | (1,991) | | Svc Reimb F/S to General |
| 13 | 19 | 1000 | | 20 | | | 9500001000 | 60470 | | 1,991 | 1,991 | | Contingency |
| 14 | | | | | | | | | | 0 | | | |
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| 28 | | | | | | | | | | 0 | | | |
| 29 | | | | | | | | | | 0 | | | |
| | | | | | | | | | | 0 | 0 | | Total - Page 1 |
| | | | | | | | | | | 0 | 0 | | GRAND TOTAL |



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-8 DATE 09/17/09
 DEBORAH L. BØGGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-8
 Est. Start Time: 10:05 AM
 Date Submitted: 09/03/09

BUDGET MODIFICATION: DCHS - 05

BUDGET MODIFICATION DCHS-05 Increasing Aging and Disability Services
Agenda Division Federal/State Appropriation by \$224,150 in American Recovery and
Title: Reinvestment Act (ARRA) Grant Funding

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

| | | | |
|--------------------------------|------------------------------|-------------------------------|---|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>5 minutes</u> |
| Department: | <u>County Human Services</u> | Division: | <u>Aging and Disability Services Division</u> |
| Contact(s): | <u>Kathy Tinkle</u> | | |
| Phone: | <u>503-988-3691</u> | Ext.: | <u>26858</u> |
| Presenter(s): | <u>Mary Shortall</u> | I/O Address: | <u>167/620</u> |

General Information

1. What action are you requesting from the Board?

The Department of County Human Services recommends approval of budget modification DCHS-05. This budget modification increases Aging and Disability Services Division (ADSD) Fiscal Year 2010 budget by \$224,150 in State of Oregon, Department of Human Services (DHS), American Recovery and Reinvestment Act (ARRA) grant funding to increase Nutrition Services.

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.

Program Offer # 25020A - Access And Early Intervention Services are the first point of contact for the county's 160,000 elderly, people with disabilities and veterans. These services keep people in their home as long as possible and protect them from becoming victims of abuse or neglect. Home Delivered Meals and Congregate Meals are program services provided under this program offer.

The Department of County Human Services (DCHS) Aging and Disability Services (ADS) is receiving an additional \$224,150 in American Recovery and Reinvestment Act (ARRA) grant funding. This funding is included as part of the contract with the State of Oregon, Department of

Human Services (DHS). Budget modification DCHS-05 increases the Fiscal Year 2010 budget to reflect the American Recovery and Reinvestment Act (ARRA) grant funding. The additional funding will be used to increase services provided by Access & Early Intervention Services in the Congregate and Home-Delivered Nutrition programs.

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

The Fiscal Year 2010 budget for the Access & Early Intervention Services Home-Delivered Meals program will be increased by \$73,943. This funding will increase the following expense: pass-through and program support by \$73,943.

The Fiscal Year 2010 budget for the Access & Early Intervention Services Congregate Meals program will be increased by \$150,207. This funding will increase the following expense: pass-through and program support by \$150,207.

This grant is a one-time-only grant. When the ARRA funding ends, services will return to pre-ARRA grant funding levels.

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

There are no legal and/or policy issues associated with this grant.

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?**

Budget Modification DCHS-05 increases Fiscal Year 2010 Federal/State Fund for State of Oregon Department of Human Services (DHS) American Recovery and Reinvestment Act (ARRA) grant funding by \$224,150 in the Aging and Disability Services (ADS) Access and Early Intervention Services.

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

The Fiscal Year 2010 budget for the Access & Early Intervention Services Home-Delivered Meals program will be increased by \$73,943. This funding will increase the following expense: pass-through and program support by \$73,943.

The Fiscal Year 2010 budget for the Access & Early Intervention Services Congregate Meals program will be increased by \$150,207. This funding will increase the following expense: pass-through and program support by \$150,207.

- **What do the changes accomplish?**

Budget Modification DCHS-05 increases the DCHS Fiscal Year 2010 budget by \$224,150 awarded through State of Oregon Department of Human Services (DHS) American Recovery and Reinvestment Act (ARRA) grant funding and increases services for Congregate and Home-Delivered Meals Nutrition Services.

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

No personnel actions result from this budget modification.

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

The administrative allowance from the base contract is sufficient to meet the requirements of this plan.

- **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 is a one-time-only grant. The funds allow for an increase in nutrition services. When the ARRA funding ends services will return to pre-ARRA grant funding levels.

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

The services provided by The American Recovery and Reinvestment Act (ARRA) grant will occur over the period July 1, 2009 – June 30, 2010, and the grant funds must be spent in entirety before December 30, 2010.

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

When the ARRA funding ends services will return to pre-ARRA grant funding levels.

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: DCHS-05

Required Signatures

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

Kathy Linker for Joanne Fuller

Date: 09/02/09

Budget Analyst:

SDurant

Date: 09/03/2009

Department HR:

Date:

Countywide HR:

Date:

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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|--------------|--------------|----------------|----------------|-----------------------------|----------|---|
| | | | | | | Cost Center | WBS Element | | | | | | |
| 1 | 30-45 | 32340 | 25020A | 41 | | | ADSDIV84ARRA | 50190 | 0 | (73,943) | (73,943) | | IG - OP Fed Thru St |
| 2 | 30-45 | 32340 | 25020A | 40 | | | ADSDIV84ARRA | 60160 | 0 | 73,943 | 73,943 | | Pass-Through & Prog Sup (Home-Delivered Meals-ARRA) |
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| 4 | | | | | | | | | | | | | |
| 5 | 30-45 | 32341 | 25020A | 41 | | | ADSDIV87ARRA | 50190 | 0 | (150,207) | (150,207) | | IG - OP Fed Thru St |
| 6 | 30-45 | 32341 | 25020A | 40 | | | ADSDIV87ARRA | 60160 | 0 | 150,207 | 150,207 | | Pass-Through & Prog Sup (Congregate Meals-ARRA) |
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| | | | | | | | | | | | 0 | 0 | GRAND TOTAL |



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 09/17/09
Agenda Item #: R-9
Est. Start Time: 10:10 AM
Date Submitted: 08/19/09

Agenda Title: **PROCLAMATION Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon**

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

Requested Meeting Date: September 17, 2009 **Amount of Time Needed:** 20 minutes
Department: County Human Services **Division:** MHASD
Contact(s): David Austin
Phone: 503-988-4746 **Ext.** 84746 **I/O Address:** 167/1/200
Presenter(s): Ray Hudson, Addiction Services Manager and invited guest speakers

General Information

1. What action are you requesting from the Board?

Adoption of Proclamation: Proclaiming September 2009 National Alcohol and Drug Addiction Recovery Month in Multnomah County, Oregon.

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.

- 23.2 million people ages 12 or older in the United States needed treatment for a substance use disorder in 2007, and 5.4 million adults also suffered from a concurrent mental illness; and
- People who are part of the recovery community lead more productive and fulfilling lives, personally and professionally; and add to the health of our community.
- Real stories of long-term recovery can inspire others to ask for help and improve their own lives, the lives of their families, and the entire community; and

It is critical that we educate our community members that substance use disorders are serious, but treatable, health care problems, and by treating them like other chronic diseases, we can improve the quality of life for the entire community

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

N/A

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

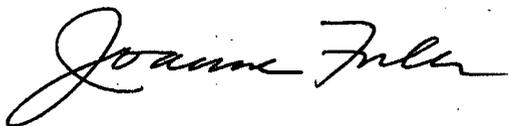
N/A

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

The 8th annual "Hands Across The Bridge" event was held on September 7th. Individuals in recovery, as well as friends, families and supporters joined hands and spanned the I-5 bridge to kick off Recovery Month. Representative Chip Shields and County Chair Ted Wheeler attended. Numerous other events are planned statewide to celebrate the accomplishments of individuals in recovery.

Required Signature

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



Date: 8/19/2009



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (Budget Modification)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-10 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-10
 Est. Start Time: 10:20 AM
 Date Submitted: 09/03/09

BUDGET MODIFICATION: HD-02

BUDGET MODIFICATION HD-02 Appropriating \$427,049 in Revenue from the Department of Health and Human Services – Health Resources and Services Administration, American Recovery and Reinvestment Act - Increased Demand Agenda for Health Services Initiative, and Reduce Appropriation by \$427,049 in Title: Revenue from Title 19/Medicaid –OMAP Fee for Services

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

Requested Meeting Date: September 17, 2009 **Amount of Time Needed:** 5 minutes
Department: Health Department **Division:** Integrated Clinical Services
Contact(s): Lester A. Walker, Finance and Budget Manager
Phone: (503) 988-3674 **Ext.** 26457 **I/O Address:** 167/2/210
Presenter(s): Susan Kirchoff, Health Centers Operations Director

General Information

1. What action are you requesting from the Board?

Approval of increased appropriation of \$427,049 due to funding from the Health Resources and Services Administration to support an increased demand for health services in response to the President’s strategy to implement the American Recovery and Reinvestment Act (ARRA) and approval of decreased appropriation of \$427,049 in revenue from Title 19/Medicaid-OMPA Fee for Services.

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 provides health care to more than 59,000 low income residents in the county each year. Funding to support health services is provided through multiple sources including the County general fund, third party reimbursements, and through Federal grant funding (Section 330 of Consolidated Health Services Act).

As a federal Section 330 grantee, the Health Department has been awarded \$854,098 through the American Recovery and Reinvestment Act of 2009 to support increased demand for health service to uninsured and low income residents.

