

# **ANNOTATED MINUTES**

Thursday, August 19, 2004 - 9:30 AM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **REGULAR MEETING**

*Chair Diane Linn convened the meeting at 9:31 a.m., with Vice-Chair Serena Cruz and Commissioners Lisa Naito and Maria Rojo de Steffey present, and Commissioner Lonnie Roberts arriving at 9:32 a.m.*

### **CONSENT CALENDAR**

**UPON MOTION OF COMMISSIONER CRUZ,  
SECONDED BY COMMISSIONER NAITO, THE  
CONSENT CALENDAR (ITEMS C-1 THROUGH C-6)  
WAS APPROVED, WITH COMMISSIONERS NAITO,  
CRUZ, ROJO AND LINN VOTING AYE.**

### **SHERIFF'S OFFICE**

- C-1 Government Revenue Contract (190 Agreement) 0310514 Between the City of Gresham, the Multnomah County Sheriff's Office, the Office of the State Fire Marshal, and the Clackamas County Sheriff's Office, Regarding Response to Incidents Involving Hazardous Materials

### **DEPARTMENT OF COMMUNITY JUSTICE**

- C-2 Budget Modification DCJ-01 Adding \$15,580 Oregon Youth Authority Juvenile Justice Information System (JJIS) Revenue to the Department of Community Justice's Federal/State Fund

### **DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES**

- C-3 Government Non-Expenditure Contract (190 Agreement) 0405014 with Multnomah County Rural Fire Protection District No. 14, for Management of the Urban Area Security Initiative Grant

- C-4 Government Non-Expenditure Contract (190 Agreement) 0405015 with the Port of Portland, for Management of the Urban Area Security Initiative Grant
- C-5 Government Non-Expenditure Contract (190 Agreement) 0405016 with Sauvie Island Fire District 30J, for Management of the Urban Area Security Initiative Grant
- C-6 Government Non-Expenditure Contract (190 Agreement) 0405017 with the City of Gresham, for Management of the Urban Area Security Initiative Grant

*Commissioner Roberts arrived at 9:32 a.m.*

**REGULAR AGENDA**  
**PUBLIC COMMENT**

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

**MAUREEN WRIGHT THANKED COMMISSIONER ROBERTS FOR HIS OPEN DOOR POLICY; COMMENTED REGARDING CORRUPTION OF ELECTED OFFICIALS; AND A PROPOSED MONTAVILLA LIBRARY;**

*Commissioner Naito left at 9:34 a.m.*

**IN RESPONSE TO CHAIR LINN EXPRESSING CONCERN OVER COMMENTS REGARDING CORRUPTION, MS. WRIGHT'S ADVISED THAT SHE WAS MAKING GENERAL COMMENTS.**

*Commissioner Naito returned at 9:36 a.m.*

**NON-DEPARTMENTAL**

- R-1 Housing Grant from the Strategic Investment Program Community Housing Fund

**COMMISSIONER ROJO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL**

**OF R-1. DIANE LUTHER EXPLANATION AND INTRODUCTIONS. NEAL BEROZ OF CASCADIA BEHAVIORAL HEALTHCARE TESTIFIED IN SUPPORT OF \$150,000 GRANT FOR PROPOSED PROPERTY DEVELOPMENT AT PRESCOTT TERRACE. LIV JENSSEN OF THE DEPARTMENT OF COMMUNITY JUSTICE COMMENTED IN SUPPORT OF GETTING VULNERABLE FOLKS INTO SAFE HOUSING. SETH LYON OF MENTAL HEALTH AND ADDICTIONS SERVICES EXPLAINED PROPOSED PROJECT HIGHLIGHTS AND COMMENTED IN SUPPORT OF THE UNIQUE AND INTENSE SERVICES TO BE PROVIDED. JIM HLAVA OF CASCADIA BEHAVIORAL HEALTHCARE EXPLAINED THE TYPES OF STAFFING TO BE PROVIDED. COMMISSIONERS CRUZ, NAITO, ROBERTS AND CHAIR LINN COMMENTED IN ACKNOWLEDGEMENT AND APPRECIATION FOR THE WORK OF THE TASKFORCE, LIV JENSSEN AND DIANE LUTHER AND THE COLLABORATION OF CASCADIA BEHAVIORAL HEALTHCARE. GRANT UNANIMOUSLY APPROVED.**

**R-2 Authorizing Initiation of Enforcement Action Against Geoff Thompson and the View Point Inn**

**COMMISSIONER CRUZ MOVED AND COMMISSIONER ROBERTS SECONDED, APPROVAL OF R-2. ASSISTANT COUNTY ATTORNEY CHRIS CREAN EXPLANATION. AUTHORIZATION UNANIMOUSLY APPROVED.**

### **SHERIFF'S OFFICE**

**R-3 First Reading of a Proposed ORDINANCE Amending MCC Chapter 15, Sheriff, Relating to Alarm Systems**

**ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER ROJO MOVED AND COMMISSIONER NAITO SECONDED, APPROVAL OF FIRST READING. LARRY AAB**

***EXPLANATION AND RESPONSE TO QUESTIONS  
OF COMMISSIONER ROBERTS. NO ONE WISHED  
TO TESTIFY. FIRST READING UNANIMOUSLY  
APPROVED. SECOND READING THURSDAY,  
AUGUST 26, 2004.***

- R-4 RESOLUTION Establishing Fees and Charges for Chapter 15, Sheriff, of the Multnomah County Code and Repealing Resolution No. 03-027

***COMMISSIONER ROJO MOVED AND  
COMMISSIONER ROBERTS SECONDED,  
APPROVAL OF R-4. LARRY AAB EXPLANATION  
AND RESPONSE TO QUESTIONS OF  
COMMISSIONER ROBERTS AND CHAIR LINN.  
RESOLUTION 04-118 UNANIMOUSLY ADOPTED.***

**DEPARTMENT OF HEALTH**

- R-5 First Reading of a Proposed ORDINANCE Amending Multnomah County Code Section 21.612 Relating to Food Service License and Other Fees

***AT THE REQUEST OF CHAIR LINN AND UPON  
MOTION OF COMMISSIONER ROJO, SECONDED  
BY COMMISSIONER CRUZ, R-5 WAS  
UNANIMOUSLY POSTPONED INDEFINITELY.***

- R-6 NOTICE OF INTENT to Apply for Grant Funding from the Collins Foundation, Swett Foundation, Boeing Charitable Contributions Program, and Ludwick Family Foundation to Purchase a Medical Van and Establish a Mobile Health Care Access Point

***COMMISSIONER NAITO MOVED AND  
COMMISSIONER ROJO SECONDED, APPROVAL  
OF R-6. TOM WALTZ EXPLANATION. NOTICE OF  
INTENT UNANIMOUSLY APPROVED.***

**DEPARTMENT OF COUNTY HUMAN SERVICES**

- R-7 Approval of Multnomah County 2005-2007 Mental Health and Alcohol and Drug Biennial Implementation Plan

***AT THE REQUEST OF CHAIR LINN AND UPON  
MOTION OF COMMISSIONER CRUZ, SECONDED***



**BY COMMISSIONER ROJO, R-7 WAS  
UNANIMOUSLY POSTPONED INDEFINITELY.**

**DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES**

- R-8 Second Reading and Possible Adoption of a Proposed ORDINANCE Establishing Multnomah County Code Chapter 12, Business Income Tax from MCC §§ 11.500 et seq., Updating and Clarifying Definitions

**ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER ROJO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF SECOND READING AND ADOPTION. DAVE BOYER EXPLANATION. NO ONE WISHED TO TESTIFY. ORDINANCE 1046 UNANIMOUSLY ADOPTED.**

- R-9 RESOLUTION Approving Reimbursement to the County for County Sponsored Projects from Title III Funding

**COMMISSIONER CRUZ MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-9. BOB THOMAS EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ETHAN NELSON TESTIMONY REQUESTING \$13,350 IN TITLE III FUNDING FOR NORTHWEST YOUTH CORPS FOR A MULTNOMAH COUNTY YOUTH EMPLOYMENT PROJECT. FOLLOWING BOARD COMMENTS AND DISCUSSION WITH MR. THOMAS AND DAVE BOYER IT WAS DETERMINED THAT THE BOARD CANNOT OBTAIN TITLE III FUNDING FOR THIS PROJECT AND THAT MR NELSON'S PROJECT FUNDING REQUEST WOULD HAVE TO BE SUBMITTED FOR CONSIDERATION FOR FISCAL YEAR 2005. THE BOARD DIRECTED AND STAFF AGREED TO MAKE IMPROVEMENTS TO THE APPLICATION PROCESS FOR NEXT YEAR. RESOLUTION 04-119 UNANIMOUSLY ADOPTED.**

- R-10 RESOLUTION Approving a Parking License Agreement for Two Parking Spaces Located at 1901 NE 42nd Avenue, Portland, Oregon from U.S. Bank for Use by Hollywood Library Patrons

**COMMISSIONER CRUZ MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-10. DEBRA CRAWFORD EXPLANATION AND RESPONSE TO COMMISSIONER NAITO AND CHAIR LINN COMMENTS IN APPRECIATION. RESOLUTION 04-120 UNANIMOUSLY ADOPTED.**

R-11 RESOLUTION Declaring the Property Located At 2115 SE Morrison Street, Portland, OR 97214 to be Surplus and Approving a Permit for Use of Property to City of Portland Police Bureau

**COMMISSIONER ROJO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-11. PETER TRYON AND CITY OF PORTLAND SERGEANT KRIS WAGNER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. RESOLUTION 04-121 UNANIMOUSLY ADOPTED.**

#### **PUBLIC CONTRACT REVIEW BOARD**

(Recess as the Multnomah County Board of Commissioners and convene as the Public Contract Review Board)

R-12 ORDER Approving an Exemption from the Competitive Bid Process to Extend the Contract with MetroCall for Pager Services until June 30, 2009

**COMMISSIONER CRUZ MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-12. FRANNA HATHAWAY EXPLANATION AND RESPONSE TO QUESTIONS OF COMMISSIONERS NAITO AND CRUZ. FOLLOWING DISCUSSION AND UPON MOTION OF COMMISSIONER CRUZ, SECONDED BY COMMISSIONER NAITO AN AMENDMENT EXTENDING THE CONTRACT FOR ONE YEAR, UNTIL JUNE 30, 2005 WAS UNANIMOUSLY APPROVED. ORDER 04-122 UNANIMOUSLY ADOPTED, AS AMENDED.**

R-13 ORDER Approving an Exemption from the Competitive Bid Process to Contract with RAINS Net for the Purchase and Installation of the Connect and Protect Program

**COMMISSIONER CRUZ MOVED AND  
COMMISSIONER ROJO SECONDED, APPROVAL  
OF R-13. TOM SIMPSON EXPLANATION,  
INTRODUCTION OF SWAN ISLAND NETWORK  
CEO CHARLES JENNINGS, AND RESPONSE TO  
BOARD QUESTIONS. ORDER 04-123  
UNANIMOUSLY ADOPTED.**

(Adjourn as the Public Contract Review Board and reconvene as Multnomah County Board of Commissioners)

**NON-DEPARTMENTAL**

R-14 RESOLUTION Creating a Design Team to Begin the Planning Process for the Effects of the Potential Repeal of the Multnomah County Temporary Personal Income Tax

**COMMISSIONER CRUZ MOVED AND  
COMMISSIONER ROJO SECONDED, APPROVAL  
OF R-14. DAVE BOYER EXPLANATION. CHAIR  
LINN AND COMMISSIONERS ROJO, CRUZ AND  
NAITO COMMENTS IN APPRECIATION FOR THE  
EFFORTS OF MR. BOYER. RESOLUTION 04-124  
UNANIMOUSLY ADOPTED.**

*There being no further business, the meeting was adjourned at 10:41 a.m.*

BOARD CLERK FOR MULTNOMAH COUNTY, OREGON

***Deborah L. Bogstad***

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Thursday, August 19, 2004 - 11:15 AM  
**OR IMMEDIATELY FOLLOWING REGULAR MEETING**  
Multnomah Building, First Floor Commissioners Conference Room 110  
501 SE Hawthorne Boulevard, Portland

**EXECUTIVE SESSION**

E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(h). Only Representatives of the News

Media and Designated Staff are allowed to Attend. Representatives of the News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Executive Session. No Final Decision will be made in the Executive Session. Presented by Agnes Sowle. 30 MINUTES REQUESTED.

***EXECUTIVE SESSION CANCELLED.***



**Multnomah County Oregon**

## **Board of Commissioners & Agenda**

**connecting citizens with information and services**

### **BOARD OF COMMISSIONERS**

**Diane Linn, Chair**

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214

Phone: (503) 988-3308 FAX (503) 988-3093

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

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**Lisa Naito, Commission Dist. 3**

501 SE Hawthorne Boulevard, Suite 600  
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**Lonnie Roberts, Commission Dist. 4**

501 SE Hawthorne Boulevard, Suite 600  
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Phone: (503) 988-5213 FAX (503) 988-5262

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

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## **AUGUST 19, 2004 BOARD MEETING**

### **FASTLOOK AGENDA ITEMS OF INTEREST**

Pg 3	9:30 a.m. Strategic Investment Program Community Housing Fund Grant
Pg 3	9:45 a.m. First Reading of Ordinance Amending MCC Chapter 15, Sheriff, Alarm Systems
Pg 3	10:05 a.m. First Reading of Ordinance Amending MCC § 21.612, Food Service License, Other Fees
Pg 3	10:20 a.m. Multnomah County 2005-2007 Mental Health and Alcohol & Drug Implementation Plan
Pg 3	10:35 a.m. Second Reading and Adoption of Ordinance Establishing MCC Chapter 12, Business Income Tax
Pg 4	11:10 a.m. Creating a Design Team to Begin Planning Process for Effects of Potential Repeal of County Temporary Personal Income Tax
Pg 5	11:15 a.m. Executive Session

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

Friday, 11:00 PM, Channel 30

Saturday, 10:00 AM, Channel 30

Sunday, 11:00 AM, Channel 30

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Thursday, August 19, 2004 - 9:30 AM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **REGULAR MEETING**

### **CONSENT CALENDAR - 9:30 AM**

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

- C-1 Government Revenue Contract (190 Agreement) 0310514 Between the City of Gresham, the Multnomah County Sheriff's Office, the Office of the State Fire Marshal, and the Clackamas County Sheriff's Office, Regarding Response to Incidents Involving Hazardous Materials

#### **DEPARTMENT OF COMMUNITY JUSTICE**

- C-2 Budget Modification DCJ-01 Adding \$15,580 Oregon Youth Authority Juvenile Justice Information System (JJIS) Revenue to the Department of Community Justice's Federal/State Fund

#### **DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES**

- C-3 Government Non-Expenditure Contract (190 Agreement) 0405014 with Multnomah County Rural Fire Protection District No. 14, for Management of the Urban Area Security Initiative Grant
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### **REGULAR AGENDA - 9:30 AM**

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

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**NON-DEPARTMENTAL - 9:30 AM**

- R-1 Housing Grant from the Strategic Investment Program Community Housing Fund
- R-2 Authorizing Initiation of Enforcement Action Against Geoff Thompson and the View Point Inn

**SHERIFF'S OFFICE - 9:45 AM**

- R-3 First Reading of a Proposed ORDINANCE Amending MCC Chapter 15, Sheriff, Relating to Alarm Systems
- R-4 RESOLUTION Establishing Fees and Charges for Chapter 15, Sheriff, of the Multnomah County Code and Repealing Resolution No. 03-027

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

- R-5 First Reading of a Proposed ORDINANCE Amending Multnomah County Code Section 21.612 Relating to Food Service License and Other Fees
- R-6 NOTICE OF INTENT to Apply for Grant Funding from the Collins Foundation, Swett Foundation, Boeing Charitable Contributions Program, and Ludwick Family Foundation to Purchase a Medical Van and Establish a Mobile Health Care Access Point

**DEPARTMENT OF COUNTY HUMAN SERVICES - 10:20 AM**

- R-7 Approval of Multnomah County 2005-2007 Mental Health and Alcohol and Drug Biennial Implementation Plan

**DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES- 10:35 AM**

- R-8 Second Reading and Possible Adoption of a Proposed ORDINANCE Establishing Multnomah County Code Chapter 12, Business Income Tax from MCC §§ 11.500 et seq., Updating and Clarifying Definitions

R-9 RESOLUTION Approving Reimbursement to the County for County Sponsored Projects from Title III Funding

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**PUBLIC CONTRACT REVIEW BOARD - 11:00 AM**

(Recess as the Multnomah County Board of Commissioners and convene as the Public Contract Review Board)

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R-13 ORDER Approving an Exemption from the Competitive Bid Process to Contract with RAINS Net for the Purchase and Installation of the Connect and Protect Program

(Adjourn as the Public Contract Review Board and reconvene as Multnomah County Board of Commissioners)

**NON-DEPARTMENTAL - 11:10 AM**

R-14 RESOLUTION Creating a Design Team to Begin the Planning Process for the Effects of the Potential Repeal of the Multnomah County Temporary Personal Income Tax



Thursday, August 19, 2004 - 11:15 AM  
**OR IMMEDIATELY FOLLOWING REGULAR MEETING**  
Multnomah Building, First Floor Commissioners Conference Room 110  
501 SE Hawthorne Boulevard, Portland

## **EXECUTIVE SESSION**

- E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(h). Only Representatives of the News Media and Designated Staff are allowed to Attend. Representatives of the News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Executive Session. No Final Decision will be made in the Executive Session. Presented by Agnes Sowle. 30 MINUTES REQUESTED.

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** C-1

**Est. Start Time:** 9:30 AM

**Date Submitted:** 08/10/04

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**Requested Date:** August 19, 2004

**Time Requested:** N/A

**Department:** Sheriff's Office

**Division:** Enforcement

**Contact/s:** Brad Lynch

**Phone:** 503-988-4336

**Ext.:** 84336

**I/O Address:** 503/350/Lynch

**Presenters:** Consent Calendar

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**Agenda Title:** Government Revenue Contract (190 Agreement) 0310514 Between the City of Gresham, the Multnomah County Sheriff's Office, the Office of the State Fire Marshal, and the Clackamas County Sheriff's Office, Regarding Response to Incidents Involving Hazardous Materials

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

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approval of intergovernmental agreement # 0310514.
2. **Please provide sufficient background information for the Board and the public to understand this issue.**  
MCSO, the City of Gresham and the Office of the State Fire Marshal (OSFM) jointly operate a Regional Hazardous Materials Emergency Response Team (RHMERT). Clackamas County wishes to use RHMERT for hazardous materials response services. Clackamas County will reimburse MCSO for personnel costs through billing generated by the OSFM.
3. **Explain the fiscal impact (current year and ongoing).**

Maximum payment by Clackamas County for RHMERT services through this agreement is \$30,000.00 annually. Because the use of RHMERT is on an "as needed" basis, revenues cannot be forecasted.

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

**If a budget modification, explain:**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain:**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

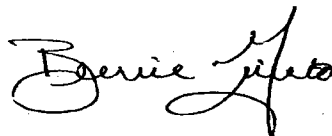
**4. Explain any legal and/or policy issues.**

The County Attorney has reviewed the agreement.

**5. Explain any citizen and/or other government participation that has or will take place. RHMERT is an intergovernmental collaboration consisting of personnel from the City of Gresham, the Multnomah County Sheriff's Office, the Office of the State Fire Marshal and the Clackamas County Sheriff's Office.**

**Required Signatures:**

**Department/Agency Director:**



**Date: 08/09/04**



## MULTNOMAH COUNTY SHERIFF'S OFFICE

501 SE HAWTHORNE BLVD., SUITE 350 • PORTLAND, OR 97214

*Exemplary service for a safe, livable community*

**BERNIE GIUSTO**  
SHERIFF

(503) 988-4300 PHONE  
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### MEMORANDUM

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TO: MULTNOMAH COUNTY CHAIR

FROM: Brad Lynch, MCSO Contract Administrator

DATE: August 10, 2004

RE: Retroactive Contract Processing / Contract Number 0310514

As more than 30 days have passed since the initial execution date of the Regional Hazmat Emergency Response Team agreement with Clackamas County, this is a request that the contract be considered and processed as retroactive.

MCSO contract administration did not receive the agreement in our office until August 3, 2004.

Therefore, we request that this contract be processed as retroactive.

## LYNCH Brad B

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**From:** ASPHAUG Scott E [Scott.E.Asphaug@co.multnomah.or.us]  
**Sent:** Tuesday, August 03, 2004 11:31 AM  
**To:** LYNCH Brad B  
**Subject:** RE: Contract Review Request - RHMERT/Clackamas County IGA

Brad

I've reviewed this IGA and approve as to form. Due to the fact that Clackamas County is transferring its authority to perform hazmat activities to us, we do need this matter approved by the Board. The agenda placement request you attached looks fine.

Scott

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

**From:** LYNCH Brad B  
**Sent:** Friday, July 30, 2004 9:07 AM  
**To:** ASPHAUG Scott E  
**Cc:** DUNAWAY Susan M  
**Subject:** Contract Review Request - RHMERT/Clackamas County IGA

Scott, attached are the CAF, IGA, and APR for the agreement between the Regional Hazmat Emergency Response Team (RHMERT), of which MCSO is a participant, and Clackamas County, which wants RHMERT to provide hazardous material response services to Clackamas County as needed. I think this is very similar to last year's agreement; it updates costs. I assume this IGA will need to be approved by the Board; please let me know if that is not the case.

Thanks, <<RHMERT-Clackamas County IGA 2004-2005.pdf>> <<RHMERT CAF 2004-2005.doc>>  
<<RHMERT APR 2004-2005.doc>>

### Brad Lynch

Multnomah County Sheriff's Office  
Fiscal Unit  
501 SE Hawthorne Blvd, STE 350  
Portland, OR 97214  
Phone (503) 988-4336  
Fax (503) 988-4317

email: brad.lynch@mcsso.us

<http://www.co.multnomah.or.us/sheriff/>

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☐ Attached ☐ Not Attached Contract #: 0310514  
Amendment #:

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input checked="" type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input checked="" type="checkbox"/> Revenue <hr/> <b>CLASS III B</b> <input type="checkbox"/> Government Contracts (Non-190 Agreement)  <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <input type="checkbox"/> Interdepartmental Contracts

Department: Sheriff's Office Division: Enforcement Date: 07/29/04  
 Originator: Sgt. Jason Gates Phone: 503-251-3600 Bldg/Rm: 313/Jason Gates  
 Contact: Brad Lynch Phone: 503-988-4336 Bldg/Rm: 503/350  
 Description of Contract: IGA for provision of hazmat response to Clackamas County from the Regional Hazmat Emergency Response Team (RHMERT). The IGA is authored by the City of Gresham, a RHMERT participant.

RENEWAL: ☐ PREVIOUS CONTRACT #(S): 0310497  
 RFP/BID: RFP/BID DATE: ORS/AR #:  
 EXEMPTION #: Effective DATE: EXPIRATION DATE:  
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	The City of Gresham		Remittance address	
Address	1333 Eastman Parkway		(If different)	
City/State	Gresham OR		Payment Schedule / Terms	
ZIP Code	97030	Attn: Kathy Street	<input type="checkbox"/> Lump Sum \$	<input type="checkbox"/> Due on Receipt
Phone	503-618-2351		<input type="checkbox"/> Monthly \$	<input type="checkbox"/> Net 30
Employer ID# or SS#			<input type="checkbox"/> Other \$	<input type="checkbox"/> Other
Contract Effective Date	07/01/04	Term Date	06/30/05	
Amendment Effect Date		New Term Date		
Original Contract Amount	\$not to exceed \$30,000.00		Original Requirements Amount	\$
Total Amt of Previous Amendments	\$		Total Amt of Previous Amendments	\$
Amount of Amendment	\$		Requirements Amount Amendment:	\$
Total Amount of Agreement \$	\$		Total Amount of Requirements	\$

## REQUIRED SIGNATURES:

Department Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Attorney *S.A.* \_\_\_\_\_ DATE **8-3-04**  
 County Chair *[Signature]* \_\_\_\_\_ DATE **8-18-04**  
 Sheriff *[Signature]* \_\_\_\_\_ DATE **8/19/04**  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

## COMMENTS:

APPROVED: MULTNOMAH COUNTY  
 BOARD OF COMMISSIONERS  
 AGENDA # **C-1** DATE **08-19-04**  
 DEBORAH L. BOGSTAD, BOARD CLERK

## **INTERGOVERNMENTAL AGREEMENT**

THIS AGREEMENT is made and entered into pursuant to the authority found ORS 190.010 et seq. ORS 190.110 and ORS 206.345 between the City of Gresham (CITY), the Multnomah County Sheriff's Office (MCSO), the Office of State Fire Marshal (OSFM) and the Clackamas County Sheriff's Office (CCSO).

### **RECITALS**

WHEREAS, the City of Gresham is a municipal corporation and is a unit of local government authorized to enter into intergovernmental agreement pursuant to the provisions of ORS 190.010, et seq.; and

WHEREAS, the Multnomah County Sheriff is authorized to enter into intergovernmental agreements jointly with and on behalf of Multnomah County, pursuant to the provisions of ORS 206.345; and

WHEREAS, the Office of State Fire Marshal is authorized to enter into intergovernmental agreements jointly with and on behalf of the State of Oregon, pursuant to the provisions of ORS 190.110; and

WHEREAS, The Clackamas County Sheriff is authorized to enter into intergovernmental agreements jointly with and on behalf of the Clackamas County, pursuant to the provisions of ORS 206.345; and

WHEREAS, the OSFM, CITY and MCSO jointly operate a Regional Hazardous Materials Emergency Response Team (RHMERT) and

WHEREAS, CCSO desired to contract with the OSFM, CITY and MCSO to use the services of the RHMERT to support law enforcement at events not meeting state authorized response criteria involving drug labs and drug lab chemicals; and

WHEREAS, the OSFM, CITY and MCSO are able and prepared to provide the services required by CCSO under those terms and conditions set forth; therefore,

IN CONSIDERATION of those mutual promises and the terms and conditions set forth hereafter, and pursuant to the provisions of ORS chapter 190, the parties agree to be bound as follows:

## Services Provided

THE OSFM, CITY and MCSO will provide hazardous materials response services to CCSO. These services are available by request through Bureau of Emergency Communications or direct contact to Gresham Fire Station 73. These services are available only when the RHMERT is not already committed to a separately occurring hazardous materials event.

On all drug lab responses by the RHMERT, CCSO will provide an Incident Commander. The RHMERT will operate under the direction of the Incident Commander who may approve expenditures, determine level of service to be provided by the RHMERT and otherwise manage the event. The RHMERT Team Leader may refuse a specific request for service or action if, in the sole discretion of the RHMERT Team Leader that service or action presents an unreasonable danger of loss of life or equipment to the RHMERT, or violates laws and established procedures for clean up of hazardous materials.

## Contract Costs and Payment

Effective July 1, 2004, CCSO agrees to pay the OSFM, CITY and MCSO for services as follows:

**Labor** Hourly rate based upon the following schedule, each RHMERT member employed by the City who provides service, reimbursed to the City.

Non-officer = \$47.92/hour

Officer (eligible for overtime) = \$56.87/hour

Officer (salaried) = \$66.02/hour

Hourly rate based upon the following schedule, each RHMERT member employed by MCSO who provides service, reimbursed to MCSO

Deputy Sheriff straight time = \$38.50/hour

Deputy Sheriff overtime = \$57.75/hour

Sergeant straight time = \$49.85/hour

Sergeant overtime = \$74.77/hour

It is understood that the base hourly rate of non-officers, officers, and salaried officers referred to in this section is subject to change pursuant to any collective bargaining agreement entered into between the City and MCSO and their employees. It is the intent that if during the term of this agreement, the base hourly rate of CITY and MCSO for non-officers, officers or salaried officers changes due to a change in a collective bargaining agreement, that on the date



those changes become effective under a collective bargaining agreement, those changes will be incorporated in this agreement and used for the purposes of calculating compensation for the CITY and MCSO.

The hourly rate will be reviewed and updated by July 1, 2005, July 1, 2006 and July 1, 2007 to reflect changes in the collective bargaining agreement and related personal service charges. The rate will mirror the rates charged OSFM less the OSFM availability rate. The CITY and MCSO will notify CCSO in writing of new rates before the start of each fiscal year.

**Apparatus** \$75.00 per hour for the OSFM RHMERT vehicle from the beginning of the response until its return to service, reimbursed at a rate of \$37.50 per hour to OSFM, and \$37.50 per hour to CITY for equipment maintenance.

OSFM will notify CCSO and CITY in writing should the RHMERT vehicle hourly rate increase during the term of this agreement. The notification will include the new hourly rate and the effective date. One-half (50%) of the hourly rate will be reimbursed to OSFM and one-half (50%) of the hourly rate will be reimbursed to CITY for all subsequent RHMERT vehicle rate increases.

**Supplies** The actual cost of expendable supplies used per incident.

**Other** Other expenses as incurred by the RHMERT.

**Admin. Fee** When the State owned vehicle and equipment is used, an 8% Administrative Fee will be charged. This administrative fee will be split equally between OSFM and the City (4% each).

Total expenditures under this contract shall not exceed \$30,000 per fiscal year without prior written authorization from the Clackamas County Sheriff. Once \$30,000 is expended, Clackamas County will be responsible for replenishing funds in order to receive continued response on this contract. OSFM retains the right to bill the responsible party for any RHMERT costs.

OSFM shall be listed as a participating responding agency to the incident subject to this agreement. As such OSFM shall have a right to, and receive asset disbursements, if assets are seized during the response and asset disbursements are subsequently made.

CITY and MCSO will submit an itemized expenditure report to OSFM, who will in turn bill CCSO. The City will generate the itemized expenditure report. Payment from CCSO is due within 30 days of receipt of invoice from the OSFM.

### **Indemnification and Liability**

Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, the OSFM, CITY, MCSO, and CCSO shall each indemnify, defend and hold harmless the other parties to this agreement from and against all liability, loss and costs arising out of or resulting from the acts of each indemnifying party, its officers, employees and agents in the performance of this agreement.

### **Contract Modification and Termination**

This Agreement shall be effective the date all parties have signed the agreement and shall run through June 30, 2008.

OSFM, CITY, MCSO, and CCSO agree that any party to this Agreement may terminate said Agreement by giving the other parties not less than 90 days written notice.

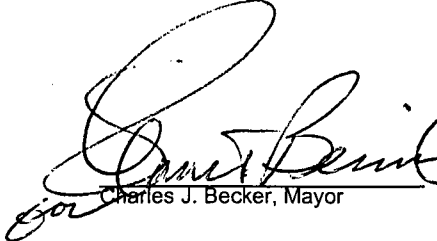
OSFM, CITY, MCSO, and CCSO agree that this Agreement may be modified or amended by mutual agreement of the parties. Any modification to this Agreement shall be effective only when incorporated herein by written amendments and signed by all parties.

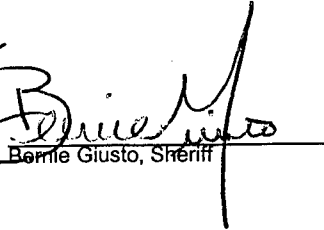
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date written below.

**CITY OF GRESHAM**

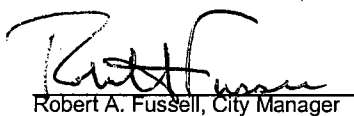
**MULTNOMAH COUNTY  
SHERIFF'S OFFICE**

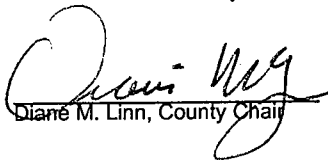
**CLACKAMAS COUNTY  
SHERIFF'S OFFICE**

  
Charles J. Becker, Mayor

  
Bernie Giusto, Sheriff

Pat Detloff, Sheriff

  
Robert A. Fussell, City Manager

  
Diane M. Linn, County Chair

Dated: 7/22/04


Dated: 8/18/04

Dated: \_\_\_\_\_

**OFFICE OF STATE  
FIRE MARSHAL**

\_\_\_\_\_  
State Fire Marshal

Dated: \_\_\_\_\_

  
Susan Bischoff  
City Attorney

S.A. 8-3-04  
Agnes Sowle,  
Multnomah  
County Attorney

\_\_\_\_\_  
Kim Ybarra-Cole  
Clackamas County  
Counsel

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-1 DATE 08-19-04  
DEBORAH L. BOGSTAD, BOARD CLERK

## AGENDA PLACEMENT REQUEST

BUD MOD #: DCJ-01

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-2 DATE 08.19.04  
DEBORAH L. BOGSTAD, BOARD CLERK

### Board Clerk Use Only:

Meeting Date: August 19, 2004

Agenda Item #: C-2

Est. Start Time: 9:30 AM

Date Submitted: 08/03/04

**Requested Date:** August 19, 2004

**Time Requested:** N/A

**Department:** Community Justice

**Division:** Juvenile Services Division

**Contact/s:** Shaun Coldwell

**Phone:** 503 988-3961

**Ext.:** 83961

**I/O Address:** 503/250

**Presenters:** Consent Calendar

**Agenda Title:** Budget Modification DCJ-01 Adding \$15,580 Oregon Youth Authority Juvenile Justice Information System (JJIS) Revenue to the Department of Community Justice's Federal/State Fund

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

- 1. What action are you requesting from the Board? What is the department/agency recommendation?** The Department of Community Justice (DCJ) requests approval of a budget modification to increase the FY 2005 Federal/State budget by \$15,580 from the Oregon Youth Authority (OYA) to cover 50% of the expense of a lead Juvenile Counselor loaned to the State to assist in the state-wide implementation of the Juvenile Justice Information System.
- 2. Please provide sufficient background information for the Board and the public to understand this issue.** The Oregon Youth Authority has requested assistance with the implementation of a statewide case management tool from the Department of Community Justice's Juvenile Services Division. The new module is part of the statewide Juvenile Justice Information System (JJIS). JJIS is used by OYA and the 36 Oregon Counties. OYA is the first agency to use this feature. By partnering with OYA during the

implementation, the Juvenile Services Division will have the opportunity to tailor OYA's system to operate more efficiently with Multnomah County business practices.

The partnership includes the loan of one Juvenile Counselor for six months of the project (2½ months in FY 2004 and 3½ months in FY 2005). Currently, the Juvenile Counselor is part of the Juvenile Business Integration Support Team. The regular tasks performed by the Counselor will either be dispersed among team members or placed on hold until the project is complete.

The project includes traveling within the State to work at OYA sites and secure facilities. Under terms of the agreement, DCJ and OYA will share personnel and travel costs. All need equipment and a laptop computer are being provided by OYA.

This FY 2005 revenue continues the JJIS implementation which began April 15, 2004 and which is projected for completion by September 15, 2004.

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

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

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?** The Federal/State Revenue for FY05 is being increased by \$15,580.
- ❖ **What budgets are increased/decreased?** The Federal/State budget for FY 2005 Juvenile Services Division is being increased by \$15,580. In addition, the following internal services will be increased:
  - Central Indirect \$39
  - Departmental Indirect \$624
  - HR Operations \$227
  - Finance Operations \$164
  - Insurance Fund \$442
- ❖ **What do the changes accomplish?** Increases the Juvenile Services Division budget to reflect the increase in grant funding from the State.
- ❖ **Do any personnel actions result from this budget modification? Explain.** The Juvenile Counselor position was included in the Department's FY 2005 adopted budget. The \$11,432 of revenue provided by OYA for personnel costs was used to offset personnel expenditures in the General Fund. The General Fund savings are going to be used to hire temporary personnel to backfill the position being loaned to the state for the project.
- ❖ **Is the revenue one-time-only in nature? Yes**

- ❖ If a grant, what period does the grant cover? July 1, 2004 – September 15, 2004.
- ❖ When the grant expires, what are funding plans? The Juvenile Counselor will return full-time to the Department of Community Justice Juvenile Services Division.

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain:**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues. N/A
5. Explain any citizen and/or other government participation that has or will take place. N/A

**Required Signatures:**

*Sharon Enlow for  
Joanne Ruler*

**Department/Agency Director:**

**Date: 08/02/04**

**Budget Analyst**

*Michael D. Gaspin*

**By:**

**Date: 08/03/04**

**Dept/Countywide HR**

**By:**

**N/A**

**Date:**

**EXPENDITURES & REVENUES**

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

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
			Internal Order	Cost Center	WBS Element						
1											FY05 OYA JJIS Revenue, JCC Lead 3/12 mos.
2											
3	50-50	1000		509100		60000	215,912	208,223	(7,689)		Decr Perm 15%, xfr to JJIS.
	50-50	1000		509100		60100	0	9,489	9,489		Incr Temporary
4	50-50	1000		509100		60120	0	523	523		Incr Premium, 6.8% Lead Pay on 50% 3 1/2 mos
5	50-50	1000		509100		60130	62,226	60,161	(2,065)		Decr Sal-Rel, net (Perm) + Premium.
	50-50	1000		509100		60135	0	854	854		Incr NB Sal-Related for Temp base, 9% rate.
6	50-50	1000		509100		60140	49,058	47,380	(1,678)		Decr Insurance, net (Perm) + Premium
	50-50	1000		509100		60145	0	380	380		Incr Insurance for Temp base, 4% rate.
8	50-50	1000		509100		60270	0	175	175		Incr Local Travel, C.O.E. \$50/mo. X 3 1/2 mos.
9	50-50	1000		509100		60360	0	14	14		Incr Finance Ops, 7.84% rate.
10	50-50	1000		509100		60365	5,979	5,976	(3)		Decr Intl Svc HumanResOps, 1.82% rate.
11										0	Total, Cctr 509100 JSD JBIST GF
12	50-50	23180			CJ007.OYA.JJIS	60000	0	7,689	7,689		Incr Perm, 15% xfr'd from Cctr 509100
13	50-50	23180			CJ007.OYA.JJIS	60120	0	831	831		Incr Premium for 6.8% Lead Pay, 6.8% & est. 4 % COLA.
14	50-50	23180			CJ007.OYA.JJIS	60130	0	2,367	2,367		Incr Sal-Rel, net on Permanent + Premium
15	50-50	23180			CJ007.OYA.JJIS	60140	0	1,740	1,740		Incr Insurance, net on Permanent + Premium
16	50-50	23180			CJ007.OYA.JJIS	60260	0	1,910	1,910		Incr Educ/Tmg per diem & mileage reimb.
17	50-50	23180			CJ007.OYA.JJIS	60350	0	39	39		Incr Central Indirect, .27%.
18	50-50	23180			CJ007.OYA.JJIS	60355	0	624	624		Incr Dept Indirect, 4.29%.
19	50-50	23180			CJ007.OYA.JJIS	60360	0	150	150		Incr Finance Ops, 7.84% rate.
20	50-50	23180			CJ007.OYA.JJIS	60365	0	230	230		Incr Intl Svc HumanResOps, 1.82% rate.
										15,580	Total CJ007.OYA.JJIS
22	50-50	23180			CJ007.OYA.JJIS	50180	0	(15,580)	(15,580)	(15,580)	Total CJ007.OYA.JJIS revenue increase
24	50-00	1000		509600		50370	(944,188)	(944,812)	(624)	(624)	Dept Indirect revenue
23	50-00	1000		509600		60170	314	938	624	624	Incr Prof Svcs by Dept Indirect
25	71-10	3506		711100		50310		(164)	(164)	(164)	Increase Finance Ops revenue
26	71-10	3506		711100		60240		164	164	164	Increase Finance Ops expense
	71-10	3506		712006		50310		(227)	(227)	(227)	Increase HR Revenue
	71-10	3506		712006		60240		227	227	227	Increase HR Expenditures
27	19	1000		950001000		50310		(39)	(39)	(39)	Increase Central Indirect Revenue
28	19	1000		950001000		60470		39	39	39	Increase Central Indirect Expense
	70-01	3500		705210		50316		(442)	(442)	(442)	Increase Insurance Revenue
	70-01	3500		705210		60330		442	442	442	Increase Insurance Expense
								0	0	0	Total - Page 1

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

						ANNUALIZED			
Fund	Job #	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
50-50	6272	64211	JCC [Lamb] 50% of 3.5-mo. Xfr out to OYA	90710357	(0.15)	(7,689)	(2,216)	(1,709)	(11,614)
50-50			Fringe & Ins on \$523 remaining half-time 3.5-month Lead Pay Premium base.				151	31	182
50-50			Non-Based Fringe & Ins on \$9,489 Temporary personnel base.				854	380	1,234
									0
									0
									0
50-50	6272	64212	JCC [Lamb] 3.5-mo. Xfr in from GF	90710357	0.15	7,689	2,216	1,709	11,614
50-50			Fringe & Ins on \$523 Lead Pay Premium base.				151	31	182
									0
									0
									0
			<b>TOTAL ANNUALIZED CHANGES</b>		<b>0.00</b>	<b>0</b>	<b>1,156</b>	<b>442</b>	<b>1,598</b>

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

						CURRENT YEAR			
Fund	Job #	HR Org Unit	Position Title	Position Number	FTE	BASE PAY	FRINGE	INSUR	TOTAL
50-50	6272	64211	JCC [Lamb] 50% of 3.5-mo. Xfr out to OYA	90710357	(0.15)	(7,689)	(2,216)	(1,709)	(11,614)
50-50			Fringe & Ins on \$523 remaining half-time 3.5-month Lead Pay Premium base.				151	31	182
50-50			Non-Based Fringe & Ins on \$9,489 Temporary personnel base.				854	380	1,234
									0
									0
									0
50-50	6272	64212	JCC [Lamb] 3.5-mo. Xfr in from GF	90710357	0.15	7,689	2,216	1,709	11,614
50-50			Fringe & Ins on \$523 Lead Pay Premium base.				151	31	182
									0
									0
									0
			<b>TOTAL CURRENT FY CHANGES</b>		<b>0.00</b>	<b>0</b>	<b>1,156</b>	<b>442</b>	<b>1,598</b>



## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** C-3

**Est. Start Time:** 9:30 AM

**Date Submitted:** 07/26/04

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**Requested Date:** August 19, 2004

**Time Requested:** N/A

**Department:** DBCS

**Division:** Emergency Management

**Contact/s:** Tom Simpson

**Phone:** (503) 988-4233

**Ext.:** 84233

**I/O Address:** 503/6th

**Presenters:** Consent Calendar

---

**Agenda Title:** Government Non-Expenditure Contract (190 Agreement) 0405014 with Multnomah County Rural Fire Protection District No. 14, for Management of the Urban Area Security Initiative Grant

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

---

- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

Approval of the intergovernmental agreements.

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

The Urban Area Security Initiative (UASI) Grant is a Portland regional grant from the Department of Homeland Security. The City of Portland is the management agency for the grant which is supplying funds to 10 different responder and emergency disciplines in order to prepare them for response to emergencies. The steering committee for the grant is made up of the City of Portland, Multnomah County, Clackamas County, Washington County, Columbia County, and Clark County Washington.

The agreements between the County and the Port of Portland, the City of Gresham, Multnomah County Rural Fire Protection District #14 (Corbett) and the Sauvie Island Fire

District 30J pass ownership of equipment and the requirements of the grant through to each jurisdiction. The County is acting in only a pass-through capacity for equipment ownership and grant requirements. No funds will pass through the County for this grant.

While this arrangement may seem cumbersome on the surface, it assures a regional level of equipment compatibility and cooperation. In addition, the purchasing process will be more efficient with only one agency buying for all responders in the region.

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

No funds pass through to the County under this agreement.

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

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**

- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain:**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

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

None. The IGAs have been reviewed by the County Attorney.

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

UASI will pay for equipment, training, and planning for 19 jurisdictions. Each of these jurisdictions are part of the UASI planning process.

**Required Signatures:**

**Department/Agency Director:** Robert A Maestre **Date:** 07/20/04

**Budget Analyst**

**By:** \_\_\_\_\_

**Date:**

**Dept/Countywide HR**

**By:** \_\_\_\_\_

**Date:**

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☒ Attached ☐ Not Attached Contract #: 0405014  
Amendment #: \_\_\_\_\_

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input checked="" type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue  <b>CLASS III B</b> <input type="checkbox"/> Government Contracts (Non-190 Agreement)  <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue  <input type="checkbox"/> Interdepartmental Contracts

Department: Business and Community Services Division: Emergency Services Date: 7/22/04  
 Originator: Tom Simpson Phone: x84233 Bldg/Rm: 503/6<sup>th</sup> Fl.  
 Contact: Cathey Kramer Phone: x22589 Bldg/Rm: 455/Annex

Description of Contract: Intergovernmental Agreement with the Corbett Fire District to utilize funds available under the Urban Area Security Initiative (UASI). Multnomah County will coordinate with Corbett FD, and the City of Portland will manage this regional grant for FY 2003 from the Department of Homeland Security. There are no costs to the County associated with this Agreement.

RENEWAL: ☐ PREVIOUS CONTRACT #(S): \_\_\_\_\_  
 RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_  
 EXEMPTION #: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# \_\_\_\_\_ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	Multnomah County RFPD No. 14			Remittance address	_____
Address	PO Box 1			(If different)	_____
City/State	Corbett OR			Payment Schedule / Terms	_____
ZIP Code	97019			<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
Phone	(503) 695-2272 (Chief Tom Layton)			<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Employer ID# or SS#	_____			<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other
Contract Effective Date	07/01/04	Term Date	06/30/05	<input type="checkbox"/> Requirements Funding Info: _____	
Amendment Effect Date	New Term Date _____			Original Contract Amount	\$ _____
				Total Amt of Previous Amendments	\$ _____
				Requirements Amount Amendment	\$ _____
				Total Amount of Requirements	\$ _____
				Original Requirements Amount	\$ _____
				Total Amt of Previous Amendments	\$ _____
				Requirements Amount Amendment	\$ _____
				Total Amount of Requirements	\$ _____

## REQUIRED SIGNATURES:

Department Manager Robert Maestre DATE 7-21-04  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Attorney Chris K. K. K. DATE 7/26/04  
 County Chair Chris K. K. K. DATE 8-18-04  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: (SAP 703001)

APPROVED: MULTNOMAH COUNTY

BOARD OF COMMISSIONERS

AGENDA # C-3 DATE 08-19-04

DEBORAH L. BOGSTAD, BOARD CLERK

## INTERGOVERNMENTAL AGREEMENT

This is an Agreement between the Multnomah County Rural Fire Protection District No. 14 (District) and Multnomah County (County), pursuant to authority granted in ORS Chapter 190.

### PURPOSE:

The purpose of this agreement is as follows:

1. To use funds made available to local governments under the federal Urban Area Security Initiative, to provide for coordination in the purchasing and distribution of specialized equipment, supplies and services to enhance District's ability to prevent, respond to and recover from chemical, biological, radiological, nuclear and explosive (CBRNE) events; and
2. To coordinate data collection and reporting in compliance with the reporting requirements of any grant or other funding agreement entered into pursuant to UASI.

The parties agree as follows:

1. **TERM.** The term of this agreement shall be from July 1, 2004, to June 30, 2005. This agreement may be renewed annually until terminated by mutual agreement of the parties, or as provided under Section 4 of this agreement.
2. **RESPONSIBILITIES OF RFPD NO. 14.** District agrees as follows:
  - a. To report its purchasing needs to the County or the City of Portland, as appropriate, according to the list of equipment and supplies included as Exhibit A to this agreement;
  - b. To coordinate with the County or City, as appropriate, in the purchase and delivery of such equipment and supplies;
  - c. To comply timely with all reporting obligations required by the terms of any funding agreement, grant, or other fund source;
  - d. To appropriately use and conserve the equipment and supplies provided for CBRNE training and response;
  - e. That any public statement by the Recipient referring to the receipt of the equipment, supplies, or services shall state that the funds for the purchase came from the U.S. Department of Homeland Security, Office for Domestic Preparedness, Urban Area Security Initiative Grant Program, and the percent or dollar amount of federal funds used in the purchase;
  - f. Not to supplant its local funds with federal and to, instead, use the federal funds to increase the amount of funds that, in the absence of federal aid, would be made available to the Recipient to fund programs within the Urban Area Security Initiative Program Grant guideline; and

- g. In addition to the requirements of paragraph (c) of this section, to provide the City with Progress Reports, Financial Reimbursement Reports, and Audit Reports when required by the City and in the form required by the City.
3. **RESPONSIBILITIES OF COUNTY.** The County agrees to:
- a. Coordinate with District and the City of Portland for the purchase and distribution of CBRNE equipment, supplies, and services.
  - b. Comply with all data collection and reporting requirements imposed upon the County according to the terms of any grant, intergovernmental agreement, or other agreement regarding the purchase of equipment that is subject to this agreement.
4. **TERMINATION.** This agreement may be terminated by either party upon a 90-day written notice.
5. **INDEMNIFICATION.** Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend, and hold harmless District from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, District shall indemnify, defend and hold the County harmless from and against all liability, loss, and costs arising out of or resulting from the acts of District, its officers, employees, and agents in the performance of this agreement.
6. **INSURANCE.** Each party shall be responsible for providing workers' compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.
7. **ADHERENCE TO LAW.** Each party shall comply with all federal, state, and local laws and ordinances applicable to this agreement.
8. **NON-DISCRIMINATION.** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
9. **ACCESS TO RECORDS.** Each party shall have access to the books, documents, and other records of the other which are related to this agreement for the purpose of examination, copying, and audit, unless otherwise limited by law.
10. **SUBCONTRACTS AND ASSIGNMENT.** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.

11. **THIS IS THE ENTIRE AGREEMENT** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

MULTNOMAH COUNTY, OREGON:

MULTNOMAH COUNTY RURAL  
FIRE PROTECTION DISTRICT NO. 14

By 

By \_\_\_\_\_

Title Multnomah County Chair

Title \_\_\_\_\_

Date August 19, 2004

Date \_\_\_\_\_

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY

By   
Assistant County Attorney

Date 8/26/04

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # 0-3 DATE 08-19-04  
DEBORAH L. BOGSTAD, BOARD CLERK

Grant	Jurisdiction	Organization	Category	Item	Priority	Unit Cost	Quantity	Budget Amount	Discipline
UASI03	Multnomah County	Corbett Fire	Detect	O2, LEL, CO gas mon		1500	1	\$ 1,500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Tech Assoc Radiation		500	1	\$ 500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Thermal Imaging Cam		8500	1	\$ 8,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	1000-watt Honda gene		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	1-Hour SCBA bottles (		1200	5	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	2-way haz mat suit cor		2000	2	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	4000-watt generator		2000	1	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	800 MHz gang battery		460	2	\$ 920	FS
UASI03	Multnomah County	Gresham Fire	Medical	Access AED		1400	1	\$ 1,400	FS
UASI03	Multnomah County	Gresham Fire	Medical	Airway kit (2/rig)		9220	2	\$ 18,440	FS
UASI03	Multnomah County	Gresham Fire	Logistics	All Terrain Vehicle		10000	1	\$ 10,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Anthrax Haz Cat Kit (2		1000	1	\$ 1,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Back boards (80/rig)		150	80	\$ 12,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	Bendix King VHF radic		500	10	\$ 5,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Binoculars (5 per rig)		500	5	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Biphasic Automatic Ex		16500	3	\$ 49,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Body bags (25 per rig)		50	25	\$ 1,250	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	10	\$ 300	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	25	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl Haz Mat gloves (		30	100	\$ 3,000	FS
UASI03	Multnomah County	Gresham Fire	Veh	CBRNE / Haz Mat Tea		350000	1	\$ 350,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE Chief First Re		1000	2	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	Decon	Disposable footwear fc		2	250	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Electric cord reels (4 p		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Emergency escape ho		25	100	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Ferno kerosene tent h		2500	1	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlight batteries (2		1	250	\$ 250	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlights (3 Cell; 20		10	20	\$ 200	FS
UASI03	Multnomah County	Gresham Fire	Detect	FLIR in Chief's Commi		6000	1	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Large oxygen tank (1/r		500	1	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B boots (80/Tea		60	10	\$ 600	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	50	\$ 3,750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	10	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B haz mat suits i		75	25	\$ 1,875	FS



UASI03	Multnomah County	Gresham Fire	Medical	Medical kit (2/rig)	14960	2	\$	29,920	FS
UASI03	Multnomah County	Gresham Fire	Comm	Mega phones (5 per rig)	190	5	\$	950	FS
UASI03	Multnomah County	Gresham Fire	Detect	O2, LEL, CO gas mon	1500	3	\$	4,500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	25	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	50	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Oxygen manifold system	1500	1	\$	1,500	FS
UASI03	Multnomah County	Gresham Fire	Decon	Paper towels (500 per rig)	1	500	\$	500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Personal dosimeter (1/rig)	300	8	\$	2,400	FS
UASI03	Multnomah County	Gresham Fire	Detect	Personal dosimeters (6/rig)	300	10	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Personal property bag	5	335	\$	1,675	FS
UASI03	Multnomah County	Gresham Fire	Detect	Photo ionization detector	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable meteorological	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable scene/MCP tent	100	8	\$	800	FS
UASI03	Multnomah County	Gresham Fire	Decon	Pressurized sprayer w/ nozzle	20	5	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Red Fireline tape (10 rolls)	10	10	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Reeves Medical Care	15000	1	\$	15,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Regular Haz Cat Kit (1/rig)	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Roll Visqueen (4 per rig)	10	4	\$	40	FS
UASI03	Multnomah County	Gresham Fire	Decon	Space blanket (250 per rig)	15	250	\$	3,750	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare 800 MHz radio	30	30	\$	900	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare portable radios	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Train	Special Weapons and	2840	2	\$	5,680	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	5	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	10	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Thermal imaging camera	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Trauma Kit (2/rig)	500	2	\$	1,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Tyvek suits for decon	5	250	\$	1,250	FS
UASI03	Multnomah County	Gresham Fire	Train	USAR Technician		18	\$	63,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Various sized hardeners	100	50	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF crank-up antenna	3000	1	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF repeater	7500	1	\$	7,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation detector	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation detector	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Wireless search camera	5000	1	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	145	50	\$	7,250	FS

UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	50	\$	7,000	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	25	\$	3,500	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage filter	145	20	\$	2,900	FS	
UASI03	Multnomah County	Gresham Fire	Detect	WMD Haz Cat Kit (1/T	2000	1	\$	2,000	FS	
UASI03	Multnomah County	Gresham Fire	Logistics	Yellow Caution tape (1	10	10	\$	100	FS	
UASI03	Multnomah County	Mult Co Sheriff	Veh	Equipment trailer	1	15001	\$	15,001	LE	
UASI03	Multnomah County	Mult Co Sheriff	Train	ODPAwareness, and S	40	625	\$	25,000	LE	
UASI03	Multnomah County	Port of Portland, PDX	PPE	CBRNE Chief First Re	1000	1	\$	1,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	FLIR in Chief's Comm	6000	1	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	O2, LEL, CO gas mon	1500	4	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	PPE	PPE(Masks)for level C	52	110	\$	5,720	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	Tech Assoc Radiation	500	3	\$	1,500	PW	
UASI03	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, CO gas mon	1500	1	\$	1,500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS	
UASI04	Multnomah County	Corbett Fire	Detect	O2, LEL, C	1	1,500	1	\$	1,500	FS
UASI04	Multnomah County	Corbett Fire	SAR	Thermal Irr	1	8,500	1	\$	8,500	FS
UASI04	Multnomah County	Gresham Fire	Veh	Hazmat Re	1	420,000	1	\$	420,000	FS
UASI04	Multnomah County	Mult Co Sheriff	Comm	Camera Liq	5	5,100	2	\$	10,200	LE
UASI04	Multnomah County	Mult Co Sheriff	Train	MRT Backl	2	20,000	1	\$	20,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Repeater	3	10,000	1	\$	10,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Cc	3	15,000	1	\$	15,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Pt	3	1,500	2	\$	3,000	LE
UASI04	Multnomah County	Port of Portland, PDX	Logistics	1000-watt l	1	1,000	2	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	1-Hour SCI	1	1,200	1	\$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	4000-watt g	1	2,000	1	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Airway kit	1	9,220	1	\$	9,220	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	All Terrain	1	10,000	1	\$	10,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Back board	1	150	40	\$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	Bendix Kin	1	500	6	\$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Binoculars	1	500	1	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Biphasic A	1	16,500	1	\$	16,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Body bags	1	50	10	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl glove	1	30	10	\$	300	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl Haz A	1	30	30	\$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	CBRNE Fir	1	5,325	1	\$	5,325	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	CBRNE Ha	1	350,000	1	\$	350,000	PW

UASI04	Multnomah County	Port of Portland, PDX	Decon	Disposable	1	2	75 \$	150	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Electric cor	1	1,000	2 \$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Emergency	1	25	25 \$	625	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Ferno kero	1	2,500	1 \$	2,500	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlight t	1	1	125 \$	125	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlights	1	10	10 \$	100	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Large oxyg	1	500	1 \$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B Ha	1	75	15 \$	1,125	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B ha:	1	75	10 \$	750	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Medical kit	1	14,960	1 \$	14,960	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Mega phor	1	190	2 \$	380	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	120	10 \$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	60	15 \$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Oxygen ma	1	1,500	1 \$	1,500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Personal d	1	300	10 \$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Portable sc	1	100	4 \$	400	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Reeves Me	1	15,000	1 \$	15,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Tech Asso	1	500	5 \$	2,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Trauma Kit	1	500	1 \$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Tyvek suits	1	5	75 \$	375	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Various siz	1	100	40 \$	4,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF crank	1	3,000	1 \$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF repea	1	7,500	1 \$	7,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Victoreen r	1	6,000	1 \$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	145	15 \$	2,175	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	140	10 \$	1,400	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	140	10 \$	1,400	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	145	5 \$	725	PW
UASI04	Multnomah County	Sauvie Island Fire	Comm	800 MHz R	1	10,000	1 \$	10,000	FS
UASI04	Multnomah County	Sauvie Island Fire	PPE	CBRNE Fir	1	5,325	1 \$	5,325	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Chainsaw \	1	950	1 \$	950	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Hydraulic F	1	30,000	1 \$	30,000	FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, C	1	1,500	1 \$	1,500	FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	Tech Asso	1	500	1 \$	500	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Thermal Irr	1	8,500	1 \$	8,500	FS

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** C-4

**Est. Start Time:** 9:30 AM

**Date Submitted:** 07/26/04

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**Requested Date:** August 19, 2004

**Time Requested:** N/A

**Department:** DBCS

**Division:** Emergency Management

**Contact/s:** Tom Simpson

**Phone:** (503) 988-4233

**Ext.:** 84233

**I/O Address:** 503/6th

**Presenters:** Consent Calendar

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**Agenda Title:** Government Non-Expenditure Contract (190 Agreement) 0405015 with the Port of Portland, for Management of the Urban Area Security Initiative Grant

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

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1. **What action are you requesting from the Board? What is the department/agency recommendation?**

Approval of the intergovernmental agreements.

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

The Urban Area Security Initiative (UASI) Grant is a Portland regional grant from the Department of Homeland Security. The City of Portland is the management agency for the grant which is supplying funds to 10 different responder and emergency disciplines in order to prepare them for response to emergencies. The steering committee for the grant is made up of the City of Portland, Multnomah County, Clackamas County, Washington County, Columbia County, and Clark County Washington.

The agreements between the County and the Port of Portland, the City of Gresham, Multnomah County Rural Fire Protection District #14 (Corbett) and the Sauvie Island Fire District 30J pass ownership of equipment and the requirements of the grant through to

each jurisdiction. The County is acting in only a pass-through capacity for equipment ownership and grant requirements. No funds will pass through the County for this grant.

While this arrangement may seem cumbersome on the surface, it assures a regional level of equipment compatibility and cooperation. In addition, the purchasing process will be more efficient with only one agency buying for all responders in the region.

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

No funds pass through to the County under this agreement.

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

**If a budget modification, explain:**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
  
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ Why was the expenditure not included in the annual budget process?
  
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
  
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain:**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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

None. The IGAs have been reviewed by the County Attorney.

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

UASI will pay for equipment, training, and planning for 19 jurisdictions. Each of these jurisdictions are part of the UASI planning process.

**Required Signatures:**

Department/Agency Director: Robert A Maestre Date: 07/20/04

Budget Analyst

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

Date:

Dept/Countywide HR

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

Date:

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☒ Attached ☐ Not Attached Contract #: 0405015  
Amendment #:

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input checked="" type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <b>CLASS III B</b> <input type="checkbox"/> Government Contracts (Non-190 Agreement)  <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <input type="checkbox"/> Interdepartmental Contracts

Department: Business and Community Services Division: Emergency Services Date: 7/22/04  
 Originator: Tom Simpson Phone: x84233 Bldg/Rm: 503/6<sup>th</sup> Fl.  
 Contact: Cathey Kramer Phone: x22589 Bldg/Rm: 455/Annex

Description of Contract: Intergovernmental Agreement with the Port of Portland to utilize funds available under the Urban Area Security Initiative (UASI). Multnomah County will coordinate with the Port, and the City of Portland will manage this regional grant for FY 2003 from the Department of Homeland Security. There are no costs to the County associated with this Agreement.

RENEWAL: ☐ PREVIOUS CONTRACT #(S): \_\_\_\_\_  
 RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_  
 EXEMPTION #: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# \_\_\_\_\_ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	Port of Portland			Remittance address	_____		
Address	PO Box 3529			(If different)	_____		
City/State	Portland OR			Payment Schedule / Terms	_____		
ZIP Code	97208-3529			<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt		
Phone	(503) 460-4116 (Doug Roberts)			<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30		
Employer ID# or SS#	_____			<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other		
Contract Effective Date	07/01/04	Term Date	06/30/05	<input type="checkbox"/> Requirements Funding Info:			
Amendment Effect Date	New Term Date			Original Requirements Amount	\$ _____		
Original Contract Amount	\$ _____			Total Amt of Previous Amendments	\$ _____		
Total Amt of Previous Amendments	\$ _____			Requirements Amount Amendment	\$ _____		
Amount of Amendment	\$ _____			Total Amount of Requirements	\$ _____		
Total Amount of Agreement	\$ \$0						

## REQUIRED SIGNATURES:

Department Manager	<u>Robert Maestre</u>	DATE	<u>7-21-04</u>
Purchasing Manager	_____	DATE	_____
County Attorney	<u>Charles G. [Signature]</u>	DATE	<u>7/20/04</u>
County Chair	<u>Chris [Signature]</u>	DATE	<u>8-19-04</u>
Sheriff	_____	DATE	_____
Contract Administration	_____	DATE	_____

COMMENTS: (SAP 703001)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-4 DATE 08-19-04  
DEBORAH L. BOGSTAD, BOARD CLERK

## INTERGOVERNMENTAL AGREEMENT

This is an Agreement between the Port of Portland (Port) and Multnomah County (County), pursuant to authority granted in ORS Chapter 190.

### PURPOSE:

The purpose of this agreement is as follows:

1. To use funds made available to local governments under the federal Urban Area Security Initiative, to provide for coordination in the purchasing and distribution of specialized equipment, supplies and services to enhance the Port's ability to prevent, respond to and recover from chemical, biological, radiological, nuclear and explosive (CBRNE) events; and
- 2 To coordinate data collection and reporting in compliance with the reporting requirements of any grant or other funding agreement entered into pursuant to UASI.

The parties agree as follows:

1. **TERM.** The term of this agreement shall be from July 1, 2004, to June 30, 2005. This agreement may be renewed annually until terminated by mutual agreement of the parties, or as provided under Section 4 of this agreement.
2. **RESPONSIBILITIES OF THE PORT.** The Port agrees as follows:
  - a. To report its purchasing needs to the County or the City of Portland, as appropriate, according to the list of equipment and supplies included as Exhibit A to this agreement;
  - b. To coordinate with the County or City, as appropriate, in the purchase and delivery of such equipment and supplies;
  - c. To comply timely with all reporting obligations required by the terms of any funding agreement, grant, or other fund source;
  - d. To appropriately use and conserve the equipment and supplies provided for CBRNE training and response;
  - e. That any public statement by the Recipient referring to the receipt of the equipment, supplies, or services shall state that the funds for the purchase came from the U.S. Department of Homeland Security, Office for Domestic Preparedness, Urban Area Security Initiative Grant Program, and the percent or dollar amount of federal funds used in the purchase;
  - f. Not to supplant its local funds with federal and to, instead, use the federal funds to increase the amount of funds that, in the absence of federal aid, would be made available to the Recipient to fund programs within the Urban Area Security Initiative Program Grant guideline; and

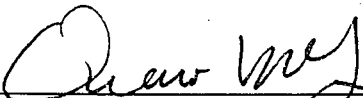


- g. In addition to the requirements of paragraph (c) of this section, to provide the City with Progress Reports, Financial Reimbursement Reports, and Audit Reports when required by the City and in the form required by the City.
3. **RESPONSIBILITIES OF COUNTY.** The County agrees to:
- a. Coordinate with the Port and the City of Portland for the purchase and distribution of CBRNE equipment, supplies, and services.
  - b. Comply with all data collection and reporting requirements imposed upon the County according to the terms of any grant, intergovernmental agreement, or other agreement regarding the purchase of equipment that is subject to this agreement.
4. **TERMINATION.** This agreement may be terminated by either party upon a 90-day written notice.
5. **INDEMNIFICATION.** Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend, and hold harmless The Port from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, the Port shall indemnify, defend and hold the County harmless from and against all liability, loss, and costs arising out of or resulting from the acts of the Port, its officers, employees, and agents in the performance of this agreement.
6. **INSURANCE.** Each party shall be responsible for providing workers' compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.
7. **ADHERENCE TO LAW.** Each party shall comply with all federal, state, and local laws and ordinances applicable to this agreement.
8. **NON-DISCRIMINATION.** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
9. **ACCESS TO RECORDS.** Each party shall have access to the books, documents, and other records of the other which are related to this agreement for the purpose of examination, copying, and audit, unless otherwise limited by law.
10. **SUBCONTRACTS AND ASSIGNMENT.** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.

11. **THIS IS THE ENTIRE AGREEMENT** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

MULTNOMAH COUNTY, OREGON:

PORT OF PORTLAND

By   
Diane M. Linn, County Chair

By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date August 19, 2004


Date \_\_\_\_\_

REVIEWED:

REVIEWED:

AGNES SOWLE, County Attorney  
For Multnomah County

BARBARA JACOBSON  
Senior Assistant General Counsel

By   
Assistant County Attorney

By \_\_\_\_\_

Date 7/26/04

Date \_\_\_\_\_

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-4 DATE 08-19-04  
DEBORAH L. BOGSTAD, BOARD CLERK

Grant	Jurisdiction	Organization	Category	Item	Priority	Unit Cost	Quantity	Budget Amount	Discipline
UASI03	Multnomah County	Corbett Fire	Detect	O2, LEL, CO gas mon		1500	1	\$ 1,500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Tech Assoc Radiation		500	1	\$ 500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Thermal Imaging Cam		8500	1	\$ 8,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	1000-watt Honda gene		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	1-Hour SCBA bottles (		1200	5	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	2-way haz mat suit cor		2000	2	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	4000-watt generator		2000	1	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	800 MHz gang battery		460	2	\$ 920	FS
UASI03	Multnomah County	Gresham Fire	Medical	Access AED		1400	1	\$ 1,400	FS
UASI03	Multnomah County	Gresham Fire	Medical	Airway kit (2/rig)		9220	2	\$ 18,440	FS
UASI03	Multnomah County	Gresham Fire	Logistics	All Terrain Vehicle		10000	1	\$ 10,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Anthrax Haz Cat Kit (2		1000	1	\$ 1,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Back boards (80/rig)		150	80	\$ 12,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	Bendix King VHF radic		500	10	\$ 5,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Binoculars (5 per rig)		500	5	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Biphasic Automatic Ex		16500	3	\$ 49,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Body bags (25 per rig)		50	25	\$ 1,250	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	10	\$ 300	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	25	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl Haz Mat gloves (		30	100	\$ 3,000	FS
UASI03	Multnomah County	Gresham Fire	Veh	CBRNE / Haz Mat Tea		350000	1	\$ 350,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE Chief First Re		1000	2	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	Decon	Disposable footwear fc		2	250	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Electric cord reels (4 p		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Emergency escape ho		25	100	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Ferno kerosene tent h		2500	1	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlight batteries (2		1	250	\$ 250	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlights (3 Cell; 20		10	20	\$ 200	FS
UASI03	Multnomah County	Gresham Fire	Detect	FLIR in Chief's Commi		6000	1	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Large oxygen tank (1/r		500	1	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B boots (80/Tea		60	10	\$ 600	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	50	\$ 3,750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	10	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B haz mat suits (		75	25	\$ 1,875	FS

UASI03	Multnomah County	Gresham Fire	Medical	Medical kit (2/rig)	14960	2	\$	29,920	FS
UASI03	Multnomah County	Gresham Fire	Comm	Mega phones (5 per rig)	190	5	\$	950	FS
UASI03	Multnomah County	Gresham Fire	Detect	O2, LEL, CO gas mon	1500	3	\$	4,500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	25	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	50	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Oxygen manifold system	1500	1	\$	1,500	FS
UASI03	Multnomah County	Gresham Fire	Decon	Paper towels (500 per rig)	1	500	\$	500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Personal dosimeter (1/rig)	300	8	\$	2,400	FS
UASI03	Multnomah County	Gresham Fire	Detect	Personal dosimeters (1/rig)	300	10	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Personal property bag	5	335	\$	1,675	FS
UASI03	Multnomah County	Gresham Fire	Detect	Photo ionization detector	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable meteorological	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable scene/MCP tent	100	8	\$	800	FS
UASI03	Multnomah County	Gresham Fire	Decon	Pressurized sprayer w/ nozzle	20	5	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Red Fireline tape (10 rolls)	10	10	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Reeves Medical Care	15000	1	\$	15,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Regular Haz Cat Kit (1/rig)	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Roll Visqueen (4 per rig)	10	4	\$	40	FS
UASI03	Multnomah County	Gresham Fire	Decon	Space blanket (250 per rig)	15	250	\$	3,750	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare 800 MHz radio	30	30	\$	900	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare portable radios	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Train	Special Weapons and	2840	2	\$	5,680	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	5	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	10	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Thermal imaging camera	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Trauma Kit (2/rig)	500	2	\$	1,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Tyvek suits for decon	5	250	\$	1,250	FS
UASI03	Multnomah County	Gresham Fire	Train	USAR Technician		18	\$	63,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Various sized hardene	100	50	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF crank-up antenna	3000	1	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF repeater	7500	1	\$	7,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation det	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation det	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Wireless search camera	5000	1	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	145	50	\$	7,250	FS

UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	50	\$	7,000	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	25	\$	3,500	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage filter:	145	20	\$	2,900	FS	
UASI03	Multnomah County	Gresham Fire	Detect	WMD Haz Cat Kit (1/T	2000	1	\$	2,000	FS	
UASI03	Multnomah County	Gresham Fire	Logistics	Yellow Caution tape (1	10	10	\$	100	FS	
UASI03	Multnomah County	Mult Co Sheriff	Veh	Equipment trailer	1	15001	\$	15,001	LE	
UASI03	Multnomah County	Mult Co Sheriff	Train	ODPAwareness, and 5	40	625	\$	25,000	LE	
UASI03	Multnomah County	Port of Portland, PDX	PPE	CBRNE Chief First Re	1000	1	\$	1,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	FLIR in Chief's Comm:	6000	1	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	O2, LEL, CO gas mon	1500	4	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	PPE	PPE(Masks)for level C	52	110	\$	5,720	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	Tech Assoc Radiation	500	3	\$	1,500	PW	
UASI03	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, CO gas mon	1500	1	\$	1,500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS	
UASI04	Multnomah County	Corbett Fire	Detect	O2, LEL, C	1	1,500	1	\$	1,500	FS
UASI04	Multnomah County	Corbett Fire	SAR	Thermal Im	1	8,500	1	\$	8,500	FS
UASI04	Multnomah County	Gresham Fire	Veh	Hazmat Re	1	420,000	1	\$	420,000	FS
UASI04	Multnomah County	Mult Co Sheriff	Comm	Camera Li	5	5,100	2	\$	10,200	LE
UASI04	Multnomah County	Mult Co Sheriff	Train	MRT Backl	2	20,000	1	\$	20,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Repeater	3	10,000	1	\$	10,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Cc	3	15,000	1	\$	15,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Ph	3	1,500	2	\$	3,000	LE
UASI04	Multnomah County	Port of Portland, PDX	Logistics	1000-watt l	1	1,000	2	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	1-Hour SCI	1	1,200	1	\$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	4000-watt g	1	2,000	1	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Airway kit	1	9,220	1	\$	9,220	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	All Terrain	1	10,000	1	\$	10,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Back board	1	150	40	\$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	Bendix Kin	1	500	6	\$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Binoculars	1	500	1	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Biphasic A	1	16,500	1	\$	16,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Body bags	1	50	10	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl glove	1	30	10	\$	300	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl Haz M	1	30	30	\$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	CBRNE Fir	1	5,325	1	\$	5,325	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	CBRNE Ha	1	350,000	1	\$	350,000	PW

UASI04	Multnomah County	Port of Portland, PDX	Decon	Disposable	1	2	75 \$	150	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Electric cor	1	1,000	2 \$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Emergency	1	25	25 \$	625	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Ferno kero	1	2,500	1 \$	2,500	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlight t	1	1	125 \$	125	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlights	1	10	10 \$	100	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Large oxyg	1	500	1 \$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B Ha	1	75	15 \$	1,125	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B ha:	1	75	10 \$	750	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Medical kit	1	14,960	1 \$	14,960	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Mega phor	1	190	2 \$	380	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	120	10 \$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	60	15 \$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Oxygen ma	1	1,500	1 \$	1,500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Personal d	1	300	10 \$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Portable sc	1	100	4 \$	400	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Reeves Me	1	15,000	1 \$	15,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Tech Asso	1	500	5 \$	2,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Trauma Kit	1	500	1 \$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Tyvek suits	1	5	75 \$	375	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Various siz	1	100	40 \$	4,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF crank	1	3,000	1 \$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF repea	1	7,500	1 \$	7,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Victoreen r	1	6,000	1 \$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Adv	1	145	15 \$	2,175	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Adv	1	140	10 \$	1,400	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Adv	1	140	10 \$	1,400	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Adv	1	145	5 \$	725	PW
UASI04	Multnomah County	Sauvie Island Fire	Comm	800 MHz R	1	10,000	1 \$	10,000	FS
UASI04	Multnomah County	Sauvie Island Fire	PPE	CBRNE Fir	1	5,325	1 \$	5,325	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Chainsaw	1	950	1 \$	950	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Hydraulic F	1	30,000	1 \$	30,000	FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, C	1	1,500	1 \$	1,500	FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	Tech Asso	1	500	1 \$	500	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Thermal Irr	1	8,500	1 \$	8,500	FS

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** C-5

**Est. Start Time:** 9:30 AM

**Date Submitted:** 07/26/04

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**Requested Date:** August 19, 2004

**Time Requested:** N/A

**Department:** DBCS

**Division:** Emergency Management

**Contact/s:** Tom Simpson

**Phone:** (503) 988-4233

**Ext.:** 84233

**I/O Address:** 503/6th

**Presenters:** Consent Calendar

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**Agenda Title:** Government Non-Expenditure Contract (190 Agreement) 0405016 with Sauvie Island Fire District 30J, for Management of the Urban Area Security Initiative Grant

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

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- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

Approval of the intergovernmental agreements.

