



# MULTNOMAH COUNTY, OREGON

## BOARD OF COMMISSIONERS

### Beverly Stein, Chair

1120 SW Fifth Avenue, Suite 1515  
Portland, Or 97204-1914  
Phone: (503) 248-3308 FAX (503) 248-3093  
Email: mult.chair@co.multnomah.or.us

### Diane Linn, Commission Dist. 1

1120 SW Fifth Avenue, Suite 1500  
Portland, Or 97204-1914  
Phone: (503) 248-5220 FAX (503) 248-5440  
Email: diane.m.linn@co.multnomah.or.us

### Gary Hansen, Commission Dist. 2

1120 SW Fifth Avenue, Suite 1500  
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### Lisa Naito, Commission Dist. 3

1120 SW Fifth Avenue, Suite 1500  
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### Sharron Kelley, Commission Dist. 4

1120 SW Fifth Avenue, Suite 1500  
Portland, Or 97204-1914  
Phone: (503) 248-5213 FAX (503) 248-5262  
Email: sharron.e.kelley@co.multnomah.or.us

### **ANY QUESTIONS? CALL BOARD CLERK DEB BOGSTAD @ 248-3277**

Email: deborah.l.bogstad@co.multnomah.or.us

**INDIVIDUALS WITH DISABILITIES  
MAY CALL THE BOARD CLERK AT  
248-3277, OR MULTNOMAH COUNTY  
TDD PHONE 248-5040, FOR  
INFORMATION ON AVAILABLE  
SERVICES AND ACCESSIBILITY.**

## NOVEMBER 24, 1998

## BOARD MEETING

### FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:30 am Consent Calendar of Routine County Matters
Pg 3	9:30 am Opportunity for Public Comment on Non-Agenda Matters
Pg 3	9:30 am 2nd Reading Ordinance Establishing Commission on Children, Families and Community
Pg 4	9:45 am Executive Session to Discuss Real Property Matters
*	<b>No Board Meetings are Scheduled Between December 21, 1998 through January 6, 1999</b>
*	<b>Check the County Web Site: <a href="http://www.multnomah.lib.or.us">http://www.multnomah.lib.or.us</a></b>

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

Thursday, 9:30 AM, (LIVE) Channel 30  
Friday, 10:00 PM, Channel 30  
Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community  
Television

Tuesday, November 24, 1998 - 9:30 AM  
Multnomah County Courthouse, Boardroom 602  
1021 SW Fourth Avenue, Portland

## **REGULAR MEETING**

### **CONSENT CALENDAR**

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

- C-1 Retail Malt Beverage Liquor License Renewal for BOTTOMS UP!, 16900 NW ST HELENS ROAD, PORTLAND
- C-2 Retail Malt Beverage Liquor License Renewal for SPRINGDALE TAVERN, 32302 E CROWN POINT HIGHWAY, CORBETT

#### **DEPARTMENT OF HEALTH**

- C-3 Amendment 3 to Intergovernmental Agreement 200347 with Oregon Health Sciences University Providing Hospital Services to Eligible Multnomah County Corrections Inmates
- C-4 Renewal of Intergovernmental Agreement 9910500 with Oregon Health Sciences University, Russell Street Dental Clinic, Providing Dental Services to Low-Income County Residents
- C-5 Budget Modification HD 8 Approving Changes in Various Budgets in Health, Moving 1.5 FTE and \$68,272 of Materials and Services Between the Federal State and the General Funds to Bring the Adopted Budget into Conformance with Current Operations

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

- C-6 Amendment 3 to Intergovernmental Agreement 102778 with the City of Fairview Providing \$107,086 for the Fifth/Main Street Storm Drainage Improvement Public Works Projects
- C-7 Amendment 3 to Intergovernmental Agreement 102798 with the City of Wood Village Providing Funding for Sewer Improvements at Arata/Halsey Street and Increased Funding for the 244th/Halsey Culvert Storm Drain Projects

## **DEPARTMENT OF ENVIRONMENTAL SERVICES**

- C-8 ORDER Authorizing Execution of Deed D991591 for Complete Performance of a Real Estate Purchase and Sale Agreement with Robert Hahn and Sharolyn McCallum
- C-9 ORDER Authorizing Execution of Deed D991592 for Complete Performance of a Real Estate Purchase and Sale Agreement with Robert Hahn and Sharolyn McCallum
- C-10 ORDER Authorizing Execution of Deed D991593 for Repurchase of Tax Foreclosed Property to Former Owner Ruth Pruitt
- C-11 ORDER Rescinding Order No. 98-169 and Authorizing Cancellation of Uncollectible Personal Property Taxes for Tax Years 1981/82 through 1997/98
- C-12 Budget Modification DES 99-02 Approving Reclassification of Database Administrator to Proper Classification Level in the Computer Support Unit of the Transportation Division

## **REGULAR AGENDA**

### **PUBLIC COMMENT**

- R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

### **NON-DEPARTMENTAL**

- R-2 Second Reading and Possible Adoption of an ORDINANCE Combining the Multnomah Commission on Children and Families with the Community Action Commission; and Repealing Ordinances No. 665 and 780

### **COMMISSIONER COMMENT**

- R-3 Opportunity (as Time Allows) for Commissioners to Provide Informational Comments to Board and Public on Non-Agenda Items of Interest. Comments Limited to Three Minutes Per Person.

Tuesday, November 24, 1998 - 9:45 AM  
**(OR IMMEDIATELY FOLLOWING REGULAR MEETING)**  
Multnomah County Courthouse, Boardroom 602  
1021 SW Fourth Avenue, Portland

## **EXECUTIVE SESSION**

- E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(e) to Deliberate with Persons Designated to Negotiate Real Property Transactions. Presented by Larry Nicholas, Dave Boyer, Bob Oberst, Jim Emerson, Dave Warren and Dwayne Prather. 1.5 HOURS REQUESTED.

MEETING DATE: NOV 24 1998

AGENDA #: C-1

ESTIMATED START TIME: 9:30

(Above space for Board Clerk's Use Only)

### AGENDA PLACEMENT FORM

SUBJECT: OLCC License Renewal Application

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: \_\_\_\_\_

AMOUNT OF TIME NEEDED: \_\_\_\_\_

DEPARTMENT: Sheriff's Office DIVISION: \_\_\_\_\_

CONTACT: Rick Barnett TELEPHONE: 251-2441  
BLDG/ROOM: 313/120

PERSON(S) MAKING PRESENTATION: Sergeant Brett Elliott

#### ACTION REQUESTED:

INFORMATIONAL ONLY     POLICY DIRECTION     APPROVAL     OTHER

#### SUGGESTED AGENDA TITLE:

This is an OLCC Retail Malt Beverage License Renewal application for :

Bottoms Up!  
16900 NW St. Helens Road  
Portland, Oregon 97231

*11/24/98 original to Rick Barnett*

The backgrounds have been checked on applicants: Chong Anderson and Glen Anderson and no criminal history can be found on the above.

#### SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: Elliott 18568

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any questions: Call the Board Clerk at 248-3277

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
98 NOV -6 PM 9:02

**Oregon Liquor Control Commission**

PO Box 22297, Milwaukie, OR 97269 1-800-452-6522

**License Renewal Application**

**IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. Your license expires December 31, 1998**

<b>License Type: Retail Malt Beverage</b>	<b>District: 1</b>	<b>County/City: 2600</b>	<b>RO#: R02213A</b>	<b>421/201</b>
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**CGR, INC.**  
16900 NW ST HELENS RD  
PORTLAND OR 97231

Licensee(s) **CGR, INC.**

Server Education Designee(s)  
OK ANDERSON, CHONG  
ANDERSON, GLEN

Tradename **BOTTOMS UP!**  
16900 NW ST HELENS RD  
PORTLAND OR 97231

**Instructions:**

1. Answer all questions completely on the renewal application.
2. Have each partner or an authorized corporate officer sign the renewal application.
3. Have the local governing body endorse the renewal application.
4. Return completed renewal application along with the appropriate license fee due before **December 11, 1998** to avoid late fees.

<b>Operational Questions:</b>	<b>Responses:</b>
(1) Is there a change in your Server Education Designee? If yes, please list their name and Social Security Number. <u>NO</u>	Name _____ SS# _____
(2) Please list a daytime phone number.	Phone Number: <u>621-9844</u>
(3) Please list all <u>arrests or convictions</u> for any crime, violation, or infraction of any law during the last year even if they are <u>not liquor</u> related for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	Name _____ Offense _____ Date _____ City/State _____ Result _____ <u>N/A</u>
(4) Effective March 15, 1998, under ORS 471.295 (2), you are required to maintain a Liquor Liability policy of <b>NO LESS THAN \$300,000</b> . Please list Insurance/Bonding Company and Policy/ID # and attach <b>insurance certificate listing the OLCC as a certificate holder</b> .	Insurance/Bonding Company <u>SCHAUERMAN INSURANCE ASSOCIATES</u> Policy # _____
(5) Will anyone share in the profits who is not a licensee of <u>this</u> business? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:
(6) Were there any changes of ownership (ie: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:
(7) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:

**Endorsement - Please take this form to your local governing body that is listed below before you return it to the OLCC.**  
The City of MULTNOMAH recommends that this license be GRANTED  REFUSED \_\_\_\_\_ on (date) 11/24/98  
Signed: [Signature] Title of Signer BEVERLY STEIN, MULTNOMAH COUNTY CHAIR

<b>License Fees and Late Fee Schedule &amp; Amounts - Do not mail cash.</b>	<b>Dollar Amount (\$)</b>
License Fee for Retail Malt Beverage	200.00
Server Education student fee	2.60
<b>TOTAL FEE TO PAY &gt;&gt;&gt;&gt;PLEASE PAY THIS AMOUNT &lt;&lt;&lt;&lt;</b>	<b>202.60</b>
<b>Late Fees</b>	
IF Renewal Application Is Received After December 11, 1998 but before January 01, 1999	Add 50.00 To Total Due
IF Renewal Application Is Received On or After January 01, 1999.	Add 80.00 To Total Due

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>	<b>Social Security #</b>	<b>Date of Birth</b>
CHONG ANDERSON	<u>[Signature]</u>	10-5-98	541-64-4738	2-28-43
GLEN ANDERSON	<u>[Signature]</u>	10-5-98	538-64-3180	3-23-67

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** OP ID KA CGRCO-1 DATE (MM/DD/YY) 10/09/98

PRODUCER  
**Schauermaann Ins. Associates**  
 P. O. Box 327  
 Forest Grove OR 97116  
  
**Tim Schauermaann**  
 Phone No. 503-357-7111 Fax No. 503-359-0340  
 INSURED  
  
**Cgr Corporation, Lisa Anderson**  
**Db a Bottoms Up Tavern**  
 16900 Nw St Helens Rd  
 Portland OR 97231

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A **Scottsdale Insurance Co**

COMPANY B

COMPANY C

COMPANY D

**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CPS197854	05/16/98	05/16/99	GENERAL AGGREGATE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1000000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 100000
					MED EXP (Any one person)	\$ 1000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
A	Liquor Liability	CPS197854	05/16/98	05/16/99	Occurrence	\$1,000,000
					Aggregate	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
**PACKAGE FIRE/LIABILITY/Liquor Liability**

CERTIFICATE HOLDER  
  
**OREGO-1**  
  
**O L C C**  
**PO Box 22297**  
**Milwaukie OR 97269**

CANCELLATION  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**Tim Schauermaann**

MEETING DATE: NOV 24 1998

AGENDA #: C-2

ESTIMATED START TIME: 9:30

(Above space for Board Clerk's Use Only)

### AGENDA PLACEMENT FORM

SUBJECT: OLCC License Renewal

BOARD BRIEFING: DATE REQUESTED: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING: DATE REQUESTED: \_\_\_\_\_

AMOUNT OF TIME NEEDED: \_\_\_\_\_

DEPARTMENT: Sheriff's Office DIVISION: \_\_\_\_\_

CONTACT: Rick Barnett TELEPHONE: 251-2441  
BLDG/ROOM: 313/120

PERSON(S) MAKING PRESENTATION: Sergeant Brett Elliott

#### ACTION REQUESTED:

INFORMATIONAL ONLY     POLICY DIRECTION     APPROVAL

988  
NOV -6 PM 11:02  
CLATSOP COUNTY BOARD OF COUNTY COMMISSIONERS

#### SUGGESTED AGENDA TITLE:

This is an OLCC Retail Malt Beverage License Renewal application for:

Springdale Tavern  
32302 E. Crown Point Highway  
Corbett, Oregon 97019

*11/24/98 original to Rick Barnett*

The backgrounds have been checked on applicant: Wayne H. Lewis and no criminal history can be found on the above.

#### SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: Elliott 18568

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any questions: Call the Board Clerk at 248-3277

**Oregon Liquor Control Commission**  
 PO Box 22297, Milwaukie, OR 97269 1-800-452-6522  
**License Renewal Application**

**IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. Your license expires December 31, 1998**

<i>License Type:</i> Retail Malt Beverage	<i>District:</i> 1	<i>County/City:</i> 2600	<i>RO#:</i> R00283A	421/201
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LEWIS WAYNE H  
 32302 E CROWN PT HWY  
 CORBETT OR 97019

*Licensee(s)* LEWIS WAYNE H

*Server Education Designee(s)*

*Tradename* SPRINGDALE TAVERN  
 32302 E CROWN PT HWY  
 CORBETT OR 97019

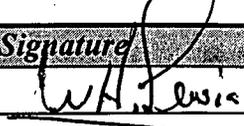
**Instructions:**

1. Answer all questions completely on the renewal application.
2. Have each partner or an authorized corporate officer sign the renewal application.
3. Have the local governing body endorse the renewal application.
4. Return completed renewal application along with the appropriate license fee due before December 11, 1998 to avoid late fees.

<b>Operational Questions:</b>	<b>Responses:</b>
(1) Is there a change in your Server Education Designee? If yes, please list their name and Social Security Number.	Name _____ SS# _____
(2) Please list a daytime phone number.	Phone Number: 503-695-2676
(3) Please list all arrests or convictions for any crime, violation, or infraction of any law during the last year even if they are <u>not liquor</u> related for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	Name      Offense      Date      City/State      Result
(4) Effective March 15, 1998, under ORS 471.295 (2), you are required to maintain a Liquor Liability policy of <b>NO LESS THAN \$300,000</b> . Please list Insurance/Bonding Company and Policy/ID # and attach insurance certificate listing the OLCC as a certificate holder.	Insurance/Bonding Company Yost Insurance Center  Policy # WR-005373
(5) Will anyone share in the profits who is not a licensee of this business? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:
(6) Were there any changes of ownership (ie: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:
(7) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:

**Endorsement - Please take this form to your local governing body that is listed below before you return it to the OLCC.**  
 The City of MULTNOMAH recommends that this license be GRANTED  REFUSED \_\_\_\_\_ on (date) 11/24/98  
 Signed:  Title of Signer BEVERLY STEIN, MULTNOMAH COUNTY CHAIR

<b>License Fees and Late Fee Schedule &amp; Amounts - Do not mail cash.</b>	<b>Dollar Amount (\$)</b>
License Fee for Retail Malt Beverage	200.00
Server Education student fee	2.60
<b>TOTAL FEE TO PAY</b> >>>>PLEASE PAY THIS AMOUNT<<<<	202.60
<b>Late Fees</b>	
IF Renewal Application Is Received After December 11, 1998 but before January 01, 1999	Add 50.00 To Total Due
IF Renewal Application Is Received On or After January 01, 1999.	Add 80.00 To Total Due

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>	<b>Social Security #</b>	<b>Date of Birth</b>
Wayne H Lewis		11/1/98	540-36-1647	9/15/36

# AGORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

03/19/98

**PRODUCER**

YOST INSURANCE CENTER  
13343 S.E. STARK STREET  
PORTLAND, OREGON  
97233-1898

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

- COMPANY LETTER **A** Clarendon America Ins Co
- COMPANY LETTER **B** Penn-American Ins. Co.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**

SPRINGDALE TAVERN  
32302 E CROWN POINT HWY  
CORBETT OR  
97019

**COPY**

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> DOWNER'S & CONTRACTOR'S PROT.				PRODUCTS-COMP/OP AGGR. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURENCE \$
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
<b>A</b>	<b>LIQUOR LIABILITY</b>	WR-005373	03/13/98	03/13/99	\$500 DED \$300000 PerClaim

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

Oregon Liquor Control  
Commission  
P.O. Box 22297

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

MEETING DATE: NOV 24 1998  
AGENDA NO.: C-3  
ESTIMATED START TIME: 9:30

(Above space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: Amendment #3 to Intergovernmental Agreement with Oregon Health Sciences University

BOARD BRIEFING Date Requested: \_\_\_\_\_

Requested By: \_\_\_\_\_

Amount of Time Needed: \_\_\_\_\_

REGULAR MEETING Date Requested: \_\_\_\_\_

Amount of Time Needed: 5 minutes or less

DEPARTMENT: Health DIVISION: Corrections Health

CONTACT: \* Kathy Page TELEPHONE #: x83959

BLDG/ROOM #: 119/4/MED

PERSON(S) MAKING PRESENTATION: Consent Calendar

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE:**

Amendment #3 to Intergovernmental Agreement #200347 with Oregon Health Sciences University for hospital services for County's Correction System inmates.

*11/24/98 originals to Marianne Metzger*

**SIGNATURES REQUIRED:**

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

Or

DEPARTMENT MANAGER: *Billi Chapman*

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

Any Questions: Call the Board Clerk at 248-3277

98 NOV -6 PM 3:21  
MULTNOMAH COUNTY  
OREGON  
BOARD OF  
HEALTH COMMISSIONERS



# MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT  
426 S.W. STARK STREET, 8TH FLOOR  
PORTLAND, OREGON 97204-2394  
(503) 248-3674  
FAX (503) 248-3676  
TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR OF THE BOARD  
DAN SALTZMAN • DISTRICT 1 COMMISSIONER  
GARY HANSEN • DISTRICT 2 COMMISSIONER  
TANYA COLLIER • DISTRICT 3 COMMISSIONER  
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

## MEMORANDUM

**Date:** November 3, 1998  
**To:** Board of County Commissioners  
**Via:** Billi Odegaard, Health Department Director *Bill Odegaard*  
**From:** Kathy Page, Director, Corrections Health Division *m. l. o. s. for Kathy Page*  
**Subject:** Amendment #3 to Contract #200347 with Oregon Health Sciences University for hospital services for Multnomah County Corrections inmates

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HONOR CULTURE, CELEBRATE DIVERSITY AND INSPIRE QUALITY

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- I. Recommendation: The Health Department recommends board ratification of Amendment #3 to Contract #200347 with Oregon Health Sciences University for the period December 1, 1998, through October 31, 1999.
  
- II. Background /Analysis: This agreement has been renewed annually since 1993. OHSU will provide labor and delivery, tubal ligations, and OB-related outpatient services for the County's Correction inmates on a fee-for-service basis. The County will pay 80% of the hospital's most recently published rates. In the event patient is an Oregon Health Plan member, County will pay applicable Oregon Health Plan reimbursement. The County has a similar agreement with Portland Adventist Medical Center to provide general inpatient, outpatient and emergency services for Corrections inmates.  
  
This amendment extends the expiration date to October 31, 1999, and extends services to include emergency care, medical/surgical stabilization.
  
- III. Financial Impact: Expenditures are expected to total approximately \$200,000 per year. Funds have been budgeted.
  
- IV. Legal Issues: None
  
- V. Controversial Issues: None
  
- VI. Link to Current County Policies: Continuing to collaborate with community agencies in the provision of health care.
  
- VII. Citizen Participation: None
  
- VIII. Other Government Participation: None

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

(See Administrative Procedure CON-1)

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached Contract #: 200347  
 Amendment #: 3

<p style="text-align: center;"><b>CLASS I</b></p> <p><input type="checkbox"/> Professional Services not - to exceed \$50,000 (and not awarded by RFP or Exemption)</p> <p><input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption)</p> <p><input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000</p> <p style="margin-left: 20px;"><input type="checkbox"/> Expenditure</p> <p style="margin-left: 20px;"><input type="checkbox"/> Revenue</p> <p><input type="checkbox"/> Architectural &amp; Engineering not to exceed \$10,000 (for tracking purposes only)</p>	<p style="text-align: center;"><b>CLASS II</b></p> <p><input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount)</p> <p><input type="checkbox"/> PCR B Contract</p> <p><input type="checkbox"/> Maintenance Agreement</p> <p><input type="checkbox"/> Licensing Agreement</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)</p>	<p style="text-align: center;"><b>CLASS III</b></p> <p><input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Expenditure</p> <p style="margin-left: 20px;"><input type="checkbox"/> Revenue</p> <p style="text-align: center;"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p><b>AGENDA #</b> <u>C-3</u> <b>DATE</b> <u>11/24/98</u></p> <p style="text-align: center;"><b>DEB BOGSTAD</b></p> <hr/> <p style="text-align: center;"><b>BOARD CLERK</b></p>
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Department: Health Department Division: Corrections Health Date: 11/03/98  
 Originator: Kathy Page Phone: x83959 Bldg/Rm: 119/4/MED  
 Contact: Marianne Metzger Phone: x26207 Bldg/Rm: 160/7

Description of Contract:  
 Hospital services (inpatient labor and delivery, tubal ligations, outpatient OB-related services) for County's Correction System inmates. This amendment extends services to include emergency care, medical/surgical stabilization and extends term date.

RENEWAL:  PREVIOUS CONTRACT NO(S): 201273, 200445, 200076, 200347  
 RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_  
 EXEMPTION NO/DATE: \_\_\_\_\_ EXEMPTION EXPIRATION DATE: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_  
 CONTRACTOR IS:  MBE  WBE  ESB  QRF  N/A  NONE (Check all boxes that apply)

<p>Contractor <u>Oregon Health Sciences University</u>  <u>Department of OB/GYN</u>                  Address <u>3181 SW Sam Jackson Park Road</u>  <u>Portland, Oregon 97201</u></p>	<p>Julie Styner, Contracts Officer 494-4390 (FAX 494-1293) MC UHN81                  Dr. Paul Kirk, OB/GYN Dept Chair 494-8639                  Remittance address <u>PO Box 575</u>                  (If different) <u>Portland, Oregon 97207-0575</u></p>
<p>Phone _____                  Employer ID# or SS# <u>93-1176109</u>                  Effective Date <u>Date of Execution</u>                  Termination Date <u>October 31, 1999</u>                  Original Contract Amount \$ <u>Req (est \$200,000/year)</u>                  Total Amt of Previous Amendments \$ _____                  Amount of Amendment \$ _____                  Total Amount of Agreement \$ _____</p>	<p>Payment Schedule / Terms</p> <p><input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt</p> <p><input checked="" type="checkbox"/> Monthly \$ <u>(invoice)</u> <input type="checkbox"/> Net 30</p> <p><input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Requirements Not to Exceed \$ _____</p> <p>Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REQUIRED SIGNATURES:

Department Manager *Belli Odegaard* DATE 11-3-98

Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class II Contracts Only)  
 County Counsel *Katie Johnson* DATE 11/3/98

County Chair \_\_\_\_\_ DATE November 24, 1998

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

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

LGFS VENDOR CODE HS3466						DEPT REFERENCE					
LINE #	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	OBJ/ REV	SUB OBJ	REP CAT	LGFS DESCRIPTION	AMOUNT	INC DEC
01	156	015	0951			6110		0399	OHSU Inmate ref		
02	156	015	0952			6110		0399	OHSU Inmate ref		
03	156	015	0975			6110		0399	OHSU Inmate ref		

**AMENDMENT #3 TO  
MULTNOMAH COUNTY CONTRACT #200347**

THIS AMENDMENT TO CONTRACT #200347 is between MULTNOMAH COUNTY, hereafter "COUNTY," and the Board of Directors of OREGON HEALTH SCIENCES UNIVERSITY, a public corporation, hereafter "CONTRACTOR."

WITNESSETH:

WHEREAS, COUNTY and CONTRACTOR are parties to a certain contract dated July 1, 1996, entitled "Intergovernmental Agreement for Hospital Services for Multnomah County Corrections System Inmates" (hereafter "Contract"); and

WHEREAS, the parties mutually desire to amend said Contract in the manner hereinafter set forth:

NOW, THEREFORE, the parties agree as follows:

1. The expiration date of the Contract is changed from November 30, 1998 to October 31, 1999.
2. Paragraph 3.A. is amended to read as follows (new language in *italics*):
  - A. HOSPITAL will provide inpatient *emergency care, medical/surgical stabilization, labor and delivery, tubal ligations, and OB-related outpatient services* to patients who are eligible for services as specified in Section 2, Admission of this Agreement.
3. Paragraph 3.D. is amended to read as follows (new language in *italics*, old language lined-out):
  - D. ~~Upon discharge of a patient for whom services have been provided under this Agreement;~~ *Conditions of Discharge:*
    - 1) *HOSPITAL will release stabilized patients as soon as possible to the medical infirmary at Multnomah County Detention Center, or Multnomah County Inverness Jail; and*
    - 2) Upon discharge of a patient for whom services have been provided under this Agreement, HOSPITAL will provide COUNTY with clinical information necessary for continued treatment.
4. Paragraph 3.F. is amended to read as follows (new language in *italics*, old language lined-out):
  - F. HOSPITAL is not required to deliver, nor is reimbursement allowed for, the following types of care and services under this Agreement:
    - 1) Treatment of disease classifications for which HOSPITAL has no available facilities or consulting physicians trained to perform such treatment;
    - 2) *Long term rehabilitation care and treatment;*
    - 3) *Extended care; or*
    - 4) *Elective procedures, unless prior authorized.*

5. Paragraph 4.D. is amended to read as follows (new language in *italics*, old language lined out):

D. Provide, within its capabilities, for security personnel when necessary and appropriate for the protection of the public and patients, as specified in *Appendix A – Revision #1* ~~Appendix A~~ attached hereto and by this reference incorporated.

6. Paragraph 5 is amended to read as follows (new language in *italics*, old language lined out):

COUNTY will reimburse HOSPITAL for the performance of those services provided hereunder. ~~which~~ Payment shall be based upon the following terms:

A. Patients must be eligible for services as specified in Section 2, Admission of this Contract.

B. HOSPITAL will submit to COUNTY a copy of the completed "Request for Medical Services" form for each patient served under this Contract. This form is to provide the basic information necessary for determining eligibility for services provided hereunder.

C. HOSPITAL will submit to COUNTY original fee-for-service billings for services provided.

D. COUNTY will pay HOSPITAL 75% ~~80%~~ of HOSPITAL's most recently published rates for ~~inpatient labor and delivery, tubal ligations, and OB-related outpatient~~ services *provided*.