This award enables the Health Department to continue funding medical teams established in FY 2009. These teams consist of a physician, nurse (RN) and a medical assistant along with support personnel to address the unique needs of underserved populations. The teams provide access to an additional 5,500 users and more than 31,750 visits (60% will be uninsured) at three health centers. The FY10 revenue estimates were based having a greater proportion of insured clients of the total number of clients. Because the health centers will be serving a larger number of uninsured clients, less fee revenue will be collected and the ARRA funding is added to the budget to maintain the same availability of service but with a different proportion of uninsured and insured clients than was originally budgeted.

The subject area for this funding is east Multnomah County, which has experienced significant growth in terms poverty, lack of health insurance, size and composition of minority populations, and demand for access to primary care services in recent years. There is limited access to primary care services in east Multnomah County, with access points including three health centers operated by the Health Department, and acute care provided at three small nonprofit clinics operated on a part-time basis. Examples of unmet need in among east Multnomah County's health centers include the following:

- La Clinica de Buena Salud is a small neighborhood clinic served by a single medical team. Approximately 1,000 patients have been turned away in the past year due to lack of new appointments and lack of space on provider panels.
- East County Health Center serves over 8,800 patients. The health center is at capacity and unable to offer access to the growing number of uninsured clients in the Gresham area.
- Mid-County Health Center is the largest health center operated by the Department; serving approximately 9,300 clients. Providers exceed productivity expectations; however, demand for service outweighs the supply of appointments. All providers' panels are over 100% full. The center is also the Refugee Screening program site, which serves approximately 1,000 refugees annually, and the majority of refugees screened choose to continue to obtain their medical care at Mid County, resulting in tremendous growth pressure on the clinic.

This budget modification is for \$427,049 to be spent in FY 2010. Funding from this award began in FY 2009 and will continue into FY 2010. A notice of intent for this grant was approved by the Board of County Commissioners on April 9, 2009.

Facilities costs are not increased because the clinicians will be utilizing vacant or repurposed space that the Health Department is already paying for. The only new cost is for remodeling which occurred in the previous fiscal year. Indirect costs are covered by this award.

This project will support the Health Department's efforts to meet the health care needs of low income residents as specified in FY 2010 Program Offers #40022 (Mid-County Health Center), #40023 (East County Health Center) and #40026 (La Clinica de la Buena Salud).

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

Approval of this budget modification will increase the Health Department's grant revenue budget by \$427,049 and decrease the charges for services budget by \$427,049, thus having a net-zero effect on

the fed/state fund budget for FY 2010.

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

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?**

The Health Department's federal/state revenue budget will be increased by \$427,049 in FY 2010 as a result of the work performed under this award. The Health Department's federal/state revenue budget will also be decreased by \$427,049 in FY 2010 due to reduced visit fee projections.

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

As a result of these changes the Health Department's budget will have the following changes:

- Revenue: IG-OP-Direct Fed budget will increase by \$427,049
- Revenue: Charges for Services budget will decrease by \$427,049
- There are no changes to budgeted expenditures

• **What do the changes accomplish?**

The proposed project will enable the Health Department to continue to fund six medical teams to deliver health services to uninsured and low income residents in need of health services at three health centers. These teams will provide access to an additional 5,500 users and more than 31,750 visits (60% will be uninsured).

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

This budget modification will continue to fund the medical teams established in FY 2009 to provide health services for low income and uninsured residents.

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

The revenue covers these costs.

• **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 is one time funding over a period of two years to support an increase in the demand for health services until the Nation's economy recovers. Federal grant funding will include third party billing to cover the cost of services.

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

The grant covers budget period 3/27/09 – 03/26/11.

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

This is one time funding over a period of two years ending 3/26/2011. Federal grant funding will include third party billing to cover the cost of services.

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: HD-02

Required Signatures

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

Jillian Stenberg / w2

Date: 09/02/09

**Budget
Analyst:**

JDurant

Date: 09/03/09

**Department
HR:**

Kathleen Hellerbe

/LB

Date: 09/01/09

**Countywide
HR:**

Date:

Budget Modification ID: **HD-10-02**

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: 2010

| 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 | 40-70 | 26020 | 40023 | 0030 | | | 47500-00-26020 | 50236 | (1,435,539) | (1,383,975) | 51,564 | | Decrease IG-Charges for Services |
| 2 | 40-70 | 26020 | 40023 | 0030 | | | 47500-00-26020 | 60000 | 581,229 | 549,826 | (31,403) | | Decrease Permanent |
| 3 | 40-70 | 26020 | 40023 | 0030 | | | 47500-00-26020 | 60130 | 197,630 | 187,747 | (9,883) | | Decrease Salary Related Fringe |
| 4 | 40-70 | 26020 | 40023 | 0030 | | | 47500-00-26020 | 60140 | 103,508 | 97,639 | (5,869) | | Decrease Insurance Benefits |
| 5 | 40-70 | 26020 | 40023 | 0030 | | | 47500-00-26020 | 60350 | 35,719 | 34,436 | (1,283) | | Decrease Central Indirect Cost |
| 6 | 40-70 | 26020 | 40023 | 0030 | | | 47500-00-26020 | 60355 | 87,027 | 83,901 | (3,126) | | Decrease Department Indirect Cost |
| 7 | | | | | | | | | | | | | |
| 8 | 40-70 | 26030 | 40023 | 0030 | | | 47500-00-26030 | 50236 | (4,734,826) | (4,572,866) | 161,960 | | Decrease IG-Charges for Services |
| 9 | 40-70 | 26030 | 40023 | 0030 | | | 47500-00-26030 | 60000 | 2,576,131 | 2,486,002 | (90,129) | | Decrease Permanent |
| 10 | 40-70 | 26030 | 40023 | 0030 | | | 47500-00-26030 | 60130 | 770,688 | 742,322 | (28,366) | | Decrease Salary Related Fringe |
| 11 | 40-70 | 26030 | 40023 | 0030 | | | 47500-00-26030 | 60140 | 792,362 | 762,744 | (29,618) | | Decrease Insurance Benefits |
| 12 | 40-70 | 26030 | 40023 | 0030 | | | 47500-00-26030 | 60350 | 117,812 | 113,785 | (4,027) | | Decrease Central Indirect Cost |
| 13 | 40-70 | 26030 | 40023 | 0030 | | | 47500-00-26030 | 60355 | 287,040 | 277,220 | (9,820) | | Decrease Department Indirect Cost |
| 14 | | | | | | | | | | | | | |
| 15 | 40-70 | 26020 | 40022 | 0030 | | | 47550-00-26020 | 50236 | (1,638,388) | (1,607,201) | 31,187 | | Decrease IG-Charges for Services |
| 16 | 40-70 | 26020 | 40022 | 0030 | | | 47550-00-26020 | 60000 | 841,012 | 822,136 | (18,876) | | Decrease Permanent |
| 17 | 40-70 | 26020 | 40022 | 0030 | | | 47550-00-26020 | 60130 | 279,331 | 273,391 | (5,940) | | Decrease Salary Related Fringe |
| 18 | 40-70 | 26020 | 40022 | 0030 | | | 47550-00-26020 | 60140 | 158,377 | 154,673 | (3,704) | | Decrease Insurance Benefits |
| 19 | 40-70 | 26020 | 40022 | 0030 | | | 47550-00-26020 | 60350 | 40,766 | 39,990 | (776) | | Decrease Central Indirect Cost |
| 20 | 40-70 | 26020 | 40022 | 0030 | | | 47550-00-26020 | 60355 | 99,324 | 97,433 | (1,891) | | Decrease Department Indirect Cost |
| 21 | | | | | | | | | | | | | |
| 22 | 40-70 | 26030 | 40022 | 0030 | | | 47550-00-26030 | 50236 | (5,213,644) | (5,102,481) | 111,163 | | Decrease IG-Charges for Services |
| 23 | 40-70 | 26030 | 40022 | 0030 | | | 47550-00-26030 | 60000 | 2,784,260 | 2,722,529 | (61,731) | | Decrease Permanent |
| 24 | 40-70 | 26030 | 40022 | 0030 | | | 47550-00-26030 | 60130 | 834,735 | 815,608 | (19,127) | | Decrease Salary Related Fringe |
| 25 | 40-70 | 26030 | 40022 | 0030 | | | 47550-00-26030 | 60140 | 923,894 | 903,094 | (20,800) | | Decrease Insurance Benefits |
| 26 | 40-70 | 26030 | 40022 | 0030 | | | 47550-00-26030 | 60350 | 129,727 | 126,962 | (2,765) | | Decrease Central Indirect Cost |
| 27 | 40-70 | 26030 | 40022 | 0030 | | | 47550-00-26030 | 60355 | 316,067 | 309,327 | (6,740) | | Decrease Department Indirect Cost |
| 28 | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | |
| | | | | | | | | | | | 0 | 0 | Total - Page 1 |
| | | | | | | | | | | | 0 | 0 | GRAND TOTAL |