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

The Urban Area Security Initiative (UASI) Grant is a Portland regional grant from the Department of Homeland Security. The City of Portland is the management agency for the grant which is supplying funds to 10 different responder and emergency disciplines in order to prepare them for response to emergencies. The steering committee for the grant is made up of the City of Portland, Multnomah County, Clackamas County, Washington County, Columbia County, and Clark County Washington.

The agreements between the County and the Port of Portland, the City of Gresham, Multnomah County Rural Fire Protection District #14 (Corbett) and the Sauvie Island Fire District 30J pass ownership of equipment and the requirements of the grant through to

each jurisdiction. The County is acting in only a pass-through capacity for equipment ownership and grant requirements. No funds will pass through the County for this grant.

While this arrangement may seem cumbersome on the surface, it assures a regional level of equipment compatibility and cooperation. In addition, the purchasing process will be more efficient with only one agency buying for all responders in the region.

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

No funds pass through to the County under this agreement.

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

**If a budget modification, explain:**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
  
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ Why was the expenditure not included in the annual budget process?
  
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
  
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain:**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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

None. The IGAs have been reviewed by the County Attorney.



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

UASI will pay for equipment, training, and planning for 19 jurisdictions. Each of these jurisdictions are part of the UASI planning process.

**Required Signatures:**

Department/Agency Director: Robert A Maestre

Date: 07/20/04

Budget Analyst

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

Date:

Dept/Countywide HR

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

Date:

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☒ Attached ☐ Not Attached Contract #: 0405016  
Amendment #: \_\_\_\_\_

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input checked="" type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <div style="text-align: center;"><b>CLASS III B</b></div> <input type="checkbox"/> Government Contracts (Non-190 Agreement)  <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <input type="checkbox"/> Interdepartmental Contracts

Department: Business and Community Services Division: Emergency Services Date: 7/22/04  
 Originator: Tom Simpson Phone: x84233 Bldg/Rm: 503/6<sup>th</sup> Fl.  
 Contact: Cathey Kramer Phone: x22589 Bldg/Rm: 455/Annex

Description of Contract: Intergovernmental Agreement with the Sauvie Island Fire District to utilize funds available under the Urban Area Security Initiative (UASI). Multnomah County will coordinate with Sauvie Island FD, and the City of Portland will manage this regional grant for FY 2003 from the Department of Homeland Security. There are no costs to the County associated with this Agreement.

RENEWAL: ☐ PREVIOUS CONTRACT #(S): \_\_\_\_\_  
 RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_  
 EXEMPTION #: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# \_\_\_\_\_ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor <u>Sauvie Island FD 30J</u> Address <u>22656 NW Reeder Road</u> City/State <u>Portland OR</u> ZIP Code <u>97231</u> Phone <u>(503) 920-9572 (Chief Don Posvar)</u> Employer ID# or SS# _____ Contract Effective Date <u>07/01/04</u> Term Date <u>06/30/05</u> Amendment Effect Date _____ New Term Date _____	Remittance address _____ (If different) _____ Payment Schedule / Terms <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other <input type="checkbox"/> Requirements Funding Info:
Original Contract Amount \$ _____ Total Amt of Previous Amendments \$ _____ Amount of Amendment \$ _____ Total Amount of Agreement \$ <u>\$0</u>	Original Requirements Amount \$ _____ Total Amt of Previous Amendments \$ _____ Requirements Amount Amendment \$ _____ Total Amount of Requirements \$ _____

**REQUIRED SIGNATURES:**

Department Manager <u>Robert Maestre</u>	DATE <u>7-21-04</u>
Purchasing Manager _____	DATE _____
County Attorney <u>Christopher C.</u>	DATE <u>7/26/04</u>
County Chair <u>Chris Mey</u>	DATE <u>8-18-04</u>
Sheriff _____	DATE _____
Contract Administration _____	DATE _____

COMMENTS: (SAP 703001)

APPROVED: MULTNOMAH COUNTY  
 BOARD OF COMMISSIONERS  
 AGENDA # C-5 DATE 08-19-04  
 DEBORAH L. BOGSTAD, BOARD CLERK

## INTERGOVERNMENTAL AGREEMENT

This is an Agreement between the Sauvie Island Fire District 30J (District) and Multnomah County (County), pursuant to authority granted in ORS Chapter 190.

### PURPOSE:

The purpose of this agreement is as follows:

1. To use funds made available to local governments under the federal Urban Area Security Initiative, to provide for coordination in the purchasing and distribution of specialized equipment, supplies and services to enhance the District's ability to prevent, respond to and recover from chemical, biological, radiological, nuclear and explosive (CBRNE) events; and
- 2 To coordinate data collection and reporting in compliance with the reporting requirements of any grant or other funding agreement entered into pursuant to UASI.

The parties agree as follows:

1. **TERM.** The term of this agreement shall be from July 1, 2004, to June 30, 2005. This agreement may be renewed annually until terminated by mutual agreement of the parties, or as provided under Section 4 of this agreement.
2. **RESPONSIBILITIES OF THE DISTRICT.** The District agrees as follows:
  - a. To report its purchasing needs to the County or the City of Portland, as appropriate, according to the list of equipment and supplies included as Exhibit A to this agreement;
  - b. To coordinate with the County or City, as appropriate, in the purchase and delivery of such equipment and supplies;
  - c. To comply timely with all reporting obligations required by the terms of any funding agreement, grant, or other fund source;
  - d. To appropriately use and conserve the equipment and supplies provided for CBRNE training and response;
  - e. That any public statement by the Recipient referring to the receipt of the equipment, supplies, or services shall state that the funds for the purchase came from the U.S. Department of Homeland Security, Office for Domestic Preparedness, Urban Area Security Initiative Grant Program, and the percent or dollar amount of federal funds used in the purchase;
  - f. Not to supplant its local funds with federal and to, instead, use the federal funds to increase the amount of funds that, in the absence of federal aid, would be made available to the Recipient to fund programs within the Urban Area Security Initiative Program Grant guideline; and

- g. In addition to the requirements of paragraph (c) of this section, to provide the City with Progress Reports, Financial Reimbursement Reports, and Audit Reports when required by the City and in the form required by the City.

**3. RESPONSIBILITIES OF COUNTY.** The County agrees to:

- a. Coordinate with the District and the City of Portland for the purchase and distribution of CBRNE equipment, supplies, and services.
- b. Comply with all data collection and reporting requirements imposed upon the County according to the terms of any grant, intergovernmental agreement, or other agreement regarding the purchase of equipment that is subject to this agreement.

**4. TERMINATION.** This agreement may be terminated by either party upon a 90-day written notice.

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

**6. INSURANCE.** Each party shall be responsible for providing workers' compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.

**7. ADHERENCE TO LAW.** Each party shall comply with all federal, state, and local laws and ordinances applicable to this agreement.

**8. NON-DISCRIMINATION.** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.

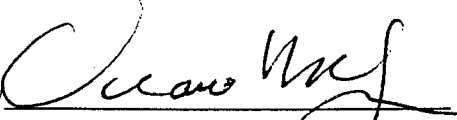
**9. ACCESS TO RECORDS.** Each party shall have access to the books, documents, and other records of the other which are related to this agreement for the purpose of examination, copying, and audit, unless otherwise limited by law.

**10. SUBCONTRACTS AND ASSIGNMENT.** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.

11. **THIS IS THE ENTIRE AGREEMENT** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

MULTNOMAH COUNTY, OREGON:

SAUVIE ISLAND FIRE DISTRICT 30J

By 

By \_\_\_\_\_

Title Multnomah County Chair

Title \_\_\_\_\_

Date August 19, 2004

Date \_\_\_\_\_

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY

By   
Assistant County Attorney

Date 8/26/04

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # C-5 DATE 08-19-04

DEBORAH L. BOGSTAD, BOARD CLERK

Grant	Jurisdiction	Organization	Category	Item	Priority	Unit Cost	Quantity	Budget Amount	Discipline
UASI03	Multnomah County	Corbett Fire	Detect	O2, LEL, CO gas mon		1500	1	\$ 1,500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Tech Assoc Radiation		500	1	\$ 500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Thermal Imaging Cam		8500	1	\$ 8,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	1000-watt Honda gene		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	1-Hour SCBA bottles (		1200	5	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	2-way haz mat suit cor		2000	2	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	4000-watt generator		2000	1	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	800 MHz gang battery		460	2	\$ 920	FS
UASI03	Multnomah County	Gresham Fire	Medical	Access AED		1400	1	\$ 1,400	FS
UASI03	Multnomah County	Gresham Fire	Medical	Airway kit (2/rig)		9220	2	\$ 18,440	FS
UASI03	Multnomah County	Gresham Fire	Logistics	All Terrain Vehicle		10000	1	\$ 10,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Anthrax Haz Cat Kit (2		1000	1	\$ 1,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Back boards (80/rig)		150	80	\$ 12,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	Bendix King VHF radic		500	10	\$ 5,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Binoculars (5 per rig)		500	5	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Biphasic Automatic Ex		16500	3	\$ 49,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Body bags (25 per rig)		50	25	\$ 1,250	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	10	\$ 300	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	25	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl Haz Mat gloves (		30	100	\$ 3,000	FS
UASI03	Multnomah County	Gresham Fire	Veh	CBRNE / Haz Mat Tea		350000	1	\$ 350,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE Chief First Re		1000	2	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	Decon	Disposable footwear fc		2	250	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Electric cord reels (4 p		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Emergency escape ho		25	100	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Ferno kerosene tent h		2500	1	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlight batteries (25		1	250	\$ 250	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlights (3 Cell; 20		10	20	\$ 200	FS
UASI03	Multnomah County	Gresham Fire	Detect	FLIR in Chief's Commi		6000	1	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Large oxygen tank (1/r		500	1	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B boots (80/Tea		60	10	\$ 600	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	50	\$ 3,750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	10	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B haz mat suits i		75	25	\$ 1,875	FS

UASI03	Multnomah County	Gresham Fire	Medical	Medical kit (2/rig)	14960	2	\$	29,920	FS
UASI03	Multnomah County	Gresham Fire	Comm	Mega phones (5 per rig)	190	5	\$	950	FS
UASI03	Multnomah County	Gresham Fire	Detect	O2, LEL, CO gas mon	1500	3	\$	4,500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	25	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	50	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Oxygen manifold system	1500	1	\$	1,500	FS
UASI03	Multnomah County	Gresham Fire	Decon	Paper towels (500 per rig)	1	500	\$	500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Personal dosimeter (1/rig)	300	8	\$	2,400	FS
UASI03	Multnomah County	Gresham Fire	Detect	Personal dosimeters (1/rig)	300	10	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Personal property bag	5	335	\$	1,675	FS
UASI03	Multnomah County	Gresham Fire	Detect	Photo ionization detector	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable meteorological	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable scene/MCP tent	100	8	\$	800	FS
UASI03	Multnomah County	Gresham Fire	Decon	Pressurized sprayer w/ nozzle	20	5	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Red Fireline tape (10 r)	10	10	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Reeves Medical Care	15000	1	\$	15,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Regular Haz Cat Kit (1/rig)	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Roll Visqueen (4 per rig)	10	4	\$	40	FS
UASI03	Multnomah County	Gresham Fire	Decon	Space blanket (250 per rig)	15	250	\$	3,750	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare 800 MHz radio	30	30	\$	900	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare portable radios	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Train	Special Weapons and	2840	2	\$	5,680	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	5	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	10	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Thermal imaging camera	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Trauma Kit (2/rig)	500	2	\$	1,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Tyvek suits for decon	5	250	\$	1,250	FS
UASI03	Multnomah County	Gresham Fire	Train	USAR Technician		18	\$	63,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Various sized hardene	100	50	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF crank-up antenna	3000	1	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF repeater	7500	1	\$	7,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation det	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation det	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Wireless search came	5000	1	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	145	50	\$	7,250	FS

UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	50	\$	7,000	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	25	\$	3,500	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage filter	145	20	\$	2,900	FS	
UASI03	Multnomah County	Gresham Fire	Detect	WMD Haz Cat Kit (1/T	2000	1	\$	2,000	FS	
UASI03	Multnomah County	Gresham Fire	Logistics	Yellow Caution tape (1	10	10	\$	100	FS	
UASI03	Multnomah County	Mult Co Sheriff	Veh	Equipment trailer	1	15001	\$	15,001	LE	
UASI03	Multnomah County	Mult Co Sheriff	Train	ODPAwareness, and 9	40	625	\$	25,000	LE	
UASI03	Multnomah County	Port of Portland, PDX	PPE	CBRNE Chief First Re	1000	1	\$	1,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	FLIR in Chief's Comm:	6000	1	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	O2, LEL, CO gas mon	1500	4	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	PPE	PPE(Masks)for level C	52	110	\$	5,720	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	Tech Assoc Radiation	500	3	\$	1,500	PW	
UASI03	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, CO gas mon	1500	1	\$	1,500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS	
UASI04	Multnomah County	Corbett Fire	Detect	O2, LEL, C	1	1,500	1	\$	1,500	FS
UASI04	Multnomah County	Corbett Fire	SAR	Thermal Irr	1	8,500	1	\$	8,500	FS
UASI04	Multnomah County	Gresham Fire	Veh	Hazmat Re	1	420,000	1	\$	420,000	FS
UASI04	Multnomah County	Mult Co Sheriff	Comm	Camera Liq	5	5,100	2	\$	10,200	LE
UASI04	Multnomah County	Mult Co Sheriff	Train	MRT Backl	2	20,000	1	\$	20,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Repeater	3	10,000	1	\$	10,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Cc	3	15,000	1	\$	15,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Pf	3	1,500	2	\$	3,000	LE
UASI04	Multnomah County	Port of Portland, PDX	Logistics	1000-watt I	1	1,000	2	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	1-Hour SCI	1	1,200	1	\$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	4000-watt g	1	2,000	1	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Airway kit	1	9,220	1	\$	9,220	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	All Terrain	1	10,000	1	\$	10,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Back board	1	150	40	\$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	Bendix Kin	1	500	6	\$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Binoculars	1	500	1	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Biphasic Ai	1	16,500	1	\$	16,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Body bags	1	50	10	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl glove	1	30	10	\$	300	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl Haz M	1	30	30	\$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	CBRNE Fir	1	5,325	1	\$	5,325	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	CBRNE Ha	1	350,000	1	\$	350,000	PW



UASI04	Multnomah County	Port of Portland, PDX	Decon	Disposable	1	2	75 \$	150 PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Electric cor	1	1,000	2 \$	2,000 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Emergency	1	25	25 \$	625 PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Ferno kero	1	2,500	1 \$	2,500 PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlight k	1	1	125 \$	125 PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlights	1	10	10 \$	100 PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Large oxyg	1	500	1 \$	500 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B Ha	1	75	15 \$	1,125 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B ha:	1	75	10 \$	750 PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Medical kit	1	14,960	1 \$	14,960 PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Mega phor	1	190	2 \$	380 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	120	10 \$	1,200 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	60	15 \$	900 PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Oxygen mæ	1	1,500	1 \$	1,500 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Personal d	1	300	10 \$	3,000 PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Portable sc	1	100	4 \$	400 PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Reeves Me	1	15,000	1 \$	15,000 PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Tech Asso	1	500	5 \$	2,500 PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Trauma Kit	1	500	1 \$	500 PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Tyvek suits	1	5	75 \$	375 PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Various siz	1	100	40 \$	4,000 PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF crank	1	3,000	1 \$	3,000 PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF repea	1	7,500	1 \$	7,500 PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Victoreen r	1	6,000	1 \$	6,000 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advæ	1	145	15 \$	2,175 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advæ	1	140	10 \$	1,400 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advæ	1	140	10 \$	1,400 PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advæ	1	145	5 \$	725 PW
UASI04	Multnomah County	Sauvie Island Fire	Comm	800 MHz R	1	10,000	1 \$	10,000 FS
UASI04	Multnomah County	Sauvie Island Fire	PPE	CBRNE Fir	1	5,325	1 \$	5,325 FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Chainsaw \	1	950	1 \$	950 FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Hydraulic F	1	30,000	1 \$	30,000 FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, C	1	1,500	1 \$	1,500 FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	Tech Asso	1	500	1 \$	500 FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Thermal Ir	1	8,500	1 \$	8,500 FS

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** C-6

**Est. Start Time:** 9:30 AM

**Date Submitted:** 07/26/04

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**Requested Date:** August 19, 2004

**Time Requested:** N/A

**Department:** DBCS

**Division:** Emergency Management

**Contact/s:** Tom Simpson

**Phone:** (503) 988-4233

**Ext.:** 84233

**I/O Address:** 503/6th

**Presenters:** Consent Calendar

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**Agenda Title:** Government Non-Expenditure Contract (190 Agreement) 0405017 with the City of Gresham, for Management of the Urban Area Security Initiative Grant

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

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- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

Approval of the intergovernmental agreements.

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

The Urban Area Security Initiative (UASI) Grant is a Portland regional grant from the Department of Homeland Security. The City of Portland is the management agency for the grant which is supplying funds to 10 different responder and emergency disciplines in order to prepare them for response to emergencies. The steering committee for the grant is made up of the City of Portland, Multnomah County, Clackamas County, Washington County, Columbia County, and Clark County Washington.

The agreements between the County and the Port of Portland, the City of Gresham, Multnomah County Rural Fire Protection District #14 (Corbett) and the Sauvie Island Fire District 30J pass ownership of equipment and the requirements of the grant through to

each jurisdiction. The County is acting in only a pass-through capacity for equipment ownership and grant requirements. No funds will pass through the County for this grant.

While this arrangement may seem cumbersome on the surface, it assures a regional level of equipment compatibility and cooperation. In addition, the purchasing process will be more efficient with only one agency buying for all responders in the region.

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

No funds pass through to the County under this agreement.

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

**If a budget modification, explain:**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
  
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ Why was the expenditure not included in the annual budget process?
  
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
  
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain:**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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

None. The IGAs have been reviewed by the County Attorney.

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

UASI will pay for equipment, training, and planning for 19 jurisdictions. Each of these jurisdictions are part of the UASI planning process.

**Required Signatures:**

Department/Agency Director: Robert A Maestre Date: 07/20/04

Budget Analyst

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

Date:

Dept/Countywide HR

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

Date:

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☒ Attached ☐ Not Attached Contract #: 0405017  
Amendment #:

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input checked="" type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <div style="text-align: center;"><b>CLASS III B</b></div> <input type="checkbox"/> Government Contracts (Non-190 Agreement)  <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <hr/> <input type="checkbox"/> Interdepartmental Contracts

Department: Business and Community Services Division: Emergency Services Date: 7/22/04  
 Originator: Tom Simpson Phone: x84233 Bldg/Rm: 503/6<sup>th</sup> Fl.  
 Contact: Cathy Kramer Phone: x22589 Bldg/Rm: 455/Annex

Description of Contract: Intergovernmental Agreement with the City of Gresham to utilize funds available under the Urban Area Security Initiative (UASI). Multnomah County will coordinate with the City of Gresham, and the City of Portland will manage this regional grant for FY 2003 from the Department of Homeland Security. There are no costs to the County associated with this Agreement.

RENEWAL: ☐ PREVIOUS CONTRACT #(S): \_\_\_\_\_  
 RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_  
 EXEMPTION #: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# \_\_\_\_\_ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	<u>City of Gresham</u>			Remittance address	_____		
Address	<u>1333 NW Eastman Parkway</u>			(If different)	_____		
City/State	<u>Gresham OR</u>			Payment Schedule / Terms	_____		
ZIP Code	<u>97030</u>			<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt		
Phone	<u>(503) 618-2339 (Chief Scott Lewis)</u>			<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30		
Employer ID# or SS#	_____			<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other		
Contract Effective Date	<u>07/01/04</u>	Term Date	<u>06/30/05</u>	<input type="checkbox"/> Requirements Funding Info: _____			
Amendment Effect Date	New Term Date _____			Original Requirements Amount	\$ _____		
Original Contract Amount	\$ _____			Total Amt of Previous Amendments	\$ _____		
Total Amt of Previous Amendments	\$ _____			Requirements Amount Amendment	\$ _____		
Amount of Amendment	\$ _____			Total Amount of Requirements	\$ _____		
Total Amount of Agreement	\$ <u>\$0</u>						

**REQUIRED SIGNATURES:**

Department Manager <u>Robert Maertle</u>	DATE <u>7-21-04</u>
Purchasing Manager _____	DATE _____
County Attorney <u>Christoph C.</u>	DATE <u>7/26/04</u>
County Chair <u>Chari W.</u>	DATE <u>8-18-04</u>
Sheriff _____	DATE _____
Contract Administration _____	DATE _____

COMMENTS: (SAP 703001)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-6 DATE 08-19-04  
DEBORAH L. BOGSTAD, BOARD CLERK

## INTERGOVERNMENTAL AGREEMENT

This is an Agreement between the City of Gresham (Gresham) and Multnomah County (County), pursuant to authority granted in ORS Chapter 190.

### PURPOSE:

The purpose of this agreement is as follows:

1. To use funds made available to local governments under the federal Urban Area Security Initiative, to provide for coordination in the purchasing and distribution of specialized equipment, supplies and services to enhance Gresham's ability to prevent, respond to and recover from chemical, biological, radiological, nuclear and explosive (CBRNE) events; and
2. To coordinate data collection and reporting in compliance with the reporting requirements of any grant or other funding agreement entered into pursuant to UASI.

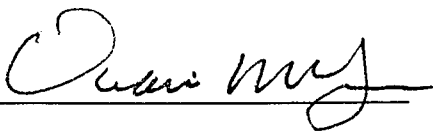
The parties agree as follows:

1. **TERM.** The term of this agreement shall be from July 1, 2004, to June 30, 2005. This agreement may be renewed annually until terminated by mutual agreement of the parties, or as provided under Section 4 of this agreement.
2. **RESPONSIBILITIES OF GRESHAM.** Gresham agrees as follows:
  - a. To report its purchasing needs to the County or the City of Portland, as appropriate, according to the list of equipment and supplies included as Exhibit A to this agreement;
  - b. To coordinate with the County or City, as appropriate, in the purchase and delivery of such equipment and supplies;
  - c. To comply timely with all reporting obligations required by the terms of any funding agreement, grant, or other fund source;
  - d. To appropriately use and conserve the equipment and supplies provided for CBRNE training and response;
  - e. That any public statement by the Recipient referring to the receipt of the equipment, supplies, or services shall state that the funds for the purchase came from the U.S. Department of Homeland Security, Office for Domestic Preparedness, Urban Area Security Initiative Grant Program, and the percent or dollar amount of federal funds used in the purchase;
  - f. Not to supplant its local funds with federal and to, instead, use the federal funds to increase the amount of funds that, in the absence of federal aid, would be made available to the Recipient to fund programs within the Urban Area Security Initiative Program Grant guideline; and

- g. In addition to the requirements of paragraph (c) of this section, to provide the City with Progress Reports, Financial Reimbursement Reports, and Audit Reports when required by the City and in the form required by the City.
3. **RESPONSIBILITIES OF COUNTY.** The County agrees to:
- a. Coordinate with Gresham and the City of Portland for the purchase and distribution of CBRNE equipment, supplies, and services.
  - b. Comply with all data collection and reporting requirements imposed upon the County according to the terms of any grant, intergovernmental agreement, or other agreement regarding the purchase of equipment that is subject to this agreement.
4. **TERMINATION.** This agreement may be terminated by either party upon a 90-day written notice.
5. **INDEMNIFICATION.** Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, County shall indemnify, defend, and hold harmless Gresham from and against all liability, loss and costs arising out of or resulting from the acts of County, its officers, employees and agents in the performance of this agreement. Subject to the conditions and limitations of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, Gresham shall indemnify, defend and hold the County harmless from and against all liability, loss, and costs arising out of or resulting from the acts of Gresham, its officers, employees, and agents in the performance of this agreement.
6. **INSURANCE.** Each party shall be responsible for providing workers' compensation insurance as required by law. Neither party shall be required to provide or show proof of any other insurance coverage.
7. **ADHERENCE TO LAW.** Each party shall comply with all federal, state, and local laws and ordinances applicable to this agreement.
8. **NON-DISCRIMINATION.** Each party shall comply with all requirements of federal and state civil rights and rehabilitation statutes and local non-discrimination ordinances.
9. **ACCESS TO RECORDS.** Each party shall have access to the books, documents, and other records of the other which are related to this agreement for the purpose of examination, copying, and audit, unless otherwise limited by law.
10. **SUBCONTRACTS AND ASSIGNMENT.** Neither party will subcontract or assign any part of this agreement without the written consent of the other party.

11. **THIS IS THE ENTIRE AGREEMENT** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

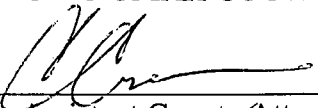
MULTNOMAH COUNTY, OREGON: CITY OF GRESHAM

By  By \_\_\_\_\_  
Title Multnomah County Chair Title \_\_\_\_\_  
Date August 19, 2004 Date \_\_\_\_\_

REVIEWED:

APPROVED AS TO FORM:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY

By   
Assistant County Attorney

By \_\_\_\_\_  
City Attorney

Date 7/26/04

Date \_\_\_\_\_

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # C-6 DATE 08.19.04

DEBORAH L. BOGSTAD, BOARD CLERK



Grant	Jurisdiction	Organization	Category	Item	Priority	Unit Cost	Quantity	Budget Amount	Discipline
UASI03	Multnomah County	Corbett Fire	Detect	O2, LEL, CO gas mon		1500	1	\$ 1,500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Tech Assoc Radiation		500	1	\$ 500	FS
UASI03	Multnomah County	Corbett Fire	Detect	Thermal Imaging Cam		8500	1	\$ 8,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	1000-watt Honda gene		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	1-Hour SCBA bottles (		1200	5	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	2-way haz mat suit cor		2000	2	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	4000-watt generator		2000	1	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	800 MHz gang battery		460	2	\$ 920	FS
UASI03	Multnomah County	Gresham Fire	Medical	Access AED		1400	1	\$ 1,400	FS
UASI03	Multnomah County	Gresham Fire	Medical	Airway kit (2/rig)		9220	2	\$ 18,440	FS
UASI03	Multnomah County	Gresham Fire	Logistics	All Terrain Vehicle		10000	1	\$ 10,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Anthrax Haz Cat Kit (2		1000	1	\$ 1,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Back boards (80/rig)		150	80	\$ 12,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	Bendix King VHF radic		500	10	\$ 5,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Binoculars (5 per rig)		500	5	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Biphasic Automatic Ex		16500	3	\$ 49,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Body bags (25 per rig)		50	25	\$ 1,250	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	10	\$ 300	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl gloves for Level I		30	25	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Butyl Haz Mat gloves (		30	100	\$ 3,000	FS
UASI03	Multnomah County	Gresham Fire	Veh	CBRNE / Haz Mat Tea		350000	1	\$ 350,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE Chief First Re		1000	2	\$ 2,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	PPE	CBRNE First Respond		5325	1	\$ 5,325	FS
UASI03	Multnomah County	Gresham Fire	Decon	Disposable footwear fc		2	250	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Electric cord reels (4 p		1000	4	\$ 4,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Emergency escape ho		25	100	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Ferno kerosene tent h		2500	1	\$ 2,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlight batteries (25		1	250	\$ 250	FS
UASI03	Multnomah County	Gresham Fire	SAR	Flashlights (3 Cell; 20		10	20	\$ 200	FS
UASI03	Multnomah County	Gresham Fire	Detect	FLIR in Chief's Comm:		6000	1	\$ 6,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Large oxygen tank (1/r		500	1	\$ 500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B boots (80/Teal		60	10	\$ 600	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	50	\$ 3,750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B Haz Mat suits		75	10	\$ 750	FS
UASI03	Multnomah County	Gresham Fire	PPE	Level B haz mat suits (		75	25	\$ 1,875	FS

UASI03	Multnomah County	Gresham Fire	Medical	Medical kit (2/rig)	14960	2	\$	29,920	FS
UASI03	Multnomah County	Gresham Fire	Comm	Mega phones (5 per rig)	190	5	\$	950	FS
UASI03	Multnomah County	Gresham Fire	Detect	O2, LEL, CO gas mon	1500	3	\$	4,500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	25	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	Over boots for Level B	60	50	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Medical	Oxygen manifold system	1500	1	\$	1,500	FS
UASI03	Multnomah County	Gresham Fire	Decon	Paper towels (500 per rig)	1	500	\$	500	FS
UASI03	Multnomah County	Gresham Fire	PPE	Personal dosimeter (1000)	300	8	\$	2,400	FS
UASI03	Multnomah County	Gresham Fire	Detect	Personal dosimeters (1000)	300	10	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Personal property bag	5	335	\$	1,675	FS
UASI03	Multnomah County	Gresham Fire	Detect	Photo ionization detector	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable meteorological	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Portable scene/MCP tent	100	8	\$	800	FS
UASI03	Multnomah County	Gresham Fire	Decon	Pressurized sprayer w/ nozzle	20	5	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Red Fireline tape (1000)	10	10	\$	100	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Reeves Medical Care	15000	1	\$	15,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Regular Haz Cat Kit (1000)	2000	1	\$	2,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Roll Visqueen (4 per rig)	10	4	\$	40	FS
UASI03	Multnomah County	Gresham Fire	Decon	Space blanket (250 per rig)	15	250	\$	3,750	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare 800 MHz radio	30	30	\$	900	FS
UASI03	Multnomah County	Gresham Fire	Comm	Spare portable radios	2500	1	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Train	Special Weapons and	2840	2	\$	5,680	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	5	\$	2,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Tech Assoc Radiation	500	10	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Thermal Imaging Camera	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	SAR	Thermal imaging camera	8500	1	\$	8,500	FS
UASI03	Multnomah County	Gresham Fire	Medical	Trauma Kit (2/rig)	500	2	\$	1,000	FS
UASI03	Multnomah County	Gresham Fire	Decon	Tyvek suits for decon	5	250	\$	1,250	FS
UASI03	Multnomah County	Gresham Fire	Train	USAR Technician		18	\$	63,000	FS
UASI03	Multnomah County	Gresham Fire	Logistics	Various sized hardeners	100	50	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF crank-up antenna	3000	1	\$	3,000	FS
UASI03	Multnomah County	Gresham Fire	Comm	VHF repeater	7500	1	\$	7,500	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation detector	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	Detect	Victoreen radiation detector	6000	1	\$	6,000	FS
UASI03	Multnomah County	Gresham Fire	SAR	Wireless search camera	5000	1	\$	5,000	FS
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	145	50	\$	7,250	FS

UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	50	\$	7,000	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage 100C	140	25	\$	3,500	FS	
UASI03	Multnomah County	Gresham Fire	PPE	WMD Advantage filter:	145	20	\$	2,900	FS	
UASI03	Multnomah County	Gresham Fire	Detect	WMD Haz Cat Kit (1/T	2000	1	\$	2,000	FS	
UASI03	Multnomah County	Gresham Fire	Logistics	Yellow Caution tape (1	10	10	\$	100	FS	
UASI03	Multnomah County	Mult Co Sheriff	Veh	Equipment trailer	1	15001	\$	15,001	LE	
UASI03	Multnomah County	Mult Co Sheriff	Train	ODPAwareness, and §	40	625	\$	25,000	LE	
UASI03	Multnomah County	Port of Portland, PDX	PPE	CBRNE Chief First Re	1000	1	\$	1,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	FLIR in Chief's Comm:	6000	1	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	O2, LEL, CO gas mon	1500	4	\$	6,000	PW	
UASI03	Multnomah County	Port of Portland, PDX	PPE	PPE(Masks)for level C	52	110	\$	5,720	PW	
UASI03	Multnomah County	Port of Portland, PDX	Detect	Tech Assoc Radiation	500	3	\$	1,500	PW	
UASI03	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, CO gas mon	1500	1	\$	1,500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Tech Assoc Radiation	500	1	\$	500	FS	
UASI03	Multnomah County	Sauvie Island Fire	Detect	Thermal Imaging Cam	8500	1	\$	8,500	FS	
UASI04	Multnomah County	Corbett Fire	Detect	O2, LEL, C	1	1,500	1	\$	1,500	FS
UASI04	Multnomah County	Corbett Fire	SAR	Thermal Im	1	8,500	1	\$	8,500	FS
UASI04	Multnomah County	Gresham Fire	Veh	Hazmat Re	1	420,000	1	\$	420,000	FS
UASI04	Multnomah County	Mult Co Sheriff	Comm	Camera Liq	5	5,100	2	\$	10,200	LE
UASI04	Multnomah County	Mult Co Sheriff	Train	MRT Backl	2	20,000	1	\$	20,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Repeater	3	10,000	1	\$	10,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Cc	3	15,000	1	\$	15,000	LE
UASI04	Multnomah County	Mult Co Sheriff	Comm	Satellite Ph	3	1,500	2	\$	3,000	LE
UASI04	Multnomah County	Port of Portland, PDX	Logistics	1000-watt l	1	1,000	2	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	1-Hour SCI	1	1,200	1	\$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	4000-watt g	1	2,000	1	\$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Airway kit	1	9,220	1	\$	9,220	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	All Terrain	1	10,000	1	\$	10,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Back board	1	150	40	\$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	Bendix Kin	1	500	6	\$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Binoculars	1	500	1	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Biphasic Ai	1	16,500	1	\$	16,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Body bags	1	50	10	\$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl glove	1	30	10	\$	300	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Butyl Haz M	1	30	30	\$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	CBRNE Fir	1	5,325	1	\$	5,325	PW
UASI04	Multnomah County	Port of Portland, PDX	Veh	CBRNE Ha	1	350,000	1	\$	350,000	PW

UASI04	Multnomah County	Port of Portland, PDX	Decon	Disposable	1	2	75 \$	150	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Electric cor	1	1,000	2 \$	2,000	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Emergency	1	25	25 \$	625	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Ferno kero	1	2,500	1 \$	2,500	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlight t	1	1	125 \$	125	PW
UASI04	Multnomah County	Port of Portland, PDX	SAR	Flashlights	1	10	10 \$	100	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Large oxyg	1	500	1 \$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B Ha	1	75	15 \$	1,125	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Level B ha:	1	75	10 \$	750	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Medical kit	1	14,960	1 \$	14,960	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Mega phor	1	190	2 \$	380	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	120	10 \$	1,200	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Over boots	1	60	15 \$	900	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Oxygen ma	1	1,500	1 \$	1,500	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	Personal d	1	300	10 \$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Portable sc	1	100	4 \$	400	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Reeves Me	1	15,000	1 \$	15,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Tech Asso	1	500	5 \$	2,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Medical	Trauma Kit	1	500	1 \$	500	PW
UASI04	Multnomah County	Port of Portland, PDX	Decon	Tyvek suits	1	5	75 \$	375	PW
UASI04	Multnomah County	Port of Portland, PDX	Logistics	Various siz	1	100	40 \$	4,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF crank	1	3,000	1 \$	3,000	PW
UASI04	Multnomah County	Port of Portland, PDX	Comm	VHF repea	1	7,500	1 \$	7,500	PW
UASI04	Multnomah County	Port of Portland, PDX	Detect	Victoreen r	1	6,000	1 \$	6,000	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	145	15 \$	2,175	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	140	10 \$	1,400	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	140	10 \$	1,400	PW
UASI04	Multnomah County	Port of Portland, PDX	PPE	WMD Advz	1	145	5 \$	725	PW
UASI04	Multnomah County	Sauvie Island Fire	Comm	800 MHz R	1	10,000	1 \$	10,000	FS
UASI04	Multnomah County	Sauvie Island Fire	PPE	CBRNE Fir	1	5,325	1 \$	5,325	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Chainsaw \	1	950	1 \$	950	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Hydraulic F	1	30,000	1 \$	30,000	FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	O2, LEL, C	1	1,500	1 \$	1,500	FS
UASI04	Multnomah County	Sauvie Island Fire	Detect	Tech Asso	1	500	1 \$	500	FS
UASI04	Multnomah County	Sauvie Island Fire	SAR	Thermal Irr	1	8,500	1 \$	8,500	FS

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

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Please complete this form and return to the Board Clerk

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

MEETING DATE: 8/19/04  
SUBJECT: Montavilla Library &  
Public Involvement  
AGENDA NUMBER OR TOPIC: Public Comment

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

NAME: Maureen Wright  
ADDRESS: 1505 SE Madison St  
CITY/STATE/ZIP: Portland OR 97214  
PHONE: 503 DAYS: 2339383 EVES: SAME  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

SPECIFIC ISSUE: Montavilla Library's  
Fall 2004 Re-opening & Request for Votes  
WRITTEN TESTIMONY: Yes -

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

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

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

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

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-1

**Est. Start Time:** 9:30 AM

**Date Submitted:** 08/04/04

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**Requested Date:** August 19, 2004

**Time Requested:** 10 minutes

**Department:** Community Services

**Division:** Chair's Office

**Contact/s:** Diane Luther

**Phone:** 503 988-3308

**Ext.:** 84463

**I/O Address:** 503/600

**Presenters:** Diane Luther, Neal Beroz, Liv Jenssen, Seth Lyon

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**Agenda Title:** Approval of Housing Grant from SIP Community Housing Fund

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- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

The Housing Program recommends Board approval for a \$150,000 grant to be disbursed to Cascadia Behavioral Health to assist in the development of Prescott Terrace. The address of Prescott Terrace is 5725 NE Prescott St. in Portland.

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

The Housing Program manages the SIP Community Housing Fund, which is dedicated to affordable housing development. The Board has prioritized the funds for housing for county clients, generally people with disabilities. Prescott Terrace is a housing project for people with mental illness who are homeless. Additionally, the Always Welcome program, a living skills training program for people with mental illness who are prisoners reentering our community, will be located at Prescott Terrace.

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

\$150,000 would be disbursed from the SIP Community Housing Fund this fiscal year.

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

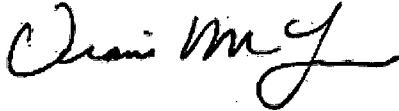
These funds will leverage about \$1.5 million in City and State development capital that will be contributed to the project.

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

Cascadia is working with the County's Public Affairs Office and the City's Office of Neighborhood Involvement to provide the community with appropriate notification. No land use actions are required.

**Required Signatures:**

**Department/Agency Director:** \_\_\_\_\_



**Date: August 2, 2004**

**Budget Analyst**

**By:** \_\_\_\_\_

**Date:**

**Dept/Countywide HR**

**By:** \_\_\_\_\_

**Date:**

The Public Affairs Office would like to inform you of this project, Prescott Terrace, which will be discussed at the August 19, 2004 Board meeting.

### **Summary of Project**

Cascadia Behavioral Healthcare plans to purchase and renovate Prescott Terrace, a 67-unit former retirement home property in the Cully Neighborhood, near the intersection of Prescott, N.E. 60<sup>th</sup> and Cully Boulevard. The intended residents of the facility are formerly homeless people who have a mental illness and/or are in recovery from alcohol or drug addiction. Cascadia will reduce the number of units from 67 to 50.

The facility is designed to provide permanent housing for individuals referred by Cascadia case managers, outreach workers, homelessness service agencies, mental health workers, and Department of Community Justice Transition Services Unit corrections counselors. The intent is to create a safety net of services which will include site-based case management and service coordination, skills training, assistance with medications, and food service. Two part-time site managers will live on-site to provide after-hours coverage, monitoring, and security. In addition, Cascadia will provide urgent and acute care services through its mobile crisis teams, 24-hour crisis clinic, and urgent care walk-in clinic.

### **Public Involvement**

The City of Portland Office of Neighborhood Involvement, as outlined in the county's intergovernmental agreement on siting of community residential facilities, is managing the public involvement process in consultation with Multnomah County Public Affairs Office. Although this is not a county-owned or leased facility, some of the housing units will be occupied by clients under supervision of Multnomah County Department of Community Justice. No sex offenders will be housed at Prescott Terrace. Following the public involvement process, Cascadia intends to develop a Good Neighbor Agreement with neighborhood representatives.

### **Stakeholder Participation**

The following stakeholders have been identified and Cascadia is in the process of discussing the project with:

- Multnomah County Board of Commissioners and staff members
- City of Portland Commissioners Eric Sten and Randy Leonard
- Cully Neighborhood Association
- Central City Concern and other nearby community organizations
- Central Northeast Neighborhood Coalition
- Crime Prevention Specialist for Cully Neighborhood
- Riegler School administration
- Grant/Madison Caring Community
- Reach
- Surrounding neighbors, including churches





**CONTRACT SIGNATURE TRACKING FORM**  
**DEPT OF BUSINESS AND COMMUNITY SERVICES**  
**Financial & Operations/CPCA**

FR: Originating Dept:

TO: Contract Administration

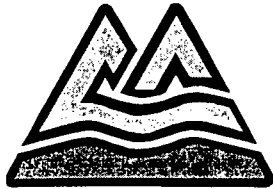
Class:

Contract No.

Amendment No:

Routing Start Date:

Original Date Rcv'd	Reroute Date	Dept /Initial	Route Date	TO	Comments
8-9-07		Dept. Manager <i>RY</i>	8-9-07		
		Contract Administration			
		Procurement			
		Dept/Originator			
		Purchasing Manager			
		County Chair/Designee			
		Contract Administration			
8/10/04		County Attorney			
		Dept/Originator			
		Contractor			
		Contract Administration (executed contract)			



## MULTNOMAH COUNTY OREGON

HOUSING PROGRAM  
501 SE HAWTHORNE, SUITE 600  
PORTLAND, OREGON 97214  
(503) 988-3308

DIANE M. LINN • CHAIR  
MARIA ROJO DE STEFFEY • DISTRICT 1  
SERENA CRUZ • DISTRICT 2  
LISA NAITO • DISTRICT 3  
LONNIE ROBERTS • DISTRICT 4

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August 9, 2004

TO: Diane M. Linn  
Chair, Multnomah County

FROM: Diane M. Luther  
Housing Director, Multnomah County

SUBJECT: SIP Grant Agreement for Prescott Terrace Housing Project

1. Recommendation: The Housing Program recommends that the Chair approve the attached grant agreement of \$150,000 from the SIP Community Housing Fund to Cascadia Behavioral Health for expenses relating to the development of Prescott Terrace, a housing project for people with mental illnesses or substance abuse disorders.
2. Analysis: Prescott Terrace is a housing project that meets Board-approved priorities for the SIP Community Housing Fund.
3. Financial Impact: The SIP Community Housing Fund would expend \$150,000 during the 04-05 Fiscal Year.

**Class II Contract****Vendor Address**

CASCADIA BEHAVIORAL HLTHCARE INC  
FRMLY NETWORK BEHAVIORAL HLTHCARE  
PO Box 8459  
PORTLAND OR 97207-8459

**Information**

**Contract Number** 4600005057  
**Date** 08/05/2004  
**Vendor No.** 23015  
**Contact/Phone** BCS Facilities /  
X83322  
**Validity Period:** 08/19/2004 - 06/30/2006  
**Minority Indicator:** Not Identified

**Estimated Target Value:** 150,000.00 USD

Item	Material/Description	Target Qty	UM	Unit Price
0001	Grant Agreement for NE Prescott  Plant: F030 Business & Community Service Requirements Tracking Number: SIP GRANT <i>Aquisition, development and financing costs for 50 unit low-income housing complex at 5725 NE Prescott Street</i>	150,000.000	Dollars	\$ 1.0000

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☐ Attached ☐ Not Attached Contract #: 4600005057  
Amendment #:

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts  <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input checked="" type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <b>CLASS III B</b> <input type="checkbox"/> Government Contracts (Non-190 Agreement)  <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Interdepartmental Contracts

Department: DBCS Division: Housing Date: 08/05/2004  
 Originator: Diane Luther Phone: 84463 Bldg/Rm: 503/6  
 Contact: Gail Wilson Phone: 29084 29804 Bldg/Rm: 503/4  
 Description of Contract: This is a grant from Multnomah County Strategic Investment Program (SIP) to Cascadia for the acquisition, development & financing of the NE Prescott low-income housing project ("The Project").

RENEWAL: ☐ PREVIOUS CONTRACT #(S):  
 RFP/BID: RFP/BID DATE: ORS/AR #: SIP GRANT  
 EXEMPTION #: EXPIRATION DATE:  
 Effective DATE: CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# or ☐ Self Cert ☒ Non-Profit ☐ N/A (Check all boxes that apply)

Contractor	Cascadia Behavioral Healthcare			Remittance address	
Address	PO Box 8459			(If different)	
City/State	Portland			Payment Schedule / Terms	
ZIP Code	OR			<input type="checkbox"/> Lump Sum \$	<input type="checkbox"/> Due on Receipt
Phone	503-552-6216			<input type="checkbox"/> Monthly \$	<input type="checkbox"/> Net 30
Employer ID# or SS#	93-0770054			<input type="checkbox"/> Other \$	<input type="checkbox"/> Other
Contract Effective Date	08/19/2004	Term Date	06/30/2006	<input type="checkbox"/> Requirements Funding Info:	
Amendment Effect Date		New Term Date		Original Requirements Amount	\$
Original Contract Amount	\$150,000.00			Total Amt of Previous Amendments	\$
Total Amt of Previous Amendments	\$			Requirements Amount Amendment:	\$
Amount of Amendment	\$			Total Amount of Requirements	\$
Total Amount of Agreement \$	\$150,000.00				

## REQUIRED SIGNATURES:

Department Manager Robert A. Maestre DATE 8-9-04  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 County Attorney Matthew D. Ryan DATE 8/10/04  
 County Chair Gail Wilson DATE 8-18-04  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-1 DATE 08-19-04  
DEBORAH L. BOGSTAD, BOARD CLERK

## GRANT AGREEMENT

This Grant Agreement ("Agreement") is made this \_\_\_\_ day of \_\_\_\_\_, 2004 between Cascadia Behavioral Healthcare, Inc., an Oregon non-profit corporation ("Grantee"), whose mailing address is PO Box 8459, Portland, Oregon 97207 and Multnomah County, a political subdivision of the state of Oregon ("Grantor"), whose address is Housing Program, 501 SE Hawthorne, Room 600, Portland, OR 97214

### Recitals

A. Grantee is an Oregon non-profit corporation. Grantee will acquire and renovate a property located at 5725 NE Prescott Street, Portland, Oregon into a 50-unit low-income housing complex (the "Project"). The Project shall be subject to the following minimum requirements for a period of 60 years from the date of first occupancy:

Rent Grantee shall rent 48 residential units of the Project (the "Affordable Units") at rents affordable to households earning not more than thirty percent (30%), of area median income, adjusted for family size, as established by the United States Department of Housing and Urban Development, provided that rental charged may be at Fair Market Rent for such units rented to persons who are provided with Housing and Urban Development or other Rental Assistance. Two units of the Project shall be provided for use by resident managers of the Project.

Qualified Tenants. Grantee will rent the Affordable Units to households with incomes at the time of initial occupancy which in the aggregate do not exceed those specified above and which have at least one member who is Chronically Homeless and/or who has a mental illness or substance abuse disability.

Housing Type. The Project will be operated as Permanent Supportive Housing for individuals who are Chronically Homeless. Permanent Supportive Housing is housing that is available indefinitely to qualifying tenants; that provides services to tenants designed to assist in successful tenancy; and that is occupied by individuals with disabilities. Chronically Homeless individuals are persons having a mental illness or substance abuse disability that has contributed to their being homeless for either a) one continuous

year; or b) four or more episodes in the three years previous to occupancy at the Project.

Special Service Programs. In addition to the above, Grantee may rent the Affordable Units to and provide services to individuals having a mental illness or substance abuse disability whose most recent residence was at a health, mental health, correctional or other institution and who are at risk of becoming homeless.

B. Grantor is willing to Grant Grantee the sum of One Hundred Fifty Thousand Dollars (\$150,000.00) (the "Grant"), which Grant is made pursuant to the provisions of Grantor's Countywide Strategic Investment Program, to be used solely for reimbursement of Grantee's acquisition, predevelopment, development and financing costs of the Project.

## **Agreement**

Therefore, the parties agree as follows:

### **Section 1**

#### **Incorporation of Recitals and Exhibits**

1.1 Recitals. The foregoing recitals are incorporated into this Agreement by this reference.

1.2 Exhibits. The exhibits referred to in and attached to this Agreement are incorporated into this Agreement by this reference.

### **Section 2**

#### **Representations and Warranties of Grantee**

2.1 Representations and Warranties of Grantee. In order to induce Grantor to enter into this Agreement and make the Grant, Grantee represents and warrants to Grantor, as follows:

(a) The Grantee is (i) a duly organized non-profit corporation

under the laws of the state of Oregon, (ii) qualified to transact business in the state of Oregon, (iii) has the power and authority to own its properties and assets and to carry on its business as now being conducted, and (iv) has the full legal right, power, and authority to execute and deliver this Agreement.

(b) The execution and performance of this Agreement by the Grantee (i) will not violate or, as applicable, has not violated any provision of law, rule or regulation, or any order of any court or other agency or governmental body, (ii) will not violate or, as applicable, has not violated any provision of any indenture, agreement, mortgage, mortgage note, or other instrument to which the Grantee is a party or by which it or the Project is bound, and (iii) will not result in the creation or imposition of any prohibited encumbrance of any nature.

(c) There is no action, suit, or proceeding at law or in equity, or by or before any governmental instrumentality or other agency now pending, or to the knowledge of the Grantee, threatened against or affecting it, or any of its properties or rights, which if adversely determined, might materially adversely affect Grantee's ability to perform its obligations hereunder.

(d) Grantee has furnished Grantor with a Countywide Strategic Investment Program Funding Application which application is complete and correct in all material respects.

(e) This Agreement will be a valid and binding obligation of Grantee, enforceable in accordance with its terms except as the same may be limited by bankruptcy, insolvency, reorganization, or similar laws or general principals of equity affecting creditors' rights generally.

(f) The Property is properly planned and zoned for the Project's intended use.

(g) Grantee is not a "foreign person" within the meaning of Section 1445(f)(3) of the Internal Revenue Code of 1986, as amended.

2.2 Effectiveness of Representations and Warranties. Grantee represents and warrants to Grantor that the representations and warranties set forth in Section 2.1 are true and will continue to be true until the conditions of the Grant have been fully satisfied and will continue to be true until the Grant is repaid or otherwise satisfied.

### **Section 3**

## **Conditions to Funding Grant**

3.1 Prior to distribution of funds under the Grant, the following conditions shall be satisfied:

(a) The representations set forth in Section 2 shall be true and correct.

(b) Receipt by Grantor of satisfactory evidence that the Project when completed will comply with all applicable zoning ordinances, building and use restrictions and codes, including any applicable variances, conditional use permits or similar exceptions, and evidence of the existence of necessary utilities and municipal services required to construct and operate the Project.

(c) Receipt by Grantor of evidence of good standing in Grantee's state of organization and of copies of resolutions of Grantee authorizing receipt of the Grant funds under the terms and condition set forth herein, and listing the individuals authorized to act on behalf of Grantee.

(d) Receipt by Grantor of a copy of Grantee's determination letter from the Internal Revenue Service, in full force and effect as of the date hereof, determining that Grantee is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.

## **Section 4**

### **Grant Terms**

4.1 Grant of Funds. Grantor will grant to Grantee the sum of One Hundred Fifty Thousand Dollars (\$150,000.00).

4.2 Federal Funds. Grantor represents that the funds to fund this grant are general funds of the Grantor and were not funded from any federal source.

## **Section 5**

### **Covenants of Grantee**

5.1 Covenants. Grantee covenants to Grantor that it will perform all of the covenants contained herein in accordance with all of the terms and conditions contained in this Grant Agreement.

## **Section 6**



## **Disbursement of Grant Funds**

6.1 **Disbursement.** The Grant funds shall be used solely for reimbursement of acquisition, predevelopment, development and financing costs of the Project incurred by Grantee. Grant funds shall be disbursed to Grantee, upon satisfaction of the conditions set forth in Section 3 of this Agreement and upon receipt of invoices from Grantee for reimbursement of such costs, accompanied by documentation of such costs incurred by Grantee satisfactory to Grantor and copies of any reports or other documents the cost of which is requested to be reimbursed. Disbursement of funds shall be made in the amounts of such invoices approved by Grantor within thirty (30) days after Grantor's receipt of the invoices and the required documentation. Invoices shall not be submitted to Grantor more frequently than once per month.

## **Section 7**

### **Events of Default**

7.1 **Events.** The occurrence of any one or more of the following shall be an event of default under this Agreement:

(a) Grantee fails to perform or comply with any term, covenant or condition of this Agreement within 30 days after written notice from Grantor to Grantee to perform or satisfy the covenant or condition, or if the performance or compliance cannot be completed within such 30-day period through the exercise of reasonable diligence, the failure to commence the required performance or compliance with diligence to completion.

(b) Grantee fails to comply with any requirement of any governmental authority having jurisdiction over the Property within 30 days after receipt of notice in writing of such requirement, or if such compliance cannot be completed within such 30-day period through the exercise of reasonable diligence, the failure to commence the required performance or compliance with diligence to completion.

(c) Any representation or warranty herein or in any agreement executed pursuant hereto or in connection with this transaction shall prove to have been false or misleading in any material respect.

(d) The occurrence of a default under any lien instrument secured by the Property or the Project or any agreement imposing restrictive covenants with respect to the Property or the Project which is not cured within any

cure period provided in such lien instrument or agreement.

(e) The filing by Grantee of a petition for relief under the Federal Bankruptcy Code, or any other applicable federal or state law or regulation, or the consent by it to the filing of any such petition or the consent to the appointment of a receiver, liquidator, assignee, trustee, or other similar official, of Grantee, or of any substantial part of its property, or the making by Grantee of an assignment for the benefit of creditors, or the admission by it in writing of its inability to pay its debts generally as they become due or the taking of corporate action by Grantee in furtherance of any such action.

(f) The commencement of an action against Grantee seeking any bankruptcy, insolvency, reorganization, liquidation, dissolution or similar relief under any applicable federal or state law or regulation, which action is not dismissed within 60 days after commencement, or the appointment without the consent or acquiescence of Grantee of any trustee, receiver or liquidator of Grantee, or of all or any substantial part of the properties of Grantee, which appointment is not vacated within 60 days after such appointment.

## **Section 8**

### **Remedies**

8.1 Remedies. If an event of default occurs, Grantor may , but shall not be required to, exercise any one or more of the following remedies in addition to those remedies provided by law:

- (a) Withhold disbursement of Grant funds.
- (b) Recover from Grantee all previously distributed Grant funds.
- (c) Exercise or pursue any other remedy or cause of action allowed by law.

## **Section 9**

### **Assignment**

9.1 Assignment by Grantee.

- (a) Grantee may not convey, assign, mortgage, pledge, transfer, hypothecate, encumber, or otherwise dispose of its rights or obligations under this

Agreement without the prior written consent of Grantor, which consent shall not be unreasonably withheld. A breach of this provision, directly or indirectly, shall be an event of default and shall not vest any rights in the purported transferee.

9.2 Assignment by Grantor. Grantor may assign its rights and obligations under this Agreement. Any such assignment shall be deemed to have been made pursuant to this Agreement and not in modification hereof.

## **Section 10**

### **General Provisions**

10.1 Time of the Essence. Time is of the essence of this Agreement.

10.2 Notices. All notices, demands, requests, or other communications between the parties shall be given in writing by mailing or delivering by private carrier such notice or other communication, postage or delivery charge prepaid, to the address of the parties first set forth above, or to such other addresses as the parties may in writing hereafter indicate.

10.3 No Waiver; Remedies Cumulative. No failure or delay on the part of Grantor to exercise any right, power or remedy on the part of Grantor shall operate as a waiver thereof; nor shall any single or partial exercise of any such right, power or remedy preclude any other or further exercise thereof; nor shall the waiver of any single breach or default be deemed a waiver of any other breach or default theretofore or thereafter occurring. Any waiver, permit, consent or approval of any kind or character on the part of Grantor of any provision or condition of this Agreement must be in writing and shall be effective only to the extent set forth in such writing. All remedies, either under this Agreement or by law or otherwise afforded to Grantor, shall be cumulative and not alternative.

10.4 Binding Effect; Assignment. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and assigns. However, Grantee shall not have the right to assign its rights hereunder or any interest except as provided in Section 9.1 of this Agreement.

10.5 Attorney's Fees. In the event Grantee defaults hereunder, the undersigned promises and agrees to pay the reasonable costs of Grantor to recover distributed Grant funds. If suit or action is filed hereon, the undersigned also promises to pay Grantor's reasonable attorney's fees, expenses, and costs in such suit or action or on any appeal there from, including, but not limited by, fees and

expenses permitted or defined by statutory law, and including without limitation all fees and expenses incurred at trial, on appeal, on petition of review, in connection with arbitration or mediation, and in a bankruptcy proceeding of any nature.

10.6 Governing Law. This Agreement, and any other instruments or agreements required or contemplated hereunder, shall be governed by and interpreted in accordance with the laws of the state of Oregon, without regard to the conflict of law provisions of Oregon law.

10.6 Counterparts. This Agreement may be executed in two or more counterparts all of which shall constitute one agreement, binding on all parties hereto, even though all parties have not signed the same counterpart.

10.7 Integration. This Agreement, and any other instruments or agreements required or contemplated herein, constitute the entire agreement of the parties hereto. This Agreement, the note and the other instruments and agreements required or contemplated herein supersede all prior communications, representations or agreements, oral or written, among the parties hereto and shall not be amended except in writing by all parties hereto.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first set forth above.

**GRANTEE:**

Cascadia Behavioral Healthcare, Inc.

By: 

**GRANTOR:**

Multnomah County, Oregon

By: 

Diane M. Linn, Chair

**REVIEWED BY:**

Agnes Sowle, County Attorney for  
Multnomah County, Oregon

By: 

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-1 DATE 08-19-04

DEBORAH L. BOGSTAD, BOARD CLERK

## AGENDA PLACEMENT REQUEST

BUD MOD #:

**Board Clerk Use Only:**

**Meeting Date: August 19, 2004**

**Agenda Item #: R-2**

**Est. Start Time: 9:40 AM**

**Date Submitted: 08/11/04**

<b>Requested Date:</b> August 19, 2004		<b>Time Requested:</b> 5 Minutes
<b>Department:</b> Non-Departmental		<b>Division:</b> County Attorney
<b>Contact/s:</b> Agnes Sowle		
<b>Phone:</b> 503-988-3138	<b>Ext.:</b>	<b>I/O Address:</b> 503/500
<b>Presenters:</b> Chris Crean		

**Agenda Title:** Authorizing Initiation of Enforcement Action Against Geoff Thompson and the View Point Inn

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

- 1. What action are you requesting from the Board? What is the department/agency recommendation?** Approve County Attorney initiation of enforcement proceedings against Geoff Thompson and the View Point Inn to cease holding, or advertising for, large commercial events on the property in violation of Multnomah County Zoning Codes.
- 2. Please provide sufficient background information for the Board and the public to understand this issue.** Five years ago the County obtained a Preliminary Injunction against Mr. Thompson as lessee of the View Point Inn to require him to cease holding large commercial events on the property in violation of Multnomah County Zoning Codes. The Injunction also required that Mr. Thompson not contact or harass county personnel. Mr. Thompson violated the Preliminary Injunction Order because he continued to harass county personnel. The County obtained an Order to Show Cause why Mr. Thompson should not be held in contempt. The Order was never served because Mr. Thompson abandoned the View Point Inn and went to California. Some citizens lost their deposits for their scheduled events and were left without an event venue.

Mr. Thompson and his partner, Janet Gable, are now owners of the View Point Inn. The property is zoned for residential use only. The owners have been advertising for large commercial events at the property. Land Use Planning sent Mr. Thompson a letter requiring land use code compliance. He verbally refused to do so. Mr. Thompson had his attorney write a letter to the county which indicated that Mr. Thompson would comply with county land use code. On August 4, 2004, Mr. Thompson appeared on local television advertising large commercial events at the property. On August 8, 2004, Mr. Thompson appeared on KOIN Channel 6 offering free weddings at the property for the rest of the summer. While that is not a "commercial" use of the property, it is very likely to be in excess of residential use.

The county was contacted by a woman planning her wedding who had made a \$1250 non-refundable deposit for summer of 2005. She asked if it was legal to hold weddings at View Point Inn. She was told that the county code at this time does not allow such a commercial enterprise. However, there is a Columbia River Gorge Commission Management Plan amendment that would allow such activities, but it has been appealed by the Friends of the Gorge. Even if ultimately the Management Plan amendment goes into effect, the County would have to adopt the provision to allow such activities in Multnomah County. The County could choose to be more restrictive and not allow such large events. In any event, at this time, it is illegal to conduct such events. The woman stopped payment on her check. There may be other citizens who are paying deposits and may lose money and may be unable to obtain an alternate venue for their events.

Based on past history, and recent events, it is necessary to seek a court order to ensure compliance with county land use codes and consumer protection for Multnomah County citizens. The Land Use Planning Division seeks permission to pursue enforcement in court.

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

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

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**

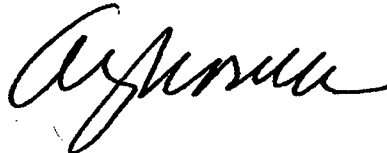
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues involved. On December 18, 2003, the Board adopted Resolution 03-171 delegating authority to the County Attorney to initiate or appeal any legal action, matter or proceeding in any court or tribunal when approved by the Board.
5. Explain any citizen and/or other government participation that has or will take place. Citizens who have received solicitations or booked an event, as well as businesses which have published advertisements may be witnesses at a trial of this matter.

**Required Signatures:**



Department/Agency Director: \_\_\_\_\_

Date: 8/10/04

Budget Analyst

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

Date:

Dept/Countywide HR

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

Date:

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-3

**Est. Start Time:** 9:45 AM

**Date Submitted:** 08/11/04

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**Requested Date:** August 19, 2004

**Time Requested:** 5 minutes

**Department:** Sheriff's Office

**Division:** Business Services

**Contact/s:** Christine Kirk or Larry Aab

**Phone:** 503.988.4301

**Ext.:** 84301

**I/O Address:** 503/350

**Presenters:** Larry Aab

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**Agenda Title:** Ordinance Amending MCC Chapter 15, Sheriff, Relating to Alarm Systems.

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

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approve first reading of Ordinance amending MCC Chapter 15, Sheriff, relating to alarm systems.
2. **Please provide sufficient background information for the Board and the public to understand this issue.**

Over the last year, law enforcement agencies in east Multnomah County responded to 3,311 false alarms, an average of 276 per month, or 9 per day. More than 6,700 east county citizens use alarms in their homes or businesses.

Ordinance 610 enacted in 1989 created the current Burglary and Robbery Alarm law. It was last amended in 1994 to coordinate County regulation of burglary and robbery alarms with regulation by the City of Portland and other Multnomah County cities. At that time, not all cities had enacted their own alarm system code or performed their own enforcement. Currently, only one city, Maywood Park, does not have its own alarm system code or perform its own enforcement. It is necessary to update this ordinance to clarify notice and other provisions and delete obsolete or unnecessary language.



The new ordinance will reflect a philosophical change in how the alarms are administered. The current ordinance provides for fees and fines to be collected and used for the administration of the ordinance, then dispersed to the participating agencies based on a "percent of alarms" formula. The new ordinance recognizes that the method of enforcement and sanction of false alarms on its citizens is a matter of public concern to each political entity and should be assessed as a separate action from the management of the permitting process. Therefore, the alarm administration is operated through fee based revenue with sanctions set by each jurisdiction.

The chart below summarizes the changes in fee and fine structure agreed to by each jurisdiction. It should be noted that the city of Portland does not participate in the alarm ordinance and is listed for comparative purposes only.

	Managed by the Multnomah County Alarm Unit under IGA with the Cities						
	Gresham	Fairview	Troutdale	Wood Village	Multnomah County/Maywood Park - Current	Multnomah County/Maywood Park - Proposed	Portland
Residential Permit Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$12.00	\$25.00	\$25.00
Commercial Permit Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$12.00	\$25.00	\$125.00
1 <sup>st</sup> False Alarm	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 <sup>nd</sup> False Alarm	\$75.00	\$75.00	\$75.00	\$75.00	\$50.00	\$50.00	\$50.00
3 <sup>rd</sup> False Alarm	\$100.00	\$100.00	\$100.00	\$100.00	\$50.00	\$75.00	\$50.00
4 <sup>th</sup> False Alarm	\$200.00/PS	\$200.00/PS	\$200.00/PS	\$200.00/PS	\$100.00/PS	\$100.00/PS	\$100.00/PS
5 <sup>th</sup> False Alarm	\$300.00/PS	\$300.00/PS	\$300.00/PS	\$300.00/PS	\$100.00/PS	\$200.00/PS	\$100.00/PS
Late Fees	\$100.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

PS = Possible Suspension of Police Service

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

The current intergovernmental agreement with the cities participating in this program defines that excess revenue collected by the program, above operating expenses, be returned to the cities in proportion to the number of alarm permits in that city. Based on current alarm permits fee revenues will increase approximately \$87,100. False alarm fine revenue will be dependant upon frequency and location of the false alarm. The change in fees and fine sanctions will sufficiently change the amount of revenue generated by the program to require a supplemental budget.

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

**If a budget modification, explain: N/A**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

If a contingency request, explain: N/A

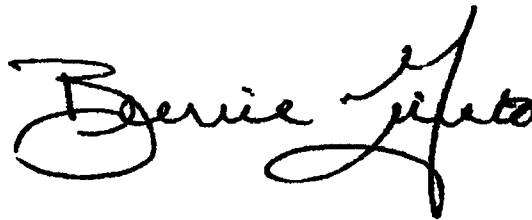
- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain: N/A

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues involved. N/A
5. Explain any citizen and/or other government participation that has or will take place. Alarm permit administration is a collaboration of each government participating in the alarm unit program. Common administration of the programs allows for greater efficiencies in administration of the ordinance. An Alarm Ordinance Task Force comprised of representatives of each contracting government meet regularly to review and make policy recommendations for alarm administration.

**Required Signatures:**



Department/Agency Director: \_\_\_\_\_

Date: 8/10/04

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Amending MCC Chapter 15, Sheriff, Relating to Alarm Systems

**Multnomah County Ordains as follows:**

**Section 1.** MCC § 15.701 is amended to read as follows:

**§ 15.701 Purpose And Scope.**

(A) The purpose of this subchapter is to encourage alarm users and alarm businesses to assume increased responsibility for maintaining the mechanical reliability and the proper use of alarm systems to prevent unnecessary responses to false alarms and thereby to protect the emergency response capability of the county from misuse.

(B) This subchapter governs burglary and robbery alarm systems, requires permits, establishes fees, provides for allocation of revenues and deficits, provides for fees for excessive false alarms, provides for no response to alarms, provides for punishment of violations and establishes a system of administration.

(C) Revenue generated in excess of costs to administer this subchapter shall be allocated for the use of participating law enforcement agencies to recover costs associated with alarm response and for public education and training programs in reduction of false alarms in accordance with § 15.711.

(D) The provisions of this subchapter shall apply in any city in the county which has consented to the application of this subchapter. The provisions of this subchapter shall not apply in any city in the county which has in effect an ordinance having the same purpose as this subchapter and which is administered by the county pursuant to an intergovernmental agreement.

**Section 2.** MCC § 15.702 is amended to read as follows:

**§ 15.702 Definitions.**

For the purpose of this subchapter, the following definitions shall apply unless the context requires a different meaning.

**ALARM BUSINESS.** The business by any individual, partnership, corporation, or other entity of selling, leasing, maintaining, servicing, repairing, altering, replacing, moving or installing any alarm system or causing to be sold, leased, maintained, serviced, repaired, altered, replaced, moved or installed any alarm system in or on any building, structure or facility.

**ALARM SYSTEM.** Any assembly of equipment, mechanical or electrical, arranged to signal the occurrence of an illegal entry or other activity requiring urgent attention and to which law enforcement officers are expected to respond.

**ALARM USER.** The person, firm, partnership, association, corporation, company or organization of any kind which owns, controls or occupies any building, structure or facility wherein an alarm system is maintained.

**AUTOMATIC DIALING DEVICE.** A device which is interconnected to a telephone line and is programmed to select a predetermined telephone number and transmit by voice message or code signal an emergency message indicating a need for emergency response. Such a device is an alarm system.

**BUREAU OF EMERGENCY COMMUNICATIONS.** The city or county facility used to receive emergency and general information from the public to be dispatched to the respective law enforcement departments utilizing the bureau.

**BURGLARY ALARM SYSTEM.** An alarm system signaling an entry or attempted entry into the area protected by the system.

**ECONOMICALLY DISADVANTAGED PERSON.** A person receiving public assistance or food stamps.

**FALSE ALARM.** An alarm signal, eliciting a response by a law enforcement officer when a situation requiring a response by such officer does not in fact exist, but does not include an alarm signal caused by violent conditions of nature or other extraordinary circumstances not reasonably subject to control by the alarm business operator or alarm user.

**INTERCONNECT.** To connect an alarm system including an automatic dialing device to a telephone line, either directly or through a mechanical device that utilizes a telephone, for the purpose of using the telephone line to transmit a message upon the activation of the alarm system.

**NO RESPONSE.** Law enforcement officers will not be dispatched to investigate a report of an alarm signal.

**NOTICE.** All notices in this ordinance required to be given by the Sheriff to an alarm user or alarm business shall be by certified mail with return receipt. **NOTICE**, whether actual or constructive, is presumed to be given when the Sheriff receives the return receipt.

**PRIMARY TRUNK LINE.** A telephone line serving the Bureau of Emergency Communications that is designated to receive emergency calls.

**ROBBERY ALARM SYSTEM.** An alarm system signaling a robbery.

**SHERIFF.** The Multnomah County Sheriff, or designee.

**SOUND EMISSION CUTOFF FEATURE.** A feature of an alarm system which will cause an audible alarm to stop emitting sound.

**SYSTEM BECOMES OPERATIVE.** When the alarm system is capable of eliciting a response by law enforcement officers.

**Section 3.** MCC § 15.703 is amended to read as follows:

**§ 15.703 Permits Required.**

(A) Every alarm user shall obtain an alarm user's permit for each system from the Sheriff within 30 days of the time when the system becomes operative. Users of systems using both robbery and burglary alarm capabilities shall obtain a separate permit for each function. Application for a burglar or robbery alarm user's permit and a fee for each in an amount set by Board resolution shall be filed with the Sheriff each year. Each permit shall bear the signature of the Sheriff and be valid for a one-year period. The permit shall be physically upon the premises using the alarm system and shall be available for inspection by the Sheriff.

(B) If a residential alarm user is over the age of 62 or is an economically disadvantaged person and is a resident of the residence, and if no business is conducted in the residence, a user's permit may be obtained from the Sheriff's office according to subsection (A) without the payment of a fee.

(C) A late fee in an amount set by Board resolution will be charged in addition to the fee provided in subsection (A) to an alarm user who fails to obtain a permit within 30 days after the system becomes operative, or who is more than 30 days delinquent in renewing a permit.

(D) If an alarm user fails to renew a permit within 30 days after the permit expires, the Sheriff will notify the alarm user that, unless the permit is renewed and all fees are paid within 30 days of receipt of notice, the Sheriff will initiate the no response process. If the permit is not renewed and all fees paid, the Sheriff will initiate the no response process and make notifications as provided in § 15.705(C).

**Section 4.** MCC § 15.704 is amended to read as follows:

**§ 15.704 Excessive False Alarms Fees.**

(A) Fees for excessive false alarms will be assessed by the Sheriff as set by Board resolution.

(B) The Sheriff will notify the alarm user and the alarm business of a false alarm, the fees for excessive false alarms, if any, and the consequences of the failure to pay the fees. The Sheriff will also inform the alarm user of his or her right to appeal the validity of the false alarm to the Sheriff, as provided in § 15.709.

(C) A late fee in an amount set by Board resolution will be charged in addition to the fee provided in subsection (A) to an alarm user who fails to pay the excessive false alarm fees within 30 days after receipt of the notice.

(D) If the alarm user fails to pay the excessive false alarm fee within 30 days after receipt of initial notice and no appeal is pending, the Sheriff will notify the alarm user that unless all fees are paid within seven days of receipt of notice, the Sheriff will initiate the no response process. If payment is not received within seven days of the date the Sheriff receives the return receipt, the Sheriff will initiate the no response process, make notifications as provided in § 15.705(C) and may initiate the enforcement of penalties.

Penalty, see § 15.999

**Section 5.** MCC § 15.705 is amended to read as follows:

**§ 15.705 Excessive False Alarms; No Response.**

(A) After the fourth false alarm within the permit year there will be no law enforcement response to subsequent alarms without approval of the Sheriff.