1) *In the event patient is an Oregon Health Plan member, COUNTY's financial obligation shall be limited to the applicable reimbursement under the Oregon Health Plan.*

2) *In no case shall HOSPITAL bill COUNTY patients for remaining balance beyond their third party insurance reimbursement.*

E. COUNTY will pay HOSPITAL for services provided to patients under this Contract either:

1) Through the day of discharge from COUNTY custody; or

2) If patient still requires hospitalization, up to a maximum of seventy-two (72) hours after discharge from COUNTY custody. (This condition arises when a patient has been admitted to HOSPITAL and is then released from COUNTY custody due to personal recognizance or posting of bail.)

F. HOSPITAL will promptly pursue investigation and billing of *the patient and* other available third party reimbursement for each patient admitted under this Contract, *up to, but not including, referral to outside collection agencies*. HOSPITAL will document billing attempts *and forward to COUNTY proof of collection attempts* prior to sending billing to COUNTY for payment.

1) *If patient is Oregon Health Plan member, HOSPITAL shall submit a copy of eligibility screen or card as sole proof of collection attempt.*

- G. HOSPITAL will promptly refund to COUNTY any credit balance on an individual account in excess of billed charges resulting from collection of third party or personal payments for hospital services rendered in accordance with this Contract. COUNTY will not assume patient's deductible or co-pays responsibility.
- H. COUNTY will remit payments to HOSPITAL within sixty (60) days from the date that HOSPITAL submits billing with proof of collection attempts to COUNTY.
- I. COUNTY certifies that sufficient funds are available and authorized to finance the costs of this Contract. In the event that funds cease to be available to COUNTY in the amounts anticipated, COUNTY may terminate or reduce Contract funding accordingly. COUNTY will notify HOSPITAL as soon as it receives notification from funding source. Reduction or termination will not affect payment for accountable expenses prior to the effective date of such action.

7. All other terms and conditions of the original Contract remain in effect.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed by their duly authorized officers.

OREGON HEALTH SCIENCES  
UNIVERSITY

By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

MULTNOMAH COUNTY

By Beverly Stein  
Beverly Stein, Multnomah County Chair  
Date November 24, 1998

By Billi Odegaard  
Billi Odegaard, Health Department Director  
Date 11-3-98

By Kathy Page  
Kathy Page, Division Director  
Date 11/3/98

REVIEWED:  
Thomas Sponsler, County Counsel for  
Multnomah County, Oregon  
By Katie Gaetjens  
Katie Gaetjens, Assistant County Counsel  
Date 11/5/98

**APPROVED MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS**  
AGENDA # C-3 DATE 11/24/98  
DEB BOGSTAD  
**BOARD CLERK**

## APPENDIX A – REVISION #1

1. Prisoners treated at HOSPITAL under the provisions of this Contract will be accompanied by the applicable law enforcement agency while on the premises of HOSPITAL.
2. In the case of prisoners in the custody of COUNTY Sheriff's Office, exceptions to this policy shall be allowed only for:
  - A. Prisoners referred from COUNTY's Corrections Facilities.
  - B. Prisoners for whom COUNTY has requested and received from HOSPITAL an exception to this policy due to reduced security risks.
  - C. *Prisoners assigned to the mental health unit will not be guarded if in the COUNTY Sheriff's Office opinion the prisoner is not a security risk.*
    - 1) *The HOSPITAL will notify the COUNTY Sheriff's Office and Corrections Health when the prisoner is ready to be released.*
    - 2) *The HOSPITAL will not discharge the prisoner until in custody of the COUNTY Sheriff's Office to the COUNTY Detention Center.*
3. Requests for exceptions to this policy are to be forwarded from COUNTY Sheriff's Office to COUNTY's Corrections Health Manager and HOSPITAL's Corrections Coordinator.
  - A. Whenever possible, such requests should be made prior to the prisoner's admission to HOSPITAL.
  - B. This process should be followed for prisoners who have been admitted to HOSPITAL and released on their own personal recognizance or posted bail and for whom COUNTY will continue to assume financial responsibility for their medical care either through their release from COUNTY custody, or for a maximum of seventy-two (72) hours after their release from COUNTY custody if further hospitalization is required.
4. Factors to be considered in such requests shall include but are not limited to the following:
  - A. Individual's charge.
  - B. Information in the individual's personal and/or custody report.
  - C. Observations of the individual's behavior and/or conditions.
5. Approvals for exceptions to this policy are to be made by and only by HOSPITAL's Corrections Coordinator or his/her supervisor.

MEETING DATE: NOV 24 1998

AGENDA NO.: C-4

ESTIMATED START TIME: 9:30

(Above space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: Renewal of Intergovernmental Agreement with Oregon Health Sciences University

BOARD BRIEFING Date Requested: \_\_\_\_\_

Requested By: \_\_\_\_\_

Amount of Time Needed: \_\_\_\_\_

REGULAR MEETING Date Requested: \_\_\_\_\_

Amount of Time Needed: 5 minutes or less

DEPARTMENT: Health DIVISION: Dental Services

CONTACT: \* Gordon Empey TELEPHONE #: x26334

BLDG/ROOM #: 160/8

PERSON(S) MAKING PRESENTATION: Consent Calendar

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE:**

Intergovernmental Agreement #9910500 with Oregon Health Sciences University's Russell Street Dental Clinic for the continued provision of dental services to low-income County residents.

*11/24/98 ORIGINALS TO MARIANNE METZGER*

**SIGNATURES REQUIRED:**

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

Or

DEPARTMENT MANAGER: Billi Odegaard

BOARD OF  
COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
98 NOV 10 AM 3:49

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**  
Any Questions: Call the Board Clerk at 248-3277



# MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT  
426 S.W. STARK STREET, 8TH FLOOR  
PORTLAND, OREGON 97204-2394  
(503) 248-3674  
FAX (503) 248-3676  
TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR OF THE BOARD  
DAN SALTZMAN • DISTRICT 1 COMMISSIONER  
GARY HANSEN • DISTRICT 2 COMMISSIONER  
TANYA COLLIER • DISTRICT 3 COMMISSIONER  
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

## MEMORANDUM

**Date:** November 5, 1998  
**To:** Board of County Commissioners  
**Via:** Bill Degeard, Health Department Director  
**From:** Gordon Empey, Director, Dental Services *GE*  
**Subject:** Intergovernmental agreement with Oregon Health Sciences University (Russell Street Dental Clinic) for dental services for low-income residents

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HONOR CULTURE, CELEBRATE DIVERSITY AND INSPIRE QUALITY

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- I. Recommendation/Action Requested: The Health Department recommends Board ratification of Contract #9910500 with Oregon Health Sciences University for the period December 1, 1998, through November 30, 2001.
- II. Background/Analysis: This agreement, which has been renewed annually since July 1976, continues support for OHSU's Russell Street Dental Clinic in the provision of dental care to low-income residents. The agreement is funded by the Health Department's Primary Care "330" federal grant. We are extending the term of the agreement to three years to match the term of the project and to reduce administrative processing.
- III. Financial Impact: OHSU will receive \$275,000 annually. The agreement is funded by the Health Department's Primary Care "330" federal grant
- IV. Legal Issues: None
- V. Controversial Issues: None
- VI. Link to Current County Policies: Continuing to collaborate with community agencies in the provision of health care.
- VII. Citizen Participation: None
- VIII. Other Government Participation: None

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

(See Administrative Procedure CON-1)

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached Contract #: 9910500  
 Amendment #: \_\_\_\_\_

<p style="text-align: center;"><b>CLASS I</b></p> <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000 <input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only)	<p style="text-align: center;"><b>CLASS II</b></p> <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)	<p style="text-align: center;"><b>CLASS III</b></p> <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <p style="text-align: center;"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p style="text-align: center;">AGENDA # <u>C-4</u> DATE <u>11/24/98</u>  <u>DEB BOGSTAD</u>  <b>BOARD CLERK</b></p>
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Department: Health Department Division: Dental Services Date: 11/02/98  
 Originator: Gordon Empey Phone: x26334 Bldg/Rm: 160/8  
 Contact: Marianne Metzger Phone: x26207 Bldg/Rm: 160/7

Description of Contract:  
 Continued support for OHSU's Russell Street Dental Clinic in the provision of dental services Care "330" federal grant.

RENEWAL:  PREVIOUS CONTRACT NO(S): 201246  
 RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_  
 EXEMPTION NO/DATE: \_\_\_\_\_ EXEMPTION EXPIRATION DATE: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_  
 CONTRACTOR IS:  MBE  WBE  ESB  QRF  N/A  NONE (Check all boxes that apply)

Contractor <u>Oregon Health Sciences University</u> Address <u>3181 SW Sam Jackson Park Road</u> <u>Portland, Oregon 97201</u> Phone <u>494-4853 FAX 494-7787</u> Employer ID# or SS# <u>93-1176109</u> Effective Date <u>December 1, 1998</u> Termination Date <u>November 30, 2001</u> Original Contract Amount \$ <u>275,000 (annually)</u> Total Amt of Previous Amendments \$ <u>n/a</u> Amount of Amendment \$ <u>n/a</u> Total Amount of Agreement \$ _____	Dr. David Rosenstein, Director, Russell Street Carol Dersham, Contracts Officer, Research Services L106 Remittance address <u>Research Services L106</u> (If different) _____ Payment Schedule / Terms <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt <input checked="" type="checkbox"/> Monthly \$ <u>22,916.67</u> <input type="checkbox"/> Net 30 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other <input type="checkbox"/> Requirements Not to Exceed \$ _____ Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No
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**REQUIRED SIGNATURES:**

Department Manager Billie Odgaard DATE 11/6/98  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class II Contracts Only)  
 County Counsel [Signature] DATE 11/9/98  
 County Chair [Signature] DATE November 24, 1998  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class I, Class II Contracts only)

LGFS VENDOR CODE						DEPT REFERENCE					
LINE #	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	OBJ/ REV	SUB OBJ	REP CAT	LGFS DESCRIPTION	AMOUNT	INC DEC
01	156	015	0610			6060		0300	Russell Street Dental		
02											
03											

**INTERGOVERNMENTAL AGREEMENT  
FOR DENTAL SERVICES**

THIS INTERGOVERNMENTAL AGREEMENT is between MULTNOMAH COUNTY, acting by and through its Health Department, hereafter "COUNTY," and OREGON HEALTH SCIENCES UNIVERSITY, a public corporation, hereafter "UNIVERSITY."

WITNESSETH:

WHEREAS, UNIVERSITY is providing dental services through its School of Dentistry at Project Dental Health (Russell Street Dental Center), located at 214 North Russell Street, Portland, Oregon; and

WHEREAS, COUNTY receives federal funds to purchase dental services for low-income COUNTY residents through an agreement with UNIVERSITY; and

WHEREAS, UNIVERSITY is able and prepared to provide such services as COUNTY does hereinafter require, under those terms and conditions set forth;

NOW THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as follows:

1. TERM

This Agreement shall become effective on the date on which each party has signed, and shall apply retroactively to December 1, 1998, and shall expire November 30, 2001, unless sooner terminated under the provisions hereof.

2. DEFINITIONS

As used in this Agreement:

- A. "Center" shall mean Project Dental Health.
- B. "Dental Services" shall (except as expressly limited by Exhibit B) mean those professional services provided by dentists, students, and parodontal personnel, including diagnostic, preventive, surgical, and therapeutic services which are prescribed and directed by dentists and performed by dentists, students, and parodontal personnel.
- C. "Third-Party Payor" shall mean parties such as insurance organizations, Medicare, Medicaid, or individuals that make payments for dental services rendered to patients.
- D. "Contact Person" shall mean the representatives of each party. The contact person at the COUNTY shall be the Dental Health Director. The contact person at the UNIVERSITY shall be the Dental Project Director.

3. ELIGIBILITY

UNIVERSITY shall provide dental services to patients who meet the income criteria detailed in COUNTY's Discount Schedule. The Discount Schedule for fiscal year 1998-99 is attached to this Agreement as Exhibit C.

2. SERVICES

- A. UNIVERSITY shall provide comprehensive dental care services as described in Exhibit A.
- B. UNIVERSITY shall provide dental services of a quality that is commensurate with the quality of dental care provided to the general public by private dentists in the Portland area.

3. COMPENSATION

- A. COUNTY shall reimburse UNIVERSITY up to a maximum of \$275,000 annually, as authorized for dental services at UNIVERSITY by a Department of Health and Human Services, Public Health Service Region X (DHHS) grant to COUNTY. COUNTY shall initiate processing for a COUNTY warrant for UNIVERSITY in the amount of \$22,916.67 by the 5th working day of each month following the delivery of services (e.g. payment for December's services will be initiated by January 8<sup>th</sup>). The final November payment each year will be reconciled to actual yearly expenditures.
- B. UNIVERSITY will submit quarterly financial and performance reports no later than 30 calendar days following the end of each quarter.
- C. UNIVERSITY will take reasonable steps to ascertain third-party coverage of all patients and will make reasonable efforts to obtain reimbursement for covered services.
- D. UNIVERSITY will charge patients for dental services rendered using COUNTY's Discount Schedule. The Discount Schedule for fiscal year 1998-99 is attached to this Agreement as Exhibit C.
- E. COUNTY certifies that sufficient funds are available and authorized to finance the costs of this Agreement through the fiscal year ending June 30, 1999. In the event that funds cease to be available to COUNTY in the amounts anticipated during the remainder of the fiscal year, or in the event that sufficient funds are not approved and authorized in the next fiscal year, COUNTY may terminate or reduce the Agreement funding accordingly. COUNTY will notify UNIVERSITY as soon it receives notification from funding source. Reduction or termination will not affect payment for expenses incurred prior to the effective date of such action.
- F. UNIVERSITY shall submit all invoices for services provided under this Agreement within 30 days after the end of the Agreement period. COUNTY shall not be responsible for payment of invoices submitted more than 30 days after the end of the Agreement period.

6. DENTAL AND DENTAL HYGIENE STUDENTS

- A. By this Agreement, both parties recognize the teaching opportunities presented by the Center, as well as the potential for increased patient care afforded by access to health professional students.
- B. UNIVERSITY may allow up to four (4) dental or dental hygiene students to engage in clinical practices at the Center on any regularly scheduled working day, provided that the following conditions are satisfied:
  - 1) Students shall be supervised by a faculty dentist duly authorized by UNIVERSITY, within the constraints of the law, to supervise clinical treatment.
  - 2) Center patients shall always be informed when a student will be providing treatment. Any Center patient who wishes to refuse service from a student may do so.

7. RESEARCH

- A. UNIVERSITY will inform both COUNTY and patients, or person(s) legally responsible for patients, of any clinical dental investigations, experiments, or research proposed.
- B. Any such investigations, experiments, or research shall be limited by and conducted in accordance with law and accepted medical and dental standards relating to such research. Any investigations, experiments, or research involving human subjects shall be subject to approval by the UNIVERSITY's Committee on Human Research.
- C. Written consent for any investigations, experiments, or research shall be obtained from patients, or person(s) legally responsible for patients.

8. REPORTING REQUIREMENTS

- A. UNIVERSITY shall submit to COUNTY such financial, statistical, and narrative reports as may be required to meet DHHS reporting requirements, to include the Uniform Data System (UDS) attached to this Agreement as Exhibit D. Such reports will be submitted to COUNTY within twenty (20) working days following the end of each calendar month. If additional reports are developed for Center management, UNIVERSITY shall make them available to COUNTY.
- B. UNIVERSITY agrees to compile and have available all statistics required by BCHDA and to comply with all BCHDA policies.

9. GRIEVANCES

Grievances involving professional care not satisfactorily resolved among patients, COUNTY and UNIVERSITY shall be referred to the Multnomah County Dental Director for resolution.

10. MAJOR DISASTER OR EPIDEMIC

In the event of any major disaster or epidemic, UNIVERSITY shall render dental services insofar as practical, according to its best judgement, within the limitations of such facilities and personnel as are then available, but UNIVERSITY shall have no liability or obligation for delay or failure to provide dental services due to lack of available facilities or personnel if such lack is the result of such disaster or epidemic.

11. CIRCUMSTANCES BEYOND UNIVERSITY'S CONTROL

In the event that, due to circumstances not reasonably within the control of UNIVERSITY, such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, disability of a significant part of UNIVERSITY personnel, or similar causes, the rendition of dental services hereunder is delayed or rendered impractical, UNIVERSITY shall have no liability or obligation on account of such delay or failure to provide services.

**INTERGOVERNMENTAL AGREEMENT  
STANDARD CONDITIONS**

1. INDEPENDENT CONTRACTOR STATUS

UNIVERSITY is an independent contractor and is solely responsible for the conduct of its programs. UNIVERSITY, its employees and agents shall not be deemed employees or agents of COUNTY.

2. INDEMNIFICATION

A. UNIVERSITY shall defend, hold and save harmless COUNTY, its officers, agents, and employees from damages arising out of the tortious acts of UNIVERSITY, or its officers, agents, and employees acting within the scope of their employment and duties in performance of this Agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and any applicable provisions of the Oregon Constitution.

B. COUNTY shall defend, hold and save harmless UNIVERSITY, its officers, agents, and employees from damages arising out of the tortious acts of COUNTY, or its officers, agents, and employees acting within the scope of their employment and duties in performance of this Agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and any applicable provisions of the Oregon Constitution.

3. WORKERS' COMPENSATION INSURANCE

UNIVERSITY shall maintain workers' compensation insurance coverage for all non-exempt workers, employees, and subcontractors either as a carrier-insured employer or a self-insured employer as provided in Chapter 656 of Oregon Revised Statutes.

4. TAXPAYER IDENTIFICATION NUMBER

UNIVERSITY shall furnish to COUNTY its federal employer identification number, as designated by the Internal Revenue Service.

5. SUBCONTRACTS AND ASSIGNMENT

UNIVERSITY shall neither subcontract with others for any of the work prescribed herein, nor assign any of UNIVERSITY's rights acquired hereunder without obtaining prior written approval from COUNTY. COUNTY by this Agreement incurs no liability to third persons for payment of any compensation provided herein to UNIVERSITY.

6. RECORD CONFIDENTIALITY

A. COUNTY and UNIVERSITY agree to keep all client records confidential in accordance with state and federal statutes and rules governing confidentiality.

B. The use or disclosure by any party of any information concerning a patient for any purpose not directly connected with the administration of the COUNTY's or UNIVERSITY's responsibilities with respect to services provided under this Agreement is prohibited except on written consent of the patient, his/her attorney, or the person(s) legally responsible for the patient.

C. Only upon receipt of written consent from the patient, his/her attorney, or the person(s) legally responsible for the patient, or where required by law, will UNIVERSITY provide access to patient's records.

7. ACCESS TO RECORDS

- A. Records shall be the property and responsibility of UNIVERSITY during the period of this Agreement; however, where authorized by or on behalf of the patient, or where permitted or required by law, COUNTY shall have the right to examine such records and to make copies thereof at its cost.
- B. UNIVERSITY agrees to permit authorized representatives of COUNTY, and/or the applicable federal or state government audit agency, to audit the records of UNIVERSITY at any time during the three-year period from the date of completion or termination of this Agreement. UNIVERSITY shall also permit authorized representatives of COUNTY's Health Department to site-visit all programs covered by this Agreement. Audits and site visits shall be directed only to services provided by UNIVERSITY and payments provided by COUNTY under terms of this Agreement. If an audit or site visit discloses that payments to UNIVERSITY were in excess of the amount to which UNIVERSITY was entitled, UNIVERSITY shall repay the amount of excess to COUNTY. Repayment shall be made in a manner specified by COUNTY.

8. ADHERENCE TO LAW

- A. UNIVERSITY shall adhere to all applicable laws governing its relationship with its employees, including but not limited to laws, rules, regulations and policies concerning workers' compensation, and minimum and prevailing wage requirements.
- B. UNIVERSITY shall not unlawfully discriminate against any individual with respect to hiring, compensation, terms, conditions or privileges or employment, nor shall any person be excluded from participation in, be denied the benefits, or be subjected to discrimination under any program or activity because of such individual's race, color, religion, sex, national origin, age or handicap. In that regard, UNIVERSITY must comply with all applicable provisions of Executive Order Number 11246 as amended by Executive Order Number 11375 of the President of the United States dated September 24, 1965, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and Section 504 of the Rehabilitation Act of 1973 as implemented by 45 C.F.R. 84.4 and the Americans with Disabilities Act of 1990, Public Law Number 101-336 and all enacting regulations of the EEOC and Department of Justice. UNIVERSITY will also comply with all applicable rules, regulations and orders of the Secretary of Labor concerning equal opportunity in employment and the provision of ORS Chapter 659.

9. MODIFICATION

- A. In the event that COUNTY's Agreement obligation is amended by a federal- or state-initiated change, COUNTY shall amend this Agreement through written notification of changes sent to UNIVERSITY by mail. UNIVERSITY shall return to COUNTY within twenty (20) working days a signed acknowledgment of receipt of COUNTY's notification document.
- B. Any other amendments to the provisions of this Agreement, whether initiated by COUNTY or UNIVERSITY, shall be reduced to writing and signed by both parties.

10. WAIVER OF DEFAULT

Waiver of a default shall not be deemed to be a waiver of any subsequent default. Waiver of any breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the provisions of this Agreement

## 11. EARLY TERMINATION

- A. Violation of any of the rules, procedures, attachments, or conditions of this Agreement may, at the option of either party, be cause for termination of the Agreement and, unless and until corrected, of funding support by COUNTY and services by UNIVERSITY, or be cause for placing conditions on said funding and/or service, which may include withholding of funds. Waiver by either party of any violation of this Agreement shall not prevent said party from invoking the remedies of this paragraph for any succeeding violations of this Agreement.
- B. This agreement may be terminated prior to the expiration of the agreed-upon term:
  - 1) Immediately by mutual written consent of the parties, or at such time as the parties provide.
  - 2) By either party by sixty (60) calendar days' written notice to the other party, delivered by certified mail or in person.
  - 3) By COUNTY effective upon delivery of written notice to UNIVERSITY, delivered by certified mail or in person, under any of the following conditions:
    - a) If funds cease to be available to COUNTY in the amounts anticipated. Both parties agree that this Agreement is subject to the availability of federal funds.
    - b) Upon notice of denial, revocation, suspension or non-renewal of any license or certificate required by law or regulation to be held by UNIVERSITY to provide a service under this Agreement.
    - c) If UNIVERSITY fails to begin services on the date specified in this Agreement, or if UNIVERSITY fails to continue to provide service for the entire Agreement period.
    - d) If COUNTY has evidence that UNIVERSITY has endangered or is endangering the health and safety of clients/residents, staff, or the public.
- C. Payment to UNIVERSITY will include all services provided through the day of termination and shall be in full satisfaction of all claims by UNIVERSITY against COUNTY under this Agreement.
- D. Termination under any provision of this section shall not affect any right, obligation or liability of UNIVERSITY or COUNTY which accrued prior to such termination.

## 12. LITIGATION

- A. UNIVERSITY shall give COUNTY immediate notice in writing of any action or suit filed or any claim made against UNIVERSITY or any subcontractor of which UNIVERSITY may be aware which may result in litigation related in any way to this Agreement.
- B. COUNTY shall give UNIVERSITY immediate notice in writing of any action or suit filed or any claim made against COUNTY or any subcontractor of which COUNTY may be aware which may result in litigation related in any way to this Agreement.

## 13. OREGON LAW AND FORUM

This Agreement shall be construed and governed according to the laws of the State of Oregon.

## 14. INTEGRATION

This Agreement contains the entire Agreement between the parties and supersedes all prior written or oral discussions or agreements.

15. CERTIFICATION REGARDING LOBBYING

- A. UNIVERSITY certifies, to the best of UNIVERSITY's knowledge and belief, that no federally appropriated funds have been paid or will be paid, by or on behalf of UNIVERSITY, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Agreement, UNIVERSITY shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

16. OMB CIRCULAR A-128

If UNIVERSITY is a sub-recipient of federal funds passed through COUNTY, UNIVERSITY shall submit to COUNTY an annual federal compliance audit in conformity with OMB Circular A-128 and the federal Single Audit Act of 1984.

IN WITNESS WHEREOF, the parties have caused this Agreement, including the Standard Conditions and any attachments incorporated herein, to be executed by their duly authorized officers the day and year first above written.

OREGON HEALTH SCIENCES  
UNIVERSITY

By \_\_\_\_\_  
Dennis Borden, Ph.D.  
Assistant Vice President for  
Research Administration

Date \_\_\_\_\_  
  
93-1176109  
Contractor's Federal ID Number

MULTNOMAH COUNTY, OREGON

By Beverly Stein  
Beverly Stein, Multnomah County Chair  
Date November 24, 1998

By Billi Odegaard  
Billi Odegaard, Health Department Director  
Date 11/6/98

By Gordon Empey  
Gordon Empey, Program Manager  
Date 11/9/98

REVIEWED:  
Thomas Sponsler, County Counsel for  
Multnomah County, Oregon

By Katie Gaetjens  
Katie Gaetjens, Assistant County Counsel  
Date 11/9/98

**APPROVED MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS**  
AGENDA # C-4 DATE 11/24/98  
DEB BOGSTAD  
**BOARD CLERK**

**EXHIBIT A  
DENTAL CARE BENEFITS**

The following dental services shall be provided by the University's School of Dentistry at the Project Dental Health (PDH) in Portland. Dental services provided at other facilities will not be covered unless specifically authorized by PDH staff. All services are subject to the section on Exclusions and Limitations.

<b>PROVIDED SERVICES</b>	<b>BENEFIT COVERAGE</b>
Dental Examinations	Provided in full at PDH
Diagnosis and Treatment Plan	Provided in full at PDH
Patient Counseling and Preventive Procedures	Provided in full at PDH
Emergency Care for Acute Conditions	Provided in full at PDH
Oral Surgery	Provided in full at PDH
Preventive Maintenance	Provided in full at PDH
Restorative Dentistry	Provided at PDH - Salvageable carious teeth restored to functional acceptability. Porcelain and gold fillings provided only when teeth cannot be adequately restored by any other filling materials
Prosthetic Appliances	Provided at PDH - Includes full or partial dentures, bridges, and space maintainers. Minimum copayment equal to laboratory fee required.
Endodontics	Provided at PDH - Limited to two teeth.
Periodontics	Provided at PDH - Excludes periodontal surgery.

**EXHIBIT B**  
**LIMITATIONS AND EXCLUSIONS**

**EXCLUSIONS**

1. Any dental condition for which a benefit is payable under workers' compensation laws, occupational disease laws, employers liability laws, or other laws or insurance or self-insurance with similar purposes, whether or not the benefit is actually paid or applied for, is not covered.
2. Any dental condition resulting from services in the armed forces of any country or from war, either declared or undeclared, is not covered.
3. Any services or materials which are paid for or made available by any state or federal agency or under any law, and for which enrollees are not required to pay, are not covered.
4. Any services or materials furnished by state mental hospitals or by the Veterans Administration of the United States are not covered.
5. Any procedures or treatments, which are not generally accepted by the dental professional, are not covered.
6. Dental services provided for purely cosmetic reasons are not covered.
7. Services of dentists who are not on the staff of Project Dental Health, except with prior approval of PDH staff, are not covered.
8. Any procedures which require treatment at institutions providing specialized facilities, except with prior approval of PDH staff, are not covered.
9. Orthodontic treatment, other than extractions connected therewith or appliances for maintaining and regaining space, is not covered.
10. Any procedures that require treatment of conditions that are the result of congenital or developmental malformations are not covered.
11. Periodontal surgery is not covered.
12. Prescribed medications are not covered.