Budget Modification ID: **HD-10-02**

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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|----------------|--------------|----------------|----------------|-----------------------------|----------|-----------------------------------|
| | | | | | | Cost Center | WBS Element | Cost Element | | | | | |
| 30 | 40-70 | 26030 | 40026 | 0030 | | | 47800-00-26030 | 50236 | - | 71,175 | 71,175 | | Increase IG-OP-Direct Fed |
| 31 | 40-70 | 26030 | 40026 | 0030 | | | 47800-00-26030 | 60000 | - | (40,752) | (40,752) | | Increase Permanent |
| 32 | 40-70 | 26030 | 40026 | 0030 | | | 47800-00-26030 | 60130 | - | (11,818) | (11,818) | | Increase Salary Related Expenses |
| 33 | 40-70 | 26030 | 40026 | 0030 | | | 47800-00-26030 | 60140 | - | (12,519) | (12,519) | | Increase Insurance Benefits |
| 34 | 40-70 | 26030 | 40026 | 0030 | | | 47800-00-26030 | 60350 | - | (1,770) | (1,770) | | Increase Central Indirect Cost |
| 35 | 40-70 | 26030 | 40026 | 0030 | | | 47800-00-26030 | 60355 | - | (4,316) | (4,316) | | Increase Department Indirect Cost |
| 36 | | | | | | | | | | - | | | |
| 37 | 40-70 | 32337 | 40022 | 0030 | | | 4FA57-01-1 | 50170 | - | (142,350) | (142,350) | | Increase IG-OP-Direct Fed |
| 38 | 40-70 | 32337 | 40022 | 0030 | | | 4FA57-01-1 | 60000 | - | 80,607 | 80,607 | | Increase Permanent |
| 39 | 40-70 | 32337 | 40022 | 0030 | | | 4FA57-01-1 | 60130 | - | 25,067 | 25,067 | | Increase Salary Related Expenses |
| 40 | 40-70 | 32337 | 40022 | 0030 | | | 4FA57-01-1 | 60140 | - | 24,505 | 24,505 | | Increase Insurance Benefits |
| 41 | 40-70 | 32337 | 40022 | 0030 | | | 4FA57-01-1 | 60350 | - | 3,541 | 3,541 | | Increase Central Indirect Cost |
| 42 | 40-70 | 32337 | 40022 | 0030 | | | 4FA57-01-1 | 60355 | - | 8,630 | 8,630 | | Increase Department Indirect Cost |
| 43 | | | | | | | | | | - | | | |
| 44 | 40-70 | 32337 | 40023 | 0030 | | | 4FA57-01-2 | 50170 | - | (213,524) | (213,524) | | Increase IG-OP-Direct Fed |
| 45 | 40-70 | 32337 | 40023 | 0030 | | | 4FA57-01-2 | 60000 | - | 121,533 | 121,533 | | Increase Permanent |
| 46 | 40-70 | 32337 | 40023 | 0030 | | | 4FA57-01-2 | 60130 | - | 38,246 | 38,246 | | Increase Salary Related Expenses |
| 47 | 40-70 | 32337 | 40023 | 0030 | | | 4FA57-01-2 | 60140 | - | 35,487 | 35,487 | | Increase Insurance Benefits |
| 48 | 40-70 | 32337 | 40023 | 0030 | | | 4FA57-01-2 | 60350 | - | 5,311 | 5,311 | | Increase Central Indirect Cost |
| 49 | 40-70 | 32337 | 40023 | 0030 | | | 4FA57-01-2 | 60355 | - | 12,947 | 12,947 | | Increase Department Indirect Cost |
| 50 | | | | | | | | | | - | | | |
| 51 | 40-70 | 32337 | 40026 | 0030 | | | 4FA57-01-3 | 50170 | - | (71,175) | (71,175) | | Increase IG-OP-Direct Fed |
| 52 | 40-70 | 32337 | 40026 | 0030 | | | 4FA57-01-3 | 60000 | - | 40,752 | 40,752 | | Increase Permanent |
| 53 | 40-70 | 32337 | 40026 | 0030 | | | 4FA57-01-3 | 60130 | - | 11,818 | 11,818 | | Increase Salary Related Expenses |
| 54 | 40-70 | 32337 | 40026 | 0030 | | | 4FA57-01-3 | 60140 | - | 12,519 | 12,519 | | Increase Insurance Benefits |
| 55 | 40-70 | 32337 | 40026 | 0030 | | | 4FA57-01-3 | 60350 | - | 1,770 | 1,770 | | Increase Central Indirect Cost |
| 56 | 40-70 | 32337 | 40026 | 0030 | | | 4FA57-01-3 | 60355 | - | 4,316 | 4,316 | | Increase Department Indirect Cost |
| 57 | | | | | | | | | | - | | | |
| 58 | | | | | | | | | | - | | | |
| | | | | | | | | | | 0 | 0 | | Total - Page 2 |
| | | | | | | | | | | #REF! | #REF! | | 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 |
| 26020 | 9490 | 64852 | 47500-00-26020 | Physician | 712744 | (0.26) | (31,403) | (9,883) | (5,869) | (47,155) |
| 26030 | 6314 | 64853 | 47500-00-26030 | Nurse Practitioner | 714241 | (0.26) | (22,624) | (7,120) | (5,211) | (34,955) |
| 26030 | 6012 | 61527 | 47500-00-26030 | Clinic Medical Assistant | 703474 | (0.32) | (10,027) | (3,156) | (4,266) | (17,449) |
| 26030 | 6315 | 61527 | 47500-00-26030 | Community Health Nurse | 714206 | (0.16) | (8,804) | (2,771) | (2,365) | (13,940) |
| 26030 | 6303 | 61527 | 47500-00-26030 | Licensed Comm Practical Nurse | 714051 | (0.32) | (13,722) | (4,318) | (4,543) | (22,583) |
| 26030 | 6012 | 61527 | 47500-00-26030 | Clinic Medical Assistant | 714054 | (0.32) | (11,069) | (3,484) | (4,344) | (18,897) |
| 26030 | 6303 | 61527 | 47500-00-26030 | Licensed Comm Practical Nurse | 700195 | (0.29) | (11,353) | (3,573) | (4,365) | (19,291) |
| 26030 | 6333 | 61527 | 47500-00-26030 | Medical Laboratory Technician | 701139 | (0.32) | (12,530) | (3,944) | (4,524) | (20,998) |
| 26030 | 6314 | TBD | 47800-00-26030 | Nurse Practitioner | TBD | (0.34) | (25,829) | (7,490) | (6,683) | (40,002) |
| 26020 | 9490 | 65189 | 47550-00-26020 | Physician | 714235 | (0.17) | (18,876) | (5,940) | (3,704) | (28,520) |
| 26030 | 6315 | 61528 | 47550-00-26030 | Community Health Nurse | 703681 | (0.17) | (12,129) | (3,517) | (2,930) | (18,576) |
| 26030 | 6012 | 61536 | 47800-00-26030 | Clinic Medical Assistant | 714205 | (0.43) | (14,923) | (4,328) | (5,836) | (25,087) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 714179 | (0.21) | (6,977) | (2,196) | (2,544) | (11,717) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 714177 | (0.21) | (6,977) | (2,196) | (2,544) | (11,717) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 712479 | (0.21) | (7,740) | (2,436) | (2,602) | (12,778) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 714176 | (0.21) | (6,977) | (2,196) | (2,545) | (11,718) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 714181 | (0.21) | (6,977) | (2,196) | (2,545) | (11,718) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 714180 | (0.21) | (6,977) | (2,195) | (2,545) | (11,717) |
| 26030 | 6012 | 61528 | 47550-00-26030 | Clinic Medical Assistant | 714178 | (0.21) | (6,977) | (2,195) | (2,545) | (11,717) |
| 32337 | 9490 | 64852 | 4FA57-01-1 | Physician | 712744 | 0.26 | 31,403 | 9,883 | 5,869 | 47,155 |
| 32337 | 6314 | 64853 | 4FA57-01-1 | Nurse Practitioner | 714241 | 0.26 | 22,624 | 7,120 | 5,211 | 34,955 |
| 32337 | 6012 | 61527 | 4FA57-01-1 | Clinic Medical Assistant | 703474 | 0.32 | 10,027 | 3,156 | 4,266 | 17,449 |
| 32337 | 6315 | 61527 | 4FA57-01-1 | Community Health Nurse | 714206 | 0.16 | 8,804 | 2,771 | 2,365 | 13,940 |
| 32337 | 6303 | 61527 | 4FA57-01-1 | Licensed Comm Practical Nurse | 714051 | 0.32 | 13,722 | 4,318 | 4,543 | 22,583 |
| 32337 | 6012 | 61527 | 4FA57-01-1 | Clinic Medical Assistant | 714054 | 0.32 | 11,069 | 3,484 | 4,344 | 18,897 |
| 32337 | 6303 | 61527 | 4FA57-01-1 | Licensed Comm Practical Nurse | 700195 | 0.29 | 11,353 | 3,573 | 4,365 | 19,291 |
| 32337 | 6333 | 61527 | 4FA57-01-1 | Medical Laboratory Technician | 701139 | 0.32 | 12,530 | 3,944 | 4,524 | 20,998 |
| 32337 | 9490 | 65189 | 4FA57-01-2 | Physician | 714235 | 0.17 | 18,876 | 5,940 | 3,704 | 28,520 |
| 32337 | 6315 | 61528 | 4FA57-01-2 | Community Health Nurse | 703681 | 0.17 | 12,129 | 3,517 | 2,930 | 18,576 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 714179 | 0.21 | 6,977 | 2,196 | 2,544 | 11,717 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 714177 | 0.21 | 6,977 | 2,196 | 2,544 | 11,717 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 712479 | 0.21 | 7,740 | 2,436 | 2,602 | 12,778 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 714176 | 0.21 | 6,977 | 2,196 | 2,545 | 11,718 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 714181 | 0.21 | 6,977 | 2,196 | 2,545 | 11,718 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 714180 | 0.21 | 6,977 | 2,195 | 2,545 | 11,717 |
| 32337 | 6012 | 61528 | 4FA57-01-2 | Clinic Medical Assistant | 714178 | 0.21 | 6,977 | 2,195 | 2,545 | 11,717 |
| 32337 | 6314 | TBD | 4FA57-01-3 | Nurse Practitioner | TBD | 0.34 | 25,829 | 7,490 | 6,683 | 40,002 |
| 32337 | 6012 | 61536 | 4FA57-01-3 | Clinic Medical Assistant | 714205 | 0.43 | 14,923 | 4,328 | 5,836 | 25,087 |
| TOTAL ANNUALIZED CHANGES | | | | | | (0.00) | 0 | 0 | 0 | 0 |