(B) After a false alarm, the Sheriff shall also notify the alarm user that:

(1) After the fourth false alarm within the permit year, there will be no response to subsequent alarms without the approval of the Sheriff; and

(2) Approval of the Sheriff may only be obtained by applying in writing for reinstatement. The Sheriff may reinstate the alarm user upon a finding that reasonable effort has been made to correct the false alarms.

(C) When the no response process is initiated, the Sheriff shall notify:

(1) The Bureau of Emergency Communications;

(2) The alarm user;

(3) Any alarm business employed by the alarm user; and

(4) The persons listed on the alarm user's permit who are to be contacted in case of emergency, by certified mail with return receipt.

(D) No response to an alarm shall begin seven days after the date the Sheriff receives return receipts from the notices provided in subsection (C) unless a written request for a false alarm validity hearing has been made in the time period required under § 15.709.

**Section 6.** MCC § 15.706 is amended to read as follows:

**§ 15.706 Special Permits.**

(A) An alarm user required by federal, state, county or city law to install, maintain and operate an alarm system shall be subject to this subchapter, provided:

(1) A permit shall be designated a special alarm user's permit;

(2) A special alarm user's permit for a system which has four false alarms in a permit year shall not be subject to the no response procedure and shall pay the regular fee; and

(3) The payment of any fee provided for in subsection (A)(2) shall not be deemed to extend the term of the permit.

(B) An alarm user that is a government unit is subject to this subchapter.

**Section 7.** MCC § 15.709 is amended to read as follows:

**§ 15.707 User Instructions.**

(A) Every alarm business selling, leasing or furnishing to any user an alarm system which is installed on premises located in the area subject to this subchapter shall furnish the user with instructions that provide information to enable the user to operate the alarm system properly and to obtain service for the alarm system at any time. The alarm business shall also inform each alarm user of the requirement to obtain a permit and where it can be obtained.

(B) Standard form instructions shall be submitted by every alarm business to the Sheriff. If the Sheriff reasonably finds such instructions to be incomplete, unclear or inadequate, the Sheriff may require the alarm business to revise the instructions to comply with subsection (A) and then to distribute the revised instructions to its alarm users.  
Penalty, see § 15.999

**Section 8.** MCC § 15.709 is amended to read as follows:

**§ 15.709 Hearing.**

(A) An alarm user who wants to appeal validity of a false alarm determination may appeal to the Sheriff for a hearing. The appeal must be in writing and must be received by the Sheriff within seven days of the alarm user having received notice of the false alarm determination from the Sheriff. Failure to contest the determination in the required time period results in a conclusive presumption for all purposes that the alarm was false.

(B) If a hearing is requested, the Sheriff will notify the alarm user of the time and place of the hearing at least ten days prior to the hearing date, which date shall not be more than 21 nor less than ten days after the request for hearing is received.

(C) The hearing shall be before the Sheriff. The alarm user shall have the right to present written and oral evidence, subject to the right of cross examination. If the Sheriff determines that the false alarms alleged have occurred in a permit year, the Sheriff shall issue written findings waiving, expunging or entering a false alarm designation on an alarm user's record at his discretion. If false alarm designations are entered on the alarm user's record, the Sheriff shall pursue fee collection as set out in § 15.704.

(D) The Sheriff may appoint another person to be a hearings officer to hear the appeals and to render a decision at the hearing.

**Section 9.** MCC § 15.712 is amended to read as follows:

**§ 15.712 Allocation Of Revenues And Expenses.**

(A) All revenue collected pursuant to this subchapter or an ordinance of a city having the same purpose as this subchapter and which is administered by the county pursuant to an intergovernmental agreement shall be general fund revenue of the county. The county shall maintain records sufficient to identify the sources and amounts of that revenue.

(B) The county shall maintain records in accordance with sound accounting principles sufficient to determine on a fiscal year basis the direct costs of administering this subchapter and ordinances of cities having the same purpose as this subchapter and which are administered by the county pursuant to an intergovernmental agreement, including salaries and wages (excluding the Sheriff individually), travel, office supplies, postage, printing, facilities, office equipment and other properly chargeable costs.

(C) The county shall render an account to each city having an ordinance having the same purpose as this subchapter and which is administered by the county pursuant to an intergovernmental agreement.

(D) Distribution by the county of any excess revenue or payment of allocated deficit amounts by a city shall be made in accordance with the terms of the intergovernmental agreement with the city.

(E) **SOUND ACCOUNTING PRINCIPLES**, as used in this section, shall include, but not be limited to, practices required by the terms of any state or federal grant or regulations applicable thereto which relate to the purpose of this subchapter.

FIRST READING:

August 19, 2004

SECOND READING AND ADOPTION:

August 26, 2004

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

Susan M. Dunaway  
Susan M. Dunaway, Assistant County Attorney



## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-4

**Est. Start Time:** 10:00 AM

**Date Submitted:** 08/02/04

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**Requested Date:** August 19, 2004

**Time Requested:** 5 minutes

**Department:** Sheriff's Office

**Division:** Business Services

**Contact/s:** Christine Kirk or Larry Aab

**Phone:** 503.988.4301

**Ext.:** 84301

**I/O Address:** 503/350

**Presenters:** Larry Aab

---

**Agenda Title:** Establishing Fees and Charges For Chapter 15, Sheriff, of the Multnomah County Code and Repealing Resolution No. 03-027

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

---

1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approve Resolution Establishing Fees and Charges for Chapter 15, Sheriff, of the Multnomah County Code and Repealing Resolution No. 03-027 that increases Section 15.704 excessive false alarm fees, effective September 1, 2004.
2. **Please provide sufficient background information for the Board and the public to understand this issue.** The permit application fee and false alarm fees for residential and commercial alarms has not changed since 1991. The Sheriff's Office proposes that the fees be changed.

The Sheriff's office runs an Alarm program through the Business Services Division. The Alarm permits and fees for the City of Gresham, Maywood Park, Wood Village, Troutdale, Fairview and unincorporated Multnomah County are managed through this program. Each city adopts its own ordinance and fee structure. Each of the cities, with the exception of Maywood Park, which matches the fee structure adopted by the Board of County Commissioners, has recently changed their fee structure. While the jurisdictions have adopted different fee schedules for false alarms, they all adopted an increase from \$12.50 to \$25.00 for the annual permit application fee.

# Alarm Fees

	Managed by the Multnomah County Alarm Unit under IGA with the Cities						
	Gresham	Fairview	Troutdale	Wood Village	Multnomah County/ Maywood Park CURRENT	Multnomah County/ Maywood Park PROPOSED	Portland
Residential Permit Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$12.00	\$25.00	\$25.00
Commercial Permit Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$12.00	\$25.00	\$125.00
1st False Alarm	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2nd False Alarm	\$75.00	\$75.00	\$75.00	\$75.00	\$50.00	\$50.00	\$50.00
3rd False Alarm	\$100.00	\$100.00	\$100.00	\$100.00	\$50.00	\$75.00	\$50.00
4th False Alarm	\$200/PS	\$200/PS	\$200/PS	\$200/PS	\$100/PS	\$100/PS	\$100/PS
5 <sup>th</sup> & Subsequent False Alarms	\$300/PS	\$300/PS	\$300/PS	\$300/PS	\$100/PS	\$200/PS	\$100/PS
Late Fees	\$100.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

PS = Possible Suspension of Police Service

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

The current Intergovernmental agreement for with the cities participating in this program defines that excess revenue collected by the program, above operating expenses, be returned to the cities in proportion for the numbers of alarms in that city. The change in fees will change the amount of revenue generated by the program and will require a supplemental budget, upon Board Approval of the change in fees.

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

**If a budget modification, explain:**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

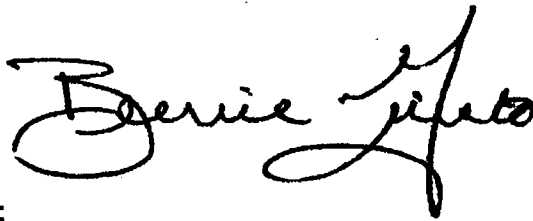
- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain:**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues involved.
5. Explain any citizen and/or other government participation that has or will take place.

**Required Signatures:**



**Department/Agency Director:** \_\_\_\_\_ **Date:** 7/30/04

**Budget Analyst**

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

**Dept/Countywide HR**

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

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Establishing Fees and Charges For Chapter 15, Sheriff, of the Multnomah County Code and Repealing Resolution No. 03-027

**The Board of County Commissioners Finds:**

- a. Chapter 15, Sheriff, of the Multnomah County Code provides that the Board shall establish certain fees and charges by resolution.
- b. On February 27, 2003, by Resolution 03-027, the Board established fees and charges for MCC Chapter 15, Sheriff.
- c. The Board wishes to increase alarm permit fees to recover actual costs.
- d. All other fees and charges established by Resolution 03-027 remain the same.

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

1. The fees and charges for Chapter 15, Sheriff, of the Multnomah County Code are set as follows:

Section 15.002.            Fees of Multnomah County Sheriff's Office:

- (A) Record copy request—may include agency reports, accident reports, law enforcement reports, law enforcement deputy file/notebook entries, administrative documents (e.g. memoranda, special orders, etc.) booking records, visitors cards, etc.:

\$ 10.00

  - (1) Additional pages: \$ 2.00 per page
  - (2) If the record is on file, the fee charged under section (A) includes a copy of a document five or fewer pages in length.
  - (3) The fee charged under section (A) is not refundable, even though the record requested is not on file or otherwise cannot be located.
  - (4) The sheriff will not charge the fee as provided in section (A) to an alleged victim of a crime listed on a law enforcement record
- (B) Archive Record Request \$13.00 per ½ hour search time
- (C) Standard File Search: \$35.00 per search
- (D) Custom File Search: Actual costs for programming and computer usage time.

(E)	Administrative Procedures Manual Publications:	\$50.00 per subscription \$25.00 for annual updates
(F)	Filing letter of subrogation:	\$10.00
(G)	Photograph reprinting, per incident/accident:	
	First 4x5 print:	\$ 8.50
	Each additional print:	\$ 0.50
	Other sizes:	\$ 8.00 per request plus actual cost
(H)	Notary services (see ORS 194.164(1) and OAR 160-100-400):	
	(1) Taking an acknowledgment	\$ 5.00
	(2) Taking a verification upon an oath or affirmation	\$ 5.00
	(3) Certifying a copy of a document:	\$ 5.00
	(4) Witnessing or attesting a signature:	\$ 5.00
	(5) Protesting commercial paper, except a check drawn on an insolvent financial institution	\$ 5.00
	(6) Administering an oath or affirmation, without signature:	\$ 1.00
	(7) Taking a deposition, each page	\$ 1.00
	(8) All other notarial acts not specified in subsections (1) through (7) above:	\$ 1.00
(I)	Vehicle Towing	
	(1) Tow charge reimbursement:	Cost of Tow
	(2) Administrative fee for processing each towed vehicle release authorization form:	\$ 35.00
(J)	Video Imaging reproduction:	
	(1) Color image	\$ 8.50
	(2) Black and white image	\$ 6.00
(K)	Video tape reproduction	\$ 45.00
(L)	Audio tape reproduction	\$ 45.00
(M)	Explosives permit approval	\$ 15.00
(N)	Firearms licenses (see ORS 166.291(5))	
	(1) Concealed handgun license – new:	\$ 65.00
	(2) Concealed handgun license-duplicate or change of address	\$ 15.00
	(3) Concealed handgun license-renewal:	\$ 50.00
	(4) Safety education course	\$ 20.00

(5) Dealer fee for background check:	\$ 15.00
(6) The fee required under subsection (5) above shall be the obligation of the firearm dealer and shall be charged with respect to requests for background checks received by the sheriff on or after the effective date of Ordinance No. 646. The sheriff shall pursue all appropriate legal remedies upon a failure of a dealer to submit a required fee, but shall not refuse to conduct a background check for that reason. The fee shall be annually reviewed by the sheriff, who shall report to the board on the sufficiency of the fee to cover the costs of conducting the required checks.	
(O) Civil Process fee (see ORS 21.410; 23.360(2))	
(1) Service upon judgment debtor of court order authorizing sale of residence or property homestead:	\$ 20.00
(2) Mailing letter of intent to sell, levying on real property, preparing notice of judicial sale, submit notice to publication and mailing notice to judgment debtor and others as requested:	\$131.00
(3) Seizure and sale of personal property	\$130.00
(4) Service of notice process:	\$ 25.00
(5) Enforcement of other writs:	\$ 47.00
(6) Service of provisional process order:	\$ 47.00
(7) Processing distraint warrant:	\$ 6.25
(8) Eviction:	\$ 47.00
(9) Delivery of writ of garnishment:	\$ 9.50
(10) Posting premises levied upon with notice of sale:	\$ 20.00
(11) Publication of Notice of Sale:	At current publication rate
(12) Mailing of presale notice:	At current postage rate
(13) Posting of after-sale notice:	\$ 5.00
(14) Mailing of after-sale notice to judgment debtor:	\$ 4.25
<u>Section 15.105.</u> Application for License (towing services).	
Towing – application fee:	\$ 45.00

<u>Section 15.106.</u>	Proof of Insurance Required	
	Personal injury/one person	\$100,000.00
	Personal injury/one accident or incident	\$300,000.00
	Property damage	\$100,000.00
	Cargo	\$ 7,500.00

<u>Section 15.110.</u>	Denial or Revocation of License.	
	Towing--reapplication fee	\$ 35.00

<u>Section 15.111.</u>	Renewal of License.	
	Renewal fee per towing vehicle:	\$ 45.00

<u>Section 15.112.</u>	Notification of Change of Circumstances.	
	Towing – inspection fee	\$ 25.00

<u>Section 15.201.</u>	Applications. (Wrecker)	\$ 15.00
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<u>Section 15.306.</u>	Secondhand Dealer Permit Fees:	
	Occasional:	\$ 25.00
	Occasional – renewal:	\$ 25.00
	All others:	\$150.00
	All others – renewal:	\$ 75.00
	Temporary	Free

<u>Section 15.401.</u>	Liquor license fees:	
	Original application:	\$100.00
	Change in ownership/location/privilege:	\$ 75.00
	Renewal	\$ 50.00

<u>Section 15.703.</u>	Alarm permit fees:	
	Residential or commercial permit	\$ 25.00
	Failure to obtain permit within 30 days of system becoming operative, or delinquency in renewing permit	\$ 25.00

Section 15.704. Excessive false alarms, fees:

1 <sup>st</sup> false alarm	0
2 <sup>nd</sup> false alarm:	\$ 50.00
3 <sup>rd</sup> false alarm	\$ 75.00
4th false alarm:	\$100.00
5 <sup>th</sup> and each subsequent false alarm	\$200.00
Late fee (30 days delinquent)	\$ 25.00

Section 15.755. Denial or revocation of license (Adult Entertainment):

Reinstatement application fee for revoked license: \$ 35.00

Section 15.757. License Fees and Renewal (Adult Entertainment):

Adult bookstore or adult theater annual license fee: \$180.00

Section 15.856. Disposition of Vehicle (Off-Road Vehicles):

Disposition by court \$ 50.00

2. Resolution No. 03-027 is repealed, and this resolution takes effect on September 1, 2004.

ADOPTED this 19<sup>th</sup> day of August 2004.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By *Susan M. Dunaway*  
Susan M. Dunaway, Assistant County Attorney



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 04-118**

Establishing Fees and Charges For Chapter 15, Sheriff, of the Multnomah County Code and Repealing Resolution No. 03-027

**The Board of County Commissioners Finds:**

- a. Chapter 15, Sheriff, of the Multnomah County Code provides that the Board shall establish certain fees and charges by resolution.
- b. On February 27, 2003, by Resolution 03-027, the Board established fees and charges for MCC Chapter 15, Sheriff.
- c. The Board wishes to increase alarm permit fees to recover actual costs.
- d. All other fees and charges established by Resolution 03-027 remain the same.

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

1. The fees and charges for Chapter 15, Sheriff, of the Multnomah County Code are set as follows:

Section 15.002. Fees of Multnomah County Sheriff's Office:

- (A) Record copy request—may include agency reports, accident reports, law enforcement reports, law enforcement deputy file/notebook entries, administrative documents (e.g. memoranda, special orders, etc.) booking records, visitors cards, etc.: \$ 10.00
- (1) Additional pages: \$ 2.00 per page
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- (3) The fee charged under section (A) is not refundable, even though the record requested is not on file or otherwise cannot be located.
- (4) The sheriff will not charge the fee as provided in section (A) to an alleged victim of a crime listed on a law enforcement record
- (B) Archive Record Request \$13.00 per ½ hour search time
- (C) Standard File Search: \$35.00 per search
- (D) Custom File Search: Actual costs for programming and computer usage time.

(E)	Administrative Procedures Manual Publications:	\$50.00 per subscription \$25.00 for annual updates
(F)	Filing letter of subrogation:	\$10.00
(G)	Photograph reprinting, per incident/accident:	
	First 4x5 print:	\$ 8.50
	Each additional print:	\$ 0.50
	Other sizes:	\$ 8.00 per request plus actual cost
(H)	Notary services (see ORS 194.164(1) and OAR 160-100-400):	
	(1) Taking an acknowledgment	\$ 5.00
	(2) Taking a verification upon an oath or affirmation	\$ 5.00
	(3) Certifying a copy of a document:	\$ 5.00
	(4) Witnessing or attesting a signature:	\$ 5.00
	(5) Protesting commercial paper, except a check drawn on an insolvent financial institution	\$ 5.00
	(6) Administering an oath or affirmation, without signature:	\$ 1.00
	(7) Taking a deposition, each page	\$ 1.00
	(8) All other notarial acts not specified in subsections (1) through (7) above:	\$ 1.00
(I)	Vehicle Towing	
	(1) Tow charge reimbursement:	Cost of Tow
	(2) Administrative fee for processing each towed vehicle release authorization form:	\$ 35.00
(J)	Video Imaging reproduction:	
	(1) Color image	\$ 8.50
	(2) Black and white image	\$ 6.00
(K)	Video tape reproduction	\$ 45.00
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(M)	Explosives permit approval	\$ 15.00
(N)	Firearms licenses (see ORS 166.291(5))	
	(1) Concealed handgun license – new:	\$ 65.00
	(2) Concealed handgun license-duplicate or change of address	\$ 15.00
	(3) Concealed handgun license-renewal:	\$ 50.00
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(5) Dealer fee for background check: \$ 15.00

(6) The fee required under subsection (5) above shall be the obligation of the firearm dealer and shall be charged with respect to requests for background checks received by the sheriff on or after the effective date of Ordinance No. 646. The sheriff shall pursue all appropriate legal remedies upon a failure of a dealer to submit a required fee, but shall not refuse to conduct a background check for that reason. The fee shall be annually reviewed by the sheriff, who shall report to the board on the sufficiency of the fee to cover the costs of conducting the required checks.

(O) Civil Process fee (see ORS 21.410; 23.360(2))

(1) Service upon judgment debtor of court order authorizing sale of residence or property homestead: \$ 20.00

(2) Mailing letter of intent to sell, levying on real property, preparing notice of judicial sale, submit notice to publication and mailing notice to judgment debtor and others as requested: \$131.00

(3) Seizure and sale of personal property \$130.00

(4) Service of notice process: \$ 25.00

(5) Enforcement of other writs: \$ 47.00

(6) Service of provisional process order: \$ 47.00

(7) Processing distraint warrant: \$ 6.25

(8) Eviction: \$ 47.00

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(11) Publication of Notice of Sale: At current publication rate

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(13) Posting of after-sale notice: \$ 5.00

(14) Mailing of after-sale notice to judgment debtor: \$ 4.25

Section 15.105. Application for License (towing services).

Towing – application fee: \$ 45.00

Section 15.106.      Proof of Insurance Required

Personal injury/one person	\$100,000.00
Personal injury/one accident or incident	\$300,000.00
Property damage	\$100,000.00
Cargo	\$ 7,500.00

Section 15.110.      Denial or Revocation of License.

Towing--reapplication fee	\$ 35.00
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Section 15.111.      Renewal of License.

Renewal fee per towing vehicle:	\$ 45.00
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Section 15.112.      Notification of Change of Circumstances.

Towing – inspection fee	\$ 25.00
-------------------------	----------

Section 15.201.      Applications. (Wrecker)      \$ 15.00

Section 15.306.      Secondhand Dealer Permit Fees:

Occasional:	\$ 25.00
Occasional – renewal:	\$ 25.00
All others:	\$150.00
All others – renewal:	\$ 75.00
Temporary	Free

Section 15.401.      Liquor license fees:

Original application:	\$100.00
Change in ownership/location/privilege:	\$ 75.00
Renewal	\$ 50.00

Section 15.703.      Alarm permit fees:

Residential or commercial permit	\$ 25.00
Failure to obtain permit within 30 days of system becoming operative, or delinquency in renewing permit	\$ 25.00

Section 15.704. Excessive false alarms, fees:

1 <sup>st</sup> false alarm	0
2 <sup>nd</sup> false alarm:	\$ 50.00
3 <sup>rd</sup> false alarm	\$ 75.00
4th false alarm:	\$100.00
5 <sup>th</sup> and each subsequent false alarm	\$200.00
Late fee (30 days delinquent)	\$ 25.00

Section 15.755. Denial or revocation of license (Adult Entertainment):

Reinstatement application fee for revoked license: \$ 35.00

Section 15.757. License Fees and Renewal (Adult Entertainment):

Adult bookstore or adult theater annual license fee: \$180.00

Section 15.856. Disposition of Vehicle (Off-Road Vehicles):

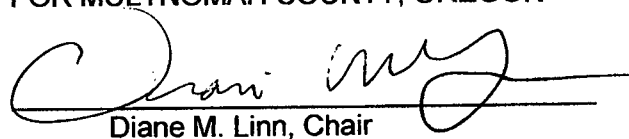
Disposition by court \$ 50.00

2. Resolution No. 03-027 is repealed, and this resolution takes effect on September 1, 2004.

ADOPTED this 19th day of August 2004.

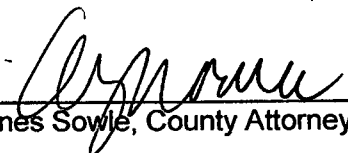


BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
Agnes Sowle, County Attorney

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-5

**Est. Start Time:** 10:05 AM

**Date Submitted:** 08/02/04

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**Requested Date:** August 19, 2004

**Time Requested:** 15 minutes

**Department:** Health

**Division:** Environmental Health

**Contact/s:** Lila Wickham

**Phone:** 503 988-3400

**Ext.:** 22404

**I/O Address:** 245

**Presenters:** Lila Wickham and Judy Craine

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**Agenda Title:** Ordinance Amending MCC § 21.612 Relating to Food Service License and Other Fees

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

- 
1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approve first reading of Ordinance Amending MCC § 21.612 Relating to Food Service License and Other Fees.

An exception to the agenda submission process is requested so that operators can be notified in mid September when renewal notices are sent out. The new fees would not be effective until January 1, 2005. The revisions to ORS 624 and the Division 12 rules have only been recently finalized.

2. **Please provide sufficient background information for the Board and the public to understand this issue.** Chapter 309 of Oregon laws created new provisions and amended state laws relating to food service facilities. 1) The number of different categories of license fees for Multnomah County needs to be reduced to be consistent with the statewide license fee categories. This results in the elimination of subcategories that were designed to reflect differences in the cost of inspections based upon efficiencies. Example: Each restaurant in a large hotel must be inspected but can be inspected during the same visit to the location. 2) The inclusion of an administrative fee

for review of benevolent operations to assure food safety principals are practiced is included to allow for cost recovery of all activities.

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

None anticipated. Will allow for recovery of costs associated with the provision of inspections, monitoring and licensing of food, pool, tourist and traveler facilities in Multnomah County.

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

**If a budget modification, explain: N/A**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain: N/A**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain: N/A**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

**4. Explain any legal and/or policy issues involved. Complies with ORS Chapter 624 and Division 12 rules.**

**5. Explain any citizen and/or other government participation that has or will take place. Citizens may comment at the Board meeting. Notice of any fee changes will be given with renewal notices in mid-September.**

**Required Signatures:**

*Tellan Gentry*

**Department/Agency Director:**

**Date: 07/30/04**

**Budget Analyst**

**By:** \_\_\_\_\_

**Date:**

**Dept/Countywide HR**

**By:** \_\_\_\_\_

**Date:**



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Amending MCC § 21.612 Relating to Food Service License and Other Fees

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

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

- a. Chapter 309 Oregon Laws 2003 created new provisions and amended state laws relating to food service facilities.
- b. It is necessary to amend MCC Chapter 21, Health, to update license and other fee provisions and conform with state law.

**Multnomah County Ordains as follows:**

**Section 1.** MCC § 21.612 is amended as follows:

**§ 21.612 Payment Of License Fees and Other Fees and Penalties, ~~Reinspection Fees;~~  
~~Delinquency.~~**

(A) Licenses issued under this subchapter expire annually on December 31. The annual license fee imposed under this subchapter must be paid in advance or postmarked to the department on or before midnight December 31 of the preceding license year.

(B) Except as provided in subsection (C), to any fee not paid as required in subsections (A), (D) and ~~(H)~~, there will be added a reinstatement or late fee as set by Board resolution.

(C) If the department determines that the delinquency was due to reasonable cause and without any intent to avoid compliance, the reinstatement ~~or late fee~~ provided by subsections (B) and ~~(H)~~ will be waived.

(D) When a license fee is due at any time other than December 31, the license fee is payable to the department within 30 days of application. If the license fee is not paid as provided in this subsection, then subsection (B) applies.

(E) The license fee for a seasonal facility, which operates six or fewer consecutive months, is payable within 30 days of the first day of operation for the current year. If the fee is not paid as provided in this subsection, then subsection (B) applies.

(F) The license fee for a temporary restaurant operating on an intermittent basis at the same specific location will be as set by Board resolution.

(G) The application and license fee for any temporary restaurant must be received in the environmental health office by noon two working days before the event begins.

~~(H) Except as provided in subsection (C) and for benevolent organizations as defined in ORS 624.015, for any temporary restaurant license not applied and paid for as required in subsection (G), a late fee will be added in an amount set by Board resolution.~~

~~(H) Benevolent organizations are exempt from any temporary restaurant license or inspection related fees. An administrative processing fee will be set by Board resolution.~~

~~(J) For the services of the department in providing an increased frequency inspection as mandated under ORS 624.085 and OAR 333-157-0027, the department will collect a fee for each additional inspection in an amount set by Board resolution. Reinspections for the sole purpose of checking the number of food handler cards are not be subject to this fee.~~

~~(K) The department may charge a relocation fee in lieu of a full fee under certain circumstances such as, but not limited to, no change in business name, ownership, menu served or type of equipment used. The relocation fee will be in an amount set by Board resolution. Plan review fees may apply.~~

~~(L) The department will charge an inspection fee for a mobile unit licensed in another jurisdiction providing services in Multnomah County in an amount set by Board resolution.~~

FIRST READING:

August 19, 2004

SECOND READING AND ADOPTION:

August 26, 2004

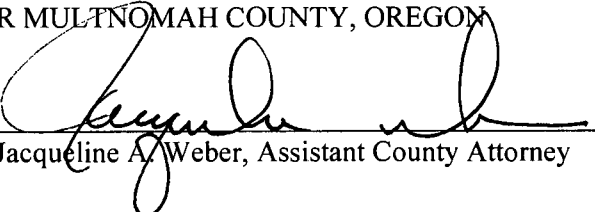
BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

  
Jacqueline A. Weber, Assistant County Attorney

**BOGSTAD Deborah L**

---

**From:** FORD Carol M  
**Sent:** Tuesday, August 17, 2004 11:29 AM  
**To:** ROMERO Shelli D; BELL Iris D  
**Cc:** SMITH Andy J; WICKHAM Lila A; LEAR Wendy R; BOGSTAD Deborah L  
**Subject:** BCC Agenda 8/19/04 R-5 Food Service License and other fees

Shelli – I talked with Lila about the Board pulling R-5 off this week's agenda. We agreed that this is a good idea. I would like to ask that the agenda item be rescheduled for September 2 BCC meeting because that will give us time to do the follow up that you asked Lila for. Wendy Lear, Health Finance Manager, will work with Lila on the numbers and will be scheduling one-on-one briefings with Board staff. Or would you rather they come back to your Board staff meeting and present to everyone all at once?

If you have any questions, give me or Wendy a call (I'm out of town Thursday and Friday).  
Thanks..

*Carol Ford  
Deputy Director  
Multnomah County Health Department*

8/17/2004

## BOGSTAD Deborah L

---

**From:** ROMERO Shelli D  
**Sent:** Tuesday, August 17, 2004 11:31 AM  
**To:** FORD Carol M; BELL Iris D  
**Cc:** SMITH Andy J; WICKHAM Lila A; LEAR Wendy R; BOGSTAD Deborah L  
**Subject:** RE: BCC Agenda 8/19/04 R-5 Food Service License and other fees

Carol: Hi there. I just talked with Iris and Andy and what we want to do is postpone indefinitely because a whole new package will have to come forward in 2 weeks – the Board would not be considering the same thing that is on the table now and by setting a time certain, it would indicate we would be seeing the same thing in 2 weeks. What is recommended is postponing it indefinitely and in 2 weeks coming back with an alternative package with check-ins at Board staff etc. Iris/Andy are in the process of lining up who will make the motion to postpone indefinitely and Maria can make the second. Thanks, Shelli

Shelli Romero  
Office of Commissioner Maria Rojo de Steffey  
Multnomah County - District 1  
501 SE Hawthorne Blvd, Suite 600  
Portland, OR 97214  
(503) 988-4435 phone  
(503) 988-5440 fax  
[Shelli.D.Romero@co.multnomah.or.us](mailto:Shelli.D.Romero@co.multnomah.or.us)  
Se habla espanol

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

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**Sent:** Tuesday, August 17, 2004 11:29 AM  
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Thanks..

*Carol Ford*  
*Deputy Director*  
*Multnomah County Health Department*

8/17/2004

**BOGSTAD Deborah L**

---

**From:** ROMERO Shelli D  
**Sent:** Tuesday, August 17, 2004 11:40 AM  
**To:** FORD Carol M; BELL Iris D  
**Cc:** SMITH Andy J; WICKHAM Lila A; LEAR Wendy R; BOGSTAD Deborah L; CARROLL Mary P  
**Subject:** RE: BCC Agenda 8/19/04 R-5 Food Service License and other fees

Carol – one more thing – I think it would be good to come to board staff to present the explanation/alternative that is being proposed. Perhaps if possible, you guys could come to board staff on Monday of next week and give folks a short deadline by which to determine what their Commissioners would like to see and craft the resolution/agenda placement accordingly consistent with Deb's Wednesday noon deadline on the 25<sup>th</sup> (this will require agenda review team expedite and/or submission by the Chair or another elected I imagine.) Maria I imagine would also be open to a briefing. One thing she mentioned is that she is concerned not only with the coupling of shared services in the new proposed fee schedule and ordinance changes, but possibly also the health dept. indirect fee – passing on a fee increase to restaurants to support more administration.... Thanks, Shelli

Shelli Romero  
 Office of Commissioner Maria Rojo de Steffey  
 Multnomah County - District 1  
 501 SE Hawthorne Blvd, Suite 600  
 Portland, OR 97214  
 (503) 988-4435 phone  
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Shelli – I talked with Lila about the Board pulling R-5 off this week's agenda. We agreed that this is a good idea. I would like to ask that the agenda item be rescheduled for September 2 BCC meeting because that will give us time to do the follow up that you asked Lila for. Wendy Lear, Health Finance Manager, will work with Lila on the numbers and will be scheduling one-on-one briefings with Board staff. Or would you rather they come back to your Board staff meeting and present to everyone all at once?

If you have any questions, give me or Wendy a call (I'm out of town Thursday and Friday).  
 Thanks..

*Carol Ford*  
*Deputy Director*  
*Multnomah County Health Department*

8/17/2004

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-6

**Est. Start Time:** 10:15 AM

**Date Submitted:** 08/05/04

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**Requested Date:** 08/19/04

**Time Requested:** 5 minutes

**Department:** Health

**Division:** Integrated Clinical Services

**Contact/s:** Vanetta Abdellatif

**Phone:** 503-988-3674

**Ext.:** 26210

**I/O Address:** 160/8

**Presenters:** Vanetta Abdellatif, Kim Tierney

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**Agenda Title:** NOTICE OF INTENT to Apply for Grant Funding from the Collins Foundation, Swett Foundation, Boeing Charitable Contributions Program, and Ludwick Family Foundation to Purchase a Medical Van and Establish a Mobile Health Care Access Point

→ **Note: An exception to the Agenda Review Team's four-week review period is requested to minimize the delay in submitted applications to these organizations.** ←

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

- 
- 1. What action are you requesting from the Board? What is the department/agency recommendation?**  
Authorize the Director of the Health Department to apply for grant funding from the Collins Foundation, Swett Foundation, Boeing Charitable Contributions Program, and Ludwick Family Foundation. Funding from these organizations would be combined with a "New Access Point" grant from the Bureau of Primary Health Care to support the purchase of a 37 foot medical van. The project will focus on providing access to primary care for homeless county residents who have difficulty accessing care at fixed locations (a similar NOI was approved by the Board on June 10, 2004 authorizing the Director to submit a grant request to the Bureau of Primary Health Care).
  - 2. Please provide sufficient background information for the Board and the public to understand this issue.**

Following the Board's approval, the Health Department submitted a grant application to the Bureau of Primary Health Care on June 18, 2004 to establish a mobile medical access clinic (medical van). The decision on this application is pending review and approval by the Bureau. Medical vans are used in communities throughout the nation as a means to deliver health care to medically underserved populations (Virginia Garcia Memorial Health Center, and Northwest Medical Teams are two organizations that use vans to provide health services).

The Health Department provides primary care services to approximately 40,000 residents each year, with nearly 140,000 primary care visits annually at the County's health clinics. People receiving services include low-income individuals who face barriers to accessing health services because of income, language and/or cultural differences, or because they lack the ability to pay for services. Services are also provided to underserved populations, which include homeless people, migrant workers, residents of public housing, and individuals with special health care needs. The County also provides health care to residents who receive Oregon Health Plan benefits because many private physicians will not accept patients with publicly financed health insurance. For many of the county's underserved residents, facilities operated by the Health Department are their only option for accessing health services. Others may use a nonprofit health clinic or a hospital emergency room. However, non-profit clinics and emergency rooms do not provide the full scope of primary health care services.

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

The annualized cost of this project is approximately \$1.8 million for personnel, materials and supplies, capital, travel, pharmacy, interpretation and other related costs. Federal grant funding combined with third party reimbursements will give the Department the financial resources necessary to operate the proposed mobile clinic. The bid cost of the medical van is \$244,576. Because the Bureau limits the amount of grant funding that can be spent on capital to \$150,000, the Health Department is requesting that the Board authorize staff to actively seek foundation funding in the amount of \$94,576 to cover the purchase price of the van.

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

**If a budget modification, explain:**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?

- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain:**

- ❖ **Who is the granting agency?**

Grant funding will be applied for from a number of private foundation sources, including Collins Foundation, Swett Foundation, Boeing Charitable Contributions Program, and Ludwick Family Foundation. Multiple foundations are listed in this NOI because of the need to submit numerous requests in order to avoid exceeding funding ceilings, and to ensure that funds are in place by January 15, 2005. It has been determined that these organizations are "likely" funders given that they (1) will fund government entities, (2) will fund projects in Oregon, (3) will fund capital projects, and (4) they desire to fund projects in cooperation with public and private sources.

- ❖ **Specify grant requirements and goals.**

The goal of this proposed project is to provide access to primary health care services through a mobile medical services van. The van would be sited at a variety of different locations through out the county to provide access to services by a broad cross-section of the community's most vulnerable residents.

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

Funding from these sources would be one-time only. Funding from the Bureau of Primary Health Care will serve as the long-term funding source to support the medical van operations. The Bureau gives grantees three years to achieve their goals for expanding health care access. Communities that achieve their access goals within the three-year timeframe will receive ongoing funding.

- ❖ **What are the estimated filing timelines?**  
Applications are due at various times over the next one to three months in order to be considered for funding by January 15, 2005.
- ❖ **If a grant, what period does the grant cover?**  
Funding for this effort will provide for the purchase of a medical van.
- ❖ **When the grant expires, what are funding plans?**  
Foundation funding is for a one-time purchase of a medical van. If the project's access objectives are achieved, funding for this effort will be rolled into the Department's ongoing federal grant to provide primary care services.
- ❖ **How will the county indirect and departmental overhead costs be covered?**  
Indirect will be covered as a part of the Bureau of Primary Care grant.

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

No unusual legal issues related to the project have been identified. Providing health services for the uninsured is consistent with County policy.



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

This project has been approved by the Multnomah County Community Health Council (the Council's membership includes individual consumers of the Department's health care services; health care providers; and government representatives). Additional community support is being provided by Human Solutions, Portland Impact, JOIN, Salvation Army Harbor Light Center, Neighborhood House/Friendly House, and Albina Ministerial Alliance. These organizations will provide parking space and access to waiting rooms and lavatory facilities, and power and water hook-up.

**Required Signatures:**

**Department/Agency Director:** *Lillian Shirley* **Date: 08/04/04**

**Budget Analyst**

**By:** *Michael D. Gaspin* **Date: 08/05/04**

**Dept/Countywide HR**

**By:** NA **Date:**

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-7

**Est. Start Time:** 10:20 AM

**Date Submitted:** 07/28/04

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**Requested Date:** August 19, 2004

**Time Requested:** 15 minutes

**Department:** DCHS

**Division:** MHASD

**Contact/s:** Nancy Winters

**Phone:** 503 988-4055

**Ext.:** 84055

**I/O Address:** 166/500

**Presenters:** Patricia Pate and Nancy Winters

---

**Agenda Title:** Multnomah County 2005-2007 Mental Health and A&D Biennial Implementation Plan

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

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1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approval of 2005-2007 Biennial Implementation Plan submitted to State. Plan may be amended at the direction of the BCC.
2. **Please provide sufficient background information for the Board and the public to understand this issue.** The State requires each county to submit a plan each biennium describing how they will deliver mental health and addiction services. In the past, separate plans for mental health and addiction services were required. For the 2005-07 biennium, counties were asked to combine the two into one plan and to submit the plans a year early.
3. **Explain the fiscal impact (current year and ongoing).** None. Plans may be modified to reflect changing funding and/or service priorities.

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

If a budget modification, explain: N/A

- ❖ What revenue is being changed and why?
  - ❖ What budgets are increased/decreased?
  - ❖ What do the changes accomplish?
  - ❖ Do any personnel actions result from this budget modification? Explain.
  
  - ❖ Is the revenue one-time-only in nature?
  - ❖ If a grant, what period does the grant cover?
  - ❖ When the grant expires, what are funding plans?
- NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

If a contingency request, explain: N/A

- ❖ Why was the expenditure not included in the annual budget process?
  
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
  
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain: N/A

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. **Explain any legal and/or policy issues involved.** The plan does not legally bind the County to any course of action. It reflects current County policy on best practices for service delivery.
  
5. **Explain any citizen and/or other government participation that has or will take place.** MHASD's advisory committee, AMHSA, has signed off on the plan, as has the State Service Delivery Area Manager. AMHSA also serves as the Local Alcohol and Drug Planning Committee, another required sign-off. MHASD is in the process of obtaining sign-off from the Multnomah Commission on Children, Families, and Community. In addition, the A&D components in the plan resulted from the recent joint DCHS-DCJ procurement process, which included several public forums that attracted consumers and other stakeholders.

**Required Signatures:**

**Department/Agency Director:** \_\_\_\_\_



**Date:** 0722/04

**Budget Analyst**

**By:** \_\_\_\_\_

**Date:**

**Dept/Countywide HR**

**By:** \_\_\_\_\_

**Date:**

H:\MHASD\BCC approve Biennial plan .doc

Office of Mental Health and Addiction Services  
2005-2007 County Implementation Plan Guidelines

**ATTACHMENT 2**

**BOARD OF COUNTY COMMISSIONERS**

County: Multnomah

The Multnomah County Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2005-2007. Any comments are attached.

Name of Chair: Diane Linn

Address: 501 SE Hawthorne, 6<sup>th</sup> Floor

Portland, Oregon 97214

Telephone Number: 503-988-3308

Signature: \_\_\_\_\_



Multnomah County  
**Biennial  
Implementation  
Plan**

**2005-2007**

**Contact Person:**

Derald R. Walker, Ph.D.

Director

Mental Health and Addiction Services Division

421 SW 6th Ave., Suite 700

Portland OR 97204

Phone: 503-988-4368

[derald.r.walker@co.multnomah.or.us](mailto:derald.r.walker@co.multnomah.or.us)

**For Additional Copies:**

Karen Mayfield

421 SW 6th Ave., Suite 700

Portland OR 97204

Phone: 503-988-3691 x24045

[karen.d.mayfield@co.multnomah.or.us](mailto:karen.d.mayfield@co.multnomah.or.us)

Multnomah County  
2005-2007 Implementation Plan

## **Index**

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| ♦ Gambling Prevention and Treatment  | 12 |
| ♦ Children's Mental Health Treatment | 13 |
| ♦ Adult Mental Health Treatment      | 17 |

### **Required Attachments**

1. Treatment Provider Subcontracts
2. Board of County Commissioners Review and Approval (to follow)
3. Local Alcohol and Drug Planning Committee Review and Comment
4. Multnomah Commission on Children and Families Review and Comment (to follow)
5. County Funds Maintenance of Effort Agreement
6. Local Mental Health Advisory Board Review and Comment
7. A&D Prevention Plan
8. Problem Gambling Prevention Plan
9. Problem Gambling Service Region Designation
10. County Contact Information
11. Service Delivery Area Manager Review and Comment (to follow)

### **Other Attachments**

- A. A&D Request for Programmatic Qualifications – March 2004
- B. Summary of Input from A&D Prevention and Treatment Community Meetings – November/December 2003
- C. Linkages with State Hospital and Inpatient Providers
- D. Child and Family System of Care Recommendations for Children's Mental Health Redesign: Final Report – January 2002
- E. Child and Family System of Care Recommendations for Children's Mental Health Redesign: Progress Report – March 2004
- F. Timeline for Children's Mental Health System Improvements



Multnomah County  
2005 – 2007 Implementation Plan  
**Addiction Treatment**

**Overview**

Multnomah County's Alcohol and Drug Implementation Plan is based on three interlocking and sequential activities that provide a sound basis for treatment services now (July 1, 2004) and for the 2005-2007 biennium. They are:

1. A series of six community meetings attended by clients, family members, community members, and treatment provider staff (see Attachment B);
2. A treatment services procurement process coordinated with the County's Department of Community Justice; and
3. A provider selection and funding allocation process jointly administered by the Department of County Human Services (DCHS) and the Department of Community Justice (DCJ).

The DCHS Request for Programmatic Qualifications (RFPQ) embodies the priorities, values, and goals shared by the two County departments (DCJ and DCHS) responsible for the majority of alcohol and drug treatment services locally (see Attachment A).

The Department of County Human Services worked closely with the Department of Community Justice to implement a highly coordinated system of care offering comprehensive alcohol and drug services for adults and youth with alcohol and drug addictions and dependence. The primary underlying goals include the desire to enhance community safety and to assist those with alcohol/drug problems to enter and/or maintain an alcohol and drug-free lifestyle. The Department of County Human Services and the Department of Community Justice are committed to working with providers and stakeholders to implement a fully integrated treatment approach to addressing the addictions, physical, and mental health needs of clients. The goal of this integrated treatment approach is to ensure that all components of the system of care are integrated and that clients can concurrently receive the mental, physical, and addictions health services needed. Reflecting these overall goals are key service priorities to which each provider of treatment services must adhere:

- Utilize evidence-based practices;
- Offer manual guided therapies;
- Employ motivational enhancement techniques;
- Use an integrated treatment model;
- Utilize case management services; and
- Be currently licensed as both an A&D and mental health provider.

In addition, DCHS values the following and expects that treatment providers will:

- Integrate employment readiness into their treatment models;
- Demonstrate close ties to transitional housing;
- Demonstrate the ability to provide up to six months of continuing care following residential treatment either directly or through referral to community resources

(Residential Providers);

- Demonstrate the ability to provide stabilization outpatient services to clients waiting for a treatment bed either directly or through referral/coordination with community resources; and
- Include Relapse Prevention Services as a part of Outpatient Treatment Services.

The system of care to be implemented through this plan will begin July 1, 2004 and will continue to evolve and be strengthened through the 2005-2007 biennium. The treatment providers qualified through the RFPQ will be qualified to provide services through June 30, 2009. Continued funding will be subject to provider performance determined through the following contract monitoring efforts:

- Site Reviews;
- Technical Assistance;
- Evaluations/Program Performance, which may be evaluated through other quality assurance/evaluation processes, including:
  - Performance reviews for achieving client service outcomes
  - Provider self-assessments
  - Client satisfaction surveys and complaint resolution processes
  - Compliance reviews for contract standards and performance criteria
  - Compliance reviews for reporting requirements, including use of the County's data collection systems
  - Referral source satisfaction surveys
  - Census validation audits
  - Fiscal Compliance Reviews: County fiscal compliance reviews may be conducted to ensure that financial records, systems, and procedures conform to Generally Accepted Accounting Principles and are in compliance with all County and State audit and accounting requirements.

Based on input from the community meetings and the planning process with DCJ, the range of services available to clients could be expanded from the current service mix to include:

- Adult residential and outpatient methamphetamine services;
- Adult residential services for opiate replacement clients;
- Adult Latino-specific residential services for males; and
- "Fee-free" outpatient services for adult Native Americans/African Americans/Latinos.

With the exception of the "fee-free" outpatient slots above, the proposed service options are being developed and funded in coordination with the Department of Community Justice.

The Department of County Human Services, in conjunction with the Department of Community Justice, is proposing one significant change to the current service delivery system. DCHS passes State funds through to DCJ for Drug/Clean Court client services. Due to County budgetary constraints, Clean Court, as it is currently functioning, will be eliminated and replaced with a service called High Risk Offender Outpatient Treatment.

The State funds will continue to be used for client services. Due to County budget negotiations, it is not anticipated that the final design of the service will be completed by the due date for the Implementation Plan. Multnomah County has requested approval to delay submission of this service delivery change until approximately June 1, 2004.

### **Planning Process**

The DCHS planning process focused on what was working and not working now for client services and what is needed for the future. The Summary of Input from the community and provider meetings (see Attachment B) can be found at the Multnomah County web site at: [http://www.co.multnomah.or.us/dchs/mhas/mh\\_cboards.shtml](http://www.co.multnomah.or.us/dchs/mhas/mh_cboards.shtml) The following questions were used to prompt input:

- What currently is working well?
- Where are the gaps in the services provided or the people served?
- What are the services you want to hold on to if funding were decreased?
- How can we communicate about existing services better and improve accessibility?

At the provider meeting these additional questions were asked:

- What are the trends you are seeing in changing client populations, needs, and service strategies?
- What criteria would you suggest to guide decisions about which services to maintain when funding reductions occur?

The five community meetings were distributed geographically with evening and day times and a meeting focused on youth services. Additionally, alcohol and drug prevention issues and activities as well as problem gambling, were a part of each community meeting. In addition to the verbal community input attendees completed a written survey addressing A&D treatment, prevention, and gambling services. These results are included in the Summary of Input.

The input from the planning meetings highlighted the following:

- The importance of gender and culturally specific services;
- The strong connection between A&D treatment and stable drug free affordable housing;
- The value of collaboration and the integration of services at all levels;
- The need to strengthen and expand treatment and prevention services for youth, especially development of gender and culturally specific services; and
- The need for information sharing and integration among treatment providers, community based service providers, and County departments responsible for addictions services, mental health, corrections, and physical health services.

Throughout the RFPQ, a significant portion of the community comments and priorities are seen in the priorities and selection criteria for funding allocations, the key service priorities, the alcohol and drug service requirements, the service array, and the program questions (see Attachment A for the RFPQ).

### **Provider Statutory Qualifications**

All providers qualified through the RFPQ must meet the following minimum qualifications at the time of contracting:

- Providers must be able to comply with County contract requirements, which include insurance limits and reference to requirements contained in this RFPQ, and all other federal, state, and local laws and regulations governing services purchased through the contract.
- No contracts can be awarded to providers that have not had their DCJ/DCHS Alcohol and Drug Program Qualified Vendor Application Process (QVAP) application reviewed *and approved*. Providers who do not meet minimum standards will not be eligible for contracts until such time as they can demonstrate they can meet the minimum standards.
- Prior to receiving a contract from DCHS, the successful providers must submit proof that they either have current Letters of Approval from the State of Oregon or have applied for a Letter of Approval. Providers with a pending approval status will negotiate with DCHS a mutually agreed upon period of time to allow final State of Oregon action on the submitted certification request. Failure to obtain and maintain required certification may result in contract termination.
- The successful providers shall be able to provide services immediately upon contract award. Any exceptions must be County approved and include a mutually agreed upon start-up time period.

### **Culturally Appropriate Services**

Beginning July 1, 2004 and for the 2005-2007 biennium, DCHS has increased treatment services to minorities by the addition of twelve residential treatment beds for Latino males. The DCHS service array in the RFPQ effective July 1, 2004 includes nine minority specific services. Within the RFPQ, culturally appropriate treatment services are addressed in two required questions:

**2. Describe your staffing plan for supervising and delivering the proposed services. Include in your description: (30 Points)**

- The FTE by position, typical salary range offered by your organization, and the average caseload for each direct service position. This information may be shown in chart format – which will not count against your page count.
- For each position or category of positions, identify the staff credentials and competencies (knowledge and skills) that will be required to effectively serve the target population(s), fully implement the program and competently deliver the specified services.
- Your plans for ensuring staff are properly trained and able to effectively serve the target population(s) and deliver the services being proposed.
- The racial/ethnic make-up of the staff that will be delivering this service. If staff composition has not yet been determined, provide the racial/ethnic compositions that you anticipate for the program.

*Evaluation Criteria: Staffing plan is adequate to effectively implement and deliver the proposed service to the target population(s). Provider demonstrates skill and experience*

*delivering the services by their description of the staffing requirements and skill levels necessary to delivery quality service. Effective staff training and development strategies to assure staff have/retain the knowledge and skills to deliver the proposed services are in place and have been used successfully before. Racial/Ethnic composition is appropriate for the target population(s) to be served and reflects diversity.*

- 3. Describe the strategies and resources that your agency will use to ensure that clinical services are delivered in a manner that is culturally appropriate. If your agency has a current "Cultural Competency Plan" covering A&D services please provide a copy as an attachment to your proposal. (60 Points)**

*Evaluation Criteria: Provider can demonstrate the development of a "Cultural Competency Plan" that is updated annually. Reasonable and effective strategies are in place that should help ensure that programs and service delivery are culturally appropriate. Strategies exist and can be described for continually evaluating the program's service models and clinical practice to ensure they are culturally appropriate. Programs actively seek to involve community resources, (e.g., tribal and community councils or governing bodies, family members, clans, native societies, spiritual leaders, churches, civic clubs, and community organizations) and to develop cross-system alliances (e.g., corrections, juvenile justice, education, social services, substance abuse, developmental disability, primary care plans, public health, and tribal health agencies) in assessing and improving the cultural appropriateness of its services. Identification and integration of natural supports (e.g., family members, religious and spiritual resources, traditional healers, churches, civic clubs, community organizations) occurs while clients are in treatment and during continuing care. There is solid evidence that a reasonable level of ongoing training and staff development in this area.*

In addition to the general qualifying questions shown above, each of the nine culturally specific services have questions requiring treatment providers to specifically describe qualifications, staff expertise and experience, and the critical elements of the service proposed to be provided. The following is one example:

## **RESIDENTIAL SERVICES FOR AFRICAN AMERICAN MEN AND WOMEN**

- A. Submit the following sentence as a part of your response to this specialty area:

"We are interested in being considered for funding as a provider of A & D residential treatment services for African American men and women."

- B. Submit verification that your program is currently licensed as an African American culturally specific program or provide your plan including time lines for obtaining licensure.
- C. Provide information on the location for these services and when the facility will be available for this use.
- D. Describe your agency's experience and proposed approach to providing residential services to African American men and women including how you will meet the

requirements and specifications for this specialty in the Embedded Specialty Service Description (see Section Two of the RFPQ).

### **Client and Provider Data Collection**

The DCHS is taking steps to have in place the County and treatment provider infrastructure to collect the client and provider data needed to ensure continued compliance with OMHAS requirements. The RFPQ and County provider contracts contain language that requires treatment providers to participate in the development of data collection systems. Beginning July 1, 2004, A&D treatment providers will submit data to DCHS for local client tracking.

### **Resource Allocation Process**

The RFPQ for services beginning July 1, 2004 and applicable to the 2005-2007 biennium includes specific allocation criteria. Through the RFPQ, only providers who have successfully qualified will be eligible to receive a basic requirements contract award for the base service category or for the specialty service category for which they qualified.

**Requirements contracts do not guarantee any level of funding and funding levels may change from year to year.**

Entirely separate from this qualification process, DCHS intends to conduct a rigorous funds allocation process to distribute available funds according to system requirements and priorities. Allocations only will be made to agencies that qualified under the RFPQ. The funding allocation process will be a formal one, requiring DCHS to document in writing its findings and determinations that lead to a specific funding determination. Funding allocation decisions will be made from an overall County system of care perspective and with input from the Department of Community Justice, the other major purchaser of Alcohol and Drug services. Priorities and selection criteria will include the following:

- County and Department strategic priorities
- Overall system of care needs and deficiencies
- RFPQ proposal information and evaluation input from the RFPQ Raters
- Provider/system stability
- Provider experience
- Number and type of funded slots/beds
- Funder-imposed requirements or restrictions (i.e. non-profit, etc.)
- Specific population coverage
- Geographic service coverage
- Coverage of specific modalities
- Client needs and trends
- Provider economy of scale
- Past performance
- Certification status
- Other factors as deemed appropriate by the funding allocation team.

To assist DCHS in making the funding allocations, all providers responding to the RFPQ must complete a "Bed/Slot Request Form." Providers shall identify on that form the type of service(s) for which they are applying, the special population(s) they could serve (if any), and the minimum and maximum capacity or amount of service they can provide.

DCHS and the Department of Community Justice, the other major funder of alcohol and drug treatment services, will coordinate and make joint funding decisions for the fiscal year beginning July 1, 2004. By coordinating allocations, the County will make every effort to maintain and strengthen the continuum of treatment services in the County.

The Department of County Human Services, Mental Health & Addictions Services Division requests a delay until June 30, 2004 in the submission of the detailed Attachment 1. The RFPQ allocation process (see Attachment A, RFPQ RO4-8020) and the County budget process will not be complete until June 2004. Provider allocations and service elements are dependent on the outcomes of these funding decisions. We have included a gross Attachment 1 that provides a biennial summary and status for each service element. For service elements in the procurement process (A-D61, A-D62, A-D66 and A-D70) we have shown them as "To Be Determined." For service elements that are not being procured, we have included the Attachment 1 information.

Multnomah County  
2005 – 2007 Implementation Plan  
**A&D Prevention**

**Overview**

This A&D Prevention Implementation Plan describes how Multnomah County proposes to allocate OMHAS A/D 70 prevention funding for the 2005-07 Biennium. The County Prevention Implementation Plan reflects an ongoing process of strategic planning and procurement that will continue the planning priorities and strategies from two current plans: the *2003-05 Prevention Funding Plan* and the County's *Coordinated Plan for Children, Families and Community (2002)*. In addition, the new biennial plan incorporates learning from public feedback received from six community-planning meetings that took place during the fall of 2003.

The Multnomah County *Coordinated Plan for Children, Families & Community* (also called the "SB 555 Comprehensive Plan") identified priorities and strategies addressing three High Level Outcomes: Reducing Adult Substance Abuse, Reducing Youth Alcohol Use, and Reducing Youth Drug Use. Priorities and strategies listed in the plan spanned the continuum of treatment and prevention services. Two logic models developed during Phase II of SB 555 planning focused on other treatment A&D strategies. This Prevention Implementation Plan updates the "SB 555" *Coordinated Plan* strategies and priorities and the current *2003-05 Prevention Funding Plan*. The County *Coordinated Plan* is scheduled to be revised with at least one new prevention logic model by June 30, 2004. This Plan incorporates the following funding requirements and major prevention goals:

**Funding requirements**

- Assume a 25% budget cut for planning purposes.
- Maintain alcohol and drug prevention services for minorities at the 2003-05 level.
- Support one (1.0) FTE Prevention Coordinator with County base funding.
- Must agree to attend, using A/D 70 dollars, two DHS sponsored meetings per year for prevention coordinators.
- Include priorities and strategies from the County's SB 555 Comprehensive Plan.
- Continue to maintain and/or support the ongoing development of community coalitions.
- Follow outcome-based and evidence-based funding approaches.

**Major Prevention Goals**

- Stabilize and/or strengthen existing prevention initiatives and collaborations. Continue intersystem collaboration and integration efforts.
- Incorporate best-practice approaches, including family-strengthening strategies/services across the continuum of prevention and treatment services. Increase access to services for very high risk and/or under-served populations.

**Budget Constraints**

At the time of this writing, OMHAS is in the process of preparing a plan for redistribution of 2005-07 Prevention funds to Counties, Tribes, and agencies offering state-wide services. The ultimate aim of the redistribution of prevention funding will be to meet Federal "No Child Left Behind" requirements that the funds be distributed competitively, to



distribute remaining OMHAS prevention funding equitably, and to support outcome-based and evidence-based prevention programming.

At OMHAS direction, the Multnomah County 2005-07 A&D Prevention Implementation Plan is based on an estimated 25% cut to a new budget for the Biennium of \$537,580 (down from \$716,774 in 2003-05).

Following the above State requirements and proposed cut in funding, Multnomah County Mental Health and Addiction Services recommends supporting the following major prevention program elements (details in narrative below):

- Increase DHS A/D 70 funding support for full-time A&D Prevention Coordinator from 0.50 FTE to 1.0 FTE.
- Add \$500 in travel funding to Prevention Coordinator budget line.
- Maintain A&D prevention spending level to minority services by continuing support for culturally specific community-based organizations and the Housing Authority of Portland youth services program, a long-term collaborative prevention initiative which serves a high proportion of people of color in public housing communities.
- Maintain technical assistance support for existing and new prevention community coalitions and continue prevention funding to culturally specific organizations.
- Procure for evidence-based family/parenting prevention programs addressing identified gaps in services to under-served or very high risk populations.

#### **Potential Additional OMHAS Funding**

Multnomah County Mental Health and Addiction Services Division (MHASD) staff will prepare a response to a Statewide competitive RFP scheduled for the fall of 2004. The purpose of the planned Statewide RFP will be to pool "No Child Left Behind" funding to support targeted prevention services in addition to the services to be funded through County Implementation Plans. If successful in its application for the competitive prevention RFP, Multnomah County will fund additional Indicated prevention services in addition to those listed in this Plan.

#### **County Plan Oversight—Prevention Coordinator**

A/D 70 prevention funding will provide the personnel costs of a full-time A&D Prevention Coordinator and travel expenses to at least two DHS-sponsored prevention meetings per year.

The County Prevention Coordinator is a Certified Prevention Specialist (CPS) responsible for the development, monitoring, and oversight of the Biennial Prevention Funding Plan. Prevention Coordinator responsibilities include collecting and entering monthly Minimum Data Set (MDS) sheets from prevention providers, submitting monthly MDS reports to DHS, writing Prevention Annual Reports, and providing technical assistance to providers on prevention planning, grant writing, and MDS training. DHS Implementation Plan guidelines also specify that the County Prevention Coordinator attend up to two designated DHS meetings each year. In addition, the County is expected to "plan for and provide access to ongoing professional development training for prevention staff and providers." In the past, the County has created prevention workshops on engaging parents and community mobilization and sponsored staff and provider attendance to State prevention trainings and conferences. The County will continue to budget for sponsoring

training opportunities and encourage providers and coalition members to obtain prevention expertise and certification.

One of the priorities for the Prevention Coordinator during FY04-05 will be providing technical assistance to and participation in a new substance abuse prevention coalition, Community Action to Reduce Substance Abuse (CARSA), which was formed as part of the ONDCP 25 City Initiative. This new coalition is planning to focus on reducing substance abuse in Portland and will oversee initiatives addressing parent education, marijuana education, and methamphetamine availability.

Other new priorities will be:

- 1) monitoring and reporting outcomes for the County *Coordinated Plan for Children, Families and Community* (revised plan due June 30, 2004),
- 2) preparing the County's response to the Statewide competitive prevention RFP, and
- 3) preparing the County's own procurement for all prevention program elements except the Prevention Coordinator position before contracting for 2005-07 prevention programs.

### **Community Mobilization/Engagement**

As indicated above, the Multnomah County Prevention Coordinator will continue to be a participant in the activities of the new substance abuse prevention coalition, CARSA. Multnomah County staff is also participating in the development of a new A&D trends index to be modeled on the former Regional Drug Initiative *Drug Impact Index*.

A/D 70 funding will also continue to support culturally-specific coalitions/community-based organizations at the same level as in 2003-05. In FY2004-05, the Latino Network and the APANO project through Asian Family Center will be continued. A third program, Oregon Chicano Concilio Against Substance Abuse, closed in late 2003. The culturally-specific prevention services programming will be procured for 2005-07.

### **Prevention Services to Public Housing Communities**

A long-term intersystem collaborative initiative between Multnomah County and the Housing Authority of Portland (HAP) will be continued in 2005-07. Despite the loss of Federal Drug Elimination (HUD) funding, Multnomah County has maintained a Youth Prevention Services collaboration with HAP that supports an after-school program targeted at families housed in and around low-income public housing. In FY04-05, the program will continue to implement an after-school program offering after-school "clubs" and core services to youth and their families including school liaison services, individual tutoring and mentoring, and home visits. In addition, the County plans to offer a "Reading Together" program and monthly alumni group, if additional funding can be obtained to provide program evaluation. The "Reading Together" program was developed by Tualatin Valley Centers based on the best-practice "Families and Schools Together" program (FAST). Depending on whether additional grant funding can be obtained to evaluate this program, the program may be replaced by another evidence-based program, such as FAST. The program will be procured before FY 05-06.

### **Culturally-Specific Parent/Family Skills Education**

Community planning sessions highlighted many of the gaps in populations served that have been listed in previous implementation plans, including cultural/ethnic populations. Specifically mentioned were communities of color, children of adults in drug/alcohol treatment, Spanish-speaking and immigrant communities, Native American youth, Russian youth, and Lesbian, Gay, Bisexual, and Transgender Youth (LGBT). Home visits, currently a focus of the Healthy Start Initiative of the Commission on Children, Families & Community, and early childhood parent education and support were also listed as community needs. Youth under parole and their families were also mentioned as being at high risk and needing prevention intervention at a time when the Dept. of Community Justice is undergoing reduction in prevention funding. In addition to the afore-mentioned populations, foster care youth and non-school populations (dropouts, homeless youth) were also identified in previous planning as possible options for an expanded or strengthened prevention system, but only if additional funding became available.

In Multnomah County, there are historically and presently a number of risk and protective factors that cluster in the Family Domain, such as low protection for Family Reward for Prosocial Behavior, high risk measurements for Parental Attitudes Favorable to Antisocial Behavior, Poor Family Management, Family History of Antisocial Behavior, etc. Major risk factors in other domains are youth's perceived risk of drug use, low commitment to school, personal transitions and mobility, and academic failure in elementary school. Information dissemination and school support are some of the strategies that are used by coalition efforts and the Prevention Coordinator. The Housing Authority of Portland's prevention program for public housing communities addresses both family risk factors (parent education and volunteerism) and academic failure in elementary school (homework support).

In recent years, prevention parenting programs such as *Strengthening Families* and *Strengthening Multi-Ethnic Families* (for children of mothers in treatment) and the *NICASA Parent Project* (workplace programs for the general population) were difficult to sustain after grant funding ended. Parent education and culturally specific services were two of the highest-rated programs considered "essential" by participants in community planning groups in 2003.

As part of its future procurement, Multnomah County DCHS intends to restore funding for evidence-based family and parenting prevention programs. The County will plan a procurement that will address a targeted population segment. Community planning will be used to help prioritize targets for parent education efforts from the list of many gaps in County prevention services. The procurement will require that applicants identify how their proposed programs address culturally-specific and gender issues.

If some of the "targeted" populations identified for prevention programming correspond to the "No Child Left Behind" requirements of the planned competitive Statewide RFP, the County may opt to fund some projects through the Biennial Implementation Plan and seek additional funding for others through the RFP.

A&D prevention programs, outputs (process objectives), and outcomes are listed in Attachment 7. Measurable program outputs and outcomes will be determined by successful proposals submitted by providers during the procurement process.

Multnomah County  
2005 – 2007 Implementation Plan  
**Gambling Prevention and Treatment**

Multnomah County will continue the successful local efforts to support problem gambling treatment through:

- Community Mobilization – Tualatin Valley Centers/Project for Community Recovery (African American) and ChangePoint (Latino). Additionally, Cascadia Behavioral Healthcare, Inc. regularly provides problem gambling education to groups and organizations that they contact or that contact them. Cascadia works closely with corrections systems. Multnomah County MHASD, Department of Community Justice, and Cascadia will be coming together to discuss problem gambling education and treatment in the Corrections system.
- Public Awareness - Public awareness about problem gambling issues has not proved an effective method of prevention or outreach in support of treatment. Media contacts were made during the last two Problem Gambling Awareness Weeks with no coverage or results. While public awareness efforts will be de-emphasized, if opportunities arise we will take advantage of them.
- Selective Outreach – The OHSU Behavioral Health Clinic is working with the university's public information office to E-Mail information about gambling treatment resources to the thousands of employees in the clinics and hospitals.
- Additionally, the gambling treatment program is developing OHSU specific brochures to be placed in clinics and hospital settings. Some in-service training is planned.

Problem gambling treatment enhancement will focus on care coordination/case management at Cascadia. The services provided will focus on eliminating barriers to treatment effectiveness. Case management at Cascadia begins with the initial intake, continues throughout treatment, and concludes with discharge and aftercare planning.

The programs, outputs, and outcomes shown in Attachment 8 are continuations of current 2003-2004 contracted allocations and services.

Multnomah County  
2005 – 2007 Implementation Plan  
**Children's Mental Health Treatment**

**Description of Process**

The Child and Adolescent Workgroup of the Mental Health Design Team final report in September 2000 recommended a developmental model of mental health intervention for children, adolescents and their families. Prevention and early intervention would be provided for those at risk of later involvement with the mental health system, and intervention would be based on age-appropriate outcomes within context of the family system. The report detailed recommendations to create an integrated system of care, broaden access to developmentally appropriate and comprehensive services, and unify the mental health system's structure.

A Child and Family System of Care Workgroup was subsequently convened by Commissioner Lisa Naito, to focus recommendations for the Department of Community and Family Services on Phase II and III of the Multnomah County Mental Health Redesign. The workgroup convened monthly over the course of a year and completed the final report on January 29, 2002 (see Attachment D). The participants entailed all major stakeholders, including four family representatives.

Goals adopted by the Workgroup were: children and families have access to a continuum of services in a timely manner, children and families have the ability to choose among services and providers; contracts for providers assure adherence to the System of Care Values and Principles; and providers coordinate services with other systems on behalf of consumers.

The stakeholders involved in designing this set of recommendations included:

**Chair:** Multnomah County Commissioner Lisa Naito

**Assistant Chair:** Mark McKechnie, Juvenile Rights Project

**Committee Members:**

Rob Abrams	Department of Human Services/ Children's Mental Health Partnership
Linda Castillo	DCFS/Cultural Competency Committee
Phil Cox	Oregon Youth Authority
Peter Davidson, MD	DCFS/ Mental Health and Addictions Services
Karen Gorton	Early Childhood Care and Education Council
Vern Hoffer	Portland Public Schools
Mary Lou Johnson	Centennial Public Schools
Larry Marx, MD	DCFS/ Mental Health and Addictions Services
Carole Romm	CareOregon
Ralph Summers	State Mental Health
Kathy Turner	Commission on Children Families and Community
David Willis, MD,	Northwest Early Childhood Institute

**Parents:**

Sandy Bumpus	CAMHSA/National Alliance for the Mentally Ill
Angela Steckly	Mental Health and Addictions Services, Family Involvement Coordinator
Mary Jo Thomas	Foster Parent
Cheri Waller	Foster Parent

**Provider Panel:**

Gene Borkan, MD	Providence
Bruce Baker	Morrison Center
Norwood Knight-Richardson, MD	Legacy
Jackie Mercer	Native American Recovery Association/Cultural Competency Committee
Derenda Schubert, PhD	Trillium
Ginny Robinson	Mt. Hood Mental Health
Holden Leung	Chinese Service Center/Cultural Competency Committee

**Multnomah County Staff Resources:**

Tom Wirshup	DCFS/ Mental Health and Addictions Services
Rich Scott	Department of Community Justice
Consuelo Saragoza	Health Department
Nancy Middlebrook	DCFS/ Mental Health and Addictions Services, Addictions Program
Vernon Baker	DCFS/ Developmental Disabilities
Mary Shortall (and/or Jeanne Wheaton)	Aging and Disability Services
Stephen Young	DCFS/Mental Health and Addictions Services

**2003 - 2005 Outcome Measures**

**AREA 1: Access**

**GOAL:** Children and Families will have timely access to appropriate mental health services

- Children and families will have timely access to a mental health assessment
- Services to children and families will be initiated in a timely manner following the initial assessment

**AREA 2: Service Integration**

**GOAL:** Children and families receive services that are integrated, with linkages between child-serving agencies and programs

- For children who have high levels of need that cross multiple child-serving systems, services will be coordinated.

**AREA 3: Level of Restrictiveness**

**GOAL:** Children will receive services in the least restrictive, most normative environment that is clinically appropriate

- The level of restrictiveness of both a child's living environment and school placement will stay the same or improve over the course of services
- Children are in the least restrictive educational and living settings that are clinically appropriate.

**AREA 4: Cultural Competence**

**GOAL:** Services meet the needs of children and families from diverse ethnic and cultural backgrounds

- Children and youth from diverse ethnic and cultural backgrounds will have equal access to assessment and services
- The cultural and ethnic demographics of children receiving mental health services should be consistent with the demographics of children who are enrolled in the Oregon Health Plan.

- Measures in Areas 1, 2, 3 and 5 will be analyzed for differences by race, ethnicity and language.

#### **AREA 5: Family Involvement**

**GOAL:** Families are full participants in all aspects of the planning and delivery of services

- Families will be involved in the planning and delivery of services for their children.
- Families will be satisfied with the quality and effectiveness of services.
- Family members will be actively and fully involved in decision-making bodies.

#### **AREA 6: Functional Status**

**GOAL:** Children and families improve functionally. Specific goals would be developed by the QM Committee, but would include measures such as:

- Number of days of school attended per year;
- Graduation rates from middle and high school;
- Number of days in detention/incarceration per year;
- Number of child abuse reports,
- Number of days per year spent in hospital or residential settings, as a ratio over days in all services

For the biennium 2005 - 2007, there are no planned changes to the Outcome Measures.

#### **System of Care Changes**

The Multnomah County System of Care for Families and Children is entering the next phase of redesign with the goal of creating an integrated system to ensure that the provision of service occurs in a seamless, developmentally appropriate manner across the continuum of families, children, and youth who present with mental health needs. MHASD intends to make changes to the service delivery system to ensure that 1) there is provider ownership for the highest need families and their children and 2) services are streamlined, effective and delivered in a family friendly manner. (See Attachments E and F.)

The System of Care Workgroup identified some critical gaps in service delivery system that will be developed in the next six months. For instance, Treatment Foster Care will be expanded dramatically for both crisis and longer-term treatment needs. Crisis and planned respite will also be expanded to divert children and youth from unnecessary hospitalizations and residential care. Additionally, high intensity family preservation teams are in the process of being developed to prevent unnecessary utilization of facility based care.

#### **Evidence Based Practices**

Within the System of Care for Families, MHASD is in the process of integrating an evidence based family readiness assessment tool into the outpatient intake process. The Family Check Up (FCU) model consists of an initial interview, an assessment session, and a motivational feedback session (Dishion & Kavanagh, in press). The Family Check Up model is designed to build parental motivation and to engage families in the most appropriate family-centered intervention. Motivational interviewing provides the foundation for the Family Check Up based on the work of Miller and Rollnick (1991). In the feedback session, the therapist collaborates with the parent in selecting one or more intervention

options from the family-centered intervention menu. The goal is to have this fully implemented by January 1, 2005.

Additionally MHASD will initiate a Request For Proposal process for the Multidimensional Treatment Foster Care model, designed by the Oregon Social Learning Center (OSLC). The Oregon Social Learning Center Model is based on 30 years of research in evaluating children and families and how to prevent anti-social behavior. In the last 10 years, OSLC expanded its research to evaluate children with Serious Emotional and Behavioral Disorders. A series of studies have tested the impact of therapeutic foster care services for children who have multiple co-morbid mental disorders. In a therapeutic foster care environment, a child is placed in a home with foster parents who have received specialized training to work with children who have emotional or behavioral problems. Results from these studies have shown decreases in aggressive behavior and increases in positive adjustment at the conclusion of placement. Chamberlain and Reid compared treatment outcomes for youths from a state psychiatric hospital who were placed in either therapeutic foster care or usual community care and found that those in therapeutic foster care had fewer re-institutionalizations and more rapid behavioral improvement. In addition, youths in the experimental group had less frequent post-treatment incarcerations and criminal referrals and more frequent placements with parents or relatives in the year after treatment. In addition, the costs of this service were significantly lower than those of other residential placements. Chamberlain, P., & Weinrott, M. R. (1990). Specialized foster care: Treating seriously emotionally disturbed children. *Children Today*, 19, 24-27.