**LIMITATIONS**

1. Endodontics - limited to two teeth
2. Fixed crowns and bridges - limited to two abutments and pontics, not to exceed four units total. Minimum copayment is to be equal to the laboratory fee.
3. Additional endodontics, crown and bridge, periodontal surgery and minor orthodontics are available to enrollees on a space-available basis and charged at full fee in accordance with the currently established fee schedule.

**DISCOUNT SCHEDULE**

FEDERAL YEAR 1998-99

April 1, 1998 - March 31, 1999

Based on Monthly GROSS Family Income and Family Size

Patient Category by Monthly Gross Income Range

	Payor Level				
	Minimum Charge (Up to 100% FPL)	25% of Full Amount (Up to 133% FPL)	50% of Full Amount (Up to 167% FPL)	75% of Full Amount (Up to 200% FPL)	100% of Full Amount (More than 200% FPL)
1	Up to \$671	From 672 to 896	From 897 to 1118	From 1119 to 1343	Over 1344
2	Up to \$904	From 905 to 1205	From 1206 to 1507	From 1508 to 1808	Over 1809
3	Up to \$1138	From 1139 to 1517	From 1518 to 1897	From 1898 to 2276	Over 2277
4	Up to \$1371	From 1372 to 1828	From 1829 to 2285	From 2286 to 2742	Over 2743
5	Up to \$1604	From 1605 to 2139	From 2140 to 2673	From 2674 to 3208	Over 3209
6	Up to \$1838	From 1839 to 2451	From 2452 to 3063	From 3064 to 3676	Over 3677
7	Up to \$2071	From 2072 to 2761	From 2762 to 3452	From 3453 to 4142	Over 4143
8	Up to \$2304	From 2305 to 3072	From 3073 to 3840	From 3841 to 4608	Over 4609
9	Up to \$2538	From 2539 to 3384	From 3385 to 4230	From 4231 to 5076	Over 5077
10	Up to \$2771	From 2772 to 3695	From 3696 to 4618	From 4619 to 5542	Over 5543
11	Up to \$3004	From 3005 to 4005	From 4006 to 5007	From 5008 to 6008	Over 6009
12	Up to \$3238	From 3239 to 4317	From 4318 to 5397	From 5398 to 6476	Over 6477
13	Up to \$3471	From 3472 to 4628	From 4629 to 5785	From 5786 to 6942	Over 6943
14	Up to \$3704	From 3705 to 4939	From 4940 to 6173	From 6174 to 7408	Over 7409
15	Up to \$3938	From 3939 to 5251	From 5252 to 6563	From 6564 to 7876	Over 7877
16	Up to \$4171	From 4172 to 5561	From 5562 to 6952	From 6953 to 8342	Over 8343
17	Up to \$4404	From 4405 to 5872	From 5873 to 7340	From 7341 to 8808	Over 8809
18	Up to \$4638	From 4639 to 6184	From 6185 to 7730	From 7731 to 9276	Over 9277
19	Up to \$4871	From 4872 to 6495	From 6496 to 8118	From 8119 to 9742	Over 9743
20	Up to \$5104	From 5105 to 6805	From 6806 to 8507	From 8508 to 10208	Over 10209

Family Size

EXHIBIT D

OMB No. 0915-0103; Expiration 12/31/97

10/95

CENTER/GRANTEE PROFILE  
COVER SHEET

Cover Sheet  
Page 1 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

Grantee Legal Name: Multnomah County Health Department

Address of Grantee  
Administrative Offices: 426 SW Stark, 8th Floor

Portland, Oregon 97204

CEO/Executive Director  
or Project Director: Billi Odegaard

Clinical Director: Patsy Kullberg

**FILE COPY**

Chairperson, Governing Board;  
or Health Officer: Bev Stein, Chair, Board of County Commissioners

Name of Grantee Contact Person  
(Person Completing Report): Bill Leidy

Address, Phone and Fax  
Numbers of Contact Person: 426 SW Stark, 7th Floor

Portland, Oregon 97204

(FAX) (503) 248-3015 Ph (503) 248-3056 ext 22631

Medicaid Provider Billing Number: 022959  
(Organization Wide Only)

NPHC: 025184	WSHC: 123653
ECHC: 123729	NEHC: 136424
MCHC: 025192	SEHC: 123620

Medicaid Pharmacy Number: (Organization Wide Only)

Number of delivery sites supported by BPHC Grant(s): 36

\* Each of our primary care sites that dispenses drugs has a unique Medicaid Pharmacy number as noted above.

EXHIBIT D

10/95

Delivery Sites  
Page 2 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

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NOTE: Use Location Codes listed below to describe the type of facility in which the site is located. More than one location code may apply for a given site. When entering a two digit code (e.g., "11" for a school) put both digits in the same box. Please attach additional page(s) as needed to include all sites supported by BPHC grants. Include 9-digit zip code for each site. Use Medicaid numbers for sites only if applicable.

SITE #1	SITE #2
<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal</p> <p>Name: <u>East County Health Center</u></p> <p>Address: <u>620 NE 2nd Avenue</u> <u>Gresham, OR 97030-7595</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5</p> <p>Service Areas <u>South of Columbia River, east of SE 162nd Ave, north of Clackamas Co. line.</u></p> <p>Medicaid Number: 022959 Medicaid Pharmacy Number: 123729</p>	<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal</p> <p>Name: <u>North Portland Health Center</u></p> <p>Address: <u>8918 N Woolsey</u> <u>Portland, OR 97203-2069</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5</p> <p>Service Areas <u>Multnomah County east of Willamette River, west and north of N Albina line.</u></p> <p>Medicaid Number: 022959 Medicaid Pharmacy Number: 025184</p>
SITE #3	SITE #4
<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal</p> <p>Name: <u>Northeast Health Center</u></p> <p>Address: <u>5329 NE Martin Luther King Blvd.</u> <u>Portland, OR 97211-3237</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5</p> <p>Service Areas <u>East of N. Albina, west of NE 82nd, south of Columbia River and north of I-80</u></p> <p>Medicaid Number: 022959 Medicaid Pharmacy Number: 136424</p>	<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal</p> <p>Name: <u>Southeast Health Center</u></p> <p>Address: <u>3653 SE 34<sup>th</sup> (Powell)</u> <u>Portland, OR 97202-3034</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5</p> <p>Service Areas <u>East of Willamette River, south of I-80, east of SE 82nd, north of Clackamas Co. line.</u></p> <p>Medicaid Number: 022959 Medicaid Pharmacy Number: 123620</p>

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EXHIBIT D

10/95

Delivery Sites  
Page 3 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

SITE #5	SITE #6
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Westside Health Center</u> Address: <u>326 SW Stark, 5<sup>th</sup> Floor</u> <u>Portland, OR 97204-2347</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5 Service Areas <u>Multnomah County west of</u> <u>Willamette River.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 123653	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Mid-County Health Center</u> Address: <u>12710 SE Division</u> <u>Portland, OR 97236-3134</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5 Service Areas <u>East of SE 82nd, south of NE</u> <u>Sandy Blvd., west of 162nd Ave., north of</u> <u>Clackamas Co. line.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 025192
SITE #7	SITE #8
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>HIV Health Services Center</u> Address: <u>426 SW Stark, 4th Floor</u> <u>Portland, OR 97204-2347</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5 Service Areas <u>Adult homeless residents of</u> <u>downtown Portland. * Closed 7/1/96,</u> <u>services delivered at WSC after 7/1/96.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 123653	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>After Hours Access Clinic</u> Address: <u>426 SW Stark, 5th Floor</u> <u>Portland, OR 97204-2347</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5 Service Areas <u>Low-income Multnomah</u> <u>County residents referred from MCHD</u> <u>clinics.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 123653

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EXHIBIT D

10/95

Delivery Sites  
Page 4 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

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Initial Submission  Revision

SITE #9	SITE #10
<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal</p> <p>Name: <u>La Clinica de Buena Salud</u></p> <p>Address: <u>5300 NE Cully Blvd, #70</u></p> <p><u>Portland, OR 97218-3084</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5</p> <p>Service Areas <u>Residents of the Villa de Clara</u></p> <p><u>Vista apartment complex, 5300 NE Cully Blv</u></p> <p>Medicaid Number: 022959</p> <p>Medicaid Pharmacy Number: 136424</p>	<p><input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal</p> <p>Name: <u>Cleveland High School-Based Hlth Ctr</u></p> <p>Address: <u>3400 SE 26th Avenue</u></p> <p><u>Portland, OR 97202-2130</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11</p> <p>Service Areas <u>All students of Cleveland</u></p> <p><u>High School.</u></p> <p>Medicaid Number: 022959</p> <p>Medicaid Pharmacy Number: 022959</p>
SITE #11	SITE #12
<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal</p> <p>Name: <u>Grant High School-Based Health Ctr</u></p> <p>Address: <u>2245 NE 36th Avenue</u></p> <p><u>Portland, OR 97212-5239</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11</p> <p>Service Areas <u>All students of Grant High</u></p> <p><u>School.</u></p> <p>Medicaid Number: 022959</p> <p>Medicaid Pharmacy Number: 022959</p>	<p><input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal</p> <p>Name: <u>Jefferson High School-Based Hlth Ctr</u></p> <p>Address: <u>5210 N. Kerby</u></p> <p><u>Portland, OR 97217-2656</u></p> <p>Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11</p> <p>Service Areas <u>All students of Jefferson</u></p> <p><u>High School.</u></p> <p>Medicaid Number: 022959</p> <p>Medicaid Pharmacy Number: 022959</p>

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EXHIBIT D

10/95

Delivery Sites  
Page 5 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

SITE #13	SITE #14
<input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Lincoln Park Elementary Health Clinic</u> Address: <u>13200 SE Lincoln Street</u> <u>Portland, OR 97233-1498</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service <u>All students of Lincoln Park</u> <u>Elementary School</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959	<input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Madison High School-Based Hlth Ctr</u> Address: <u>2735 NE 82nd Avenue</u> <u>Portland, OR 97220-5304</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Madison High</u> <u>School</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959
SITE #15	SITE #16
<input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Marshall High School-Based Hlth Ctr</u> Address: <u>3905 SE 91st Avenue</u> <u>Portland, OR 97266-2815</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Marshall High</u> <u>School</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959	<input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Parkrose High School-Based Hlth Ctr</u> Address: <u>11717 NE Shaver</u> <u>Portland, OR 97220-1407</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Parkrose High</u> <u>School</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959

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EXHIBIT D

10/95

Delivery Sites  
Page 6 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

SITE #17	SITE #18
<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Roosevelt School-Based Health Center</u> Address: <u>6941 N. Central St.</u> <u>Portland, OR 97203-6203</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Roosevelt</u> <u>High School.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959</p>	<p><input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>George Middle School-Based Hlth Ctr</u> Address: <u>1000 N. Burr Avenue</u> <u>Portland, OR 97203-1714</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of George</u> <u>.Middle School.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959</p>
SITE #19	SITE #20
<p><input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Portsmouth Middle School-Based Cntr</u> Address: <u>5103 N. Willis Blvd.</u> <u>Portland, OR 97203-3464</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Portsmouth</u> <u>.Middle School.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959</p>	<p><input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Roosevelt Neighborhood Health &amp; Family Resource Center</u> Address: <u>6941 N. Central St.</u> <u>Portland, OR 97203-6203</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>Residents of North Portland/</u> <u>Roosevelt HS service area</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959</p>

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EXHIBIT D

10/95

Delivery Sites  
Page 7 of 10

-JDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

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Initial Submission  Revision

SITE #21	SITE #22
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Parkrose Neighborhood Health &amp; Family Resource Center</u> Address: <u>11717 NE Shaver</u> <u>Portland, OR 97220</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>Residents of Parkrose neighborhood</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959	<input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Lane Middle School-Based Hlth Center</u> Address: <u>7200 SE 60th Avenue</u> <u>Portland, OR 97206</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Lane Middle School.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959
SITE #23	SITE #24
<input type="checkbox"/> Year-round <input checked="" type="checkbox"/> Seasonal Name: <u>Whitaker Middle School</u> Address: <u>5700 NE 39th</u> <u>Portland, OR 97211</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 11 Service Areas <u>All students of Whitaker Middle School.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Brentwood-Darlington Neighborhood Ctr</u> Address: <u>7200 SE 60<sup>th</sup> Avenue</u> <u>Portland, OR 97206</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 14 Service Areas <u>South of SE Duke, east of SE 42nd, west of SE 82nd, and north of Clackamas Co. line.</u> Medicaid Number: 022959 Medicaid Pharmacy Number: 022959

School-Based Health Centers are open during the school year (approximately 9 months) with the exception of Grant School-Based Health Center is given 12 months of the year.

Roosevelt School-Based Health Center offers services to families in the community in the evenings 12 months of the year.

EXHIBIT D

10/95

Delivery Sites  
Page 8 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

SITE #25	SITE #26
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Old Town Clinic (Subcontractor)</u> Address: <u>219 W. Burnside</u> <u>Portland, OR 97209-3914</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 1 Service Areas <u>Low-income and homeless</u> <u>adults in downtown Portland area.</u> Medicaid Number: 285841 Medicaid Pharmacy Number: 285841	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Northeast Dental Clinic</u> Address: <u>5329 NE Martin Luther King Jr Blv</u> <u>Portland, OR 97211-3117</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 13 Service Areas <u>Low-income Multnomah</u> <u>County residents.</u> Medicaid Number: 235085 Medicaid Pharmacy Number: 235085
SITE #27	SITE #28
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>102nd Avenue Dental Clinic</u> Address: <u>887 NE 102nd Avenue</u> <u>Portland, OR 97220-4008</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 13 Service Areas <u>Low-income Multnomah</u> <u>County residents.</u> Medicaid Number: 235085 Medicaid Pharmacy Number: 235085	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Southeast Dental Clinic</u> Address: <u>3653 SE 34th Avenue</u> <u>Portland, OR 97202-3034</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 13 Service Areas <u>Low-income residents of</u> <u>Multnomah County.</u> Medicaid Number: 235085 Medicaid Pharmacy Number: 235085

Location Code 13 = Community-Based Dental Clinic.

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EXHIBIT D

10/95

Delivery Sites  
Page 9 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

SITE #29	SITE #30
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Russell Street Dental Clinic</u> Address: <u>214 N. Russell Street</u> <u>Portland, OR 97227-1620</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 13 Service Areas <u>Low-income residents of</u> <u>Multnomah County.</u> Medicaid Number: 235085 Medicaid Pharmacy Number: 235085	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Mid-County Dental Clinic</u> Address: <u>12710 SE Division Street</u> <u>Portland, OR 97236-3134</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 13 Service Areas <u>Low-income Multnomah</u> <u>County residents.</u> Medicaid Number: 235085 Medicaid Pharmacy Number: 235085
SITE #31	SITE #32
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Hooper Detox (Subcontractor)</u> Address: <u>20 NE Martin Luther King Jr Blvd</u> <u>Portland, OR 97232-2941</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 6 Service Areas <u>Homeless A&amp;D affected</u> <u>Multnomah County residents residing</u> <u>primarily in downtown Portland area.</u> Medicaid Number: None Medicaid Pharmacy Number: None	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Linkage Project - NEHC</u> Address: <u>532 NE Martin Luther King Jr Blvd</u> <u>Portland, OR 97211-3237</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 5 Service Areas <u>Low-income Multnomah</u> <u>County residents referred for NEHC</u> <u>providers.</u> Medicaid Number: N/A Medicaid Pharmacy Number: 136424

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EXHIBIT D

10/95

Delivery Sites  
Page 10 of 10

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

SITE #33	SITE #34
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Portland Addictions Acupuncture Ctr</u> Address: <u>1201 SW Morrison</u> <u>Portland, OR 97205</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 6 Service Areas <u>Low-income residents of</u> <u>tri-county area, primarily downtown area</u> Medicaid Number: <u>018726</u> Medicaid Pharmacy Number: <u>N/A</u>	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: <u>Self-Enhancement Inc.</u> Address: <u>3920 N Kirby</u> <u>Portland, OR</u> Location Code(s): <input type="checkbox"/> <input checked="" type="checkbox"/> 4 Service Areas <u>N/NE Portland</u> Medicaid Number: <u>N/A</u> Medicaid Pharmacy Number: <u>N/A</u>
SITE #35	SITE #36
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: _____ Address: _____ Location Code(s): <input type="checkbox"/> <input type="checkbox"/> Service Areas _____ Medicaid Number: _____ Medicaid Pharmacy Number: _____	<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Name: _____ Address: _____ Location Code(s): <input type="checkbox"/> <input type="checkbox"/> Service Areas _____ Medicaid Number: _____ Medicaid Pharmacy Number: _____

**Location Codes for Site Locations:**

- |  |  |                              |
|--|--|------------------------------|
| 1. Community-based primary care clinic   | 5. Health Department clinic                  | 9. Public housing            |
| 2. Hospital                              | 6. Substance abuse treatment clinic/facility | 10. Migrant camp or worksite |
| 3. Fully equipped mobile health van      | 7. HIV/AIDS medical care clinic/facility     | 11. School                   |
| 4. Community-based social service center | 8. Mental health clinic                      | 12. Homeless shelter         |
| 13. Other-identify                       |  |                              |

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**EXHIBIT D**

Table 2

Page 1 of 3

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision (3/25/98)

**FILE COPY**

**TABLE 2  
SERVICES OFFERED AND DELIVERY METHOD**

SERVICE TYPE (See Appendix B for definitions)		DELIVERY METHOD Mark (X) if Applicable <i>[More than one method may apply for a given service]</i>		
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)
<b>PRIMARY MEDICAL CARE SERVICES</b>				
1.	General Primary Medical Care (other than listed below)	X	X	
2.	Diagnostic Laboratory (technical component)	X	X	
3.	Diagnostic X-Ray Procedures (technical component)	X	X	
4.	Diagnostic Tests/Screenings * (professional component)		X	X
5.	Emergency medical services		X	
6.	Urgent medical care	X		
7.	24-hour coverage	X		
8.	Family Planning	X		
9.	HIV testing	X		
10.	Immunizations	X		
11.	Following hospitalized patients	X		
<b>OBSTETRICAL AND GYNECOLOGICAL CARE</b>				
12.	Gynecological Care	X	X	
13.	Prenatal care	X		
14.	Antepartum fetal assessment		X	
15.	Ultrasound		X	
16.	Genetic counseling and testing **			X
17.	Amniocentesis			X
18.	Labor and delivery professional care		X	X
19.	Postpartum care	X		

\* Specialty Procedures and Referrals for CareOregon patients are completely covered. There is partial payment by Multnomah County Health Department for procedures and referrals for Specialty Services for our self-pay patients. Patient is responsible for remainder of bill.

\*\* Labor and Delivery and genetics counseling is paid for by Emergency Medical funding from Oregon Medicaid office.

**EXHIBIT D**

10/95  
Table 2

Page 2 of 3

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision (3/25/98)

**FILE COPY**

**TABLE 2  
SERVICES OFFERED AND DELIVERY METHOD**

SERVICE TYPE (See Appendix B for definitions)		DELIVERY METHOD Mark (X) if Applicable <i>[More than one method may apply for a given service]</i>		
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)
<b>SPECIALTY MEDICAL CARE</b>				
20.	Directly observed TB therapy	X		
21.	Other Specialty Care *		X	X
<b>DENTAL CARE SERVICES</b>				
22.	Dental Care - Preventive	X		
23.	Dental Care - Restorative	X		
24.	Dental Care - Emergency	X		
<b>MENTAL HEALTH/SUBSTANCE SERVICES</b>				
25.	Mental Health Treatment/Counseling	X		X
26.	Developmental Screening	X		
27.	24-hour Crisis Intervention/Counseling			X
28.	Other Mental Health Services			X
29.	Substance Abuse Treatment/Counseling	X	X	X
30.	Other Substance Abuse Services			
<b>OTHER PROFESSIONAL SERVICES</b>				
31.	Hearing Screening	X	X	X
32.	Nutrition Services Other Than WIC	X		
33.	Occupational or Vocational Therapy			X
34.	Physical Therapy		X	X
35.	Pharmacy	X		
36.	Vision Screening	X	X	X
37.	WIC Services	X		

**EXHIBIT D**

10/95  
Table 2

Page 3 of 3

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

**FILE COPY**

Initial Submission  Revision (3/25/98)

**TABLE 2  
SERVICES OFFERED AND DELIVERY METHOD**

SERVICE TYPE (See Appendix B for definitions)		DELIVERY METHOD Mark (X) if Applicable <i>[More than one method may apply for a given service]</i>		
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)
<b>ENABLING SERVICES</b>				
38.	Case management	X	X	
39.	Child Care (during visit to center)			X
40.	Discharge planning			
41.	Eligibility Assistance	X		
42.	Employment/educational counseling			X
43.	Environmental Health Risk Reduction (via detection and/or alleviation)	X		
44.	Food bank/delivered meals			X
45.	Health Education	X		
46.	Housing Assistance			X
47.	Interpretation/Translation services	X	X	
48.	Nursing home and assisted-living placement			X
49.	Outreach	X		
50.	Transportation		X	X
51.	Outstationed Eligibility Workers	X		
52.	Home Visiting	X		
53.	Parenting Education	X		
54.	Other (specify: _____)			
55.	Other (specify: _____)			

**EXHIBIT D**

12/97

Table 3 Part A  
Page 1 of 1

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997 (Revised 3/31/98)

Initial Submission     Revision     Universal Report     Grant Report (  HO  HOC  PH)

**TABLE 3 PART A  
USERS BY AGE AND GENDER**

AGE GROUPS		MALE USERS (a)	FEMALE USERS (b)
<b>NUMBER OF USERS</b>			
1.	Under age 1	1,741	1,658
2.	Ages 1-4	2,186	2,149
3.	Ages 5-12	3,223	2,940
4.	Ages 13-14	854	1,083
5.	Ages 15-19	1,990	4,671
6.	Ages 20-24	1,009	2,945
7.	Ages 25-44	4,995	6,917
8.	Ages 45-64	2,334	2,387
9.	Ages 65-74	427	513
10.	Ages 75-84	172	304
11.	Age 85 and over	46	149
12.	<b>Total Users</b>	<b>18,977</b>	<b>25,716</b>

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**EXHIBIT D**

MCHD

**UDS TABLE 3a spreadsheet**

Revision: 31-Mar-98

rel %	AGE GROUPS	AS FILED	RUSSEL STREET	RUSSEL STREET	RUSSEL STREET	RUSSEL STREET	RUSSEL STREET	RUSSEL STREET	RUSSEL STREET	NEIGHD HEALTH	REVISED TOTALS
	<b>NUMBER OF USERS</b>		<b>MALE USERS</b>								
4.0%	1 Under age 1	1,733								8	1,741
5.1%	2 Ages 1-4	2,170						2	4	10	2,186
7.4%	3 Ages 5-12	3,178	6		10		1	12	2	14	3,223
2.0%	4 Ages 13-14	839				1		5	5	4	854
4.4%	5 Ages 15-19	1,904	1		8		1	19	48	9	1,990
2.1%	6 Ages 20-24	895	4	4	3		5	23	71	4	1,009
10.2%	7 Ages 25-44	4,373	25	274	23	1	38	211	30	20	4,995
4.8%	8 Ages 45-64	2,063	18	98	28	5	23	85	5	9	2,334
0.9%	9 Ages 65-74	402	4	1	10	1		7		2	427
0.4%	10 Ages 75-84	155	1	1	9	1	1	3		1	172
0.1%	11 Age 85 and over	42		1	2	1					46
	<b>12 TOTAL USERS</b>	<b>17,754</b>	<b>59</b>	<b>379</b>	<b>93</b>	<b>10</b>	<b>69</b>	<b>367</b>	<b>165</b>	<b>81</b>	<b>18,977</b>
	<b>NUMBER OF USERS</b>		<b>FEMALE USERS</b>								
3.9%	1 Under age 1	1,651								7	1,658
5.0%	2 Ages 1-4	2,132	1		1			2	3	10	2,149
6.8%	3 Ages 5-12	2,897	3		9		1	11	6	13	2,940
2.5%	4 Ages 13-14	1,071						4	3	5	1,083
10.7%	5 Ages 15-19	4,592	4	1	7	1	3	19	23	21	4,671
6.6%	6 Ages 20-24	2,822	3		3	1	6	34	63	13	2,945
15.6%	7 Ages 25-44	6,684	31	40	16	2	8	93	13	30	6,917
5.4%	8 Ages 45-64	2,292	10	9	22	1	3	31	9	10	2,387
1.1%	9 Ages 65-74	482	6		14	2		5	2	2	513
0.7%	10 Ages 75-84	283	1		15	2		2		1	304
0.3%	11 Age 85 and over	144	2		1	1				1	149
*****	<b>12 TOTAL USERS</b>	<b>25,050</b>	<b>61</b>	<b>50</b>	<b>88</b>	<b>10</b>	<b>21</b>	<b>201</b>	<b>122</b>	<b>113</b>	<b>25,716</b>

**EXHIBIT D**

12/97

Table 3 Part B  
Page 1 of 1

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission     Revision     Universal Report     Grant Report ( \_\_ HO \_\_ HOC \_\_ PH)

**TABLE 3 PART B  
USERS BY RACE/ETHNICITY/LANGUAGE**

RACE/ETHNICITY/LANGUAGE		PERCENT (a)
PROPORTION OF USERS		
1.	Asian/Pacific Islander	8%
2.	Black (not Hispanic)	12%
3.	American Indian/Alaska Native	1%
4.	White (not Hispanic)	50%
5.	Hispanic (all races)	22%
6.	Unreported/Unknown	7%
7.	<b>Total Users</b>	<b>100%</b>
8.	<b>Users Needing Interpretation Services:</b>	<b>30%</b>

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**EXHIBIT D**

12/97

Table 4  
Page 1 of 1

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997 Revised 3/31/98

**FILE COPY**

Initial Submission     Revision     Universal Report     Grant Report (  HO  HOC  PH)

**TABLE 4  
SOCIOECONOMIC CHARACTERISTICS**

CHARACTERISTIC		NUMBER OF USERS (a)
<b>INCOME AS PERCENT OF POVERTY LEVEL</b>		
1.	100% and below	31,633
2.	101 - 150%	5,457
3.	151 - 200%	1,786
4.	Over 200%	893
5.	Unknown *	4,924
6.	<b>Total</b>	<b>44,693</b>
<b>PRINCIPAL THIRD PARTY PAYMENT SOURCE</b>		
7.	None/Uninsured	20,547
8.	Medicaid (Title XIX)	19,735
9.	Medicare (Title XVIII)	1,307
10.	Other Public Insurance (specify: CHAMPUS)	43
11.	Private Insurance	3,061
12.	<b>Total</b>	<b>44,693</b>
<b>SELECTED USER CHARACTERISTICS</b>		
13.	Migrant (329 grantees only)	4,296*
14.	Seasonal (329 grantees only)	0
15.	<b>Total Migrant/Seasonal Agricultural Worker or Dependent</b>	<b>4,296*</b>
16.	Homeless Shelter (340 and 340(s) grantees only)	591
17.	Transitional (340 and 340(s) grantees only)	422
18.	Doubling Up (340 and 340(s) grantees only)	783
19.	Street (340 and 340(s) grantees only)	481
20.	Other (340 and 340(s) grantees only)	937
21.	Unknown (340 and 340(s) grantees only)	792
22.	<b>Total Homeless</b>	<b>4,006</b>

\* This is the number of clients served through the CAW EM (Citizen Alien Way Emergent Medical) Medicaid program who were eligible for emergency medical services. It does not represent the entire community of migrants we serve. We are in the process of developing a system to collect this information more completely.