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-11 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-11
 Est. Start Time: 10:25 AM
 Date Submitted: 09/08/09

BUDGET MODIFICATION: HD - 03

BUDGET MODIFICATION HD-03 Appropriating \$2,320,075 in Revenue from the Department of Health and Human Services, Health Resources and Services Administration, American Recovery and Reinvestment Act, Capital Improvement Program

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

| | | | |
|--------------------------------|---|-------------------------------|-------------------------------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>5 Minutes</u> |
| Department: | <u>Health Department</u> | Division: | <u>Integrated Clinical Services</u> |
| Contact(s): | <u>Lester A. Walker, Finance and Budget Manager</u> | | |
| Phone: | <u>(503) 988-3674</u> | Ext. | <u>26457</u> |
| | | I/O Address: | <u>167/2/210</u> |
| Presenter(s): | <u>Susan Kirchoff, Health Centers Operations Director</u> | | |

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$2,320,075 in revenue from the Department of Health and Human Services – Health Resources and Services Administration, American Recovery and Reinvestment Act – Capital Investment Program.

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 provides health care to more than 59,000 low income residents in the county each year. Funding to support health services is provided through multiple sources including the County general fund, third party reimbursements, and through Federal grant funding (e.g., Section 330 of Consolidated Health Services Act).

As a federal Section 330 grantee, the Health Department will be eligible to receive grant funding to support capital improvements for County-operated health centers through the American Recovery

and Reinvestment Act of 2009. Activities will directly impact health services at three health centers, pharmacy services at five health centers, dental services at one health center, and two school-based health centers. The CIP program will enable the Health Department to implement immediate short-term improvements necessary to improve the quality of health center services through a series of activities that will promote patient safety, improve access, increase efficiency, and enhance confidentiality. The ability to sustain these services is not dependent upon additional funding beyond the timeframe of the CIP program.

After conducting an internal assessment of needs, priority improvements that have been identified include the following:

- Remodel Westside Health Center to support new care delivery model.
- Expand Pharmacy at Northeast Health Center and general renovations/updating of the clinic.
- Move dental clinic at Northeast Health Center to space being vacated by the Immunization Clinic to expand dental access.
- Move Lincoln Park School Based Health Center site to David Douglas High School.
- Install pharmacy bar code software to enhance patient safety.

These projects will enhance the Health Department's efforts to meet the health care needs of low income residents as specified in FY 2010 Program Offers #40017A (Dental Services), #40020 (Northeast Health Center), #40021A (Westside Health Center), #40023 (Mid-County Health Center), #40024 (School-Based Health Centers), #40031A (Pharmacy), and #40032 (Lab, X-Ray, Medical Records).

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

Approval of this budget modification will increase the Health Department's federal/state FY 2010 budget by \$2,320,075.

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.

This grant has been presented and approved for implementation by the Community Health Council.

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?**

The Health Department's federal/state revenue budget will increase by \$2,320,075 in FY 2010 as a result of the work performed under this award.

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

As a result of this budget modification, the Health Department's budget will have the following changes:

- Permanent budget will increase by \$63,000.
- Temporary budget will increase by \$62,995.
- Salary Related Expense budget will increase by \$19,827.
- Non Base Fringe budget will increase by \$18,270.
- Insurance Benefits budget will increase by \$16,033.
- Non Base Insurance will increase by \$2,675.
- Professional Services budget will increase by \$1,838,471 in conjunction with Facilities Management for architectural and engineering planning, demolition, removal, and construction.
- Central Indirect budget will increase by \$57,712
- Department Indirect budget will increase by \$140,667
- Capital Equipment budget will increase by \$100,425

• **What do the changes accomplish?**

The priority improvements identified for this funding source include:

- Remodel Westside Health Center to support new care delivery model.
- Expand Pharmacy at Northeast Health Center and general renovations/updating of the clinic.
- Move dental clinic at Northeast Health Center to space being vacated by the Immunization Clinic to expand dental access.
- Move Lincoln Park School Based Health Center site to David Douglas High School.
- Install Pharmacy bar code software to enhance patient safety

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

A 1.0 FTE Project Manager will be added to the budget to support this project. This position is a represented position.

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

The revenue covers these costs.

• **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 is a one-time only award.

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

June 29, 2009 – June 28, 2011

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

When the grant expires, the projects will have been completed.

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: HD-10 - 03

Required Signatures

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

KaRin Johnson for

Date: 08/20/09

Lillian Shirley

Budget Analyst:

Date: 09/08/09

Debra

Department HR:

Date:

Countywide HR:

Date: 06/26/09

A. Busby

Budget Modification ID: **HD-10-03****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: 2010

| 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 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 50170 | (344,705) | (344,705) | | Increase IG-OP-Direct Fed | |
| 2 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 60000 | 18,900 | 18,900 | | Increase Permanent | |
| 3 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 60130 | 5,948 | 5,948 | | Increase Salary Related Expenses | |
| 4 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 60140 | 4,810 | 4,810 | | Increase Insurance Benefits | |
| 5 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 60170 | 285,573 | 285,573 | | Increase Professional Services | |
| 6 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 60350 | 8,574 | 8,574 | | Increase Central Indirect | |
| 7 | 40-70 | 32345 | 40024 | 0030 | | | 4FA58-01-1-5 | 60355 | 20,900 | 20,900 | | Increase Department Indirect | |
| 8 | | | | | | | | | - | | | | |
| 9 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 50170 | (128,393) | (128,393) | | Increase IG-OP-Direct Fed | |
| 10 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 60000 | 6,300 | 6,300 | | Increase Permanent | |
| 11 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 60130 | 1,983 | 1,983 | | Increase Salary Related Expenses | |
| 12 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 60140 | 1,604 | 1,604 | | Increase Insurance Benefits | |
| 13 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 60170 | 107,527 | 107,527 | | Increase Professional Services | |
| 14 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 60350 | 3,194 | 3,194 | | Increase Central Indirect | |
| 15 | 40-70 | 32345 | 40012 | 0030 | | | 4FA58-01-1-2 | 60355 | 7,785 | 7,785 | | Increase Department Indirect | |
| 16 | | | | | | | | | - | | | | |
| 17 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 50170 | (762,270) | (762,270) | | Increase IG-OP-Direct Fed | |
| 18 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 60000 | 22,050 | 22,050 | | Increase Permanent | |
| 19 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 60130 | 6,939 | 6,939 | | Increase Salary Related Expenses | |
| 20 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 60140 | 5,611 | 5,611 | | Increase Insurance Benefits | |
| 21 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 60170 | 662,492 | 662,492 | | Increase Professional Services | |
| 22 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 60350 | 18,961 | 18,961 | | Increase Central Indirect | |
| 23 | 40-70 | 32345 | 40017A | 0030 | | | 4FA58-01-1-3 | 60355 | 46,217 | 46,217 | | Increase Department Indirect | |
| 24 | | | | | | | | | - | | | | |
| 25 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 50170 | (75,199) | (75,199) | | Increase IG-OP-Direct Fed | |
| 26 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60100 | 12,599 | 12,599 | | Increase Temporary | |
| 27 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60135 | 3,654 | 3,654 | | Increase Non Base Fringe | |
| 28 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60145 | 535 | 535 | | Increase Non Base Insurance | |
| 29 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60170 | 31,896 | 31,896 | | Increase Professional Services | |
| | | | | | | | | | | (26,515) | 0 | Total - Page 1 | |
| | | | | | | | | | | 0 | 0 | GRAND TOTAL | |