### **Linkages with Acute Care Hospitals**

The Family System of Care has developed key elements pertinent to preventing and quickly transitioning youngsters and adults out of acute care settings. The first is the development of a 24 hour crisis response team to assist families and schools in de-escalating youngsters in crisis. The second is frequent communication and coordination between the Crisis Call Center and the acute care system. The third element is the increasing development of crisis respite services, including foster parent and facility based care. The fourth is holding outpatient providers fiscally accountable for their clients who are hospitalized as an incentive to negotiate timely discharges. The fifth element is the development of the Crisis Prevention Services Team and adult ACT teams that outreach hospitals for adults and youngsters who do not have an outpatient provider. These teams assist adults and families by sticking with them until appropriate services can be started.

The Child and Family System of Care historically has been intimately involved with the intake process into the State Hospital and the SCIP unit through the facilitation of the state mandated review committee. The challenge has been having the same level of involvement by the system for discharge. Recent procedure changes have allowed outpatient providers to receive payment while a youngster is in either psychiatric residential or a State Hospital setting. Therefore, the MHASD will hold providers accountable for ensuring involvement and active participation in discharging children and youth from these settings.



Multnomah County  
2005 – 2007 Implementation Plan  
**Adult Mental Health Treatment**

**Description of Planning Process**

Multnomah County engaged in an intensive and inclusive planning process ending two years ago to develop a template for its mental health system of care. The planning process included a wide variety of providers, stakeholders, consumers, and citizens. The first phases of implementation have already been completed as described in the "Service Priorities" section of this document. The Mental Health Coordinating Council was appointed to oversee implementation of the initial steps of the redesign plan, and the work of that council has been complete for two years as of the writing of this document.

Currently, advice and planning for the adult mental health system of care is the responsibility of the Adult Mental Health and Substance Abuse (AMHSA) advisory council, which is a part of this county's mandated Mental Health Advisory Board (as well as serving as Multnomah County's Local Alcohol and Drug Planning Committee). AMHSA meets monthly to discuss service priorities and planning. AMHSA was provided a draft of the planned service and budgetary priorities for the upcoming biennium on March 3, 2004 for review and comment. AMHSA's Executive Committee had further discussion regarding the plan on March 10, 2004. AMHSA's Chair has signed off on the plan (see Attachment 6).

**Hospital Linkages**

1. State Hospitals

Multnomah County Commitment Monitoring and Residential Services Unit staff meet regularly with State Hospital staff and Extended Care Management Unit (ECMU) staff to discuss State Hospital patients from Multnomah County ready for discharge. The Commitment Monitoring Unit has liaisons appointed for both Oregon State Hospital and Eastern Oregon State Hospital. For additional detail regarding Multnomah County's work in this regard, please reference the linkage agreements attached to this document (Attachment C).

2. Local Acute Care

The Multnomah County Call Center provides the first line of linkage with local acute care facilities. The Call Center is called before admission of any MHO member to consider outpatient alternatives and discuss preauthorization for inpatient treatment. The Call Center is also available to be called for non-OHP eligible persons who present needing psychiatric treatment. The Call Center can utilize wraparound services, mobile outreach services, or flexible funds if housing is needed. For all admissions, the Call Center identifies whether the person has a Primary Provider in our mental health system. For persons with Primary Providers, the Primary Provider is notified of the admission and works with the Call Center to coordinate care and discharge planning. For persons without a Primary Provider, the Call Center coordinates a referral for a Primary Provider who begins to offer

outpatient mental health services, usually prior to discharge from acute care. For persons who are civilly committed, the Commitment Monitoring Unit coordinates care between the hospital, ECMU, the Primary Provider, and the Call Center.

### **Outcomes for 2003-2005 and 2005-2007**

The outcomes selected for regular review for 2003-2005 and the previous biennium have been:

1. **Access**  
Ensure that all persons eligible for mental health services in Multnomah County are able to access services at least within the following timelines:
  - Persons needing care urgently should receive a telephonic screening within fifteen minutes and are able to be seen in person within one hour.
  - Persons with routine need for service are seen within fourteen days of the request.
  - Persons utilizing acute care services are seen in outpatient services within seven days of discharge.
2. **Acute Care**
  - Decrease Verity inpatient bed days by at least 40 percent.
  - Maintain or reduce the rate of involuntary commitments for person placed on emergency holds.
3. **Cultural Competency**
  - At least \$1 million in funding will be added to the mental health system budget for culturally specific programs.
  - Traditionally underserved communities will be given a leadership role in the planning of mental health services for their communities.
  - A significant increase in the hiring of persons representing underserved communities in Multnomah County will occur throughout the system.
  - There will be a significant increase in the number of persons served from traditionally underserved communities.

The outcomes selected for regular review for 2005-2007 will be:

1. **Mental Health in the Criminal Justice System**
  - Demonstrate a significant decrease in the number of mentally ill persons appearing in the County Jail population.
  - Demonstrate an increase of successful service provided to the persons with mental illness who are identified as recidivists at committing "neighborhood livability" crimes by local law enforcement.
2. **Acute Care**
  - Improve or maintain the reduction from the previous biennium in Verity inpatient bed days.
  - Create a reduction in emergency holds for persons without OHP coverage

3. **Cultural Competency**
  - Maintain at least \$1 million in funding in the mental health system budget for culturally specific programs.
  - Traditionally underserved communities will continue to have a leadership role in the planning of mental health services for their communities.
  - A continued increase in the hiring of persons representing underserved communities in Multnomah County will occur throughout the system.
  - There will be a significant increase in the number of persons served from traditionally underserved communities.
  - Decrease the overrepresentation of mentally ill African Americans in the Criminal Justice System

### **Evidence Based Practice**

By the beginning of the 2005-2007 biennium, it is expected that a large part of the adult system of care will be providing evidence based practice. Before the beginning of the biennium, the following will be in place:

- Eight Assertive Community Treatment Teams
- Widely available Dialectical Behavioral Therapy
- Extensive treatment readiness work done using Motivational Interviewing and Stages of Change
- A pilot project for persons with treatment resistant personality disorders designed to assist them in becoming ready to avail themselves of evidence based treatment (DBT or Seeking Safety). This program is not currently evidence based but it is believed that it will provide demonstrable outcomes and become a highly replicated model in the future.
- Significant amount of supported housing with a growing number of units of this service.

During the 2005-2007 biennium, new Evidence Based Treatment developed will be:

- Supported Employment and Supported Education: A dramatic increase, with all adult consumers being offered this service at least at minimal intensity
- Family Psychoeducation will be offered at all outpatient sites.
- Integrated Dual Disorder Treatment offered at all outpatient sites.
- Strength based case management principles, along with recovery principles, will be visibly implemented across all case management programs.
- Consumer delivered services: There will be an increase in the use of consumers for individualized treatment readiness and aftercare services. Drop-In Center services will see a dramatic reduction with remaining program resources operated as evidence based consumer drop-in centers.

## Attachment 1 2005-2007 Biennial Funding

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number (Tax ID Number)	Service Element	OMHAS Funds in Subcontract	Specialty Service	Total By Subcontractor
Contractors for 2005-2007 are not selected yet. County is currently procuring the funds for this service element.	To Be Determined	A-D 61 Adult A&D Residential through Department of County Human Services	10,156,640	To Be Determined	24,756,840
Contractors for 2005-2007 are not selected yet. County is currently procuring the funds for this service element.	To Be Determined	A-D 61 Adult A&D Residential Through Department of Community Justice	14,600,200	To Be Determined	
Contractors for 2005-2007 are not selected yet. County is currently procuring the funds for this service element.	To Be Determined	A-D 62 Housing Dependent Children	481,800	NA	481,800
Contractors for 2005-2007 are not selected yet. County is currently procuring the funds for this service element.	To Be Determined	A-D 66 Continuum of Care	6,320,604	To Be Determined	6,320,604
Contractors for 2005-2007 are not selected yet. County is currently procuring the funds for this service element.	To Be Determined	A-D 70 Prevention	118,580	To Be Determined	118,580
ASAP Treatment Services	93-0712083	A-D 60 Special Projects	48,334	Women	48,334
Cascadia Behavioral Healthcare	97-0770054	A-D 81 Gambling Treatment	1,090,078	NA	1,150,078
Cascadia Behavioral Healthcare	97-0770054	A-D 83 Problem Gambling Treatment Enhancement	60,000	NA	
Central City Concern	93-0728816	A-D 60 Special Projects	96,664	Women	522,016
Central City Concern	93-0728816	A-D 60 Special Projects	425,352	NA	

Provider Name	Approval/License ID Number (Tax ID Number)	Service Element	OMHAS Funds In Subcontract	Specialty Service	Total By Subcontractor
ChangePoint	93-1229222	A-D 80 Problem Gambling Prevention	32,196	NA	41,680
ChangePoint	93-1229222	A-D 81 Gambling Treatment	9,484	NA	
Comprehensive Options for Drug Abusers	93-0716860	A-D 60 Special Projects	216,784	Women	535,144
Comprehensive Options for Drug Abusers	93-0716860	A-D 66 Continuum of Care-Synthetic Opiate Maintenance	318,360	NA	
General Health dab Delta Clinic	93-1010250	A-D 66 Continuum of Care-Synthetic Opiate Maintenance	323,666	NA	323,666
Housing Authority of Portland	93-6001547	A-D 70 Prevention	260,000	Youth	260,000
Legacy Emanuel Hospital & Health Center	93-0386823	A-D 60 Special Projects	96,664	Women	96,664
Morrison Center	93-0354176	A-D 60 Special Projects	240,000	Youth	240,000
Multnomah County Department of County Human Services	93-0712083	A-D 60 Special Projects - Administrative Funds	143,486	Women Youth	382,758
Multnomah County Department of County Human Services	93-0712083	A-D 66 Continuum of Care - Wrap Around Services Flex Funds	8,642	NA	
Multnomah County Department of County Human Services	93-0712083	A-D 70 Prevention - Administrative Funds	159,000	Youth	
Multnomah County Department of County Human Services	93-0712083	A-D 81 Gambling Treatment - Administrative Funds/Travel & Training	1,000	NA	
Multnomah County Department of County Human Services	93-0712083	A-D 81 Gambling Treatment - Administrative Funds	70,630	NA	382,758
Oregon Health Sciences University Behavioral Health Clinic	93-1176109	A-D 80 Gambling Prevention	9,480	NA	220,184
Oregon Health Sciences University Behavioral Health Clinic	93-1176109	A-D 81 Gambling Treatment	210,704	NA	

Provider Name	Approval/License ID Number (Tax ID Number)	Service Element	OMHAS Funds In Subcontract	Specialty Service	Total By Subcontractor
Tualatin Valley Centers	93-0502822	A-D 60 Special Projects	48,334	Women	1,210,396
Tualatin Valley Centers	93-0502822	A-D 66 African American Youth Project	656,350	Minority Youth	
Tualatin Valley Centers	93-0502822	A-D 71 Youth A&D Residential Af. Ame	412,450	Minority Youth	
Tualatin Valley Centers	93-0502822	A-D 80 Gambling Prevention	61,540	NA	
Tualatin Valley Centers	93-0502822	A-D 81 Gambling Treatment	31,722	NA	
Direct Pay/Printing Vendors	To Be Determined	A-D 83 Problem Gambling Treatment Enhancement	5,480	NA	5,480

**Total 2005-2007 Biennial Funding**

**\$36,714,224**

<b>State Mental Health Grant Funding (SMHG)</b>	
A&D 60 Special Projects	1,315,618
A&D 61 Adult Residential	24,756,840
A&D 62 Housing for Dependent Children	481,800
A&D 66 Continuum of Care	7,627,622
A&D 70 Prevention	537,580
A&D 71 Youth Residential	412,450
A&D 80 Problem Gambling Prevention	104,216
A&D 81 Outpatient Problem Gambling Treatment	1,412,618
A&D 83 Problem Gambling Treatment Enhancement	65,480
<b>Grand Total</b>	<b>\$36,714,224</b>

# Attachment 1 2005-2007 Biennial Funding

## Attachment 1 – Mental Health

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number (Tax ID Number)	Service Element	OMHAS Funds in Subcontract	Specialty Service	Total By Subcontractor
Cascadia Behavioral Healthcare, Inc	97-0770054	MHS 20 Adult Mental Health Outpatient Services	644,000	Adult Outpatient Treatment	
DePaul Treatment Centers	93-0706892	MHS 20 Adult Mental Health Outpatient Services	900	Adult Outpatient Treatment	
InAct, Inc.	51-0145008	MHS 20 Adult Mental Health Outpatient Services	3,600	Adult Outpatient Treatment	
Lutheran Community Services	93-0386860	MHS 20 Adult Mental Health Outpatient Services	17,000	Adult Outpatient Treatment	
Morrison Center Family Services	93-0354176	MHS 20 Adult Mental Health Outpatient Services	900	Adult Outpatient Treatment	
Oregon Health and Sciences University	93-1257437	MHS 20 Adult Mental Health Outpatient Services	143,000	Adult Outpatient Treatment	
Tualatin Valley Centers	93-0502822	MHS 20 Adult Mental Health Outpatient Services	71,000	Adult Outpatient Treatment	
Trillium Family Services	93-0386966	MHS 20 Adult Mental Health Outpatient Services	885,000	Mobil Crisis & Walk-in Clinics	
Albertina Kerr Centers	93-0386780	MHS 22 Children's Mental Health Outpatient Services	13,300	Child Outpatient Treatment	

Cascadia Behavioral Healthcare, Inc	97-0770054	MHS 22 Children's Mental Health Outpatient Services	128,000	Child Outpatient Treatment	
DePaul Treatment Centers	93-0706892	MHS 22 Children's Mental Health Outpatient Services	3,500	Child Outpatient Treatment	
Lutheran Community Services	93-0386860	MHS 22 Children's Mental Health Outpatient Services	3,500	Child Outpatient Treatment	
Morrison Center Family Services	93-0354176	MHS 22 Children's Mental Health Outpatient Services	436,400	Child Outpatient Treatment	
Oregon Health and Sciences University	93-1257437	MHS 22 Children's Mental Health Outpatient Services	13,300	Child Outpatient Treatment	
Trillium Family Services	93-0386966	MHS 22 Children's Mental Health Outpatient Services	63,000	Child Outpatient Treatment	
Tualatin Valley Centers	93-0502822	MHS 22 Children's Mental Health Outpatient Services	39,000	Child Outpatient Treatment	
Legacy Good Sam	93-0386793	MHS 24 Inpatient	400,000	E Holds	
University Hospital	93-1176109	MHS 24 Inpatient	400,000	E Holds	
Providence	93-0386906	MHS 24 Inpatient	400,000	E Holds	
Portland Adventist	93-1121816	MHS 24 Inpatient	400,000	E Holds	
Salem Hospital	93-0579722	MHS 24 Inpatient	50,000	E Holds	



Albertina Kerr Centers	93-0386780	MHS 22 Children's Mental Health Outpatient Services	600,000	Sub-Acute Treatment	
Cascadia Behavioral Healthcare	97-0770054	MHS 24 Inpatient	1,488,000	Sub-Acute Treatment	
Trillium Family Services	93-0386966	MHS 25 Crisis	726,000	Mobil Crisis & Walk-in Clinics	
Cascadia Behavioral Healthcare	97-0770054	MHS 30 Psychiatric Security Review B	840,000	PSRB	
Providence	93-0386906	MHS 30 Psychiatric Security Review B	720,000	PSRB	
Mount St Joseph	93-0386870	MHS 35 Older/Disabled Adult	29,500	Residential Service	
Cascadia Behavioral Healthcare	97-0770054	MHS 35 Older/Disabled Adult	245,000	Multi Disciplinary Team	
Gresham Retirement Center	93-0864044	MHS 35 Older/Disabled Adult	37,100	Residential Service	
Cascadia Behavioral Healthcare	97-0770054	MHS 39 Homeless	412,000	Homeless Residential	

Office of Mental Health and Addiction Services  
2005-2007 County Implementation Plan Guidelines

**ATTACHMENT 3**

**LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE REVIEW  
AND COMMENTS**

County: Multnomah

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (\*) next to the name to designate members who are minorities (persons of color according to the U.S. Bureau of Census).

See attached.

Please note that the Adult Mental Health and Substance Abuse (AMHSA) advisory committee serves as both the Local Mental Health Advisory Board and the Local Alcohol and Drug Planning Committee.

The Multnomah County LADPC recommends the state funding of alcohol and drug prevention and treatment services as described in the 2005-2007 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: Whit Barry

Address: 5110 SE 76<sup>th</sup> Ave. #14  
Portland OR 97206

Telephone Number: 503-788-3915

Signature: Whit Barry  
*by Karen Mayhew*

# AMHSA Membership Roster

	Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
	ANDERSON, ELISE	E.3. - MH Housing Authority of Portland 11-2004	<a href="mailto:elisea@hapdx.org">elisea@hapdx.org</a>	Housing Authority/Ptld 135 SW Ash St. 3rd Floor Portland, OR 97204	802-8574
	BACKLAR, TRISH	B.1. - MH Parent/Advocate 11-2004	<a href="mailto:backlarp@pdx.edu">backlarp@pdx.edu</a>	PSU-Philosophy Dept. POB 751 Portland, OR 97207	725-3499
	BARRY, WHIT	A.6. - A&D Consumer	<a href="mailto:whitba@netzero.net">whitba@netzero.net</a>	5110 SE 76th #14 Portland OR 97206	788-3915 971-570- 6933 (cell)
*	BECKETT, ANN	D.2. - MH Citizen 11-2004	<a href="mailto:becketta@ohsu.edu">becketta@ohsu.edu</a>	OHSU School of Nursing SN-5N 3181 SW Sam Jackson Pk. Rd. Portland OR 97201	494-5057
	BOOREN, JEFF	D.3. - MH Citizen 12-2004	<a href="mailto:psybank@hevanet.com">psybank@hevanet.com</a>	11014 NE Flanders St. Portland OR 97220	708-3908
	BUCKLEY, MARY CLAIRE	E.4. - MH PSRB 11-2004	<a href="mailto:mcb@oregonvos.net">mcb@oregonvos.net</a>	PSRB 620 SW 5 <sup>th</sup> , #907 Portland, OR 97204	229-5596
	COSGROVE, PAT	C.5. - Acute Care Service Agency			
	FITTS, KEVIN	A.1. - MH Consumer 09-2005	<a href="mailto:kevin@q7.com">kevin@q7.com</a>	2514 SE Ankeny #6 Portland, OR 97214	

✓	Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
	FORD, LESLIE	C.1. - MH Outpatient Service Agency 12-2004	<a href="mailto:leslie@cascadiabhc.org">leslie@cascadiabhc.org</a>	Cascadia Behavioral HealthCare 2130 SW 5 <sup>th</sup> Avenue, #210 Portland, OR 97201	238-0769 x12
	FORTNER, ROSS	A.3. - MH Consumer 11-2004	<a href="mailto:fortner_ross@hotmail.com">fortner_ross@hotmail.com</a>	1419 SE 17 <sup>th</sup> Ave. Portland, OR 97214	234-6302
*	GRANT, HUGH	A.4. - A&D Consumer 11-2004	<a href="mailto:ishipishi@apns.com">ishipishi@apns.com</a>	16590 SE 84 <sup>th</sup> Milwaukie, OR 97267	655-5822
	HOLMES, JOHN	B.2. - MH Parents/Advocates 11-2004	<a href="mailto:portland@nami.org">portland@nami.org</a>	NAMI 524 NE 52 <sup>nd</sup> Ave. Portland OR 97213	228-5692
	JEFFRIES-BOWMAN, ANDREA	A.5. - A&D Consumer 3-2003	<a href="mailto:amjbowman@hotmail.com">amjbowman@hotmail.com</a>	9801 SW Johnson St. Portland OR 97223	705-5653 624-7281
	KENNEDY, SAMANTHA	D.4. - A&D Citizen	<a href="mailto:samanthak@portlandpatrol.com">samanthak@portlandpatrol.com</a>	Portland Patrol 208 NW First Ave. Portland OR 97209	224-7383
	LARSON, JULIE	C.7. - MH Crisis Response System	<a href="mailto:juliel@cascadiabhc.org">juliel@cascadiabhc.org</a>		228-0373 x4209
	MAYNARD, PHYLLIS	C.2. - MH Outpatient Service Agency 12-2004	<a href="mailto:phyllism@tvcenters.org">phyllism@tvcenters.org</a>	Tualatin Valley Centers 3716 NE MLK Jr. Blvd. Portland OR 97212	288-8066 x3028

✓	Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
	MAYS, AMANDA	B.2. - MH Parent/Advocate 02-2005	<a href="mailto:amays@oradvocacy.org">amays@oradvocacy.org</a>	Oregon Advocacy Center 620 SW 5 <sup>th</sup> Ave., 5 <sup>th</sup> Fl. Portland OR 97204	243-2081
	MCCULLOUGH, KATHY	E.2. - MH Sheriff's Office 11-2004	<a href="mailto:kathleen.h.mccullough@co.multnomah.or.us">kathleen.h.mccullough@co.multnomah.or.us</a>	Mult Co Sheriff Office 14540 NE Inverness Drive Portland OR 97220	988-5230
*	MERCER, JACKIE	C.8. - A&D Structured Residential Services 11-2004	<a href="mailto:narajam@aol.com">narajam@aol.com</a>	NARA NW 17645 NW St Helens Hwy. Portland, OR 97231	621-0114
	MIDKIFF, BILL	E.5. - MH Corrections Health 11-2004	<a href="mailto:william.a.midkiff@co.multnomah.or.us">william.a.midkiff@co.multnomah.or.us</a>	119/314 or 311/JDH Medical	988-6858 204-8784 (pager)
	NORTH, SHEILA	C.3. - A&D Outpatient Service Agency (PAADMA) 11-2004	<a href="mailto:sheilan@depaultreatmentcenters.org">sheilan@depaultreatmentcenters.org</a>	DePaul Treatment Ctrs. PO Box 3007 Portland, OR 97208-3007 Asst: Charyl Pitman	535-1155 535-1152
*	PEREZ, GENEVA	A.2. - MH Consumer 11-2004	<a href="mailto:perezg24@yahoo.com">perezg24@yahoo.com</a>	1230 SE Morrison St. #112 Portland, OR 97214	232-0717
	POTTER, PAUL	C.4. - A&D Outpatient Service Agency (PAADMA) 4-2003	<a href="mailto:paul@cascadiabhc.org">paul@cascadiabhc.org</a>	Cascadia Behavioral HealthCare PO Box 8459 Portland, OR 97207	238-0769 x132 963-7756 (direct)
	READ, LADDIE	B.4. - MH Parents/Advocates 11-2004	<a href="mailto:laddiereadjr@msn.com">laddiereadjr@msn.com</a>	7925 SE Woodstock Portland, OR 97206	775-1601 (cell)

✓	Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
	SNEDECOR, SCOTT	D.1. - MH Citizen 02-2005	<u>scottysned@msn.com</u>	215 SE 74 <sup>th</sup> Ave. Portland OR 97215	261-0391
	SURFACE, REX	G.1. - DDSD Developmental Disabilities Services Division (ongoing term)	<u>rex.b.surface@co.multnomah.or.us</u>	Senior Manager Multnomah County Developmental Disabilities Division 421 SW 6 <sup>th</sup> Ave., Ste. 400 Portland OR 97204	988-3272 x26353
	TREB, KATHLEEN	E.6. - A&D	<u>kathleen.a.treb@co.multnomah.or.us</u>	Multnomah County Dept. of Community Justice 2 <sup>nd</sup> Floor 501 SE Hawthorne Portland, OR 97214-7214	988-6131
	WAITE, SUE	H.1. - ADSD Aging and Disabilities Services Div. 11-2004	<u>rorysuewaite@msn.com</u>	6304 SE 41 <sup>st</sup> Ave. Portland OR 97202	774-6260
	WARE, PAUL	E.1. - MH Portland Police 11-2004	<u>cit@police.ci.portland.or.us</u>	City of PDX Police Bureau 10225 E. Burnside Portland OR 97216	988-6413

Office of Mental Health and Addiction Services  
2005-2007 County Implementation Plan Guidelines

**ATTACHMENT 5**

**COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE**

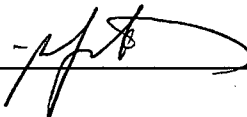
County: Multnomah

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2005-2007 is equal to or greater than the amount of county funds expended during 2003-2005.

Patricia K. Pate

Name of County Mental Health Program Director

Signature



March 31, 2004

Date

Office of Mental Health and Addiction Services  
2005-2007 County Implementation Plan Guidelines

ATTACHMENT 6

LOCAL MENTAL HEALTH ADVISORY BOARD REVIEW AND  
COMMENTS

County: Multnomah

Type in or attach list of committee members including addresses and  
telephone numbers.

See attached.

The Multnomah County Mental Health Advisory Board recommends the  
state funding of mental health treatment services as described in the 2005-  
2007 County Implementation Plan. Further comments and recommendations  
are attached.

Name of Chair: Whit Barry

Address: 5110 SE 76<sup>th</sup> Ave. #14

Portland OR 97206

Telephone Number: 503-788-3915

Signature: Whit Barry  
by Karen Marshall



# AMHSA Membership Roster

Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
ANDERSON, ELISE	E.3. - MH Housing Authority of Portland 11-2004	<a href="mailto:elisea@hapdx.org">elisea@hapdx.org</a>	Housing Authority/Ptld 135 SW Ash St. 3rd Floor Portland, OR 97204	802-8574
BACKLAR, TRISH	B.1. - MH Parent/Advocate 11-2004	<a href="mailto:backlarp@pdx.edu">backlarp@pdx.edu</a>	PSU-Philosophy Dept. POB 751 Portland, OR 97207	725-3499
BARRY, WHIT	A.6. - A&D Consumer	<a href="mailto:whitba@netzero.net">whitba@netzero.net</a>	5110 SE 76th #14 Portland OR 97206	788-3915 971-570-6933 (cell)
BECKETT, ANN	D.2. - MH Citizen 11-2004	<a href="mailto:becketta@ohsu.edu">becketta@ohsu.edu</a>	OHSU School of Nursing SN-5N 3181 SW Sam Jackson Pk. Rd. Portland OR 97201	494-5057
BOOREN, JEFF	D.3. - MH Citizen 12-2004	<a href="mailto:psybank@hevanet.com">psybank@hevanet.com</a>	11014 NE Flanders St. Portland OR 97220	708-3908
BUCKLEY, MARY CLAIRE	E.4. - MH PSRB 11-2004	<a href="mailto:mcb@oregonvos.net">mcb@oregonvos.net</a>	PSRB 620 SW 5 <sup>th</sup> , #907 Portland, OR 97204	229-5596

Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
COSGROVE, PAT	C.5. - Acute Care Service Agency			
FITTS, KEVIN	A.1. - MH Consumer 09-2005	<a href="mailto:kevin@q7.com">kevin@q7.com</a>	2514 SE Ankeny #6 Portland, OR 97214	
FORD, LESLIE	C.1. - MH Outpatient Service Agency 12-2004	<a href="mailto:leslie@cascadiabhc.org">leslie@cascadiabhc.org</a>	Cascadia Behavioral HealthCare 2130 SW 5 <sup>th</sup> Avenue, #210 Portland, OR 97201	238-0769 x12
FORTNER, ROSS	A.3. - MH Consumer 11-2004	<a href="mailto:fortner_ross@hotmail.com">fortner_ross@hotmail.com</a>	1419 SE 17 <sup>th</sup> Ave. Portland, OR 97214	234-6302
GRANT, HUGH	A.4. - A&D Consumer 11-2004	<a href="mailto:ishipishi@apns.com">ishipishi@apns.com</a>	16590 SE 84 <sup>th</sup> Milwaukie, OR 97267	655-5822
HOLMES, JOHN	B.2. - MH Parents/Advocates 11-2004	<a href="mailto:portland@nami.org">portland@nami.org</a>	NAMI 524 NE 52 <sup>nd</sup> Ave. Portland OR 97213	228-5692
JEFFRIES-BOWMAN, ANDREA	A.5. - A&D Consumer 3-2003	<a href="mailto:amjbowman@hotmail.com">amjbowman@hotmail.com</a>	9801 SW Johnson St. Portland OR 97223	705-5653 624-7281
KENNEDY, SAMANTHA	D.4. - A&D Citizen	<a href="mailto:samanthak@portlandpatrol.com">samanthak@portlandpatrol.com</a>	Portland Patrol 208 NW First Ave. Portland OR 97209	224-7383
LARSON, JULIE	C.7. - MH Crisis Response System	<a href="mailto:juliel@cascadiabhc.org">juliel@cascadiabhc.org</a>		228-0373 x4209

Members (Office)	Position Number - MH or A&D, Category, Term Exp. Date	Email Address	Mailing Address	Phone (area code 503 unless noted)
MAYNARD, PHYLLIS	C.2. - MH Outpatient Service Agency 12-2004	<a href="mailto:phyllism@tvcenters.org">phyllism@tvcenters.org</a>	Tualatin Valley Centers 3716 NE MLK Jr. Blvd. Portland OR 97212	288-8066 x3028
MAYS, AMANDA	B.2. - MH Parent/Advocate 02-2005	<a href="mailto:amays@oradvocacy.org">amays@oradvocacy.org</a>	Oregon Advocacy Center 620 SW 5 <sup>th</sup> Ave., 5 <sup>th</sup> Fl. Portland OR 97204	243-2081
MCCULLOUGH, KATHY	E.2. - MH Sheriff's Office 11-2004	<a href="mailto:kathleen.h.mccullough@co.multnomah.or.us">kathleen.h.mccullough@co.multnomah.or.us</a>	Mult Co Sheriff Office 14540 NE Inverness Drive Portland OR 97220	988-5230
MERCER, JACKIE	C.8. - A&D Structured Residential Services 11-2004	<a href="mailto:narajam@aol.com">narajam@aol.com</a>	NARA NW 17645 NW St Helens Hwy. Portland, OR 97231	621-0114
MIDKIFF, BILL	E.5. - MH Corrections Health 11-2004	<a href="mailto:william.a.midkiff@co.multnomah.or.us">william.a.midkiff@co.multnomah.or.us</a>	119/314 or 311/JDH Medical	988-6858 204-8784 (pager)
NORTH, SHEILA	C.3. - A&D Outpatient Service Agency (PAADMA) 11-2004	<a href="mailto:sheilan@depaultreatmentcenters.org">sheilan@depaultreatmentcenters.org</a>	DePaul Treatment Ctrs. PO Box 3007 Portland, OR 97208-3007 Asst: Charyl Pitman	535-1155  535-1152
PEREZ, GENEVA	A.2. - MH Consumer 11-2004	<a href="mailto:perezg24@yahoo.com">perezg24@yahoo.com</a>	1230 SE Morrison St. #112 Portland, OR 97214	232-0717
POTTER, PAUL	C.4. - A&D Outpatient Service Agency (PAADMA) 4-2003	<a href="mailto:paul@cascadiabhc.org">paul@cascadiabhc.org</a>	Cascadia Behavioral HealthCare PO Box 8459 Portland, OR 97207	238-0769 x132  963-7756 (direct)

<b>Members (Office)</b>	<b>Position Number - MH or A&amp;D, Category, Term Exp. Date</b>	<b>Email Address</b>	<b>Mailing Address</b>	<b>Phone</b> (area code 503 unless noted)
READ, LADDIE	B.4. - MH Parents/Advocates 11-2004	<a href="mailto:laddiereadjr@msn.com">laddiereadjr@msn.com</a>	7925 SE Woodstock Portland, OR 97206	775-1601 (cell)
SNEDECOR, SCOTT	D.1. - MH Citizen 02-2005	<a href="mailto:scottysned@msn.com">scottysned@msn.com</a>	215 SE 74 <sup>th</sup> Ave. Portland OR 97215	261-0391
SURFACE, REX	G.1. - DDS Developmental Disabilities Services Division (ongoing term)	<a href="mailto:rex.b.surface@co.multnomah.or.us">rex.b.surface@co.multnomah.or.us</a>	Senior Manager Multnomah County Developmental Disabilities Division 421 SW 6 <sup>th</sup> Ave., Ste. 400 Portland OR 97204	988-3272 x26353
TREB, KATHLEEN	E.6. - A&D	<a href="mailto:kathleen.a.treb@co.multnomah.or.us">kathleen.a.treb@co.multnomah.or.us</a>	Multnomah County Dept. of Community Justice 2 <sup>nd</sup> Floor 501 SE Hawthorne Portland, OR 97214-7214	988-6131
WAITE, SUE	H.1. - ADSD Aging and Disabilities Services Div. 11-2004	<a href="mailto:rorysuewaite@msn.com">rorysuewaite@msn.com</a>	6304 SE 41 <sup>st</sup> Ave. Portland OR 97202	774-6260
WARE, PAUL	E.1. - MH Portland Police 11-2004	<a href="mailto:cit@police.ci.portland.or.us">cit@police.ci.portland.or.us</a>	City of PDX Police Bureau 10225 E. Burnside Portland OR 97216	988-6413

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**Attachment 7  
2005-07 Prevention Plan**

County Multnomah County

Prevention Coordinator Nancy Martin, CPS

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs.

<b>Proposed Programs</b>	<b>Proposed Outputs</b>	<b>Proposed Outcomes</b>
<b>A&amp;D Prevention</b>	<b>A&amp;D Prevention</b>	<b>A&amp;D Prevention</b>
1. County Prevention Plan Oversight 1.0 FTE Prevention Coordinator. Either be a Certified Prevention Specialist or obtain CPS certification during Year 1.	1. Provide technical assistance on prevention work plan development, grant opportunities, Minimum Data Set training and reporting, and provider annual reports.	1. (Process only) Prevention work plans, County prevention annual report completed. MDS reports and annual report submitted to OMHAS.  Proposal(s) submitted to OMHAS for Statewide competitive prevention grant.
2. Community Mobilization/Coalition Support (1.0 FTE Prevention Coordinator)	2. Provide technical assistance to new A&D prevention coalition (CARSA) and Parent Education 25-City Initiative workgroup. Provide A&D prevention technical assistance to other community coalitions. Process objectives: technical assistance provided (at meetings).	2. B. # Community partners' grants received  # Prevention materials produced  # Prevention programs sponsored by community partners

3. County Prevention Program Planning & Development (1.0 FTE Prevention Coordinator)	<p>3. Prevention procurement planning.</p> <p>Prevention implementation planning.</p> <p>Monitor and report as required on Prevention High Level Outcomes; revise and report on County "SB 555" prevention logic models as needed.</p>	<p>3. B. Completion of procurement; contracting of prevention programs.</p> <p>Develop and update 2007-09 Prevention Implementation Plan as required by OMHAS.</p> <p>Report outcomes, revise prevention portion of County Coordinated Plan as required by SB 555 timelines (to be determined).</p>
4. Culturally-Specific Coalitions/Community-Based Organizations	4. County will issue 2 procurements for culturally-specific prevention services offered by community coalitions or community-based non-profit (nongovernmental) organizations to the Latino community and Asian Pacific Islander community.	4. Intermediate Outcomes will be determined by evidence-based programming proposed in response to Culturally-Specific Coalition procurement.
5. Prevention Services to Public Housing Communities	5. County will issue or subcontract with the Housing Authority of Portland to issue a procurement for prevention services to public housing communities that are based on evidence-based programs and principles.	<p>5. Intermediate Outcomes will be determined by evidence-based programming proposed in response to public housing communities procurement.</p> <p>(Examples: Pre/post measurements of social behavior, life skills, and teacher observation of classroom participation)</p>
6. Culturally-Specific Parent/Family Skills Education	6. County will procure evidence-based and culturally-specific parenting/family strengthening prevention programs to address specific identified risk/protective factors associated with 8 <sup>th</sup> grade A&D use.	6. Intermediate Outcomes will be determined by evidence-based programming proposed in response to parenting/family strengthening procurement.

**Attachment 8**  
**2005 – 2007 Problem Gambling Prevention Plan**

County Multnomah Prevention Coordinator John Pearson

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs.

<b>Proposed Programs</b>	<b>Proposed Outputs</b>	<b>Proposed Outcomes</b>
<b>Problem Gambling Prevention</b>	<b>Problem Gambling Prevention</b>	<b>Problem Gambling Prevention</b>
1. Tualatin Valley Centers (TVC) / Project for Community Recovery	1. Maintain a .40 FTE outreach specialist. 1.a Make one traditional presentation per month (12 annually plus follow up). 1.b Contact one traditional community leader per month (12 annually plus follow up). 1.c Contact at least two non-traditional individuals or groups per month (24 annually and an additional 12 follow-up presentations).	1- (E) TVC staff will have a better understanding of the non-traditional change agents in the community and the most effective ways to approach them. 1-a (E) TVC staff will have a better understanding of the relationship between specific outreach activities, client contacts and subsequent enrollment into treatment. 1-b (E) Referral source for each client tracking to provide feedback on outreach efforts. 1-c (B) At least nineteen new enrollments.  Traditional presentations will include a post-presentation survey. County staff will regularly meet with program staff. Supervisor and outreach worker will meet weekly to review: a. Presentations completed; b. Outreach planned for the week; c. Number of individuals in attendance; and d. Time spent in outreach contacts, travel, preparation, and follow-up.

<p>2. ChangePoint, Inc.</p>	<p>2. Three to four outreach /educational presentations monthly (10hrs.) and Spanish SOGS screenings (thirty-six to forty-eight annually).</p> <p>2.a Twenty family members/potential clients attending per month (240 annually).</p> <p>2.b Sixteen community meetings per month (192 annually).</p> <p>2.c One community event attended per month (12 annually).</p>	<p>2. (E) Mental health and A&amp;D Treatment staff attending educational presentations will have a better understanding of Latino problem gambling and the Spanish SOGS.</p> <p>2.a (E) Spanish speaking clients at A&amp;D treatment groups will have increased knowledge of problem gambling warning signs and treatment services.</p> <p>2.b (E&amp;A) Latino service providers and organizations will have a better understanding of problem gambling and treatment services.</p> <p>2.c (E&amp;A) Latinos in attendance at community events will have the opportunity to learn about problem gambling and treatment services.</p> <p>2.d (B) One or two new client enrollments per month, ten clients after six months.</p> <p>Data collection will be through audience survey and feedback from community presentations. Enrollment and treatment will be monitored through the GPMS. County will review program performance with provider staff.</p>
<p>3. OHSU</p>	<p>3. OHSU Behavioral Health Clinic Yellow Pages ad shared with alcohol and drug services.</p> <p>3.a OHSU Behavioral Health Clinic brochures distributed throughout all hospitals and clinics (OHSU does not allow outside brochures).</p> <p>3.b Rapid response to callers including immediate or same day consultation with a counselor.</p>	<p>3. (B) 80% of appropriate callers will follow up with an intake appointment and enrollment.</p> <p>3.a (B) 100% of appropriate first-time callers will be given referral resources according to need.</p> <p>Referral source data will be collected for all callers. Provider and County will meet regularly to review provider performance.</p>



<b>Proposed Programs</b>	<b>Proposed Outputs</b>	<b>Proposed Outcomes</b>
<b>Treatment Enhancement</b>	<b>Treatment Enhancement</b>	<b>Treatment Enhancement</b>
4. Cascadia Behavioral Healthcare, Inc.	<p>4. Approximately 33 hours of case management per month (396 hours annually)</p> <p>4.a. Approximately 130 encounters per month (1600 encounters annually)</p> <p>4.b. Based on historical data the following case management services will be provided:</p> <ul style="list-style-type: none"> <li>• Sixty 15 minute telephone contacts (720 annually);</li> <li>• Twenty 30 minute telephone or face-to-face contacts (140 per year); and</li> <li>• Eight one-hour face-face sessions.</li> </ul>	4. Clients receiving case management services will complete treatment at a higher rate than the programs average completion rate.

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**Attachment 9**

**Problem Gambling Service Region Designation**

Please designate the name of the county or agency that serves as the regional contractor for providing problem gambling services to your county:

Multnomah County County hereby authorizes the Department of County Human Services – Mental Health and Addiction Services Division to obtain DHS distributed funds for the provision of problem gambling services to County residents.

\_\_\_\_\_  
Signature for Authorizing County

\_\_\_\_\_  
Director, Dept. of County Human Services  
Title

For those counties serving as the regional contractor, please use the below table to determine level of Problem Gambling Flex Fund availability.

Region: Multnomah County  
(Name of Counties or County in service area)

Total Annual Problem Gambling Flex Funds Available: \$106,060

County	Est. Flex Fund Availability*	County	Est. Flex Fund Availability*	County	Est. Flex Fund Availability*
Baker	\$4,639	Harney	\$7,560	Morrow	\$2,828
Benton	\$13,027	Hood River	\$3,551	Multnomah	\$106,060
Clackamas	\$54,608	Jackson	\$30,347	Polk	\$10,288
Clatsop	\$6,222	Jefferson	\$3,992	Sherman	\$824
Columbia	\$7,399	Josephine	\$13,016	Tillamook	\$4,636
Coos	\$11,039	Klamath	\$13,976	Umatilla	\$13,170
Crook	\$4,595	Lake	\$6,372	Union	\$5,265
Curry	\$4,624	Lane	\$54,478	Wallowa	\$3,125
Deschutes	\$19,335	Lincoln	\$7,701	Wasco	\$5,183
Douglas	\$19,623	Linn	\$18,262	Washington	\$66,636
Gilliam	\$1,099	Malheur	\$11,314	Wheeler	\$1,320
Grant	\$4,105	Marion	\$45,748	Yamhill	\$14,033

*\*Budget estimates are annual and are subject to change*

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**ATTACHMENT 10**

**County Contact Information Form**

**1. County Contact Information**

County: Multnomah  
Address: 421 SW 6<sup>th</sup> Ave. Suite 700  
City, State, Zip: Portland OR 97204

Name and title of person(s) authorized to represent the County in any negotiations and sign any Agreement:

Name Patricia K. Pate  
Title Director, Dept. of County Human Services

**2. Addiction Treatment Services Contact Information**

Name Nancy Winters  
Agency Multnomah County Mental Health and Addiction Services  
Address 421 SW 6<sup>th</sup> Ave. Suite 700  
City, State, Zip Portland OR 97204  
Phone Number 503-988-4055 Fax 503-988-3329  
E-mail nancy.winters@co.multnomah.or.us

**3. Prevention Services Contact Information**

Name Nancy Martin  
Agency Multnomah County Mental Health and Addiction Services  
Address 421 SW 6<sup>th</sup> Ave. Suite 500  
City, State, Zip Portland OR 97204

Phone Number 503-988-5464 x26311

Fax 503-988-3926

E-mail nancy.b.martin@co.multnomah.or.us

#### 4. Mental Health Services Contact Information

Name Derald Walker, PhD.

Agency Multnomah County Mental Health and Addiction Services

Address 421 SW 6<sup>th</sup> Ave. Suite 700

City, State, Zip Portland OR 97204

Phone Number 503-988-4368 Fax 503-988-3329

E-mail derald.r.walker@co.multnomah.or.us

#### 5. Gambling Treatment Prevention Services Contact Information

Name John Pearson

Agency Multnomah County Mental Health and Addiction Services

Address 421 SW 6<sup>th</sup> Ave. Suite 500

City, State, Zip Portland OR 97204

Phone Number 503-988-5464 x22612 Fax 503-988-3926

E-mail john.f.pearson@co.multnomah.or.us

## **A&D Request for Programmatic Qualifications March 2004**

Due to the size of this document, it is not included here.  
However, copies may be obtained by contacting:

Karen Mayfield  
Mental Health and Addiction Services Division  
421 SW 6<sup>th</sup> Ave. Ste. 700  
Portland OR 97204

Ph. 503-988-3691 x24045  
[karen.d.mayfield@co.multnomah.or.us](mailto:karen.d.mayfield@co.multnomah.or.us)

# **Summary of Input**

## **Alcohol and Drug Abuse Prevention and Treatment**

### **Multnomah County Community Meetings**

#### **November-December 2003**

### **Table of Contents**

- Acknowledgments
- Background
- What's Working
- Identified Gaps in Services, Needs for Increased Services and New Ideas for Effective Services
  - Prevention Services for Youth
  - Prevention Services – General
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- Communication and Accessibility
  - Within the System
  - With the Community
- Challenges and Trends
- Potential Public and Corporate Policy Changes
- Funding Criteria, Funding Priorities and the Upcoming RFP

# **Acknowledgments**

## **Multnomah County**

### **Department of County Human Services, Mental Health and Addiction Services Division**

Derald Walker, Assistant Director for Mental Health and Addiction Services

Judy Fowler

Larry Langdon

Nancy Martin

John Pearson

Bob Ryan

## **Multnomah County**

### **Department of Community Justice**

Kathleen Treb, Assistant Director for Employment, Community and Clinical Services

## **Facilitator and Summary Author**

Dana L Brown of Dana L Brown Consulting Services

[danabrown@earthlink.net](mailto:danabrown@earthlink.net)

## **Background**

This is a summary of input from 6 meetings attended by clients, family members, community members and provider staff. The purpose of these meetings was to gather ideas about how the system is serving or not serving clients. These ideas will assist the County in planning for services now and in the future.

Multnomah County's Department of County Human Services, Mental Health and Addiction Services Division convened 5 community meetings in November 2003. These meetings were held at the King Facility, the Multnomah Building, the Brentwood-Darlington Community Center and the East Portland Precinct.

In addition, a sixth meeting was held in December 2003 for provider agency participants working in the area of alcohol and drug treatment and prevention. This meeting was jointly convened by the Department of County Human Services and the Department of Community Justice.

The numbers in attendance at these meetings ranged from 6 to 45 with a number of people attending more than one meeting.

The questions asked to prompt input were:

- What is currently working well?
- Where are there gaps in the services provided or the people served?
- What are the services you would want to hold onto if funding were decreased?
- How can we communicate about existing services better and improve accessibility?

Providers were asked these additional questions at the sixth meeting:

- What are the trends you are seeing in changing client populations, needs and service strategies?
- What criteria would you suggest to guide decisions about services to maintain when funding reductions occur?

The occasion for holding these meetings at this point in time was an upcoming formal procurement process for a majority of the alcohol and drug activities in both Departments.

This document is an organization of input, not a formal analysis. An attempt was made to capture the ideas in all comments made and to summarize comments made by many persons. Any omissions or misrepresentations made are unintended and are the responsibility of the author. There are a few "inconsistencies" within some ideas in the report as different participants shared different perspectives. Also, placement of comment ideas in various sections – "What's Working", "Gaps" or "Challenges," for instance – was based on the context of the comment within the facilitated discussion.

We appreciate deeply the compelling testimony and ideas of clients currently in treatment and in recovery. This summary in no way captures their passion or the vitality of their stories.



One community meeting focused on youth services. We are enormously grateful for the participation and wisdom of the many youth who shared from their experience.

The commitment and compassion of the provider community was clearly in evidence at these meetings through their support of clients, their thoughtful attention to all and their insightful input.

# **What's Working**

## **Acupuncture**

**Affordability of treatment** – With the income tax surcharge, there are additional “slots” available without charge. Every agency in the system has a sliding fee scale so money shouldn’t be an issue – except the length of wait may be longer if a person can’t afford to pay anything. There are some programs for extremely low-income people with no waiting lists.

**Alcohol and drug free housing** – There have been great gains in securing alcohol and drug free housing for those at 30% of median income and below and for families. This resource is working well in supporting treatment and recovery. It is making a difference in decreasing the numbers of clients who must reenter treatment. It provides a stable environment from which to access resources and is especially important early in recovery.

**CHIERS van and Project Respond** – Now operating 24 hours.

## **Clean Court**

## **Compassion**

**Cooperation among providers** – Providers work together, making referrals and juggling waiting lists. Also there is increased collaboration between County Departments.

**Cultural specialists** – There are now 5 cultural specialists in the County.

**Culturally specific services** – These programs are effective in getting adults and youth successfully into and through treatment. In many programs, the entire family is served. There are also effective prevention programs. The range of populations served has broadened, including various communities of color and sexual minority communities. Many persons of color attested that they would not have chosen treatment if there was not a culturally specific program. Others had been through “mainstream” programs and failed.

- **African American community** – African American clients attested that modeling by others from their own community is key to succeeding. In culturally specific programs, they feel like they fit in and increase in confidence.
- **Native American community** – Native American clients and providers attested to the effectiveness of including spirituality, relationships with elders and rituals of Indian life in treatment and prevention.
- **Cultural experience** – Clients of color attested to the benefits of working with staff that had cultural experience over white staff with educational and professional experience. Though professionalism in staff of color is much appreciated and helpful.

## **DUI program**

**Family services** – Treatment programs where children can live with parents while in treatment help keep the family together and provide counseling for the children as well. Many “mainstream” and culturally specific groups use family involvement in activities.

### **Hooper Detox Center**

**Integration of services** – There is increased integration of mental health and physical health services with substance abuse services. Cross training of staff (alcohol and drug/mental health) is occurring more often.

### **Life skills and parenting training**

**Mentor Programs** – Mentors are making a positive difference in supporting clients through treatment and beyond. Mentors take people to appointments, support them in intake and help empower them to move toward self-sufficiency.

**Methadone program** – Although some improvements could be made, this program has contributed to a decrease in overdose and an increase in stabilization.

**Oregon’s Children’s Health Insurance Plan** – This plan allows funding to be used for prevention services.

**Professionalism** – There is increased professionalism system-wide.

**System as a whole** – The system does remarkable effective work with few resources, producing good outcome numbers when compared to systems in other geographic areas.

### **Volunteer organizations –**

- **Al-Anon** provides services to adults and teens who are family members (broadly understood) of alcoholics and drug addicts. They offer culturally specific meetings. They are doing increased marketing.
- **Weed and Seed** – Relatively new programs, they are funded by the US Department of Justice. There are three sites in the Portland area. They are a resource for making connections to residents about services available. They are providing prevention services.

**Youth recreation programs** – Healthy recreation, activities that people can engage in, are working. Positive youth development activities supported by the Youth Commission have been integral in treatment.

**Youth residential programs** – These programs provide a safe environment and level of support for youth to succeed. Youth learn to accept and use support from adults and to develop healthy friendships with peers. They receive life training to assist them in doing routine daily tasks and in coping with normal daily stresses. They may continue to attend school and develop a structure for their time. Many youth attested that they wouldn’t have been able to get clean and stay clean without residential treatment. Many had already failed in outpatient settings.

**What's not working well – DARE!**

## **Identified Gaps in Services, Needs for Increased Services and New Ideas for Effective Services**

### **Prevention Services for Youth**

**Children of parents who are in treatment** – These are the most at risk children in the community. The cost for treatment providers to do prevention work with the children of those in treatment would be minimal.

#### **Culturally-specific services –**

- **Communities of color** - Prevention services for youth need to come from their own communities and cultures in order to increase the likelihood of engagement and effectiveness.
- **Immigrant communities** – There are insufficient services to prepare parents to talk to their children about alcohol and drug issues.
- **Native American youth** – These youth are less likely to succeed in “traditional” prevention programs. They need healthy activities and a response to their feelings of isolation and loneliness. Arts and recreation programs geared toward cultural models are helpful.
- **Russian youth** – Russian children feel isolated in schools because of their accent, view of life and experiences. They need prevention programs geared for their particular needs.
- **Lesbian, Gay, Bisexual and Transgender youth (LGBT)** – These youth form culturally specific groups and need specialized services, which are in too short a supply.

**Family-based** – Prevention activities can be designed for use in families, targeting families with 5<sup>th</sup> graders.

**Gambling abuse prevention** – Youth attested that these services would be helpful in schools in combination with alcohol and drug abuse prevention education. Access to credit cards by youth makes it more likely they will have a problem.

#### **Home visits**

**Parent education and support** – Education can be offered to parents when children are very young. Parent groups are needed to reduce naiveté and provide skills in dealing with privacy issues.

**Parolee support** – Youth under parole and their families are at high risk and could receive prevention information as a matter of routine.

**Recreation programs** – Prevention education can be integrated into existing programs. Activity programs are more engaging for youth than science and curriculum based prevention. Also, simply having something to do that’s fun can give youth something to try besides trying drugs.

**School-based education** - Educators could be trained to provide prevention education and to be comfortable talking about alcohol and drug abuse with students. Providers get numerous requests to do presentations in schools that they are not funded to do.

**School-based services** - With the elimination of school-based clinics, a frontline of prevention was lost. It is important to prioritize services to children with parents with alcohol and drug problems. Also, it will be most effective to provide culturally specific services. Because children are beginning to use in 5<sup>th</sup> grade, a focus on middle school student outreach would be appropriate.

## **Prevention Services – General**

### **Communities of faith provided education**

#### **Culturally specific services –**

- **Communities of color** – Prevention services need to come from one's own community and culture in order to increase the likelihood of engagement and effectiveness.
- **Latino** – There is little offered in the way of prevention services to the Latino community and in Spanish.
- **Russian community** – Family members need education about alcohol and drug problems in order to destigmatize the issue, to provide alternatives (to punishment) for dealing with it within their families and to offer external resources such as counseling.

**Physician (or health system) provided services** – Assessment and education can be provided at medical screenings and examinations. Pre-natal services can provide assessment and education with parents.

#### **Relapse prevention services –**

- **Those on probation** - Focused on those identified by probation officers as at risk, this can be a cost effective way of keeping people out of residential care or jail.
- **Survivors of sexual assault and domestic violence** – Violence is a key trigger for relapse. Survivors often won't seek out prevention services themselves out of fear, shame and stigma. There is no survivors recovery support group.

**Research initiative** – The County could support a federal funding application for a research initiative to demonstrate that research based principles can be effective without the need to purchase expensive model programs.

**Tobacco use prevention** – There is no longer County staff to support prevention in an area that kills more people than all other substance abuse combined. Media work to combat corporate advertising and media literacy education would be helpful.

## **Treatment Services for Youth**

### **Age-specific services –**

- **Adolescent-focused treatment models** – Youth don't fit adult models for treatment and need additional capacity in services.
- **Young adult services** – Services, including residential treatment, developmentally targeted to the 18-24 years age group are needed. They are in transition and don't fit the youth or adult treatment models. In addition, those 19-20 years of age aren't covered by OHP. They have few options for detox, treatment or post-treatment services.

**Alcohol and drug free housing** – Long wait lists are a barrier. We need “to strike while the iron is hot” with youth. Also, youth leaving residential care often have to return to the streets because we are unable to secure housing for them. They may need to access shelters or transitional housing after treatment because permanent housing isn't available. This isn't a great option because those settings aren't reliably alcohol and drug free.

### **Culturally-specific services –**

- **African American youth** – There are no culturally specific services for African American females and not enough capacity for African American males.
- **Lesbian, Gay, Bisexual and Transgender youth (LGBT)** – This is a high-risk population experiencing unique alienation and isolation factors that contribute to their alcohol and drug abuse. Additional capacity is required.
- **Latino youth** – Latino youth have no designated residential beds. There is also a need for therapeutic foster care and outpatient treatment services. They don't succeed as well mainstreamed into other programs. There are cultural barriers even if the youth speak English well. Effective communication is needed for change to occur and that communication needs to be culturally based in order to be effective.
- **Native American and Asian American youth** – There is not enough funding to do more than build a base for programs for these populations.

**Day center for homeless clients** – There is no clean and sober drop in place during the day. This makes it difficult for youth to get off the street and away from people who are using and selling.

**Detox** – There is an absolute lack of detox for people under eighteen years of age. One staff shared that they see 5-7 youth each week who need detox services. Many youth don't have guardians who can sign them into an adult detox facility. This is a barrier to treatment. It would be helpful to integrate detox with long-term treatment. In addition, those 18-21/24 years of age don't feel good about going to Hooper. They don't feel like they fit in with the population that goes there. Providers have sent youth to psychiatric hospitals to detox – an expensive alternative. Or youth show up at Hooper with no ID and lie about their age – not a good introduction to a life in recovery.

**Methadone treatment services (free services)** – Some methadone treatment needs to be provided free of charge. Youth often continue prostituting in order to pay for treatment. They then continue using in order to cope with the demeaning nature of prostitution.

**Recreation programs** – These have been successful for some youth in getting clean and sober. They provide a community, education and referral. They are less costly than other forms of treatment.

**Residential services** – There aren't enough residential beds for youth to meet the need. The wait list is too long (6-11 weeks) for some clients to successfully make it to an available bed. This is a particular problem for non-mandated care beds. There are only 7 beds for youth that aren't mandated in the County. The wait for these beds can be several months. Providers send youth to other parts of the state. (There are 5 residential programs for youth across the state.)

**Residential services (culturally-specific)** –

- **Lesbian, Gay, Bisexual and Transgender youth (LGBT)** - Trans youth have real barriers in accessing residential treatment because they may be required to be housed with the gender they are biologically rather than the gender they identify as. A small facility for them would be ideal. GLBT youth housed together would also work as they practice mutual acceptance due to their shared experience of being "cast out".
- **Latino youth** – There is no residential program for Latino youth.
- **African American male youth** – There is only one residential program for African American male youth and none for female youth.

## **Treatment Services - General**

**Affordable services** – Families are going hungry because they are prioritizing payment for treatment services.

**Alcohol and drug free housing** -

- **Culturally-specific** – People in treatment need to be part of their communities and see recovery modeled by people in their communities.
- **Former prisoners** – People emerging from prison often have no housing or alternatives for housing. Clients without a home won't be successful in treatment because they will have difficulty even showing up.
- **Permanent housing** – Clients face the obstacle of "back stepping" in the treatment system because they can't access permanent housing. This causes a strain on meeting goals for employment and education, as well as, recovery.
- **Transitional** – This is a critical resource missing for work with homeless clients. People are forced to go through shelter stays because of the long waiting list for HAP housing.
- **Wet housing** – This is not alcohol and drug free housing. It is a safe environment for people to live in while they are struggling with or in relapse. Too often, when clients relapse, they lose access to housing and other critical services.

**Child care** – There are no child care services for outpatient programs.

**Clean Court (Cultural competence)** – There is no Spanish-speaking component in clean court.



**Culturally specific treatment services** – People from “minority” cultures are unlikely to access treatment that is not culturally specific because it feels intimidating, it seems irrelevant or they don’t even have information about it. Therapeutically based treatment systems don’t work for every population.

- **African American** – This is a large population in the County without sufficient resources to meet their needs. This population is more likely to be successful in treatment in a culturally specific program.
- **Native American** – There are insufficient resources to meet the needs of this population. There are different ways to recover for different people given our differing backgrounds. The use of Native American cultural activities and spirituality is critical in our treatment efforts.
- **Russian community** – Confidentiality is a big concern as the community is very close. People are embarrassed and don’t want their family or friends to know they are in treatment. Culturally specific services are needed in order for people to get appropriate assistance to admit they have a problem. This population is growing and needs additional services.
- **Latino/Spanish speaking** – This population is growing and requires an increase in services. There is no secure residential facility that offers services in Spanish.

**Dual diagnosis treatment services** – Specialized treatment services are needed for clients who have chronic mental illnesses. These treatment services are most effective if they are culturally specific.

**DUII client services** – DUII services at no charge are needed. Many of these clients are unemployed. Treatment payment (on a sliding scale) is required. Many are dropping out of treatment because of cost issues.

### **Employment opportunities**

**Family members’ treatment** – There are no resources for family members to get services if the family member with the addiction isn’t in treatment.

**Intensive outpatient with alcohol and drug free housing** – This is as effective as residential treatment for many people and is less costly. It has the benefit of allowing people to continue their employment.

**Interpretation** – Providers need assistance with diverse language groups.

**Mentorship programs** – These are effective and low-cost programs that use a model of support from people who are in recovery. Volunteer peer mentors can share their experience and support those entering recovery in their struggles with jobs, housing, etc.

**Prostitution alternatives** – These services are not always available in treatment programs, but are needed in order for treatment and recovery to be successful for many people.

**Recovery resources** – These are the resources that are needed to stay clean and sober after treatment. They include mentors, housing and employment. There is not sufficient emphasis on these.

**Residential services** – Some people need these services, but are falling through the cracks because the wait is too long. There aren't enough beds.

**Shelters** – Those working through treatment or waiting for treatment would feel safer and more supported in a shelter setting where residents chose to be clean and sober. (Rather than the current situation where residents have to agree to be clean and sober in order to get shelter.) Although shelters are billed as alcohol and drug free, they aren't able to maintain this.

**Tobacco cessation services** – There is nowhere to refer clients needing these services. The quit line is temporarily down and there are no groups.

**Transition services** – Clients need a program to help them transition to get jobs and education. In addition, parents need support in learning to improve their parenting with their children once they are in recovery.

**Transportation**

# **Communication and Accessibility**

## **Within the System**

**Collaboration** – We need County assistance to create a support network among providers to share resource information, clarify access points and avoid duplication.

**Provider meetings** – Good communication can happen at regular meetings within the system to share information about resources.

**Resource and referral information** – There is such enormous turnover among staff that we need a regular orientation to the resources in our system. We don't know what each other does in the system.

- The County and providers could sponsor a resource fair or conference for our staff.
- The County could produce a resource book so that we could refer appropriately.
- A round robin of presentations from various agencies could be done.
- A centralized function with the County through a web site would provide more current and accurate information.
- The County could provide a directory of agency web sites so that we can refer to each other for treatment slots that are available and know each others' resources.

## **With the Community**

**Media** – We need assistance from the population we are trying to reach when we use media to do outreach. Most media ads are unrealistic and people don't identify with them.

**Parents and children needing services** –

- Without assistance from OHP or a private provider, it's difficult to find any information about services that are available for children. Finding services can be an arduous process.
- Parents don't have the information that they should maintain their children's OHP status even when they lose theirs.
- Families with children under parole need information about resources available.

**Parole officers** – These staff need accurate, current information to make referrals.

**Public policy changes** – After a major public policy change, like changes to OHP, the community and the system need clear information about what has happened and available options. For instance, referrals from the community dropped after OHP's reductions because they thought there were no more residential treatment services.

**Public relations planning** – The County could assist the system in putting together a PR plan to advertise our services, communicate a message about our issues and build support. Our clients could help us in being a voice for the plan's activities.

## **Challenges and Trends**

**Assessment** – An effective assessment process is important to determine who needs limited residential treatment beds and who can succeed in outpatient treatment.

### **Continuum of care –**

- **Culturally-specific services** – An effective system would have services along the entire continuum available for the cultures and populations resident in the community. We need to provide a minimum level of service from detox to treatment for everybody. Different populations require different methodologies to be successful. In addition, demographics continue to change in our communities and the system needs to respond to that. Providing a continuum of care needs to not pull out the rug from underneath services to specific populations as a response to limited funding.
- **For low-income people** - From the point of access to post-treatment services and support, it is challenging to secure services along the entire continuum for low-income people, those who are unable to pay for services.
- **For youth** – We need a continuum of care available for youth and the differing youth populations.

**Cost effectiveness** – With limited and declining funding resulting in decreases or termination of services, people are seeking treatment in more costly ways by going to hospitals and clinics.

**Cultural competency** – There is a need for greater cultural competency in all agencies. Even with the use of culturally specific services and agencies, “mainstream” agencies are serving a multi-cultural population.

**Cultural identification** – Without outreach workers, peers or other support with the same cultural identity, youth will misidentify themselves as another cultural group in order to fit in. Culturally specific outreach workers are important to assist youth of color (particularly Native American youth) in successfully getting into treatment.

**“Drug Czar” city initiative** – The federal government has set a goal to reduce substance abuse in 25 major cities (including Portland) by a percentage each year without additional funding.

**Efficiencies** – The system has gained all the capacity it can through efficiencies, collaboration and teamwork. There is a limit to how much to attempt to gain any additional capacity through these strategies. Our obligation to the community to provide a meaningful level of services must be met through additional funding.

**Evidence-based, best practices** – We need to make sure are using evidence-based, best practices in providing treatment. We are still in our infancy in defining treatments that work. We need to be global and flexible enough in our system to embrace new ideas, new medications and new modes of treatment while maintaining the methodologies in our system that are working.

### **Funding -**

- **Clients** – With the loss of OHP coverage, we are struggling with the appropriate ways to secure funds from low-income clients, what to expect in terms of payment and how to assist them in prioritizing treatment costs with other basic needs.
- **Diverse funding sources** – The system doesn't survive because of County funding. Most funding comes from other sources (OHP, insurance, grants, etc.). The key to the survival of the system is securing money from many sources. Not all providers are well equipped to find other funding.
- **Evidence-based funding** – The federal government is emphasizing the spending of prevention dollars on evidence-based programs. Smaller and disenfranchised populations, such as Native Americans, are rarely researched. This results in limited opportunities to secure prevention funding.
- **Insurance** – We are experiencing a reduction in insured clients. We are experiencing an increase in uninsured clients.
- **Prevention funding** – In the last 10 years, there has been no increase in funding in the area of prevention. In addition, a significant portion of prevention funding came from HUD and that source is no longer available.
- **Stable funding** – Don't have it – need it.
- **United Way funding** – United Way's funding priorities don't reflect the information they have received. During United Way's "rethinking" process, they did a four county needs assessment survey to ask people what their major concerns were. Drug and alcohol issues were ranked number 2 behind K-12 education issues.

**Integration of services** – The integration of treatment services with mental health and other services is being shown in the research literature to be key to successful treatment. Limited funding makes this more difficult to do. Clients cannot "bootstrap" their way to recovery.

- **Case management and flexible services** – When treating substance abuse, we may also be treating mental illness or poverty. We need more flexible ways of providing and funding services. We need a fee structure and billing options that allow us to better provide these wrap around services and the many activities that case managers engage in. Project funding isn't a long-term resource.
- **Dual diagnosis programs** – There are no funding stream, no rates, no certification process that are targeted for dual diagnosis programs. These programs are an idea that we have to cobble money together for. Separate assessments, treatment plans and billing make dual services difficult at best.

**Prevention services** – The level of support for prevention services should reflect our vision to put treatment out of business.

**Public awareness** – Providers need to figure out how to be vocal in many settings in order to raise public awareness and increase support. We need healthy outrage. The system can't depend on the County to do this.

- **Residential vs. outpatient treatment controversy** – Providers receive criticism for using expensive residential treatment rather than relying more extensively on less expensive outpatient treatment. The public doesn't have a clear understanding that some clients won't succeed in outpatient treatment. In the long-run successful treatment, even using more expensive residential models, is most cost effective.

- **Stigma reduction** – In order to justify to the public increased spending for alcohol and drug treatment and prevention, we need to reduce the stigma associated with this disease. If we don't do this, we are looking at continuing to fail our clients through an inadequate system. We need to reach out to the private sector to secure more resources around marketing and advocacy.

**Research** – There's little research to substantiate some of the things we believe we are experiencing in providing services. For example, there is no research to demonstrate the efficacy of intensive outpatient services with alcohol and drug free housing vs. residential services.

- **Outcomes measurement** – We don't have the capacity or capability in our own system to measure outcomes system-wide to answer questions about best practices.
- **Prevention** – Because the results of prevention come "down the road," it's hard to demonstrate that prevention services are effective – making it hard to justify funding.

**Resources lost** –

- **Housing** – We have recently lost an important resource in HAP's alcohol and drug program. We are no longer able to secure prioritization of our clients for Section 8 housing.
- **Oregon Health Plan** –
  - Since the Oregon Health Plan ceased coverage, we are under more pressure to provide affordable services. We have added financial counselors to our staff to assist clients in accessing and using resources, including their own. In addition, we are seeing clients have difficulty in transition from residential to outpatient treatment because of gaps in funding due to gaps in OHP.
  - The loss of the children's health plan means we are unable to respond to child abuse issues for those under 8 years when most abuse occurs. We can no longer focus on families that are impaired in this way. (There is potential that this resource will be restored.)

**Service provision for small numbers** – It's challenging to build a system with limited funding that can provide specialized services for small groups of people with special needs. How do we determine when there is sufficient need? How do we determine when there are sufficient numbers?

**Treatment on demand** – This is what we need our vision to be. People seeking treatment need an immediate response or the system really isn't working well.

- **Moral issue** – The turmoil, pain and additional suffering experienced by people while they are on lengthy waiting lists is wrong on all levels.
- **Referrals** – Staff sometimes make bad referrals. This results in longer waits for treatment.
- **Youth** - Youth in particular need a speedy response. Staff can walk clients to treatment. However, if the waiting list is more than two days, the opportunity to get them into treatment has been lost.

**Workforce** –

- **Cultural minority, bilingual and bicultural practitioners** – There aren't sufficient workers of color in the system. The County could assist providers in working with higher education to outreach to and train people who can meet this need. For those workers of color already in the system, we need a plan to continue to develop and retain them.
- **Hiring and retention of qualified staff** – Our clients need highly qualified staff to work with them. We aren't able to routinely attract qualified staff without equitable salaries. In addition, we are experiencing high staff turnover. Any field that is going to offer quality services needs to retain its practitioners.
- **Practitioners in recovery** – Counselors who are in recovery are the most effective. The experience cannot be substituted for with an educational process. The certification process as it is currently constructed is a barrier to more people in recovery becoming counselors. In particular, the process does not support the successful certification of people of color. (The federal government requires certification to release funds.)
- **Training** – The system needs to have access to adequate training to keep up with changes in practices based on research.

#### **Youth –**

- **Adult support** – Many youth we work with don't have parents or guardians – parents may be dead, incarcerated or AWOL. We need to explore new ways of involving significant adults in the lives of these youth.
- **Family system** – In order to assist youth, we need to treat the whole family. Our system isn't really a family system.
- **Prevention in school settings** –
  - A failure of prevention education in schools is that it sometimes glamorizes drug use – it makes it more desirable to use.
  - There is a subtle denial in the school system that drugs are not being marketed in school hallways. A lot remains to be done regarding prevention so that schools aren't permitted to turn their backs on this problem.
- **Trend to younger people with addictions** – Those impacted by alcohol and drug abuse are becoming younger and younger. We need to provide prevention activities at an earlier age than we are currently doing.

## **Potential Public and Corporate Policy Changes**

**211 potential** – A 211 system could make prevention information, as well as treatment services, accessible to larger numbers of people.

**County support** – The provider system and other citizens can ask County Commissioners to make treatment an advocacy priority. The County's "public affairs" office could be employed to advocate for policy changes in various arenas.

**Decriminalization** – We need a war on drugs, not on people who use drugs. People need treatment, not jail. Britain has decriminalized the possession of marijuana, which means they don't need to send people to jail for that any longer.

**Gambling addiction treatment** – If the tax initiative is not passed, all funding statewide for gambling addiction treatment is listed to be eliminated. This item is not appropriate for this listing because it is funded by lottery, not tax dollars. Advocacy from the County and providers could address this.

**Housing funding** – Housing funding that the County controls could be available for all providers rather than being proprietary.

**Insurance parity** – Some insurance companies cover alcohol and drug treatment and some don't. There isn't clear consensus in the insurance world that addiction is a disease. Education could be provided to insurance companies concerning this and the cost effectiveness of addiction treatment compared to other health care costs.

**Oregon Health Plan** – This insurance source is sorely needed to fund treatment for those without other health insurance coverage. Its coverage needs to be restored and expanded. People shouldn't have to be so sick that they are disabled in order to access treatment via the Oregon Health Plan.

**Public health issue** – Creating policies and actions regarding alcohol and drug treatment under the framework of public health might move us closer to getting treatment on demand.

### **Tax increases –**

- **Beer and wine tax** - Oregon's association of county governments could have this at the top of their legislative agenda. We need to create partnerships to compete against the pressure of the beer and wine lobby.
- **Cigarette tax** – This has been an effective source of funding and could be used to address underage drinking.



## **Funding Criteria, Funding Priorities and the Upcoming RFP**

### **Funding criteria –**

- **Cost effectiveness** – Organizations should show their ability to provide services to as many individuals as possible.
- **Financial stability and funding diversity** – Organizations funded by the County should demonstrate that they can secure funding from other sources to bolster the dollars from the County and maintain levels of service as County funding changes.
- **Wrap around services and history of collaboration** – Organizations should provide a continuum of services, including housing and mental health care.

### **Funding priorities –**

- **Culturally specific services** – These have proved enormously effective. The County has made a commitment to funding these services. Populations of color and special needs populations have no other resources to access these needed services.
- **Highest risk** – How those at highest risk would be determined may be difficult.
- **Low-income people**
- **Outpatient and residential treatment** – These are core services.

### **RFP –**

- **Clear priorities for responding** – Providers are busy doing voter education and responding to other external threats to funding – we don't have energy to burn. Make the criteria for responding successfully to the RFP extremely clear so that we know whether or not we will fit.
- **Innovations** – Innovations should be encouraged.
- **Integration of funding** – Work between County departments in this RFP is a good idea.
- **Involvement in planning** – The County should involve the community on the planning level for any significant changes in the system.
- **Limited system changes** – Stabilization is important to keeping this system whole. Make only those changes that are indicated by evidence and absolutely necessary.
- **9 Best Practices Principles** – Use these as a guide.
- **Provider relationships** – The RFP should support relationships between providers and not have the unintended result of undermining service through disruption of collaborations.