Contract # 9910500

**EXHIBIT D**

**MCHD  
UDS TABLE 4 spreadsheet**

Revision: 31-Mar-98

rel %	CHARACTERISTIC	AS FILED	RUSSEL STREET	NHOOD HLTH CL	REVISED TOTALS
<b>INCOME AS PERCENT OF POVERTY LEVEL</b>					
72.7%	1 100% and below	31,115	377	141	31,633
12.3%	2 101-150%	5,252	181	24	5,457
4.1%	3 151-200%	1,758	20	8	1,786
1.8%	4 Over 200%	770	120	3	893
9.1%	5 Unknown	3,909	997	18	4,924
100.00%	6 5)	<u>42,804</u>	<u>1,695</u>	<u>194</u>	<u>44,693</u>
<b>PRINCIPAL THIRD PARTY PAYMENT SOURCE</b>					
44.8%	7 None/Uninsured	19,172	1,288	87	20,547
45.2%	8 Medicaid (Title XIX)	19,360	287	88	19,735
3.0%	9 Medicare (Title XVIII)	1,301		6	1,307
0.1%	10 (specify: _____)	43			43
6.8%	11 Private Insurance	2,928	120	13	3,061
100.0%	12 LINES 7 THROUGH 11)	<u>42,804</u>	<u>1,695</u>	<u>194</u>	<u>44,693</u>
<b>SELECTED USER CHARACTERISTICS</b>					
	13 Migrant (329 grantees only)	4,296			4,296
	14 Seasonal (329 grantees only)				
	15 this line)	4,296			4,296
14.8%	16 grantees only)	566	22	3	591
10.5%	17 only)	404	16	2	422
19.5%	18 only)	750	30	3	783
12.0%	19 Street (340 and 340(s) grantees only)	461	18	2	481
23.4%	20 Other (340 and 340(s) grantees only)	897	36	4	937
19.8%	21 only)	759	30	3	792
100.0%	22 GRANTEES REPORT THIS LINE)	<u>3,837</u>	<u>152</u>	<u>17</u>	<u>4,006</u>

## EXHIBIT D

10/95

Table 5  
Page 1 of 2UDS (Old BCRR Reporting No.) 101120Date Submitted: March 25, 1998Reporting Period: January 1, 1997 through December 31, 1997 Initial Submission Revision 03/25/98

FILE COPY

**TABLE 5  
STAFFING AND UTILIZATION**

Personnel by Major Service Category		FTEs (a)	Encounters (b)	Users (c)
1.	Family Practitioners	3.11	7,807	
2.	General Practitioners	2.01	8,383	
3.	Internists	5.11	15,617	
4.	Obstetrician/Gynecologists		1,140	
5.	Pediatricians	0.73	3,428	
6.	Psychiatrists		138	
7.	Other Specialist Physicians		961	
8.	<b>Total Physicians (TOTAL LINES 1 THROUGH 7)</b>	<b>10.96</b>	<b>37,474</b>	
9.	Nurse Practitioners/Physician Assistants	20.95	51,554	
10.	Certified Nurse Midwives			
11.	Nurses	64.19	23,635	
12.	Other Medical Personnel	31.40		
13.	Laboratory personnel	15.99		
14.	X-ray Personnel	2.11		
15.	<b>Total Medical Care Services (TOTAL LINES 8 THROUGH 14)</b>	<b>145.60</b>	<b>112,663</b>	<b>38,417</b>
16.	Dentists	11.67	35,984	
17.	Dental Hygienists	5.24	8,066	
18.	Dental Assistants, Aides, and Technicians	26.86		
19.	<b>Total Dental Services (TOTAL LINES 16 THROUGH 18)</b>	<b>43.77</b>	<b>44,050</b>	<b>21,071</b>

**EXHIBIT D**

10/95

Table 5  
Page 2 of 2

UDS (Old BCRR Reporting No.) 101120

Date Submitted: March 25, 1998

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission

Revision 03/25/98

**FILE COPY**

**TABLE 5  
STAFFING AND UTILIZATION (Cont'd)**

Personnel by Major Service Category		FTEs (a)	Encounters (b)	Users (c)
20.	<b>MENTAL HEALTH SPECIALIST SERVICES</b> (including clinical psychologists, social workers & other professional mental health workers)	6.95	10,250	2,258
21.	<b>SUBSTANCE ABUSE SPECIALIST SERVICES</b> (including clinical psychologist, social workers & other professional substance abuse workers)		1,023	126
22.	<b>OTHER PROFESSIONAL PERSONNEL SERVICES</b> (e.g. services provided by occupational and physical therapists, podiatrist, optometrist)	1.49	1,297	
23.	Pharmacy Personnel	12.79		
24.	Case Managers	47.36	24,048	
25.	Education specialists	4.49	6,274	
26.	Outreach workers	2.15		
27.	Transportation staff			
28.	Personnel performing other enabling service activities	56.15		
29.	Total Enabling Services (TOTAL LINES 24 THROUGH 28)	110.15	30,322	219
30.	Administration staff	28.19		
31.	Facility staff			
32.	Patient services support staff (e.g. medical records, intake)	60.81		
33.	Total Administration and Facility (TOTAL LINES 30 + 31 + 32)	89.00		
34.	Total (LINES 15 + 19 + 20 + 21 + 22 + 23 + 29 + 33)	409.75	199,605	

UDS TABLE 5 DETAIL

UDS TABLE 5 INPUT SHEET				
TOTALS				
		409.75	199,605	22,296,058
LINE				
		0.00	0	0
1	Family Prac	3.11	7,807	467,480
2	General Prac	2.01	8,383	255,788
3	Internist	5.11	15,617	676,179
4	Ob/Gyn	0.00	1,140	0
5	Pediatrician	0.73	3,428	106,494
6	Psychiatrists	0.00	138	0
7	Other Specialist	0.00	961	8,101
9	Nurs Prac/Phys A	20.95	51,554	1,889,805
11	Nurses	64.19	23,635	3,720,094
12	Other Medical Pe	31.40	0	1,111,609
13	Lab Personnel	15.99	0	777,273
14	X Ray Personnel	2.11	0	87,061
16	Dentists	11.67	35,984	1,047,846
17	Dent Hyg	5.24	8,066	309,415
18	Dental Asst	26.85	0	923,520
20	M H Spec	6.95	10,250	555,669
21	Subs Abuse Spe	0.00	1,023	0
22	Other Profession	1.49	1,297	67,948
23	Pharmacy Person	12.79	0	798,670
24	Case Mgrs	47.36	24,048	2,940,271
25	Educ Spec	4.49	6,069	256,190
26	Outreach Worker	2.15	204	108,343
28	Other Enablers	56.15	1	2,229,371
30	Admin Staff	28.19	0	1,808,479
32	Patient Svcs Sup	60.81	0	2,150,453

UDS TABLE 5 DETAIL

MCHD			
UDS TABLE 5			
VISIT RECON			
VISITS PER HIS DATASET			183,118
CONTRACT VISITS (HOP, PAC, OLD)			
REMOVE HIS ENTERED VISITS			(4,737)
ADD BREMER W/S VISITS			6,019
			184,400
DENTAL VISITS (OFFSITE PER WS)			11,151
D HYG VISITS (OFFSITE PER WS)			4,054
TABLE 5 TOTAL			199,605

			183,118										
CONTRACT	PROVIDER	PROVIDER	VISITS	PROVIDER	VISITS	SPECIALTY	EDM	GOOD	CONVERT	CLINIC	ROLL		
0032487618	CHN	Ziegler, Anna	49	WHC	MD		Family Planning	WHC MD	0715	Westside Pl	0700		
(data replaced)	CONTRACT	CONTRACT	3,714	OLD	MD			OLD MD	OLD	CONTRACT	0999	4737	
(data replaced)	CONTRACT	CONTRACT	330	HOP	MD			HOP MD	HOOPE	CONTRACT	0999		
(data replaced)	CONTRACT	CONTRACT	693	PAC	MD			PAC MD	PTLD A	CONTRACT	0999		

EXHIBIT D

*His Contract  
visits removed*

Contract # 9910500

SOURCE	TYPE	1995	1996	1997
PB702-D	DENTIST	24,149	22,986	24,833 ON SITE
PB702-D	HYGIENISTS	2,466	3,987	4,012 ON SITE
PB702-D	OTHER DENTISTS (DENTAL SCHOOL?)	465	545	OFF SITE
OFF SITE	DENTIST RUSSELL STREET (NON-DCO)	10,244	8,700	5,611 OFF SITE
	DENTIST SCHOOL/COMMUNITY	4,343	4,221	4,420 OFF SITE
	DENTIST NEIGHBORHOOD HEALTH CL			488
	DENTIST ENDS	194	104	632 OFF SITE
OFF SITE	HYGIENISTS RUSSELL STREET (NON-DCO)	1,576	1,700	831 OFF SITE
	HYGIENISTS SCHOOL/COMMUNITY	3,151	3,083	3,187 OFF SITE
	HYGIENISTS NEIGHBORHOOD HEALTH CL			36
	HYGIENISTS (UNDOCUMENTED SOURCE)	3,982		
	TOTAL DENTISTS	24,149	22,986	35,984
		15,246	13,570	
	TOTAL HYGIENISTS	2,466	3,987	8,066
		8,709	4,783	
	TABLE 3 (BCRR) TABLE 5 (UDS) TOTALS	50,570	45,326	44,050
		0	0	0

Page 35

**EXHIBIT D**

**1997 UDS USER WORKSHEET**

visit type	Data				TOTAL DENTAL
	HIS CLIENT	Russell Street Dental	School Community Health Screening Clinics	Neighbrhd Health Clinics	
Dental	10415	2855	7607	194	21071
Field	8018				
Medical	30962				
Grand Total	49395				
	<b>MEDICAL</b>		<b>MH</b>	<b>S/A</b>	
Field	8018				
Medical	30962				
Field/Med dupl	-2183				
Users	36797		2101		
HOMELESSGP	926				
HOMELESSPSYCH			31		
HOMELESSNP	314				
HOMELESSRN	380				
HOMELESSS/A			126		
HOMELESSOTHER PR				126	
	<u>38417</u>		<u>2258</u>	<u>126</u>	

24-Mar-98

**EXHIBIT D**

12/97

Table 6  
Page 1 of 3

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

**FILE COPY**

Initial Submission     Revision     Universal Report     Grant Report (  HO     HOC     PH)

**TABLE 6  
SELECTED DIAGNOSES AND SERVICES RENDERED**

DIAGNOSTIC CATEGORY		APPLICABLE ICD-9-CM† CODE	NUMBER OF ENCOUNTERS BY PRIMARY DIAGNOSIS (REQUIRED) (a)	NUMBER OF USERS (OPTIONAL)	
				Primary Diagnosis (b)	Secondary Diagnosis (c)
<b>SELECTED INFECTIOUS AND PARASITIC DISEASES</b>					
1.	Symptomatic HIV	042.xx	4,134	470	32
2.	Asymptomatic HIV	V08	1,359	400	12
3.	Tuberculosis	010.xx - 018.xx	30	16	8
4.	Syphilis and other venereal diseases	090.xx - 099.xx	242	202	76
<b>SELECTED DISEASES OF THE RESPIRATORY SYSTEM</b>					
5.	Asthma	493.xx	1,813	951	593
6.	Chronic bronchitis and emphysema	490.xx - 492.xx 496.xx	1,249	860	502
<b>SELECTED OTHER MEDICAL CONDITIONS</b>					
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8	25	22	15
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	863	592	123
9.	Diabetes mellitus	250.xx; 775.1x; 790.2	3,485	865	598
10.	Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	912	385	264
11.	Hypertension	401.xx - 405.xx;	3,425	1,303	939
12.	Contact dermatitis and other eczema	692.xx	429	399	192
13.	Dehydration	276.5x	43	34	36
14.	Exposure to heat or cold	991.xx - 992.xx	1	1	6

**EXHIBIT D**

12/97

Table 6  
Page 1 of 3

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission     Revision     Universal Report     Grant Report (  HO  HOC  PH)

**TABLE 6  
SELECTED DIAGNOSES AND SERVICES RENDERED (Cont'd)**

<b>SELECTED CHILDHOOD CONDITIONS</b>					
15.	Otitis media and eustachian tube disorders	381.xx - 382.xx	4,377	2419	821
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	115	76	59
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive)—does not include sexual or mental development; Nutritional deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x;	534	394	306
<b>SELECTED MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS</b>					
18.	Alcohol dependence	303.xx; 291.xx; 357.5x	2,332	325	135
19.	Drug dependence	304.xx; 292.xx; 648.3x; 357.6x	1,856	540	294
20.	Other severe mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx - 302.9x; 306.xx - 319.xx; 648.4x (excluding 291.xx, 292.xx, 303.xx, 304.xx, 357.5x, 357.6x, 648.3x)	8,205	2,569	1,486

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**EXHIBIT D**

12/97

Table 6  
Page 1 of 3

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission     Revision     Universal Report     Grant Report (  HO  HOC  PH)

**TABLE 6  
SELECTED DIAGNOSES AND SERVICES RENDERED (Cont'd)**

SERVICE CATEGORY		APPLICABLE ICD-9-CM† OR CPT-4 CODE(S)**	NUMBER OF ENCOUNTERS (a)	NUMBER OF USERS (OPTIONAL) (b)
<b>SELECTED DIAGNOSTIC TESTS/SCREENING/PREVENTIVE SERVICES</b>				
21.	HIV test	CPT-4: 86311; 86689; 86701-86703	2,083	1,984
22.	Mammogram *	CPT-4: 76090-76092 ICD-9: V76.1	0	0
23.	Pap Smear	CPT-4: 88150; 88151; 88155 ICD-9: V76.2	5,527	5,116
24.	Selected Immunizations: diphtheria, pertussis and tetanus (DPT); measles, mumps and rubella (MMR); oral polio vaccine; influenza; hepatitis B; hemophilus influenza B (HIB)	CPT-4: 90701, 90707, 90712, 90724, 90731, 90737	27,901	6,463
25.	Contraceptive management	ICD-9: V25.xx	14,998	6,463
26.	Health supervision of infant or child (ages 0 through 11)	ICD-9: V20.xx; V29.xx CPT-4: 99391-99393; 99381-99383; 99431-99433	13,263	8,414

† International Classification of Diseases, 9th Revision, 4th Edition, Clinical Modification, Volumes 1 and 2, 1993. Los Angeles, California: Practice Management Information Corporation. Codes for HIV Infection reflect revisions published in MMWR Volume 43, No. RR-12, September 30, 1994.

†† Physicians' Current Procedural Terminology, 4th edition, CPT '95, American Medical Association.

\* All suspicious breast exam findings are referred out for mammograms. Outcomes from mammograms are entered in our client records but not in our HIS.

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UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision

FINANCIAL: TABLE 8 PART A  
COSTS

	Total (a)	Medical Care Services			Other Professional Services				Enabling and Other Medicare Non-reim. Services (i)	Administration and Facility	
		Staff Costs (b)	Other Direct Costs (c)	Total (d)	Dental (e)	Pharmacy (f)	Other Services (g)	Total Other Professional (h)		Facility (j)	Adminis- Tration (k)
Line # from Medicare Report	62	(12 + 16)	(24)	(25)	(52)	(51)	(53 + 54 + 55 + 56)	(57)	(61)	(37)	(49)
1. Total From Most Recent Medicare Report (Worksheet A; Column 7)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. Calendar Year Costs	35,263,892	9,099,884	2,986,399	12,086,283	4,395,710	3,635,144	973,539	9,004,393	7,638,924	1,446,172	5,088,120
3. Reallocation for BPHC Table				N/A				N/A	N/A		
4. Total After Reallocation	N/A			12,086,283				9,004,393	7,638,924		
5. Cost after Allocation of Administrative and Facility Costs	35,263,892			14,870,795	5,478,763	4,363,269	1,192,792	11,034,824	9,358,273		
6. Value of Donated Services and Supplies											
7. Total Cost after Adjustment	35,263,892										

Contract #9910500

Page 40

EXHIBIT D

EXHIBIT D

12/97

Table 7  
Page 1 of 2

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission  Revision (3/25/98)

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TABLE 7  
PERINATAL PROFILE

CHARACTERISTICS		NUMBER OF USERS (a)
<b>SECTION I</b>		
<b>ALL GRANTEES</b>		
1.	Total Users Known to be Pregnant	3,183
2.	Total Users Known to be HIV + Pregnant Women	4
<b>SECTION II</b>		
<b>GRANTEES WHO PROVIDE PRENATAL CARE</b>		
<b>A. DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE USERS</b>		
<b>AGE</b>		
3.	Less than 15 years	1
4.	Ages 15 - 19	290
5.	Ages 20 - 24	534
6.	Ages 25 - 44	711
7.	Age 45 and Over	0
8.	Total	1,536
<b>RACE/ETHNICITY</b>		
9.	Asian/Pacific Islander	6%
10.	Black (not Hispanic)	7%
11.	American Indian/Alaska Native	0%
12.	White (not Hispanic)	26%
13.	Hispanic (all races)	57%
14.	Unreported/Unknown	1%
15.	Total	100%
<b>CHARACTERISTICS</b>		

**EXHIBIT D**

12/97

Table 7  
Page 2 of 2

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

**FILE COPY**

Initial Submission     Revision (3/25/98)

<b>B. TRIMESTER OF ENTRY INTO PRENATAL CARE</b>			
Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year		Women Making First Visit at Grantee Site (a)	Women Making First Visit at Another Provider (b)
16.	First Trimester	1,057	16
17.	Second Trimester	364	2
18.	Third Trimester	95	2
<b>CHARACTERISTICS</b>		<b>NUMBER OF USERS (a)</b>	
<b>C. DELIVERY, POSTPARTUM AND INFANT UTILIZATION DURING THE CALENDAR YEAR</b>			
19.	Prenatal Care Users Who Delivered During the Year	761	
20.	Infant Birthweight, 1500 grams and Under (very low birthweight)	7	
21.	Infant Birthweight, 1501 - 2500 grams (low birthweight)	26	
22.	Infant Birthweight, > 2500 grams (normal birthweight)	713	
23.	Prenatal Care Users Who Returned for Postpartum Care Within 8 Weeks During the Year	600	
24.	Infants Who Received a Newborn Visit Within 4 Weeks of Birth During the Year	618	
<b>D. ENROLLMENT OF PRENATAL CARE USERS AND THEIR INFANTS IN WIC</b>			
25.	Prenatal Care Users	729	
26.	Infants	552	
27.	Postpartum Care Users	587	

**EXHIBIT D**

10/95

Table 8 Part B  
Page 1 of 1

UDS (Old BCRR Reporting No.) 101120

Date Submitted: 2/15/98

Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission     Revision

**TABLE 8 PART B  
MENTAL HEALTH/SUBSTANCE ABUSE AND ENABLING SERVICES**

<b>SERVICE</b>		<b>COST (a)</b>
<b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b>		
1.	Physicians, psychologists, clinical social workers	923,378
2.	Other mental health/substance abuse	89,420
3.	<b>Total Mental Health/Substance Abuse Services</b>	<b>1,012,798</b>
<b>ENABLING SERVICES</b>		
4.	Case Management	4,614,530
5.	Transportation	
6.	Outreach	144,917
7.	Patient Education	267,966
8.	Translation/Interpretation	
9.	Community Education	
10.	Environmental Health Risk Reduction	
11.	Other Enabling Services (specify: Interp./field suppt)	2,918,682
12.	Other Enabling Services (specify: _____ )	
13.	<b>Total Enabling Services Cost</b>	<b>7,946,095</b>

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2/14/98

**EXHIBIT D**

12/97

Page 1 of 1

UDS (Old BCRR Reporting No.) 101120  
 Date Submitted: 05/04/98  
 Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission       Revision

**TABLE 9 PART C  
MANAGED CARE**

		Total (a)	Source of Payment			
			Medicaid <small>(CareOregon/MultiCare DCO)</small> (b)	Medicare (c)	Other (d)	Private (e)
<b>PREPAID / CAPITATED PLANS</b>						
1.	Capitation paid for months in reporting period	5,505,239	5,505,239			
2.	withhold, FQHC wrap around, or copay					
3.	Subtractions due to penalties imposed					
4.	<b>TOTAL PREPAID REVENUE</b>  <small>(TOTAL LINES 1 + 2 - 3)</small>	5,505,239	5,505,239			
5.	<b>Primary Care Expenses</b>  <small>(including any enabling services, mental health and substance abuse covered in rate)</small>	11,414,813	11,414,813			
6.	<b>Specialty Referral Expenses</b>					
7.	<b>Inpatient Referral Expenses</b>					
8.	<b>TOTAL PREPAID EXPENSES</b>  <small>(TOTAL LINES 5 + 6 + 7)</small>	11,414,813	11,414,813			
9.	<b>TOTAL PREPAID MEMBER MONTHS</b>	298,681	298,681			
10.	<b>TOTAL PRIMARY CARE ENCOUNTERS FOR CAPITATED ENROLLEES</b>	70,276	70,276			
<b>MANAGED CARE ENROLLMENT</b>						
11.	<b>Enrollees in capitated Plans</b>  <small>(as of 12/31)</small>	25,054	25,054			
12.	<b>Enrollees in Fee for Service Managed Care</b>  <small>(as of 12/31)</small>					
13.	<b>TOTAL MANAGED CARE ENROLLEES</b>  <small>(LINES 11 + 12) (as of 12/31)</small>	25,054	25,054			

01-May-98

**NOTE: Revenue entered on line 4 applies to enrollees entered on line 11**

UDS (Old BCRR Reporting No.) 101120  
 Date Submitted: 05/04/98  
 Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission       Revision

**TABLE 9 PART D  
PATIENT RELATED REVENUE**

Payor Category		Full Charges This Period	Amount Collected This Period	Retroactive Settlements, Receipts or Paybacks	Total Allowances	Total Sliding Discounts	Bad Debt Write off
(a)		(b)	(c)	(d)	(e)	(f)	(g)
1.	Medicaid Fee for Service / FQHC	5,262,903	5,543,635				
2.	Medicaid Capitated	9,505,831	6,070,442	543,668	2,347,743		
3.	<b>Total Medicaid</b> (TOTAL LINES 1 + 2)	14,768,734	11,614,077	543,668	2,347,743		
4.	Medicare Fee for Service	1,161,228	217,961		931,812		
5.	Medicare Capitated						
6.	<b>Total Medicare</b> (TOTAL LINES 4 + 5)	1,161,228	217,961		931,812		
7.	Other 3rd Party Fee for Service	614,028	148,427		354,402		
8.	Other 3rd Party Capitated	369,313	89,273		213,158		
9.	<b>TOTAL OTHER 3RD PARTY</b> (TOTAL LINES 7 + 8)	983,341	237,700		567,560		
10.	Other Public Fee for Service (*)	3,825,573	3,825,573				
11.	Other Public Capitated						
12.	<b>Total Other Public</b> (TOTAL LINES 10 + 11)	3,825,573	3,825,573				
13.	<b>Self Pay (*)</b>	3,797,858	568,329				
14.	<b>TOTAL</b> (LINES 3 + 6 + 9 + 12 + 13)	24,536,734	16,463,640	543,668	3,847,115	2,854,090	53,324

(\*) \$3,825,573 in charges for School based clinics and Field Programs have been reclassified from Self-pay to 3rd party fee-for service. The 3rd party payor for these programs is Multnomah County. Field and School clinic programs where reported as self-pay in prior periods' BCRR Table 7.

EXHIBIT D

12/97

Table 9 Part E  
Page 1 of 1

UDS (Old BCRR Reporting No.): 101120  
 Date Submitted: 2/15/98  
 Reporting Period: January 1, 1997 through December 31, 1997

Initial Submission

Revision

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TABLE 9 PART E  
OTHER REVENUES

Source	Amount (a)
<b>BPHC GRANTS ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272</b>	
1a. Migrant Health Center	
1b. Community Health Center (*)	3,095,966
1c. Health Care for the Homeless	513,056
1d. Homeless Children	252,115
1e. Public Housing Primary Care	
1f. TOTAL HEALTH CARE CLUSTER (Total lines 1a through 1e)	3,861,137
1g. Healthy Schools, Healthy Communities	232,589
1. TOTAL BPHC GRANTS (Total lines 1f + 1g)	4,093,726
<b>OTHER FEDERAL GRANTS</b>	
2. Ryan White Title III HIV Early Intervention	
3. Other Federal Grants (specify:MCHB)	537,102
4. Other Federal Grants (specify:HAB,RW Title 1)	563,765
5. TOTAL OTHER FEDERAL GRANTS (Total lines 2 through 4)	1,100,867
<b>NON-FEDERAL GRANTS or CONTRACTS</b>	
6. State Government Grants and Contracts	2,807,372
7. Local Government Grants and Contracts	310,888
8. Foundation/Private Grants and Contracts	61,571
9. TOTAL NON-FEDERAL GRANTS AND CONTRACTS (Total lines 6 through 8)	3,179,831
10. OTHER REVENUE (COUNTY GENERAL FUND) (NON-PATIENT RELATED REVENUE NOT REPORTED ELSEWHERE)	9,107,263
11. TOTAL REVENUE (LINES 1+5+9+10)	17,481,687

(\*) CHC Line 1b: CHC 330 2,830,130  
 Linkage 265,836  
 Total Line 1b 3,095,966

BUDGET MODIFICATION NO.

HD8

(For Clerk's Use) Meeting Date

NOV 24 1998

Agenda No.

C-5

1. OR PLACEMENT ON THE AGENDA FOR

(Date)

DEPARTMENT

Health

DIVISION Various

CONTACT

Kathy Innes

TELEPHONE 248-3056 x27027

Kathy Innes

2. OF PERSON MAKING PRESENTATION TO BOARD

SUGGESTED

AGENDA TITLE

(to assist in preparing a description for the printed agenda)

Approve changes in various budgets in Health moving 1.5 FTE and \$68,272 of materials and services between the Federal State and the General Funds to bring the adopted budget into conformance with current operations.