Budget Modification ID: **HD-10-03****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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|--------------|--------------|----------------|----------------|-----------------------------|----------|--------------------------------|
| | | | | | | Cost Center | WBS Element | Cost Element | | | | | |
| 30 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60350 | | 1,871 | 1,871 | | Increase Central Indirect |
| 31 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60355 | | 4,559 | 4,559 | | Increase Department Indirect |
| 32 | 40-70 | 32345 | 40032 | 0030 | | | 4FA58-01-2-3 | 60550 | | 20,085 | 20,085 | | Increase Capital Equipment |
| 33 | | | | | | | | | | - | | | |
| 34 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 50170 | | (75,199) | (75,199) | | Increase IG-OP-Direct Fed |
| 35 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60100 | | 12,599 | 12,599 | | Increase Temporary |
| 36 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60135 | | 3,654 | 3,654 | | Increase Non Base Fringe |
| 37 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60145 | | 535 | 535 | | Increase Non Base Insurance |
| 38 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60170 | | 31,896 | 31,896 | | Increase Professional Services |
| 39 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60350 | | 1,871 | 1,871 | | Increase Central Indirect |
| 40 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60355 | | 4,559 | 4,559 | | Increase Department Indirect |
| 41 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-2 | 60550 | | 20,085 | 20,085 | | Increase Capital Equipment |
| 42 | | | | | | | | | | - | | | |
| 43 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 50170 | | (75,199) | (75,199) | | Increase IG-OP-Direct Fed |
| 44 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60100 | | 12,599 | 12,599 | | Increase Temporary |
| 45 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60135 | | 3,654 | 3,654 | | Increase Non Base Fringe |
| 46 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60145 | | 535 | 535 | | Increase Non Base Insurance |
| 47 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60170 | | 31,896 | 31,896 | | Increase Professional Services |
| 48 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60350 | | 1,871 | 1,871 | | Increase Central Indirect |
| 49 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60355 | | 4,559 | 4,559 | | Increase Department Indirect |
| 50 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-5 | 60550 | | 20,085 | 20,085 | | Increase Capital Equipment |
| 51 | | | | | | | | | | - | | | |
| 52 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 50170 | | (75,200) | (75,200) | | Increase IG-OP-Direct Fed |
| 53 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60100 | | 12,599 | 12,599 | | Increase Temporary |
| 54 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60135 | | 3,654 | 3,654 | | Increase Non Base Fringe |
| 55 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60145 | | 535 | 535 | | Increase Non Base Insurance |
| 56 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60170 | | 31,897 | 31,897 | | Increase Professional Services |
| 57 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60350 | | 1,871 | 1,871 | | Increase Central Indirect |
| 58 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60355 | | 4,559 | 4,559 | | Increase Department Indirect |
| | | | | | | | | | | 6,430 | 0 | 0 | Total - Page 2 |
| | | | | | | | | | | 0 | 0 | 0 | GRAND TOTAL |

Budget Modification ID: **HD-10-03**

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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|--------------|--------------|----------------|----------------|-----------------------------|----------|---------------------------------------|
| | | | | | | Cost Center | WBS Element | Cost Element | | | | | |
| 59 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-1 | 60550 | | 20,085 | 20,085 | | Increase Capital Equipment |
| 60 | | | | | | | | | | - | | | |
| 61 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 50170 | | (147,931) | (147,931) | | Increase IG-OP-Direct Fed |
| 62 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60100 | | 12,599 | 12,599 | | Increase Temporary |
| 63 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60135 | | 3,654 | 3,654 | | Increase Non Base Fringe |
| 64 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60145 | | 535 | 535 | | Increase Non Base Insurance |
| 65 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60170 | | 98,409 | 98,409 | | Increase Professional Services |
| 66 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60350 | | 3,680 | 3,680 | | Increase Central Indirect |
| 67 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60355 | | 8,969 | 8,969 | | Increase Department Indirect |
| 68 | 40-70 | 32345 | 40031A | 0030 | | | 4FA58-01-2-4 | 60550 | | 20,085 | 20,085 | | Increase Capital Equipment |
| 69 | | | | | | | | | | - | | | |
| 70 | 40-70 | 32345 | 40020 | 0030 | | | 4FA58-01-1-4 | 50170 | | (30,000) | (30,000) | | Increase IG-OP-Direct Fed |
| 71 | 40-70 | 32345 | 40020 | 0030 | | | 4FA58-01-1-4 | 60170 | | 27,435 | 27,435 | | Increase Professional Services |
| 72 | 40-70 | 32345 | 40020 | 0030 | | | 4FA58-01-1-4 | 60350 | | 746 | 746 | | Increase Central Indirect |
| 73 | 40-70 | 32345 | 40020 | 0030 | | | 4FA58-01-1-4 | 60355 | | 1,819 | 1,819 | | Increase Department Indirect |
| 74 | | | | | | | | | | - | | | |
| 75 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 50170 | | (605,979) | (605,979) | | Increase IG-OP-Direct Fed |
| 76 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 60000 | | 15,750 | 15,750 | | Increase Permanent |
| 77 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 60130 | | 4,957 | 4,957 | | Increase Salary Related Expenses |
| 78 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 60140 | | 4,008 | 4,008 | | Increase Insurance Benefits |
| 79 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 60170 | | 529,450 | 529,450 | | Increase Professional Services |
| 80 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 60350 | | 15,073 | 15,073 | | Increase Central Indirect |
| 81 | 40-70 | 32345 | 40021A | 0030 | | | 4FA58-01-1-1 | 60355 | | 36,741 | 36,741 | | Increase Department Indirect |
| 82 | | | | | | | | | | - | | | |
| 83 | 19 | 1000 | | 0020 | | | 95000010000 | 50310 | | (57,712) | (57,712) | | Indirect reimbursement revenue in GF |
| 84 | 19 | 1000 | | 0020 | | | 95000010000 | 60470 | | 57,712 | 57,712 | | CGF Contingency expenditure |
| 85 | | | | | | | | | | - | | | |
| 86 | 40-90 | 1000 | 40040 | 0030 | | | 409050 | 50370 | | (140,667) | (140,667) | | Indirect dept reimbursement rev in GF |
| 87 | 40-90 | 1000 | 40040 | 0030 | | | 409001 | 60000 | | 140,667 | 140,667 | | Off setting dept expenditure in GF |
| | | | | | | | | | | 20,085 | 0 | | Total - Page 3 |
| | | | | | | | | | | 0 | 0 | | GRAND TOTAL |

Budget Modification ID: HD-10-03

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: 2010

| Line No. | Fund Center | Fund Code | Program # | Func. Area | Internal Order | Accounting Unit | | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|----------------|-----------------|-------------|--------------|----------------|----------------|-----------------------------|----------|------------------------|
| | | | | | | Cost Center | WBS Element | | | | | | |
| 88 | 72-10 | 3500 | | 0020 | | 705210 | | 50316 | | (18,708) | (18,708) | | Insurance Revenue |
| 89 | 72-10 | 3500 | | 0020 | | 705210 | | 60330 | | 18,708 | 18,708 | | Offsetting Transaction |
| 90 | | | | | | | | | | | | | |
| 91 | | | | | | | | | | | | | |
| 92 | | | | | | | | | | | | | |
| 93 | | | | | | | | | | | | | |
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| 113 | | | | | | | | | | | | | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | |
| | | | | | | | | | | | 0 | 0 | Total - Page 4 |
| | | | | | | | | | | | 0 | 0 | GRAND TOTAL |



Department of County Management
MULTNOMAH COUNTY OREGON
 Human Resources

Multnomah Building
 501 SE Hawthorne, Suite 400
 Portland, Oregon 97214
 (503) 988-5015 Phone
 (503) 988-3009 Fax

To: Susan Kirchoff, Integrated Clinical Services (160/8)
 From: Candace Busby, Classification and Compensation Unit (503/4) *C. Busby*
 Date: June 26, 2009
 Subject: Reclassification Request # 1271 (Vacant - New)

We have completed our review of your request and the decision is outlined below.

Request Information:

| | |
|--------------------------------------|---|
| Date Request Received: June 24, 2009 | Position Number: TBD |
| Current Classification: N/A | Requested Classification: Program Coordinator |
| Job Class Number: N/A | Job Class Number: 6022 |
| Pay Grade: N/A | Pay Grade: 25 |

| | | |
|-------------|--|-------------------------------|
| Request is: | <input type="checkbox"/> Approved as Requested | Effective Date: June 26, 2009 |
| | <input checked="" type="checkbox"/> Approved - Revised | |
| | <input type="checkbox"/> Denied | |

| | |
|--|------------------------|
| Allocated Classification: Project Manager | Job Class Number: 6063 |
| Pay Range: \$62,994.96 to \$77,569.20 annually | Pay Grade: 34 |

Please note this classification decision is subject to all applicable requirements stated in MC Personnel Rule 5-50 and may require Board of County Commissioners' approval. This decision is considered preliminary until such approval is received.

Position Information:

- Vacant - see New/Vacant Section
- Filled & incumbent reclassified - see Employee Information Section
- Filled & incumbent not reclassified with position See New/Vacant Section

New/Vacant Position Information:

If the position is vacant or incumbent not reclassified with position, position must be filled in accordance with the normal appointment procedures. If position is reclassified due to reorganization, a limited recruitment process may be conducted. Please consult with the Department Human Resources Unit for assistance.

Reason for Classification Decision:

This new limited duration grant-funded position will work extensively with internal and external stakeholders in the planning, oversight and execution of approximately \$4 million in capital improvement and health center modernization projects. These projects are a result of the Health Department receiving AARA funding to expand services for uninsured clients, health center modernization capital projects; and development of medical and dental services at a new site in Rockwood in collaboration with Care Oregon. This position will be responsible for working with the stakeholders to develop project plans for the eight unique projects associated with this \$4 million budget including, monitoring project status, identifying and minimizing risks, developing contingency plans and identifying opportunities to ensure project initiatives are successfully completed within timelines.

The main duties of a Project Manager include: reviewing project assignment to develop strategic plan; developing and communicating master schedule; organizing, facilitating and participating in meetings of stakeholder groups; and building and maintaining a cooperative team environment.