<b>Alcohol &amp; Drug Treatment, Prevention, and Gambling Services Planning Survey</b> <i>Summary of Results - Open-Ended Questions</i>	
<b>1.</b>	<b>Prevention Services added as "Other" in Prevention Services Rating Question.</b>
1	Not Rated-Prevention is essential and much cheaper than the eventual treatment costs!!! Need programs that engage youth without being preachy.
2	Treatment providers lack the funds in some cases to provide prevention services. Need more prevention for teens and families.
3	Essential-School aged education on what drugs, alcohol, and tobacco do to the body and mind
4	Essential-I believe that there should be more awareness for children
5	Not rated-No government funded prevention services can replace the counsel of wise parents and teachers who care about their children and students who know how to communicate with them.
6	Essential-The system should really make an effort to make sure the parents have good morals and values. We tend to lose these in addiction and we don't get them back overnight.
7	Not Rated-Community linking projects, uniting the population with positive activities
8	Essential-Media literacy education for students, providers, parents and the public
9	Essential-Positive youth development, healthy recreation, innovative education opportunities
10	Essential-Skill building for youth of all ages.
11	Essential-Maintaining and increasing the continuum
12	Essential-Education of community partners, service providers, schools, etc.
13	Essential-Prevention services for children of clients in treatment.
14	Very important-Eating disorders, kids
15	Essential-Natural supports: Peer networks for teens and for adults beyond AA/NA. Build relationships between healthy people.
16	Essential-making family members aware of family programs such as Al Anon and Alateen.
17	Essential-Detox for youth
18	Essential-Culturally specific in-patient services
19	Essential-Treatment, housing, education, and employment of addicts and alcoholics will save huge amounts of public money in the long run. Every addict in treatment is one less criminal having to steal and victimize for their habit to the tune of hundreds of dollars a day.
<b>2.</b>	<b>Please list any gaps in alcohol and drug prevention services in Multnomah County:</b>
1	Funding
2	There is not enough.
3	We need more programs and more money.
4	East County doesn't have many services
5	Provision of alcohol and drug services in the schools. Schools have not referred students in enough volume to community services. Caring Community Coordinator positions no longer exist (they helped link schools with A&D treatment services). School-based, contracted prevention staff is now only .5 FTE for all of SE Portland. Touchstones primarily serve elementary schools, not adolescent populations.
6	A&D education in middle school. Youth prevention at pre-contemplative and contemplative phase.
7	Prevention should be based on education and facts, not scare tactics. Should use a strengths based approach.
8	The gap between the "intended message"-including anti-drug campaigns, community information systems and school programs and the community culture promoted by "coolness" and fueled by advertising. Target some efforts at making messages more effective. Include multi-cultural approaches.
9	More outreach programs for teenagers
10	8 to 12 graders should study the dangers of alcohol, drugs, and club drugs.
11	Need more teenage prevention Need more family education
12	Alcohol and drug prevention services as opposed to alcohol and drug promotion in our society is hopelessly outclassed.
13	Having articulate, eloquent, informative addicts in recovery to address children between the ages of 10-18.
14	Helping with the transition of finding a job and getting into school
15	Fact based information
16	Target more prevention efforts towards homeless youth
17	They are for youth only
18	While incarcerated, should be mandatory
19	Gender specific programs that address the different reasons girls use. Language/culturally specific programs.
20	Culturally specific services
21	Culturally sensitive groups A&D Education Resource availability.
22	There is a big gap for youth services that are culturally specific, especially American Indian/Alaskan Native. This is a very high risk group as the native community has the highest rate of alcoholism and deaths related to drinking of any population in the US.
23	Unknown-except not certain that families are made aware of Al Anon and Alateen
24	In the schools and housing projects

25	Not enough funds. Insurance is difficult to deal with
26	Lack of funding for tobacco prevention and prevention in general. Involve families. Youth prevention programs often do not engage the youth that should be targeted.
27	None in the School Based Health Centers (SBAC's). 13 sites, over 7000 kids served.
28	Budget. Media campaigns. No tobacco prevention program. Not enough visibility in alcohol prevention.
29	Native American culturally specific programs do not exist.
30	There is little identification of Native American youth. They are under-recognized often because of the difficulty of ascertaining their native status.
31	Not aware of any Multnomah County prevention services. Lack of connection between providers. Don't know where to go for effective prevention activity.
32	I am not really aware of what is going on. We need more resources for prevention. Lack of funding for MIP enforcement and education. We also need more funding for youth and parents together.
33	We need increased safe and sober activities for youth and positive youth development programs.
34	Elementary school aged children
35	Does a list of these services exist? In several languages? Looking to distribute to Rockwood residents.
36	Capacity is insufficient. Connection between schools and treatment is weak. Culturally specific programs have been gutted.
37	Comprehensive, coordinated, school-based programs.
38	Not familiar with the gaps because I am not familiar with the services. We need more broad public awareness of the range of services offered.
39	Not enough information available on existing services.
40	Families of people in recovery
41	There are not enough services provided through schools, particularly high schools.
42	Prevention services for Latinos A&D programs at no cost.
43	Children of clients. Children under 15.
44	Providers not using strengths based approach. Not many models of treatment for youth. Need to employ lots of approaches with a diverse population.
45	Not pervasive enough. Not everyone can access prevention/education services. Prevention should focus on empowerment rather than taboos.
46	Services specific to the needs of seniors
47	Housing-preventing people getting out of prison/jail from becoming homeless.
48	Peer support
49	Resources to access treatment to be more concise
50	Relapse prevention. Peer support. Family therapy.
51	Relapse prevention-when you get an evaluation you go into DUI classes instead of relapse prevention. The Corrections Department. Drug & Alcohol referrals.
52	More education around relapse prevention. More beds in residential treatment through corrections department.
53	Culturally specific residential treatment for Latino youth. Culturally specific case managers for Latinos (youth and adults).
54	Too much money in law enforcement, not enough money in treatment centers.
55	We need more police and jails
56	I think it is fine really.
57	No knowledge
58	None
59	None that I can think of
60	None that I know of.
61	Don't know
62	Don't know
63	Not sure
<b>3. What do you think is working well in the County alcohol and drug prevention system?</b>	
1	Not enough funds
2	That there is a Teen Center.
3	Culturally specific programs for Asian Pacific Islanders
4	Culturally specific programs.
5	The Culturally Specific Programs are a great idea. The counselors know what they are talking about.
6	NARA
7	Very concerned that not much is available for Native youth
8	Providing services in the schools
9	It is generally an easy system to tap into through the schools.
10	Education and informational services and referral process.
11	DARE program
12	DARE program

13	People sticking together and supporting each other.
14	The networks, committed staff, and partnerships.
15	Dedicated people trying to continue with less resources.
16	The way that people care and that there is help out there for anyone.
17	The Oregon Partnership/OCRUD and First Ladies Against Underage Drinking all are doing a fine job. The County should continue to partner and support their work as well as Big Brothers/Big Sisters and the Boys & Girls Club.
18	School policing (?) framework is a good thing.
19	The Homeless Youth Continuum Children's Health Plan
20	I don't perceive much prevention until there are consequences related to criminal behavior.
21	Drug programs
22	Education in treatment centers
23	Needle exchange
24	I think the Clean Court system is working well
25	Doing outpatient treatment at the same place you did your inpatient treatment. The partnership between DHS and Project Network to provide services to women with children.
26	Inpatient intensive treatment Outpatient treatment center
27	Low income housing programs
28	Not aware of prevention activities. Many government agencies are too enamored with science-based prevention and lack innovation.
29	Not aware of programming that exists. Peer educators have been effective within the homeless youth system for both treatment and prevention, but they are not part of the County funded system.
30	This question is difficult to answer because many homeless youth don't have the opportunity to benefit from prevention services. They are already in the midst of addiction when we start working with them.
31	Not familiar with the gaps because I am not familiar with the services. We need more broad public awareness of the range of services offered.
32	Not familiar enough with system to answer
33	I am still learning. Need to get more familiar.
34	Everything
35	Not much.
36	Not familiar with it.
37	Not aware of what is working well.
38	Not sure.
39	No opinion
40	Unknown
41	Don't know
42	?
4.	<b>What's changed? Who's new? Are there any new opportunities or new resources in prevention services? (Provide contact information if available.)</b>
1	New Portland Metro caring Community is organizing A&D programs for students. New half-time A&D Prevention Specialist on site at Portland Impact and in high schools half-time. The Caring Community positions have been eliminated resulting in more demand from schools to provide A&D education.
2	Examine opportunities to partner with Weed & Seed sites- NE Portland, Lents/Brentwood-Darlington, & Rockwood. Contact US Attorney's Office or Lents/B-D Weed & Seed.
3	Rockwood Weed and Seed (contact PAL)
4	Without funding for coalitions, there is less access to community partners. I work for Oregon Research Institute on a research project on middle school tobacco prevention interventions. Last year we were able to network with county and community groups, while this year we are limited to schools and parents with little community support.
5	Media literacy curriculum/CD-roms on alcohol/tobacco/debt/drug prevention available from County Health educators.
6	More interaction between PAADMA and Oregon Partnership. 25 Cities Initiative is going well.
7	Peer educators have been effective within the homeless youth system for both treatment and prevention, but they are not part of the County funded system.
8	I wish there were new resources. How about a third round of CHIF?
9	Recovery Association Project (formerly of CCC) is designing services for people in recovery with a possible focus on prevention for family members of those in recovery.
10	RWJ Metamorphosis Project is still going strong. Homeless Youth Consortium providers are looking at funding the RWJ project past the end date of October 2004. Looking at sustainability through partnering with existing community agencies to meet the needs of homeless youth.
11	Ugaza Jamil Culturally Specific Prevention Services (Legacy Project Network)
12	The number of Latinos experiencing A&D abuse is increasing, especially in youth
13	Outreach programs, VOA
14	DBT Classes
15	We are working with juvenile court and other partners to rejuvenate the juvenile MIP program.
16	We have three help lines: A&D Helpline, Linea of Ayuda, Youth Line. We have hired bi-lingual staff.
17	Outside In, New Avenues for Youth, and Janus Programs Metamorphosis Project targeting homeless youth (21 and under)

18	Project Network-great culturally specific services. Dual Diagnosis Services at DePaul.
19	Providers have been working together to make treatment a collaborative process.
20	The loss of OHP benefits has greatly impacted services. Clients end up in the most expensive levels of care-hospital and residential care.
21	n/a
22	?
<b>5.</b>	<b>Treatment Services added to "Other" in Treatment Services Rating Question.</b>
1	Essential-Detox for 17 years and under without parents or guardians
2	Essential-Detox for youth
3	Essential-Youth detox
4	Essential-Trauma treatment-childhood or otherwise
5	Essential-More transitional housing and treatment beds.
6	Essential-Crisis line/referral and assessment hotlines
7	Essential-Education for families
8	Essential-Youth appropriate aftercare. (adult AA/NA is not appropriate)
9	Very Important-Peer Mentoring Programs
10	Very Important-Mentoring programs
11	Opioid Treatment--I believe the county should be more involved in other treatments such as acupuncture and new drugs that block opioid absorption.
12	The problem is if the treatment system is not sustainable and the public will not consistently fund it. To start it and then stop it is criminal.
13	Not Rated-Integration with mental health services
14	Not rated-Prostitution alternatives
15	Could eliminate more strip bars.
<b>6.</b>	<b>Please identify any gaps in the alcohol and drug treatment system in Multnomah County.</b>
1	Funding for services
2	Not enough treatment beds. Not enough outpatient due to OHP change.
3	No funding for uninsured clients
4	Too much money in law enforcement, not enough money in treatment centers. Funding.
5	Not enough room to fill need
6	Resources, OHP
7	The system is severely under funded. The on again off again OHP coverage and restrictions leave the most vulnerable to fend for themselves. The cut of the methadone program--without phase out--had terrible consequences.
8	Not enough residential and detox beds--wait lists are too long. Many clients return to use before accessing treatment. Also, there is a huge need for clean and sober affordable housing.
9	There are not enough treatment services for uninsured and poor people.
10	Lack of culturally specific residential and outpatient treatment for Latinos. Programs for adolescents.
11	Lack of aftercare options for youth who are homeless; clean and sober housing out of downtown area; medical options for adults and older youth without OHP or private insurance.
12	Residential treatment for Latinos in East County Culturally specific case management in East County
13	East County has few services
14	No detox services for youth Clean and sober housing for youth after treatment
15	Services for seniors Outreach to seniors
16	There is an alarming shortage of inpatient opportunities for adolescents. Related: lack of timely access to services and ways for people from non-English speaking families to access services.
17	It's getting easier to access help while in jail for alcohol and drug addictions. I believe rehabilitation is better than punishment (everyone should at least have a chance, but not be offered treatment over and over). Too long of a wait to get into treatment. Not enough treatment centers that people can afford.
18	Detox needs residential services available 24 hours a day 365 day per year.
19	System in place works very well, if you truly want to get sober or leave drugs, the people and resources are there to help you.
20	Let the individual choose more of the length of time.
21	It is difficult for me to get out and they need more funding.
22	Need for funds when out of treatment and unemployed. Need on-site & qualified mental health providers in treatment programs because some people have a high need for mental health services.
23	Need more NA, AA, for teenagers. More people with drug issues should be sent to treatment with probation rather than jail. It is difficult to get into treatment because there are not enough centers.
24	Not enough housing for women. Places to shower. More treatment centers and outpatient programs. Too hard to get into treatment. There is not enough housing and treatment. OHP not paying for treatment and medical/dental/glasses.
25	Need more recreational time
26	We need more transitional housing in better neighborhoods.
27	We need more transitional housing



28	Need more transitional housing
29	Applying budget cuts to treatment, housing, etc . . . It is short-sighted and will soon be a serious drain on society and create more crime and danger everywhere.
30	Need more transitional housing for clients to come out of treatment and more A&D clear housing. More detox facilities. Not enough residential treatment for low income people.
31	Need more treatment programs with 12-step based programs.
32	Aftercare housing is usually in drug infested areas.
33	Mental health
34	The biggest gap seems to be in resource knowledge. Counselors/caseworkers/PO's don't know what is available, and if they don't know, generally clients don't know either. Need more treatment facilities.
35	Parenting classes for people with children.
36	Need more acupuncture in more residential centers.
37	Residential beds for treatment Family treatment programs for whole family Housing
38	Loss of OHP standard has impacted services for a large group. Case management services.
39	Childcare while parents are at work or school Helping with the transition of finding a job and getting into school
40	Gaps lay in the mental health component.
41	Detox for youth Treatment focused on youth
42	No opportunities for detox for youth under 18 with no parents or insurance. Housing for youth who are in recovery, but still in need of support. Lack of treatment opportunities (slots/insurance issues) for youth 19 and up.
43	I & R is generally in English (need Spanish hotlines) A/D treatment and mental health are treated separately, need one stop shop. Not enough space at detox
44	Possibly youth detox More A&D free housing
45	Culturally specific groups Resource availability
46	Culturally specific services for Asian Pacific Islanders Multnomah Embrace (working with adjudicated youth)
47	More specifics on family members to be included in any treatment
48	Public awareness of Al-Anon and Alateen
49	Need more integrated services. Very little outpatient funding. Sober housing Aftercare Integrated Dual Diagnosis treatment
50	I am not familiar with this other than the loss of the Tobacco Quit line.
51	In Marion County, which may be similar to Multnomah County, the gaps were in A&D treatment for persons suffering from _____. Detox was difficult to access, also acute psychiatric services are for persons who may be under the influence or seen as the primary cause.
52	There are none in SBHC's-a natural location for kids to be seen. We see kids from 56 locations including JDH.
53	Not enough priority placed on treatment. Lack of mental health programs/services. Lack of priority from state/federal level.
54	Youth A&D treatment and prevention for Native Americans
55	A&D treatment services of Latino and Spanish speaking groups (especially residential). Detox for youth.
56	Not enough people can afford the treatment they need.
57	Clean and sober housing options for homeless youth (both for those exiting treatment and those engaged in treatment). Detoxification services for youth. Services to youth 16-22 (young adults) detox, outpatient, and inpatient=developmentally appropriate services for people who bridge the youth and adult system). Culturally responsive services to sexual minorities. More inpatient treatment capacity (waiting lists are barriers to youth success).
58	Youth detox is non-existent. Bi-lingual/bi-cultural outpatient services for Latinos is under funded drastically, capacity needs to be increased. Need culturally appropriate services for African Americans. All culturally appropriate services seem limited. Family therapy is under funded. No funding for aftercare or follow up. Assessment is not consistent from agency to agency.
59	Adolescent detox. Need more Latino specific services.
60	Not familiar with current range of services.
61	Housing and transportation
62	Outpatient recovery services. There is no support for people once they leave treatment.
63	What I hear from staff is that it is extremely hard to find access for treatment of adults. We have worked with people who are ready to access services, but can't find any available services. Also, there is much too little service accessible through the schools, especially high schools.
64	Lack of resources to help cycle off methadone treatment
65	Too long of a waiting list. Need more places. Kids also need to be in treatment with the family.
66	We need treatment on demand and don't have it yet.
67	Long wait lists for inpatient treatment. Lack of clean and sober housing for youth. No detox options for youth under 18.
68	Peer support groups. Culturally specific treatment programs. Family therapy programs.
69	More beds for women with children over 6.
70	I just know that it is essential to have these programs. Lives depend on them.
71	Not enough accessible services in detox. Residential wait lists are too long. Clients do not access services because of perceived barriers.
72	The wait time to get in
73	Long waiting lists for inpatient treatment
74	It took me about four weeks to get in. There are not enough 30 day inpatient treatment centers.
75	Not enough beds, especially for women with children
76	Need more treatment programs for women with children. Big waiting list for beds.

77	Should be more for women Long waiting lists for women's residential treatment.
78	I didn't have to wait to get into treatment form detox-there were no gaps.
79	Eating disorder treatment.
80	I don't know of any except that DePaul needs more funding.
81	Don't know
82	No gaps that I know of
83	None
84	None

7.	What do you think is working well in the alcohol and drug treatment system?
1	Dialectic Behavior Therapy
2	DBT
3	DBT structured
4	DBT skills CHIERS & Detox
5	DBT, Skills, Criminality, A&D education classes
6	DBT and Life Skills Criminality
7	DBT, Criminality, 12-Step
8	DBT, skills and criminality, and parenting
9	Dialectical behavior therapy, meditation, yoga, exercise, meetings
10	Needle exchange. I think that the DBT skills are working very well for people in treatment.
11	DePaul
12	DePaul
13	DePaul Treatment Center (fully rounded recovery program)
14	DePaul structure is very unique
15	I think DePaul takes care of it all. I like this program very much. Serious addicts need it too survive.
16	DePaul's residential program for adults and youth has improved over the past several years. Residential treatment is essential to break the cycle of addiction.
17	Inpatient like DePaul/VOA
18	Good treatment centers. DePaul is good. There are a number of different services provided.
19	DePaul Aftercare housing-outside support system DBT
20	Groups like DePauls, AA, NA, GA, STAY CLEAN, PAC Program, ASAP
21	Hooper
22	Hooper Detox Center, Portland Alternative Health center, DePaul Treatment Center and Central City Concern transitional housing
23	Hooper and into treatment. The length of time for inpatient. DBT is a new and effective treatment.
24	The skills
25	Inpatient treatment, Long term treatment (6 months), gender-based treatment
26	Treatment centers
27	Probation Treatment centers Places to get meals The counselors are professional and programs try to get you into housing.
28	There are a lot of good programs. Very structured. This city has a lot of opportunities. This country is awesome in helping the needy.
29	Long term treatment
30	Treatment centers-inpatient & outpatient
31	It is possible to get treatment.
32	People supporting each other and helping one another.
33	PAAC, VOA, DePaul, CODA
34	The STOP program (maybe) DePaul
35	Residential treatment and aftercare. Being able to access outside support while in treatment.
36	Educated counselors 12-step programs
37	The programs work well once you get in, but the wait is too long.
38	Treatment centers. Counselors who care.
39	Treatment centers.
40	Treatment programs
41	Methadone
42	Needle exchange. All the different resources.
43	People being ready to quit, not being mandated by a judge or other official.
44	CEP-Hooper Center (for the most part)
45	Movement toward evidence based practice-motivational, strengths based, cognitive

46	Increased coordination of services for more comprehensive treatment
47	Inpatient intensive treatment Outpatient treatment center
48	For the minority population to have a spiritual or holistic component
49	Residential, OP, sobering for youth under 18 Beginning to work with mental health providers.
50	Providers have begun to work together to improve service delivery. Juvenile Justice and providers are working to create a more supportive environment for youth. Having DPOT slots available for youth to enter treatment.
51	Makes room for undocumented clientele
52	Continuum of coordinated services
53	Continuum of services Variety of services
54	Crisis intervention Outpatient services Inpatient treatment
55	Outpatient services are plentiful and provide great services to cultural and gender minorities.
56	Collaboration between providers HADIN Consumer choice
57	From Marion County-The move towards co-occurring disorders with equal emphasis on A&D and the similarities to other forms of recognized mental illness. Stages of change. New scientifically based treatment approaches.
58	NARA
59	A&D providers talking and working well together. Capacity expansion at DePaul.
60	Peer youth workers assisting other youth addressing A&D issues. Community collaborations, such as the Metamorphosis Project (A&D, Homeless Youth Consortium, and Mental Health Services). Services that coordinate/address A&D and mental health issues. Motivation interviewing/Strength based strategies.
61	Providers are working hard to implement best practices. Except for detox, we have a continuum of services, even though there is not enough capacity.
62	Adolescent providers are improving coordination and implementing best practices.
63	Gambling services being free
64	Alcohol and drug free housing. Mentors during recovery
65	Partnerships with different providers i.e. Hajin.
66	Family counseling. Individual and after care.
67	Evidence-based practices.
68	Coordinated effort of homeless youth providers as part of Metamorphosis/RWJ project.
69	Detox Transitional housing.
70	Doing outpatient treatment at the same place you did your inpatient treatment. The partnership between DHS and Project Network to provide services to women with children. Culturally specific programs (NARAE, Project Network)
71	I believe in getting families back together again
72	The adult system works well.
73	Currently everything
74	Everything
75	I everything is fine.
76	Frankly, services continue to erode. I the system as barely hanging on. Staff burnout and leave, causing loss of continuity for clients as well as less experienced people being hired.
77	Not aware of what is working well. We have too many kids who are not receiving services.
78	Not familiar with current range of services.
79	Not totally aware of the system.
80	Not sure
81	unknown
82	Don't know

**8. If funding for alcohol and drug treatment programs is reduced or eliminated:  
What services could be reduced or eliminated?**

1	None
2	None
3	None
4	None
5	None
6	None
7	None
8	None.
9	None
10	None
11	None
12	None



13	None
14	None
15	None
16	None
17	None
18	None
19	None
20	None!
21	NONE!
22	Nothing
23	No
24	0
25	0
26	None! Reduced enough already!
27	None, services have already been cut and many clients have lost coverage and treatment services.
28	Funding should not be reduced. The government should increase taxes to alcohol and tobacco to fund A&D programs.
29	Already too many reductions that have eliminated services. Middle management?
30	I don't know of any ineffective or unneeded programs.
31	This is not an area where society should be cutting back. Every dollar spent here save \$99 more that would end up going to hospitals, prisons, police, and emergency personnel, courts and judges, lawyers, etc. Those who want to get away from the trap of drugs and/or alcohol and seek help should be able to find it.
32	Reducing treatment programs would put the entire community at risk.
33	None, we need to have every available resource to recover.
34	None. Think about it, they are all essential.
35	Absolutely nothing should be eliminated or more lives will be lost
36	Are you kidding?
37	We can't afford to loose anything
38	All have already been eliminated in SBHC's.
39	None. Charge for services-working people can pay for DUI funding.
40	I don't know. My experience is that we don't have enough services to meet current critical needs--detox, in patient, etc.
41	Computers. None.
42	This seems difficult or impossible to determine. I feel there is no room for reduction.
43	Don't eliminate anything. Have clients pay more of their share of the costs.
44	We just have to hope that it will never take place.
45	My impression is that the resources are stretched so thin that I'd have a hard time choosing what not to fund.
46	None should be. Would prefer to see effective smaller programs rather than money spread so thinly that effective treatment is not possible.
47	Make sure you don't reduce inpatient or outpatient services.
48	Less essential services that would not increase overdose/death rate if funding not available. However, alternative treatment can also be helpful to those who are unwilling to enter a traditional model.
49	Reduce ancillary efforts-education, support, etc. and those that are shown to be least effective. Please do not reduce services--It is too hard to re-start after going to zero.
50	Cut down on the amount of classes
51	Detox
52	Opioid treatment Gambling treatment Acupuncture
53	Compared to the need for services, it could be argued that they are currently at the level of being reduced or eliminated.
54	Beds for clients in residential centers.
55	Have people with less serious addiction issues go to outpatient rather than inpatient.
56	Residential treatment houses that are not doing well (low treatment effectiveness.
57	Housing for addicts
58	Focus on highest risk clients
59	Less essential services that would not increase death rate, such as alternative medicine. However, what works for one person may not work for another and alternatives are better than not reaching out to someone at all.
60	Shift education funds to prevention activities. Research shows that public campaigns have little effect.
61	Sobering services, acupuncture, outpatient
62	Do not reduce culturally specific services. The need is already higher and the resources are insufficient to eliminate racial and ethnic disparities.
63	Not too sure, but I wonder is any outpatient treatment services could be consolidated. Is there any duplication?
64	Acupuncture
65	Acupuncture

66	Methadone/none
67	Methadone treatment Gambling treatment
68	Methadone (reduced)
69	Methadone is a perpetuating slope.
70	Methadone
71	Methadone
72	Methadone clinics
73	I don't know. We need DePaul the way it is.
74	Not qualified to answer this.
75	Others have better input than I
76	Not familiar with current range of services.
77	? Can't answer this.
78	Don't know
79	Don't know
80	I don't know
81	I don't know.
82	?
83	?
9.	What do you think is working well in the problem gambling treatment system?
1	Don't know
2	Don't know
3	Don't know
4	Don't know
5	Don't know
6	Don't know
7	Don't know
8	Don't know
9	Don't know
10	Don't know
11	Don't know
12	Don't know
13	Don't know
14	Don't know
15	I don't know
16	I don't know
17	I don't know
18	Not familiar
19	Not familiar
20	Not familiar
21	I am not familiar with these services.
22	Unknown
23	unknown
24	Unknown
25	Unaware.
26	No opinion
27	No knowledge of the issue
28	Don't know enough to say.
29	I don't know this system well enough to respond.
30	I don't know enough to comment on this.
31	I don't know much about this.
32	Don't have enough information on this system to respond
33	I am not aware of what is available and what is working.
34	Unfortunately my knowledge of problem gambling treatment is quite poor.
35	Don't know about programs and services.

36	Don't know. My opinion is to stop building casinos.
37	Not enough experience
38	?
39	n/a
40	I haven't started that yet, but I am hoping to learn. I need help.
41	Gambling Help Line
42	Just that they have a gambling treatment facility is special in itself
43	OHSU Behavioral health clinic
44	DBT
45	GA is a very good program, need more.
46	There are G.A. meetings, just not enough.
47	The varied groups that are provided for gamblers are quite informative and educational
48	Treatment programs
49	Meetings, treatment.
50	Availability, cost
51	That they are not charging for it
52	Open free services to those who have gambling issues. I am also an advocate of the advertising being done around gambling.
53	The cost being free
54	Free is a very good price!
55	Please limit amount of gambling treatment.
56	Education
57	Referral, education, outreach & treatment works well. &
58	Flexible, responsive treatment
59	Culturally specific services are not available.
10.	<b>What other comments or concerns, if any, do you have related to the alcohol and drug treatment, prevention, and/or problem gambling systems in Multnomah County?</b>
1	Loss of essential services due to budget cuts!
2	Needs more funding.
3	Not enough money to get the job done. If we had more A&D free housing, we could place some residential clients in outpatient treatment and save a lot of money.
4	A lot of problems are beyond County control. Such as the gutting on OHP for singles and requiring co-payments. Low-income & working poor people are even worse off, as they do not qualify for OHP, but cannot afford treatment. Please do not force providers to form coalitions or partnerships as a strategy for funding under the guise of effective coordination. Especially in minority communities where there are not many providers to chose from, the alliance may or may not meet the communities needs.
5	Long wait lists creates barriers to services. Not enough residential options for youth. No clean and sober housing for youth.
6	Need more residential services.
7	There are too many users who want treatment and not enough residential clean and sober options.
8	The A&D system cannot afford any more funding reductions. And we need a more active voice within the County. A&D seems to have taken a back seat to mental health, whereas both are essential.
9	It is being overtaken by mental health. No County employees left who really understand addiction issues.
10	Other cuts to mental health services. I have teens in the clinic who ask for services related to A&D while at school because they are unwilling to go off campus. Services can be done with and without parental notification at SBHC where appropriate, but other sites parents must be involved despite the teen's perspective.
11	Where are the services accessible for our kids? Many of whom do not follow up on referred services.
12	Lack of detox bed for youth under 18, especially homeless youth without parents or guardians. Lack of clean and sober housing options for youth.
13	I have helped someone try to get into a treatment center and detox, but due to the Oregon Health Plan, we had a very limited choice of places. Most were in the area where she had problems with using/drinking.
14	Housing, safety, children
15	A&D system should be county-wide, follow the demographics and be culturally sensitive/specific to communities of color.
16	Policing issues-punitive or uneven enforcement, lack of respectful services. School attendance is not well monitored by schools.
17	Classes are too long.
18	Classes are too long.
19	Everyone needs help with something and I am glad that they are here to help me.
20	Twelve step programs should be a part of treatment and not wait until people get out. All programs should have DBT skills taught.
21	It takes a long time to get in and there are not enough counselors and too little time for each individual.
22	I credit Hooper Detoxification Center, Portland Alternative Health Center, and DePaul Treatment Center with saving my life and rescuing me from the slavery of alcohol addiction. These organizations are helping me reintegrate myself back into society as a productive taxpaying citizen. Help these good people any way you can.
23	There is a lack of 1 on 1 for people who won't go to the team.

24	It seems that a lot is already being done. However, everything seems to be geared towards how much money we have, which is none! Everyone needs to be treated regardless of income. It is ridiculous that if you can't pay your premium you are cancelled-why are there fees any way?
25	Need more treatment centers, outpatient, insurance for medical, dental, and glasses, and housing. People with felonies need help finding jobs.
26	Work with people who are struggling in their life and see if there is any way to help. It is in high demand here in the United States. Our people come first.
27	People need to know and remember that all addiction is a disease recognized by the AMA and all addicts are someone's son, daughter, father, mother, sister, or brother. Please get back to me. My voice deserves to be heard. This is a life or death matter.
28	Without clean and sober housing early in recovery for poor or low income people, or those on probation or parole with felonies, the chances of recovery are smaller. Returning to an old house where drugs are still being used is a setup for failure, therefore creating more crime.
29	We need more treatment centers with 12-step based treatment
30	The C.D. counselors placed in the County Health Clinics are sorely missed. Tobacco cessation by County is sorely missed.
31	What are the County's service priorities? What are the community's priorities? If they are different, why?
32	Quite a few addicted people have problems procuring treatment due to finances or they are not able to enroll in OHP to cover treatment.
33	Multnomah County needs a place for youth under 18 to detox especially those without medical insurance, parents, or guardian support. Also clean and sober housing for youth that do not have a supportive clean and sober home.
34	I am concerned about the population of youth and adults who are finding it more difficult to access services due to lack of insurance/rising costs of insurance.
35	Detox is too short for heavier drugs Not enough outreach workers to form a coalition between A/D services, Mental Health Services, and spiritual services (whatever religious pref.)
36	Consider hosting forums for each of the communities of color and other underserved communities. It is important to host communities separately in order to honor the uniqueness of each community.
37	I appreciate this meeting to inform service providers about what is being done and planning for the future. Prevention and early intervention are essential. I would like to see continued communication between service providers.
38	It is fragile. Need to increase money for services to sexual minority youth.
39	I believe there are not enough culturally specific treatment services!
40	I wish for more funding for culturally specific treatment for people of color and gender specific treatment.
41	I would like to see GA be in the classes at the treatment center as well.
42	Need more G.A. meetings in a wider variety of locations.
43	Not enough information about problem gambling treatment in the community. I am concerned about funding for these places. And I think there are not enough places for women in general, there are more beds for men than for women.
44	We need after care and housing and prevention for the whole family.
45	Prevention! Prevention! Prevention!
46	Sorry I don't have more feedback. I am personally new to A&D Services.
47	None
48	None

#### 11. Comments about outcomes and best practices.

1	CPMS forms are measurements of outcome Client loss of services should be factored into studies CPMS, decreased funding, # shifts=recidivism
2	Many of us are beginning to use the GAIN which is a valid and reliable assessment tool, and the GAIN can provide the data needed to measure trends, needs and outcomes of treatment. Need to measure engagement in services as well as completion and also lifestyle changes (housing, education, employment). Need to define the outcomes and collect data from those performing the services.
3	Measure: # of people served/outreached, # of people successfully completing programs, % recidivism Do follow ups at 3,6 & 9 months Do quarterly evaluations of programs
4	Need to measure retention, recidivism, and harm reduction. Providers need to get together with County and agree on percentages.
5	Need to consider time. Ups and Downs. Failure is part of success overall.
6	County should take on outcome studies. Could do smaller samples to save money. Should not ask all providers to do outcome studies because it is too expensive. Support evaluative measures such as engagement, completion, education status, employment status, etc.
7	Look at movement through the stages of change. Do aftercare follow up, provide safe clean and sober housing.
8	Should ask: Are consumers of these services satisfied? Have resources (including staff time) been spent wisely)? Assess # of consumers able to access services compared to project total need. Assess # of programs serving multicultural populations and how satisfied they are
9	Lack of aftercare and post treatment housing tends to result in relapse. Surveys and follow ups could be helpful.
10	During the transition, help the clients find jobs or get into school. For the months they are in school or work, provide childcare.
11	Focus on health and well-being for the future.
12	Youth treatment is most successful when it is culturally specific, family based, and integrated as needed with and mental health.
13	There are programs for the families of addicted people such as Al-Anon and Alateen that can help families cope with the situation. Also programs for the addict after treatment such as AA, NA, GA, etc.
14	Alcoholism and other addictions are "family" diseases. Treatment for the addicted person can be even more successful if there is help for family members. There is no charge for Al-Anon. We are self supporting through our own voluntary contributions.
15	As a parent/community member, I am unfamiliar with the services offered, therefore, I would encourage the County to devote some effort to public education/marketing of existing services.
16	Further loss of services is like asking which half of the baby do you want. The wisdom of Solomon cannot solve it.

**Alcohol & Drug Treatment, Prevention, and Gambling Services Planning Survey**  
**Summary of Results**

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Age (check one):			
		Response Percent	Response Total
15-17		0%	0
18-20		1%	1
21-24		2.9%	3
25-44		64.1%	66
45-64		29.1%	30
65+		2.9%	3
Total Respondents			103
(skipped this question) <sup>1</sup>			14

Race/Ethnicity (check one):			
		Response Percent	Response Total
White, not Hispanic origin		75.7%	78
Black, not Hispanic origin		14.6%	15
Native American		3.9%	4
Asian Pacific Islander		1.9%	2
Hispanic/Latino		2.9%	3
Multiracial/Multiethnic		0%	0
Other		1%	1
Total Respondents			103
(skipped this question)			14

<sup>1</sup> Please note that in some cases the number of respondents who skipped a question also reflects the fact that there were several questions that did not appear on both versions of the survey.



Gender (check one):			
		Response Percent	Response Total
Male		42.1%	40
Female		57.9%	55
Total Respondents			95
(skipped this question)			22

Affiliation (check one only):			
		Response Percent	Response Total
Community member		12.7%	14
Current/former client		43.6%	48
Service provider		32.7%	36
Parent		5.5%	6
No Response		0.9%	1
Other (please specify)	MCO, Consultant, Advocate, DCJ/Reclaiming Futures, No response	4.5%	5
Total Respondents			110
(skipped this question)			7

1. Please rate the following Prevention Services 1-4, using the following rating scale:						
	Essential	Very Important	Important	Not Important	No response	Response Average
Coalitions focused on reducing/preventing substance abuse (including underage alcohol and tobacco use)	54% (61)	22% (25)	20% (23)	4% (4)	0% (0)	1.73
Culturally specific prevention services	44% (50)	27% (30)	23% (26)	5% (6)	1% (1)	1.89
Family education/outreach via homes visits, prevention newsletters distribution	35% (40)	35% (40)	26% (29)	3% (3)	1% (1)	1.96
Parent education	54% (61)	27% (31)	14% (16)	4% (4)	2% (2)	1.67
Prevention services to targeted groups (including public housing residents)	42% (48)	32% (36)	20% (23)	4% (4)	2% (2)	1.85
Societal/environmental strategies such as community awareness and media efforts addressing alcohol availability to minors, underage drinking parties, etc.	42% (47)	26% (29)	23% (26)	6% (7)	2% (2)	1.94
Other. Please specify: (See question 6)	12% (13)	1% (1)	0% (0)	0% (0)	87% (93)	1.07
Total Respondents						114
(skipped this question)						3

**5. Please rate the following treatment service areas 1-4, using the following rating scale:**

	Essential	Very Important	Important	Not Important	No Response	Response Average
Adult and Youth Outpatient: Takes place in non-residential setting. Includes individual, group, and family counseling, case management, relapse prevention and aftercare.	68% (75)	22% (24)	8% (9)	0% (0)	2% (2)	1.39
Adult and Youth Residential Treatment: Services delivered in a structured environment on a 24-hour basis. Includes housing and food, structured counseling, educational services, referral to self-help groups, aftercare and relapse prevention. Adult residential includes housing for dependent children.	76% (83)	17% (19)	6% (7)	0% (0)	0% (0)	1.30
Sobering: Sobering provides a safe environment for intoxicated persons or individuals under the influence of a controlled substance to be housed very temporarily, and, secondarily, to assist individuals in accessing additional care and treatment.	63% (69)	19% (21)	14% (15)	1% (1)	4% (4)	1.51
Alcohol and Drug Detoxification: Twenty-four hour observation, monitoring, and treatment for individuals who are suffering from intoxication or withdrawal in a non-hospital setting, lasting 4-7 days.	74% (81)	16% (18)	8% (9)	0% (0)	2% (2)	1.33
Acupuncture: Acupuncture services to addicted individuals to alleviate discomfort associated with withdrawal or abstinence.	27% (30)	23% (25)	35% (38)	14% (15)	2% (2)	2.35
Alcohol and drug-free transitional housing: Housing for recovering addicted persons participating in a verifiable treatment program.	75% (82)	17% (19)	5% (5)	1% (1)	2% (2)	1.30
Opioid Treatment (Methadone): Dispensing and administration of Opioid substitute medications in conjunction with appropriate counseling, supportive and medical services.	27% (29)	17% (18)	27% (29)	15% (16)	15% (16)	2.35
Problem Gambling Treatment: Assessment and treatment services to problem gamblers and family members of gamblers. Includes individual, group, couples, and family counseling.	32% (35)	29% (31)	24% (26)	5% (5)	10% (11)	2.01
Education/Support Services (1st version of survey)	5% (5)	4% (4)	2% (2)	0% (0)	90% (98)	1.73
Other: (see question 11)	7% (8)	2% (2)	0% (0)	0% (0)	91% (97)	1.20
Total Respondents						111
(skipped this question)						6

# Alcohol & Drug Treatment, Prevention, and Gambling Services Planning Survey

## Rating Charts for Current/Former Clients Only

5. Please rate the following Prevention Services 1-4, using the following rating scale:

	Essential	Very Important	Important	Not Important	No response	Response Average
Coalitions focused on reducing/preventing substance abuse (including underage alcohol and tobacco use)	63% (30)	17% (8)	17% (8)	4% (2)	0% (0)	1.63
Culturally specific prevention services	27% (13)	27% (13)	35% (17)	8% (4)	2% (1)	2.26
Family education/outreach via home visits, prevention newsletters distribution	35% (17)	33% (16)	23% (11)	6% (3)	2% (1)	2.00
Parent education	54% (26)	27% (13)	6% (3)	8% (4)	4% (2)	1.67
Prevention services to targeted groups (including public housing residents)	46% (22)	25% (12)	21% (10)	4% (2)	4% (2)	1.83
Societal/environmental strategies such as community awareness and media efforts addressing alcohol availability to minors, underage drinking parties, etc.	47% (22)	30% (14)	13% (6)	6% (3)	4% (2)	1.78
Other. Please specify: (See question 6)	9% (4)	2% (1)	0% (0)	0% (0)	89% (42)	1.20
Total Respondents						48
(filtered out)						66
(skipped this question)						3

### Prevention Services added as "Other" in Question 5.

1. Very important-Eating disorders, kids
2. Essential-School aged education on what drugs, alcohol, and tobacco do to the body and mind
3. Essential-I believe that there should be more awareness for children
4. Not rated-No government funded prevention services can replace the counsel of wise parents and teachers who care about their children and students who know how to communicate with them.
5. Essential-Treatment, housing, education, and employment of addicts and alcoholics will save huge amounts of public money in the long run. Every addict in treatment is one less criminal having to steal and victimize for their habit to the tune of hundreds of dollars a day.
6. Essential-Culturally specific in-patient services



10. Please rate the following treatment service areas 1-4, using the following rating scale:						
				Not Important	No Response	Response Average
Takes place in non-residential setting. Includes individual, group, and family counseling, case management, relapse prevention and aftercare.	68% (32)	17% (8)	13% (6)	0% (0)	2% (1)	1.43
Adult and Youth Residential Treatment: Services delivered in a structured environment on a 24-hour basis. Includes housing and food, structured counseling, educational services, referral to self-help groups, aftercare and relapse prevention. A dult residential includes housing for dependent children.	77% (36)	15% (7)	9% (4)	0% (0)	0% (0)	1.32
Sobering: Sobering provides a safe environment for intoxicated persons or individuals under the influence of a controlled substance to be housed very temporarily, and, secondarily, to assist individuals in accessing additional care and treatment.	68% (32)	15% (7)	15% (7)	0% (0)	2% (1)	1.46
Alcohol and Drug Detoxification: Twenty-four hour observation, monitoring, and treatment for individuals who are suffering from intoxication or withdrawal in a non-hospital setting, lasting 4-7 days.	72% (34)	11% (5)	15% (7)	0% (0)	2% (1)	1.41
Acupuncture: Acupuncture services to addicted individuals to alleviate discomfort associated with withdrawal or abstinence.	32% (15)	19% (9)	23% (11)	21% (10)	4% (2)	2.36
Alcohol and drug-free transitional housing: Housing for recovering addicted persons participating in a verifiable treatment program.	83% (39)	6% (3)	9% (4)	2% (1)	0% (0)	1.30
Opioid Treatment (Methadone): Dispensing and administration of Opioid substitute medications in conjunction with appropriate counseling, supportive and medical services.	28% (13)	13% (6)	26% (12)	24% (11)	9% (4)	2.50
Problem Gambling Treatment: Assessment and treatment services to problem gamblers and family members of gamblers. Includes individual, group, couples, and family counseling.	30% (14)	24% (11)	33% (15)	9% (4)	4% (2)	2.20
Education/Support Services (1st version of survey)	2% (1)	0% (0)	0% (0)	0% (0)	98% (46)	1.00
Other: (see question 11)	4% (2)	0% (0)	0% (0)	0% (0)	96% (44)	1.00
Total Respondents						47
(filtered out)						64
(skipped this question)						6

1.	Could eliminate more strip bars.
2.	Essential-Trauma treatment-childhood or otherwise
3.	Essential-More transitional housing and treatment beds.
4.	Not rated-Prostitution alternatives

10. Please rate the following treatment service areas 1-4, using the following rating scale:

	Essential	Very Important	Important	Not Important	No Response	Response Average
Adult and Youth Outpatient: Takes place in non-residential setting. Includes individual, group, and family counseling, case management, relapse prevention and aftercare.	67% (16)	25% (6)	4% (1)	0% (0)	4% (1)	1.35
Adult and Youth Residential Treatment: Services delivered in a structured environment on a 24-hour basis. Includes housing and food, structured counseling, educational services, referral to self-help groups, aftercare and relapse prevention. Adult residential includes housing for dependent children.	88% (21)	8% (2)	4% (1)	0% (0)	0% (0)	1.17
Sobering: Sobering provides a safe environment for intoxicated persons or individuals under the influence of a controlled substance to be housed very temporarily, and, secondarily, to assist individuals in accessing additional care and treatment.	75% (18)	21% (5)	0% (0)	0% (0)	4% (1)	1.22
Alcohol and Drug Detoxification: Twenty-four hour observation, monitoring, and treatment for individuals who are suffering from intoxication or withdrawal in a non-hospital setting, lasting 4-7 days.	70% (16)	13% (3)	13% (3)	0% (0)	4% (1)	1.41
Acupuncture: Acupuncture services to addicted individuals to alleviate discomfort associated with withdrawal or abstinence.	35% (8)	17% (4)	30% (7)	13% (3)	4% (1)	2.23
Alcohol and drug-free transitional housing: Housing for recovering addicted persons participating in a verifiable treatment program.	91% (21)	4% (1)	4% (1)	0% (0)	0% (0)	1.13
Opioid Treatment (Methadone): Dispensing and administration of Opioid substitute medications in conjunction with appropriate counseling, supportive and medical services.	17% (4)	13% (3)	43% (10)	17% (4)	9% (2)	2.67
Problem Gambling Treatment: Assessment and treatment services to problem gamblers and family members of gamblers. Includes individual, group, couples, and family counseling.	45% (10)	14% (3)	32% (7)	5% (1)	5% (1)	1.95
Education/Support Services (1st version of survey)	0% (0)	0% (0)	0% (0)	0% (0)	100% (23)	0.00
Other: (see question 11)	0% (0)	0% (0)	0% (0)	0% (0)	100% (22)	0.00
Total Respondents						24
(filtered out)						87
(skipped this question)						6

10. Please rate the following treatment service areas 1-4, using the following rating scale:

	Essential	Very Important	Important	Not Important	No Response	Response Average
Adult and Youth Outpatient: Takes place in non-residential setting. Includes individual, group, and family counseling, case management, relapse prevention and aftercare.	67% (16)	25% (6)	4% (1)	0% (0)	4% (1)	1.35
Adult and Youth Residential Treatment: Services delivered in a structured environment on a 24-hour basis. Includes housing and food, structured counseling, educational services, referral to self-help groups, aftercare and relapse prevention. Adult residential includes housing for dependent children.	88% (21)	8% (2)	4% (1)	0% (0)	0% (0)	1.17
Sobering: Sobering provides a safe environment for intoxicated persons or individuals under the influence of a controlled substance to be housed very temporarily, and, secondarily, to assist individuals in accessing additional care and treatment.	75% (18)	21% (5)	0% (0)	0% (0)	4% (1)	1.22
Alcohol and Drug Detoxification: Twenty-four hour observation, monitoring, and treatment for individuals who are suffering from intoxication or withdrawal in a non-hospital setting, lasting 4-7 days.	70% (16)	13% (3)	13% (3)	0% (0)	4% (1)	1.41
Acupuncture: Acupuncture services to addicted individuals to alleviate discomfort associated with withdrawal or abstinence.	35% (8)	17% (4)	30% (7)	13% (3)	4% (1)	2.23
Alcohol and drug-free transitional housing: Housing for recovering addicted persons participating in a verifiable treatment program.	91% (21)	4% (1)	4% (1)	0% (0)	0% (0)	1.13
Opioid Treatment (Methadone): Dispensing and administration of Opioid substitute medications in conjunction with appropriate counseling, supportive and medical services.	17% (4)	13% (3)	43% (10)	17% (4)	9% (2)	2.67
Problem Gambling Treatment: Assessment and treatment services to problem gamblers and family members of gamblers. Includes individual, group, couples, and family counseling.	45% (10)	14% (3)	32% (7)	5% (1)	5% (1)	1.95
Education/Support Services (1st version of survey)	0% (0)	0% (0)	0% (0)	0% (0)	100% (23)	0.00
Other: (see question 11)	0% (0)	0% (0)	0% (0)	0% (0)	100% (22)	0.00
Total Respondents						24
(filtered out)						87
(skipped this question)						6

Treatment Services added as "Other" in Question 10: Prostitution Alternatives (not rated)

**LINKAGE PROTOCOL**  
**FOR**  
**ADMISSIONS FROM MULTNOMAH COUNTY, OREGON**  
**TO**  
**EASTERN OREGON PSYCHIATRIC CENTER (EOPC)**

**July 2002**

**EASTERN OREGON PSYCHIATRIC CENTER  
AND  
COMMUNITY MENTAL HEALTH  
LINKAGE AGREEMENT**

**2002**

This Agreement between the State of Oregon, Office of Mental Health and Addiction Services (OMHAS) and specifically the Extended Care Management Unit (ECMU), Eastern Oregon Psychiatric Center (EOPC), and Multnomah County (CMHP), is authorized under [ORS 430.630(6)], and [OAR 309-14-035(2)] and [OAR 309-31-215(1) and (8)]. This Agreement shall be effective upon signature of all parties until revised or terminated by the parties. Amendments to this Agreement shall be valid only when they have been submitted in writing and approved in writing by EOPC and the CMHP. All or part of this Agreement may be terminated by mutual agreement of the parties, confirmed in writing, not less than sixty (60) days prior to the date of termination. Disputes arising from this Agreement between EOPC and the CMHP will be resolved, when possible, at the lowest appropriate management levels, followed by consultation.

**A. PURPOSE**

The purpose of this Agreement between OMHAS, EOPC and the CMHP is to provide guidelines and procedures to assure an effective continuum of mental health care and treatment for the citizens of the State of Oregon through cooperation and communication prior to admission to Eastern Oregon Psychiatric Center and during admission, treatment, and discharge. It establishes a standing, working agreement between EOPC and the CMHP.

Hospitals and CMHPs will continue to transition to a managed care model. Linkage agreements will reflect this policy direction.

**B. BASIC REQUIREMENTS**

1. Admission to EOPC facilities will be planned and non-emergent following a period of treatment at an acute care program.
2. Actual patient transfers will occur between 8:00 AM – 4:00 PM, Monday through Friday.
3. Negotiation of Treatment Objectives and Length of Stay: Within three working days of admission, EOPC, CMHP, and the consumer will enter into an initial agreement defining treatment objectives and the expected length of stay. The formal treatment plan with clear objectives will be completed within ten days from admission.

4. If at any time EOPC or CMHP cannot meet a portion of the Agreement, the CMHP mental health manager or his/her designee will call the EOPC Director of Psychiatric Rehabilitation Services or visa versa.

5. Confidentiality and compliance with the Health Insurance Portability and Accountability Act.

A. Confidentiality of Patient Records.

The parties agree to hold all individually identifiable patient health information ("Protected Health Information") that may be shared, transferred, transmitted, or otherwise obtained pursuant to this Agreement strictly confidential, and provide all reasonable protections to prevent the unauthorized disclosure of such information including but not limited to the protection afforded by applicable federal, state, and local laws and/or regulations regarding the security and the confidentiality of patient health care information including, but not limited to, any regulations, standards, or rules promulgated pursuant to the authority of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the Parties agree as follows:

1. To maintain safeguards as necessary to ensure that the Protected Health Information is not used or disclosed except as provided herein;
2. To ensure that any subcontracts or agents to whom it provides Protected Health Information received from the covered entity will agree to the same restrictions and conditions that apply with respect to such information;
3. To make available respective internal practices, books, and records relating to the use and disclosure of Protected Health Information received from the other to the Department of Health and Human Services or its agents;
4. To incorporate any amendments or corrections to Protected Health Information when notified by the other that the information is accurate or incomplete;
5. To return or destroy all Protected Health Information received from the other that it still maintains in any form and not to retain any such Protected Health Information in any form upon termination of this Agreement;
6. To ensure applicable policies are in place for providing access to Protected Health Information to the subject of that information; and
7. To report to the other any use of disclosure of Protected Health Information which is not provided for in the Agreement.

If at any time after the effective date of this Agreement it is determined that either party is in breach of the Section, the other party, in its sole discretion, may immediately terminate this Contract.

**B. Responsibilities of the Parties as defined below:**

CMHP/MHO	HOSPITAL (EOPC)	ECMU
<p><b>A. PREADMISSION RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Identify referrals to state hospital care appropriate for treatment at EOPC.</li> <li>2. Respond to consumer who protests transfer.</li> <li>3. Complete Patient Monitor Form and send to Hospital (Attachment III).</li> <li>4. Projected discharge plan, including living arrangements and available resources (Attachment III).</li> </ol>	<ol style="list-style-type: none"> <li>1. Reply within one working day of receipt of Faxed request for admission from ECMU.</li> <li>2. Arrange for transportation, in cooperation with Oregon State Hospital (OSH) (Portland and Salem), the acute care site involved and ECMU.</li> </ol>	<ol style="list-style-type: none"> <li>1. Screen referrals to state hospital level of care within Western Oregon according to protocol and criteria in Attachments 1 and 2 and select suitable transfers to EOPC.</li> <li>2. FAX recommendations to EOPC to the attention of the Direct Care Coordinator, Tel: (541) 276-0810 x335, Fax: (541) 278-2209. Information will include History and Physical, Social Work Summary, Medications (Patient Monitor Form, Attachment III).</li> <li>3. Confirm that responsible CMHP or MHO hospital liaison approves of the proposed transfer.</li> <li>4. Liaise, whenever necessary, with EOPC and OSH to coordinate transportation.</li> <li>5. Screen transfer and exchange proposals between OSH (Portland) and EOPC, following steps 1– 4 above.</li> </ol>

CMHP/HMO	HOSPITAL (EOPC)	ECMU
<p><b>B. ADMISSION RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Identify hospital liaison to hospital who will track consumer's treatment, progress and readiness for discharge.</li> <li>2. Participate by telephone or in person if wanting to contribute to comprehensive treatment plan that will include all aspects of hospital treatment and establish the criteria for discharge readiness.</li> </ol>	<ol style="list-style-type: none"> <li>1. Arrange for consumer's admission by M.D.</li> <li>2. Social Worker will contact hospital liaison within one working day of admission to collaborate on consumer's treatment and discharge planning.</li> <li>3. Place Discharge Monitoring Form in treatment section of chart (Attachment III).</li> <li>4. Develop initial treatment plan with participation of consumer and include issues. Identified from Discharge Monitoring form (Attachment III).</li> <li>5. Treatment plan will include items identified by CMHP and any relevant revisions as developed through case reviews.</li> </ol>	<ol style="list-style-type: none"> <li>1. Andrea Levy, ECMU Liaison to Hospital (503) 945-2954 will be available at all stages to assist in reaching agreement on hospital/community treatment objectives, discharge plan and projected length of stay.</li> </ol>



CMHP/HMO	HOSPITAL (EOPC)	ECMU
<p><b>C. TREATMENT RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Maintain weekly phone contact and make at least periodic visits as appropriate to review consumer progress and preparations for discharge for collaborating on treatment plan revisions as appropriate.</li> <li>2. Bimonthly conference calls to staff those patients who are discharge ready or who are approaching discharge readiness.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete Comprehensive Treatment Plan that will identify active problems, treatment interventions and establish the criteria for discharge readiness.</li> <li>2. Document input from CMHP regarding consumer's readiness for discharge and include in consumers chart.</li> <li>3. Fax to CMHP/MHO hospital liaison any significant changes in the comprehensive treatment plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain regular telephone contact with Elizabeth Pearson, EOPC Director of Psychiatric Rehabilitation, (541) 276-0810 x 324 and/or social workers for procedural and systems problem-solving.</li> <li>2. Visit EOPC at least every two months.</li> </ol>

CMHP/HMO	HOSPITAL (EOPC)	ECMU
<p><b>D. DISCHARGE RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Weekly, FAX structured vacancy list of any RCFs or foster home openings within the liaison's region.</li> <li>2. Notify ECMU when housing options do not exist in region of residence.</li> <li>3. Share in cost of necessary guardianship with hospital and ECMU.</li> <li>4. Notify hospital of name and telephone number of case manager and other relevant mental health providers.</li> <li>5. Arrange details of trial visit where appropriate and Fax detail to hospital.</li> </ol>	<ol style="list-style-type: none"> <li>1. Notify hospital liaison of approaching readiness for discharge.</li> <li>2. Complete and send residential referral packets.</li> <li>3. Complete referral for financial assistance.</li> <li>4. Begin process to request guardianship whenever appropriate; share in cost with CMHP/MHO and ECMU.</li> <li>5. Hospital will liaise with community provider to ensure that all aspects of discharge plan are complete including transportation, medications, follow-up visits, etc.</li> <li>6. Hospital psychiatrist will finalize discharge medications. At discharge three days medications will be given and a prescription for 30 further days.</li> <li>7. Coordinate pre-placement visits with residential providers.</li> <li>8. Cooperate with CMHP/MHO when a trial visit needs to be in place prior to discharge.</li> <li>9. Inform liaison of final treatment team meeting to be held seven days before discharge.</li> <li>10. Coordinate transportation for discharge.</li> </ol>	<ol style="list-style-type: none"> <li>1. Keep hospital informed of any openings in Extended Care programs.</li> <li>2. Keep hospital and hospital liaisons informed about admission criteria for Extended Care programs;</li> <li>3. Share in cost of necessary guardianship with CMHP/MHO and hospital.</li> </ol>

CMHP/HMO	HOSPITAL (EOPC)	ECMU
<p>6. Objections to the hospital discharge plans should be made to the Director of Psychiatric Rehabilitation, (541) 276-0810 x324</p>	<p>11. If consumer is changing region of residence, coordinate this change and send trial visit change of venue to new court whenever applicable.</p>	

## **ATTACHMENT I**

### **PROTOCOL TO SCREEN REFERRALS FROM WESTERN OREGON FOR TRANSFER TO EXTENDED CARE AT THE STATE HOSPITAL**

1. The initial telephone contact will be made by either the county liaison or the acute care hospital social worker in order to make an early identification of patients who may need hospital level treatment beyond acute care.

A preliminary screening will be made at this point to ensure that an unambiguous diagnosis has been reached, including any appropriate evaluations (e.g. to test for organic damage), treatment has been established at therapeutic levels and there has been sufficient time to assess the response and to question if the ongoing treatment that is being recommended can only be given in a hospital level setting.

2. Subsequent to this telephone screening, and if the above requirements have been met, the acute care hospital social worker will be asked to FAX the following documents: Emergency Room report, Physician's History and Physical, Social Work Assessment, reports from any other consultants or assessments, Treatment Plan, current medications and dosages, the last few days of ward progress notes, and a signed permission to contact the patient's insurance.
3. These documents will be reviewed in order to determine whether:
  - i) The patient has received all usual and customary treatment to prevent the need for long term psychiatric care including, if medically appropriate, establishment of a medication program and use of an override procedure.
  - ii) The ongoing treatment needed is only available at the state hospital.
  - iii) The CMHP has agreed to be the identified treatment objectives, has some plan for discharge and possible placement and has made an estimate of expected length of stay.
4. The screener will make specific suggestions for alternative treatment setting and service where the state hospital seems inappropriate.
5. If all questions arising out of #3 above have been resolved then the ECM Unit screener will contact the R.N. Coordinator of Admissions at the State Hospital, pass on information and documents and ask the State Hospital to arrange transportation.
6. Further documents will be required by the State Hospital, including original of the court commitment, and informed consent or medication override authorization.
7. If there is a formal denial of transfer, this will be written on the form Attachment V.

The ECM Unit screener (Linda Walter) of referrals for transfer to the Portland campus of Oregon State Hospital can be reached at: (503) 945-2997. Pager (503) 361-5978. Fax: (503) 945-0947. Back-up ECMU Unit screener can be reached at (503) 945-7182. Pager (503) 361-5977.

## **ATTACHMENT II**

### **CRITERIA FOR INPATIENT TREATMENT (EXTENDED CARE SERVICES IN A STATE HOSPITAL)**

#### **Justification for Admission:**

A DSM IV diagnosis of a severe psychiatric disorder (other than a primary or sole diagnosis of a substance use disorder, developmental disability, or personality disorder) is required for all admissions. In addition, there must be a documented need for 24-hour hospital level medical supervision and at least one of the following:

1. Continued actual danger to self, others, or property which cannot be managed with the time constraints of regional acute psychiatric inpatient programs. Continued actual danger must be manifested by at least one of the following:
  - a. The person has continued to make suicide attempts or substantial (life-threatening) suicidal gestures; or has expressed continuous and substantial suicidal planning or substantial ongoing threats.
  - b. The person has continued to evidence danger to others as demonstrated by continued actual destruction, continued destructive acts to persons, or imminent plans to harm another person.
2. There is a need for continued treatment with electroconvulsive therapy, where an extended inpatient environment (generally more than 21 days) is indicated and the inappropriateness of a short-term or less restrictive treatment program is documented in the record.
3. Failure of intensive extended care services (such as a PASSAGES project) evidenced by documentation in the person's records of:
  - a. An intensification of symptoms and/or behavior management problems beyond the extended care service's capacity to manage within its program; and
  - b. multiple attempts to manage symptom intensification or behavior management problems within the local acute care psychiatric unit.
4. Need for extended regulation of medications due to significant complications arising from severe side effects of medication.
5. Severe acting out behaviors manageable only in a highly secure forensic psychiatric hospital.

ATTACHMENT III

EASTERN OREGON PSYCHIATRIC CENTER – PATIENT INFORMATION FORM

[FAX to ECM Unit at (503) 945-0947 prior to transfer]

CLIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DSM MULTIAXIAL ASSESSMENT:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: Psychological and Environmental Problems:

- ☐ Problems with primary support group *specify* \_\_\_\_\_
- ☐ Problems related to the social environment *specify* \_\_\_\_\_
- ☐ Educational problems *specify* \_\_\_\_\_
- ☐ Occupational problems *specify* \_\_\_\_\_
- ☐ Housing problems *specify* \_\_\_\_\_
- ☐ Economic problems *specify* \_\_\_\_\_
- ☐ Problems with access to health care services *specify* \_\_\_\_\_
- ☐ Problems related to interaction with the legal system/crime *specify* \_\_\_\_\_
- ☐ Other psychosocial and environmental problems *specify* \_\_\_\_\_

Axis V: Global Assessment of Functioning Scale      Score: \_\_\_\_\_ Time Frame: \_\_\_\_\_

Medications helpful in past/compliance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol/drug issues (history and most recent known use, past treatment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most recent living situation (type/provider/availability after d/c):

\_\_\_\_\_  
\_\_\_\_\_

Involvement in outpatient/vocational programs/how patient spends his or her time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Resources:**

Income/Insurance (type/amount/#): \_\_\_\_\_

Management (self or others): \_\_\_\_\_

If payee, name and telephone number: \_\_\_\_\_

Needs: \_\_\_\_\_

**Legal involvement/problems/guardianship/P.O.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavioral concerns (violence, suicide, fire, escape, sexual acting out/medical problems, water drinking, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for treatment/expected outcome:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family/significant others: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Estimated length of stay: \_\_\_\_\_

**Discharge plan recommendations:**

Housing: \_\_\_\_\_

Medications: \_\_\_\_\_

Case Management: \_\_\_\_\_

Psychosocial rehab: \_\_\_\_\_

Other/trial visit needed: \_\_\_\_\_

County of residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist in community: \_\_\_\_\_ Phone: \_\_\_\_\_

CMHP/MHO: \_\_\_\_\_ Phone: \_\_\_\_\_

Person filling out form: \_\_\_\_\_ Phone: \_\_\_\_\_

Date form filled out: \_\_\_\_\_

**PLEASE FILE IN TREATMENT SECTION IN CHART**

## **ATTACHMENT IV**

### **APPEAL PROCEDURE FOLLOWING DENIAL OF TRANSFER TO THE STATE HOSPITAL**

**Step 1:** A denial of transfer will be made in writing and sent by the ECM Unit decision maker to the referring hospital and/or community hospital liaison.

**Step 2:** In those cases when the hospital and/or agency requesting transfer wish reconsideration of the decision, a request should first be made for an M.D. review and recommendation. Further documentation to support the reconsideration request should be faxed back on a copy of the same form to Ron Heintz, M.D., and David Cutler, M.D. at (503) 945-0947.

A written and signed recommendation will be faxed back to the hospital and/or agency making the request for transfer. This should be completed within 48 hours; if not then, by default, it will be forwarded for appeal.

**Step 3:** If the referring hospital and/or agency disagrees with the reviewer's recommendation then an appeal should be faxed using a copy of the same form the Chief Medical Officer of Oregon State Hospital. Marvin Fickle, M.D., at (503) 945-2867. The decision will be faxed back to the referring hospital and/or agency within four working days of receipt.

**Step 4:** If the referring hospital and/or agency disagrees with the decision reached under step 4. on other than clinical grounds, then an appropriate administrative appeal can be made to reconsider the decision to the Administrator of the Mental Health and Developmental Disability Services Division.

A decision will be faxed to the referring hospital and/or agency. This decision will be final.



**ATTACHMENT V**

**DENIAL OF TRANSFER TO EXTENDED HOSPITAL LEVEL CARE**

Full Packet of Information Received: Date \_\_\_\_\_ Time \_\_\_\_\_

Referring Hospital and/or Agency: \_\_\_\_\_

Extended Care Management Unit staff involved: \_\_\_\_\_

**REASONS FOR DENIAL:**

**REQUEST FOR REVIEW RECEIVED (Fax this form to 95030 945-0947)**

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

Recommendation:

Name and Title of Reviewer:

Dated \_\_\_\_\_

**APPEAL AGAINST DENIAL** (Fax this form with counter arguments and further justification for 24-hour extended hospital level care to Marvin Fickle, M.D. at 9503) 945-8267).

Received:      Date \_\_\_\_\_ Time \_\_\_\_\_

**ARGUMENT FOR EXTENDED HOSPITALIZATION**

**DECISION**

Name and Title: \_\_\_\_\_ Dated \_\_\_\_\_

**FINAL ADMINISTRATIVE APPEAL** (If you wish to appeal further, please fax to the Administrator of the Mental Health and Developmental Disability Services Division, Barry Kast, M.S.W., at 95030373-7327).

Received:      Date \_\_\_\_\_ Time \_\_\_\_\_

**FINAL DECISION**

Transfer to the State Hospital is \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Name and Title: \_\_\_\_\_ Dated \_\_\_\_\_

**LINKAGE PROTOCOL**  
**FOR**  
**ADMISSIONS FROM MULTNOMAH COUNTY, OREGON**  
**TO**  
**OREGON STATE HOSPITAL**

**July 2002**

**OREGON STATE HOSPITAL  
AND  
COMMUNITY MENTAL HEALTH  
LINKAGE AGREEMENT**

**2002**

This Agreement between the State of Oregon, Office of Mental Health and Addiction Services (OMHAS) and specifically the Extended Care Management Unit (ECMU), Oregon State Hospital (OSH), and Multnomah county (CMHP) is authorized under [ORS 430.630(6)], and [OAR 309-14-035(2)] and [OAR 309-31-215(1) and (8)]. This Agreement shall be effective upon signature of all parties until revised or terminated by the parties. Amendments to this Agreement shall be valid only when they have been submitted in writing and approved in writing by OSH and the CMHP. All or part of this Agreement may be terminated by mutual agreement of the parties, confirmed in writing, not less than sixty (60) days prior to the date of termination. Disputes arising from this Agreement between OSH and the CMHP will be resolved, when possible, at the lowest appropriate management levels, followed by consultation.

**A. PURPOSE**

The purpose of this Agreement between OMHAS, OSH and the CMHP is to provide guidelines and procedures to assure an effective continuum of mental health care and treatment for the citizens of the State of Oregon through cooperation and communication prior to admission to Oregon State Hospital (Portland and Salem campuses) and during admission, treatment, and discharge. It establishes a standing, working agreement between OSH and the CMHP.

Hospitals and CMHPs will continue to transition to a managed care model. Linkage agreements will reflect this policy direction.

**B. BASIC REQUIREMENTS**

1. Admission to OSH facilities will be planned and non-emergent following a period of treatment at an acute care program.
2. Actual patient transfers will occur between 8:00 AM – 4:00 PM, Monday through Friday.
3. Negotiation of Treatment Objectives and Length of Stay: Within three working days of admission, OSH, CMHP, and the consumer will enter into an initial agreement defining treatment objectives and the expected length of stay. The formal treatment plan with clear objectives will be completed within ten days from admission.

4. If at any time OSH or CMHP cannot meet a portion of the Agreement, the CMHP mental health manager or his/her designee will call the OSH Director of Psychiatric Rehabilitation Services or visa versa.
5. Confidentiality and compliance with the Health Insurance Portability and Accountability Act.

A. Confidentiality of Patient Records.

The parties agree to hold all individually identifiable patient health information ("Protected Health Information") that may be shared, transferred, transmitted, or otherwise obtained pursuant to this Agreement strictly confidential, and provide all reasonable protections to prevent the unauthorized disclosure of such information including but not limited to the protection afforded by applicable federal, state, and local laws and/or regulations regarding the security and the confidentiality of patient health care information including, but not limited to, any regulations, standards, or rules promulgated pursuant to the authority of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the Parties agree as follows:

1. To maintain safeguards as necessary to ensure that the Protected Health Information is not used or disclosed except as provided herein;
2. To ensure that any subcontracts or agents to whom it provides Protected Health Information received from the covered entity will agree to the same restrictions and conditions that apply with respect to such information;
3. To make available respective internal practices, books, and records relating to the use and disclosure of Protected Health Information received from the other to the Department of Health and Human Services or its agents;
4. To incorporate any amendments or corrections to Protected Health Information when notified by the other that the information is accurate or incomplete;
5. To return or destroy all Protected Health Information received from the other that it still maintains in any form and not to retain any such Protected Health Information in any form upon termination of this Agreement;
6. To ensure applicable policies are in place for providing access to Protected Health Information to the subject of that information; and
7. To report to the other any use of disclosure of Protected Health Information which is not provided for in the Agreement.

If at any time after the effective date of this Agreement it is determined that either party is in breach of the Section, the other party, in its sole discretion, may immediately terminate this Contract.

**B. Responsibilities of the Parties as defined below:**

CMHP/MHO	HOSPITAL (OSH)	ECMU
<p><b>A. PREADMISSION RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Identify referrals to state hospital care appropriate for treatment at OSH.</li> <li>2. Respond to consumer who protests transfer.</li> <li>3. Complete Patient Monitor Form and send to Hospital (Attachment III).</li> <li>4. Projected discharge plan, including living arrangements and available resources (Attachment III).</li> </ol>	<ol style="list-style-type: none"> <li>1. Reply within one working day of receipt of Faxed request for admission from ECMU.</li> <li>2. Arrange for transportation, in cooperation with the acute care site involved and ECMU.</li> </ol>	<ol style="list-style-type: none"> <li>1. Screen referrals to state hospital level of care within Western Oregon according to protocol and criteria in Attachments 1 and 2 and select suitable transfers to EOPC.</li> <li>2. FAX recommendations to OSH for the attention of the ???????. Information will include History and Physical, Social Work Summary, Medications (Patient Monitor Form, Attachment III).</li> <li>3. Confirm that responsible CMHP or MHO hospital liaison approves of the proposed transfer.</li> <li>4. Liaise, whenever necessary, with EOPC and OSH to coordinate transportation.</li> <li>5. Screen transfer and exchange proposals between OSH (Portland) and EOPC, following steps 1- 4 above.</li> </ol>

CMHP/HMO	HOSPITAL (OSH)	ECMU
<p><b>B. ADMISSION RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Identify hospital liaison to hospital that will track consumer's treatment, progress and readiness for discharge.</li> <li>2. Participate by telephone or in person if wanting to contribute to comprehensive treatment plan that will include all aspects of hospital treatment and establish the criteria for discharge readiness.</li> </ol>	<ol style="list-style-type: none"> <li>1. Arrange for consumer's admission by M.D.</li> <li>2. Social Worker will contact hospital liaison within one working day of admission to collaborate on consumer's treatment and discharge planning.</li> <li>3. Place Discharge Monitoring Form in treatment section of chart (Attachment III).</li> <li>4. Develop initial treatment plan with participation of consumer and include issues. Identified from Discharge Monitoring form (Attachment III).</li> <li>5. Treatment plan will include items identified by CMHP and any relevant revisions as developed through case reviews.</li> </ol>	<ol style="list-style-type: none"> <li>1. Andrea Levy, ECMU Liaison to Hospital (503) 945-2954 will be available at all stages to assist in reaching agreement on hospital/community treatment objectives, discharge plan and projected length of stay.</li> </ol>

CMHP/HMO	HOSPITAL (OSH)	ECMU
<p><b>C. TREATMENT RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Maintain weekly phone contact and make at least periodic visits as appropriate to review consumer progress and preparations for discharge for collaborating on treatment plan revisions as appropriate.</li> <li>2. Bimonthly conference calls to staff those patients who are discharge ready or who are approaching discharge readiness.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete Comprehensive Treatment Plan that will identify active problems, treatment interventions and establish the criteria for discharge readiness.</li> <li>2. Document input from CMHP regarding consumer's readiness for discharge and include in consumers chart.</li> <li>3. Fax to CMHP/MHO hospital liaison any significant changes in the comprehensive treatment plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain regular telephone contact with OSH Director of Psychiatric Rehabilitation???????, (541) 276-0810 x324 and/or social workers be available for procedural and systems problem-solving.</li> <li>2. Visit OSH at least every two months.</li> </ol>



CMHP/HMO	HOSPITAL (OSH)	ECMU
<p><b>D. DISCHARGE RESPONSIBILITIES</b></p> <ol style="list-style-type: none"> <li>1. Weekly, FAX structured vacancy list of any RCFs or foster home openings within the liaison's region.</li> <li>2. Notify ECMU when housing options do not exist in region of residence.</li> <li>3. Share in cost of necessary guardianship with hospital and ECMU.</li> <li>4. Notify hospital of name and telephone number of case manager and other relevant mental health providers.</li> <li>5. Arrange details of trial visit where appropriate and Fax detail to hospital.</li> </ol>	<ol style="list-style-type: none"> <li>1. Notify hospital liaison of approaching readiness for discharge.</li> <li>2. Complete and send residential referral packets.</li> <li>3. Complete referral for financial assistance.</li> <li>4. Begin process to request guardianship whenever appropriate; share in cost with CMHP/MHO and ECMU.</li> <li>5. Hospital will liaise with community provider to ensure that all aspects of discharge plan are complete including transportation, medications, follow-up visits, etc.</li> <li>6. Hospital psychiatrist will finalize discharge medications. At discharge three days medications will be given and a prescription for 30 further days.</li> <li>7. Coordinate pre-placement visits with residential providers.</li> <li>8. Cooperate with CMHP/MHO when a trial visit needs to be in place prior to discharge.</li> <li>9. Inform liaison of final treatment team meeting to be held seven days before discharge.</li> <li>10. Coordinate transportation for discharge.</li> </ol>	<ol style="list-style-type: none"> <li>1. Keep hospital informed of any openings in Extended Care programs.</li> <li>2. Keep hospital and hospital liaisons informed about admission criteria for Extended Care programs;</li> <li>3. Share in cost of necessary guardianship with CMHP/MHO and hospital.</li> </ol>

CMHP/HMO	HOSPITAL (OSH)	ECMU
<p>6. Objections to the hospital discharge plans should be made to the ??????????</p>	<p>11. If consumer is changing region of residence, coordinate this change and send trial visit change of venue to new court whenever applicable.</p>	

## ATTACHMENT I

### PROTOCOL TO SCREEN REFERRALS FROM WESTERN OREGON FOR TRANSFER TO EXTENDED CARE AT THE STATE HOSPITAL

1. The initial telephone contact will be made by either the county liaison or the acute care hospital social worker in order to make an early identification of patients who may need hospital level treatment beyond acute care.