All changes are funded from within the current budget.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION

(Explain the changes this Bud Mod makes. What budget does it increase? What do changes

come from? What budget is reduced? Attach additional information if you need more space.)

Personnel changes are shown in detail on the attached sheet

This budget action moves an Administrative Secretary from the General Fund to the Federal State Fund. It also moves .5 Administrative Analyst from the Federal State to the General Fund. The action moves \$64,155 of Professional Services dollars from the General Fund to the Federal State Fund. These dollars are for the Coalition Clinics. The action also moves \$4,117 of materials and services from the Federal State to the General Fund where the Volunteer Program is now operating.

3. REVENUE IMPACT

(Explain revenues being changed and reason for the change)

NA

4. CONTINGENCY STATUS

(to be completed by Budget & Quality)

Fund Contingency before this modification

Date

After this modification

Originated By

Date

Department Director

Date

Plan/Budget Analyst

Date

Employee Services

Date

Board Approval

Date

BOARD OF  
COUNTY COMMISSIONERS  
98 NOV 18 AM 1:34  
MULTNOMAH COUNTY  
OREGON

Originated By	Date	Department Director	Date
		<i>Billy O'Connell for Billy O'Connell</i>	11/13/98
Plan/Budget Analyst	Date	Employee Services	Date
<i>Chris King</i>	11-17-98	<i>Suzanne S. Kalin</i>	11/13/98
Board Approval	Date		
<i>NORBORAH C. BOGISTAD</i>	11/24/98		

*Jarson*  
11/17/98

**PERSONNEL DETAIL FOR BUDGET MODIFICATION NO.**

**HD8**

**5. ANNUALIZED PERSONNEL CHANGES** HD8 (Compute on a full-year basis even though this action affects only a part of the fiscal year (FY).)

Permanent Positions, Temporary, Overtime, or Premium	JCN	Org	Explanation of Change	ANNUALIZED			TOTAL Increase (Decrease)
				BASE PAY Increase (Decrease)	Increase/(Decrease)		
					Fringe	Ins.	
-0.50	9006	0925	Administrative Analyst	(18,980)	(3,323)	(1,740)	(24,043)
0.50	9006	0926	Administrative Analyst	18,980	3,323	1,740	24,043
-1.00	6005	0210	Admin Sec	(33,471)	(5,860)	(3,359)	(42,690)
1.00	6005	0701	Admin Sec	33,471	5,860	3,359	42,690
							0
0.00	TOTAL CHANGE (ANNUALIZED)			\$0	\$0	\$0	\$0

**6. FISCAL YEAR PERSONNEL DOLLAR CHANGES** 0 (Calculate costs/savings that will take place this FY; these should explain the actual dollar amounts changed by this BudMod.)

Permanent Positions, Temporary, Overtime, or Premium	JCN	Org	Explanation of Change	CURRENT FY			TOTAL Increase (Decrease)
				BASE PAY Increase (Decrease)	Increase/(Decrease)		
					Fringe	Ins.	
-0.50	9006	0925	Administrative Analyst	(18,980)	(3,323)	(1,740)	(24,043)
0.50	9006	0926	Administrative Analyst	18,980	3,323	1,740	24,043
-1.00	6005	0210	Admin Sec	(33,471)	(5,860)	(3,359)	(42,690)
1.00	6005	0701	Admin. Sec	33,471	5,860	3,359	42,690
0.00							
TOTAL CURRENT FISCAL YEAR CHANGES				\$0	\$0	\$0	\$0



### Transaction Detail

Trans ID	Type	FY	Description	Process?	Date	Category	#	Fund	Agcy	Org	Obj	Rev	Amount	#	Fund	Agcy	Org	Pos	FTE	Amount
							41	100	015	9130	7608		88,785							
							42	156	015	0709		7601	72,457							
							43	156	015	0024		7601	-4,117							
							44	156	015	0925		7601	-27,769							
							45	156	015	0701		7601	48,214							
							46	400	070	7531		6600	-1,619							
							47	400	070	7531		6602	1,619							
							48	100	075	7410		6602	10,173							
							49	402	070	7990		6600	175							
							50	402	070	7990		6602	-175							
							51	403	070	7942		6600	370							
							52	403	070	7942		6602	-370							
							53	401	030	5905		6600	150							
							54	401	030	5905		6602	-150							
							55	410	030	5610		6600	1,449							
							56	410	030	5610		6602	-1,449							
							57	400	070	7531	6580		-1,619							
							58	400	070	7531	6580		1,619							
							60	402	070	7990	6140		175							
							61	402	070	7990	6140		-175							
							62	403	070	7942	8400		370							
							63	403	070	7942	8400		-370							
							64	401	030	5905	6230		150							
							65	401	030	5905	6230		-150							
							66	410	030	5630	6230		1,449							
							67	410	030	5630	6230		-1,449							



# MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN  
DAN SALTZMAN  
GARY HANSEN  
TANYA COLLIER  
SHARRON KELLEY

HEALTH DEPARTMENT  
BUSINESS SERVICES  
McCOY BUILDING  
426 SW STARK  
PORTLAND, OR 97204  
PHONE (503) 248-3056

TO: Board of County Commissioners  
FROM: Billi Odegaard *Billi Odegaard for Beth Odegaard*  
TODAY'S DATE: Nov. 16, 1998  
REQUESTED PLACEMENT DATE: Nov. 26th 1998  
SUBJECT: Health Budget Modification Number 8

## **I. Recommendation / Action Requested:**

Approve changes in various budgets in Health moving 1.5 FTE and \$68,272 of materials and services between the Federal State and the General Funds to bring the adopted budget into conformance with current operations. All changes are funded from within the current budget.

## **II. Background / Analysis:**

This budget action moves an Administrative Secretary from the General Fund to the Federal State Fund. It also moves .5 Administrative Analyst from the Federal State to the General Fund. The action moves \$64,155 of Professional Services dollars from the General Fund to the Federal State Fund. These dollars are for the Coalition Clinics. The action also moves \$4,117 of materials and services for the Volunteer Program from the Federal State to the General Fund where the program now operates.

**III. Financial Impact:** NA

**IV. Legal Issues:** NA

**V. Controversial Issues:** NA

**VI. Link to Current County Policies:** NA

**VII. Citizen Participation:** NA

**VIII. Other Government Participation:** NA

MEETING DATE: NOV 24 1998

AGENDA NO: C-6

ESTIMATED START TIME: 9:30

(Above space for Board Clerk's Use Only)

**AGENDA PLACEMENT FORM**

**SUBJECT** Intergovernmental agreement with the City of Fairview to fund one public works project, 5<sup>th</sup>/Main Street storm drain improvement., \$107,086

**BOARD BRIEFING**

Date Requested:

Requested By: \_\_\_\_\_

Amount of Time Needed: \_\_\_\_\_

**REGULAR MEETING**

Date Requested: \_\_\_\_\_ Next Available \_\_\_\_\_

Amount of Time Needed: \_\_\_\_\_ Consent \_\_\_\_\_

**DEPARTMENT:** Community and Family Services

**DIVISION:** Community and Family Services

**CONTACT:** Lorenzo Poe/Mary Li

**TELEPHONE:** 248-3691

**BLDG/ROOM:** B166/7th

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

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE**

**Approval Of The Amendment To The Intergovernmental Agreement With The City Of Fairview Funding The 5<sup>th</sup>/Main Street Storm Drain Improvement Public Works Projects.**

*11/24/98 ORIGINALS to PATTY DOYLE*

**SIGNATURES REQUIRED:**

**ELECTED OFFICIAL:** \_\_\_\_\_

OR

**DEPARTMENT MANAGER:** Lorenzo Poe

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

Any Questions: Call the Board Clerk @ 248-3277

98 NOV 17 AM 1:09  
MULTNOMAH COUNTY  
OREGON  
BOARD OF  
COUNTY COMMISSIONERS



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
421 SW SIXTH AVENUE, SUITE 700  
PORTLAND, OREGON 97204-1618  
PHONE (503) 248-3691  
FAX (503) 248-3379  
TDD (503) 248-3598

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

TO: Board of County Commissioners

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

DATE: November 3, 1998

SUBJECT: Intergovernmental Expenditure Agreement with the City of Fairview

**I. Recommendation/Action Requested:** The Department is recommending County Board approval of this expenditure agreement for the period November 1, 1998 through June 30, 2000.

**II. Background/Analysis:** The Department of Community and Family Services is currently contracting with the City of Fairview for several public service projects. The Fifth/Main Street Drainage Improvement Project was an originally approved project under a CDGB Application Process. However, the project was not awarded due to insufficient funds. The program office has recently identified unprogrammed funds from past CDBG grant years and now wishes to fund this project.

**III. Financial Impact:** This amendment provides up to \$107,086 for the Fifth/Main Street Drainage Improvement Project.

**IV. Legal Issues:** None

**V. Controversial Issues:** None

**VI. Link to Current County Policies:** This project increases the livability of Multnomah County through the improvement of the County's infrastructure.

**VII. Citizen Participation:** The Division of Community Programs and Partnerships involves citizens in the selection of CDBG funding applications.

**VIII. Other Government Participation:** This is a partnership between the City of Fairview and Multnomah County.

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

Contract #: 102778

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

Amendment #: 3

<p align="center"><b>Class I</b></p> <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000 <input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only)	<p align="center"><b>Class II</b></p> <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)	<p align="center"><b>Class III</b></p> <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <p align="center"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p>AGENDA # <u>C-6</u> DATE <u>11/24/98</u>  <u>DEB BOGSTAD</u>  <b>BOARD CLERK</b></p>
--	--	--

Department: Community and Family Services Division: Community Programs and Partnerships Date: November 3, 1998  
 Originator: Karen Jones Whittle Phone: x 83631 Bldg/Rm: 166/5  
 Contact: Patty Doyle Phone: x 24418 Bldg/Rm: 166/7

Description of Contract: **This amendment: provides \$107,086 for the Fifth/Main Street Drainage Improvement public works project.**

RENEWAL: <input type="checkbox"/>	PREVIOUS CONTRACT #(S):
RFP/BID: <u>CDBG Application Processes</u>	RFP/BID DATE: <u>a)5/14/98, b) 1994/95, c) 1997/98, 1995/96 &amp; 1996/97</u>
EXEMPTION #/DATE:	EXEMPTION EXPIRATION DATE: ORS/AR #
CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply)	

Contractor <u>City of Fairview</u>	Remittance Address _____
Address <u>P. O. Box 337</u>	(If different) _____
<u>Fairview, OR 97024</u>	
Phone <u>(503) 665-7929</u>	Payment Schedule / Terms
Employer ID# or SS# <u>93-6002161</u>	<input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt
Effective Date <u>November 1, 1998</u>	<input checked="" type="checkbox"/> Monthly \$ <u>Invoice</u> <input type="checkbox"/> Net 30
Termination Date <u>June 30, 2000</u>	<input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other
Original Contract Amount \$ <u>Requirements</u>	
Total Amt of Previous Amendments \$ <u>Requirements</u>	<input checked="" type="checkbox"/> Requirements \$ See Attached
Amount of Amendment \$ <u>Requirements</u>	
Total Amount of Agreement \$ <u>Requirements</u>	Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED SIGNATURES

Department Manager Lorenzo Poe mas DATE 11/5/98  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Counsel Katie Goff DATE 11/10/98  
 County Chair Willie Flynn DATE 11/24/98  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

LGFS VENDOR CODE						DEPT REFERENCE <b>GV5181B</b>					
LINE #	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	OBJ/ REV	SUB OBJ	REP CAT	LGFS DESCRIPTION	AMOUNT	INC DEC
01								See	Attached		
02											
03											

COMMUNITY AND FAMILY SERVICES DEPARTMENT  
 CONTRACT APPROVAL FORM SUPPLEMENT  
 Contractor : CITY OF FAIRVIEW

Vendor Code.: GV5181B

Fiscal Year : 98/99

Numeric Amendment : 03

Contract Number : 102778

LINE	FUND	AGEN	ORG CODE	ACTIVIY CODE	OBJECT CODE	REPORTING CATEGORY	LGFS DESCRIPTION	ORIGINAL AMOUNT	AMENDMENT AMOUNT	FINAL AMOUNT	REQT'S ESTIMATE
57	156	010	1150	H44G	6060	9423F	CDBG Unprogrammed Funds		Requirements	Requirements	\$107,086.00
						14.218	CD 5th/Main Drainage Improvement				
TOTAL								\$0.00	\$0.00	\$0.00	\$107,086.00

COMMUNITY AND FAMILY SERVICES DEPARTMENT  
 CONTRACT APPROVAL FORM SUPPLEMENT

Contractor : CITY OF FAIRVIEW

Vendor Code : GV5181B

Fiscal Year : 98/99

Through Amendment Number : 03

Contract Number : 102778

LINE	FUND	AGEN	ORG CODE	ACTIVITY CODE	OBJECT CODE	REPORTING CATEGORY	LGFS DESCRIPTION	ORIGINAL AMOUNT	AMENDMENT AMOUNT	FINAL AMOUNT	REQT'S ESTIMATE
51	156	010	1150	H44Y	6060	9402F	CDBG FFY 98 CD Sixth/Harrison Storm Drain	\$0.00	Requirements	Requirements	\$54,879.00
53	156	010	1150	H44L	6060	9408F	CD CDBG FFY 96 CD Halsey Channel Bypass	\$0.00	Requirements	Requirements	\$42,136.00
54	156	010	1150	H44N	6060	9418F	CD CDBG FFY 97 CD Emergency Comm System	\$0.00	Requirements	Requirements	\$1,590.00
55	156	010	1150	H44W	6060	9418F	CD CDBG FFY 97 CD Walnut Lane Culvert	\$0.00	Requirements	Requirements	\$0.00
56	156	010	1150	H44C	6060	9402F	CDBG FFY 98 CD 5th Street Storm Drain	\$0.00	Requirements	Requirements	\$39,443.00
57	156	010	1150	H44G	6060	9423F	CDBG Unprogrammed Funds CD 5th/Main Drainage Improvement	\$0.00	Requirements	Requirements	\$107,086.00
TOTAL								\$0.00	\$0.00	\$0.00	\$245,134.00

MULTNOMAH COUNTY DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
CONTRACT #102778, AMENDMENT #3

DURATION OF AMENDMENT: November 1, 1998 TO: June 30, 2000  
CONTRACTOR NAME: City of Fairview TELEPHONE: (503) 674-6211  
CONTRACTOR ADDRESS: P. O. Box 337 IRS NUMBER: 93-6002161  
Fairview, OR 97024

This amendment is to that certain contract dated July 1, 1997, between the Multnomah County Department of Community and Family Services, referred to as the "COUNTY" and City of Fairview, referred to as the "CONTRACTOR". It is understood by the parties that all conditions and agreements in the original contract not superseded by the language of this amendment are still in force and apply to this amendment.

**PART I: CHANGES:** This amendment provides \$107,086 for the Fifth/Main Street Drainage Improvement public works project.

**PART II: AMENDMENT NARRATIVE:** The Fifth/Main Street Drainage Improvement will result in the replacement of 270 feet of existing failing system with 12-inch pipe and two inlets. The Fifth/Main Street Drainage project is funded through CDGB-unprogrammed funds from previous years funding. (CDBG grant funding may be carried over into subsequent fiscal years).

This amendment spans two fiscal years. All final requests for payment or an estimate of the final requests for payments for work completed between November 1, 1998 through June 30, 1999 shall be received by the Department of Community and Family Services no later than July 20<sup>th</sup> or the next working day after July 20<sup>th</sup>. Final requests or estimates of final request for payment documents not received by the Department of Community and Family Services within the specified time frame shall not be processed and the expense shall be the sole responsibility of the CONTRACTOR. All final requests for payment or an estimate of the final requests for payments for work completed between July 1, 1999 through June 30, 2000 shall be received by the Department of Community and Family Services no later than July 20<sup>th</sup> or the next working day after July 20<sup>th</sup>. Final requests or estimates of final request for payment documents not received by the Department of Community and Family Services within the specified time frame shall not be processed and the expense shall be the sole responsibility of the CONTRACTOR.

In witness whereof, the parties hereto have caused this contract to be executed by their authorized officers.

MULTNOMAH COUNTY

CITY OF FAIRVIEW

BY *Lorenzo P. ...* 11/5/98  
Director, Dept of Community & Family Services Date

BY \_\_\_\_\_  
Agency Authorized Signer Date

BY *Beverly Stein* 11/24/98  
Beverly Stein Date  
Multnomah County Chair

REVIEWED:  
THOMAS SPONSLER, County Counsel for  
Multnomah County, Oregon

APPROVED MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-6 DATE 11/24/98  
DEB BOGSTAD  
BOARD CLERK

By *Katie Duff* 11/10/98  
Date

CONTRACT FOR SERVICES 11/3/98  
 MULTNOMAH COUNTY COMMUNITY AND FAMILY SERVICES DEPARTMENT

**Attachment A:  
 Service Elements and Contract Amounts**

Contractor Name : CITY OF FAIRVIEW	Vendor Code: GV5181B
Contractor Address : 300 HARRISON ST FAIRVIEW OR 97024	
Telephone : 665-7929	Fiscal Year : 98/99
Federal ID # : 93-6002161	

**Program Office Name : Housing/Public Works**

*Service Element Name : CD 5th Street Storm Drain (H44C)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	10/31/99	Per Invoice	Cost Reimbursement				Req't's
2	7/1/98	6/30/00	Per Invoice	Cost Reimbursement				Req't's
Total								Req't's

*Service Element Name : CD 5th/Main Drainage Improvement (H44G)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
3	11/1/98	6/30/00	Per Invoice	Cost Reimbursement				Req't's
Total								Req't's

*Service Element Name : CD Halsey Channel Bypass (H44L)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	10/31/99	Per Invoice	Cost Reimbursement				Req't's
2	7/1/98	6/30/00	Per Invoice	Cost Reimbursement				Req't's
Total								Req't's

*Service Element Name : CD Emergency Comm System (H44N)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	10/31/99	Per Invoice	Cost Reimbursement				Req't's
2	7/1/98	6/30/00	Per Invoice	Cost Reimbursement				Req't's
Total								Req't's

*Service Element Name : CD Walnut Lane Culvert (H44W)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	10/31/99	Per Invoice	Cost Reimbursement				Req't's
2	11/1/97	6/30/98	Per Invoice	Cost Reimbursement				Req't's

**Attachment A:  
Service Elements and Contract Amounts**

Contractor Name : CITY OF FAIRVIEW		Vendor Code: GV5181B
Contractor Address :		
300 HARRISON ST FAIRVIEW OR 97024		
Telephone : 665-7929	Fiscal Year : 98/99	Federal ID # : 93-6002161

**Program Office Name : Housing/Public Works**

Total Reqt's

*Service Element Name : CD Sixth/Harrison Storm Drain (H44Y)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
2	7/1/98	6/30/00	Per Invoice	Cost Reimbursement				Reqt's

Total Reqt's

MEETING DATE: NOV 24 1998

AGENDA NO: C-7

ESTIMATED START TIME: 9:30

(Above space for Board Clerk's Use Only)

**AGENDA PLACEMENT FORM**

**SUBJECT** Intergovernmental agreement with the City of Wood Village to fund two public works projects. Arata/Halsey Street sanitary sewer improvement, \$29,340, and 244<sup>th</sup>/Halsey culvert storm drain, \$1,852.

**BOARD BRIEFING**

Date Requested: \_\_\_\_\_  
Requested By: \_\_\_\_\_  
Amount of Time Needed: \_\_\_\_\_

**REGULAR MEETING**

Date Requested: \_\_\_\_\_ Next Available \_\_\_\_\_  
Amount of Time Needed: Consent

**DEPARTMENT:** Community and Family Services

**DIVISION:** Community and Family Services

**CONTACT:** Lorenzo Poe/Mary Li

**TELEPHONE:** 248-3691

**BLDG/ROOM:** B166/7th

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

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE**

**Approval Of The Amendment To The Intergovernmental Agreement With The City Of Wood Village Funding Two Public Works Projects.**

11/24/98 ORIGINALS TO PATTY DOYLE  
**SIGNATURES REQUIRED:**

**ELECTED OFFICIAL:** \_\_\_\_\_

OR

**DEPARTMENT MANAGER:** Lorenzo Poe mes 11/5/98

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

Any Questions: Call the Board Clerk @ 248-3277

98 NOV 17 AM 1:09  
MULTNOMAH COUNTY  
OREGON  
BOARD OF  
COUNTY COMMISSIONERS



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
421 SW SIXTH AVENUE, SUITE 700  
PORTLAND, OREGON 97204-1618  
PHONE (503) 248-3691  
FAX (503) 248-3379  
TDD (503) 248-3598

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

TO: Board of County Commissioners

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

DATE: November 3, 1998

SUBJECT: Intergovernmental Expenditure Agreement With The City of Wood Village

**I. Recommendation/Action Requested:** The Department is recommending County Board approval of this expenditure agreement for the period November 1, 1998 through June 30, 1999.

**III. Background/Analysis:** The Department of Community and Family Services is currently contracting with the City of Wood Village for several public service projects. The Arata/Halsey Street Sanitary Sewer project was an originally approved project under a CDBG Application Process. However, the project was not awarded due to insufficient funds. The program office has recently identified unprogrammed funds from past CDBG grant years and now wishes to fund this project. The 244<sup>th</sup>/Halsey Street Culvert Project received funding under a CDBG Application Process. It experienced cost overruns. This amendment provides funds to assist with the overruns.

**IV. Financial Impact:** This amendment provides \$29,340 for the Arata/Halsey project and \$1,852 for the 244<sup>th</sup>/Halsey project cost overruns. The total funding increases by \$31,192. Funding is from CDBG grant unprogrammed funds.

**V. Legal Issues:** None

**VI. Controversial Issues:** None

**VII. Link to Current County Policies:** These projects increases the livability of Multnomah County through the improvement of the County's infrastructure.

**VIII. Citizen Participation:** The Division of Community Programs and Partnerships involves citizen in the selection process of CDBG application approval process.

**IX. Other Government Participation:** This is a partnership between the City of Wood Village and Multnomah County.

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

Contract #: 102798

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

Amendment #: 3

<p align="center"><b>Class I</b></p> <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000 <input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only)	<p align="center"><b>Class II</b></p> <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)	<p align="center"><b>Class III</b></p> <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <p align="center"><b>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</b></p> <p>AGENDA # <u>C-7</u> DATE <u>11/24/98</u>                  _____                  DEB BOGSTAD  <b>BOARD CLERK</b></p>
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Department: Community and Family Services Division: Community Programs and Partnerships Date: November 3, 1998  
 Originator: Karen Jones Whittle Phone: x 83631 Bldg/Rm: 166/5  
 Contact: Patty Doyle Phone: x 24418 Bldg/Rm: 166/7

Description of Contract: **This amendment provided funding for sewer improvements at Arata/Halsey Street and increases funding for the 244<sup>th</sup>/Halsey Culvert storm drain project to assist with cost overruns.**

RENEWAL: <input type="checkbox"/>		PREVIOUS CONTRACT #(S):	
RFP/BID: <u>CDGB Application Process</u>	RFP/BID DATE: <u>5/14/98</u>		
EXEMPTION #/DATE:	EXEMPTION EXPIRATION DATE:	ORS/AR #:	
CONTRACTOR IS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NONE (Check all boxes that apply)			

Contractor: <u>City of Wood Village</u>	Remittance Address: _____
Address: <u>2055 NE 238<sup>th</sup> Drive</u>	(If different) _____
<u>Wood Village, OR 97060</u>	
Phone: <u>(503)-667-6211</u>	Payment Schedule / Terms
Employer ID# or SS#: <u>93-6009021</u>	<input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt
Effective Date: <u>November 1, 1998</u>	<input checked="" type="checkbox"/> Monthly \$ <u>Invoice</u> <input type="checkbox"/> Net 30
Termination Date: <u>June 30, 1999</u>	<input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other
Original Contract Amount \$ <u>Requirements</u>	
Total Amt of Previous Amendments \$ <u>32,380</u>	<input type="checkbox"/> Requirements \$ _____
Amount of Amendment \$ <u>31,192</u>	
Total Amount of Agreement \$ <u>63,572 + Requirements</u>	Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED SIGNATURES

Department Manager: *Lolingo Pae mas* DATE: 11/5/98  
 Purchasing Manager: \_\_\_\_\_ DATE: \_\_\_\_\_  
 County Counsel: *Katie G...* DATE: 11/10/98  
 County Chair: *...* DATE: 11/24/98  
 Sheriff: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Contract Administration: \_\_\_\_\_ DATE: \_\_\_\_\_

LGFS VENDOR CODE <b>GV5212</b>						DEPT REFERENCE					
LINE #	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	OBJ/REV	SUB OBJ	REP CAT	LGFS DESCRIPTION	AMOUNT	INC DEC
01								See	Attached		
02											
03											

COMMUNITY AND FAMILY SERVICES DEPARTMENT  
 CONTRACT APPROVAL FORM SUPPLEMENT  
 Contractor : CITY OF WOOD VILLAGE

Vendor Code : GV5212

Fiscal Year : 98/99

Numeric Amendment : 03

Contract Number : 102798

LINE	FUND	AGEN	ORG CODE	ACTIVIY CODE	OBJECT CODE	REPORTING CATEGORY	LGFS DESCRIPTION	ORIGINAL AMOUNT	AMENDMENT AMOUNT	FINAL AMOUNT	REQT'S ESTIMATE
03	156	010	1150	H44F	6060	9423F 14.218	CDBG Unprogrammed Funds CD Arata/Halsey Sanitary Sewer	\$0.00	\$29,340.00	\$29,340.00	
04	156	010	1150	H44R	6060	9423F 14.218	CDBG Unprogrammed Funds CD NE 244th/Halsey Culvert	\$0.00	\$1,852.00	\$1,852.00	
TOTAL								\$0.00	\$31,192.00	\$31,192.00	\$0.00

COMMUNITY AND FAMILY SERVICES DEPARTMENT  
 CONTRACT APPROVAL FORM SUPPLEMENT

Contractor : CITY OF WOOD VILLAGE

Vendor Code : GV5212

Fiscal Year : 98/99

Through Amendment Number : 03

Contract Number : 102798

LINE	FUND	AGEN	ORG CODE	ACTIVITY CODE	OBJECT CODE	REPORTING CATEGORY	LGFS DESCRIPTION	ORIGINAL AMOUNT	AMENDMENT AMOUNT	FINAL AMOUNT	REQT'S ESTIMATE
01	156	010	1150	H44V	6060	9402F	CDBG FFY 98 CD City Park Phase III	\$0.00	\$32,380.00	\$32,380.00	
03	156	010	1150	H44F	6060	9423F	CDBG Unprogrammed Funds CD Arata/Halsey Sanitary Sewer	\$0.00	\$29,340.00	\$29,340.00	
04	156	010	1150	H44R	6060	9423F	CDBG Unprogrammed Funds CD NE 244th/Halsey Culvert	\$0.00	\$1,852.00	\$1,852.00	
51	156	010	1150	H44J	6060	9407F	CD CDBG FFY 95 CD 244th Waterline	\$0.00	Requirements	Requirements	\$97,430.00
52	156	010	1150	H44K	6060	9408F	CD CDBG FFY 96 CD City Park, Phase II	\$0.00	Requirements	Requirements	\$68,595.00
53	156	010	1150	H44R	6060	9418F	CD CDBG FFY 97 CD NE 244th/Halsey Culvert	\$0.00	Requirements	Requirements	\$34,230.00
TOTAL								\$0.00	\$63,572.00	\$63,572.00	\$200,255.00

MULTNOMAH COUNTY DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
CONTRACT #102798, AMENDMENT #3

DURATION OF AMENDMENT: November 1, 1998 TO: June 30, 1999  
CONTRACTOR NAME: City of Wood Village TELEPHONE: (503) 667-6211  
CONTRACTOR ADDRESS: 2055 NE 238<sup>th</sup> Drive IRS NUMBER: 93-6009021  
Wood Village, OR 97060

This amendment is to that certain contract dated July 1, 1998, between the Multnomah County Department of Community and Family Services, referred to as the "COUNTY" and the City of Wood Village, referred to as the "CONTRACTOR." It is understood by the parties that all conditions and agreements in the original contract not superseded by the language of this amendment are still in force and apply to this amendment.