Reclass #1271
June 26, 2009
Page 2 of 2

The Program Coordinator classification plans, organizes, manages and participates in a moderate sized program within a division or department; and monitors and evaluates program activities and results against stated objectives. Because of the size of the project budget, impact across the county clinics and specific need for completion of formal project management coursework, this position is better aligned with the represented Project Manager (6063) classification.

If you have any questions, please feel free to contact me at 503-988-5015 ext. 24422.

Copy: Kathleen Fuller-Poe, HR Manager
Larry Brown, HR Analyst, SR
Joan Sears, HR Maintainer
Bryan Lally, Local 88
Class Comp File Copy



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (Budget Modification)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-12 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

| | |
|-----------------------------|-----------------|
| Board Clerk Use Only | |
| Meeting Date: | <u>09/17/09</u> |
| Agenda Item #: | <u>R-12</u> |
| Est. Start Time: | <u>10:30 AM</u> |
| Date Submitted: | <u>09/08/09</u> |

BUDGET MODIFICATION: HD-04

| |
|---|
| <p align="center">Budget Modification HD-04 Appropriating \$50,000 in Revenue from the City of Agenda Portland Bureau of Housing and Community Development, Lead Hazard Title: Control</p> |
|---|

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

| | | | |
|--------------------------------|---|-------------------------------|-------------------------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>5 minutes</u> |
| Department: | <u>Health</u> | Division: | <u>Office of the Director</u> |
| Contact(s): | <u>Lester A. Walker, Finance and Budget Manager</u> | | |
| Phone: | <u>(503) 988-3674</u> | Ext. | <u>26457</u> |
| Presenter(s): | <u>John Dougherty, Principal Investigator</u> | I/O Address: | <u>167/2/210</u> |

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$50,000 from the City of Portland Bureau of Housing and Community Development for Lead Hazard Control evaluation.

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 provides funding to City/County residents to remove lead paint hazards from their dwellings under a grant from the Department of Housing and Urban Development (HUD). The work to be done under the contract with the Multnomah County Health Department – Program Design and Evaluation Services (PDES) is to conduct follow-up lead hazard assessments to understand whether the remediation work remains effective in eliminating lead hazards in the home for at least six months after the completion of the work. The City and the residents are informed of the follow-up lead assessment findings – if unsafe levels of lead are found, additional actions can be taken to address the lead paint or other lead hazards. The work primarily seeks to ensure that remediate housing is safe for children on an ongoing basis.

This action supports Program Offer 40035 Health Planning and Evaluation. This action supports the Health Department's evaluation efforts aimed at examining the effectiveness of programs and initiatives, and identifying opportunities for community health improvement.

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

Approval of this budget modification will increase the Health Department's federal/state FY10 budget by \$50,000.

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 contract is from the City of Portland, Bureau of Housing and Community Development. Resident participation in the follow-up lead hazard assessments is voluntary. Residents participating in the lead hazard assessments receive a written explanation of the findings.

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?**

The Health Department's federal/state revenue budget will increase by \$50,000 in FY10 as a result of the work performed under this award.

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

As a result of these changes the Health Department's budget will have the following changes:

- Temporary Personnel budget will increase by \$21,592.
- Non Base Salary Related Expense budget will increase by \$6,262.
- Non Base Insurance Benefits budget will increase by \$3,609.
- Professional Services budget will increase by \$12,950.
((\$8,750 – Contract for wipe sampling; \$4,200 – Contract for sample testing.)
- Supplies budget will increase by \$461.
- Central indirect budget will increase by \$1,244.
- Departmental indirect budget will increase by \$3,032.
- Internal Service Data Processing budget will increase \$400.
- Internal Service Building Management budget will increase \$450.

• **What do the changes accomplish?**

The goal of the grant program is to understand the sustained effectiveness of lead hazard reduction work in homes of Multnomah County/City of Portland residents. In particular, ensuring lead-safe housing for children is a major objective of the work.

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

No additional FTE will result from this budget modification. Existing FTE (Principal Investigator) will perform services and will be covered by other contracts and grants when this project ends.

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

The revenue covers these costs.

• **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 grant award covers a six month period. When the grant expires, the project will have been completed.

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

The grant covers budget period 6/1/09 – 12/15/09.

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

When the grant expires, the project will have been completed.

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: HD-04

Required Signatures

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

KaRin Johnson

Date: 08/27/09

Lillian Shirley

Budget Analyst:

Date: 09/08/09

Debra

Department HR:

Date: _____

Countywide HR:

Date: _____

Budget Modification ID: **HD-10-04**

EXPENDITURES & REVENUES

Budget/Fiscal Year: 2010

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 | Accounting Unit | | | Cost Element | Current Amount | Revised Amount | Change Increase/ (Decrease) | Subtotal | Description |
|----------|-------------|-----------|-----------|------------|-----------------|-------------|-------------|--------------|----------------|----------------|-----------------------------|---------------------------------------|-------------|
| | | | | | Internal Order | Cost Center | WBS Element | | | | | | |
| 1 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 50195 | 0 | (50,000) | (50,000) | Increase IG-OP-Other | |
| 2 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60100 | 0 | 21,592 | 21,592 | Increase Temporary Personnel | |
| 3 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60135 | 0 | 6,262 | 6,262 | Increase Temp Fringe | |
| 4 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60145 | 0 | 3,609 | 3,609 | Increase Temp Insurance | |
| 5 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60170 | 0 | 12,950 | 12,950 | Increase Professional Services | |
| 6 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60240 | 0 | 461 | 461 | Increase Supplies | |
| 7 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60350 | 0 | 1,244 | 1,244 | Increase Central Indirect | |
| 8 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60355 | 0 | 3,032 | 3,032 | Increase Departmental Indirect | |
| 9 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60380 | 0 | 400 | 400 | Increase Intl Svc Data Proc | |
| 10 | 40-40 | 32350 | 40035 | 0030 | | | 4CA132-01-1 | 60430 | 0 | 450 | 450 | Increase Intl Svc Bldg Mgmt | |
| 11 | | | | | | | | | | - | | | |
| 12 | 19 | 1000 | | 0020 | | 9500001000 | | 50310 | (17,412,540) | (17,413,784) | (1,244) | Indirect reimbursement rev in GF | |
| 13 | 19 | 1000 | | 0020 | | 9500001000 | | 60470 | 7,250,000 | 7,251,244 | 1,244 | CGF Contingency expenditure | |
| 14 | | | | | | | | | | - | | | |
| 15 | 40-90 | 1000 | 40040 | 0030 | | | | 409050 | (4,847,492) | (4,850,524) | (3,032) | Indirect dept reimbursement rev in GF | |
| 16 | 40-90 | 1000 | 40040 | 0030 | | | | 409001 | 293,225 | 296,257 | 3,032 | Off setting dept expenditure in GF | |
| 17 | | | | | | | | | | - | | | |
| 18 | 72-10 | 3500 | | 0020 | | | | 705210 | (51,943,159) | (51,946,768) | (3,609) | Insurance Revenue | |
| 19 | 72-10 | 3500 | | 0020 | | | | 705210 | 0 | 3,609 | 3,609 | Offsetting Transaction | |
| 20 | | | | | | | | | | 0 | | | |
| 21 | 72-60 | 3503 | | 0020 | | | | 709000 | (1,181,807) | (1,182,207) | (400) | Data Processing reimbursement | |
| 22 | 72-60 | 3503 | | 0020 | | | | 709000 | 413,645 | 414,045 | 400 | Offsetting Transaction | |
| 23 | | | | | | | | | | 0 | | | |
| 24 | 72-50 | 3505 | 40035 | 0020 | | | | 705210 | (51,943,159) | (51,943,609) | (450) | Building Management reimbursement | |
| 25 | 72-50 | 3505 | 40035 | 0020 | | | | 705210 | 0 | 450 | 450 | Offsetting Transaction | |
| 26 | | | | | | | | | | - | | | |
| 27 | | | | | | | | | | - | | | |
| 28 | | | | | | | | | | - | | | |
| 29 | | | | | | | | | | - | | | |
| | | | | | | | | | | 0 | 0 | Total - Page 1 | |
| | | | | | | | | | | 0 | 0 | GRAND TOTAL | |



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-13 DATE 09/17/09
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only

Meeting Date: 09/17/09
 Agenda Item #: R-13
 Est. Start Time: 10:35 AM
 Date Submitted: 09/09/09

Agenda Title: NOTICE OF INTENT to Submit a \$1.75 Million Grant Request to the Health Resources and Services Administration to Establish Health Service Facilities in the Rockwood Area of Multnomah County through the American Recovery and Reinvestment Act of 2009

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

| | | | |
|--------------------------------|----------------------------------|-------------------------------|-------------------------------------|
| Requested Meeting Date: | <u>September 17, 2009</u> | Amount of Time Needed: | <u>5 minutes</u> |
| Department: | <u>Health</u> | Division: | <u>Integrated Clinical Services</u> |
| Contact(s): | <u>Susan Kirchoff, Tom Waltz</u> | | |
| Phone: | <u>503-988-3663</u> | Ext.: | <u>25870</u> |
| | | I/O Address: | <u>160/8</u> |
| Presenter(s): | <u>Susan Kirchoff, Tom Waltz</u> | | |

General Information

1. What action are you requesting from the Board?

Authorize the Director of the Health Department to submit a \$1.75 million grant request to the Health Resources and Services Administration (HRSA) to establish health service facilities in the Rockwood area. This funding request will be made to HRSA's Facilities Investment Program of the American Recovery and Reinvestment Act of 2009 to support capital costs related to the establishment of new clinical facilities.