A preliminary screening will be made at this point to ensure that an unambiguous diagnosis has been reached, including any appropriate evaluations (e.g. to test for organic damage), treatment has been established at therapeutic levels and there has been sufficient time to assess the response and to question if the ongoing treatment that is being recommended can only be given in a hospital level setting.

2. Subsequent to this telephone screening, and if the above requirements have been met, the acute care hospital social worker will be asked to FAX the following documents: Emergency Room report, Physician's History and Physical, Social Work Assessment, reports from any other consultants or assessments, Treatment Plan, current medications and dosages, the last few days of ward progress notes, and a signed permission to contact the patient's insurance.
3. These documents will be reviewed in order to determine whether:
  - i) The patient has received all usual and customary treatment to prevent the need for long term psychiatric care including, if medically appropriate, establishment of a medication program and use of an override procedure.
  - ii) The ongoing treatment needed is only available at the state hospital.
  - iii) The CMHP has agreed to be the identified treatment objectives, has some plan for discharge and possible placement and has made an estimate of expected length of stay.
4. The screener will make specific suggestions for alternative treatment setting and service where the state hospital seems inappropriate.
5. If all questions arising out of #3 above have been resolved then the ECM Unit screener will contact the R.N. Coordinator of Admissions at the State Hospital, pass on information and documents and ask the State Hospital to arrange transportation.
6. Further documents will be required by the State Hospital, including original of the court commitment, and informed consent or medication override authorization.
7. If there is a formal denial of transfer, this will be written on the form Attachment V.

The ECM Unit screener (Linda Walter) of referrals for transfer to the Portland campus of Oregon State Hospital can be reached at: (503) 945-2997. Pager (503) 361-5978. Fax: (503) 945-0947. Back-up ECMU Unit screener can be reached at (503) 945-7182. Pager (503) 361-5977.

## **ATTACHMENT II**

### **CRITERIA FOR INPATIENT TREATMENT (EXTENDED CARE SERVICES IN A STATE HOSPITAL)**

#### **Justification for Admission:**

A DSM IV diagnosis of a severe psychiatric disorder (other than a primary or sole diagnosis of a substance use disorder, developmental disability, or personality disorder) is required for all admissions. In addition, there must be a documented need for 24-hour hospital level medical supervision and at least one of the following:

1. Continued actual danger to self, others, or property which cannot be managed with the time constraints of regional acute psychiatric inpatient programs. Continued actual danger must be manifested by at least one of the following:
  - a. The person has continued to make suicide attempts or substantial (life-threatening) suicidal gestures; or has expressed continuous and substantial suicidal planning or substantial ongoing threats.
  - b. The person has continued to evidence danger to others as demonstrated by continued actual destruction, continued destructive acts to persons, or imminent plans to harm another person.
2. There is a need for continued treatment with electroconvulsive therapy, where an extended inpatient environment (generally more than 21 days) is indicated and the inappropriateness of a short-term or less restrictive treatment program is documented in the record.
3. Failure of intensive extended care services (such as a PASSAGES project) evidenced by documentation in the person's records of:
  - a. An intensification of symptoms and/or behavior management problems beyond the extended care service's capacity to manage within its program; and
  - b. multiple attempts to manage symptom intensification or behavior management problems within the local acute care psychiatric unit.
4. Need for extended regulation of medications due to significant complications arising from severe side effects of medication.
5. Severe acting out behaviors manageable only in a highly secure forensic psychiatric hospital.

ATTACHMENT III

EASTERN OREGON PSYCHIATRIC CENTER – PATIENT INFORMATION FORM

[FAX to ECM Unit at (503) 945-0947 prior to transfer]

CLIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DSM MULTIAXIAL ASSESSMENT:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: Psychological and Environmental Problems:

- ☐ Problems with primary support group *specify* \_\_\_\_\_
- ☐ Problems related to the social environment *specify* \_\_\_\_\_
- ☐ Educational problems *specify* \_\_\_\_\_
- ☐ Occupational problems *specify* \_\_\_\_\_
- ☐ Housing problems *specify* \_\_\_\_\_
- ☐ Economic problems *specify* \_\_\_\_\_
- ☐ Problems with access to health care services *specify* \_\_\_\_\_
- ☐ Problems related to interaction with the legal system/crime *specify* \_\_\_\_\_
- ☐ Other psychosocial and environmental problems *specify* \_\_\_\_\_

Axis V: Global Assessment of Functioning Scale      Score: \_\_\_\_\_ Time Frame: \_\_\_\_\_

Medications helpful in past/compliance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol/drug issues (history and most recent known use, past treatment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most recent living situation (type/provider/availability after d/c):

\_\_\_\_\_  
\_\_\_\_\_

Involvement in outpatient/vocational programs/how patient spends his or her time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Resources:**

Income/Insurance (type/amount/#): \_\_\_\_\_

Management (self or others): \_\_\_\_\_

If payee, name and telephone number: \_\_\_\_\_

Needs: \_\_\_\_\_

**Legal involvement/problems/guardianship/P.O.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavioral concerns (violence, suicide, fire, escape, sexual acting out/medical problems, water drinking, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for treatment/expected outcome:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family/significant others: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Estimated length of stay: \_\_\_\_\_

**Discharge plan recommendations:**

Housing: \_\_\_\_\_

Medications: \_\_\_\_\_

Case Management: \_\_\_\_\_

Psychosocial rehab: \_\_\_\_\_

Other/trial visit needed: \_\_\_\_\_

County of residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist in community: \_\_\_\_\_ Phone: \_\_\_\_\_

CMHP/MHO: \_\_\_\_\_ Phone: \_\_\_\_\_

Person filling out form: \_\_\_\_\_ Phone: \_\_\_\_\_

Date form filled out: \_\_\_\_\_

**PLEASE FILE IN TREATMENT SECTION IN CHART**

## **ATTACHMENT IV**

### **APPEAL PROCEDURE FOLLOWING DENIAL OF TRANSFER TO THE STATE HOSPITAL**

**Step 1:** A denial of transfer will be made in writing and sent by the ECM Unit decision maker to the referring hospital and/or community hospital liaison.

**Step 2:** In those cases when the hospital and/or agency requesting transfer wish reconsideration of the decision, a request should first be made for an M.D. review and recommendation. Further documentation to support the reconsideration request should be faxed back on a copy of the same form to Ron Heintz, M.D., and David Cutler, M.D. at (503) 945-0947.

A written and signed recommendation will be faxed back to the hospital and/or agency making the request for transfer. This should be completed within 48 hours; if not then, by default, it will be forwarded for appeal.

**Step 3:** If the referring hospital and/or agency disagrees with the reviewer's recommendation then an appeal should be faxed using a copy of the same form the Chief Medical Officer of Oregon State Hospital. Marvin Fickle, M.D., at (503) 945-2867. The decision will be faxed back to the referring hospital and/or agency within four working days of receipt.

**Step 4:** If the referring hospital and/or agency disagrees with the decision reached under step 4. on other than clinical grounds, then an appropriate administrative appeal can be made to reconsider the decision to the Administrator of the Mental Health and Developmental Disability Services Division.

A decision will be faxed to the referring hospital and/or agency. This decision will be final.

**ATTACHMENT V**

**DENIAL OF TRANSFER TO EXTENDED HOSPITAL LEVEL CARE**

Full Packet of Information Received: Date \_\_\_\_\_ Time \_\_\_\_\_

Referring Hospital and/or Agency: \_\_\_\_\_

Extended Care Management Unit staff involved: \_\_\_\_\_

**REASONS FOR DENIAL:**

**REQUEST FOR REVIEW RECEIVED (Fax this form to 95030 945-0947)**

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

Recommendation:

Name and Title of Reviewer:

Dated \_\_\_\_\_



**APPEAL AGAINST DENIAL** (Fax this form with counter arguments and further justification for 24-hour extended hospital level care to Marvin Fickle, M.D. at 9503) 945-8267).

Received: Date \_\_\_\_\_ Time \_\_\_\_\_

**ARGUMENT FOR EXTENDED HOSPITALIZATION**

**DECISION**

Name and Title: \_\_\_\_\_ Dated \_\_\_\_\_

**FINAL ADMINISTRATIVE APPEAL** (If you wish to appeal further, please fax to the Administrator of the Mental Health and Developmental Disability Services Division, Barry Kast, M.S.W., at 95030373-7327).

Received: Date \_\_\_\_\_ Time \_\_\_\_\_

**FINAL DECISION**

Transfer to the State Hospital is \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Name and Title: \_\_\_\_\_ Dated \_\_\_\_\_

***Child and Family System of Care Workgroup***

***Recommendations  
for Children's Mental Health Redesign***

**Final Report – 01/29/02**

***I. Background***

The Child and Adolescent Workgroup of the Mental Health Design Team final report in September 2000 recommended a developmental model of mental health intervention for children, adolescents and their families. Prevention and early intervention would be provided for those at risk of later involvement with the mental health system, and intervention would be based on age-appropriate outcomes within context of the family system. The report detailed recommendations to create an integrated system of care, broaden access to developmentally appropriate and comprehensive services, and unify the mental health system's structure.

A Child and Family System of Care Workgroup was subsequently convened by Commissioner Lisa Naito, to focus recommendations for the Department of Community and Family Services on Phase II and III of the Multnomah County Mental Health Redesign.

Goals adopted by the Workgroup were: children and families have access to a continuum of services in a timely manner, children and families have the ability to choose among services and providers; contracts for providers assure adherence to the System of Care Values and Principles; and providers coordinate services with other systems on behalf of consumers.

The Workgroup recognizes that much is right in our current children's mental health system: we have excellent services available; we have made great progress in delivering services in schools and other natural settings; and our community has come to recognize the mental health needs of young children. However, we have challenges, too. Our system is not serving all children who have needs, due to the combination of inadequate funding, gaps in services, capacity and quality, and lack of access and referral. There are large gaps in service for some ethnic or cultural groups. Parents too often are not fully included in planning for their child's care. The overall system is fragmented, lacks coordination, and doesn't adequately promote early care, often resulting in a crisis situation before the need for care is addressed.

The strength of our Child and Family System of Care in Multnomah County is that we recognize the need to work together to address these issues. The recommendations in this report will be presented to the Department of Community and Family Services, to use in the development of their Mental Health Redesign Plan for children. These recommendations also can serve as a framework for all partners in our Child and Family System of Care as we work toward our goals.

## **II. System of Care Values and Principles**

On November 29, 2001, The Board of County Commissioners for Multnomah County adopted Values and Principles for Child and Family Mental Health System Redesign\*, as recommended by the Child and Family System of Care Workgroup. (Bold type is added.)

### **A. Values**

1. The system of care will be **child centered and family focused** and the needs of the child and family determine the types and mix of services provided.
2. The system of care will be **community based**. Service management shall be individualized.
3. The system of care will be **culturally competent**. Agencies, programs, and services will be responsive to the cultural, racial, and ethnic differences of the children and families they serve.

### **B. Principles**

1. Child mental health consumers and their families will have access to a **comprehensive array of services** that address their physical, emotional, social, and educational needs.
2. Child mental health consumers and their families will receive services in accordance with the unique needs and potentials of each child guided by **individual service plans**.
3. Child mental health consumers and their families will receive services within the **least restrictive most normative environment** that is clinically appropriate.
4. The families and surrogate families of children with mental health disorders will be **full participants** in all aspects of the planning and delivery of services.
5. Child mental health consumers and their families will receive **integrated services**. Child-serving agencies and programs will be connected with planning, development, and coordination of services.
6. Child mental health consumers and their families will receive case management or other services so that **multiple services are delivered in a coordinated and therapeutic manner**, and that services meet their changing needs.
7. **Early identification and intervention** for children with emotional, behavioral or mental disorders and their families will be promoted to enhance the chances of positive outcomes.
8. Children with mental health disorders should be ensured **smooth transitions** to the adult service system as they reach maturity.
9. The **rights** of children with emotional, behavioral and mental disorders **will be protected and effective advocacy** for children and adolescents with such disorders will be promoted.
10. Child mental health consumers and their families will **receive services without regard** to race, religion, national origin, sex, physical disability, or other characteristics, and services will be **sensitive and responsive to cultural differences and special needs**.

\*These are adapted from CASSP Principles (Child and Adolescent Service System Program) as published in Stroul & Friedman's, A system of care for children and youth with severe emotional disturbance, 1986. Some language has been changed to be more inclusive of family involvement and to address children of all ages with a wide range of mental health risk factors and disorders.

### **III. Recommendations for All Children**

The Child and Family System of Care Workgroup recognizes that it is important to deliver services based on the strengths of the child and family. The mental health service system for children should therefore respond to children within context of how the child lives – in a family, involved in childcare or school, and as part of a culture and community.

Parents, or other primary caregivers, have a special role in developing and participating in their child's treatment plan. Throughout this report, "parent" will mean the responsible caregiver for a child, whether: both parents, a single parent, a grandparent or other relative, foster parents, or another person with custody of the child.

Children live in diverse families and cultures. To be effective, mental health services must be appropriate to the language, culture, community and values of the family and child.

A primary goal of mental health services for children is to help the child develop and thrive mentally, emotionally and behaviorally. This growth process needs to be encouraged, anticipated and planned for in mental health service delivery. Services should be delivered in the most natural, least restrictive and most appropriate setting to meet the needs of the child and family.

Because most preschool age children are involved in some type of out-of-home care, and the public education system has a responsibility for children over age 5, involvement of childcare and education systems in identifying children's needs and participating in treatment is essential. Research shows that delivering mental services in a school setting improves access for children and families.

In addition, most children receive health care through family practice physicians, pediatricians, County Health Clinics, or other settings. Health providers can assist families to identify and refer for mental health assessment and services, or offer mental health services on-site.

Many children or their families are involved in other systems as well. Coordination with these systems (such as addictions services, child welfare or corrections) is needed, as well as assistance to obtain services to meet the child or family's needs (such as adequate income, employment, housing, or food).

#### **Recommendations for All Children:**

##### **A. Child and Family Focused**

Services should be easy to locate and easy to get into; the type and mix of services should be based on the needs of the child and family. To accomplish this:

1. Improve access to mental health services for children, youth and their families.
  - a. Educate youth and families about mental health services and how to access them.
  - b. Provide outreach, education and early intervention specifically for children and youth.
  - c. Enhance the Call Center's ability to respond to youth and families, by adding staff with children's expertise and increasing multi-lingual/multi-cultural staff.
  - d. Inform families of the availability of culturally specific and linguistically appropriate services.
  - e. Develop community awareness of mobile crisis unit's service for children in crisis; strengthen mobile crisis coordination with children's providers;

develop other crisis services in keeping with value of reaching out to all in need.

- f. Develop walk-in clinic services that are comfortable for children, youth and families.
  - g. Assure that providers meet access requirements, including no-appointment necessary or other means for meeting urgent needs, and non-urgent new service within 2 weeks of the request.
  - h. Provide for immediate access to services for children, with no waiting lists or gaps in service availability.
  - i. Provide for a seamless transition from Oregon Health Plan (OHP) to non-OHP services.
- 2. Increase **family involvement** in treatment planning and coordination of care.
    - a. Support the parent as a full participant and equal partner in treatment planning, with a goal for the parent to assume as much of the coordination role as they are able.
  - 3. **Empower families** with information, support and training.
    - a. Use strategies such as family support groups, training sessions, and assistance of family members, to help inform and engage other families in clinical treatment.

## **B. Community Based**

Community based services and individualized service management should form the foundation for prevention, early intervention and treatment. To accomplish this:

- 1. Continue **prevention, outreach and early intervention**, using a public health model.
  - a. In collaboration with community partners, continue to provide pre-diagnosis consultation, education, screening, child and family support, and early intervention to optimize treatment outcomes, and to identify child and family needs and refer for appropriate treatment.
- 2. Promote **natural settings** as the preferred location for clinical services.
  - a. Promote selection of setting based on the child and family's needs and preference, e.g. childcare, schools, family homes, other community settings, or clinics.
  - b. Realign treatment practice through incentives, training and quality management.

## **C. Culturally Competent**

Reaching and effectively serving children from Multnomah County's increasingly diverse cultural, racial and ethnic membership is a major work area for the County and the community. The system should be responsive to cultural preferences and needs from outreach to families, through the provision of services to meet each child and family's needs. The Surgeon General's recent recommendations\* on eliminating racial/ethnic and socioeconomic disparities in access to services, suggested co-locating services with other key systems, and strengthening the capacity of schools as a link to meet the needs of youth and their families where they are. To accomplish this:

- 1. Increase **multi-lingual/multi-cultural staffing**, leadership and volunteerism throughout the system, so that minority children and youth are assessed and diagnosed appropriately, and treatment and support are sensitive to multi-cultural issues.

2. Map current service and demographic information; **identify underserved ethnic groups** and gaps in services; develop culturally competent resources or implement outreach plans to **increase numbers of children and youth served** from these groups.
3. Identify **effective treatment modalities** and best practices for reaching and serving cultural, racial and ethnic groups; incorporate these into provider's practice.

\*See "Report of the Surgeon General's Conference on Children's Mental Health, A National Action Agenda", DHHS, September 2000. Recommendations of the report include improving: public awareness, assessment and recognition of needs, access and coordination, and use of scientifically-proven prevention and treatment services.

#### **D. Comprehensive Array of Services**

A comprehensive array of services should be available to address children's and families' physical, emotional, social, safety and educational needs, with services appropriate for each age group: early childhood, school-age children, and teens/youth. To accomplish this:

1. **Fill gaps** in the continuum of services for children and youth.
  - a. In cooperation with providers, identify current service capacity and gaps, and build a more comprehensive array, include cultural competency throughout this process.
  - b. Contract and develop partnerships with the full range of providers, including acute and residential; no single provider currently offers a full range of services for children.
  - c. Develop a specific plan and enhance resources to serve high-need children.
  - d. Increase acute care alternatives for children, such as therapeutic respite care.
  - e. Expand availability of respite care to families.
  - f. Improve crisis response for children and youth.
  - g. Incorporate and integrate services with addictions services for youth.
  - h. Improve access to voluntary services for traditionally underserved populations to address minority over-representation in involuntary systems.
2. **Assure flexible services** to meet individual child and family needs.
  - a. Develop ways for the system to maintain and increase flexibility to allow the plan of care to specifically address the needs of the child and family.
  - b. Promote facilitating access to supportive, community and wrap-around services, including those not reimbursed by the Oregon Health Plan (OHP).
  - c. Through training and system development, expand beyond the appointment-based service model toward family and home-based models, in natural settings such as childcare and schools, and implement other evidence based best practices.
3. **Customize delivery systems** as needed for each age group: early childhood, school age, and teens/youth.
  - a. Develop appropriate incentives for providers to serve children with intensive needs in each age group.
  - b. Recognize the different developmental stages of children, and that natural settings and needs may change significantly with the child's age.

## **E. Integrated, Coordinated Services**

For children involved in the mental health system, there are always other systems involved in the child's life: their family, childcare and/or school, physician, and often other service providers as well. These services should be integrated and/or coordinated in a System of Care for the child and family. Each agency/system will be responsible to fulfill its own legal and contractual obligations, but should at the same time focus on contributing to a seamless and coherent plan of care that addresses the identified needs of the child and family. To accomplish this:

1. **Develop case management** as a standard of care to serve the majority of MH needs.
  - a. Promote case management as the point of responsibility within the mental health system to coordinate with the child and family's system of care, assure services in plan of care are delivered, and assure there is no break in services.
  - b. Focus case management especially on high-needs children: e.g. who are at risk of residential or hospital placement, are in foster care; are receiving services from juvenile justice or multiple systems; or have no family or a non-participating or non-compliant family.
  - c. Develop a way to coordinate and manage the points where kids cross systems, such as discharge planning from residential care, or entry into foster care.
  - d. Develop procedures with system of care partners for designating a primary case manager when more than one agency is involved.
  - e. Provide training for providers on case management.
2. **Clarify and integrate County and provider direct service roles.**
  - a. Provide pre-diagnosis prevention, outreach and early intervention through a public health model, using County general fund.
  - b. Provide intensive community support as a safety net to assure service delivery to children and families, when needed.
  - c. Clarify service priorities and responsibilities for multiple partners in the child and family system of care, including: County mental health; mental health providers; other County programs; State Mental Health, Developmental Disabilities, and Department of Human Services (DHS), community services, schools, and County funded services at schools.
  - d. Encourage public/ private partnerships.
3. **Promote involvement of other involved agencies/individuals** in developing a unified plan and participation in the system of care.
4. **Improve support for foster families, and services for children in Foster Care.**
  - a. Provide a comprehensive assessment and care plan for children in foster care within the timeline of the legally responsible agency.
  - b. Provide training for foster families on supporting young children with mental health needs, including crisis prevention, intervention, and specialized parenting skills.
  - c. Expand availability of respite care to foster families.
  - d. Work as a partner to support and develop capable foster care providers.

## **F. System of Care Clinical Development**

1. Identify evidence-based **best practices**, and realign treatment practice and funding across the system of care.

- a. Learn what works from research, best practices, and pilot projects; translate this into policy and systems development for the population.
  - b. Promote universal training and experience in developmentally appropriate assessment and intervention for professionals serving children.
  - c. Use training, advocacy and quality management to inform and motivate practitioners.
  - d. Work with providers to develop outcomes-based measurements.
  - e. Promote universal training and experience in wrap-around philosophy and service provision for all care providers in child and family serving systems.
2. Develop the **mental health work force**.
- a. Collaborate with providers, the State and local schools and universities to increase the number of qualified multi-lingual, multi-cultural professional staff working in the community.
  - b. Provide cross training in increase knowledge throughout the system of care.
3. Develop a **culturally specific** and linguistically appropriate service system.
- a. Provide support to develop culturally specific and linguistically appropriate services.
  - b. Coordinate services between culturally specific/culturally competent providers and other systems for the child and family's benefit.

## **G. Collaboration**

County leadership should focus on collaboration with the multiple partners involved in the system of care for children and families.

1. **Collaborate with others** to further develop the system of care for children and families.
- a. Work across county departments and with other governmental and private child-serving agencies, with a goal of expanding combined efforts for young children, school-age children and adolescents/young adults.
  - b. Adopt a stronger collaborative role in coordinating services funded by others, e.g. Intensive Treatment Services (ITS) Pilot Project and Psychiatric Day Treatment.
  - c. Increase coordination between mental health and academic partners, such as schools and the Educational Service Districts (ESD).
  - d. Expand **collaborations to pool and manage funding**, assuring clear and approved intergovernmental agreements among funders (which could include the county, state, schools, foundations, etc.) which:
    - 1. Achieve mutual benefits from the project,
    - 2. Specify the scope and funding for the project,
    - 3. Delegate specific decision making authority, and
    - 4. Provide clear termination procedures and conditions.
2. Create policies to **encourage blending, braiding, leveraging and/or pooling funds** across departments and with other government and community agencies.
- a. Involve: government and private funders, business, partners, foundations, State Mental Health and Child Welfare, juvenile justice, education/schools, private insurers, primary care/public health, and youth addictions services partners.



- b. Explore ways to maximize flexibility and continuity, without adding bureaucracy or costs.
3. Push a **political and public relations agenda** in support of healthy child development as the critical link to society-wide benefits of competent, caring and connected future citizens.

## H. Funding

Funding for mental health services in the near term is expected to be limited to current funding levels. Funding strategies should focus on accountability for funds spent, and maintaining or increasing funds for underserved groups, including children.

1. Accurately **account for revenues and expenditures** for mental health services for children, including Oregon Health Plan and other state and county funds.
2. **Maintain and increase the proportion of children's Oregon Health Plan dollars** that are spent on child and family services.
3. **Reallocate existing resources and seek additional funding** as possible.
  - a. Reprioritize use of funds to achieve top priority outcomes.
  - b. Seek additional or new sources of funding, including funding collaborations, to support improved outcomes.
4. Develop a system to **coordinate benefits with physical health, and alcohol and drug treatment services.**
5. Prioritize savings from system redesign into **building capacity and expanding services** in the children's mental health system.
6. **Funding policies and mechanisms** should:
  - a. Support the System of Care Values and Principles.
  - b. Be invisible to the child and family.
  - c. Prevent any further erosion of funding for children's services.
  - d. Build children's services to the proportionate share of revenues as a floor.
  - e. Invest savings from the adult system in children and youth services to build prevention and early intervention, not limiting total funding to the "floor".

## I. Quality Management

A system of managing quality is especially important when transferring flexibility and risk to the provider system. To assure quality services are delivered:

1. Develop measures/means to assure that providers reach the desired outcomes over the multi-year plan, and measure progress and movement toward these goals.
2. Realign provider expectations through quality management, learning from model cases, training and technical assistance; develop a collaborative model for problem solving.
3. Provide monitoring, and utilize enforcement where needed.
4. Use outcome measurements that are valid, reliable, age/developmentally appropriate, and efficient/low cost.

## J. System Structure

1. Adopt a **unified Mental Health Plan.**
  - a. Establish a clear vision and a unified plan, including the needs of children and families; involve others to agree or amend the plan, and move forward.

2. Establish a **Child and Family System of Care Manager** position to coordinate and advocate for children and their families, and to spearhead action to implement the plan.
3. Increase **family involvement** in system development and design.
  - a. Reform CAMHSA membership to include more youth, parents and community members; develop the ability of the group to serve as lead advocate for children's mental health.
  - b. Seek input from families on the design of services.
4. **Contracts applied to children's services** shall incorporate:
  - a. System of Care Values and Principles adopted by Board of Commissioners.
  - b. Require Primary Providers to meet Cultural Competency requirements.
  - c. Incentives for individualized, community-based services that meet the treatment needs of children and their families.
  - d. Incentives for flexible services, non-traditional services, culturally specific services, case management, and intensive services, such as care coordination, respite care and in-home support services.
  - e. Accountability to serve traditionally underserved children: ethnic, linguistic and other minority children; young children; juveniles and young adults; and so-called "non-compliant" youth.
  - f. Incentives for collaboration with involved agencies, including childcare and schools, primary health, alcohol and drug providers, State Department of Human Services and Oregon Youth Authority, Juvenile Justice, Developmental Disabilities, and other community providers.
  - g. Incentives to serve, and accountability for, high-needs children.
  - h. Performance and outcome measures, implementation, and program evaluation, that support the System of Care Values and Principles, specifically including: respect for families, family involvement and empowerment, least restrictive/clinically appropriate services, coordinated/integrated services, culturally competent services, and timely access to appropriate services.
  - i. Encouragement to include family members and a diverse section of the community on their governing boards and committees.

## **K. Training**

In order to help family members, providers, child-serving agencies, and other professionals such as primary care providers and teachers work collaboratively toward a child-centered, family-focused system of effective community-based mental health services, develop and provide education and training on the following topics:

1. The mental health system, community resources, wrap-around services, and how to access these;
2. Family involvement, and child-centered/family-focused service delivery;
3. Normal child development, and emotional and behavioral disorders;
4. Effective parenting/teaching/intervention strategies for children with mental health disorders;
5. Coordinating a child's care;
6. Legal rights and responsibilities and grievance procedures;
7. Level of care determination, evidence-based best practices, and unified plans of care;
8. Evaluative tools and measures.

#### **IV. Early Childhood Recommendations**

Recent insights from brain research, along with long-term studies on early childhood care and education, stress the critical importance of good early childhood experiences in the development of healthy mental and emotional functioning throughout life.

To promote healthy development of children, national early childhood mental health experts recommend strategies that: promote the emotional and behavioral well being of young children; address barriers faced by families; expand the competencies of caregivers; and ensure children and families have access to needed services and supports.

Guiding principles for best practices in an early childhood system of care include:

- Strengths-based assessment and services;
- Individualized service delivery;
- Recognition of a family's rights and the resiliency of family systems;
- Family-centered, culturally-sensitive, community-based, coordinated services;
- Service delivery which evolves from current and emerging literature and research;
- Knowledgeable, skilled professionals who choose evidence-based interventions;
- Timing, frequency, duration and intensity of services matched to child and family needs;
- Continuous quality improvement through evaluation of strategies, utilizing outcome measures, and peer review as a quality assurance check.

Young children do have mental health needs. Recent research documents that prevalence rates for mental health issues for young children are identical to rates for children over five: 21% of young children meet the criteria for a psychiatric disorder, and 9.1% for a severe disorder.

Therefore, young children need the same quantity and quality of mental health services and supports those older children and adults require. These services must be delivered in the most natural environment possible, and involve all adults in the child's life. All young child-serving disciplines and organizations must work collaboratively to identify and serve the child and family in a coordinated, timely and effective way. Some children, because of the severity and/or complexity of their needs, will require more intensive levels of care.

For young children (under age 6), the following principles developed by Jane Knitzer, Ed.D., are recognized as a foundation for service delivery and system development.

##### **Ten principles for an Early Childhood Mental Health Service System**

1. A family-centered early childhood mental health service system, including mental health and related services, should be designed to support parents of young children to nurture and build caring relationships with them.
2. A family-centered early childhood mental health service system, including mental health and related services, should be designed to support non-parental caregivers of young children to nurture and build caring relationships with them.
3. A family-centered early childhood mental health service system, including mental health and related services, should be delivered, to the greatest extent possible, in natural settings, including homes, child care, health care, and family support settings.
4. A family-centered early childhood mental health service system should be designed to respect developmental processes as well as be flexible and individualized to meet the needs of young children.

5. A family-centered early childhood mental health and related service system should be sensitive to cultural, community and ethnic values of families.
6. Caregivers, home visitors, family workers, and administrators working with infants, toddlers, and preschoolers should have access to clinical services, case consultation and clinical supervision to strengthen their competencies in promoting emotional development in all young children, in young children who are at high risk for developing diagnosable problems, and in young children with already diagnosed problems.
7. Family service workers, home visitors and others working with families of infants, toddlers, and preschoolers and their families (including kinship and other foster parents, grandparents, and non-custodial fathers), should have access to mental health program consultation, case consultation and back up support for families requiring more intensive interventions, particularly if there are issues of substance abuse, domestic violence, child maltreatment, depression, and other mental illness.
8. Caregivers, home visitors, family workers, and administrators working with families of infants, toddlers, and preschoolers should have access to clinical supervision and support in dealing with such staff issues as burnout, cultural, and work place conflicts.
9. Young children, families, and programs experiencing crises related to violence, community disasters or family specific crises should have immediate and as-necessary access to crisis intervention and support.
10. Developing a family- and caregiver-centered early childhood mental health service system requires building partnerships among both primary and secondary support services at the community- and state-levels.

### **Early Childhood Recommendations:**

Recommendations specifically for early childhood are based on the belief that that service to young children means service *through* parents and other caregivers. Appropriate service strengthens the family and achieves an optimal level of development for the child.

1. Expand or prioritize services to **high-risk groups**.
  - a. Adult mental health system should offer no-waiting treatment to new parents with mental health issues, including to mothers identified through Oregon Children's Plan pre-natal and at-birth assessments.
  - b. Expand services to offer mental health service in all Head Start and childcare locations.
2. Improve **outreach** to parents and children.
  - a. Integrate physical and mental health care – make sure there is mental health screening at well-baby visits.
  - b. Provide assessment and treatment at: Early Head Start/Head Start, Childcare settings, Foster Care homes, and Early Intervention/Early Childhood Special Education.
  - c. Prioritize “child find” in high-risk adult populations (e.g. adults with mental health or substance abuse problems, or depression; who are cognitively impaired, incarcerated, or on probation or parole; who are involved with animal control violations, or domestic violence services).
3. Improve the **appropriateness and universality of mental health assessment** for young children.
  - a. Adopt the “DC-0-3” as a diagnostic classification system for children 0-3 years of age (from Zero to Three's National Center for Clinical Infant Programs).

- b. Promote mental health screening for infant's birth to school age as a part of regular health care.
  - c. Provide universal access to specialized and comprehensive mental health assessment for children birth to school age, as referred from health, childcare and early education systems.
- 4. Expand the **continuum of services** for young children.
  - a. Expand therapeutic childcare; expand hours to better meet full day needs of working parents.
  - b. Provide appropriate levels of day treatment within a seamless community-based system of care.
  - c. Develop blended services for young children who have both mental health issues and developmental delays.
  - d. Increase intensive in-home services to assist families of young children with high needs.
  - e. Advocate for mental health services to be delivered where young children are, including within families, in childcare settings, and in conjunction with well-baby and well-child health visits.
- 5. Improve **coordination of services** for young children.
  - a. Coordinate and advocate with physicians, including pediatricians, family practitioners and child psychiatrists.
  - b. Coordinate services with the adult mental health and addictions system, when parents or other family members receive services.
- 6. Improve **training** for people involved in the lives of young children.
  - a. Provide multi-disciplinary training to childcare providers and educators on promoting healthy social and emotional development, identifying children and families with mental health issues, and supporting young children with mental health disturbances.
- 7. Enhance **financing** for mental health services for young children.
  - a. Coordinate benefits for young children with mental health disturbances.
  - b. Promote parity of funding for mental health services in early childhood.
  - c. Evaluate cost-effectiveness of services using best practices and performance measures.
  - d. Advocate for funding through Oregon Health Plan and other health plans for services, based on "DC 0-3" diagnostic categories.

## ***V. Recommendations for School-Age Children***

The majority of children age 5 to 18 (and up to 21) are in school a large part of the day. In addition to their families, schools become a critically important part of children's lives.

Recent recommendations from the Surgeon General suggest tapping public schools to identify children with mental health issues, and improving service to racial and ethnic minority groups by locating services where adolescents spend time, i.e., schools. Schools have a special opportunity to identify children's issues because of the natural dynamics that occur between children and their peers and teachers, and children's responsiveness throughout the day.

Therefore mental health services for children should be provided in, or in coordination with, schools. There should be increased partnerships between schools, the County and providers to

provide appropriate screening, assessment and treatment. Training should be provided for school employees on: recognizing mental health issues; the impact on children, families and schools; responding to crisis; working with families and teams; and participating in a child's plan of care.

Parents of school age children should be full partners in developing the treatment plan or plan of care. Services must be appropriate for the child and family's language, culture, community and values. Coordination with other involved partners is also essential.

For children who have mental, emotional or behavioral disorders that qualify for special education services under an Individualized Education Program (IEP), schools, mental health providers and other involved systems should formally coordinate services with one another and with the child's family.

### **Recommendations for School-Age Children**

1. Improve outreach, screening and **assessment** for children and youth.
  - a. Promote use of a common framework for making decisions on level of care in the treatment of children and adolescents age 6 to 18.
  - b. Implement screening for all school age children upon entering school to promote early identification of mental health concerns or disorders.
  - c. Provide information, screening, assessment and referral in schools.
  - d. Provide case management/ coordination of services among the family, providers, schools, and other services.
2. Expand and strengthen the **continuum of services**.
  - a. Improve definitions of outcomes for day treatment services for children.
  - b. Develop community-based intensive services as an alternative to high-cost residential treatment.
  - c. Support services that improve school attendance, academic achievement and positive student behaviors.
  - d. Support culturally and developmentally appropriate school-based services to emphasize: early identification; ease of access; case management; integration of physical health/ mental health/alcohol and drug services; family involvement and choice; individualizes and flexible services; and ongoing treatment and follow-up.
  - e. Provide appropriate levels of service in integrated therapeutic and educational settings, such as therapeutic day schools or day supported classrooms.
3. Seek ways to replace funding and/or service capacity of **expiring grants**:
  - a. Safe Schools grant (\$2.75 M); and
  - b. Center for Substance Abuse Targeted Capacity Enhancement (\$750,000).
4. Improve **financing for high-need children** following residential placement.
  - a. Initiate planning with the State to look at children returning to the community following State-paid residential treatment; look at ways for funding to follow the child, or other ways to improve continuity and outcomes.
5. Develop a **coordinated system for mental health services throughout the schools**, building on the success of current highly effective programs.
6. Improve **long-range system-wide planning** between schools and the County.

## **VI. Recommendations for Special Youth Populations**

The Child and Family System of Care Workgroup recognizes that some children, especially older teens, have special needs, and may not be living with their families or attending school. Teens may have unique issues and cultures that need to be addressed to provide accessible, quality and effective mental health services. Such issues include:

**Teen years are the time when many serious and persistent mental health issues emerge** (schizophrenia, bi-polar, major depression), and are also the greatest time for suicide attempts and suicide to occur. Oregon's rate of suicide attempts for teens increased 5% in 2000; 76% of teen suicide attempts are by girls, and the highest rate of suicides is among sexual minority youth.

**Girls may face different challenges than boys.** Data shows that the pressures and pathways to self-destructive behaviors, as well as crime, are often different for girls than for boys. Girls' issues are more often internal (eating disorders, depression, substance abuse to mask pain of sexual abuse, running away, suicide attempts), whereas boys tend to externalize their issues, bringing them to the attention of Child Welfare and Juvenile Justice in greater numbers.

**Many teens are not eligible for the Oregon Health Plan** and therefore have limited access to mental health services. Even for pregnant and parenting teens, enrollment is very limited. Services are needed for teens who do not have insurance, or access to services through schools.

**It is a challenge for providers to reach and engage at-risk teens.** Teens may lack a strong support system, be parenting themselves, or be victims of violence, addiction or abuse. Too often, mental health services don't find teens who need services until there is a serious crisis.

**Services need to be developed** that respond to teen's developmental, gender, sexual identity and cultural needs. There frequently is a small "window of opportunity" to get a teen to go to counseling, and an immediate response needs to be available. Teens also need time to develop trust and relationships, but currently therapy is too often designed around structured office visits, which may not feel safe or comfortable for a teen.

**Transition to adult services** typically occurs at age 18, regardless of the youth's emotional maturity. This is a difficult time for families, who are losing legal authority over their child and are not always part of the adult treatment team. Transition for the teen and family should be planned for and supported, sensitive to the teen's emotional and behavioral needs.

**State Committed Youth.** A 1999 study showed that 19% of youth committed to the Oregon Youth Correctional Facility might have avoided commitment with appropriate services. Youth were typically: Anglo males, 15 years old, not enrolled in school, a history of problems with school, and with prior dependency referrals. Resources needed were: drug and alcohol secure treatment, mental health placements, culturally appropriate services, and long-term sex-offender treatment. Ease of access (such as no-waiting appointments) and specialized services are needed for this population.

### **Recommendations for Special Youth Populations:**

1. Improve access for youth.
  - a. Develop a youth, child and family-centered walk-in clinic at least during "after school/after work" hours, which feels safe for families, has experienced child and family-oriented staff (including expertise in children's medications), and ability to follow-through with the family and child, or teen.

- b. Respond immediately to requests for service for youth; there may be a limited window of opportunity and kids often can't wait.
  - c. Assure that there is no artificial limit on the number of visits a teen may need.
  - d. Recognize that teens sometimes lack consistent family or even foster family involvement, or other natural supports.
- 2. **Improve continuum of services for youth.**
  - a. Develop sub-acute care and other alternatives to hospitalization for adolescents in the community.
  - b. Develop a secure adolescent assessment center; avoid use of arrest or admission to emergency room to obtain a needed assessment or services.
  - c. Educate schools and the public on how to deal with acting-out behavior of youth, rather than referring to the criminal system.
  - d. Develop vocational programs as alternatives for youth.
- 3. **Improve services for homeless youth.**
  - a. Assure there is no waiting list for services for homeless youth.
  - b. Promote access to mental health services at homeless youth service locations.
  - c. Promote building trust between the youth and provider.
  - d. Promote ease of access by minimizing paperwork.
  - e. Train homeless youth providers on County mental health changes and opportunities for their youth.
- 4. **Provide mental health and addictions services to address the needs and interests of sexual minority youth.**
  - a. Develop practical approaches to meeting these needs within school-linked and provider services.
  - b. Advocate with private mental health providers to recognize and support the special needs of sexual minority youth.
  - c. Provide training to educators on the special needs of sexual minority youth.
  - d. Adapt services to the needs of trauma and abuse survivors within this group.
- 5. **Increase services for girls, especially trauma and abuse survivors, who are currently underserved within the mental health system.**
- 6. **Improve services for youth also involved with the Juvenile Justice system.**
  - a. Develop blended/braided funding to pick up costs for continued mental health services when youth go into detention (and Medicaid funds end), and when they come out of detention.
  - b. Improve providers' ability to address youth delinquency, and alcohol and drug problems, concurrently with mental health issues.
  - c. Ensure appropriate mental health services are available to youth being held in the County jail (e.g. due to Measure 11).
  - d. Provide on-site dual-diagnosis assessment for youth in the Juvenile Justice system, along with case management.
  - e. Integrate addiction and mental health services to serve dual diagnosis youth who are in the Juvenile Justice system.
  - f. Prioritize mental health services for youth and families in the Juvenile Justice system who have potential to harm themselves and public.
  - g. Resolve confidentiality issues to improve continuity of services for juvenile justice-involved youth.



7. Improve the process of **transition to the adult system**.
  - a. Involve both youth and parents in transition planning.
  - b. Work with schools to develop a uniform approach to transition to adult services, including development of Individual Transition Plans (ITP).
  - c. Provide assistance to parents and youth in applying for with Supplemental Security Income (SSI), Oregon Health Plan and Disability Services.
8. Improve access to and availability of **wrap-around services**, including:
  - a. Career development;
  - b. Housing;
  - c. Independent living skills;
  - d. Ongoing education.

## ***VII. Recommendations for Quality Assurance Measures***

The child and family system of care is distinct from adult service systems and it is still evolving; thus, there is a need for targeted process and performance measures that are specific to the adopted System of Care Values. As the child and family system of care develops, so should its quality management program.

Accountability for the children's system of care will be driven by performance and outcome measures. Outcomes related to System of Care Values should be one factor used in contracting for child mental health services with community providers. They will also be used to assess the overall functioning of the system of care in Multnomah County.

To start with, the Performance Measurements Committee has identified five key areas to measure, which reflect the adopted System of Care Values. The group also recommends that the County's Quality Management Committee form a subcommittee to continue to address and monitor issues related to child and family mental health. Children and family members shall have a central role in evaluating and monitoring the quality of children's mental health services and in determining future areas for measurement. In addition to children and families, the subcommittee should include other children's system stakeholders who may not be members of the larger Quality Management committee, and the subcommittee should also utilize technical assistance from experts in the evaluation of children's systems of care.

The five key areas identified by the performance measures committee are:

### **AREA 1: Access**

**GOAL:** Children and Families will have timely access to appropriate mental health services

- Children and families will have timely access to a mental health assessment
- Services to children and families will be initiated in a timely manner following the initial assessment

### **AREA 2: Service Integration**

**GOAL:** Children and families receive services that are integrated, with linkages between child-serving agencies and programs

- For children who have high levels of need that cross multiple child-serving systems, services will be coordinated.

### **AREA 3: Level of Restrictiveness**

GOAL: Children will receive services in the least restrictive, most normative environment that is clinically appropriate

- The level of restrictiveness of both a child's living environment and school placement will stay the same or improve over the course of services
- Children are in the least restrictive educational and living settings that are clinically appropriate.

### **AREA 4: Cultural Competence**

GOAL: Services meet the needs of children and families from diverse ethnic and cultural backgrounds

- Children and youth from diverse ethnic and cultural backgrounds will have equal access to assessment and services
- The cultural and ethnic demographics of children receiving mental health services should be consistent with the demographics of children who are enrolled in the Oregon Health Plan.
- Measures in Areas 1, 2, 3 and 5 will be analyzed for differences by race, ethnicity and language.

### **AREA 5: Family Involvement**

GOAL: Families are full participants in all aspects of the planning and delivery of services

- Families will be involved in the planning and delivery of services for their children.
- Families will be satisfied with the quality and effectiveness of services.
- Family members will be actively and fully involved in decision-making bodies.

### **AREA 6: Functional Status**

GOAL: Children and families improve functionally. Specific goals would be developed by the QM Committee, but would include measures such as:

- Number of days of school attended per year;
- Graduation rates from middle and high school;
- Number of days in detention/incarceration per year;
- Number of child abuse reports,
- Number of days per year spent in hospital or residential settings, as a ratio over days in all services

Mechanisms for monitoring these key areas include family surveys, chart reviews and outcomes measures. All reports to the QM committee should be broken down by age, race/ethnicity and language categories. Multnomah County should continue to improve quality management and refine performance measures.

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## ***Child and Family System of Care Workgroup***

### **List of Members**

**Chair:** Multnomah County Commissioner Lisa Naito

**Assistant Chair:** Mark McKechnie      Juvenile Rights Project

#### **Committee Members:**

Rob Abrams	Department of Community Services/ Children's Mental Health Partnership
Linda Castillo	DCFS/Cultural Competency Committee
Phil Cox	Oregon Youth Authority
Peter Davidson, MD	DCFS/ Mental Health and Addictions Services
Karen Gorton	Early Childhood Care and Education Council
Vern Hoffer	Portland Public Schools
Mary Lou Johnson	Centennial Public Schools
Larry Marx, MD	DCFS/ Mental Health and Addictions Services
Carole Romm	CareOregon
Ralph Summers	State Mental Health
Kathy Turner	Commission on Children Families and Community
David Willis, MD,	Northwest Early Childhood Institute

#### **Parents:**

Sandy Bumpus	CAMHSA/National Alliance for the Mentally Ill
Angela Steckly	Mental Health and Addictions Services, Family Involvement Coordinator
Mary Jo Thomas	Foster Parent
Cheri Waller	Foster Parent

#### **Provider Panel:**

Gene Borkan, MD	Providence
Bruce Baker	Morrison Center
Norwood Knight-Richardson, MD	Legacy
Jackie Mercer	Native American Recovery Association/Cultural Competency Committee
Derenda Schubert, PhD	Trillium
Ginny Robinson	Mt. Hood Mental Health
Holden Leung	Chinese Service Center/Cultural Competency Committee

#### **Multnomah County Staff Resources:**

Tom Wirshup	DCFS/ Mental Health and Addictions Services
Rich Scott	Department of Community Justice
Consuelo Saragoza	Health Department
Nancy Middlebrook	DCFS/ Mental Health and Addictions Services, Addictions Program
Vernon Baker	DCFS/ Developmental Disabilities
Mary Shortall (and/or	Jeanne Wheaton)      Aging and Disability Services
Stephen Young	DCFS/ Mental Health and Addictions Services

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**Update on the Naito Mental Health Redesign  
Recommendations  
Multnomah County Department of County Human Services  
Mental Health and Addiction Services Division  
3/1/04**

This report outlines progress made, areas for improvement and next steps for ensuring the mental health system reflects the values of the Naito's Committee *Recommendations for Children's Mental Health Redesign*. Multnomah County Mental Health and Addiction Services Division (MHASD) commenced its redesign effort in January 2002. Since that time, MHASD leadership has narrowed efforts to implement several of the recommendations. However, there are key areas that continue to require immediate action and will be addressed in this report. The first and foremost priority is to support services that create sustainable positive outcomes for families and children. MHASD will coordinate and integrate practices with other child serving systems such as juvenile justice, child welfare, education, health and other pertinent systems with the emphasis on developing practices that produce sustainable change.

**I. FAMILY AND CHILD FOCUSED TREATMENT**

Changing the pervasive practice away from a child-centered model has been the most challenging task of the Child and Family Mental Health Redesign Plan. There is a common misconception among many mental health clinicians that children are autonomous enough to function better with mental health support even if they have no attachment figure or their home life is tumultuous due to family issues or family stress. Children and youth who circle the system the longest are the ones whose parents are not ready or able to make use of family treatment, frequently due to mental health or substance abuse disorders. To continue to treat the child who does not have adequate social supports is the equivalent of painting one's house in the rain. This is also true for families with children who have neurobiological disorders. Families must have adequate support and specialized skills to maintain children in their home settings. Converting to a Family Centered System is the most important element of the redesign effort. Multnomah County MHASD must reflect in all practices and contracts an overhaul in the funding to match the theoretical approach. However, the first necessary element of a healthy mental health system is the capacity to get families and children quickly into care so as to prevent further deterioration.

**A. Access**

Demand for children's mental health services in Multnomah County has continued to increase over the past three years. In 2002, 2,238 children and youth (age 1 to 20) were either referred to or sought mental health services. In 2003, the number of referrals climbed to 3,226, a 44% increase. Children's mental health revenue has remained steady between 2002 and 2003 with primary providers receiving a slight increase in funding during that time period. In spite of the dramatic increased demand for service, access has remained consistent: 75% of the parents, guardians and youth who requested service received an initial appointment date within 14 days of the first contact for both 2002 and 2003. The number of children and youth who were actually seen within the 14 days is closer to 44% for 2002 and 38% for 2003. The low percentage reflects missed appointments and requests for specific dates not within the 14-day range.

The number of children served dropped slightly between 2002 and 2003 from 3631 to 3253. These numbers reflect a shift in agency practice to prioritize high needs children. The increased demand for service illustrates the pressure for contracted children's mental health providers to provide effective and brief duration treatment.

**B. Adult Certification**

All primary providers who treat children must also have capacity to treat parents with mental health disorders. Morrison Child and Family Services received their notification on November 21st, 2003 that they are eligible to serve adults and Trillium Family Services is in the process of getting their adult certification. Families frequently experience fragmented services by having treatment provided by multiple clinicians from different agencies. This piecemeal approach accentuates agency propriety of child and family symptoms (such as drug abuse, aggressive behaviors, depression etc.) but lacks a comprehensive understanding of family functioning and how to help them get better.

**C. Integration of Adult Substance Abuse Services into Children's Mental Health**

A substantial portion of children and youth who are served in intensive services such as supported classroom, therapeutic school and psychiatric residential have parents with substance abuse issues. In spite of the dramatic need, there has been little progress made in this arena. Coordination across funding systems must occur to ensure that there is prioritization given to integrating services for families with multiple needs.

## II. COMMUNITY BASED SERVICES

**Services Provided in the Community**—One of the goals of the Children's Redesign is to increase services being provided in natural settings such as in the home, school or community rather than relying on a clinic based approach. The purpose for this is two-fold. Accurate assessment is not only reliant on client self-report but also observation of what may be occurring in day to day living outside of the family's awareness. Additionally, services should be available to all at risk families, not just those capable of making their appointments. If the home is the most convenient place for treatment, then that is where treatment should occur. The current percentage of services that are being provided in the community for 2003 is 20 to 22% is compared to 11% in fiscal year 2000/2001. Although there has been improvement, further progress must be made to increase that percentage to 40 or 50%.

## III. COMPREHENSIVE ARRAY OF SERVICES

<b>Service Description</b>	<b>1/02 - 9/02</b>	<b>1/03 - 9/03</b>
<b>Child Focused Services</b>		
Psychiatric Assessment	1%	2%
Mental Health Assessment	3%	4%
Individual Therapy	19%	22%
Group Therapy	8%	9%
Consultation	4%	3%
Group Psychosocial Skills	20%	13%
IT Structure and Support	5%	3%
Individual Psychosocial Skills	6%	6%
Medication Management	3%	3%
Other	2%	4%
	<b>71%</b>	<b>69%</b>
<b>Family Focused Services</b>		
Family Therapy	12%	14%
Clinical Services Coordination	3%	2%
Case Management QMHP	7%	8%
Case Management QMHA	1%	1%
Family Support	3%	2%
Individual Parent Psychosocial Skills	1%	1%
Other	2%	3%
	<b>29%</b>	<b>31%</b>
<b>Family Focused Services</b>	<b>29%</b>	<b>31%</b>
<b>Child Focused Services</b>	<b>71%</b>	<b>69%</b>

\* Data is based on all encounter data from (DePaul, Albertina Kerr, InAct, Lutheran Family Services, Morrison Child and Family Services, OHSU, Trillium Family Services, Tualatin Valley). Cascadia Behavioral Health was not included in this report due to inaccurate encounter data.

***Data indicates little or no progress in shifting practice to a family centered model. In a family centered model, the ratio of family to child services would be closer to the inverse of what current practices. Encounter data will reflect an increase in case-management, care coordination, family support, respite and family therapy.***

**Crisis Response Services**

- A. Children's Crisis Mobile Outreach—Response to child and family crisis calls has increased by 300 % between November 2002 and November 2003. Community feedback has been overwhelmingly positive.
- B. Crisis Prevention Services—This is a new service as of December 1<sup>st</sup>, 2003. The Crisis Prevention Team outreaches families and children in their home or at school with the purpose of deflating situations that could become critical without a timely response. The number of calls responded to per week is increasing from two a week to one a day. Thus far, the Crisis Prevention Team has outreached 30 families and either reconnected or initiated intakes for families to get into mental health services.
- C. Crisis Respite/Intensive Evaluation Services—MHASD has contracts with five psychiatric residential treatment providers. Providers are currently underutilizing this service due to a lack of capacity and development of a short-term crisis service. However, negotiations are currently occurring with JCAHO providers to increase their capacity for JCAHO level crisis respite.

**Gaps in Service Array which Need Further Development**

- A. Treatment Foster Care—MHASD is in the process of securing funding to initiate the OSLC model within the next 6 months. Measure 30 may affect the expediency of the implementation timeline but will not impede the process.
- B. Ongoing Respite and Easily Accessible Crisis Respite
- C. Integrated Adult Substance Abuse and Mental Health Services in a Family Centered Practice Model.
- D. Intensive Family Preservation Model of Intervention.
- E. Culturally Competent and Effective Services for all Culturally Specific Children and Families.

#### **IV. INTEGRATED AND COORDINATED SERVICES**

##### **School Aged Framework Employees**

- A.** MHASD has changed the scope and the role of the Mental Health Consultants in the context of the School Aged Policy Framework. Mental Health Consultants are currently located in 24 schools. Additionally there are Mental Health Professionals who provide outreach to elementary and middle schools. Additionally, we are serving three school districts (Reynolds, David Douglas and Gresham/Barlow) previously unserved by Multnomah County Mental Health Consultants. There has been strong coordination between the county mental health consultants and Morrison Child and Family Services to accelerate and simplify the referral process. Anecdotal reports by the Mental Health Consultants indicate increased youth and families served. Data is still being collected.
- B.** MHASD, in coordination with the Department of School and Community Partnerships, is in the process of developing formalized linkages between the Touchstone workers and the Mental Health Consultants. Mental Health Consultants will be available to Touchstone workers for the purpose of referral and on going consultation regarding clinical issues.

##### **Supports For Foster Families**

- A. Cluster Model**—DHS Children and Family Services and MHASD have implemented a model that entails assigning care coordination to a group of foster homes serving youth with serious emotional and behavioral disorders. Rather than each child in a foster home having a separate therapist, one clinician is assigned to a group of families to maintain and assist foster parents in providing structure and nurturing for youth at risk for facility based intervention. Morrison Child and Family Services has hired one care coordinator with the intent of expanding when DHS organizes more foster families.
- B. Treatment Foster Care**—See Evidence Based Practice and Gaps in Service Section. MHASD has drafted a proposal to secure funding from the State Mental Health Division.

##### **Case Management/Care Coordination**

Service data does not reflect enough progress made in this arena. However, in the past three months, three additional care coordinators have been hired between the three primary agencies. We have not yet met the goal of every multi-system involved child with a serious emotional disturbance is assigned a care coordinator to manage treatment planning.



### **Coordination of Services with Special Education Departments**

Partnership and co-funded projects have been in place for many years resulting in a collaborative effort between mental health and the special education directors of at least three school districts. The Supported Classroom Project, a joint funded venture, currently serves approximately 200 children who are placed in SED classrooms. The next phase of this collaboration will be to design services that are closely integrated with special education in preventing children from requiring behavioral classroom or alternative school settings. Additional work is needed to ensure that districts and county operate off the same premise that children are more successful when served in normalized settings. Supports should prevent children from leaving mainstream settings rather than prioritizing them only once they are there.

## **V. SYSTEM OF CARE CLINICAL DEVELOPMENT**

Evidence-based research models such as Multi-Systemic Treatment, Functional Family Therapy, Treatment Foster Care, and Adolescent Transition Program would indicate that Family Centered Practices are the most effective practices in creating cohesion within families and reducing child specific emotional and behavioral symptoms. The theoretical approach for many of these models is embedded in Family Systems Theory.

However, translating theory into practice is intrinsic to very few clinicians. Most social work students learn and graduate with generalized practice skills. Without having a model or a theoretical base to guide one's interventions, working with children and families becomes much like a leaf tumbling whichever way the wind blows. MHASD must invest and assist contracted outpatient providers in training clinicians in effective practice.

- A. Family Check-Up Model**—MHASD is collaborating with the University of Oregon, Child and Family Center in expanding The Family Check-Up Model, a research based assessment and treatment readiness tool. The Family Check-Up Model will be implemented in three child and family outpatient sites. The model is a strength-based, family driven approach that is proven effective in engaging families and guiding them into treatment that works. Multnomah County contracted outpatient providers will receive training in the model and ongoing supervision to maintain fidelity. The goal is to improve outcomes by engaging families at initial contact thus reducing the duration of treatment. The University of Oregon, Child and Family Center, will have the opportunity to assist other communities in determining how and when mental health agencies are ready to implement research proven practices within a "non research" setting.

The research application will be submitted by June 1st, 2004. Agency preparation and training will occur this spring and summer. The Check-Up model will be integrated into practice by October 1, 2004.

**B. Multidimensional Treatment Foster Care**

Treatment Foster Care crosses three recommendations of the Redesign Document; Gaps in Service, Support to Foster Families and Evidence Based Practices.

***Building treatment foster care capacity in Multnomah County is the number one priority over the next 12 months.***

After reviewing psychiatric residential data from the Multnomah County, ITS Pilot, it was determined that roughly 49% of the 179 children would have transitioned to the community much more successfully if Treatment Foster Care was readily available. The ITS Pilot is approximately a third of the total residential capacity, therefore one could infer that annually 70 children and youth could greatly benefit from this service.

Multnomah County, MHASD intends to enlist the ongoing consultation and project development from the Oregon Social Learning Center. Oregon Social Learning Center has demonstrated both nationally and internationally their ability to not only design an "evidence based" treatment practice but to implement within other communities as well. The Oregon Social Learning Center Model is based on 30 years of research in evaluating children and families and how to prevent anti-social behavior. OSLC has also expanded their research to evaluate children with Serious Emotional and Behavioral Disorders. A series of studies have tested the impact of therapeutic foster care services for children who have multiple co-morbid mental disorders. In a therapeutic foster care environment, a child is placed in a home with foster parents who have received specialized training to work with children who have emotional or behavioral problems. Results from these studies have shown decreases in aggressive behavior and increases in positive adjustment at the conclusion of placement. Chamberlain and Reid compared treatment outcomes for youths from a state psychiatric hospital who were placed in either therapeutic foster care or usual community care and found that those in therapeutic foster care had fewer re-institutionalizations and more rapid behavioral improvement. In addition, youths in the experimental group had less frequent post-treatment incarcerations and criminal referrals and more frequent placements with parents or relatives in the year after treatment. In addition, the costs of this service were significantly lower than those of other residential placements. Chamberlain, P., & Weinrott,

M. R. (1990). Specialized foster care: Treating seriously emotionally disturbed children. *Children Today*, 19, 24-27.

Foster families will be funded and certified by DHS CAF so that children may remain in the recruited foster homes if there is a successful fit and the child has no other long-term placement option.

## **VI. CULTURALLY COMPETENT SERVICES**

The effort to provide culturally competent services is two pronged, developing cultural expertise within primary providers and funding infrastructure within culturally specific organizations to be able to better serve their communities. In spite of the increased funding and attention to culturally specific services, certain populations continue to be underrepresented in the service data. Adult African Americans with mental health disorders are notably over-represented in the criminal justice system. This is an indicator that the community is not successful at distinguishing criminal behavior versus the manifestation of a psychiatric disorder. Further development of pre-booking services to African American youth and cross system coordination is required in this area.

### **Currently in Existence**

- A. **Crisis Response** – In both the Crisis Prevention Services and the Children's Mobile Outreach, there is availability of cultural expertise in working with African Americans, Latinos, specific Asian Cultures and Native Americans.
- B. **Call Center**—The Call Center has a very diverse staff able to speak Spanish, multiple Eastern European languages and select Asian dialects. Additionally, there are culturally specific drug and alcohol outreach workers who are deployed by the call center. Eastern European mental health professionals are available to outreach Eastern European families who come to the attention of the school aged framework employees.
- C. **Funding Culturally Specific Communities** - MHASD has maintained its commitment into fiscal year 2003/2004 to funding organizations that will develop culturally competent services for populations historically either underserved or inappropriately served.

## **VII. COLLABORATION**

The vision for the Children's Mental Health System is to create shared ownership of multi-system involved families and their children by the different child serving systems, Mental Health, Education, Child Welfare and Criminal Justice. The goal

for blended funding will occur more easily when the different child serving systems concur on the theoretical approach in how to serve children and their families to create the best outcomes. Services and internal structure must reflect these values.

Commencing the System of Care Implementation Committee is an important step in creating formalized agreements across systems and then integrating practice to better serving families.

### **VIII. FUNDING**

Funding must incentivize services that a) create long term attachments to caregivers b) prevent children from requiring facility based care psychiatric or criminal justice involvement and c) prevent children from failing in school due to emotional and behavioral reasons.

Performance Based Contracting cannot reward merely providing intensive services because the service level will be based on funding rather than actual child and family need. Performance based contracting should reward the improvement of functioning in the context of natural and "real life" relationships and settings. However, both good and outcomes are very difficult to track because they typically surface within a different child serving system. Nonetheless, how services are funded is primary in ensuring that good practices are rewarded. Further progress will be made in this area with a plan to change contracting within the next six months.

### **IX. TRAINING**

(See section on system of care clinical development.)

## Timeline for Children's Mental Health System Improvements

Improvement		Responsible	Timeline	Change Mechanism
<b>Domain A: Systemwide</b>				
1.	Develop measurable outcomes for culturally specific services both internally and for subcontractors.	MHASD	10/01/04	Performance Based Contracting, financial incentives and Quality Management oversight.
2.	Ensure culturally specific services and expertise across the continuum of care.			
3.	Continue development of culturally specific capacity.			
		Completed		
4.	Implement evidence based practices in all new MHASD programming and provider systems.	MHASD Providers	Ongoing	Internal Development of Expertise, Contracting and Financial Incentives.
<b>Domain B: Family Centered Practice</b>				
1.	Provide mental health services to parents through integrated family treatment plan.	Child & Family Providers	11/05	Contractual with both incentives and sanctions and Quality Management oversight.
2.	Develop substance abuse treatment capacity for parents and youth; integrate substance abuse services into family treatment plan.	Providers	10/1/05	Quality Management Oversight
3.	Demonstrate competency in providing family centered models, including treatment engagement and family-driven treatment.	Providers	3/1/05	Incentive Based Contracting and Quality Management Oversight
4.	Develop performance-based contracts with incentives and penalties.	MHASD	9/1/04	MHASD Internal Contracts Development
5.	Require children's providers to be certified to treat adults.	MHASD Providers	Completed	
6.	Initiate credentialing for child and family serving agencies to be able to treat parental substance abuse.	MHASD	In process	

Improvement		Responsible	Timeline	Change Mechanism
<b>Domain C: Community Based Services Targeting High Risk Children, Youth and Families</b>				
1.	Operationalize Intensive Family Preservation Team to serve DHS child welfare children who have a history of failed attempts at community-based services.	MHASD	6/1/04	Financial Incentives
2.	Operationalize Evidence Based Treatment Foster Care.	MHASD	9/1/04	RFP Development and Contracting
3.	Expand Crisis and Planned Respite.	MHASD Providers	9/1/04	Crisis Respite - Development by MHASD Planned Respite - Develop criteria and ensure respite is occurring through Quality Management reviews.
4.	Increase Services Provided in the Community	MHASD Providers	6/1/05	Performance Based Contracting and Quality Management
<b>Domain D: Mobile Crisis Services</b>				
1.	Development of a mobile crisis unit to respond to children, youth and families who are in notable emotional distress and are at risk for hospitalization.	MHASD	Completed	Responds on average to 60 child, youth and family crisis calls per month.
2.	Development of a mobile unit to respond to children, youth and families whose needs are such that they cannot wait for the standard outpatient intake process	MHASD	Completed	Responds on average to 15 child, youth and family urgent situations per month.
3.	Increase outreach to collateral partners that work with very high risk populations such as the homeless youth network and ensure connectedness to ongoing case-management and services.	MHASD	6/1/04	Financial Incentives

Improvement	Responsible	Timeline	Change Mechanism
<b>Domain E: Integrated and Coordinated Services</b>			
1. Linkages with Touchstone and Student Attendance Initiative	MHASD DSCP	Completed	
2. Create structure for frequent and ongoing collaboration between Touchstone and Student Attendance Initiative and MHASD Mental Health Consultants for consultation and referral process.	MHASD DSCP	7/1/04	Inter-departmental focus groups
3. Develop protocol for mental health outreach to Donald E. Long, Juvenile Justice Detention Facility to identify and assist getting youth with mental health issues into appropriate mental health services	MHASD Providers DCJ	Completed	
4. Identify method and intervention to prevent youth with mental health disorders from inappropriate involvement in the justice system. Evaluate prevalence of African Americans with mental health issues in both juvenile justice and DHS child welfare.	MHASD DCJ Providers		Inter-departmental focused task groups, targeted outreach to specific populations, financial incentives and performance based contracting
5. Develop standards of practice between child welfare and mental health to prevent overuse of facility based care.	MHASD Providers DHS CAF		Cluster Model Intensive Family Preservation Team Standardized Practice/ Braided Funding
6. Develop integrated and standardized practice with school districts to prevent children and youth from being placed in out of district placements or specialized classrooms due to an emotional/ behavioral condition. Develop successful transition practices for children to return to mainstream settings.	MHASD School Districts MESD DSCP DCJ		Cross System Coordination  Develop task groups to identify efforts across systems and then integrate practices into a logical system.
7. Establish System of Care for Families Implementation Team (SOCFIC).		Completed	

Improvement		Responsible	Timeline	Change Mechanism
<b>Domain F: System of Care Clinical Development</b>				
1.	Family Check-Up Model:			
	a. Submit research application.	MHASD	6/1/04	
	b. Agency preparation and staff development.	MHASD Providers	7/1/04	
	c. Integrate into practice.	MHASD Providers	10/1/04	Performance Based Contracting
2.	Evidence Based Treatment Foster Care	MHASD	9/1/04	RFP and Contracting
3.	Implement <i>Incredible Years</i> evidence based practice for Early Childhood System of Care.	MHASD Morrison Child and Family Services	Completed	
4.	Develop Early Childhood System of Care for purposes of improved access, targeting high-risk families, integrated family service delivery, family centered models of care, improved transitions into school programs and evaluation.  Develop common a cohesive system across multiple funding streams.	MHASD A & D, + MH Providers CareOregon Early Intervention Programs, Courts, DHS CAF,		Cross System Coordination
<b>Domain G: Funding</b>				
1.	Develop funding model to incentivize providing effective treatment to high need children and their families.	MHASD	11/1/04	Gathering data to determine how services are currently delivered, developing a series of focused workgroups to present data, discuss options and then make changes in the contracts.
2.	Explore braided funding options with juvenile justice, education, and child welfare.	MHASD		Cross System Coordination
3.	Coordinate with Wraparound Oregon.	MHASD		Cross System Coordination



## AGENDA PLACEMENT REQUEST

BUD MOD #:

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-8

**Est. Start Time:** 10:35 AM

**Date Submitted:** 07/14/04

**Requested Date:** Aug 19, 2004

**Time Requested:** 5 minutes

**Department:** Business & Community Services

**Division:** Finance, Budget and Tax

**Contact/s:** Dave Boyer

**Phone:** 988-3903

**Ext.:** 83903

**I/O Address:** 503/531

**Presenters:** Dave Boyer

**Agenda Title:** Second Reading and Possible Adoption of a Proposed Ordinance Establishing Multnomah County Code Chapter 12, Business Income Tax from MCC §§ 11.500 et seq., Updating and Clarifying Definitions

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approve the Ordinance amending the Multnomah County Business Income Tax Code 11.500 and to establish the new provisions in MCC Chapter 12.
2. **Please provide sufficient background information for the Board and the public to understand this issue.** In 1993 the County Business Income Tax and City of Portland License Fee administration was consolidated. Prior to 1993 the County contracted with the State Department of Revenue. The City and the County jointly developed and have retained code conformity. The consolidated program has allowed businesses to follow a single set of procedures and definitions and to file a single reporting form for both the City and the County. This has simplified reporting requirements for businesses and has reduced administrative costs for both the City and the County for the past 10 years.

On July 1, 1998, Multnomah County amended the Multnomah County Business Income Tax Code 11.500. This amendment was part of the entire reformatting of the Multnomah County Code and was not intended to make code changes.

When MCC 11.500 was amended the definition of person was omitted in error and the provisions of the surcharge in 11.500 were also omitted in error.

We are recommending that we include a provision to allow the County Administrator to set up a payment plan for taxpayers. This provision is currently being used under administrative rule and it is our recommendation to put this provision in the code. (12.550)

The final changes we recommend are to add a Table of Contents, make technical wording changes and renumber the sections so that they have similar numbers to the Portland Business License Fee code numbers. We believe these changes will make the County and City code easier for businesses to follow

3. **Explain the fiscal impact (current year and ongoing).** No financial impact to the County or businesses will result from these changes. The technical changes to the code do not change who is taxed, deduction or any other items that impact actual tax liabilities or payments.

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

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

4. **Explain any legal and/or policy issues.** Meets the County's legal requirements and is consistent with County policies
5. **Explain any citizen and/or other government participation that has or will take place.** Have worked with the City of Portland to ensure our code is similar to the City of Portland License Bureau.

**Required Signatures:**

**Department/Agency Director:**



**Date: 07/21/04**

**Budget Analyst**

**By:**

**Date:**

**Dept/Countywide HR**

**By:**

**Date:**

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**ORDINANCE NO. 1046**

Ordinance Establishing Multnomah County Code Chapter 12, Business Income Tax from MCC §§ 11.500 et seq., Updating and Clarifying Definitions, and Declaring an Emergency

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

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

- a. In 1993, the County Business Income Tax and City of Portland License Fee administration was consolidated. The City and County jointly developed a consolidated program to allow businesses to file a single reporting form for both City and County.
- b. Establishing a separate chapter for the Multnomah County Business Income Tax Law with a numbering system similar to Portland's Business License Fee code will make the County code easier for businesses to follow.
- c. On July 1, 1998, Multnomah County amended the Multnomah County Business Income Tax Law (MCC §§ 11.500 et seq), and the definition of person and the temporary education surcharge on business income tax for 1998 were inadvertently omitted.
- d. It is necessary to add these definitions, update the County BIT code to track with Portland's Business License Fee Code 7.02, and add a provision allowing the County Administrator to set up a payment plan for taxpayers

**Multnomah County Ordains as follows:**

**Section 1.** The county Business Income Tax Law (MCC §§ 11.500, et seq.) is renumbered and amended as follows:

**11.500\*CHAPTER 12 BUSINESS INCOME TAX**

<del>§ 11.500</del>	<u>§ 12.005</u>	Title.
<del>§ 11.501</del>	<u>§ 12.010</u>	Taxes For Revenue.
<del>§ 11.502</del>	<u>§ 12.020</u>	Conformity To State Income Tax Laws.
<del>§ 11.504</del>	<u>§ 12.100</u>	Definitions.
<del>§ 11.505</del>	<u>§ 12.110</u>	Income Defined.
<del>§ 11.506</del>	<u>§ 12.200</u>	Administration.
<del>§ 11.507</del>	<u>§ 12.210</u>	Administrative Authority.
<del>§ 11.503</del>	<u>§ 12.220</u>	Presumption Of Doing Business.
<del>§ 11.508</del>	<u>§ 12.225</u>	Ownership Of Taxfiler Information.
<del>§ 11.509</del>	<u>§ 12.230</u>	Confidentiality.

<u>§ 11.510</u>	<u>§ 12.240</u>	Persons To Whom Information May Be Furnished.
<u>§ 11.511</u>	<u>§ 12.250</u>	Taxfiler Representation.
<u>§ 11.512</u>	<u>§ 12.255</u>	Representation Restrictions.
<u>§ 11.513</u>	<u>§ 12.260</u>	Examination Of Books, Records Or Persons.
<u>§ 11.514</u>	<u>§ 12.270</u>	Records.
<u>§ 11.515</u>	<u>§ 12.280</u>	Deficiencies And Refunds.
<u>§ 11.516</u>	<u>§ 12.290</u>	Protests And Appeals.
<u>§ 11.517</u>	<u>§ 12.400</u>	Exemptions.
<u>§ 11.518</u>	<u>§ 12.500</u>	Imposition And Rate Of Tax.
<u>§ 11.519</u>	<u>§ 12.510</u>	Return Due Date.
<u>§ 11.520</u>	<u>§ 12.520</u>	Quarterly Estimates.
<u>§ 11.521</u>	<u>§ 12.530</u>	Schedule For Payment Of Estimated Tax.
<u>§ 11.522</u>	<u>§ 12.550</u>	Presumptive Tax.
	<u>§ 12.560</u>	Payment Plan Fee.
<u>§ 11.523</u>	<u>§ 12.600</u>	Income Determinations.
<u>§ 11.524</u>	<u>§ 12.610</u>	Apportionment Of Income.
<u>§ 11.525</u>	<u>§ 12.620</u>	Changes To Federal Or State Tax Returns.
<u>§ 11.599</u>	<u>§ 12.700</u>	Penalty.
<u>§ 11.526</u>	<u>§ 12.710</u>	Interest.
<u>§ 11.527</u>	<u>§ 12.715</u>	Payments Applied.
<u>§ 11.528</u>	<u>§ 12.720</u>	Interest On Refunds.
<u>§ 11.599(G)</u>	<u>§ 12.730</u>	Criminal Penalties.
	<u>§ 12800</u>	<u>Severability.</u>
	<u>§ 12.820</u>	<u>Operative Date.</u>
<u>§ 11.529</u>	<u>§ 12.840</u>	Participation Of Cities.
<u>§ 11.530</u>	<u>§ 12.850</u>	Former Regulations Superseded By This Chapter; Exceptions

**§ 11.500-12.005      Title.**

This ~~subchapter~~chapter may be known and cited as the Multnomah eCounty Business Income Tax Law.