**PART I: CHANGES** This amendment increases funding for two public works projects. The Arata/Halsey Street Sanitary Sewer Improvement, \$29,340, and the 244<sup>th</sup>/Halsey Street Culvert Storm Drain, \$1,852. Total funding increase is \$31,192.

**PART II: AMENDMENT NARRATIVE**

**Arata/Halsey Street Sanitary Sewer Improvement:** This project will result in the construction of 200 lineal feet of 8-inch sewer line.

**244<sup>th</sup>/Halsey Street Culvert Storm Drain:** This project resulted in the upgrading of 140 lineal feet of 8-inch line to 12-inch line. Funding is provided to assist with cost overruns.

In witness whereof, the parties hereto have caused this contract to be executed by their authorized officers.

MULTNOMAH COUNTY

CITY OF WOOD VILLAGE

BY Lorenzo Poe 11/5/98  
Director, Dept. of Community & Date  
Family Services

BY \_\_\_\_\_ Date  
Agency Authorized Signer

BY Beverly Stein 11/24/98  
Beverly Stein Date  
Multnomah County Chair

(Please print.)

REVIEWED:  
THOMAS SPONSLER, County Counsel for  
Multnomah County, Oregon

\_\_\_\_\_  
Title

By Kate Gutz 11/10/98  
Date

APPROVED MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-7 DATE 11/24/98  
DEB BOGSTAD  
BOARD CLERK

CONTRACT FOR SERVICES  
 MULTNOMAH COUNTY COMMUNITY AND FAMILY SERVICES DEPARTMENT

10/16/98

**Attachment A:  
 Service Elements and Contract Amounts**

Contractor Name : CITY OF WOOD VILLAGE	Vendor Code: GV5212
Contractor Address :	
2055 NE 238 DR WOOD VILLAGE OR 97060	
Telephone : 667-6211	Fiscal Year : 98/99
Federal ID # : 93-6009021	

**Program Office Name : Housing/Public Works**

*Service Element Name : CD Arata/Halsey Sanitary Sewer (H44F)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
3	11/1/98	6/30/99	Per Invoice	Lump Sum				\$29,340.00
Total								\$29,340.00

*Service Element Name : CD 244th Waterline (H44J)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	6/30/99	Per Invoice	Cost Reimbursement				Req't's
Total								Req't's

*Service Element Name : CD City Park, Phase II (H44K)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	6/30/99	Per Invoice	Cost Reimbursement				Req't's
Total								Req't's

*Service Element Name : CD NE 244th/Halsey Culvert (H44R)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
0	11/1/97	6/30/99	Per Invoice	Cost Reimbursement				Req't's
2	7/1/98	6/30/99	Per Invoice	Cost Reimbursement				Req't's
3	11/1/98	6/30/99	Per Invoice	Lump Sum				\$1,852.00
Total								Req't's

*Service Element Name : CD City Park Phase III (H44V)*

<u>Mod. #</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Payment Method</u>	<u>Payment Basis</u>	<u># of Units</u>	<u>Unit Description</u>	<u>Unit Rate</u>	<u>Amount</u>
1	7/1/98	6/30/99	Per Invoice	Cost Reimbursement				\$32,380.00
Total								\$32,380.00

MEETING DATE: NOV 24 1998  
AGENDA NO: C-8  
ESTIMATED TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: Request Approval of Deed to Purchaser for Completion of Sale & Purchase Agreement.

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

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

DEPARTMENT: Environmental Services DIVISION: Assessment & Taxation

CONTACT: Gary Thomas TELEPHONE #: 248-3590  
BLDG/ROOM #: 166/300/Tax Title

PERSON(S) MAKING PRESENTATION: Consent Calander

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE:**

Approval of deed to purchaser for completion of Sale & Purchase Agreement (Property purchased by **ROBERT HAHN and SHAROLYN McCALLUM** at August 26, 1998 auction).

Deed D991591 and Board Order attached.

*11/24/98 ORIGINAL Deed & COPIES  
of All to tax title*

BOARD OF  
COUNTY ADMINISTRATORS  
MULTNOMAH COUNTY  
OREGON  
98 NOV 10 PM 9:14

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: \_\_\_\_\_  
OR  
DEPARTMENT MANAGER: *kt [Signature]*

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES  
Any Questions: Call the Board Clerk @ 248-3277

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. 98-187

Authorizing Execution of Deed D991591 for Complete Performance of a Real Estate Purchase & Sale Agreement with ROBERT HAHN and SHAROLYN McCALLUM.

The Multnomah County Board of Commissioner Finds:

- a) It appearing that heretofore, on , Multnomah County entered into a agreement with ROBERT HAHN and SHAROLYN McCALLUM for the sale of the real property hereinafter described.
- b) That the above purchasers have fully performed the terms and conditions of said agreement and are now entitled to a deed conveying said property to said purchasers;

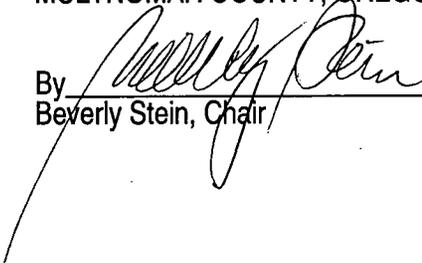
The Multnomah County Board of Commissioners Orders:

1. That the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the purchasers the following described real property, situated in the County of Multnomah, State of Oregon:

LOTS 12 & 13, BLOCK 23, PENINSULAR ADD #2, a recorded subdivision in the City of Portland, County of Multnomah and State of Oregon.

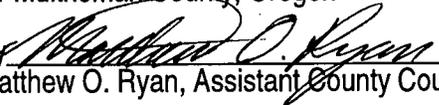
Approved this 24<sup>th</sup> day of November, 1998.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By   
Beverly Stein, Chair



REVIEWED:  
Thomas Sponsler, County Counsel  
for Multnomah County, Oregon

By   
Matthew O. Ryan, Assistant County Counsel

DEED D991591

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to ROBERT HAHN and SHAROLYN McCALLUM, Grantees, the following described real property, situated in the County of Multnomah, State of Oregon:

LOTS 12 & 13, BLOCK 23, PENINSULAR ADD #2, a recorded subdivision in the City of Portland, County of Multnomah and State of Oregon.

The true and actual consideration paid for this transfer, stated in terms of dollars is \$66,700.00.

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

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

ROBERT HAHN  
SHAROLYN McCALLUM  
4106 NE 10TH AVE  
PORTLAND OR 97211-3456

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 24th day of November, 1997, by authority of an Order of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By *Beverly Stein*  
Beverly Stein, Chair

REVIEWED:  
Thomas Sponsler, County Counsel  
for Multnomah County, Oregon  
By *Matthew O. Ryan*  
Matthew O. Ryan, Assistant County Counsel

DEED APPROVED:  
Kathleen A. Tuneberg, Director  
Tax Collections/Records Management  
By *K. A. Tuneberg*

After recording, return to Multnomah County Tax Title/166/300



MEETING DATE: NOV 24 1998  
AGENDA NO: C-9  
ESTIMATED TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: Request Approval of Deed to Purchaser for Completion of Sale & Purchase Agreement.

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

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

DEPARTMENT: Environmental Services DIVISION: Assessment & Taxation

CONTACT: Gary Thomas TELEPHONE #: 248-3590  
BLDG/ROOM #: 166/300/Tax Title

PERSON(S) MAKING PRESENTATION: Consent Calander

**ACTION REQUESTED:**

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

**SUGGESTED AGENDA TITLE:**

Approval of deed to purchaser for completion of Sale & Purchase Agreement (Property purchased by ROBERT HAHN and SHAROLYN McCALLUM at August 26, 1998 auction).

Deed D991592 and Board Order attached.

*11/24/98 ORIGINAL DEED & COPIES  
of all to tax title*

BOARD OF  
COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
98 NOV 10 PM 9:14

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: \_\_\_\_\_  
OR  
DEPARTMENT MANAGER: *Stuart E. Nicholas*

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES  
Any Questions: Call the Board Clerk @ 248-3277

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. 98-188

Authorizing Execution of Deed D991592 for Complete Performance of a Real Estate Purchase & Sale Agreement with ROBERT HAHN and SHAROLYN McCALLUM.

The Multnomah County Board of Commissioner Finds:

- a) It appearing that heretofore, on September 24, 1998, Multnomah County entered into a agreement with ROBERT HAHN and SHAROLYN McCALLUM for the sale of the real property hereinafter described.
- b) That the above purchasers have fully performed the terms and conditions of said agreement and are now entitled to a deed conveying said property to said purchasers;

The Multnomah County Board of Commissioners Orders:

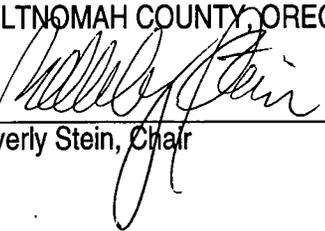
1. That the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the purchasers the following described real property, situated in the County of Multnomah, State of Oregon:

LOT 15, BLOCK 3, CINNAMON RIDGE, a recorded subdivision in the City of Portland, County of Multnomah and State of Oregon.

Approved this 24th day of November, 1998.

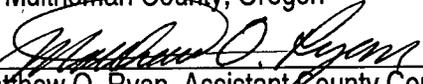


BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By   
Beverly Stein, Chair

REVIEWED:

Thomas Sponsler, County Counsel  
for Multnomah County, Oregon

By   
Matthew O. Ryan, Assistant County Counsel

DEED D991592

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to ROBERT HAHN and SHAROLYN McCALLUM, Grantees, the following described real property, situated in the County of Multnomah, State of Oregon:

LOT 15, BLOCK 3, CINNAMON RIDGE, a recorded subdivision in the City of Portland, County of Multnomah and State of Oregon.

The true and actual consideration paid for this transfer, stated in terms of dollars is \$144,500.00.

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

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

ROBERT HAHN  
SHAROLYN McCALLUM  
4106 NE 10TH AVE  
PORTLAND OR 97211-3456

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 24th day of November, 1997, by authority of an Order of the Board of County Commissioners heretofore entered of record.

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By Beverly Stein, Chair



REVIEWED:  
Thomas Sponsler, County Counsel  
for Multnomah County, Oregon

By Matthew O. Ryan  
Matthew O. Ryan, Assistant County Counsel

DEED APPROVED:  
Kathleen A. Tuneberg, Director  
Tax Collections/Records Management

By K. A. Tuneberg

After recording, return to Multnomah County Tax Title/166/300



MEETING DATE: NOV 24 1998

AGENDA NO: C-10

ESTIMATED START TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: Request Approval of Repurchase Deed to Former Owner

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

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

DEPARTMENT: Environmental Services DIVISION: Assessment & Taxation

CONTACT: Gary Thomas TELEPHONE #: 248-3590 x22591  
BLDG/ROOM #: 166/300/Tax Title

PERSON(S) MAKING PRESENTATION: Consent Calendar

**ACTION REQUESTED:**

INFORMATIONAL ONLY    POLICY DIRECTION    APPROVAL    OTHER

**SUGGESTED AGENDA TITLE:**

Request approval of Repurchase Deed to former Owner, RUTH PRUITT.

Deed D991593 and Board Order attached.

*11/24/98 ORIGINAL DEED & COPIES  
OF ALL TO TAX TITLE*

BOARD OF  
COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
98 NOV 10 AM 12:40

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: \_\_\_\_\_  
OR  
DEPARTMENT MANAGER: kt [Signature]

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk 248-3277

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. 98-189

Authorizing Execution of Deed D991593 for Repurchase of Tax Foreclosed Property to  
Former Owner RUTH PRUITT

The Multnomah County Board Of Commissioners Finds:

- a) Multnomah County acquired the real property hereinafter described through foreclosure of liens for delinquent taxes, and that RUTH PRUITT is the former record owner
- b) The above former owner has applied to the County to repurchase said property for the amount of \$339.28, which amount is not less than that required by ORS 275.180; and it is in the best interest of the County that said property be sold to said former owner.

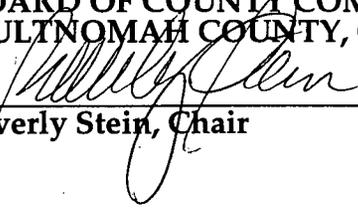
The Multnomah County Board of Commissioners Orders:

1. That the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the former owner the following described real property, situated in the County of Multnomah, State of Oregon:

AS DESCRIBED IN ATTACHED EXHIBIT "A"

Approved this 24th day of November, 1998.

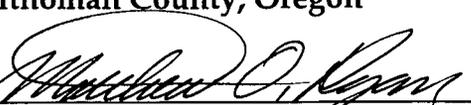
BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

By   
Beverly Stein, Chair



REVIEWED:

Thomas Sponsler, County Counsel  
Multnomah County, Oregon

By   
Matthew O. Ryan, Assistant County Counsel

R-94224-1680

All that part of the following described tract of land lying within the Northwest One-Quarter of Section 24, Township 1 North, Range 2 East of the Willamette Meridian and described as follows:

A tract of land lying in the West One-Half of Sections 24 and 25 of Township 1 North, Range 2 East of the Willamette Meridian, Multnomah County and lying within the Vickers D.L.C., the Hamilton D.L.C and the Wilkes D.L.C. and being a part of that tract of land conveyed by Leonard B. Vickers to Adam Fisher by Book "E" Page 176, and recorded on March 25, 1864, Multnomah County Deed Records and a part of that tract of land conveyed by George and Clara Wills, husband and wife, to Adam Fisher by Book 124 Page 9, and recorded on June 1, 1889, Multnomah County Deed Records, said tract being further described as follows:

Commencing at the intersection of the center-line of the Columbia Slough, with the Easterly line of Partition Plat 1991-94, recorded Aug. 16, 1991, and subsequent Partition Plat 1992-80, recorded Aug. 6, 1992, Multnomah County Plat Records, said intersection being a point on the Easterly line of that tract of land conveyed by Rose Pearl and N. J. Ritter to David O. Fisher by Book 259 Page 413 recorded July 22, 1899, and being the true point of beginning of the tract herein described: thence Southerly, along said Easterly line of the David O. Fisher tract and said Easterly lines of the said Partition Plats, a distance of 840 feet, more or less, to the East-West centerline of said Section 24, thence Easterly, along the said East-West centerline line of said Section 24 a distance of 8 feet more or less to the Westerly line of that tract of land conveyed by the Heirs of Adam Fisher to Michael Fisher by Book 255 at Page 227 and recorded February 23, 1899, thence Northerly, along the Michael Fisher tract a distance of 840 feet more or less to said Center-line of the Columbia Slough, thence Westerly along said center-line of the Columbia Slough a distance 8 feet more or less to the point of beginning.

DEED D991593

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

AS DESCRIBED IN ATTACHED EXHIBIT "A"

The true and actual consideration paid for this transfer, stated in terms of dollars is \$339.28.

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

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

RUTH PRUITT  
6805 SW 8TH AVE  
PORTLAND OR 97219

IN WITNESS, WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 24th day of November, 1998, by authority of an Order of said Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

*Beverly Stein*  
Beverly Stein, Chair

REVIEWED:  
Thomas Sponsler, County Counsel  
for Multnomah County, Oregon

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

DEED APPROVED:  
Kathy Tuneberg, Director  
Tax Collection/Records Management

By *K. A. Tuneberg*

After recording return to 166/300/Multnomah County Tax Title

R-94224-1680

All that part of the following described tract of land lying within the Northwest One-Quarter of Section 24, Township I North, Range 2 East of the Willamette Meridian and described as follows:

A tract of land lying in the West One-Half of Sections 24 and 25 of Township I North, Range 2 East of the Willamette Meridian, Multnomah County and lying within the Vickers D.L.C., the Hamilton D.L.C and the Wilkes D.L.C. and being a part of that tract of land conveyed by Leonard B. Vickers to Adam Fisher by Book "E" Page 176, and recorded on March 25, 1864, Multnomah County Deed Records and a part of that tract of land conveyed by George and Clara Wills, husband and wife, to Adam Fisher by Book 124 Page 9, and recorded on June 1, 1889, Multnomah County Deed Records, said tract being further described as follows:

Commencing at the intersection of the center-line of the Columbia Slough, with the Easterly line of Partition Plat 1991-94, recorded Aug. 16, 1991, and subsequent Partition Plat 1992-80, recorded Aug. 6, 1992, Multnomah County Plat Records, said intersection being a point on the Easterly line of that tract of land conveyed by Rose Pearl and N. J. Ritter to David O. Fisher by Book 259 Page 413 recorded July 22, 1899, and being the true point of beginning of the tract herein described: thence Southerly, along said Easterly line of the David O. Fisher tract and said Easterly lines of the said Partition Plats, a distance of 840 feet, more or less, to the East-West centerline of said Section 24, thence Easterly, along the said East-West centerline line of said Section 24 a distance of 8 feet more or less to the Westerly line of that tract of land conveyed by the Heirs of Adam Fisher to Michael Fisher by Book 255 at Page 227 and recorded February 23, 1899, thence Northerly, along the Michael Fisher tract a distance of 840 feet more or less to said Center-line of the Columbia Slough, thence Westerly along said center-line of the Columbia Slough a distance 8 feet more or less to the point of beginning.



MEETING DATE: November 24, 1998  
AGENDA #: C-11  
ESTIMATED START TIME: 9:30 AM

(Above Space for Board Clerk's use only)

**AGENDA PLACEMENT FORM**

SUBJECT: Cancellation of Uncollectible Personal Property Taxes

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

REGULAR MEETING: DATE REQUESTED: Tuesday, November 24, 1998  
AMOUNT OF TIME NEEDED: N/A

DEPARTMENT: Environmental Services DIVISION: Assessment & Taxation

CONTACT: Pat Frahler TELEPHONE #: 248-3380, ext. 22330  
BLDG/ROOM #: 166/300/Collections

PERSON(S) MAKING PRESENTATION: None/Consent Calendar

ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

Rescinding Order No. 98-169 and Authorizing Cancellation of Uncollectible  
Personal Property Taxes for Tax Years 1981/82 through 1997/98

These are taxes that have been delinquent for more than one year and have been  
determined to be uncollectible

11/24/98 copies to Collections  
SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein

(OR)  
DEPARTMENT  
MANAGER: \_\_\_\_\_

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

BOARD OF  
COUNTY COMMISSIONERS  
98 NOV 8 AM 11:  
MULTNOMAH COUNTY  
OREGON

Any Questions? Call the Board Clerk @ 248-3277

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

**TO:** BOARD OF COUNTY COMMISSIONERS  
**FROM:** Pat Frahler  
**TODAY'S DATE:** November 18, 1998  
**REQUESTED PLACEMENT DATE:** November 24, 1998  
**RE:** FOR THE RECORD - CORRECTION OF THE AMOUNT OF TAX SUBMITTED FOR CANCELLATION OCTOBER 22, 1998.

**I. Recommendation/Action Requested:**

The Board of County Commissioners approves rescinding Board Order 98-169. It approves the corrected Order canceling the uncollectible personal property taxes for the same list of accounts submitted previously.

**II. Background/Analysis:**

The list of accounts determined to be uncollectible and the summary of tax amounts to be written off are prepared using Microsoft Excel. When last prepared, the ranges of cells referenced in the formulas that calculated the total dollars for tax years 88/89 and 89/90 inadvertently included cells containing a date code and a time code. This caused those totals to be incorrect, which also skewed the grand total submitted to the Board for approval to be cancelled.

This error did not become apparent until the Accounting Department performed the actual tax cancellation and received system reports of the outcome. The total actually cancelled was much less than the amount stated on Board Order 98-169.

**III. Financial Impact:**

Reduction in tax presented for cancellation.

**IV. Legal Issues:**

No legal issue is expected to develop as a result of this action.

**V. Controversial Issues:**

None anticipated

**VI. Link to Current County Policies:**

None.

**VII. Citizen Participation:**

None anticipated

**VII. Other Government Participation:**

None anticipated.

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

ORDER NO. 98-169

Authorizing Cancellation of Uncollectible Personal Property Taxes for Tax Years  
1981/82 through 1997/98

The Multnomah County Board of Commissioners Finds:

Certain personal property taxes have been delinquent and the Multnomah County Tax Collector and County Counsel have determined that said taxes are wholly uncollectible and have requested the Board for an order directing that the taxes be cancelled pursuant to ORS 311.790

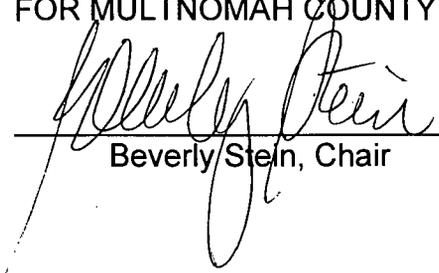
The Multnomah County Board of Commissioners Orders:

That the Multnomah County Tax Collector is directed to cancel those certain personal property taxes which are listed and appended hereto and incorporated herein, for tax years 1984/85 through 1997/98, in the total amount of \$168,741.83 for the reason that the same are found to be uncollectible.

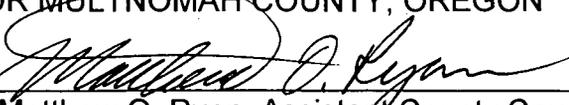
ADOPTED this 22nd day of October, 1998.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON



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

REVIEWED:  
THOMAS SPONSLER, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

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

WRITE OFF SUMMARY

10/01/98

17:28:28

TAX YEARS	# of ACCTS.	TOTAL DOLLARS
81/82	1	\$201.75
83/84	0	\$0.00
84/85	2	\$739.17
85/86	0	\$0.00
86/87	11	\$2,668.39
87/88	22	\$3,659.63
88/89	36	\$42,849.69
89/90	57	\$49,857.52
90/91	58	\$14,218.65
91/92	26	\$5,896.59
92/93	20	\$5,268.23
93/94	18	\$4,381.25
94/95	18	\$29,605.16
95/96	26	\$4,534.21
96/97	19	\$3,705.51
97/98	5	\$1,156.09

	# OF ACCOUNTS	DOLLARS
TOTALS	223	\$168,741.83
WRITE-OFF DUE TO BANKRUPTCY	1	\$299.93
PERCENT BANKRUPTCIES OF TOTAL \$		0.18%
WRITE-OFF DUE TO DISSOLUTION OF CORP.	121	\$63,725.89
PERCENT CORPORATIONS OF TOTAL \$		37.77%









	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
4	ACCOUNT NUMBER	CASE #	81/82		84/85		86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS
100	P09-11027-00	1182	C							\$95.66									\$95.66
101	P09-12643-10	62	C									\$180.13							\$180.13
102	P09-14969-00	1471	C								\$171.70								\$171.70
103	P10-28880-45	10211	C											\$115.12	\$87.36				\$202.48
104	P10-32400-00	2580	C								\$70.20								\$70.20
105	P10-46980-00	2117	C						\$155.10										\$155.10
106	P11-14620-01	1308	C												\$524.58	\$397.34			\$921.92
107	P11-21407-00	1346	C								\$73.69								\$73.69
108	P11-21410-00	2972	C					\$296.60	\$310.21										\$606.81
109	P11-25490-04	1308	C														\$465.31		\$465.31
110	P11-50200-00	977	C												\$24,455.11				\$24,455.11
111	P11-56600-00	1396	C								\$697.79								\$697.79
112	P11-76600-06	1310	C				\$652.94												\$652.94
113	P13-62479-00	1034	C									\$169.55	\$119.54						\$289.09
114	P20-00906-86	1133	C									\$15.54	\$91.00	\$90.04	\$78.42				\$275.00
115	P24-60119-01	3077	C							202.92									\$202.92
116	P61-48000-01	5259	G										\$806.45	\$1,060.83	\$830.08				\$2,697.36
117	P62-87000-03	742	C						\$13.23	\$24.92									\$38.15
118	P63-81000-01	1001	C						\$98.33	\$80.11	\$52.21								\$230.65
119	P66-75000-01	2321	C				\$164.89	\$140.89	\$77.00										\$382.78
120	P67-45000-01	2460	C								\$724.60								\$724.60
121	P69-37000-02	3000	C									\$474.15							\$474.15
122	P69-72000-02	3129	C								\$9.04			\$17.60					\$26.64
123	P69-72000-03	3129	C								\$26.80	\$12.67	\$1.67						\$41.14

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
4	ACCOUNT NUMBER	CASE #	81/82	84/85	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS		
124	P69-72000-04	3129	C							\$7.67									\$7.67
125	P69-72000-06	3129	C							\$7.78	\$82.08								\$89.86
126	U00-0000-017	5256	C													\$64.85			\$64.85
127	P01-12305-10	3285										\$328.34							\$328.34
128	P01-27700-60	1857								\$66.79	\$127.60								\$194.39
129	P02-00900-00	1457							\$273.68										\$273.68
130	P02-07242-11	2252											\$573.12						\$573.12
131	P02-07243-11	1660							\$72.04										\$72.04
132	P02-07271-69	78							\$374.95										\$374.95
133	P02-09305-00	3042						\$109.07	\$113.61										\$222.68
134	P02-12640-12	1206					\$77.40												\$77.40
135	P02-24660-10	12141								\$489.80									\$489.80
136	P03-01535-04	512									\$226.39								\$226.39
137	P03-15927-30	2917						\$325.99											\$325.99
138	P03-19825-00	1846									\$693.10								\$693.10
139	P03-19965-00	1738										\$126.06	\$113.47						\$239.53
140	P03-20040-00	1738										\$126.06	\$113.47						\$239.53
141	P03-25360-00	1502							\$49.53	\$265.30									\$314.83
142	P03-26015-05	1869						\$276.16	\$285.11	\$297.47									\$858.74
143	P03-27580-00	5744														\$72.18			\$72.18
144	P03-28751-41	612											\$152.27	\$145.75					\$298.02
145	P03-28751-52	2845							\$316.01										\$316.01
146	P03-29250-35	2316							\$605.50										\$605.50
147	P03-29297-21	8903											\$97.92						\$97.92









BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY, OREGON

ORDER NO. 98-190

Rescinding Order No. 98-169 and Authorizing Cancellation of Uncollectible Personal Property Taxes for Tax Years 1981/82 through 1997/98

The Multnomah County Board of Commissioners Finds:

Certain personal property taxes have been delinquent and the Multnomah County Tax Collector and County Counsel have determined that said taxes are wholly uncollectible and have requested the Board for an order directing that the taxes be cancelled pursuant to ORS 311.790

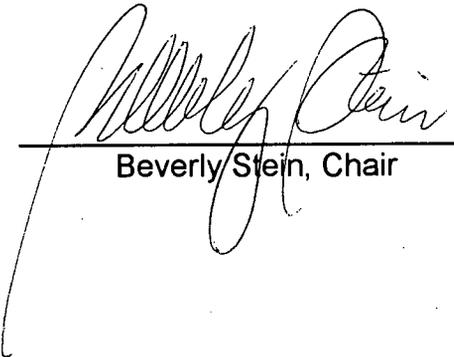
The Multnomah County Board of Commissioners Orders:

1. That the Multnomah County Tax Collector is directed to cancel those certain personal property taxes which are listed and appended hereto and incorporated herein, for tax years 1981/82 through 1997/98, in the total amount of **\$95,739.13** for the reason that the same are found to be uncollectible.
2. Order No. 98-169 is hereby repealed.