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 provides health care to more than 59,000 low income residents in the county each year. Funding to support health services is provided through multiple sources including the County general fund, third party reimbursements, and through Federal grant funding of Section 330 of the Consolidated Health Services Act. A new stimulus funding opportunity through HRSA, the Facilities Investment Program, will award up to 100 grants to applicants proposing to implement capital projects to support the establishment of new health care access sites.

The Rockwood area lies between the cities of Gresham and Portland, north of Division Street and

south of Interstate 84 (approximately, the area is represented by two Zip Codes 97233 and 97230). Rockwood has long been recognized as a community with a disproportionately high number of residents affected by poverty as compared to the rest of the county. Of the 40,000 residents who make the Rockwood area their home, census tract data indicates that nearly 40% have incomes below 200% of the federal poverty level; more than 5,600 Medicaid recipients in the vicinity of Rockwood are without a medical home; as many as 30% of the residents lack health insurance; minorities represent a disproportionately high percentage, with five of the eight contiguous census tracts that define the Rockwood area federally designated as Medically Underserved Populations; and 9% to 12% of residents in the area live in households with limited English use. There are no comprehensive primary care clinics located in this area of the county to alleviate the demand for health services experienced by existing clinics and hospital emergency rooms.

CareOregon (the largest Medicaid health plan serving low income residents in the state), is currently in the process of purchasing a vacant 16,000 square foot medical facility located in the heart of the Rockwood area at 2020 SE 182nd Avenue, Portland, Oregon 97233 (the building's purchase is scheduled to be finalized on August 15, 2009). CareOregon representatives have contacted the Health Department to indicate a willingness to use this building to support the establishment of the Rockwood Community Health Center to serve as a new primary care access point to be operated by the Health Department. CareOregon has agreed to enter into a lease agreement with the Health Department for the property on or before November 1, 2009 for an uninterrupted period of 25 years. The amount of the lease has not been negotiated; however, CareOregon has indicated that it will be favorable to the County.

If funding is awarded the building will be renovated to establish the Rockwood Community Health Center. The new facility will provide access to medical services for an additional 3,500 users and more than 15,000 visits (30% of visits will be for uninsured residents). Services will be delivered by two medical teams and one dental team. Medical teams will consist of a physician, nurse and a medical assistant; and the dental team will include a dentist, dental assistant and hygienist. Project staffing will also include support personnel to assure successful operations.

In addition to establishing new capacity to meet the needs for medical services in Rockwood, the proposed project will enable the Health Department to establish new dental service capacity. Because all five federally funded health centers in Multnomah County refer their patients to the Health Department's dental clinics as a means of complying with HRSA's Health Center Program Expectations (PIN 98-23), this represents a critical component to assure patients of access to comprehensive health services without placing adding demands on current dental care facilities.

Related Program Offers for FY 2010: This project will support the Health Department's efforts to meet the health care needs of low income residents as specified in Program Offer #40022 (East County Health Center) and #40023 (Mid-County Health Center).

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

No additional County funding is requested. Local funding to operate the facility is available in the FY 2010 budget, and revenues generated through third party reimbursements will support long term operations. The proposed grant will enable the Health Department to renovate the building recently purchased by CareOregon so that it meets specifications for public access, as well as to purchase medical equipment to provide comprehensive health services.

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

None identified; providing health services is consistent with County policy to address the health care needs of Multnomah County residents.

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

This proposed project has been presented to the Multnomah County Community Health Council, and the Council has subsequently approved the proposed project as part of its role to oversee primary care services funded through Section 330 of the Consolidated Public Health Service Act. The Health Department will be joined by CareOregon as a project partner; and letters of support will be provided by organizations that operate community health centers in the county (i.e., Outside In, Central City Concern, Native American Rehabilitation Association, Yakima Valley Farm Workers Clinic, and OHSU's Richmond Clinic). Service capacity expansion is anticipated for the site in the future to include Outside In and Wallace Medical Concern to ensure a comprehensive range of services to meet the needs of the community's diverse population (these expansions are outside the scope of this proposal).

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?**

Health Resources and Services Administration.

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

No match is required for this grant. Grantees are expected to monitor expenses, report activities and outcomes on quarterly intervals as established in the grant agreement and consistent with stimulus funds associated with the American Recovery and Reinvestment Act of 2009 (ARRA). A final report must be provided upon completion of the project. The County has reporting systems in place for Departments receiving ARRA stimulus funding.

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

This is one time only funding to support the establishment of health services in the Rockwood area. Funding must be obligated within two years of grant award.

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

Applications must be submitted no later than August 6, 2009. This application involves the Federal electronic submission process through HRSA's Electronic Handbooks.

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

This grant will cover two years beginning November 1, 2009.

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

Once new health services in the Rockwood area are established, long-term funding will be provided through a mix of clinic users (70% will be insured) that enable the Health Department to generate sufficient revenue through third party billing to maintain services.

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

These administrative costs (including facilities) will be covered in the grant request.

ATTACHMENT B

Required Signatures

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

Lillian Shirley

Date: 07/15/2009

Budget Analyst:

Debra

Date: 09/09/09

| NO. | DATE | ORDINANCE TITLE |
|------------|-------------|--|
| 1140 | 06/18/09 | AMENDING MCC CHAPTERS 37, ADMINISTRATION AND PROCEDURES, AND 38, COLUMBIA RIVER GORGE NATIONAL SCENIC AREA; AND RE-ADOPTING CERTAIN ORDINANCES, RELATING TO NOTICE REQUIREMENTS FOR LEGISLATIVE ITEMS PROVIDED IN ORS 203.045(5), 215.060 AND 215.503 |
| 1141 | 06/18/09 | AMENDING COUNTY LAND USE CODE, PLANS AND MAPS TO ADOPT TROUTDALE'S RECENT LAND USE CODE, PLAN AND MAP REVISIONS RELATED TO AN APPLICABILITY SECTION PERTAINING TO THE COLUMBIA RIVER GORGE NATIONAL SCENIC AREA IN COMPLIANCE WITH METRO'S FUNCTIONAL PLAN, AND DECLARING AN EMERGENCY |
| 1142 | 07/16/09 | PROVIDING HOUSEKEEPING AMENDMENTS TO MULTNOMAH COUNTY CODE CHAPTER 12, BUSINESS INCOME TAX |
| 1143 | 08/06/09 | AMENDING COUNTY LAND USE CODE, PLANS AND MAPS TO ADOPT PORTLAND'S RECENT LAND USE CODE, PLAN AND MAP REVISIONS TO ESTABLISH A NEW ORIGINAL ART MURAL REGULATION AND PERMITTING PROGRAM IN COMPLIANCE WITH METRO'S FUNCTIONAL PLAN AND DECLARING AN EMERGENCY |
| 1144 | 09/03/09 | AMENDING MCC CHAPTER 21, HEALTH, RELATING TO RESIDENTIAL RENTAL PROPERTY |

| NO. | DATE | ORDINANCE TITLE |
|------------|-------------|--|
| 1145 | 09/17/09 | AMENDING COUNTY LAND USE CODE, PLANS AND MAPS TO ADOPT PORTLAND'S RECENT LAND USE CODE, PLAN AND MAP REVISIONS TO ADOPT AND IMPLEMENT THE HAYDEN ISLAND PLAN IN COMPLIANCE WITH METRO'S FUNCTIONAL PLAN AND DECLARING AN EMERGENCY |

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. 1144

Amending MCC Chapter 21, Health, Relating to Residential Rental Property

Multnomah County Ordains as follows:

Section 1. MCC Chapter 21, Health, is amended to add the following subchapter:

21.800*RESIDENTIAL RENTAL PROPERTY

21.805 Title and Area of Application.

This subchapter of the Multnomah County Code (MCC) relating to residential rental property may be known and cited as the county Residential Rental Property Maintenance Code (RRPMC) and applies to the unincorporated areas of the county.

21.810 Policy.

The Board has determined that it is necessary to provide for the regulation of residential rental property maintenance and administration of standards, including enforcement, for the protection of the public health, safety and general welfare of the residents of the county.

21.815 Adoption of International Property Maintenance Code.

(A) The International Property Maintenance Code, 2006 Edition, prepared by the International Code Council, as thereafter amended or revised "ICCPMC"), are adopted and by this reference incorporated as part of this subchapter. The provisions of this subchapter and MCC Chapter 29, Building Regulations, take precedence over any similar provisions of the ICCPMC.

(B) Residential rental properties must meet the standards set forth in the in this subchapter and are subject to the inspection and enforcement provisions of this subchapter.

21.820 Exemptions.

The provisions of this subchapter do not apply to motels, hotels, approved accessory dwellings, assisted living facilities, adult foster care homes, or temporary housing as defined in this subchapter.

21.825 Definitions.

In addition to the definitions set forth in the ICCPMC the following definitions apply to this subchapter:

Where terms are not defined in this subchapter or other code section and are defined in the state building, plumbing or mechanical codes, such terms will have the meanings ascribed to them as in those

state codes. Where terms are not defined through the methods authorized by this section, such terms have ordinarily accepted meanings such as the context implies. Whenever the words "premises," "building" or other similar words are stated in this subchapter, they will be construed as though they were followed by the words "or any part thereof." Unless otherwise expressly stated, the following terms, for the purposes of this subchapter, apply only to residential rental property and have the following meanings:

ABANDONED STRUCTURE. A vacant structure, or portion thereof, that is an attractive nuisance to children at play, that is used for unlawful activity or that is otherwise unoccupied and untended.