**§ 11.501-12.010      Taxes For Revenue.**

The Board of the County Commissioners finds it is necessary to raise additional revenues to provide those county services required for the health, safety and welfare of the people of the county. The purpose of the taxes imposed by this ~~subchapter~~chapter is to raise funds to provide those services within the county. All proceeds collected under this ~~subchapter~~chapter shall be general fund revenue. This ~~subchapter~~chapter is intended to establish a unified system for collection and allocation of taxes based upon business net income by the county and by cities within the county.

**§ 11.50212.020      Conformity To State Income Tax Laws.**

(A) The Business Income Tax Law shall be construed in conformity with the laws and regulations of the state imposing taxes on or measured by net income as they are amended on or before December 31, 1997. The ~~administrator~~Administrator shall have the authority by administrative rules adopted in accordance with § 11.50712.210, to connect to or disconnect from any legislative enactment that deals with income or excise taxation or the definition of income.

(B) Should a question arise under the Business Income Tax Law on which this ~~subchapter~~chapter is silent, the ~~administrator~~Administrator may look to the laws of the Sstate of Oregon for guidance in resolving the question, provided that the determination under state law is not in conflict with any provision of this ~~subchapter~~chapter or the state law is otherwise inapplicable.

**§ 11.50412.100      Definitions.**

For the purpose of this ~~subchapter~~chapter, the terms used in this ~~subchapter~~chapter shall be defined as provided in this ~~subchapter~~chapter or in Administrative Rules, adopted under § 11.50712.210 of this ~~subchapter~~chapter, unless the context requires otherwise.

**ADMINISTRATOR.** The Bureau of Licenses, City of Portland, along with its employees and agents.

**APPEALS BOARD.** The hearings body designated by the Board to review taxfiler appeals from final determinations by the ~~administrator~~Administrator.

**BUSINESS.** An enterprise, activity, profession or undertaking of any nature, whether related or unrelated, by a person in the pursuit of profit, gain or the production of income, including services performed by an individual for remuneration, but does not include wages earned as an employee.

**CONTROLLING SHAREHOLDER.** Any person, either alone or together with that person's spouse, parents, and children, who, directly or indirectly, owns more than 5% of any class of outstanding stock or securities of the taxfiler. The term **CONTROLLING SHAREHOLDER** may mean the controlling shareholder individually or in the aggregate.

**DIRECTOR.** ~~The Finance Director~~Multnomah County Chief Financial Officer.

**DIVISION.** ~~The Finance Division~~Budget & Tax Office of the county.

**DOING BUSINESS.** To engage in any activity in pursuit of profit or gain, including but limited to, any transaction involving the holding, sale, rental or lease of property, the manufacture or sale of goods or the sale or rendering of services other than as an employee. Doing business includes activities carried on by a person through officers, agents or employees as well as activities carried on by a person on his or her own behalf.

**EMPLOYEE.** Any individual who performs services for another individual or organization having the right to control the employee as to the services to be performed and as to the manner of performance.

**INDIVIDUAL.** A natural person.

**NET OPERATING LOSS.** The negative taxable income that may result after the deductions allowed by the Business Income Tax Law in determining net income for the tax year.

**NONBUSINESS INCOME.** Income not created in the course of the taxfiler's business activities.

**NOTICE.** A written document mailed first class by the Administrator or division to the last known address of a taxfiler as provided to the ~~administrator~~Administrator or division in the latest tax return on file with the ~~administrator~~Administrator.

**OWNERSHIP OF OUTSTANDING STOCK OR SECURITIES.** The incidents of ownership which include the power to vote on the corporation's business affairs or for the directors, officers, operators or other managers of the taxfiler.

**PERSON.** A natural person, proprietorship, partnership, limited partnership, family limited partnerships, joint venture, association, cooperative, trust, estate, corporation, personal holding company, limited liability company, limited liability partnership or any other form of organization for doing business.

**RECEIVED.** The postmark date affixed by the United States postal service if mailed or the date stamp if delivered by hand or sent by facsimile.

TAX YEAR. The taxable year of a person for federal or state income tax purposes.

**TAXFILER.** A person doing business in the county and required to file a return under the Business Income Tax Law.

#### **§ 11.50512.110      Income Defined.**

For the purpose of this ~~section~~chapter, the following definition shall apply unless the context requires a different meaning.

**INCOME.** The net income arising from any business, as reportable to the Sstate of Oregon for personal income, corporation excise, or income tax purposes, before any allocation or apportionment for operation out of state, or deduction for a net operating loss carry-forward or carry-back.

(A) Partnerships, S corporations, limited liability companies, limited liability partnerships, family limited partnerships, estates and trusts, shall be liable for the business tax and not the individual partners, shareholders, members or beneficiaries. The income of these entities shall include all income received by the entity including ordinary income,

interest and dividend income, income from sales of business assets and other income attributable to the entity.

(B) If one or more persons are required or elect to report their income to the state for corporation excise or income tax purposes or personal income tax purposes in a consolidated, combined or joint return, a single return shall be filed by the person filing such return. In such cases, **INCOME** means the net income of the consolidated, combined or joint group of taxfilers before any allocation or appointment for operation out of the state, or deduction for a net operating loss carrying-forward or carry-back.

(C) The absence of report income to the Internal Revenue Service or the state shall not limit the ability of the ~~administrator~~Administrator to determine the correct income of the taxfiler through examination under § 11.51312.260 of this ~~subchapter~~chapter.

**§ 11.50612.200 Administration.**

(A) The City of Portland, Bureau of Licenses shall be the ~~administrator~~Administrator of record and shall have the authority to administer and enforce this ~~subchapter~~chapter effective January 1, 1994 to include, but not limited to, administrative return processing, auditing, determinations, collection of taxes, penalties and interest, protests and appeals that occur on or after January 1, 1994.

(B) The ~~administrator~~Administrator shall have access to and maintain all tax filings and records, under this ~~subchapter~~chapter, on behalf of the county. The ~~administrator~~Administrator may, upon request, interpret how this ~~subchapter~~chapter applies, in general or for a certain set of circumstances. Nothing in this ~~subchapter~~chapter shall preclude the informal disposition of controversy by stipulation or agreed settlement, through correspondence or a conference with the ~~administrator~~Administrator.

**§ 11.50712.210 Administrative Authority.**

(A) The ~~administrator~~Administrator may implement procedures, forms, and written policies for administering the provisions of the Business Income Tax Law.

(B) The ~~administrator~~Administrator may adopt rules relating to matters within the scope of this ~~subchapter~~chapter to administer compliance with the Business Income Tax Law.

(C) Before adopting a new rule, the ~~administrator~~Administrator shall hold a public hearing. Prior to the hearing, the ~~administrator~~Administrator shall publish a notice in a newspaper of general circulation in the county. The notice shall be published not less than ten nor more than 30 days before the hearing. Such notice shall include the place, time and purpose of the public hearing, a brief description of the subjects covered by the proposed rule, and the location where copies of the full text of the proposed rule may be obtained.

(D) At the public hearing, the ~~administrator~~Administrator, or designee, shall take oral and written testimony concerning the proposed rule. The ~~administrator~~Administrator shall either adopt the proposed rule, modify, or reject it, taking into consideration the testimony received during the public hearing. If a substantial modification is made,

additional public review shall be conducted, but no additional public notice shall be required if an announcement is made at the hearing of a future hearing for a date, time and place certain at which the modification will be discussed. Unless otherwise stated, all rules shall be effective upon adoption by the ~~administrator~~Administrator. All rules adopted by the ~~administrator~~Administrator shall be filed in the division's office. Copies of all current rules shall be made available to the public upon request.

(E) Notwithstanding ~~divisions~~subsections (C) and (D) of this section, the ~~administrator~~Administrator may adopt an interim rule without prior public notice upon a finding that failure to act promptly will result in serious prejudice to the public interest or the interest of the affected parties, stating the specific reasons for such prejudice. Any interim rule adopted pursuant to this ~~divisions~~subsection shall be effective for a period of not longer than 180 days.

#### **§ 11.50312.220 Presumption Of Doing Business.**

A person is presumed to be doing business in the county and subject to this ~~subchapter~~chapter if engaged in any of the following activities:

- (A) Advertising or otherwise professing to be doing business within the county;
- (B) Delivering goods or providing services to customers within the county;
- (C) Owning, leasing or renting personal or real property within the county which is used in a trade or business;
- (D) Engaging in any transaction involving the production of income from holding property or the gain from the sale of property, which is not otherwise exempted in this ~~subchapter~~chapter. Property may be personal, including intangible, or real in nature; or
- (E) Engaging in any activity in pursuit of gain which is not otherwise exempted in this ~~subchapter~~chapter.

#### **§ 11.50812.225 Ownership Of Taxfiler Information.**

The county shall be the sole owner of all filer information under the authority of this ~~subchapter~~chapter. The Director or the director's designee shall have access to all taxfiler information at all times.

#### **§ 11.50912.230 Confidentiality.**

Except as provided in this ~~subchapter~~chapter or otherwise required by law, it shall be unlawful for the division or the ~~administrator~~Administrator, or any elected official, employee, or agent of the county, or for any person who has acquired information pursuant to § 11.51012.240(A) and (C) of this ~~subchapter~~ to divulge, release, or make known in any



manner any financial information submitted or disclosed to the county under the terms of the Business Income Tax Law. Nothing in this section shall be construed to prohibit:

(A) The disclosure of the names and addresses of any persons who have filed a return; or

(B) The disclosure of general statistics in a form which would prevent the identification of financial information regarding an individual taxfiler.

**§ 11.51012.240 Persons To Whom Information May Be Furnished.**

(A) (1) The division may disclose and give access to information described in ~~§ 11.50912.230 of this subchapter~~ to an authorized representative of the ~~state~~ Department of Revenue, State of Oregon, or of any local government of the state imposing taxes upon or measured by gross receipts or net income, for the following purposes:

- (a) To inspect the tax return of any taxfiler;
- (b) To obtain an abstract or copy of the tax return;
- (c) To obtain information concerning any item contained in any return; or
- (d) To obtain information of any financial audit of the tax returns of any taxfiler.

(2) Such disclosure and access shall be granted only if the laws, regulations or practices of such other jurisdiction maintain the confidentiality of such information at least to the extent provided by the Business Income Tax Law.

(B) Upon request of a taxfiler, or authorized representative, the ~~administrator~~Administrator shall provide copies of any tax return information filed by the tax filer in the ~~administrator~~Administrator's possession.

(C) The division may also disclose and give access to information described in ~~§ 11.50912.230 of this subchapter~~ to:

(1) The County Attorney, to the extent the division deems disclosure or access necessary for the performance of the duties of advising or representing the division.

(2) Other county employees and agents, to the extent the division deems disclosure or access necessary for such employees or agents to perform their duties under contracts or agreements between the division and any other department, division, agency or subdivision of the county relating to the administration of the Business Income Tax Law.

(D) All employees and agents of the division or county, prior to the performance of duties involving access to financial information submitted to the county under the terms of the Business Income Tax Law, shall be advised in writing of the provision of ~~§ 11.50912.730 of this chapter~~ relating to penalties for the violation of §§ ~~11.50912.240~~ and ~~11.51212.255 of~~

~~this subchapter and this section.~~ Such employees and agents shall execute a certificate in a form prescribed by the division, stating that the person has reviewed these provisions of law, has had them explained, and is aware of the penalties for the violation of §§ ~~41.509~~12.230, 12.240 and ~~41.512~~12.255 ~~of this subchapter and this section.~~

(E) Prior to any disclosures permitted by this section, all persons described in ~~division subsection (A) of this section,~~ to whom disclosure or access to financial information is given, shall:

(1) Be advised in writing of the provisions of § ~~41.509~~12.730 ~~of this chapter relating to penalties for the violation of § 41.509~~12.230 ~~of this chapter;~~ and

(2) Execute a certificate in a form prescribed by the division, stating these provisions of law have been reviewed and they are aware of the penalties for the violation of § ~~41.509~~12.230 ~~of this chapter.~~

(F) The director's signature on the certificate, required by ~~division subsection (E)(2) of this section,~~ shall constitute consent to disclosure to the persons executing the certificate.

#### **§ ~~41.511~~12.250 Taxfiler Representation.**

No person shall be recognized as representing any taxfiler in regard to any matter relating to the tax of such taxfiler without written authorization of the taxfiler or unless the ~~administrator~~Administrator determines from other available information the person has authority to represent the taxfiler.

~~Penalty, see § 11.509~~

#### **§ ~~41.512~~12.255 Representation Restrictions.**

(A) No employee or official of the county, the ~~administrator~~Administrator, any public agency authorized to collect taxes imposed by this ~~subchapter~~chapter, shall represent any taxfiler in any matter before the ~~administrator~~Administrator. This restriction against taxfiler representation shall continue for two years after termination of employment or official status.

(B) Members of the appeals board shall not represent a taxfiler before the appeals board. No member of the appeals board shall participate in any matter before the board if the appellant is a client of the member or the member's firm.

~~Penalty, see § 11.509~~

#### **§ ~~41.513~~12.260 Examination Of Books, Records Or Persons.**

(A) The ~~administrator~~Administrator may examine any books, papers, records, or memoranda, including state and federal income or excise tax returns, to ascertain the

correctness of any tax return or to make an estimate of any tax. The ~~administrator~~Administrator shall have the authority, after notice, to:

(1) Require the attendance of any person required to file a tax return under the Business Income Tax Law, or officers, agents, or other persons with knowledge of the person's business operations, at any reasonable time and place the ~~administrator~~Administrator may designate;

(2) Take testimony, with or without the power to administer oaths to any person required to be in attendance; and

(3) Require proof for the information sought, necessary to carry out the provisions of this ~~subchapter~~chapter.

(B) The ~~administrator~~Administrator shall designate the employees who shall designate the employees who shall have the power to administer oaths hereunder. Such employees shall be notaries public of the State of Oregon.

**~~§ 11.514~~12.270      Records.**

Every person required to file a return under the Business Income Tax Law shall keep and preserve for not less than seven years such documents and records, including state and federal income and excise tax returns, accurately supporting the information reported on the taxfiler's return and calculation of tax for each year.

**~~§ 11.515~~12.280      Deficiencies And Refunds.**

(A) Deficiencies may be assessed and refunds granted any time within the period provided under ORS 314.410, 314.415, and 317.950. The ~~administrator~~Administrator may by agreement with the taxfiler extend such time periods to the same extent as provided by statute.

(B) Notwithstanding ~~division~~subsection (A) of this section, if no tax return is filed, the ~~administrator~~Administrator may determine taxes due under this ~~subchapter~~chapter at any time based on the best information available to the ~~administrator~~Administrator. Taxes determined under this ~~division~~subsection shall be assessed and subject to penalties and interest from the date the taxes should have been paid as provided in ~~§ 11.519~~12.510 of this ~~subchapter~~ in accordance with §§ ~~11.526~~12.700 and ~~11.599~~12.710 of this chapter. The ~~administrator~~Administrator shall send notice of the determination and assessment to the person doing business in the county.

(C) Consistent with ORS 314.410(3), in cases where no tax return has been filed, there shall be no time limit for a notice of deficiency and/or the assessment of taxes, penalty and interest due.

Penalty, see ~~§ 11.599~~

**§ 11.51612.290**

**Protests And Appeals.**

(A) Any determination by the ~~administrator~~Administrator may be protested by the taxfiler. Written notice of the protest must be received by the ~~administrator~~Administrator within 30 days after the notice of determination was mailed or delivered to the taxfiler. The protest shall state the name and address of the taxfiler and an explanation of the grounds for the protest. The ~~administrator~~Administrator shall respond within 30 days after the protest is filed with the ~~administrator~~Administrator with either a revised determination or a final determination. The ~~administrator~~Administrator's determination shall include the reasons for the determination and state the time and manner for appealing the determination. The time to file a protest or the time for the ~~administrator~~Administrator's response may be extended by the ~~administrator~~Administrator, for good cause. Requests for extensions of time must be received prior to the expiration of the original 30-day protest deadline. Written notice shall be given to the taxfiler if the ~~administrator~~Administrator's deadline is extended.

(B) Any final determination by the ~~administrator~~Administrator may be appealed by the taxfiler to the appeals board. Written notice of the appeal must be received by the ~~administrator~~Administrator within 30 days after the final determination was mailed or delivered to the appellant. The notice of appeal shall state the name and address of the appellant and include a copy of the final determination.

(C) (1) Within 90 days after the final determination was mailed or delivered to the taxfiler, the appellant shall file with the appeals board a written statement containing:

(a) The reasons the ~~administrator~~Administrator's determination is incorrect; and

(b) What the correct determination should be.

(2) Failure to file such a written statement within the time permitted shall be deemed a waiver of any objections, and the appeal shall be dismissed.

(D) Within 150 days after the final determination was mailed or delivered to the taxfiler, the ~~administrator~~Administrator shall file with the appeals board a written response to the appellant's statement. A copy of the ~~administrator~~Administrator's response shall be promptly mailed to the address provided by the appellant.

(E) The appellant shall be given not less than 14 days prior written notice of the hearing date and location. The appellant and the ~~administrator~~Administrator shall have the opportunity to present relevant testimony and oral argument. The appeals board may request such additional written comment and documents as it deems appropriate.

(F) Decisions of the appeals board shall be in writing, state the basis for the decision and be signed by the appeals board chair.

(G) The decision of the appeals board shall be final on the date it is issued and no further administrative appeal shall be provided.

(H) The filing of an appeal with the appeals board shall temporarily suspend the obligation to pay any tax that is the subject of the appeal pending a final decision by the appeals board.

**§ ~~11.517~~12.400 Exemptions.**

To the extent set forth below, the following persons or incomes are exempt from tax requirements imposed by the Business Income Tax Law:

(A) Persons whom the county is prohibited from taxing under the Constitution or laws of the United States or the Constitution or laws of the Sstate of Oregon or County Charter.

(B) Income arising from transactions which the county is prohibited from taxing under the Constitution or the laws of the United States or the Constitution or laws of the Sstate of Oregon or County Charter.

(C) Persons whose gross receipts from all business, both within and without the county, amount to less than \$25,000 in any tax year. The ~~administrator~~Administrator may demand a statement that the person's gross receipts for any tax year were less than \$25,000.

(D) Corporations exempt from the Sstate of Oregon Corporation Excise Tax under ORS 317.080, provided that any such corporation subject to the tax on unrelated business income under ORS 317.920 to 317.930 shall pay a tax based solely on such income.

(E) Trusts exempt from federal income tax under Internal Revenue Code Section 501, provided that any exempt trust subject to tax on unrelated business income and certain other activities under Internal Revenue Code Section 501(b) shall be subject to the tax under this ~~subchapter~~chapter based solely on that income.

(F) Any individual whose only business transactions are exclusively limited to the following activities:

(1) Sales, exchanges or involuntary conversions of real property not held for sale in the ordinary course of a trade or business, unless the real property is used in the trade or business in connection with the production of income; or

(2) The sale of personal property acquired for household or other personal use by the seller; or

(3) (a) Interest and dividend income earned from investments if the income is not created in the course of or related to the taxfiler's business activities; or

(b) Gains or losses incurred from the sale of assets which are not a part of a trade or business; or

(4) The renting or leasing of residential real property, if the beneficial owner of such real property does not rent or lease more than nine dwelling units, at least one of which is within the county.

(G) Any person whose only business transactions are exclusively limited to the following activities:

(1) Raising, harvesting and selling of the person's own crops, or the feeding, breeding, management and sale of the person's own livestock, poultry, furbearing animals or honeybees, or sale of the produce thereof, or any other agricultural, horticultural or animal husbandry activity carried on by any person on the person's own behalf and not for others, or dairying and the sale of dairy products to processors. This exemption shall not apply if, in addition to the farm activities described in this subdivision~~subsection~~, the person does any processing of the person's own farm products which changes their character or form, or the person's business includes the handling, preparation, storage, processing or marketing of farm products raised or produced by others; or the processing of milk or milk products whether produced by said person or by others for retail or wholesale distribution.

(2) Operating within a permanent structure a display space, booth or table for selling or displaying merchandise by an affiliated participant at any trade show, convention, festival, fair, circus, market, flea market, swapmeet or similar event for less than 14 days in any tax year.

**§ 11.54812.500 Imposition And Rate Of Tax.**

(A) Except as otherwise provided in this subchapter~~chapter~~, a tax is imposed upon each person doing business within the county equal to 1.45% of the net income from the business within the county effective with tax years beginning on or after January 1, 1993.

(B) The payment of a tax required hereunder and the acceptance of such tax shall not entitle a taxfiler to carry on any business not in compliance with all the requirements of this code and all other applicable laws.

(C) For the business year beginning on or after January 1, 1998, if the tax imposed by this section exceeds \$100, each person doing business within Multnomah County shall pay, in addition, a Temporary Education Surcharge equal to one half percent (.50%) of the net income from the business within the County. This surcharge shall be in effect only for 1998 and shall not apply to business years beginning on or after January 1, 1999.

(D) The receipts from the surcharge imposed by subsection (C) shall be used only to benefit public schools in Multnomah County. Receipts from the Temporary Educational BIT surcharge shall only be used to maintain or reduce class size by preventing teacher layoffs in FY 1998-99. The public school districts with projected budget shortfalls in FY 98-99 shall only spend surcharge revenues to pay for salaries of teacher positions or other state certified personnel, that would otherwise be eliminated. To be eligible for BIT surcharge funds, school districts with projected budget shortfalls in FY 98-99 shall submit a list of positions for state certified positions subject to elimination from the budget and their

accompanying salary, to Multnomah County no later than May 30, 1998. Districts without budget shortfalls in FY 98-99 shall submit a list of additional teaching positions and other staff certified positions and materials directly related to instruction. Multnomah County will allocate the BIT surcharge revenues to each public school to pay for teacher positions or other state certified positions, based upon the list submitted by each school district.

(E) The Temporary Education Surcharge receipts shall be distributed to every public school district in Multnomah County according to a formula approved by the Board of County Commissioners.

Penalty, see § 11.599

**§ 11.51912.510 Return Due Date.**

(A) Tax returns shall be on forms provided or approved by the ~~administrator~~Administrator. All tax returns shall be filed, together with the specified tax by the fifteenth day of the fourth month following the end of the tax year.

(B) The ~~administrator~~Administrator may, for good cause, grant extensions for filing returns, except that no extension may be granted for more than six months beyond the initial due date. This extension does not extend the time to pay the tax.

(C) The tax return shall contain a written declaration, verified by the taxfiler, to the effect that the statements made therein are true.

(D) The ~~administrator~~Administrator shall prepare blank tax returns and make them available upon request. Failure to receive or secure a form shall not relieve any person from the obligation to pay a tax under the Business Income Tax Law.

Penalty, see § 11.599

**§ 11.52012.520 Quarterly Estimates.**

For tax years beginning on or after January 1, 1993, every taxfiler who incurred a tax liability, under ~~§ 11.51812.500 of this subchapter, or under '90 MCC § 5.70.045 for the preceding tax year,~~ of \$1,000 or greater shall estimate the taxfiler's tax liability for the current tax year under this ~~subchapter~~chapter and pay the amount of tax determined as provided in ~~§ 11.52412.530 of this subchapter.~~

**§ 11.52412.530 Schedule For Payment Of Estimated Tax.**

A taxfiler required under ~~§ 11.52012.520 of this subchapter~~chapter to make payments of estimated tax shall make the payments in installments as follows:

(A) One quarter or more of the estimated tax on or before the fifteenth day of the fourth month of the tax year;

(B) One quarter or more of the estimated tax on or before the fifteenth day of the sixth month of the tax year;

(C) One quarter or more of the estimated tax on or before the fifteenth day of the ninth month of the tax year; and

(D) The balance of the estimated tax shall be paid on or before the fifteenth day of the twelfth month of the tax year.

(E) Any payment of the estimated tax received by the ~~administrator~~Administrator for which the taxfiler has made no designation of the quarterly installment to which the payment is to be applied, shall first be applied to underpayments of estimated tax due for any prior quarter of the tax year. Any excess amount shall be applied to the installment that next becomes due after the payment was received.

~~Penalty, see § 11.599~~

**§ 11.5212.550 Presumptive Tax.**

(A) If a person fails to file a return, a rebuttable presumption shall exist that the tax payable amounts to \$500 for every tax year for which a return has not been filed.

(B) Nothing in this section shall prevent the ~~administrator~~Administrator from assessing, under ~~§ 11.515~~12.280(B) a tax due which is less than or greater than \$500 per tax year.

**§ 12.560 Payment Plan Fee.**

If a person fails to pay the Multnomah County Business Income tax when due, the Administrator may establish a payment plan pursuant to written policy. The Administrator may charge a set up fee for each payment plan established.

**§ 11.5212.600 Income Determinations.**

(A) *Owners compensation deduction.* **OWNERS COMPENSATION DEDUCTION** is defined as the additional deduction allowed in ~~division~~subsections (B), (C) and (D) of ~~this section~~below. For tax years beginning prior to January 1, 1999, the owners compensation deduction cannot exceed \$50,000 per owner, as defined in this section. For tax years beginning on or after January 1, 1999, the owner compensation deduction will be indexed by the Consumer Price Index - All Urban Consumers (CPI-U) U.S. City Average as published by the U.S. Department of Labor, Bureau of Labor Statistics, using the September to September index, not seasonally adjusted (unadjusted index). The initial index will be the September 1998 to September 1999 index. The ~~administrator~~Administrator will determine the exact deduction amount and publish the amount in written policy and included on forms. Any increase or decrease under this ~~division~~subsection which is not a multiple of \$500 shall be rounded to the next lowest multiple of \$500.

(B) *Sole proprietorship.* In determining income, no deductions shall be allowed for any compensation for services rendered by, or interest paid to, owners. However, 75% of



income determined without such deductions shall be allowed as an additional deduction, not to exceed the amount per owner as determined in divisionsubsection (A) above-per-owner.

(C) *Partnerships.* In determining income, no deduction shall be allowed for any compensation for services rendered by, or interest paid to, owners of partnerships, limited partnerships, limited liability companies, limited liability partnerships or family limited partnerships. Guaranteed payments to partners or members shall be deemed compensation paid to owners for services rendered. However:

(1) For general partners or members, 75% of income determined without such deductions shall be allowed as an additional deduction, not to exceed the amount per general partner or member as determined in divisionsubsection (A) above-per-general partner or member.

(2) For limited partners or members of limited liability corporations who are deemed partners by administrative rule or policy, 75% of income determined without such deductions shall be allowed as an additional deduction, not to exceed the lesser of actual compensation and interest paid or the amount determined in divisionsubsection (A) above per compensated limited partner.

(D) *Corporations.* In determining income, no deduction shall be allowed for any compensation for services rendered by, or interest paid to, controlling shareholders of any corporation, including, but not limited to C and S corporations and any other entity electing treatment as a corporation, either C or S. However, 75% of the corporation's income, determined without deduction of compensation or interest, shall be allowed as a deduction in addition to any other allowable deductions, not to exceed the lesser of the actual compensation and interest paid or the amount for each controlling shareholder as determined in divisionsubsection (A) above-for each controlling shareholder.

(1) For purposes of this subdivisionsubsection, to calculate the compensation for services rendered by or interest paid to controlling shareholders that must be added back to income, wages, salaries, fees, or interest paid to all persons meeting the definition of a controlling shareholder, must be included.

(2) For purposes of this subdivisionsubsection, in determining the number of controlling shareholders, a controlling shareholder and that person's spouse, parents and children count as one owner, unless such spouse, parent or child individually own more than 5% ownership of outstanding stock or securities in their own name. In that case, each spouse, parent or child who owns more than 5% of stock shall be deemed to be an additional controlling shareholder.

(3) For purposes of this divisionsubsection (C), joint ownership of outstanding stock or securities shall not be considered separate ownership.

(E) *Estates and trusts.* In determining income for estates and trusts, income shall be measured before distribution of profits to beneficiaries. No additional deduction shall be allowed.

(F) *Nonbusiness income.* In determining income under this section, an allocation shall be allowed for nonbusiness income as reported to the Sstate of Oregon. However,

income treated as nonbusiness income for Sstate of Oregon tax purposes may not necessarily be defined as nonbusiness income under the Business Income Tax Law. Interest and dividend income, rental income or losses from real and personal business property, and gains or losses on sales of property or investments owned by a trade or business shall be treated as business income for purposes of the Business Income Tax Law. Income derived from non-unitary business functions reported at the state level may be considered nonbusiness income. Non-unitary income will not be recognized at an intrastate level. The taxfiler shall have the burden of showing that income is nonbusiness income.

(G) *Tax based on or measured by net income.* In determining income, no deduction shall be allowed for taxes based on or measured by net income. No deduction shall be allowed for the federal built-in gains tax.

(H) *Ordinary gain or loss.* In determining income, gain or loss from the sale, exchange or involuntary conversion of real property or tangible and intangible personal property not exempt under § 11.51712.400(F) of this subchapter shall be included as ordinary gain or loss.

(I) *Net operating loss.* In determining income, a deduction shall be allowed equal to the aggregate of the net operating losses incurred in prior years, not to exceed 75% of the income determined for the current tax year before this deduction but after all other deductions from income allowed by this section and apportioned for business activity both within and without the county.

(1) When the operations of the taxfiler from doing business both within and without the county result in a net operating loss, such loss shall be apportioned in the same manner as the net income under § 11.52412.600 of this subchapter. However, in no case shall a net operating loss be carried forward from any tax year during which the taxfiler conducted no business within the county or the taxfiler was otherwise exempt from tax filing requirements.

(2) In computing the net operating loss for any tax year, the net operating loss of a prior tax year shall not be allowed as a deduction.

(3) In computing the net operating loss for any tax year, no compensation allowance deduction shall be allowed to increase the net operating loss. **COMPENSATION ALLOWANCE DEDUCTION** is defined as the additional deduction allowed by division subsection (A) of this section.

(4) The net operating loss of the earliest tax year available shall be exhausted before a net operating loss from a later tax year may be deducted.

(5) The net operating loss in any tax year shall be allowed as a deduction in any of the five succeeding tax years until used or expired. Any partial tax year shall be treated the same as a full tax year in determining the appropriate carry-forward period.

Penalty, see § 11.599

**§ 11.52412.610 Apportionment Of Income.**

(A) Business activity means any of the elements of doing business. However, a person shall not be considered to have engaged in business activities solely by reason of sales of tangible personal property in any state or political subdivision, or solely the solicitation of orders for sales of tangible personal property in any state or political subdivision. Business activities conducted on behalf of a person by independent contractors are not considered business activities by the person in any state or political subdivision.

(B) Any taxfiler having income from business activity both within and without the county shall in computing the tax, determine the income apportioned to the county by multiplying the total net income from the taxfiler's business by a fraction, the numerator of which is the total gross income of the taxfiler from business activity in the county during the tax year, and the denominator of which is the total gross income of the taxfiler from business activity everywhere during the tax year.

(C) In determining the apportionment of gross income within the county under division subsection (B) of this section:

(1) Sales of tangible personal property shall be deemed to take place in the county if the property is delivered or shipped to a purchaser within the county regardless of the f.o.b. point or other conditions of sale. Sales of tangible personal property shipped from the county to a purchaser located where the taxfiler is not taxable shall not be apportioned to the county.

(2) Sales other than sales of tangible personal property shall be deemed to take place in the county, if the income producing activity is performed in the county or the income producing activity is performed both in and outside the county and a greater portion of the income producing activity is performed in the county than outside the county based on costs of performance.

(D) Certain industries or incomes shall be subject to specific apportionment or allocation methodologies. Such methodologies shall be described in administrative rules adopted in accordance with § 11.50712.210. Industry specific or income specific apportionment methodologies required by state law Oregon Revised Statutes shall be used in cases where no rule has been adopted by the ~~administrator~~Administrator regarding the apportionment of such industry or income. In those specific cases where the state has directed allocation of income, such income shall be apportioned for purposes of this ~~subchapterchapter~~, unless allocation is otherwise allowed in this ~~subchapterchapter~~.

(E) If the apportionment provisions of division subsection (B) of this section do not fairly represent the extent of the taxfiler's business activity in the county and result in the violation of the taxfiler's rights under the Constitution of this state or the United States, the taxfiler may petition the ~~administrator~~Administrator to permit the taxfiler to:

(1) Utilize the method of allocation and apportionment used by the taxfiler under the applicable laws of the state imposing taxes upon or measured by net income; or

(2) Utilize any other method to effectuate an equitable apportionment of the taxfiler's income.

**§ ~~41.525~~12.620 Changes To Federal Or State Tax Returns.**

(A) If a taxfiler's reported net income under applicable state laws imposing a tax on or measured by income is changed by the Federal Internal Revenue Service or the state Department of Revenue, or amended by the taxfiler to correct an error in the original federal or state return, a report of such change shall be filed with the ~~administrator~~Administrator within 60 days after the date of the notice of the final determination of change or after an amended return is filed with the federal or state agencies. The report shall be accompanied by an amended tax return with respect to such income and by any additional tax, penalty, and interest due.

(B) The ~~administrator~~Administrator may assess deficiencies and grant funds resulting from changes to federal, state or business income tax returns within the time periods provided for in § ~~41.545~~12.280 of this ~~subchapter~~chapter, treating the report of change in federal, state or business income tax returns as the filing of an amended tax return.

(C) The ~~administrator~~Administrator may assess penalties and interest on the additional tax due as provided in §§ ~~41.526~~12.700 (A) and ~~41.599~~12.710 of this chapter or may refuse to grant a refund of taxes as a result of the amended return if the amended return is not filed with the ~~administrator~~Administrator within the time limits set forth in ~~division~~subsection (A) of this section.

**§ ~~41.599~~12.700 Penalty.**

(A) A penalty shall be assessed if a person:

(1) (a) Fails to file a tax return or extension request at the time required under §§ ~~41.519~~12.510(A) or ~~41.525~~12.620(A); or

(b) Fails to pay a tax when due.

(2) The penalty under ~~division~~subsection (A) shall be calculated as:

(a) Five percent of the total tax liability if the failure is for a period less than four months;

(b) An additional penalty of 20% of the total tax liability if the failure is for a period of four months or more; and

(c) An additional penalty of 100% of the total tax liability of all tax years if the failure to file is for three or more consecutive tax years.

(B) A penalty shall be assessed if a person who has filed an extension request:

(1) (a) Fails to file a tax return by the extended due date; or

(b) Fails to pay the tax liability by the extended due date.

(2) The penalty under ~~division~~subsection (B) shall be calculated as:

(a) Five percent of the total tax liability if the failure is for a period of less than four months; and

(b) An additional penalty of 20% of the total tax liability if the failure is for a period of four months or more.

(C) A penalty shall be assessed if a person:

(1) (a) Fails to pay at least 90% of the total tax liability by the original due date; or

(b) Fails to pay at least 100% of the prior year's total tax liability by the original due date.

(2) The penalty under ~~division~~subsection (C) shall be calculated as:

(a) Five percent of the tax underpayment if the failure is for a period less than four months; and

(b) An additional penalty of 20% of the tax underpayment if the failure is for a period of four months or more.

(D) The ~~administrator~~Administrator may impose a civil penalty of up to \$500 for each of the following violations of this ~~subchapter~~chapter:

(1) Failure to file any tax return within 90 days of the ~~administrator~~Administrator's original written notice to file;

(2) Failure to pay any tax within 90 days of the ~~administrator~~Administrator's original written notice for payment; or

(3) Failure to provide documents as required by §§ ~~11.543~~12.260 within 90 days of the ~~administrator~~Administrator's original written notice to provide documents.

(E) The ~~administrator~~Administrator may impose a civil penalty under ~~division~~subsection (D) only if the ~~administrator~~Administrator gave notice of the potential for assessment of civil penalties for failure to comply or respond in the original written notice.

(F) The ~~administrator~~Administrator may waive or reduce any penalty determined under ~~divisions~~subsections (A) through (D) for good cause, according to and consistent with written policies.

~~(G) Violation of §§ 11.509 or 11.510 is punishable, upon conviction thereof, by a fine not exceeding \$1,000 or by imprisonment for a period not exceeding 12 months, or by both fine and imprisonment. In addition, any county employee convicted for violation of §§ 11.509 or 11.510 shall be dismissed from employment and shall be barred from employment for a period of five years thereafter. Any agent of the county shall, upon conviction, be ineligible for participation in any county contract for a period of five years thereafter.~~

**§ ~~11.526~~12.710 Interest.**

(A) Interest shall be collected on any unpaid tax at the rate of .833% simple interest per month or fraction thereof (10% per annum), computed from the original due date of the tax to the fifteenth day of the month following the date of payment.

(B) (1) Interest shall be collected on any unpaid or underpaid quarterly estimated payment required by §§ ~~11.520~~12.520 and ~~11.521~~12.530 at the rate of .833% simple interest per month or fraction thereof (10% per annum), computed from the due date of each quarterly estimated payment to the original due date of the tax return to which the estimated payments apply.

(2) Notwithstanding ~~division~~subsection (B)(1), there shall be no interest on underpayment of quarterly estimated payments if:

(a) The total tax liability of the prior tax year was less than \$1,000;

(b) An amount equal to at least 90% of the total tax liability for the current tax year was paid in accordance with § ~~11.524~~12.530; or

(c) An amount equal to at least 100% of the prior year's total tax liability was paid in accordance with § ~~11.524~~12.530.

(3) For purposes of ~~division~~subsection (B)(1), the amount of underpayment is determined by comparing the 90% of the current total tax liability amount to quarterly estimated payments made prior to the original due date of the tax return.

(C) If a person fails to file a tax return on the prescribed date, or any extension thereof granted under § ~~11.519~~12.510(B) ~~of this subchapter~~, the ~~administrator~~Administrator may determine the tax due based on the best information available to the ~~administrator~~Administrator. If the ~~administrator~~Administrator determines the tax due under this ~~division~~subsection, the ~~administrator~~Administrator shall assess appropriate penalties and interest and shall send notice to such person of the determination and assessment.

(D) For purposes of ~~division~~subsection (A) ~~of this section~~, the amount of tax due on the tax return shall be reduced by the amount of any tax payment made on or before the date for payment of the tax in accordance with § ~~11.519~~12.510(A) ~~or 12.530 of this subchapter~~.

(E) Interest at the rate specified in ~~division~~subsection (A) ~~of this section~~ shall accrue from the original due date without regard to any extension of the filing date.

(F) Any interest amounts properly assessed in accordance with this section may not be waived or reduced by the ~~administrator~~Administrator, unless specifically provided for by written policy.

**§ 11.52712.715      Payments Applied.**

Taxes received shall first be applied to any penalty accrued, then to interest accrued, then to taxes due.

**§ 11.52812.720      Interest On Refunds.**

When, under a provision of the Business Income Tax Law, taxfilers are entitled to a refund of a portion or all of a tax paid to the ~~administrator~~Administrator, they shall receive simple interest on such amount at the rate specified in § 11.52612.710(A) ~~of this subchapter~~, subject to the following:

(A) Any overpayments shall be refunded with interest for each month or fraction thereof for a period beginning four months after the due date or the date the tax was paid, whichever is later, to the date of the refund; and

(B) Any overpayments of estimated tax shall be refunded with interest for each month or fraction thereof for the period beginning four months after the date the final return was filed.

(C) Any overpayments of taxes that are the result of an amended return being filed shall be refunded with interest for each month or fraction thereof for the period beginning four months after the date the amended return was filed. This ~~division~~subsection shall apply to applications that are amended due to a change to the federal, state or business income tax return.

**§ 12.730      Criminal Penalties.**

Violation of §§ 12.230 or 12.240 is punishable, upon conviction thereof, by a fine not exceeding \$1,000 or by imprisonment for a period not exceeding 12 months, or by both fine and imprisonment. In addition, any county employee convicted for violation of §§ 12.230 or 12.240 shall be dismissed from employment and shall be barred from employment for a period of five years thereafter. Any agent of the county shall, upon conviction, be ineligible for participation in any county contract for a period of five years thereafter.

**§ 12.800      Severability.**

If any section, subsection, paragraph, sentence, clause or phrase of this chapter is for any reason held to be unconstitutional or otherwise invalid, that decision shall not affect the validity of the remaining portions of this chapter. The Board of County Commissioners hereby declares that it would have passed each section, subsection, paragraph, sentence, clause or phrase regardless of the fact that any one or more sections, subsections,

paragraphs, sentences, clauses or phrases be declared unconstitutional or otherwise invalid.

**§ 12.820      Operative Date.**

This chapter shall apply to tax years beginning on or after January 1, 1993. For tax years ending on or before December 31, 1992, this chapter shall apply to any administrative determination made on or after January 1, 1994.

**§ 11.52912.840      Participation Of Cities.**

To facilitate a unified system of collection and allocation of all county and municipal taxes upon business net income within the county, any city the territory of which is in whole or in part within the county may, if authorized by its governing body, participate under and share in the revenue derived from this ~~subchapter~~chapter, upon such terms and conditions as the county and city may agree by written contract.

**§ 11.53012.850      Former Regulations Superseded By This SubchapterChapter;  
Exceptions.**

Effective for tax years beginning on or after January 1, 1993, '90 MCC Chapter 5.70 shall be superseded and given no effect until this ~~subchapter~~chapter is repealed or otherwise ceases to be effective. For tax years ending on or before December 31, 1992, all determinations of obligations and responsibilities required of any persons under '90 MCC Chapter 5.70, made on or before December 31, 1993 shall remain binding upon those persons. However, on and after January 1, 1994, this chapter [formerly §§ 11.500 et seq.] shall apply to all determinations of obligations and responsibilities for tax years ending on or before December 31, 1992 with the exceptions of:

- (A) Determination of income under '90 MCC 5.70.015;
- (B) Treatment of payments to owners or controlling shareholders under '90 MCC 5.70.025;
- (C) Net operating loss deduction under '90 MCC 5.70.030;
- (D) Ordinary gain or loss under '90 MCC 5.70.035;
- (E) Rate of tax under '90 MCC 5.70.045;
- (F) Apportionment of income under '90 MCC 5.70.050;
- (G) Partnerships, S corporations, estates and trusts under '90 MCC 5.70.055;
- (H) Exemptions under '90 MCC 5.70.060;



(I) State laws incorporated by reference under '90 MCC 5.70.075 (except that the City of Portland, Bureau of Licenses shall replace any references to the state Department of Revenue as the ~~administrator~~Administrator of the Tax.);

(J) Amendments under '90 MCC 5.70.110.

**Section 2.** This ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, an emergency is declared and the ordinance takes effect upon its signature by the County Chair.

FIRST READING:

August 12, 2004

SECOND READING AND ADOPTION:

August 19, 2004



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

*Diane M. Linn*  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

*Agnes Sowle*  
Agnes Sowle, County Attorney

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-9

**Est. Start Time:** 10:40 AM

**Date Submitted:** 07/23/04

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**Requested Date:** August 19, 2004

**Time Requested:** 10 minutes

**Department:** Business & Community Services      **Division:** Finance, Budget & Tax Office

**Contact/s:** Bob Thomas

**Phone:** 503 988-4283      **Ext.:** 84283      **I/O Address:** 503/531/Bob Thomas

**Presenters:** Bob Thomas

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**Agenda Title:** Resolution Approving Reimbursement of County Sponsored Projects from Federal Forest Safety Net Title III Funding

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

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- 1. What action are you requesting from the Board? What is the department/agency recommendation?**  
Recommend approval of Resolution authorizing reimbursement to Multnomah County for County sponsored projects from Title III funding (PL 106-393).
- 2. Please provide sufficient background information for the Board and the public to understand this issue.**  
All FY 2005 County project expenditures described later in this document are fully budgeted in the Adopted FY 2005 Budget. Any action by the Board to shift funding to projects outside these current County operations will create unfunded new programs.

In May 2003 and May 2004, the Board approved Resolutions electing the methods by which the County would receive federal forest safety net payments from the Forest Service and the Bureau of Land Management (BLM/O&C Lands). These Resolutions were for expenditure after federal fiscal years 2003 and 2004, respectively. A portion of each of these payments was designated to be received as Title III project funds. Title III

projects are approved by the Board and are paid for by the County out of Title III funds that it receives. The moneys are not dedicated to individual departments but are County resources to be used for the following purposes:

- **Search, rescue, and emergency services.** -- An eligible county or applicable sheriff's department may use these funds as reimbursement for search and rescue and other emergency services, including fire fighting, performed on Federal lands and paid for by the county.
- **Community service work camps.** -- An eligible county may use these funds as reimbursement for all or part of the costs incurred by the county to pay the salaries and benefits of county employees who supervise adults or juveniles performing mandatory community service on Federal lands.
- **Easement purchases.** -- An eligible county may use these funds to acquire --
  1. easements, on a willing seller basis, to provide for non-motorized access to public lands for hunting, fishing, and other recreational purposes;
  2. conservation easements; or
  3. both.
- **Forest related educational opportunities.** -- A county may use these funds to establish and conduct forest-related after school programs.
- **Fire prevention and county planning.** -- A county may use these funds for --
  1. efforts to educate homeowners in fire-sensitive ecosystems about the consequences of wildfires and techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires; and
  2. planning efforts to reduce or mitigate the impact of development on adjacent Federal lands and to increase the protection of people and property from wildfires.
- **Community forestry.** -- A county may use these funds towards non-Federal cost-share requirements of section 9 of the Cooperative Forestry Assistance Act of 1978 (16 U.S.C. 2105).

In May 2003, the Board also approved \$10,000 of Federal Forest Payments to be designated as Title II Funds to be split between the Forest Service and BLM for federal fiscal year 2003. In May 2003, the Board also approved \$32,000 of Federal Forest Payments to be designated as Title II Funds to be split between the Forest Service and BLM for federal fiscal year 2004. The Association of O&C Counties has received positive feedback from our congressional delegation in Washington, DC, now that all participating counties in this state are contributing to Title II. This move should help efforts by our delegation on the reauthorization of the federal act over the next three years.

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

As is demonstrated in the documentation below for FY 2004, the County spends far more on Title III eligible costs than revenue it receives for them.

In FY 2004, the County received \$376,595 in Title III funds from the Forest Service and BLM. Interest earned on unexpended Title III funds was calculated to be \$3,070 for FY 2004. Total Title III revenue is \$379,665. The County carried forward into FY 2004 \$65,690 in Board approved, but not yet reimbursed Title III projects from prior years. After accounting for the project carryover, total *available* Title III revenue for use in FY 2004 is \$313,975.

The County provides ongoing services to the public that qualify for funding under Title III. For the period July 1, 2003 through June 30, 2004, the following County projects qualify for Title III funding:

**Fiscal Year 2003-2004 Title III Projects**

<b>Search and Rescue in National Forests -</b>	
Sheriff's Office expenditures	\$221,913
Support in Department of Business & Community Services –	
Emergency Management & Finance Administration	\$835
<b>Community Service Work Camps -</b>	
Department of Community Justice Forest Project	\$88,092
Administrative Support - BCS Finance	\$1,044
<b>Fire Prevention and County Planning –</b>	
BCS - Emergency Management, Land Use Planning	
and Finance Administration	<u>\$20,587</u>
<b>Total County Title III eligible projects shown above</b>	<b>\$ 332,471</b>

For FY 2005, Title III payments from the Forest Service and BLM are estimated at \$271,000. Based on costs from FY2004 and the prior three fiscal years, the County anticipates spending this full amount during fiscal year 2005.

The department is proposing that the Board authorize the following estimated amounts for County FY 2005 Title III projects:

**Fiscal Year 2004-2005 Title III Projects**

<b>Search and Rescue in National Forests -</b>	
Sheriff's Office	\$220,000
Support in Department of Business & Community Services –	
Emergency Management & Finance Administration	\$800
<b>Community Service Work Camps -</b>	
Department of Community Work Crews	\$29,200
Administrative Support - BCS Finance	\$1,000
<b>Fire Prevention and County Planning -</b>	
Emergency Management, Land Use Planning	
and Finance Administration	<u>\$20,000</u>
<b>Total County Title III eligible projects shown above</b>	<b>\$271,000</b>

Last year staff identified an additional \$112,463 of Community Service Work Camps (Forest Project) expenditures during FY 2001 and FY 2002 that are eligible and were approved by the Board as Title III projects on August 14, 2003. It is recommended that these charges now be authorized for full reimbursement by the Board as Title III project costs.

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

The legislation requires that the County approve projects for reimbursement from Title III funds. This Resolution is the formal approval of these County projects by the Board.

The County has the ability to approve funding for eligible Title III project costs to groups outside of the County. Any project funds that are approved for use by outside groups would be a direct reduction to County General Fund revenue.

Approval of this Resolution will permit the County to gain full credit for Title III funds already deposited into the County General Fund. This action is in support of County Financial Policies by taking full advantage of a federal/state funding source without expanding service costs and crediting Title III funds to programs that are already in place.

This legislation expires in 2006 and any benefits to the County gained by Title III payments may not extend beyond 2006. It is advised that these payments not be considered dedicated resources for ongoing programs.

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

As was required by the federal legislation, a Public Notice was published and a 45-day comment period began on May 10th and concluded June 25th. Citizens had the opportunity to provide written comments on the Multnomah County projects that will qualify under Title III. The County received no public comment.

Prior to the public comment period, the County received a request from one non-profit organization (Northwest Youth Corps) requesting an appropriation of \$13,350 for FY 2004 and \$15,000 for FY 2005 for a summer environmental outdoor education programs. Staff from that group has been told that the Board would be authorizing Title III projects in August.

**Required Signatures:**

**Department/Agency Director:**



**Date: 08/11/04**

**Budget Analyst**

**By:**

**Date:**

**Dept/Countywide HR**

**By:**

**Date:**

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Approving Reimbursement to the County for County Sponsored Projects from Title III Funding

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

- a. The Secure Rural Schools and Community Self-Determination Act of 2000 (PL 106-393), provides for funding from the National Forest Service and Bureau of Land Management for use by counties to benefit transportation, education, public safety, law enforcement and other public purposes.
- b. Title III of PL106-393 provides that these funds be dedicated to projects under the following authorized uses: Search, Rescue, and Emergency Services on federal lands; Community Service Work Camps; Easement Purchases; Forest Related Educational Opportunities; Fire Prevention and County Planning; and Community Forestry.
- c. Multnomah County, on May 22, 2003 and May 27, 2004, adopted Resolutions that elected to receive a portion of its annual federal forest payments as Title III project funds for federal fiscal years 2003 and 2004 (for expenditure after federal fiscal years 2003 and 2004, respectively).
- d. On May 10, 2004, the County published a Public Notice describing proposed Title III projects and opened a forty-five (45) day public comment period. That period ended June 25, 2004.
- e. The County received no comments during this period.
- f. The County currently provides several public services in and adjacent to federal lands that are eligible for Title III funding.
- g. The list of projects sponsored by Multnomah County for County FY 2004 includes:

Search, Rescue, and Emergency Services (Sheriff's Office)	\$221,913
Search and Rescue (BCS Emergency Mgmt & Finance)	\$835
Community Service Work Camps (Community Justice)	\$88,092
Administration of Community Service Work Camps (BCS Finance)	\$1,044
Fire Prevention and County Planning (BCS)	\$20,587
Total County Title III projects shown above	\$332,471

- h. The County expects to receive \$271,000 in Title III payments during County FY 2005 and authorizes estimated expenditures from those funds for the following projects:

Search, Rescue, and Emergency Services (Sheriff's Office)	\$220,000
Search and Rescue (BCS Emergency Mgmt & Finance)	\$800
Community Service Work Camps (Community Justice)	\$29,200
Administration of Community Service Work Camps (BCS Finance)	\$1,000
Fire Prevention and County Planning (BCS)	\$20,000
<u>Total County Title III projects shown above</u>	<u>\$271,000</u>

- i. On August 14, 2003, in Resolution 03-116, the Board recognized additional Title III eligible costs for Community Service Work Camps (Community Justice) performed by Multnomah County from FY 2001 and FY 2002 totaling \$112,463.

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

1. The County projects listed in g) and h) will be reimbursed from County Title III funds for expenditures incurred on these projects during the periods July 1, 2003 through June 30, 2004 and July 1, 2004 through June 30, 2005, respectively.
2. The County projects listed in i) will be reimbursed from County Title III funds for expenditures incurred on these projects during the period November 1, 2000 through June 30, 2002.

ADOPTED this 19th day of August, 2004.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By Sandra Duffy  
Sandra Duffy, Assistant County Attorney

✓ BCC 8.19.04  
R-9

August 16, 2004

Multnomah County Board of Commissioners  
501 SE Hawthorne Blvd. Suite 600  
Portland, OR 97214

Dear Board of Commissioners;

I would like to provide materials in support of the Secure Rural Schools Act Title III grant proposal from Northwest Youth Corps (NYC).

Our initial grant was submitted in March to Robert Thomas, the Multnomah County Financial Manager. This afternoon, Bob contacted me to notify me of the opportunity to testify in support of the Northwest Youth Corps proposal. To this end, I wanted each of the members of the board to have the opportunity to review NYC's proposal and supplemental materials before the weekly meeting.

As an update, for the 2004 field season, Northwest Youth Corps has offered 40 Multnomah County youth positions in our residential programs, with 25 of these being confirmed participants.

The initial NYC proposal was for FY2004 funding to support the participation of Multnomah County youth. Due to the schedule of dates for the Board to decide on funding proposals, I am requesting that any allocated funding for the NYC program be allocated for the 2005 Field Season (April-October).

I look forward to introducing the Northwest Youth Corps program to the members of the Board and answering any questions you may have.

Sincerely,

Ethan Nelson  
Program Director  
YouthCorps

attachment: NYC Title III proposal, NYC 2003 Annual Report, and NYC Program Brochure.



March 19, 2004

Multnomah County Board of Commissioners  
501 SE Hawthorne Blvd Suite 400  
Portland, OR 97214

Dear Multnomah County Board of Commissioners:

Northwest Youth Corps (NYC) is pleased to present this request of \$13,350 in Title III funding to help provide forest-based education and employment for up to 30 Multnomah County youth ages 14-19 within a NYC residential program in 2004.

The success of NYC's program relies upon a cross-section of community members linked together in a creative partnership, to help disadvantaged and other youth gain employability:

- This project ties in with existing Title II projects NYC is carrying out throughout Oregon and Washington.
- Multnomah County Title III funding will help pay for the remaining costs of operating our conservation corps programs.
- Multnomah County youth will benefit through employment and job training. NYC crewmembers earn a stipend of \$7.05 an hour for 30-37 hrs per week for 4-6 weeks. NYC links work and education through its SEED activities, connecting job and life skills and resource management concepts. During each weekend, crews benefit from recreation and teambuilding activities. In addition, youth work and live with other teens from around the Northwest and the country, providing youth with an opportunity to make new friends and gain a greater appreciation of our state.
- This Title III project provides benefits to: **youth**, as they develop the confidence, awareness and understanding of job skills necessary for becoming productive citizens; **industry**, as youth become better prepared to enter the world of work; and **communities**, as youth complete projects related to major industry (timber plantations/forestry) that benefit Oregon residents and tourists.
- NYC brings to this project trained field staff, technical supervisors, housing and support materials necessary for this project to be a success.

NYC has a 21-year history of operating successful conservation programs. We look forward to building NYC's Title III partnership with Multnomah County as we *help every youth achieve success!*

Sincerely,

Ethan Nelson  
Program Director

Enclosure: Title III proposal, NYC 2004 Annual Report, Recruitment Brochures, and copy of NYC promotional video on CD-Rom.

**PL 106-393 Title III Project Submission Form For**  
**Multnomah County**

**“Secure Rural Schools and Community Self-Determination Act of 2000”**

**Name of Project:** Multnomah County Youth Employment Project

**Date Project Submission Form To Be Returned To Douglas County Board of Commissioners:** March 31, 2004

**Date Project Submitted:** March 26, 2004

**Project Sponsor:** Northwest Youth Corps

**Sponsor's Address:** 2621 Augusta Street Eugene, OR 97403

**Contact Person:** Ethan Nelson, YouthCorps Program Director

**Phone:** (541) 349-7516 **Fax:** (541) 349-5055 **E-Mail:** [work@nwyouthcorps.org](mailto:work@nwyouthcorps.org)

**Project Is Authorized Under The Following Category: (see Sec. 302(b), attached)**

- ☐ Search, Rescue and Emergency Services
- ☐ Community Service Work Camps
- ☐ Easement Purchases
- ☐ Forest Related Education Opportunities
- ☐ Fire Prevention And County Planning
- ☐ Community Forestry

**Project Description:**

Northwest Youth Corps requests funding support for up to 30 Multnomah County youth participating in a forest related education and employment summer program.

Northwest Youth Corps Conservation Corps programs incorporate work projects, educational curricula, and community building into a 4-6 week program whereby participants gain first-hand knowledge of projects ranging from construction and reconstruction of environmentally sensitive and ADA accessible trails, turnpikes, and boardwalks to timber stand improvement, riparian fence construction and native species restoration. Every project presents a new challenge and the reward of a newly mastered set of skills for participants.

Youth will learn how to properly construct, maintain, or improve trails, and promote forest health through timber harvesting methods, forest health indicators, low-impact and multi-use activities, and resource management. Youth hone job skills by completing sample resumes and applications, learn to write a meaningful cover letter, and take part in mock interviews. In addition, youth learn and practice decision making and resistance skills; perform community service; and gain personal power and self-esteem. NYC participants work and live in a field based team of ten youth with two staff, accomplishing all the tasks necessary to keep the crew operational.

**Project Goals and Objectives:**

- (1) Provide area youth a safe and supportive first work experience that incorporates education and mastery of basic employment skills including communication, conflict resolution and leadership, while promoting development of an individual work ethic and an understanding of resource management issues.
- (2) Support the long-term economic stability of the region through enhancement of resources on federally, state, and locally managed lands.
- (3) Maintain and improve recreational opportunities on federally managed lands,

Over the past 3 years, NYC has provided work and education opportunities to 122 Multnomah County youth in our residential programs. NYC proposes the provision of prevention, intervention, and employment services for 30 Multnomah County youth ages 14-19 within a NYC residential program for the 2004 calendar year.

**Is There An Opportunity To Tie To An Associated Title II Project? Explain:**

NYC has been awarded funding through a variety of USFS and BLM Resource Advisory Committees throughout Oregon and Washington which support NYC's unique residential, job-training and education program while accomplishing priority conservation projects on federally managed lands. Projects include: trail restoration, timber stand improvement, and noxious weed removal. The Multnomah County Title III funds requested in this proposal will support the remaining costs of carrying out this work in 2004 not covered through fee-for-service revenue. These costs include: corpsmember leaders' wages and training, program coordination, materials and supplies, scholarships to low-income County youth towards their program fees, recruitment and other costs needed to operate this program.

**Proposed Method Of Accomplishment:**

☐ Contract   ☐ Volunteers   ☐ Agency (FS/BLM) Employees   ☐ County

☐ County Corrections (adult / juvenile)   ☒ Non-Profit

☒ Other: Northwest Youth Corps Youth Conservation Crews

**Current Status Of Project Preparation:**

Recruitment: We are currently processing 15 applications from Multnomah County Youth

Projects: Currently we are signing cooperative agreements with land management agencies and scheduling the projects necessary to employ over 700 youth this year.

Staffing: We have begun the recruitment process for over 50 seasonal staff members to supervise youth crews.

Title II: NYC has funded work projects from 11 different Resource Advisory Committees throughout Oregon and Washington for the 2004 field season.

**Contact Person(s) For Project Specific Documentation:**

Ethan Nelson, Program Director—YouthCorps Programs

**Telephone Number(s) For Contact(s)** (541) 349-7516

**Does Project Meet The Purpose Of The Legislation? (see Sec. 302(b), attached)****Explanation:**

Title III HR 2389 Category 4 requirements state:

*"Work/education program to teach participants how to properly construct, maintain or improve trails and other facilities in the forest" ... "after regular school hours" ....(and) provide "other experiences to children and adults related to forest education."* As described throughout this application, NYC programs (in component part or wholly), meet and exceed these requirements for the Legislation. After careful review of the "Red Faced Test" from the Association of O&C Counties, NYC feels extremely confident that we are providing services that fulfill the standards and intent of the Legislation.

### **How Does The Project Benefit The Community?**

NYC programs use challenging projects to teach youth about problem solving and positive living skills, promote a productive work ethic, encourage learning, and build self-esteem. Teens learn essential job skills and receive training that will enhance their ability to make a positive impact in the communities in which they live. Youth learn about local resource management issues and the complexity of challenges facing Oregon's resource management agencies and industries. Local communities benefit by increased youth employment, a more aware entry level workforce, reduced loads on the juvenile justice system, and enhanced recreational opportunities. Participants earn a stipend based on Oregon Minimum Wage (currently \$7.05/hr) and work an average of 30-37 hrs/week during programs lasting four to six weeks.

NYC has been a leader in youth development for 21 years. With the current state budget crisis and the subsequent decrease of educational and work experience services available to youth, NYC is doing everything we can to enhance the resources available to Oregon's youth. This includes outreach to local schools, community organizations, and land management agencies in addition to providing a credit option educational curriculum.

Timber stand improvement projects will ensure a healthy resource for future harvesting and related employment. Fire fuel reduction efforts decrease severity of fire damage to forest resources. Maintained recreational opportunities will draw visitors to local areas, which benefit local economies through tourist spending.

### **How Does The Project Improve Cooperative Relationships Among People That Use Federal Lands And Federal Management Agency?**

Local communities will have more productive forest areas which will provide quality timber for sustained forest production work. Recreational visitors will notice an increased level of maintenance and safety. Continued maintenance and use of youth crews will increase the public's positive associations with federally/state and county managed lands. Funding will support the long-term partnerships between NYC and land management agencies (BLM and USFS). Project will help fund NYC's ongoing commitment to youth employment, community outreach, and support of educational opportunities for youth.

**Duration Of The Project:** Projects will take place from late-March to mid-October.

**Anticipated Cost of Project (itemize):** See Attached Budget for detailed Breakdown

- **Review And Consultation Costs:** \_\_\_\_\_
- **Engineering Costs:** \_\_\_\_\_
- **Contract Preparation And Administration Costs:** \_\_\_\_\_
- **Materials And Supplies:** \_\_\_\_\_
- **Monitoring:** \_\_\_\_\_

- **Other Costs:** \_\_\_\_\_
- **Indirect Costs (overhead):** \_\_\_\_\_

**TOTAL COST ESTIMATE:** **\$13,350**

**Estimated Start Date Of Project:** April 1, 2004

**Estimated Completion Date of Project:** October 15, 2004

**Is This A Multi-Year Funding Request?** ☒ Yes ☐ No (if yes, display by fiscal year)

**FY02 Request:** \$0

**FY03 Request:** \$0

**FY04 Request:** \$13,350

**FY05 Estimate:** \$15,000

**FY06 Estimate:** \$16,000

**Identify Source(s) Of Other Funding For Project:**

Title II funding awarded to NYC, through various Resource Advisory Committees, federal agency appropriated funding, and conservation grants for project work, are providing operational funds to support this program including corpsmember and staff wages, support staff, and training, all transportation costs, replacement, repair and maintenance of tools, some program operation costs, as well as other costs integral to the operation of this program.

**Project Accomplishments / Expected Outcomes:**

This project will provide employment and forest-based education to up to 30 Multnomah County youth in 2004. Besides presenting new challenges and the reward of a newly mastered set of skills for participants, youth learn how to hold a job, and participate in educational activities, which foster teamwork, diversity, personal respect, and environmental stewardship. NYC expects that every program will experience a 15% increase in pre- and post-program test scores. In 2003, participants reported that their NYC experience significantly increased their ability to work independently and be dependable (92%); communicate with co-workers (87%); work hard, cooperate in team effort, work safely, and take responsibility for their actions (92%); set and work towards goals (86%); and appreciate diversity (85%).

**How Is Project In The Public Interest?**

Ongoing program educational activities will teach youth about current regional environmental issues and resource management objectives. Youth development programs provide a diversity of participants engaged in resource management activities, which in turn supports the efforts of various agencies community outreach programs. Northwest Youth Corps programs provide increased access to resource management work to a diversity of non-traditional populations. Specific projects will support publicly managed natural and recreational resources. Timber stand improvement and trail maintenance support both the user applications of publicly managed lands, and the economic sustainability of local communities through on-going forest management activities and support services for visiting tourists. Public safety is increased through continued maintenance of existing trail systems.

**Will Project Create a Product Or Benefit To The Federal Resource?**

Projects will help to care for forest resources. NYC programs expose youth to diverse careers within federal agencies and enhance better public understanding of agency mandates, organization, and mission. Local personnel have utilized NYC crews in the past with excellent results, and use of NYC crews reduces the cost of contract preparation and administration by agency personnel.

**Monitoring And Reporting Plan To Measure Outcome (what measure or evaluation will be made to determine how well the proposed project meets the desired objectives):**

Annual reporting to Multnomah County is anticipated to include (1) number of Multnomah County youth employed in NYC's programs, (2) NYC Annual Report.

**Other Comments:**

Due to the increased availability of project and youth program funding through the Secure Rural Schools Act, Northwest Youth Corps was able to increase the number of youth served in our programs in 2003. We added an additional 80 positions for the 2003 Field Season, increasing the total amount of youth served to 710 in our residential programs for the year. Covering project areas from northern Idaho, through Washington, throughout Oregon and into northern California; Northwest Youth Corps is the largest youth conservation corps in the Pacific Northwest. Only through the combined support of local county governments, land management agencies, schools and community groups is NYC able to continue this vital service to the community at large.

**Submitted To Douglas County By:** Ethan Nelson, Program Director—Northwest Youth Corps

**Address:** 2621 Augusta Street. Eugene, OR 97403 **Telephone:** (541) 349-7516

**Date:** March 24, 2004

## APPENDIX A: PROPOSAL BUDGET

### NYC Financial Plan 2004--Multnomah County Title III

NYC Match Operational Expense	<u>Column A</u> Cost Per Participant (14/15 yr old)	<u>Column B</u> Cost Per Participant (16-19 yr old)
<i>Field Staff Expense</i>		
Crew Staff (2)	\$ 88	\$ 17
Training	\$ 7	\$ 7
<i>Program Operation</i>		
Program	\$ 1	\$ 1
Materials/Supplies	\$ 8	\$ 8
Recruitment	\$ 5	\$ 5
Rent, Utilities, Facilities, Phone,	\$ 10	\$ 10
<i>Administrative</i>		
Financial, Development, Administration	\$ 99	\$ 23
<i>Tuition Assistance</i>		
\$575 each	\$ 575	
\$200 each		\$ 200
<b>Total Operational Expense Per Participant</b>	<b>\$ 793</b>	<b>\$ 271</b>
<hr/>		
<b>10 Participants for 2004</b>	<b>\$ 7,930</b>	
<b>20 Participants for 2004</b>		<b>\$ 5,420</b>

<b>Total Multnomah County Title III Request 2004 (Column A + Column B)</b>	<b>\$ 13,350</b>
--	------------------

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

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Please complete this form and return to the Board Clerk

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

MEETING DATE: 8/19/04

SUBJECT: Secured Rural Schools Act - Title III

Proposal from Northwest Youth Corps

AGENDA NUMBER OR TOPIC: R9

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

NAME: ETHAN NELSON - PROGRAM DIRECTOR

ADDRESS: 2621 AUGUSTA ST.

CITY/STATE/ZIP: EUGENE, OR 97403

PHONE: \_\_\_\_\_

DAYS: (541)-349-7576

EVES: N/A

EMAIL: EthanN@northwestyouthcorps.org

FAX: (541) 349-5060

SPECIFIC ISSUE: Request for County funds to support

Multnomah County youth & program operations within NYC  
Program.

WRITTEN TESTIMONY: SEE ATTACHED Proposal &

Supplemental materials.

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

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

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

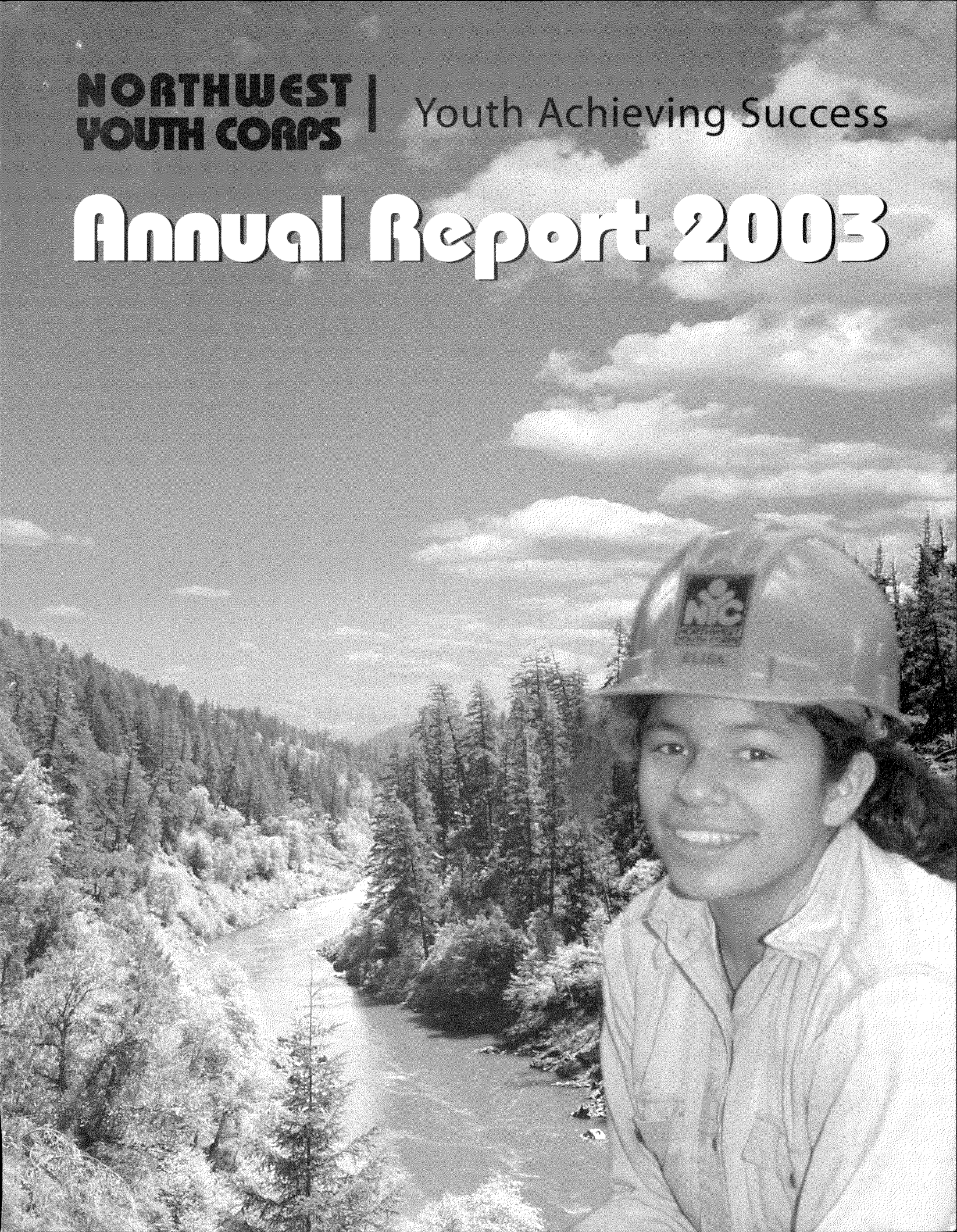
1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.



**NORTHWEST  
YOUTH CORPS**

| Youth Achieving Success

# Annual Report 2003





# DEAR FRIENDS,

What an incredible year! Here at Northwest Youth Corps, we will remember 2003 as the year we bought the building and broke the thirty-crew barrier.

The building first. In late October, after a year of negotiations, we purchased the building we have leased from the school district for the last five years. NYC is now the proud owner of an entire elementary school; 28,900 square feet of it along with eight acres of grounds.

The good news; we were able to purchase the building at a great price. The challenge; we now own a fifty year-old building with two decades of deferred maintenance. Already, we have hired an architecture firm to help us plan our future campus. We dream of a walk-in cooler and loading docks, energy efficiency, more parking, and additional office space for our growing staff.

This year's addition of four crews to our summer program allows us to offer the NYC experience to 80 more youth every year. This growth, nearly 20% during our busiest season, was a significant challenge requiring additional crew equipment and a solid project base. Our success is a testament to the dedication of our project sponsors, our funders, and an incredible staff team.