ADOPTED this 24th day of November, 1998.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Beverly Stein, Chair

REVIEWED:

THOMAS SPONSLER, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By   
Matthew O. Ryan, Assistant County Counsel

WRITE OFF SUMMARY

11/05/98

TAX YEARS	# of ACCTS.	TOTAL DOLLARS
81/82	1	\$201.75
83/84	0	\$0.00
84/85	2	\$739.17
85/86	0	\$0.00
86/87	11	\$2,668.39
87/88	22	\$3,659.63
88/89	36	\$6,648.74
89/90	56	\$13,887.32
90/91	57	\$14,202.46
91/92	24	\$5,360.36
92/93	20	\$5,268.23
93/94	18	\$4,381.25
94/95	18	\$29,605.16
95/96	27	\$4,571.78
96/97	21	\$3,808.39
97/98	5	\$1,137.08

	# OF ACCOUNTS	DOLLARS
TOTALS	220	\$96,139.71
WRITE-OFF DUE TO BANKRUPTCY	1	\$449.16
PERCENT BANKRUPTCIES OF TOTAL \$		0.47%
WRITE-OFF DUE TO DISSOLUTION OF CORP.	120	\$38,459.79
PERCENT CORPORATIONS OF TOTAL \$		40.00%

ACCOUNT NUMBER	CASE #	81/82	84/85	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS
P01-04550-00	576	C							\$449.16							\$449.16
P01-09315-00	8995	C												\$574.77		\$574.77
P01-12305-10	3285								\$328.34							\$328.34
P01-23540-00	977	C										\$869.57				\$869.57
P01-27700-60	1857						\$66.79	\$127.60								\$194.39
P01-29270-01	929	C						\$213.37								\$213.37
P02-00900-00	1457					\$273.68										\$273.68
P02-07240-16	1167	C					\$8.36	\$854.70								\$863.06
P02-07242-02	1608	C													\$8.11	\$8.11
P02-07242-11	2252									\$573.12						\$573.12
P02-07243-11	1660					\$72.04										\$72.04
P02-07271-69	78					\$374.95										\$374.95
P02-09305-00	3042				\$109.07	\$113.61										\$222.68
P02-09510-00	1786	C						\$151.44								\$151.44
P02-12640-12	1206			\$77.40												\$77.40
P02-15580-00	6220	C											\$61.58	\$98.58		\$160.16
P02-15920-00	2164	C					\$88.21									\$88.21
P02-20100-14	947	C								\$15.81				\$64.87		\$80.68
P02-24660-10	12141						\$489.80									\$489.80
P03-00190-00	204	C					\$608.49									\$608.49
P03-01065-60	3030	C					\$102.68									\$102.68
P03-01450-08	6231	C											\$58.17			\$58.17
P03-01535-04	512							\$226.39								\$226.39
P03-01561-99	3235	C			\$462.64											\$462.64
P03-04500-00	3542	C											\$169.51			\$169.51

ACCOUNT NUMBER	CASE #		81/82	84/85	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS
P03-06835-30	977	C											\$294.08				\$294.08
P03-10345-08	2075	C						\$119.62									\$119.62
P03-15870-00	3140	C						\$13.45	\$231.85	\$133.51							\$378.81
P03-15927-30	2917					\$325.99											\$325.99
P03-18265-10	3566	C													\$103.71		\$103.71
P03-19825-00	1846								\$693.10								\$693.10
P03-19965-00	1738										\$126.06	\$113.47					\$239.53
P03-20040-00	1738										\$126.06	\$113.47					\$239.53
P03-22056-15	2485	C											\$9.74				\$9.74
P03-23875-00	3018	C							\$162.78								\$162.78
P03-25360-00	1502							\$49.53	\$265.30								\$314.83
P03-26015-05	1869						\$276.16	\$285.11	\$297.47								\$858.74
P03-26660-00	943	C							\$559.19								\$559.19
P03-27550-05	9256	C														\$542.89	\$542.89
P03-27580-00	5744													\$72.18			\$72.18
P03-28200-10	312	C										\$852.45					\$852.45
P03-28751-28	5747	C												\$218.63			\$218.63
P03-28751-41	612										\$152.27	\$145.75					\$298.02
P03-28751-52	2845							\$316.01									\$316.01
P03-28752-41	30	C							\$488.08								\$488.08
P03-29065-42	2479	C							\$164.84								\$164.84
P03-29160-32	2527	C						\$167.47									\$167.47
P03-29250-35	2316							\$605.50									\$605.50
P03-29297-21	8903										\$97.92						\$97.92



ACCOUNT NUMBER	CASE #	81/82	84/85	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS
P05-01105-00	1889				\$84.15											\$84.15
P05-03070-00	1910						\$566.23									\$566.23
P05-03404-01	975	C						\$227.83	\$159.61							\$387.44
P05-04900-00	5526												\$6.48	\$71.81		\$78.29
P05-11830-00	1034	C						\$294.50								\$294.50
P05-12143-22	1470	C					\$464.88									\$464.88
P05-12180-58	1184				\$89.49											\$89.49
P05-13890-00	3243	C						\$132.34	\$169.86							\$302.20
P05-15651-10	2322	C				\$97.11										\$97.11
P05-18275-00	826	C		\$61.60	\$76.15	\$79.19										\$216.94
P05-20522-02	826	C					\$84.10	\$93.76	\$75.95	\$70.36						\$324.17
P05-29720-00	1255					\$297.18	\$318.34									\$615.52
P05-30980-00	451	C										\$354.41	\$459.04			\$813.45
P05-31480-00	1809							\$120.56								\$120.56
P05-33480-00	1891					\$336.81										\$336.81
P05-35998-00	5846	C											\$455.00			\$455.00
P06-10340-00	8949													\$77.76		\$77.76
P06-11760-01	2265				\$57.41											\$57.41
P06-16900-00	1125				\$158.30											\$158.30
P06-16910-10	2891		\$687.18													\$687.18
P06-20257-00	924					\$9.36										\$9.36
P06-22580-00	3026			\$272.39												\$272.39
P06-24621-10	2944	C						\$577.20								\$577.20
P06-26405-00	3072											\$393.92				\$393.92



ACCOUNT NUMBER	CASE #	81/82	84/85	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS
P07-04770-30	7710	C												\$7.24		\$7.24
P07-04950-00	1047	C						\$177.52								\$177.52
P07-06113-00	1150	C					\$55.94									\$55.94
P07-07230-01	3181										\$6.81					\$6.81
P07-07235-01	2776	C				\$79.49										\$79.49
P07-10030-00	2255											\$130.03	\$42.62			\$172.65
P07-10030-01	2255											\$184.21	\$71.12			\$255.33
P08-00453-00	777	C						\$458.31								\$458.31
P08-01779-00	1201	C						83.7	119.85							\$203.55
P08-02909-07	8649	C												\$96.46		\$96.46
P08-03020-00	2665	C				\$176.74	\$205.03									\$381.77
P08-03620-01	1802										\$679.97					\$679.97
P08-03820-00	3155							\$74.73	\$52.70							\$127.43
P08-04025-07	5946	C											\$146.13			\$146.13
P08-04326-00	5598	C											\$144.64			\$144.64
P08-06425-20	1048				\$80.10	\$90.80										\$170.90
P08-08280-34	3146						\$101.07									\$101.07
P08-09665-00	2031	C						\$283.49								\$283.49
P08-09828-08	801	C						\$446.85								\$446.85
P08-10366-20	2272	C				\$296.08										\$296.08
P08-11883-00	2916							\$154.70								\$154.70
P08-12200-34	2914						\$151.78									\$151.78
P08-12200-75	8995	C											\$531.68	\$413.17		\$944.85
P08-13170-00	2721	C								\$815.52						\$815.52







ACCOUNT NUMBER	CASE #	81/82	84/85	86/87	87/88	88/89	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	ACCOUNT TOTALS
P69-72000-06	3129	C					\$7.78	\$82.08								\$89.86
U00-0000-017	5256	C											\$64.85			\$64.85

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR December 3, 1998  
(Date)

DEPARTMENT Environmental Services DIVISION Transportation

CONTACT Bob Thomas TELEPHONE X83838

\*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD Consent Calendar

SUGGESTED

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

Budget modification within Transportation Administration approving reclassification of Database Administrator to proper grade within classification plan.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

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

Reclassifies 1.0 FTE Information Systems Analyst II to Information Systems Analyst III, effective November 16, 1998

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

NONE

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

\_\_\_\_\_ Contingency before this modification (as of \_\_\_\_\_)  
(Specify Fund) (Date)

After this modification

BOARD OF COUNTY COMMISSIONERS  
 MULTNOMAH COUNTY  
 OREGON  
 98 NOV 18 PM 9:32

Originated By Robert Thomas <u>10-30-98</u> <i>Robert Thomas</i>	Date <u>10-30-98</u>	Department Manager <u>Laurel Nicholas</u> <i>Laurel Nicholas</i>	Date <u>11/18/98</u>
Budget Analyst <u>Chris Berg</u> <i>Chris Berg</i>	Date <u>11-18-98</u>	Personnel Analyst <u>Debra Faron</u> <i>Debra Faron</i>	Date <u>11/18/98</u>
Board Approval <u>Deborah C. Bagster</u> <i>Deborah C. Bagster</i>			Date <u>11/24/98</u>

**PERSONNEL DETAIL FOR BUD MOD NO. DES 99-02**

**5. ANNUALIZED PERSONNEL CHANGES**

(Compute on a full year basis even though this action affects only a part of the fiscal year.)

**Annualized**

FTE Increase (Decrease)	POSITION TITLE	BASE PAY Increase (Decrease)	Increase (Decrease)		TOTAL Increase (Decrease)
			Fringe	Ins.	
1.0 FTE	Info Systems Analyst 3	44,450	7,782	6,160	58,392
(1.0 FTE)	Info Systems Analyst 2	(42,390)	(7,421)	(6,086)	(55,897)
	<b>TOTAL CHANGE (ANNUALIZED)</b>	2,060	361	74	2,495

**6. CURRENT YEAR PERSONNEL DOLLAR CHANGES**

(calculate costs or savings that will take place within this fiscal year; these should explain the actual dollar amounts being changed by this Bud Mod.)

**Current FY**

Permanent Positions, Temporary, Overtime or Premium	Explanation of Change	BASE PAY Increase (Decrease)	Increase (Decrease)		TOTAL Increase (Decrease)
			Fringe	Ins.	
Permanent Position	Reclassify ISA2 to ISA3	1,287	226	46	1,559

DES 99-02

EXPENDITURE  
TRANSACTION EB [ ]

GM [ ]

TRANSACTION DATE November 16, 1998

ACCOUNTING PERIOD \_\_\_\_\_

BUDGET FY 98-99

Document Number	Action	Fund	Agency	Organization	Activity	Reporting Category	Object	Current Amount	Revised Amount	Change Increase (Decrease)	Sub-Total	Description
		150	030	6102			5100	918,846	920,133	1,287		Increase Personal Services
		150	030	6102			5500	162,717	162,943	226		Increase Fringe
		150	030	6102			5550	145,165	145,211	46		Increase Insurance Benefits
		150	030	6102			5200	19,488	17,929	(1,559)		Decrease Temporary
TOTAL EXPENDITURE CHANGE										0		TOTAL EXPENDITURE CHANGE

REVENUE  
TRANSACTION RB [ ]

GM [ ]

TRANSACTION DATE \_\_\_\_\_

ACCOUNTING PERIOD \_\_\_\_\_

BUDGET FY \_\_\_\_\_

Document Number	Action	Fund	Agency	Organization	Activity	Reporting Category	Revenue Source	Current Amount	Revised Amount	Change Increase (Decrease)	Sub-Total	Description
TOTAL REVENUE CHANGE												TOTAL REVENUE CHANGE



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES  
TRANSPORTATION DIVISION  
1620 SE 190TH AVENUE  
PORTLAND, OREGON 97233  
(503) 248-5050

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR • 248-3308  
DIANE LINN • DISTRICT 1 • 248-5220  
GARY HANSEN • DISTRICT 2 • 248-5219  
LISA NAITO • DISTRICT 3 • 248-5217  
SHARRON KELLEY • DISTRICT 4 • 248-5213

## MEMORANDUM

**TO:**  BOARD OF COUNTY COMMISSIONERS

**FROM:** Larry Nicholas, DES Director

**TODAY'S DATE:** November 6, 1998

**REQUESTED PLACEMENT DATE:** December 3, 1998

**RE:** Budget modification in Transportation Division to reclassify a Database Administrator to proper classification level.

I. Recommendation/Action Requested:

Recommendation is sought for approval of a budget modification affecting the reclassification of one full time employee in the Computer Support Unit of the Transportation Division.

II. Background/Analysis:

The Transportation Division's Database Administrator was hired by the division in August 1997. At the time of his hire this position was assigned a level of Information Systems Analyst 2, as part of the County-wide Information Technology Classification Study that was underway. The assignment of this position was based on incomplete information and has since been approved for raising to the Information Systems Analyst 3 level by the Employee Services Division.

III. Financial Impact:

Any Personal Services increases due to this reclassification will be borne entirely within the organization's (Division Management and Administration) current total Adopted Budget appropriation. Specifically, decreases in the FY1998-99 temporary service object code will fund this reclassification proposal.

DES Reclassification Request  
Staff Report  
Page 2

IV. Legal Issues:

None

V. Controversial Issues:

None

VI. Link to Current County Policies:

The Information Technology Classification Study was intended to assign individual employees to the correct classification level. Based on the duties and responsibilities of this particular position, the recommended assignment to the higher classification level of this budget modification has been approved by the Employee Services Division. Their decision was based on the policy described in the recent Classification Study described above.

VII. Citizen Participation:

None

VIII. Other Government Participation:

None

### REQUEST TO CREATE/RECLASSIFY A POSITION

1. List the proposed duties of the position (do not copy from the class specification):
  - a. Manages the conversion of the DES Cost Accounting System from ISD Mainframe application to a PC based environment. This includes programming in Oracle, SQL and other system languages. Works under the direction of managers and administrators within division, and performs extensive liaison with Association of Oregon Counties programming staff.
  - b. Programs division's Oracle based database applications. Major responsibility of project includes setting up and managing an Oracle database server at Yeon Shops with applications for both Transportation and FREDS divisions.
  - c. Acts as project manager and develops specs for consultants working on specific database programming applications for Bridge Shop, Transportation sections, Animal Control and other divisions in DES.
  - d. Assists department GIS Coordinator in programming for specific database applications, linking data to GIS format.
  - e. Assists in Yeon Shops LAN administration and performs PC support for Yeon Shops customers.

Use the reverse side or attach additional sheets, if needed.

2. State the proposed classification title:

Information Systems Analyst III

3. Is this a new position?       Yes       No

4. Is this an existing position, state the name of the incumbent:

Steve Funk-Tracy

5. Proposed effective date of change: November 1, 1998

Hiring Manager: Robert Thomas *RCT*

Date: October 5, 1998      Department/Division: DES Transportation

\*\*\*\*\*

#### EMPLOYEE SERVICES DIVISION USE ONLY:

- Action:       Approved as submitted.
- Approved for classification title.
- Denied (for Reclassification Requests only).

Analyst Name: *Alison Larson*      Date: 10/26/98



OFFICE MEMORANDUM...DEPARTMENT OF ENVIRONMENTAL SERVICES

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**To:** Harold Lasley, Transportation Director  
Larry Nicholas, Environmental Services Director  
Don Winkley, DES Human Resources Administrator

**From:** Bob Thomas, Transportation Support Services Director *BT*

**Date:** October 5, 1998

**Subject:** Request for Reclassification

---

Steve Funk Tracy was hired as the Transportation Division's Database Programmer (Data Analyst) on August 24, 1997. Steve's entry into this organization coincided with the County's extensive classification compensation study on Information Technology positions. Based only on a preliminary examination of his earliest duties, Steve was assigned the level of Information Systems Analyst II. His early duties included cleaning up existing database applications already in place within the division and assisting in LAN administration at Yeon Shops.

During the past year, Steve has served as this division's project manager for the migration from the DES Cost Accounting System to the Association of Oregon Counties' IRIS Cost Accounting System. These responsibilities have included working closely with the AOC in negotiating improvements to the IRIS system that would be compatible with all counties' applications; developing a report generator that prepares custom management reports from the database to meet our needs; working with ISD programmers to write routines that successfully convert existing DES Cost Accounting data into the IRIS format and importing the data into the ACCESS files; and programming a back end ORACLE system to improve IRIS performance, security and usability. Steve also has served as the project manager on a number of projects that involved preparing specifications for outsourcing and the contracting of consultants to perform database development for offices outside the Yeon Shops complex.

The second major achievement that Steve has been responsible for is the setting up of a new ORACLE database server that he is managing for both Transportation and FREDS. In order to perform these duties Steve has undergone extensive ORACLE training and is reaching certification status in this field. The overall level of responsibility accepted by Steve during the past year has been very beneficial for the Transportation Division and our customers. It is imperative that Steve is retained by this organization in order to lead the continuing migration to IRIS Cost Accounting System and also the implementation of ORACLE applications within our division and FREDS (Fleet Anywhere).

Steve's level of continuing duties and responsibilities accepted are clearly at the level of the Information Systems Analyst III classification, as described by the accompanying position description. I have prepared the Request for Reclassification form to shift Steve to that classification and will prepare the necessary Budget Modification if approved by division and department management. I am proposing that this change be made effective November 1, 1998.

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

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: Budget Modification in Transportation Division

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

REGULAR MEETING: DATE REQUESTED: December 3, 1998  
AMOUNT OF TIME NEEDED: Consent

DEPARTMENT: Environmental Services DIVISION: Transportation

CONTACT: Bob Thomas RCT TELEPHONE #: 248-3838  
BLDG/ROOM #: 425

PERSON(S) MAKING PRESENTATION: \_\_\_\_\_

ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

*Budget Modification within Transportation Administration approving reclassification of Database Administrator to proper grade within classification plan.*

SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: Lou E. Nicholas

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ 248-3277

**BUDGET MODIFICATION NO.** DES 99-02

(For Clerk's Use) Meeting Date \_\_\_\_\_

Agenda No. \_\_\_\_\_

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR November 12, 1998  
(Date)

DEPARTMENT Environmental Services DIVISION Transportation

CONTACT Bob Thomas TELEPHONE X83838

\*NAME(S) OF PERSON MAKING PRESENTATION TO BOARD Consent Calendar

SUGGESTED

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

Budget modification within Transportation Administration approving reclassification of Database Administrator to proper grade within classification plan.

(Estimated Time Needed on the Agenda) \_\_\_\_\_

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

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

Reclassifies 1.0 FTE Information Systems Analyst II to Information Systems Analyst III, effective November 16, 1998

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

NONE

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

\_\_\_\_\_ Contingency before this modification (as of \_\_\_\_\_) \$ \_\_\_\_\_

(Specify Fund) (Date)

After this modification \$ \_\_\_\_\_

Originated By Robert Thomas <i>Robert Thomas</i>	Date 10-29-98	Department Manager <i>W. E. Helms</i>	Date 11/10/98
Budget Analyst	Date	Personnel Analyst See page 4 - Approved by Debra Larson 10/26/98	Date
Board Approval			Date

MEETING DATE: NOV 12 1998  
AGENDA NO: R-2  
ESTIMATED START TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

**AGENDA PLACEMENT FORM**

SUBJECT: First reading of the ordinance to Merge of the Community Action Commission with the Commission on Children and Families.

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

REGULAR MEETING: DATE REQUESTED: 11/12  
AMOUNT OF TIME NEEDED: 30 minutes

DEPARTMENT: Chairs Office (non-dept.) DIVISION: MCCF

CONTACT: Jim Clay TELEPHONE #: x83897 or x66906 direct  
BLDG/ROOM #: 166/1075

PERSON(S) MAKING PRESENTATION: Mark Rosenbaum (MCCF Chair), Johnnie Gage (CAC Chair), Pauline Anderson (MCCF), Jim Clay (Director MCCF), Lorenzo Poe (Director DCFS)

ACTION REQUESTED:

INFORMATIONAL ONLY  POLICY DIRECTION  APPROVAL  OTHER

SUGGESTED AGENDA TITLE:

An ordinance combining the Multnomah Commission on Children and Families, and the Community Action Commission; and repealing Ordinances No. 655 and 780

*11/24/98 copies to Jim Clay & ordinance distribution list*

SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_  
(OR)  
DEPARTMENT MANAGER: *[Signature]* Jim Clay, Director MCCF

BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY OREGON  
98 NOV - 6 AM 12:33

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ 248-3277

# supplemental staff report



Multnomah County's  
Community Action Board

#### Members

Mark Rosenbaum,  
Chair  
Pauline Anderson  
Mike Balter  
Alcena Boozer  
Maureen Casterline  
Lee Coleman  
Ruth Ann Dodson  
Paul Drews  
Barbara Friesen  
Steve Fulmer  
Muriel Goldman  
Leslie Haines  
Carla Harris  
Janet Kretzmeier  
Kay Lowe  
Sharon McCluskey  
Larry Norvell  
Eric Parsons  
Lorenzo Poe  
Tom Potter  
Cornetta Smith  
Luther Sturtevant  
Nan Waller  
Duncan Wyse

#### Staff

Jim Clay,  
Director  
Judy Brodkey  
Jeff Cogen  
Jeanette Hankins  
Bonnie Rosatti  
Jana Rowley  
Chris Tebben

421 SW 6th Avenue,  
Suite 1075  
Portland, OR 97204-1620  
Ph: (503) 248-3897  
Fx: (503) 306-5538  
mccf.org@co.multnomah.or.us  
inter-office: 166/1075

TO: Board of County Commissioners  
FROM: Jim Clay, Director  
Multnomah Commission on Children and Families  
DATE: November 4, 1998  
SUBJECT: An ordinance combining the Multnomah Commission on Children and Families, and the Community Action Commission; and repealing Ordinances No. 655 and 780

---

### 1. Recommendation/Action Requested:

The Multnomah Commission on Children and Families, recommends adoption of this new ordinance, and the repeal of Ordinances No. 655 and 780.

### 2. Background/Analysis:

A joint public-private planning process has concluded that it is in the best interests of the children, families and citizens of Multnomah County to merge the responsibilities of the Multnomah Commission on Children and Families (MCCF) with the responsibilities of the Multnomah Community Action Commission into a newly constituted **Commission on Children, Families and Community (CCFC)**. The CCFC will be responsible for meeting state and federal Community Action requirements, generally stated as administering and overseeing poverty programs, policies and funding in Multnomah County; and for meeting the state Commission on Children and Families requirements, generally stated as creating and overseeing the implementation of a plan for children and families, allocating funds to achieve the plans goals, and monitoring outcomes.

This change will increase efficiencies, reduce fragmentation, and consolidate efforts aimed at achieving the county's urgent benchmarks.

### 3. Financial Impact:

This transaction is revenue neutral. A related budget modification, however, will transfer \$100,000 from the Department of Community and Family Services (CFS) to the CCFC to support the CCFC's administrative costs that will no longer be borne in CFS.

### 4. Legal Issues:

This ordinance has been prepared by Thomas Sponsler, County Counsel for Multnomah County.

5. **Controversial Issues:**

A significant controversial issue, frequently and vigorously advanced by child and family advocates, has been the deep-seated concern that child and family issues notoriously take a back seat to other issues, and that through this merger these issues could be lost.

A similar and equally significant controversial issue, frequently and vigorously advanced by advocates of the poor, has been the deep-seated concern that poverty issues notoriously take a back seat to other issues and that these issues could be lost.

Finally, Community Action service providers have expressed serious concern about the potential of losing focus on people who are not children and who not in families – frail elderly and homeless single men, for example. This concern has been addressed by revising the commission's mission, and through setting up organizational structures to ensure we show concern for all people. Still, most skeptics seem to be of the mind that "time will tell."

Clearly the common interest is in ensuring that both agendas are fully embraced and that no constituency's interests are ignored or lost. The bylaws of the existing Multnomah Commission on Children and Families, which will need to be amended to incorporate some elements of this merger, provide foundation and structure that will guard against the perceived risks. Additionally, an exceptionally strong working relationship between the Community Action Program within the Department of Community and Family Services, and the current Multnomah Commission on Children and Families will help keep this on track.

6. **Link to Current County Policies:**

Citizen advocacy around two of the County's urgent benchmarks, reducing the number of children living in poverty, and increasing the number of children completing their education will be consolidated with this merger.

7. **Citizen Participation:**

An ad hoc work group, chaired by former Multnomah County Commissioner Pauline Anderson, consisting of child and family advocates, human service providers, Multnomah Commission on Children and Families members, Multnomah County Community Action Commission members, educators, youth, and Multnomah County staff met for several months in late 1997 and early 1998, with the support of a consultant, and formed the recommendations that drive this effort.

8. **Other Government Participation:**

None, but we have conferred with other commissions on children and families in Oregon and identified precedents for how such merged responsibilities can work well.

**BEFORE THE BOARD OF COUNTY COMMISSIONERS**

**FOR MULTNOMAH COUNTY, OREGON**

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

An ordinance combining the Multnomah Commission on Children and Families with the Community Action Commission; and repealing Ordinances No. 665 and 780.