ATTRACTIVE NUISANCE. A condition that can attract children and be detrimental to the health or safety of children whether in a building, on the premises of a building or upon an unoccupied lot. This includes, but is not limited to: abandoned buildings, abandoned wells, shafts, basements, excavations, abandoned iceboxes, refrigerators, motor vehicles, any structurally unsound fences or structures, lumber, trash, fences, debris, or vegetation such as poison ivy, poison oak or poison sumac that may prove hazardous for inquisitive minors.

BUILDING. Any structure occupied or intended for any occupancy.

BUILDING CODE. MCC Building Regulations (§§29.001-29.207).

BUILDING OFFICIAL. The county building official.

DERELICT STRUCTURE. Any structure left unoccupied and unsecured, partially constructed, abandoned, maintained in a condition that is unfit for human habitation, or maintained in a condition that is an imminent threat to public health and safety.

DESIGNATED AGENT. A person or entity designated by the property owner to represent the property owner's interests in the subject property.

DWELLING. Any building located in the county, which is wholly or partly used or intended to be used for living or sleeping by human occupants; provided that temporary housing as defined below shall not be regarded as a dwelling. For purposes of this subchapter, the term shall be synonymous with "residential rental property."

LEGAL OWNER. Any person recorded in the official records of the state, county or municipality as holding title to the residential rental property.

MAIL. The delivery of a notice or other communication by first class mail. If a person has agreed to accept delivery of notification by email or fax, delivery by email or fax satisfies the mailing requirement.

OWNER, PROPERTY OWNER, or LEGAL OWNER. Any person, agent, firm or corporation having a legal or equitable interest in the residential rental property, including the owner as shown on the latest assessment records in the County Tax Assessor's office, a contract vendee, or a receiver or trustee in bankruptcy.

OCCUPIER. Any person who has possessory rights in, or control over, the subject property, premises, or business located at the property location, including a tenant.

PARTIALLY CONSTRUCTED. An occupied or vacant structure, or portion thereof, that has been left in a state of partial construction for more than six months or after the expiration of any building permit, or that has not had a required permit inspection within any six-month period.

PERSON IN CHARGE. Any agent, designated agent, property manager, or other person or entity with apparent authority to represent the property owner's interest in the subject property.

POST / POSTING / POSTED. The act of personally delivering a notice to a property, including affixing a notice to a property or personally delivering a notice to the owner, person in charge of the property, or occupier, at the property location. In the event of a vacant property, or conditions which make posting impractical, mailing a notice to the property owner at the last known address as listed with the County Tax Assessor's Office satisfies the posting requirement.

PROPERTY. Includes all lands, including all structures, improvements and fixtures thereon, and property of any nature appurtenant thereto, or used in connection therewith.

RESIDENTIAL RENTAL PROPERTY. A property, including a mobile home park, with one or more residential rental units, regardless of whether anyone is currently residing in each unit. Any person who owns land upon which a mobile home is located when that mobile home is owned by another person is construed as operating a mobile home park.

RESIDENTIAL RENTAL UNIT. A dwelling containing one or more separate living quarters (kitchen, bathroom and living room), one or more of which is rented, leased or let in exchange for monetary or other compensation. For the purposes of this subsection, a rooming house constitutes one residential rental unit.

TEMPORARY HOUSING. A tent, trailer, or similar structure which is used as human shelter for not more than thirty (30) consecutive days, or more than ninety (90) days, in any calendar year.

UNOCCUPIED. Vacant or not being used for a lawful occupancy.

21.830 Administration and Enforcement.

(A) The Health Department (department) is responsible for the administration and enforcement of this subchapter.

(B) The Health Department Director (director) is authorized to administer oaths, certify all official acts, issue citations, issue administrative warrants, subpoena and require the attendance of witnesses and production of relevant documents at hearings before the hearings officer and take testimony of any person by deposition.

(C) The director may grant an exception when the enforcement of the requirements of this subchapter would cause undue hardship to the owner or occupants of the affected property, or wherever the director deems it necessary in order to accomplish the purpose of this subchapter.

(D) The director may adopt rules necessary for the administration and enforcement of this subchapter.

21.850 Inspections.

(A) The director may conduct both internal and external inspections resulting from a complaint submitted to the department in accordance with department procedures.

(B) The director may initiate a complaint based upon reasonable belief of conditions that pose an imminent danger to the health and safety of the occupants and conduct both internal and external inspections based thereon.

(C) Any inspection of an owner-occupied dwelling containing one or more residential rental units will not include inspection of the owner's unit.

(D) The provisions of this subchapter will not be deemed to restrict the right of the county to inspect any property pursuant to any applicable federal, state or local law or regulation, including complaints filed under this subchapter.

21.855 Enforcement and Abatement.

(A) The director or designee may enter any property or building at any reasonable time for the purpose of inspection or enforcing this subchapter. Except when an emergency exists, the director must obtain the consent of the legal occupant of the property before entering private property or a private building. If the director or designee cannot obtain consent, the director may issue an administrative warrant to inspect property based upon reasonable belief that conditions in or upon the property constitute a violation of this subchapter.

(B) As used in this section, an emergency exists when the director has reasonable cause to believe that a violation of this subchapter requires prompt remediation to avoid a clear and immediate danger to individuals or to the public health.

(C) Whenever it appears there is reasonable cause to believe that a violation exists, the director will provide written notice to the owner of the existence of the violation and demand remedy of the violation within 30 days from the date of the written notice, or such lesser time as may be set by the director to protect the public health, safety and welfare. The notice must describe with reasonable certainty the property, the nature of the violation and the action necessary to remedy the violation, and inform the owner of the owner's rights under §§ 21.860 and 21.865, and the procedure by which the owner may contact the notice provider for more information.

(D) In an emergency, the director may order immediate remedy of a violation and an order to vacate the property may be issued. The director must give notice of the requirement for immediate remedy to the owner. The violation must be remedied before the property may be reoccupied. A fine may be imposed against a property owner who allows re-occupancy of property under a vacate order.

(E) The property must be re-inspected to determine compliance with this subchapter.

(F) If a property owner does not remedy a violation as ordered by the director, the director at his or her discretion may take one or more of the following actions:

1. abate the violation and charge the cost of abatement to the property owner;
2. order a property to be vacated and closed for use as residential rental property.

(G) In a situation in which the property owner has refused to abate a violation, or has taken or threatened action that gives the director probable cause to believe such action will comprise a danger to

department staff, any involved contractors, other individuals or the public generally, the director may request the assistance of the Sheriff in carrying out necessary investigation, abatement or enforcement actions as ordered by the director under this section or a hearings officer under § 21.860.

21.860 Appeals And Hearings.

(A) Any person receiving a notice of a violation under § 21.855(C) or (D) may request a hearing by writing the director within fourteen business days of the date of the notice.

(B) The director will, upon receipt of request for a hearing, promptly notify the hearings officer who will set a time and place for the hearing at the earliest possible time and will promptly notify the person requesting the hearing as to the time and place for the hearing. Notice may be by any means of giving actual notice. Notice may also be given to such persons as the hearings officer may determine to be interested persons.

(C) The person requesting the hearing and the director may make argument, submit testimony, cross-examine witnesses and submit rebuttal evidence on the pertinent issues. Any party may be represented by counsel.

(D) All hearings must be recorded in a manner which will allow for written transcription to be made and all materials submitted at the hearing will be retained by the hearings officer for a period of two years.

(E) Failure of the person requesting the hearing to appear at the hearing will constitute a waiver of the right to a hearing.

(F) After the hearing, the hearings officer will issue and mail a copy of the order determining the question within 15 days from the date of the hearing, or any continuance thereof not to exceed 15 days, to the person requesting hearing and the director.

(G) If the hearings officer finds the violation to exist, the order will set a date for abatement to be accomplished by the owner.

(H) Hearings involving the director will be conducted in accordance with applicable portions of ORS 183.413 to ORS 183.470.

21.865 Review.

Review of any action of the hearings officer taken under this subchapter and the rules adopted under them must be taken solely and exclusively by writ of review in the manner set forth in ORS 34.010 to 34.100.

21.870 Remedy By Owner Required.

Failure of the owner to abate the violation within 30 days as provided by § 21.855(C) or within the time set by the director under § 21.755(D) or the hearings officer under § 21.860 is a violation under this subchapter, and a county offense under ORS 203.810.

21.875 Penalty.

The director may impose a civil penalty on the owner for a violation based upon failure to remedy as defined in section 21.870 in an amount not to exceed \$250.00. Each day that a violation is not remedied constitutes a separate violation subject to civil penalty as described herein.

This subchapter shall in no way be a substitute for nor eliminate the necessity of conforming with any and all state laws and rules and other county ordinances which are now or may in the future be in effect, which relate to the activities regulated by this subchapter.

Section 2. This ordinance is effective on October 5, 2009.

FIRST READING:

August 20, 2009

SECOND READING AND ADOPTION:

September 3, 2009



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By

Jacqueline A. Weber, Assistant County Attorney

SUBMITTED BY:

Lillian Shirley, Director of the Department of Health