The Multnomah County Board of Commissioners Finds:

- a. Ordinance No. 665 created a Community Action Commission to address needs of low income citizens in Multnomah County and to facilitate citizen involvement. ORS 458.505 contains the requirements for community action agencies.
- b. Ordinance No. 780 created the Multnomah Commission on Children and Families. ORS 417.705 to 417.795 contain the requirements for the State Commission on Children and Families and to local commissions.
- c. The Board has determined that it is in the best interest of the County to combine the two commissions into one reorganized commission.

Multnomah County ordains as follows:

Section 1. The following provisions shall be added to MCC Chapter 3:

### **3.400.1 Commission Established.**

There is established a Commission on Children, Families and Community (CCFC). The CCFC shall promote wellness for children and families in the County, and serve as the County community action agency for federal antipoverty programs.

### **3.410 Duties.**

(A) The CCFC shall develop and prepare in accordance with state law a comprehensive plan for the delivery of services to be provided for children and families in the County.

(B) The CCFC shall oversee the implementation of the plan and monitor the outcomes, including state and county benchmarks.

(C) The CCFC shall receive and distribute federal and state community services funds for the County in accordance with federal and state law.

(D) The CCFC shall ensure the effectiveness of community involvement in the poverty program planning process, review and approve local poverty program policy, and monitor and evaluate poverty program effectiveness.

(E) The CCFC shall adopt bylaws for its efficient and effective operation. The bylaws shall be consistent with this code and all state and federal law.

### **3.420 CCFC Board.**

(A) The CCFC shall have a board of at least nine but no more than 33 members. The County Chair will select CCFC board members that reflect the diverse county population with the approval of the County Board. One -third of the CCFC board members will be elected public officials or their designees. At least one-third of the CCFC board members will be chosen through a democratic process that assures that they represent the poor in the County. The remainder of the CCFC board members will have child development expertise, including persons with knowledge of issues relating to children and families, education and the court system.

(B) The CCFC board chair and vice-chair will be selected by the County Chair with the approval of the County Board. The CCFC board may elect other board officers. CCFC board members will be appointed for four-year terms. Members may be reappointed but may serve no more than two consecutive terms.

### **3.430.1 CCFC Staff.**

(A) The County Chair shall appoint a staff director for the CCFC. The CCFC board will be consulted on the hiring and firing of the staff director. The staff director is responsible for the management functions of the CCFC.

(B) The staff director will hire and supervise other staff necessary for the operation of the CCFC. All CCFC staff is subject to county personnel policies and rules, and other administrative policies and rules.

Section 2. Ordinances No. 665 and No. 780 are repealed.

ADOPTED this 24th day of November, 1998, the date of its second reading before the Board of County Commissioners for Multnomah County, Oregon.

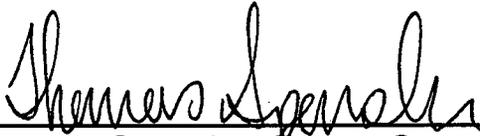
BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

---

Beverly Stein, Chair

Reviewed:

Thomas Sponsler, County Counsel  
For Multnomah County, Oregon

By   
Thomas Sponsler, County Counsel

memorandum

Janet DeFuria  
11-20-98



Multnomah County's  
Community Action Board

**TO:** Multnomah County Board of Commissioners:  
Beverly Stein, Chair  
Diane Linn, District 1  
Gary Hansen, District 2  
Lisa Naito, District 3  
Sharron Kelley, District 4

**CC:** Lorenzo Poe, Director  
Multnomah County Department of Community and Family Services

**FROM:** Jim Clay, Executive Director  
Multnomah Commission on Children and Families

**DATE:** November 20, 1998

**SUBJECT:** Follow-up on Multnomah Commission on Children and Families/Community Action potential merger.

- Members**
- Mark Rosenbaum, Chair
  - Pauline Anderson
  - Mike Balter
  - Alcena Boozer
  - Maureen Casterline
  - Lee Coleman
  - Ruth Ann Dodson
  - Paul Drews
  - Barbara Friesen
  - Steve Fulmer
  - Muriel Goldman
  - Leslie Haines
  - Carla Harris
  - Janet Kretzmeier
  - Kay Lowe
  - Sharon McCluskey
  - Larry Norvell
  - Eric Parsons
  - Lorenzo Poe
  - Tom Potter
  - Cometta Smith
  - Luther Sturtevant
  - Nan Waller
  - Duncan Wyse

- Staff**
- Jim Clay, Director
  - Judy Brodkey
  - Jeff Cogen
  - Jeanette Hankins
  - Bonnie Rosatti
  - Jana Rowley
  - Chris Tebben

Thank you for your thoughtful consideration last week of the ordinance that would merge the responsibilities of the local Commission on Children and Families with the local Community Action board, through a new commission proposed to be named the Commission on Children, Families, and Community.

Following is some information concerning two issues in which you expressed interest. I hope it will help to inform your continued deliberations.

**STAFFING**

This ordinance proposes to take two citizen commissions and merge them into one. How this newly merged organization would be staffed is simple in concept. All of the Community Action direct service staff would remain in the Department of Community and Family Services, which serves as the county's Community Action agency – the implementer of Community Action policy. The 2.0 FTE staff (currently vacant positions) that have historically supported the Community Action Commission, and the 7.0 FTE staff that have supported the Multnomah Commission on Children and Families, would be combined resulting in a newly merged commission supported by 9.0 FTE staff.

The reason for the significant disparity between the historical staffing levels of the two commissions is that the Multnomah Commission on Children and Families has undertaken a substantial community building effort through our Take the Time campaign, and this is organized and directed by in-house staff. A comparable effort has not been undertaken by the Community Action Commission. It's important to note that although the total staffing would be 9.0 FTE, most of this is NOT administrative staff. The majority of this FTE is allocated to various community organizing, citizen involvement, and community capacity building activities, and NOT administration. All our administrative costs are consistent with the limits set by county, state, and federal rules, and in fact we are below each of those limits.

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Suite 1075  
Portland, OR 97204-1620  
Ph: (503) 248-3897  
Fx: (503) 306-5538  
mcd.org@co.multnomah.or.us  
inter-office: 166/1075

You had questions about seeking administrative efficiencies, so it's important to note here that this has NOT been the motivation for this merger, and I am not representing that such efficiencies will be found. To the contrary, many citizens who have supported this merger have predicted that large untapped potential will be discovered as a result of this merger, that new opportunities to build community will present themselves, and an expanded effort to tap into these opportunities will result in the need for all our current administrative support, and then some.

The motivation for this merger was the integration and consolidation of the development of policy that guides the Department of Community and Family Services, and other county agencies and organizations. At times, with two separate bodies giving policy guidance, conflicting or inconsistent policy made it difficult for DCFS to move on important community initiatives. This merger will remedy that and bring a new integrated agenda for children, families and individuals.

Finally, please be aware that it is possible that the staffing proposed will not be adequate to accomplish the ambitious agenda we envision, and if this proves to be the case the Commission on Children, Families, and Community will need to consider either adding more staff, reducing or slowing its agenda, or otherwise resolving this resource issue. It seems prudent for now, however to proceed as planned, and to learn from evolving history.

#### **ORGANIZATIONAL STRUCTURE**

The Commission on Children, Families, and Community will be structured per bylaws (see draft accompanying this memo). A committee of the commission called the Poverty Advisory Committee has the lead responsibility for ensuring that the commission fulfills its Community Action legislative mandate. Please note, however, that the concern for children, families and individuals in poverty is NOT a segregated function, and will be integrated fully in the entire operations of the commission.

The details and mechanics of how this all will work is still to be determined. Many ideas have been proposed, and former Multnomah County Commissioner Pauline Anderson has agreed to Chair the Poverty Advisory Committee. Beyond this, right now is the time for all the key questions and opportunities to be identified and worked through. We are committed to an open, deliberative process that will lead to the accomplishment of our goals. We welcome your suggestions and participation.

Please let me know if you need additional information.

Jim Clay, Director  
e-mail (best way)  
or  
248-3897 (office)  
736-6906 (direct)  
306-5538 (fax)  
220-7904 (pager)

Multnomah Commission on Children and Families

**D R A F T      B Y L A W S**

October 13, 1998

Multnomah Commission on Children and Families

**DRAFT BYLAWS**

October 13, 1998

---

**ARTICLE 1: Name**

- A. The name of the organization is the Multnomah Commission on Children and Families, hereinafter referred to as the MCCF.
- B. In all formal correspondence the MCCF shall be further identified as "Multnomah County's Community Action Board."

---

**ARTICLE 2: Mission and Purpose**

- A. The mission of the MCCF is to foster wellness, defined as community conditions that protect, nurture and realize the full potential of every child, family and individual.
- B. The purposes which guide the direction of the MCCF's resources and activities include:
  - 1. Those required by all commissions on children and families:
    - a) Assessing needs, identifying outcomes and developing a comprehensive plan for achieving those outcomes for the children and families in the county.
    - b) Designs and convenes a process for assuring community involvement in the planning process.
    - c) Gaining approval for the plan from the Multnomah County Board of Commissioners, and submitting the plan and the related application for funds to the state, consistent with the requirements of the legislation cited in Article 3(B).
    - d) Developing policy and overseeing the implementation of the local plan, and distributing state and federal funds, consistent with the requirements of the legislation cited in Article 3(B).
    - e) Developing a method for evaluating progress on achieving key outcomes related to the plan.
    - f) Ensure the monitoring and evaluation of program and other activity effectiveness.
  - 2. Those required by all Community Action boards:
    - a) Ensuring the effectiveness of community involvement in the planning process.
    - b) Monitoring and evaluating program effectiveness.
    - c) Review and approve program policy set by our local Community Action Agency, which is the Multnomah County Department of Community and Family Services.
    - d) Being involved in and consulted on the hiring and termination of the local Community Action Agency director.
    - e) Assuming all appropriate duties directed at the causes and consequences of poverty delegated to it by the governing board,

which is the Multnomah County Board of Commissioners.

---

**ARTICLE 3: Legal Authority**

- A. The MCCF is enacted through Multnomah County Ordinance # XXXX.
- B. In its capacity as a local commission on children and families, the MCCF is bound by the responsibilities cited in Oregon Revised Statutes, Chapter 417.710-795 (Oregon House Bill 2004).
- C. In its capacity as Multnomah County's Community Action Board, the MCCF is bound by the responsibilities cited in Oregon Revised Statutes, Chapter 458.505-515; and by Oregon Administrative Rules, Chapter 813, Division 210 – Community Services Block Grant.

---

**ARTICLE 4: Membership**

- A. Composition:
  - 1. The MCCF's membership shall comply with all regulations cited in Article 3(A), (B) and (C); and shall be consistent with the values of the MCCF which calls for all community voices to be heard.
  - 2. At least one-third of the MCCF shall consist of representatives of the poor, chosen in accordance with a democratic selection procedure designed by the MCCF in consultation with community advocates for the poor; and at least one half of those shall be people in poverty.
  - 3. More than 50% of the MCCF shall be lay citizens, not professionally employed as child and family service providers, as defined by state administrative rules.
  - 4. The MCCF shall have at least nine and no more than 33 members.
  - 5. At least two MCCF members shall be youth, drawn from nominations recommended by the Multnomah County Youth Advisory Board.
  - 6. Members shall reside, work or attend school in Multnomah County.
  - 7. The goal of membership shall be for the MCCF to reflect the cultural and geographic diversity of Multnomah County citizens.
- B. Participation standards:
  - 1. MCCF members are expected to attend at least two-thirds of all meetings of the full MCCF.
  - 2. MCCF members are expected to actively participate in the activities of at least one committee.
  - 3. MCCF members shall have the option of applying in writing to the MCCF Chair for a leave of absence of no longer than 12 months, with such application being approved or denied by the MCCF Chair, in consultation with the Executive Committee.
  - 4. Reimbursement for incidental expenses such as parking, child care, and others shall be allowed to MCCF members as needed, with prior approval of the Executive Director, to support their full participation.
- C. All terms of office shall be four years, and re-appointments shall be consistent with state law that declares that no member shall serve more than two consecutive terms.

- D. All members are appointed by the Multnomah County Board of Commissioners, and serve at the pleasure of that board.
- E. Community members interested in either serving on the MCCF, or recommending others for service, shall make such interest known in writing to the Membership Committee of the MCCF.

---

**ARTICLE 5: Officers**

- A. The MCCF Chair:
  - 1. The MCCF shall elect a Commission Chair for a two year term in a democratic process overseen by the Membership Committee, during June of each even numbered year.
  - 2. The Commission Chair shall be a lay citizen not professionally holding elected office.
  - 3. There shall be no term limits for the Chair.
  - 4. The Chair shall be the convener of all MCCF meetings and events; shall be the official spokesperson for the MCCF; and shall be the designated liaison to the MCCF staff.
- B. The MCCF Vice-Chair:
  - 1. The Multnomah County Board of Commissioners shall appoint one of its members to serve as the MCCF Vice-Chair, subject to the same responsibilities and privileges as other MCCF members.
  - 2. Term for the MCCF Vice-Chair shall be at the pleasure of the Multnomah County Board of Commissioners.
  - 3. The Vice-Chair shall serve as the MCCF liaison to the County Board, assisting in bringing the MCCF's policy positions to the County Board's deliberations and to the programs and policies of county departments.
- C. The Secretary-Treasurer:
  - 1. The MCCF shall elect a Secretary-Treasurer for a two year term, in a democratic process overseen by the Membership Committee, during June of each even numbered year.
  - 2. There shall be no term limits for the Secretary-Treasurer.
  - 3. The Secretary-Treasurer shall oversee the safekeeping of the MCCF's primary records; shall assure appropriate procedures for signatures on all official transmittals and certifications; and shall present or designate another person to present a summary MCCF financial statement to the MCCF at least quarterly, according to a schedule set by the Executive Committee.

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**ARTICLE 6: Committees**

- A. Types of committee:
  - 1. Standing committees shall be ongoing established groups, with an established annual agenda, work plan, and timeline; with an established roster; with a published regular meeting schedule; and with the authority to allocate funds for activities directly related to its area of responsibility, within the bounds of the overall allocation duly approved by the MCCF.

2. Ad hoc committees shall be groups established to meet short term needs, shall not be on-going, shall meet with a frequency suited to the task, and shall have authority to allocate funds for activities directly related to its area of responsibility, within the bounds of the overall allocation approved by the MCCF, only when expressly delegated that authority by vote of the MCCF.
  3. Sub-committees shall be subordinate, non-ongoing groups established by the Chair of any standing committee, and directly accountable to that corresponding committee, effective upon notification to the MCCF Executive Committee of that subcommittee's establishment.
- B. Committee structure:
1. Standing committees:
    - a) Executive Committee: Provides for organizational planning and steering, coordination, and financial accountability. Provides staff with short term direction, consistent with MCCF policy. Serves as a point of first contact for community members seeking to engage the MCCF, through a method set by the committee. Serves as the finance committee, to approve and monitor the MCCF operations budget. Serves as the MCCF Human Resources Committee. Oversees the development of the annual operations budget. Authorizes sub-allocations no greater than \$25K consistent with MCCF approved allocations. Reviews and coordinates all other committee recommendations. Membership shall include the MCCF Chair, Vice-Chair, Secretary-Treasurer, and the Policy, Membership, Outcomes, and Marketing & Public Relations Committees, as well as others appointed by the MCCF Chair. Meets at least monthly.
    - b) Policy Committee: Develops long term policy recommendations, and associated broad funding recommendations, for the full commission. Meets at least quarterly.
    - c) Membership Committee: Solicits, receives and recommends nominations to the County Board; designs and oversees the process of commissioner development; welcomes new members, and recognizes outgoing; and facilitates the election of the MCCF Chair and Secretary-Treasurer. Meets at the call of the committee Chair.
    - d) Youth Advisory Board: Brings the voice of young people to initiatives that affect their lives; nominates youth members for the MCCF; advises the MCCF on policy; encourages and supports YAB members to participate in committees and other MCCF activities; meets at least monthly.
    - e) Take the Time Steering Committee: Sets the vision and strategic direction of the Take the Time campaign, determines outcomes and reviews progress, and directs resources to the campaign's activities; meets at least quarterly.
    - f) Poverty Advisory Committee: Brings the voice of low income people to initiatives that affect their lives; nominates low income members for the MCCF; advises the MCCF on policy; encourages and supports

committee members to participate in committees and other MCCF activities; and assures that all Community Action board responsibilities are fully satisfied by the MCCF.

- g) Outcomes Committee: Establishes an outcome agenda and tracks outcomes for the commission's community initiatives, contracted services, and organizational operations, including the MCCF's other committees. Meets at least quarterly.
  - h) Marketing and Public Communications Committee: Advises and oversees the development and implementation of the MCCF's strategic public communications plan. Meets at least quarterly.
2. Ad hoc committees, are constituted as needed and meet as often as necessary, at the call of the MCCF Chair, and at such dates and times set by the ad hoc committee Chair.
- C. Committee specifications.
- 1. Each committee's Chair shall be an MCCF member appointed by the MCCF Chair.
  - 2. Each standing and ad hoc committee's charge shall be set by the MCCF Chair.
  - 3. Each committee's membership shall be selected by that committee's Chair, with the concurrence of the MCCF Chair; and shall be either:
    - a) regular members, which hold the full privileges and responsibilities herein specified.
    - b) ex-officio members, which hold the full privileges and responsibilities herein specified, except having no standing to vote on any decisions of the committee.
  - 4. Each standing committee's annual agenda shall be set by that committee.
  - 5. Committee meeting agendas shall be set by that committee's Chair.
  - 6. Each committee's Chair shall ensure that the committee membership and/or processes provide for bringing to the table the voice of low income people, youth, and others who are often left out of the process.
  - 7. Each committee's membership must include at least one MCCF member and may include community members.
  - 8. Each committee's procedures regarding quorum, voting and decision making, and public access shall be the same as those required of the full MCCF.
  - 9. Each standing and ad hoc committee shall have dedicated staff support at a level determined jointly by the MCCF Chair and the Executive Director.
  - 10. Each standing and ad hoc committee shall have the standing to recommend policy and related budget actions to the MCCF in their areas of responsibility.
  - 11. Standing and ad hoc committees shall have the direct budget authority noted in Article 6(A)(1), as interpreted by the Commission Chair.
  - 12. Each committee's meeting minutes shall be kept and shall at a minimum indicate the members present, topics discussed, votes taken and the voting position of each member. A meeting transcript is not required.

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**ARTICLE 7: Meetings**

- A. Frequency:
  - 1. The MCCF shall meet in full session at least every other month.
  - 2. Additional special meetings shall be called by the Executive Committee which shall provide for at least 14 days advance notice of such meetings.
- B. Meeting process shall generally follow parliamentary procedures as interpreted by the Executive Committee.
- C. Decisions shall be made by a majority voice vote, except as otherwise noted in these bylaws; and the MCCF Chair may refer issues that fail to gain majority votes to committees, as appropriate, for reconsideration.
- D. Meeting facilitation shall be conducted by the MCCF Chair or his/her designee; or by the Vice-Chair or his/her designee when the Chair is not available to serve this function.
- E. Quorum and majority voting shall be consistent with the requirements of ORS 174.130:
  - 1. A quorum is declared to exist when more than 50% of appointed, active members are present.
  - 2. A majority vote consists of more than 50% of the appointed, active members on the commission, regardless of the number of members present and voting.
  - 3. Quorum and majority vote requirements can be met by telecommunications, video conferencing and other virtual meeting procedures only if notice and opportunity for public comment is provided and only if the public may listen to the proceedings.
  - 4. Neither votes by mail, nor proxy votes, nor call around for votes after a meeting are allowed.
- F. The MCCF shall make provision for community comment at each full session, and may at its discretion time-limit the discussion, and refer to appropriate committee or staff.
- G. All meetings of the MCCF and its committees are subject to the Oregon public meeting law, and only those matters related to personnel and litigation may be moved to executive (non-public) session.
- H. The minutes shall be kept of each commission meeting and approved by the Secretary-Treasurer prior to distribution, and shall note the members present, topics discussed, votes taken and the voting position of each member. A meeting transcript is not required.

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**ARTICLE 8: Member Accountability**

- A. Members whose vote on an MCCF matter could have direct financial influence, whether for gain or loss, on themselves, their employer or their family, are seen as having a potential conflict of interest, and shall declare such a potential conflict prior to the vote, and shall at the final discretion of the Chair, abstain from advocating for a voting position or casting a vote on such matters.
- B. MCCF members shall take the time to review financial and programmatic outcome reporting data as provided to them, and fully participate in

discussions that allow for accountability to our funders, our partners and the children and families of Multnomah County.

- C. MCCF members shall assure positive relationships with the Multnomah County Board of County Commissioners and with County Departments that implement commission decisions.

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**ARTICLE 9: Director and Staff**

- A. Consistent with state law, the MCCF Executive Director is appointed by the Board of County Commissioners, and subject to county personnel policies and other administration policies and ordinances. The MCCF Executive Director is responsible for all management functions of the local commission.
- B. The MCCF Chair shall prepare, on behalf of the Executive Committee, an annual written evaluation of the Executive Director, and advocate that this serve as a significant factor in the evaluation of the Executive Director conducted by the county board.
- C. All other MCCF staff are directly accountable to and hired, promoted, and when appropriate terminated by the Executive Director or his/her designee.
- D. Staff have the responsibility and authority to carry out established commission policy, and are expected to provide adequate commission and committee support as interpreted by the MCCF Chair.
- E. By reference Multnomah County Administrative Policy is hereby made part of these bylaws.
- F. Salaries, benefits and other human resource matters are determined by Multnomah County Personnel policy, but the MCCF may set limits within established ranges.

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**ARTICLE 10: Budget**

- A. The MCCF shall, on a cycle to match the fiscal year of Multnomah County, annually approve an operations budget recommended by the Executive Committee and presented by the secretary-Treasurer.
- B. The MCCF shall, on a cycle to match the reporting requirements of the Oregon Commission on Children and Families, biannually approve an operations budget recommended by the Executive Committee and presented by the secretary-Treasurer. 5 (C)(3).
- C. The MCCF staff shall manage operations within the constraints of the approved budget.

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**ARTICLE 11: Approval and Amendments**

- A. These bylaws shall take effect immediately after the MCCF adopts them by a two-thirds majority vote.
- B. These bylaws may be amended by the MCCF in any meeting after the Executive Committee recommends, and the MCCF adopts them by a two-thirds majority vote, given that at least 21 days advance written notice has been given of the proposed changes.

Proposed Amendment to R-2

Section 3.

~~3.440 Board Evaluation~~

The Board of ~~County Commissioners~~ will conduct a ~~Board-level~~ evaluation of the combined operations of the new CCFC within eight months from the date of adoption of this ordinance. The evaluation will measure the effectiveness of the CCFC in meeting ~~adopted~~ county benchmarks, based on criteria to be developed by the ~~Chair, in~~ consultation with members of the Board.

**BEFORE THE BOARD OF COUNTY COMMISSIONERS**

**FOR MULTNOMAH COUNTY, OREGON**

**ORDINANCE NO. 921**

An ordinance combining the Multnomah Commission on Children and Families with the Community Action Commission; and repealing Ordinances No. 665 and 780.

The Multnomah County Board of Commissioners Finds:

- a. Ordinance No. 665 created a Community Action Commission to address needs of low-income citizens in Multnomah County and to facilitate citizen involvement. ORS 458.505 contains the requirements for community action agencies.
- b. Ordinance No. 780 created the Multnomah Commission on Children and Families. ORS 417.705 to 417.795 contain the requirements for the State Commission on Children and Families and to local commissions.
- c. The Board has determined that it is in the best interest of the County to combine the two commissions into one reorganized commission.

Multnomah County ordains as follows:

Section 1. The following provisions shall be added to MCC Chapter 3:

**3.400.1 Commission Established.**

There is established a Commission on Children, Families and Community (CCFC). The CCFC shall promote wellness for children and families in the County, and serve as the County community action agency for federal antipoverty programs.

**3.410 Duties.**

(A) The CCFC shall develop and prepare in accordance with state law a comprehensive plan for the delivery of services to be provided for children and families in the County.

(B) The CCFC shall oversee the implementation of the plan and monitor the outcomes, including state and county benchmarks.

(C) The CCFC shall receive and distribute federal and state community services funds for the County in accordance with federal and state law.

(D) The CCFC shall ensure the effectiveness of community involvement in the poverty program planning process, review and approve local poverty program policy, and monitor and evaluate poverty program effectiveness.

(E) The CCFC shall adopt bylaws for its efficient and effective operation. The bylaws shall be consistent with this code and all state and federal law.

**3.420 CCFC Board.**

(A) The CCFC shall have a board of at least nine but no more than 33 members. The County Chair will select CCFC board members that reflect the diverse county population with the approval of the County Board. One -third of the CCFC board

members will be elected public officials or their designees. At least one-third of the CCFC board members will be chosen through a democratic process that assures that they represent the poor in the County. The remainder of the CCFC board members will have child development expertise, including persons with knowledge of issues relating to children and families, education and the court system.

(B) The CCFC board chair and vice-chair will be selected by the County Chair with the approval of the County Board. The CCFC board may elect other board officers. CCFC board members will be appointed for four-year terms. Members may be re-appointed but may serve no more than two consecutive terms.

#### **3.430.1 CCFC Staff.**

(A) The County Chair shall appoint a staff director for the CCFC. The CCFC board will be consulted on the hiring and firing of the staff director. The staff director is responsible for the management functions of the CCFC.

(B) The staff director will hire and supervise other staff necessary for the operation of the CCFC. All CCFC staff is subject to county personnel policies and rules, and other administrative policies and rules.

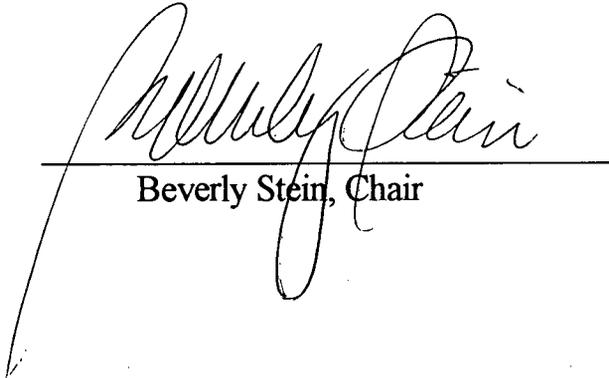
Section 2. Ordinances No. 665 and No. 780 are repealed.

Section 3. The Board will conduct an evaluation of the combined operations of the new CCFC within eight months from the date of adoption of this ordinance. The evaluation will measure the effectiveness of the CCFC in meeting County benchmarks, based on criteria to be developed by the Board.

ADOPTED this 24th day of November, 1998, the date of its second reading before the Board of County Commissioners for Multnomah County, Oregon.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Beverly Stein, Chair

Reviewed:

Thomas Sponsler, County Counsel  
For Multnomah County, Oregon

By   
Thomas Sponsler, County Counsel