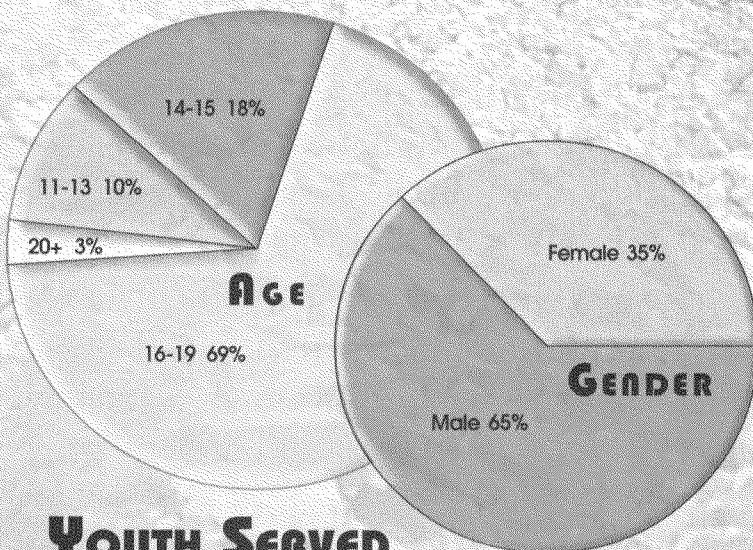
In 2003, we used technology to make information about NYC programs more accessible. Grants helped us develop a new website where youth can apply on-line, parents can receive program updates, and alumni can find old friends. Our NYC video was also transferred to CD, and 350 discs were sent to students, schools, and parents.

On behalf of staff and members of the board, I extend special thanks to the project sponsors, donors, and foundations who helped NYC programs achieve such success over the last year. I look forward to your continued support as we work to meet the ever-growing needs of our youth and our public lands.

Sincerely,

*Pat Sheppard*

Pat Sheppard  
Board President

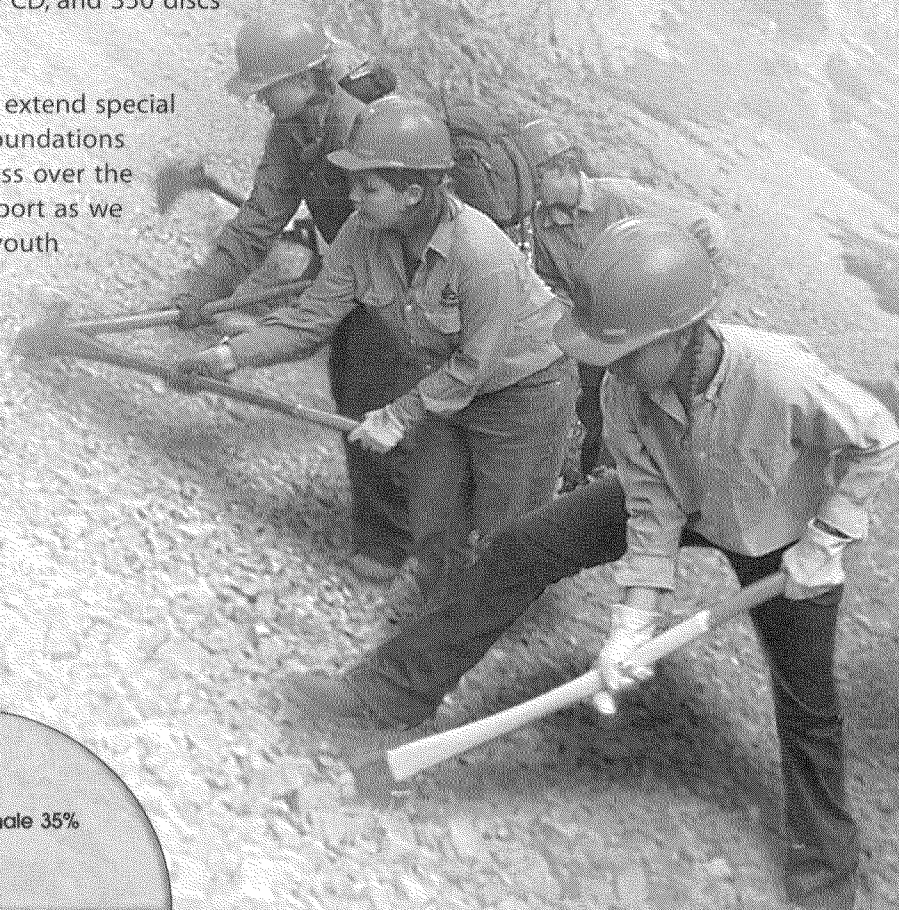


*"NYC taught me that any obstacle, no matter how big or small, might be overcome with the right amount of determination."*

Alumni

*"The time I spent at NYC was life changing. It helped me decide that I am going to pursue a career in forestry."*

Alumni





# SPONSORS AND DONORS

## Businesses & Organizations

Allstate Giving Campaign  
Associated Oregon Loggers, Inc.  
Balance Restoration Nursery  
Bi-Mart Membership Store  
Blount/Oregon Cutting Systems  
Campbell Group, Inc.  
Columbia Sportswear  
Corona Clipper Company  
Council Tool  
Curriculum Associates  
Customguide.com  
Eugene Symphony Association  
Eugene Water and Electric  
Board Partners-in-Education  
Fanno Saw Works  
Feline Thyroid Clinic  
Forrest Paint  
Frame Tek Inc.  
GSI Outdoors  
IFA Nurseries  
Jerry's Home Improvement  
Center  
Key Industries, Inc.  
Kingsford Manufacturing  
Company  
Kiwanis Club of Creswell  
Lane Forest Products, Inc.  
Maries Original Soap  
Menasha Forest Products  
Corporation  
Microsoft Community  
Involvement Fund  
NW Natural  
Office Depot  
Oregon Logging Conference  
Paul's Bicycle Way of Life  
Pelican Products, Inc.  
PSC, Inc.  
Raven Maps and Images  
Register-Guard Newspaper in  
Education Fund  
REI  
Seneca Jones Timber Co.  
Slumberjack  
St. Vincent De Paul Society of  
Lane County  
Stafford Video  
Standard Insurance Company  
Tec Laboratories, Inc.  
Terra Tech International  
Territorial Seed Company  
Tingley Rubber Corporation  
Trail Services  
Tsunami Books  
UO Intercollegiate Athletics  
UO Bookstore  
URB Magazine  
Valley River Inn  
VyaNet  
Wildish Sand and Gravel

## Agencies

Community Services Consortium/  
Independent Living Program  
Dept. of Health & Human  
Services, Salem and E. Multnomah  
Branches

Douglas County Board of  
Commissioners  
Eugene / Library Recreation and  
Cultural Services  
Eugene School District 4J  
Josephine County Commission  
for Children and Families  
Hermiston School District 8R  
Housing and Community  
Services Agency of Lane County  
Lane County Health and  
Human Services  
Lane Workforce Partnership  
Lincoln County Juvenile  
Department  
Linn-Benton-Lincoln Educational  
Service District  
Linn County Board of  
Commissioners  
Marion County Board of  
Commissioners  
National Association of Service  
and Conservation Corps  
Northwest Service Academy  
Oregon Parks and Recreation  
Department  
Oregon State Service Corps, Oregon  
Trail Chapter, American  
Red Cross  
Oregon Watershed  
Enhancement Board  
Oregon Youth Conservation Corps  
Benton County  
Community Service Corps  
Curry County  
Josephine County  
Lake County  
Umatilla County  
Powers School District  
Springfield Public Schools

## Foundations

Campbell-Wallace Foundation  
Chambers Family Foundation  
Evergreen Hill Education Fund of  
The Oregon Community  
Foundation  
Friends of Paul Bunyan  
Foundation  
L.L. Stewart Pass-Through Fund  
of The Oregon Community  
Foundation  
Meyer Memorial Trust  
Monarch Migration Project WEST  
Paul G. Allen Charitable Trust  
Weyerhaeuser Company  
Foundation

## Individuals

Ed Abrahamson  
Carole Anderson  
Anonymous  
David Arnott  
Larry Aten & Marjorie Moore-Aten  
Christina Ball  
Ruth and John Bascom  
Virginia Borner  
Sara Bowers

Christine Brady  
Brenda Breese  
Suzanne Brock  
Pamela and William Brown  
Ellen and Earl Bush  
Dale and Veronica Clift  
Nan and Gary Cordy  
Barbara Cowan and  
Richard Larson  
Launa and Dwight Cramer  
Mel and Chris Davidson  
Donald and Johelen Davis  
Gayle Davis  
Deborah DeMarco  
Family of Scott Dennistoun  
Damaris Dragonas  
Marjorie Ensek and David Frank  
Rebecca and Simon Ffitch  
Gary and Edith Gidley  
Charles and Roberta Graham  
Samuel Greeley, Jr.  
Mark and Cammy Green  
Judy and Rick Guggenhime  
Susan and Christopher Hager  
Teresa and Damon Haggerty  
Donna Hampson  
Sean Hargens  
Raymond and Elizabeth Harris  
Marshall Hevron  
Drinda and Michael Holroyd  
Laura Humphrey  
Gabriele and Michael Huycke  
Rae and Robert Iwamoto  
Nancy Kaplan and Cameron Muir  
Elizabeth Kearn and Tim Wise  
Scot Kelley  
Leslie Kent  
Edward and Cheryl Kolbe  
Lucinda and Alexander Mackie  
Christian Madison  
Mary McCoy and Sasha Williams  
Ann and Tom McGranahan  
Denise Mowder  
Kevin Nadolny  
Wendy Neander  
NYC Staff  
Stephen O'Brien  
Harvey and Evelyn Piper  
Elizabeth Poehler  
Patricia Prisbrey  
Michael and Nancy Rice  
Sophia and Michael Rohr  
Sharon Rogers and  
Dan Gammon  
Annie Rupp  
David Russell  
Annamae Rutherford  
Roseanne Sage and family  
Sharon Schuman and Ray Slauf  
Barbara and Michael Scott  
Sheila Seguin  
Scott Selby and  
Barbara Dailey-Selby  
Mary and Barry Shapiro  
Rachel and Del Spencer  
Bob Skaggs  
Diane and Dion Stagl  
Steve Stewart

Carol and Gerald Stiller  
Michael and Linna Straub  
Madge Surbaugh  
Tanja and Leonard Swanson  
Janice Lee Tedder and  
James Henderson  
Deborah Tipton  
Mary Tremblay  
Aaron and Diana Vitells  
Diane and Steve Wagener  
Toni and John Wallick  
Charlie and Cathy Ward  
Wesley United Methodist  
Women/Ruth Circle  
Nancy and Thomas Whitish  
Rose Wolfe

## Tuition Assistance Endowment

NYC's *Tuition Assistance Endowment* was established through a gift made by Steve Stewart in memory of his mother, Dorothy Elizabeth Stewart. The endowment, and its named funds, grows through the ongoing generous support of our alumni and community members.

Campbell Group Fund  
Krist Anderson Fund  
Scott Foremny Fund  
Straub Family Fund

We apologize for any oversight in listing gifts received during the last fiscal year. Please contact the Development office so that we can acknowledge your gift in our next publication. Thanks!

## BOARD OF DIRECTORS

Pat Sheppard, President  
Dick Schubert, Secretary/Treasurer  
Pat Riggs-Henson  
Gabriele Huycke  
Bob Mann  
Art Pope  
Emily Rice  
Doug Daggett  
Dave Rumker  
David Straton  
Mike Straub

*"Not only did we feel great after each day of hard work but I gained confidence in myself as a worker, friend, and citizen."*  
Corpsmember

*"I think the most important thing we learned about was ourselves. Not only were we able to push ourselves to our limits, but also we were given quality time to think about ourselves, and figure out what a group of "kids" can really do."*  
Corpsmember

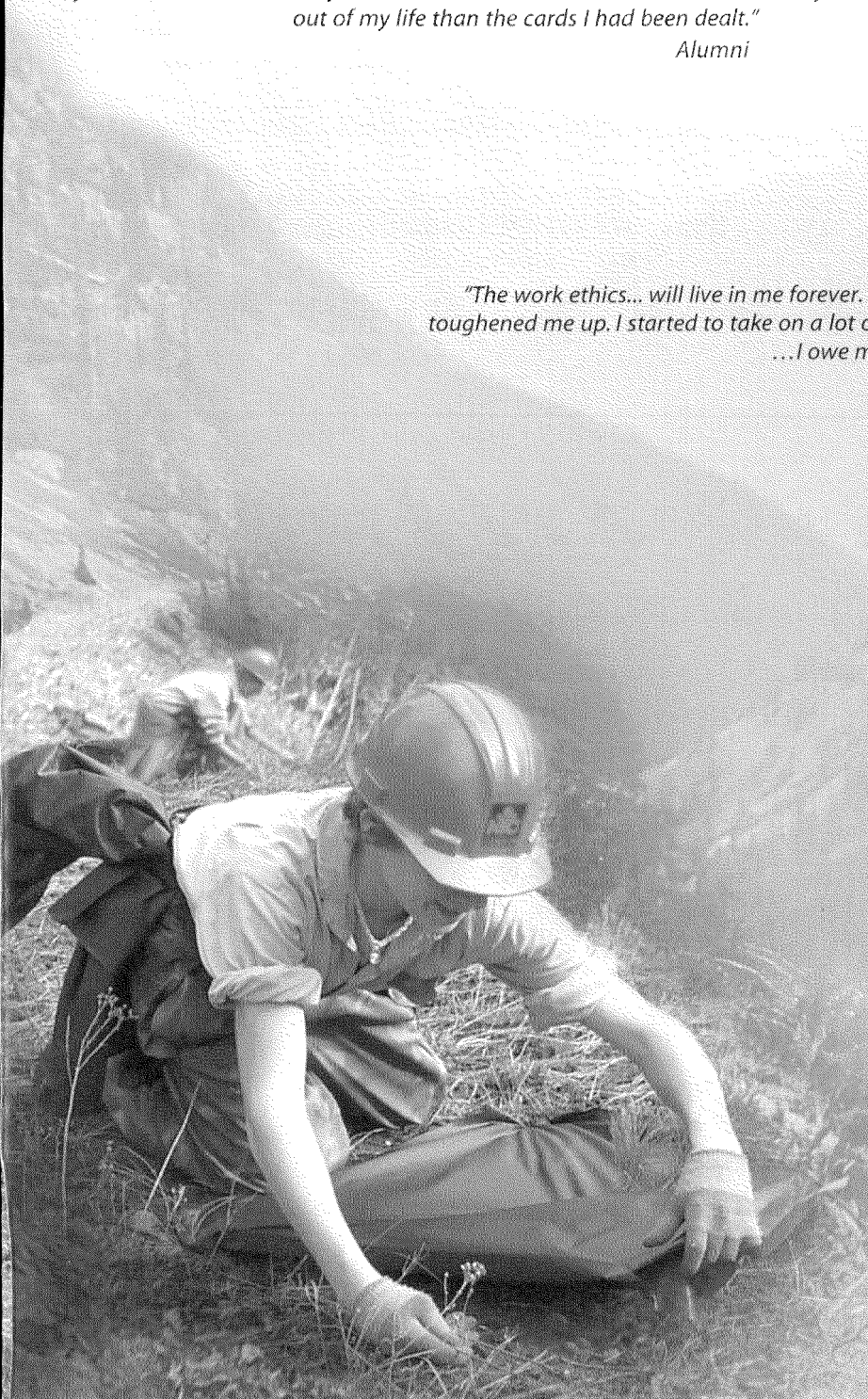
*"Many people have asked how I do it; wife, mother, full time worker, and college student. I'm fully confident that it was my time with NYC that created the desire within myself to make more out of my life than the cards I had been dealt."*  
Alumni

*"The work ethics... will live in me forever. I can't describe in words how much that program toughened me up. I started to take on a lot of leadership roles which I use in my current job daily. ...I owe my success to NYC."*  
Alumni

## YOUTH DEVELOPMENT

Participants report that their NYC experience significantly increased their ability to:

Understand environmental issues.	81%
Work independently.	94%
Work hard.	94%
Find a job.	79%
Cooperate in a team effort.	89%
Work safely.	94%
Be dependable.	90%
Communicate with coworkers.	87%
Set and work towards goals.	86%
Be a leader in a group.	74%
Appreciate diversity.	85%
Take responsibility for their actions.	93%
Resolve conflicts.	86%
Feel self-confident.	88%





*"My daughter came home with such remarkable self-esteem,  
confidence, and happiness."*

Parent

*"Our daughter discovered a level of confidence  
in herself which has given her uncounted skills  
in dealing with the real world."*

Parent

*"NYC always does a great job and continues to build a  
solid reputation for high quality accomplishments."*

Project Sponsor

## NORTHWEST YOUTH CORPS

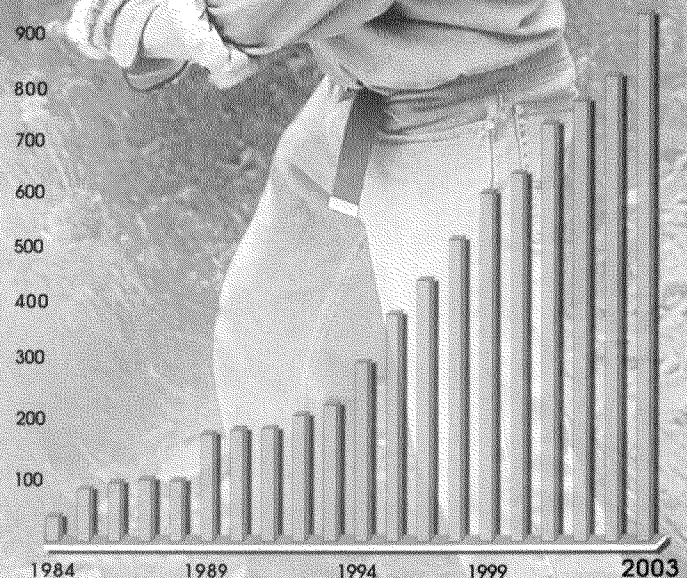
All Northwest Youth Corps programs share the same theme: empowerment. Each program emphasizes teamwork and leadership, and promotes education, personal growth, service to the community, and individual achievement. Youth leave NYC knowing that they can overcome obstacles, solve problems, make friends, and master the skills needed to attain their objectives in life.

**YouthCorps** programs offer youth (14-19) a variety of spring, summer, and fall leadership and work experience opportunities. Youth are part of a ten-member team that camps out near each week's project assignment and rendezvous with other teams each weekend.

**YouthWorks** programs offer local youth (11-15) a challenging, team-based first work experience. Participants work on a wide variety of service projects three days a week and dedicate two days each week to exploring nature and having fun outside.

**OutDoor School** provides a hands-on educational experience combining week-long blocks of classroom study with alternate weeks dedicated to field study, data-collection, and resource management projects. ODS is a state accredited alternative high school with an enrollment of 50 students.

**AmeriCorps** funding, awarded from the Oregon Commission for Voluntary Action and Service, allowed AmeriCorps members to work directly with youth in many NYC programs as mentors, team leaders, and educators.



**YOUTH SERVED**

# ACHIEVEMENTS

## Recreation

Trail Construction	27 miles
Trail Maintenance	340 miles
Turnpike Construction	3,800 feet
Retaining Walls	6,016 feet
Trail Bridges	14
Trail Drainage Structures	3,135
Switchback/Climbing Turns	269

## Range Management

Fence Construction	11,000 feet
Fence Removal	12,500 feet

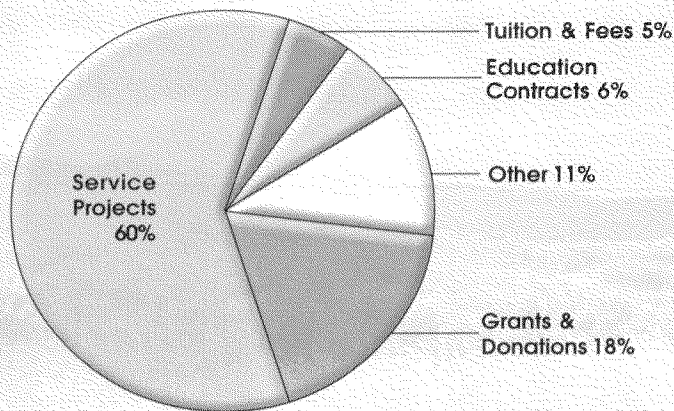
## Reforestation

Conifer Pruning	257 acres
Fuel Reduction	147 acres

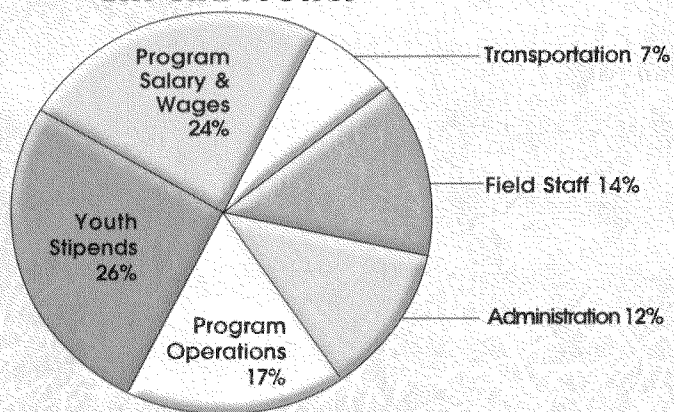
## Habitat Restoration

Native Planting	8,230 trees
Noxious Weed Removal	1,000 acres
Seed Collection	45 acres

## REVENUES



## EXPENDITURES



## Northwest Youth Corps

2621 Augusta Street  
Eugene, OR 97403

Phone: (541) 349-5055  
Fax: (541) 349-5060

Web: [www.nwyouthcorps.org](http://www.nwyouthcorps.org)  
E-mail: [nyc@nwyouthcorps.org](mailto:nyc@nwyouthcorps.org)

# PROJECT PARTNERS

## Forest Service-- ID

Boise National Forest  
Idaho City RD  
Mountain Home RD  
Idaho Panhandle National Forest  
Priest Lake RD  
Payette National Forest  
Krassle RD  
McCall RD  
Salmon-Challis National Forest  
Cobalt RD  
Middle Fork RD  
Yankee Fork RD

## Forest Service--WA

Colville National Forest  
Sullivan Lake RD  
Gifford Pinchot National Forest  
Cowlitz Valley RD  
Mt. Baker-Snoqualmie NF  
Darrington RD  
Mt. Baker RD  
North Bend RD  
Skykomish RD  
Olympic National Forest  
Hood Canal RD  
Wenatchee/Okanogan NF  
Chelan RD  
Cle-Elum RD  
Leavenworth RD  
Wenatchee RD  
Methow Valley RD  
Naches RD

## Forest Service--CA

Klamath National Forest  
Scott River RD  
Six Rivers National Forest  
Orleans RD

## Forest Service--OR

Fremont National Forest  
Lakeview RD  
Silver Lake RD  
Malheur National Forest  
Prairie City RD  
Ochoco National Forest  
Paulina RD  
Prineville RD  
Rogue River National Forest  
Prospect RD  
Siskiyou National Forest  
Chetco RD  
Galice RD  
Gold Beach RD  
Illinois Valley RD  
Siuslaw National Forest  
Oregon Dunes NRA  
Umatilla National Forest  
Heppner RD  
Walla Walla RD  
Umpqua National Forest  
Diamond Lake RD  
Willamette National Forest  
Detroit RD  
McKenzie RD  
Middle Fork RD  
Sweethome RD  
Winema National Forest  
Klamath RD

## National Park Service

Crater Lake NP  
Oregon Caves NM  
Mt. Rainier NP

## Bureau of Land Management

Coos Bay District  
Eugene District

Medford District  
Roseburg District  
Salem District  
Phoenix District (Arizona)

## US Fish and Wildlife Service

Columbia NWR  
Little Pend-Oreille NWR

## Oregon State Parks and Recreation

Collier State Park  
Elijah Bristow State Park  
Cape Blanco State Park  
Hat Rock State Park  
Neahkanie Mtn State Park  
Silver Falls State Park  
Smith Rock State Park  
Sumptner Valley State Historical Area  
Willamette Mission State Park

## County Parks Departments

Benton County  
Beazell Park  
Josephine County  
Lake Selmac Park  
Lane County Parks  
Mt. Pisgah Arboretum  
Linn County  
McDowell Falls Park  
Maricopa County (Arizona)  
MacDowell Park  
White Tanks Park  
Marion County  
Bear Creek Park

## Oregon Counties

Douglas County  
Josephine County  
Linn County  
Marion County

## Local Agencies

City of Eugene Parks and Open Spaces  
City of Eugene Stream Team  
Eugene Water and Electric Board  
Siuslaw Soil & Water Conservation District  
South Slough National Estuarine Reserve  
US Army Corps of Engineers

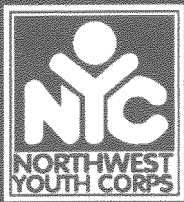
## Other Partners

Blazer Construction  
Eugene School District 4J  
Food for Lane County  
Friends of Buford Park  
Laurel Hill Valley Neighborhood Association  
Lindsay Reaves  
McKenzie Watershed Council  
Oregon State University Challenge Course  
Skinner City Youth Farm  
Steve Stewart  
"Stub" Stewart  
Trude Kaufman Senior Center  
The Nature Conservancy  
Whittaker Engineering (Ash Creek Water Control District)

## Education Partners

Bethel School District  
Central-Linn School District  
Creswell School District  
Crow-Applegate School District  
Eugene 4J School District  
Junction City School District  
Marcola School District  
McKenzie School District  
Pleasant Hill School District  
South Lane School District  
Springfield School District





# Northwest Youth Corps

## MORE THAN JUST A JOB



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## PHILOSOPHY

Holding a job is a vital part of growing up. A job teaches discipline and responsibility. It gives young adults a sense of purpose and a role in society. It builds pride, broadens horizons, and promotes personal growth.

The underlying theme of all Northwest Youth Corps (NYC) programs is one of empowerment; giving youth the skills and confidence they need to face life's challenges. NYC programs emphasize teamwork and leadership while promoting education, personal growth, and individual achievement. Youth leave NYC knowing that they can overcome obstacles, solve problems, make friends, and attain their life goals.

## HISTORY

Northwest Youth Corps was created in 1983 to offer teenagers an education-based work experience modeled after the historic Civilian Conservation Corps of the 1930s. In 1984, support from Oregon's forest products industry and grants from four Northwest foundations allowed NYC to start its first program and serve 52 teens.

Today, NYC operates an alternative high school and ten different conservation corps programs. In 2003, almost 900 youth participated in NYC programs.

## READY FOR AN ADVENTURE?

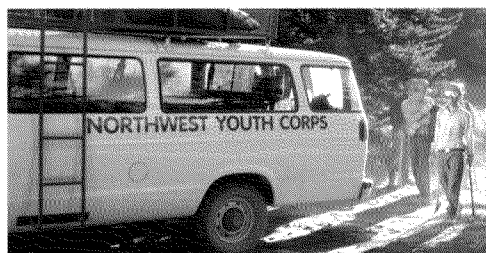
Do you want to spend four to six weeks in the outdoors? Would you like to travel around the Northwest? Is being part of a team, living in a tent, and cooking over a campfire your idea of a good time? If you've answered yes to these questions, a job with Northwest Youth Corps may be perfect for you!

At NYC, you'll be a busy person, and free time will be a scarce commodity. The work day starts at dawn and lasts through the afternoon. By 5 p.m., it's time to cook dinner, build the campfire, and lend a hand with one of the chores that a community must do to keep camp running smoothly.

After eating dinner and washing the dishes, you spend an hour examining the natural environment and discussing a variety of resource and land management issues. Later, you have a little time to relax around the campfire, but when twilight falls, it's time to crawl into your sleeping bag. The next day starts at dawn.

What does it take to succeed at NYC? You need to have the pride and determination to finish what you start, to keep going when things get rough, and to keep working even when you get tired. You have to face rain with a smile, cheer your crew on when the work is toughest, and refuse to give up. You must know inside that you are going to succeed.

At the end of a session with NYC, you'll receive a paycheck for your hard work. But that's not all you'll leave with. You'll have memories that will last a lifetime and friends you won't forget. You'll leave with newfound confidence and the pride of being an important member of a hard working team. The paycheck is just a part of your reward!



## MORE THAN JUST A JOB

All NYC programs combine an outdoor focus with education, teamwork, and challenge to create a foundation for individual growth. Each program is unique, but they all share many of the same basic themes.

**Education** at NYC is about learning by doing. You will discover the purpose of each project, often by talking with the resource manager in charge. Each day, you and your team will spend an hour examining local ecosystems and exploring society's relationship with nature.

**Teamwork** is vital to the success of every crew. Even after leaving a job site, you and your team will work together to complete the chores needed to live comfortably in the woods.

**Responsibility** is a key part of every day at NYC. At work and at camp, you will discover that your team depends on you to do your part, whether it's carrying a water jug to the worksite or making sure the tools are sharp for the next day.

**Job Skills**, including safety, punctuality, dependability, teamwork, communication, conflict resolution, and problem solving are part of every workday. At NYC, you will master the basic work maturity skills valued by every employer.

**Diversity** is part of every NYC program. We recruit young men and women from all ethnic and economic backgrounds.

**Challenge**, hard work, and high expectations make up the foundation of all NYC experiences. You will leave with new confidence and the knowledge that you have achieved something special.

**Outdoor Recreation** comes with living and working in the woods. At NYC, you will master campcraft skills and get the chance to try a variety of outdoor recreation activities.

*"I learned that if you work as a team you can do a lot; and if you work to your limit, you can do more than you thought."*

Mat Linville



## SAFETY IS NUMBER ONE

Every Northwest Youth Corps activity begins and ends with safety in mind. A large part of your first day will be spent learning how to safely use the hand tools that will become your fast friends in the weeks ahead. At the start of each job, you and your crew will complete a rigorous written safety analysis that identifies the safest way to complete each step of the project. Each day, you will take time to stop, evaluate your progress, and make sure that everyone is working in the safest manner possible.

NYC has an unmatched safety record. All staff receive comprehensive training in tool safety, hazard mitigation, backcountry driving, and wilderness camping. They also have CPR and first aid training. Many staff also have certifications as Wilderness First Responders or Wilderness Emergency Medical Technicians.



*"I learned that everyone, no matter how big or small, always grows stronger in one form or another out in the field. It is people's commitment and motivation that will move the biggest boulders, not their strength! Everyone has something crucially important to contribute to the crew."*

*Mirranda Willette*



## CREWLEADERS

NYC staff come to us from across the United States and bring with them a mix of skills and personal experience that make every session rewarding and unique. Most are college students or recent college graduates. Many have traveled widely. Some have just returned from two years in the Peace Corps with great stories to share. Many are earning degrees in education, resource management, biology or counseling.

The mission of an NYC crewleader is complex and demanding. First, they are responsible for your safety. They are also responsible for assisting you in mastering the skills needed to complete each project, and helping you and your team become a hard working community skilled in leadership, teamwork, and communication.

NYC staff are carefully selected, trained, and supervised. They are unique people committed to being available to their crew 24 hours a day. They will make your NYC experience powerful and enriching. They are people who will challenge you.



## HIGH SCHOOL CREDIT

Even when school is out for the summer, you may still be able to earn a bit of high school credit with NYC. Northwest Youth Corps is registered as an Alternative Education Program with the Oregon Department of Education, and each year many youth earn high school credit for their NYC experience.

NYC programs help you learn by doing. Each program follows a carefully developed curriculum with segments on ecology, resource management, work experience, job and life skills, and leadership. However, you will need to talk to the counselor at your school about earning credit for this experience; only your school can make this decision.

We will support your request by sending detailed curriculum information to your school. Your counselor may ask you to keep a journal, do a presentation, or write a report about your experience in order for you to earn credit.



## NYC NUTS AND BOLTS

### Our Participants

Each Northwest Youth Corps crew reflects the diversity of an average high school. NYC serves youth from all populations and does not target specific groups. Most participants come from the Pacific Northwest, but each year a growing number travel from throughout the United States to share the NYC experience.

### Team Composition

Participants in each session are randomly assigned to teams the day of orientation. NYC crews consist of ten participants; often five males and five females. Separate tents are provided for males and females.

### Staffing

The daily activities of each ten-member crew are coordinated by two adult staff who live and work with their crew throughout the entire program. Each team is part of a larger four-crew module that is supervised by a program manager.

### Weekends

At NYC, you spend weekends meeting up with other crews and checking out the area near your weekend campsite. You might explore a lava cave or hike to a pristine waterfall. Weekends are also a time for mail, showers, laundry, calls home, and visits from family.

### Clothing and Equipment

You need to provide your own sleeping bag, work clothes, and work boots. If you are unable to afford this equipment, NYC is often able to provide assistance. Detailed program equipment lists are included with all job offers.



### Food

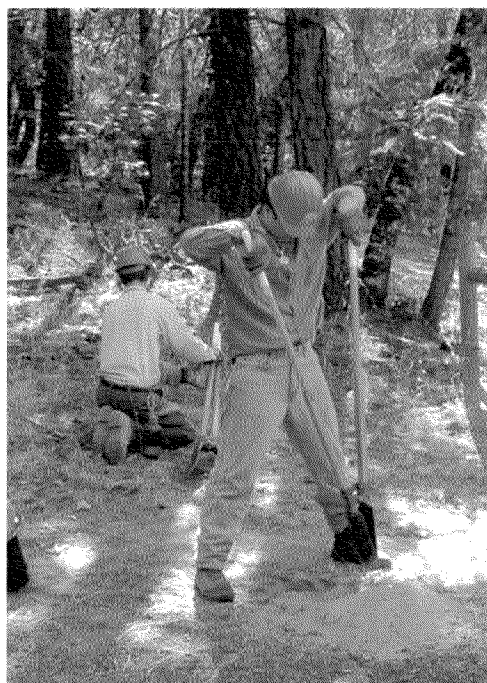
While living and working with NYC, you learn the secrets of cooking over a campfire or camp stove. You and your crew take turns helping cook meals and lending a hand with daily chores of camp life. NYC menus are designed to accommodate most vegetarians. A daily deduction will be taken out of your paycheck to help with the cost of food (see insert for details).

### Experience

You do not need to have experience to join an NYC team. Our staff have years of outdoor experience and will help you learn the skills you need to succeed at future jobs. Thousands of youth have successfully completed NYC programs since 1984.

### Transportation

You are responsible for providing transportation to and from the location where your program is scheduled to start. This is often, but not always, at our headquarters in Eugene, Oregon.



*From now on, when I feel like I can't go any further or I want to quit, I will remember those days when I pushed myself to go beyond my limitations and how it felt when I broke them."*

*Lea Sandberg*

## CODE OF CONDUCT

### Safety

Safety is always our top concern. Safety means awareness, a heads-up attitude, and a determination to avoid accidents and mistakes. You will be expected to take a serious attitude toward safety all day, every day.

### Determination

Getting the job done and done right is the backbone of every Northwest Youth Corps program. You will be expected to challenge yourself, work hard and do the very best you can.

### Teamwork

The success of each team depends on respect, listening to each other, and working together. Practice, patience, and understanding are required.

### Learning

NYC is dedicated to helping you better understand the importance of your work and how each project fits into the ecology and economy of the Northwest. An open mind and a desire to learn are essential.

### Stewardship

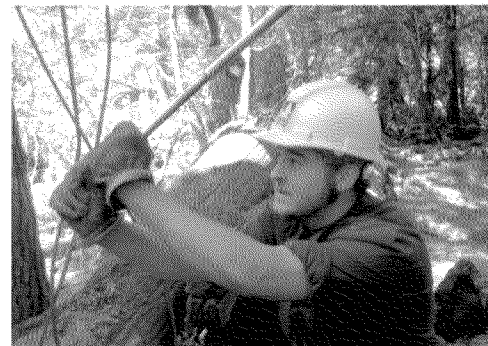
With NYC, you will help protect our natural resources and enhance outdoor recreation opportunities. You will be expected to treat natural areas with care and respect.

### Tolerance

NYC fosters a hate-free environment in which diversity is celebrated and considered a source of strength.

### Substance Free

NYC is a substance free organization. Members who possess or use alcohol or illegal drugs will be terminated.



## MESSAGE TO APPLICANTS

### Do you really want a job? Prove it!

No specific experience is required for a job with Northwest Youth Corps. Employers, including NYC, look for people who complete their applications neatly and put some real effort into the task. That means answering every question, using complete sentences, and double-checking spelling.

Your application is the first and often the only opportunity for you to say, "I really want this job." It's always a good idea to do a rough draft first and then proofread that draft for spelling and grammar. You can ask a friend, parent, or teacher to proofread it for you. Remember, when doing a final copy, do not fill out an application in pencil. Always type it out or fill it out in pen.

### Selection Process

Job offers are mailed to all youth who demonstrate on their application that they really want to work for NYC. These are the people we can count on to finish what they start. Job offer packets contain detailed information about the job and necessary equipment. Once applicants receive a job offer, it is up to them to respond immediately.

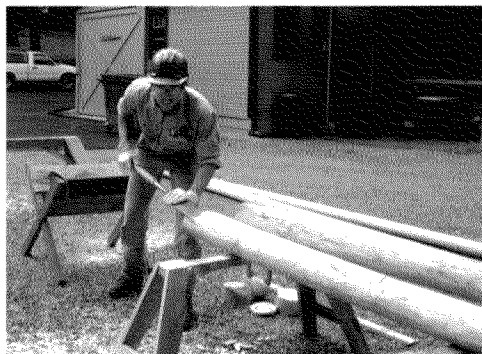
*"I thank you for giving my son the opportunity to have some insight into the wonderful person that he could be."*

*Tony Pisan*

## ALUMNI

If you have already worked a session with NYC and want more, be prepared! Returning participants are powerful role models, and we expect a lot from them. Alumni applicants must have a proven track record of teamwork, productivity, cooperation, and commitment. If you want to rejoin an NYC crew, you must:

- Apply to work with a different program.
- Have a positive evaluation from your previous crewleader or program manager.
- Demonstrate the ability to correctly, fully, and professionally complete an NYC application.
- Include a cover letter explaining what you learned from your last NYC experience and what you hope to gain from this new experience.
- Applicants interested in the Backcountry Leadership Program or in a Swamper (Youth Leader) position need to call NYC and request the specific application.



## A MESSAGE TO PARENTS

Our participants are active young adults who love the outdoors and seek an opportunity to make new friends, challenge themselves, and work as part of a team. NYC programs are not for youth with severe emotional problems or teens who are unable or uninterested in working with others in a structured, team-based environment.

### Choosing To Participate

Encourage your son or daughter to consider a job with NYC carefully. Please do not coerce your teen to participate. Participants are considered young adults who are able to quit a job and leave the team if that is their decision. They should, with your help and support, make their own decisions about joining an NYC crew.

### Program Fee/Tuition

NYC programs are supported by project sponsors, grants from Northwest foundations, donations from the business community, and gifts from individuals and parents. Most NYC programs are also supported by a tuition fee that funds a portion of the education and recreation activities integral to the NYC experience. Payment of this fee is required when your son or daughter accepts a position with NYC (see insert for tuition fees).

### Financial Aid

NYC has developed a modest financial aid program to assist youth in cases where fees, tuition, or equipment costs creates barriers to participation. Tuition assistance is awarded based on financial need. Call the NYC office for more information.

### Refund Policy

It is our objective to offer the NYC experience to as many youth as possible. We have implemented the following refund policy to assure that, in the event that your teen's plans change, we will be able to offer that position to someone else.

21 days notice	100% refund
14 days notice	75% refund
7 days notice	50% refund
Less than 7 days notice	No refund

Refunds are not given from no-shows, voluntary withdrawals or dismissal.



# Teens-n-Trails

Age: 14-15

Length: 4 weeks

Location: Oregon

*Please see insert for specific session information.*

## Ready for a challenge?

Want to join a hard working team that is ready and willing to pound out some impressive work and make a difference? Are you ready to prove that you are resourceful and part of a powerful generation committed to doing a challenging job well?

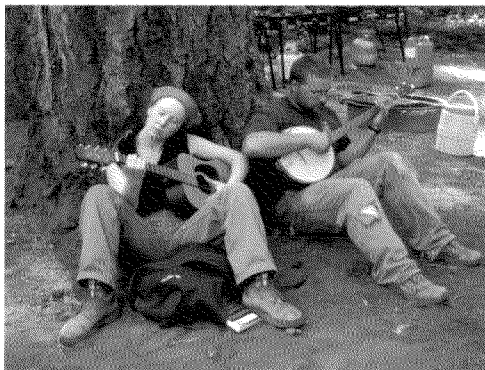
Teens-n-Trails (T-n-T) is a program about pride, friendship, discovery, fun, and hard work. At T-n-T you will spend four weeks with nine other 14 and 15 year-olds camping out and helping complete important recreation and conservation projects.

At T-n-T, you will work hard, play hard, and study hard! Wake up is often at first light, and crews are at work by 7 a.m. For six solid hours, the success of your crew depends on teamwork, leadership, and problem solving to get a new hiking trail built, a fence laid out, logs bucked, or brush piled.

The first wave of afternoon heat usually means the work day is over and that it's time to spend an hour or so examining issues related to the day's project. You and your crew might circle up near a creek to discuss fishery management or examine wildlife habitat in an old growth forest.

Back at camp, dinner requires more teamwork, individual responsibility, and cooperation. There is no camp cook, so you work with staff to prepare dinner and make lunch for the next day. You'll also fill the water jugs and wash the dishes.

With T-n-T, you live and work with your crew 24 hours a day, seven days a week. In a month of working, traveling, and living together, you and your crew will start to feel like family. You will discover new muscles and a new level of confidence and self-respect.



*"At NYC, I've learned that personal courage can conquer any limits and solve any problem."*

*Mariah Patterson*



# Youth Forest Camps

Age: 16-19

Length: 5 weeks

Location: Oregon

*Please see insert for specific session information.*

## Looking for a change?

Picture a tent city springing up overnight next to a mountain meadow. This is one of NYC's Youth Forest Camps complete with wall tents, bunk beds, portable kitchens, water trailers, and picnic tables.

For 40 crewmembers and eight staff, this rustic camp is home for five weeks. But it isn't their only home. Each week, three crews load up food and equipment and set up a temporary camp at a project too far away for a daily commute. On weekends, everyone returns to the base camp to do laundry, share stories, head out on recreation trips, join in a game of volleyball, or just relax in the comfort of a home away from home.

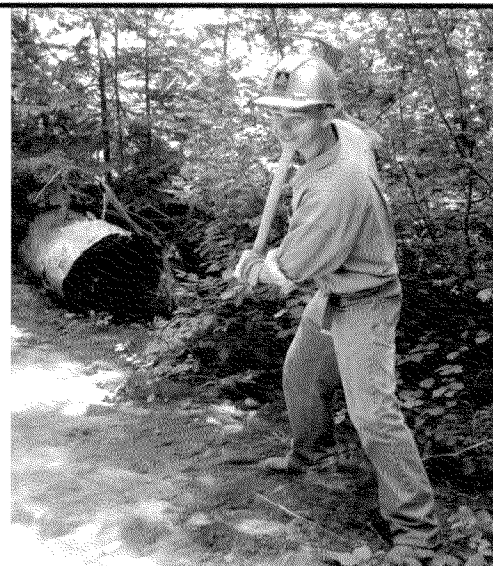


*"I learned that exploring and pushing my physical limits depends greatly on mental determination; to take full advantage of every day, to be real, to live real by being conscientious about the decisions I make."*

*Marin Andrus*

As a member of the Youth Forest Camp program, you dig trails, push wheelbarrows, pile brush, swing Pulaskis, build fences, and just plain sweat a lot. You and your crew will discover the power of teamwork moving huge logs off of a trail, pitching camp, or simply getting dinner on the table.

This is a place where you learn as you earn. As you complete each project you learn about the surrounding ecosystem and why your work is important. You also find what it means to be a leader, how to bake brownies in a Dutch Oven, and perhaps even gain new perspectives on what things in life are really important to you.



*"I learned how to make turnpikes and fences, and use new tools. I learned to appreciate early mornings of cold cereal and wet socks and hysteric laughter. I also learned how to live cooperatively with strangers who now are family."*

*Kamaria Moeller*





# Summer Conservation Corps

Age: 16-19

Length: 5 or 6 weeks

Location: Oregon, Washington, and Idaho

*Please see insert for specific session information.*

## The journey begins here!

With the Summer Conservation Corps, you will crisscross the Northwest, completing projects and exploring the hidden corners of Oregon, Washington, and Idaho. You and your crew will spend time building hiking trails, protecting endangered species, and restoring wildlife habitats.

If you have ever dreamed about a serious change of pace, this is it! You, nine teammates, and two staff may spend nearly the entire program away from the sounds of cars, telephones, and televisions. Life will be simple, basic, and fulfilling. Your days will be highlighted by hard work, the smell of wood smoke in the evening, the creep of twilight across a meadow, and the sound of a mountain stream as you fall asleep. You will live in tents, master the intricacies of cooking with a Dutch Oven or backpacking stove, and make friendships that will stay with you the rest of your life.



You will discover how easy it is to live in the woods without the comforts of modern civilization. You will find incredible satisfaction in a newly peeled log, a stack of firewood, or the removal of a huge boulder. It will be a summer filled with accomplishments you will never forget, such as when you and your crew hike back over a mile of freshly dug trail after a week of sweat and hard work.

At NYC, you find a unique magic where strangers become family, hard work becomes fun, and people find joy and laughter in trivial daily events. It is a place where you discover new priorities, and when you return to the world of pizza and porcelain, you experience a new appreciation for little things and a new distinction between what you need and what you want.

For more than a month, you live and work outdoors all day, every day. You may go to sleep watching the moon rise and get up in time to see the sun come up. It is a busy world where days blur into a rhythm of working, eating, and sleeping. But it is also a world you leave with lasting friendships, pride in accomplishment, fresh perspectives, and untold new skills.



# Spring and Fall Conservation Corps

Age: 16-19

Length: 5 weeks

Location: Oregon & Washington

*Please see insert for specific session information; no tuition is charged.*



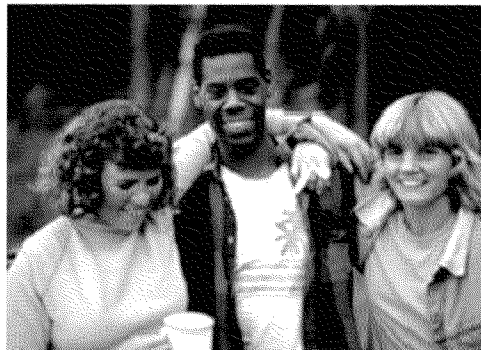
## Are you out of school, between schools or thinking about returning to school?

Maybe you just want to be in a different space while you figure things out. In any case, the challenge and simplicity of five weeks in the woods offers you the chance to regain perspective, meet new friends, and discover new opportunities. Sound appealing?

In the Spring and Fall Conservation Corps, you will learn how to pitch a tent, cook over a campfire, and stay dry in the rain. In the process, you will discover a new ability to address the unknown and meet challenges that will prepare you for life's next adventure like finishing high school, starting college, or landing your next job.

*"I learned a lot about pushing myself, and how to change for the better. When something wasn't going well, I learned to turn it around into a learning experience. I've also learned how to work in a team better, and to communicate."*

*Tevah Donith*



During a Spring or Fall program, you quickly become an integral part of a hard working team. You travel throughout the Northwest and complete important conservation, recreation and reforestation projects. Like other NYC programs, you and your team will usually be assigned to a different project every week.

The Pacific Northwest's unpredictable weather makes our Spring and Fall programs a unique challenge, one that demands a person of special fortitude, determination, and patience. For five weeks, regardless of the weather, you and nine other people your age will live, work, and travel together.

Living in a tent for a month is not easy, but the payoff is immense. Not necessarily in terms of money. Sure, you earn a paycheck and discover pride in doing work that really matters. But perhaps just as important is what you learn about yourself, about getting along with others, and about what you value.

Take time out from the hustle and bustle of city life. Spend five weeks in the woods and leave with new friends, great stories, and some new muscles.





# Backcountry Leadership Project

Age: 16-19

Length: 6 weeks

Location: Idaho, Oregon, and Washington

*Please see insert for specific session information.*

## The ultimate wilderness challenge!

As part of a Backcountry Leadership Program (BLP) team, you hike deep into the wilderness carrying much of the food, camping equipment, and trail tools needed for your six-week stay.

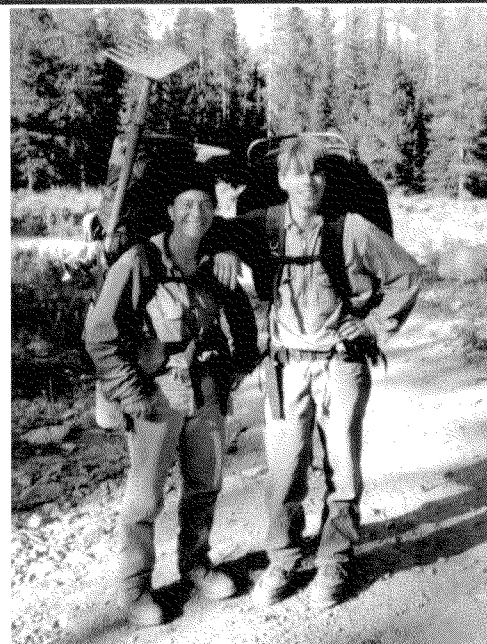
This program takes challenge to a new level. Here the work is more technical, the landscape more pristine, the laughter more bountiful, the expectations higher, and life fuller than any place you may have ever been. Past BLP projects have been in Idaho's Frank Church River of No Return Wilderness and Washington's Glacier Peak Wilderness.

With your Backcountry Leadership team, you do more than learn about leadership, you experience it! Through a combination of instruction and practice, you will develop the skills needed to take charge of individual projects, coordinate camp activities, present natural history lessons, and eventually accept all crew leadership responsibilities for a day.

Since 1992, BLP crews have earned a reputation for incredible productivity,

quality workmanship, and an unwavering commitment to getting the job done. Graduates of this program are in high demand by the U.S. Forest Service and the Bureau of Land Management for their summer trail crews. Limited positions are available for the program.

The BLP experience is intense, and it is helpful to have previous NYC experience under your belt though it is not required. If you are committed to teamwork, safety, learning, and excellence, and if you are ready to really challenge yourself, a wilderness stint with a BLP team is an experience you will never forget!

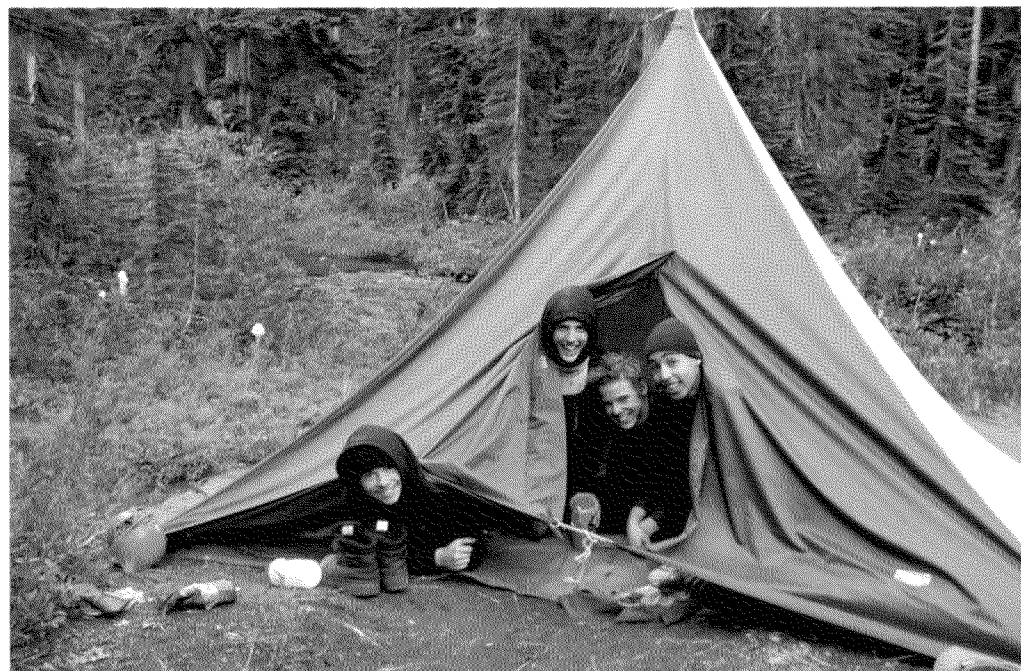


*"During my experience here at NYC, I learned consideration for my fellow workers and to watch how I acted and what I said. I also learned discipline, pushing myself when I couldn't go any further, or to go full throttle when the job was boring. The most important thing I learned, I believe, was the development of my leadership skills, taking initiative to accomplish something, whether it be pruning trees, digging trails, or getting a dishwashing station at dinner. NYC is an awesome organization, and I am totally grateful to have had the chance to come here."*

*BJ Barnes*

*"From now on, I will always be able to adapt to many people and go to the bathroom in the woods."*

*Sadie Fisher*





# Leadership Development Program

Age: 19 and over

Length: 5 weeks

Location: Idaho, Oregon

*Please see insert for specific session information.*



## Are you an aspiring outdoor leader?

Are you interested in a career in youth leadership, adventure travel, or outdoor education? Does the idea of leading a wilderness trail crew interest you?

With the Leadership Development Program, you will master the compassion, patience, and organization needed to be a skilled outdoor leader. However, mastery of leadership techniques is only one part of the program. You will also learn the technical skills needed to help teenage crews successfully complete a variety of backcountry conservation projects. Best of all, there is no charge for this program. In fact, we pay you!

This is no seminar! You will spend much of every day on the business end of a trail tool. First, you will master basic project skills, and then you will learn the techniques needed to lead a crew of teenage youth. Each evening around the campfire, you will review the day, learn initiative games, and plan lessons that will help youth master environmental concepts.

This is the only NYC program in which participants are trained to operate chain saws or use power tools. Participants must be 19 years old or older. Extensive outdoor experience is required. College background in recreation, education, or resource management is preferred. Applications for this program need to be requested in writing and accompanied by a copy of your resume

This is a five week, team based experience where you learn by doing! You will graduate with sore muscles, new skills, and a wealth of new employment opportunities in the outdoors. In fact, NYC has placed 80% of program graduates in seasonal leadership positions.



*"NYC's summer and school year programs perform a valuable service for the community, both in the projects they accomplish and the impact they have on the children in the program. The crews work hard and cheerfully at whatever task is assigned to them. NYC is an important part of the community, and we will continue to rely on them and support them."*

*Eugene BLM*



# Northwest Youth Corps

Northwest Youth Corps  
2621 Augusta St.  
Eugene, OR 97403

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 04-119**

Approving Reimbursement to the County for County Sponsored Projects from Title III Funding

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

- a. The Secure Rural Schools and Community Self-Determination Act of 2000 (PL 106-393), provides for funding from the National Forest Service and Bureau of Land Management for use by counties to benefit transportation, education, public safety, law enforcement and other public purposes.
- b. Title III of PL106-393 provides that these funds be dedicated to projects under the following authorized uses: Search, Rescue, and Emergency Services on federal lands; Community Service Work Camps; Easement Purchases; Forest Related Educational Opportunities; Fire Prevention and County Planning; and Community Forestry.
- c. Multnomah County, on May 22, 2003 and May 27, 2004, adopted Resolutions that elected to receive a portion of its annual federal forest payments as Title III project funds for federal fiscal years 2003 and 2004 (for expenditure after federal fiscal years 2003 and 2004, respectively).
- d. On May 10, 2004, the County published a Public Notice describing proposed Title III projects and opened a forty-five (45) day public comment period. That period ended June 25, 2004.
- e. The County received no comments during this period.
- f. The County currently provides several public services in and adjacent to federal lands that are eligible for Title III funding.
- g. The list of projects sponsored by Multnomah County for County FY 2004 includes:

Search, Rescue, and Emergency Services (Sheriff's Office)	\$221,913
Search and Rescue (BCS Emergency Mgmt & Finance)	\$835
Community Service Work Camps (Community Justice)	\$88,092
Administration of Community Service Work Camps (BCS Finance)	\$1,044
Fire Prevention and County Planning (BCS)	\$20,587
Total County Title III projects shown above	\$332,471

- h. The County expects to receive \$271,000 in Title III payments during County FY 2005 and authorizes estimated expenditures from those funds for the following projects:

Search, Rescue, and Emergency Services (Sheriff's Office)	\$220,000
Search and Rescue (BCS Emergency Mgmt & Finance)	\$800
Community Service Work Camps (Community Justice)	\$29,200
Administration of Community Service Work Camps (BCS Finance)	\$1,000
Fire Prevention and County Planning (BCS)	\$20,000
Total County Title III projects shown above	\$271,000

- i. On August 14, 2003, in Resolution 03-116, the Board recognized additional Title III eligible costs for Community Service Work Camps (Community Justice) performed by Multnomah County from FY 2001 and FY 2002 totaling \$112,463.

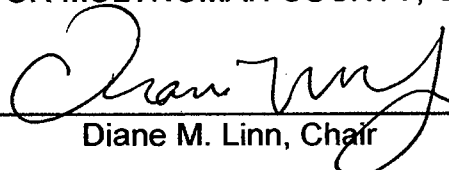
**The Multnomah County Board of County Commissioners Resolves:**

1. The County projects listed in g) and h) will be reimbursed from County Title III funds for expenditures incurred on these projects during the periods July 1, 2003 through June 30, 2004 and July 1, 2004 through June 30, 2005, respectively.
2. The County projects listed in i) will be reimbursed from County Title III funds for expenditures incurred on these projects during the period November 1, 2000 through June 30, 2002.

ADOPTED this 19th day of August, 2004.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
Agnes Sowle, County Attorney

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-10

**Est. Start Time:** 10:50 AM

**Date Submitted:** 07/28/04

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**Requested Date:** 8-19-04

**Time Requested:** 5 minutes

**Department:** DBCS

**Division:** FPM

**Contact/s:** Debra Crawford

**Phone:** 503-988-4206

**Ext.:** 84206

**I/O Address:** FPM/274

**Presenters:** Debra Crawford

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**Agenda Title:** Resolution Approving a Parking License Agreement for Two Parking Spaces Located at 1901 NE 42nd Avenue, Portland, Oregon from U.S. Bank for Use by Hollywood Library Patrons

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

- 
1. **What action are you requesting from the Board? What is the department/agency recommendation?** The Department of Business and Community Services requests the Board review the parking license agreement and the resolution approving use of two parking spaces donated by U.S. Bank in their lot at 1901 NE 42<sup>nd</sup> Avenue, Portland, Oregon, and authorize the Chair to sign the agreement on behalf of the County.

The Department of Business and Community Services, Facilities and Property Management Division, recommends adoption of the Resolution.

2. **Please provide sufficient background information for the Board and the public to understand this issue.** The Hollywood Library location does not have sufficient on street or parking lot spaces to accommodate parking for library patrons. Due to the limited availability of spaces, Library Administration and Facilities and Property Management approached US Bank Hollywood branch office regarding use of surplus parking in their ATM drive up lot west of the library building. US Bank generously agreed to donate two parking spaces for use by County library patrons. The only consideration for the parking spaces is that the County would erect, at County expense, a sign signage acknowledging that U.S. Bank is donated the spaces for use of library



patrons. The parking license agreement will continue on a month to month basis and may be terminated by either party at any time with thirty days advance written notice.

3. **Explain the fiscal impact (current year and ongoing).** Pursuant to the parking license agreement, the County will erect signage on the premises at County cost to acknowledge the donation by U.S. Bank of two parking spaces. Upon termination of the month to month parking license agreement, the County will remove the signage and restore the property to its original condition. The estimated one time cost to create and install signage is \$400.

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

**If a budget modification, explain: N/A**

- ❖ **What revenue is being changed and why? N/A**
- ❖ **What budgets are increased/decreased? N/A**
- ❖ **What do the changes accomplish? N/A**
- ❖ **Do any personnel actions result from this budget modification? Explain. N/A**
- ❖ **Is the revenue one-time-only in nature? N/A**
- ❖ **If a grant, what period does the grant cover? N/A**
- ❖ **When the grant expires, what are funding plans? N/A**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain: N/A**

- ❖ **Why was the expenditure not included in the annual budget process? N/A**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure? N/A**
- ❖ **Why are no other department/agency fund sources available? N/A**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account. N/A**
- ❖ **Has this request been made before? When? What was the outcome? N/A**

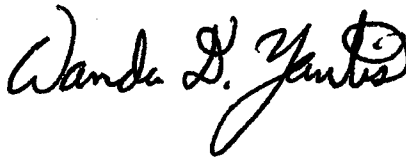
**If grant application/notice of intent, explain: N/A**

- ❖ **Who is the granting agency? N/A**
- ❖ **Specify grant requirements and goals. N/A**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment? N/A**
- ❖ **What are the estimated filing timelines? N/A**
- ❖ **If a grant, what period does the grant cover? N/A**
- ❖ **When the grant expires, what are funding plans? N/A**
- ❖ **How will the county indirect and departmental overhead costs be covered? N/A**

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

5. Explain any citizen and/or other government participation that has or will take place. U.S. National Bank has been instrumental in designating these parking spaces for use by library patrons.

**Required Signatures:**



Department/Agency Director: \_\_\_\_\_

Date: 07/22/04

Budget Analyst



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

Date: 07/26/04

Dept/Countywide HR

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

Date:

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Approving A Parking License Agreement For Two Parking Spaces Located At 1901 NE 42<sup>nd</sup> Avenue, Portland, Oregon From U.S. Bank For Use By Hollywood Library Patrons.

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

- a. Two parking spaces located at 1901 NE 42<sup>nd</sup> Avenue, Portland, Oregon, (Property) have been identified as being necessary for use by Multnomah County Hollywood Library for library patron parking.
- b. The attached parking license agreement has been negotiated with the owner of the property.
- c. It is in the best interests of the County to use the Property on the terms and conditions set forth in the attached parking license agreement.

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

1. The Board approves the attached parking license agreement. The County Chair is authorized to execute the agreement substantially in the form attached to this Resolution.
2. The County Chair is authorized to execute amendments to the parking license agreement without further Board action.

ADOPTED this 19<sup>th</sup> day of August, 2004.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

\_\_\_\_\_  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
Matthew O. Ryan, Assistant County Attorney



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 04-120**

Approving a Parking License Agreement for Two Parking Spaces Located at 1901 NE 42nd Avenue, Portland, Oregon from U.S. Bank for Use by Hollywood Library Patrons

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

- a. Two parking spaces located at 1901 NE 42nd Avenue, Portland, Oregon, (Property) have been identified as being necessary for use by Multnomah County Hollywood Library for library patron parking.
- b. The attached parking license agreement has been negotiated with the owner of the property.
- c. It is in the best interests of the County to use the Property on the terms and conditions set forth in the attached parking license agreement.

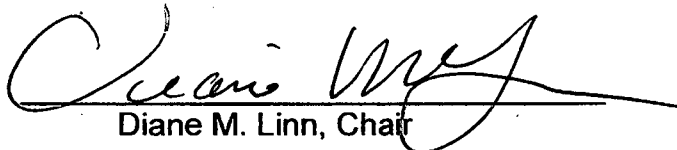
**The Multnomah County Board of Commissioners Resolves:**

1. The Board approves the attached parking license agreement. The County Chair is authorized to execute the agreement substantially in the form attached to this Resolution.
2. The County Chair is authorized to execute amendments to the parking license agreement without further Board action.

ADOPTED this 19th day of August, 2004.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
Matthew O. Ryan, Assistant County Attorney

## PARKING LICENSE AGREEMENT

This Parking License Agreement (the "Agreement") is entered into this 19th day of August, 2004 between U.S. BANK NATIONAL ASSOCIATION ("U.S. Bank") and Multnomah County ("Lessees").

WHEREAS, Lessee is desirous of obtaining a license for use of 2 (two) parking spaces in the parking lot located at 1901 NE 42<sup>nd</sup> Ave., Portland, OR (the "Parking Lot") as further set forth herein.

NOW THEREFORE, in consideration of the mutual covenants contained herein the parties hereto agree as follows:

1. Term of Agreement. This agreement shall commence on September 1, 2004, and shall continue thereafter on a month to month basis, and may be terminated by either party at any time provided, however, that the terminating party provides the other party with at least thirty (30) days advance written notice.
2. Premises. Subject to the terms, covenants and conditions contained herein, U.S. Bank grants to Lessee the right to use, in common with others, 2 (two) parking spaces in the Parking Lot as identified on Exhibit A attached hereto (the "Premises").
3. Use of Premises. The Premises shall be used solely for the parking of automobiles for use by Lessee solely for Hollywood Library patrons and for no other purpose. Lessee shall install signage, at its sole cost and expense, acknowledging that U.S. Bank is donating the spaces for the use of Library Patrons. U.S. Bank reserves the right to approve any such signage but shall not withhold reasonable consent. Lessee shall at the time of termination remove such signage and restore the Premises to its original condition at its sole cost and expense.
4. License Payments. Lessee shall pay U.S. Bank a license fee equal to \$ 0 per stall, per month for a monthly total of \$ 0 ; U.S. Bank acknowledges receipt of other valuable consideration as license fee for this agreement.
5. Non-assignment. Lessee's interest herein shall not be assigned, transferred, or granted to any other party.
6. Default. In addition to the termination rights provided herein, U.S. Bank may immediately terminate this Agreement without notice in the event that Lessee defaults on any terms or conditions of the Agreement. In the event Lessee defaults on any terms or condition of this Agreement, U.S. Bank may physically remove any persons, personal property and/or vehicles of Lessee, its employees, customers or guests remaining on the Premises. Said removal shall be at the expense of Lessee.

7. Alterations. Lessee shall not alter, improve, or in any way change or modify the contour or appearance of the Premises. Lessee is responsible for security and clean up related to its use of the Premises. Any damage done to the Premises during any use of the Premises by Lessee or its employees shall be repaired at Lessee's sole cost and expense to its original condition or, if necessary, replaced.
8. Hazardous Substance. Lessee will indemnify and hold U.S. Bank harmless from and against any costs (including reasonable legal costs) arising in connection with the existence of Hazardous Substances (defined below) in or about the Premises (whether or not such materials or substances were Hazardous Substances at the time they were brought upon the Premises) if such Hazardous Substances were brought on the premises during Lessee's business hours, except to the extent that such Hazardous Substances are brought upon the Premises by U.S. Bank or its customers, employees, agents or invitees. For the purposes of this Agreement "Hazardous Substances" include any substance considered hazardous or toxic under any law or regulation now or hereafter brought into force by any governmental authority having jurisdiction over the Premises. This indemnity will survive the expiration or other termination of this Agreement. Lessee shall not place, generate, use or dispose of any Hazardous Substances at or upon the Premises and shall undertake reasonable precautions and actions to insure that no one using the Premises on its authority is able to place, generate, use or dispose of any Hazardous Substances at or upon the Premises.
9. Indemnity. Lessee agrees to indemnify U.S. Bank and hold U.S. Bank harmless from and against any losses, damages or claims, including attorney fees and costs incurred by U.S. Bank for any damage to the Premises arising out of the use of the Premises by Lessee, its customers, invitees, employees, contractors or agents. The terms of this Section 9 shall survive the termination of this Agreement.
10. Self Insurance. Lessee is self-insured for its liability exposures, as subject to the Oregon Tort Claims Act, ORS 30.260-30.300. A certificate of Self-Insurance will be provided upon request of Lessor.
11. U.S. Bank Not Responsible. U.S. Bank shall not be liable for any losses, damages or claims of Lessee, or its customers, invitees, employees, contractors or agents of Lessee arising out of the use of the above licenses or the use of the Premises. This Agreement shall not constitute a bailment nor shall it create the relationship of bailor and bailee. U.S. Bank shall have the right to post notices of non-responsibility on and about the Premises. Lessee shall reimburse U.S. Bank for the costs of such notices and their installation (and, when appropriate, their removal) within ten (10) days after receiving U.S. Bank's invoice).
12. Oregon Tort Claims Act. Any covenant herein by Lessee to defend, indemnify or hold harmless the Lessor shall be subject to the provisions of the Oregon Tort Claims Act, ORS 30.260-30.300, and within the limits in ORS 30.275.

13. Notices. Any notice or demand permitted or required hereunder shall be deemed given or made if it is deposited in the United States mails certified, return receipt requested, postage prepaid, addressed as follows or sent via facsimile followed by mailed notice:

If to U.S. Bank:

U.S. Bank National Association  
c/o USB Corporate Real Estate  
Mailstation: PD-OR-3200  
P.O. Box 8837  
Portland, OR 97208  
Attn: Tamera Kins  
Fax #: 503-408-9599

If to Lessee:

Multnomah County  
Facilities & Property Management  
Attn: Asset Management  
401 N. Dixon Street  
Portland, OR 97227-1865  
PH. 503-988-3322  
FAX 503-988-5082

U.S. Bank and Lessee have executed this Agreement as of the date first above written.

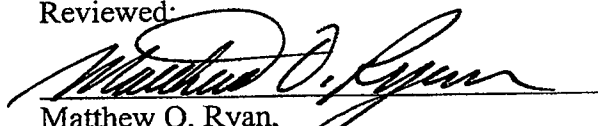
U.S. BANK NATIONAL ASSOCIATION

By: \_\_\_\_\_  
Its: \_\_\_\_\_

MULTNOMAH COUNTY, OREGON

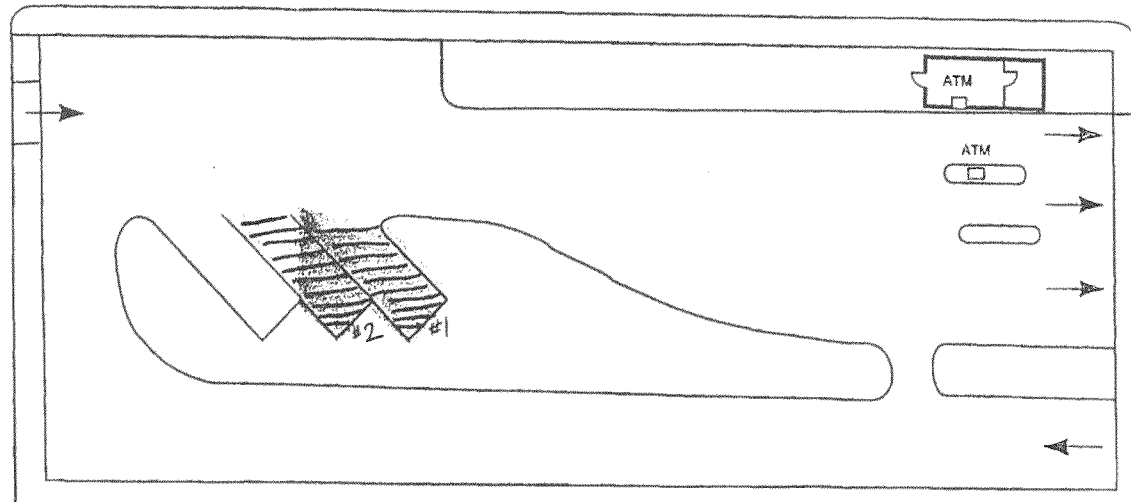
By:   
Diane M. Linn, County Chair

Reviewed:

  
Matthew O. Ryan,  
Assistant County Attorney

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-10 DATE 08.19.04  
DEBORAH L. BOGSTAD, BOARD CLERK

EXHIBIT A



ADJACENT FAST FOOD RESTAURANT



HOLLYWOOD DRIVE-UP

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-11

**Est. Start Time:** 10:55 AM

**Date Submitted:** 07/30/04

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**Requested Date:** August 19, 2004

**Time Requested:** 5 minutes

**Department:** Dept of Business & Community Services

**Division:** Facilities & Property Management

**Contact/s:** Doug Butler & Wanda Yantis

**Phone:** 503-988-3322

**Ext.:** 84242

**I/O Address:** 274/1

**Presenters:** Wanda Yantis & Peter Tryon

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**Agenda Title:** RESOLUTION Declaring the Property Located at 2115 SE Morrison Street, Portland, OR 97214, to be Surplus and Approving a Permit for Use of Property to City of Portland Police Bureau

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

- 
1. **What action are you requesting from the Board? What is the department/agency recommendation?** The Department of Business and Community Services, Facilities and Property Management Division, recommends approval of this Resolution by the Board giving authority to the County Chair to execute this Permit. The County wishes to support the Permittee, City of Portland Police Bureau, and its need for tactical training sites.
  2. **Please provide sufficient background information for the Board and the public to understand this issue.** The County Board declared the Morrison Building surplus property by Resolution 02-032. The Permittee, City of Portland Police Bureau, requests use of the vacated Morrison Building for tactical training of its police officers. This Permit will provide the Permittee with a local site for additional tactical training exercises. The Permit term is for less than one year and expires on June 30, 2005. The term of the Permit may be extended upon further agreement in writing between the Permittee and County and with the Chair's authorization. Also, either party may unilaterally terminate this Permit by providing the other party a thirty-day written notice.

This Permit for Use of Property was given to the City in March 2004 for their approval. In April 2004, the City Council approved and signed an incomplete Permit and returned the Permit to the County in May 2004. The County notified the City in May 2004, and the City Council approved the correct complete Permit by City Council Ordinance No. 178511, dated June 23, 2004. The City returned the approved and signed Permit to the County in July 2004.

3. **Explain the fiscal impact (current year and ongoing).** This Permit does not require any fee or payment by the Permittee for the use of the County property.

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

**If a budget modification, explain: NONE**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
  
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain: NONE**

- ❖ **Why was the expenditure not included in the annual budget process?**
  
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
  
- ❖ **Has this request been made before? When? What was the outcome?**

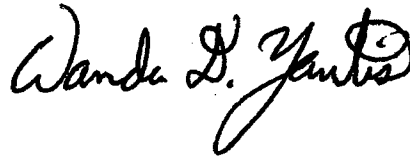
**If grant application/notice of intent, explain: NONE**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

4. **Explain any legal and/or policy issues involved. NONE**

5. Explain any citizen and/or other government participation that has or will take place. NONE

**Required Signatures:**



Department/Agency Director: \_\_\_\_\_

Date: 07/22/04

Budget Analyst



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

Date: 07/30/04

Dept/Countywide HR

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

Date:



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Declaring the Property Located at 2115 SE Morrison Street, Portland, OR 97214 to be Surplus and Approving a Permit for Use of Property to City of Portland Police Bureau

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

- a. The County-owned property, known as the Morrison Building, at 2115 SE Morrison Street, Portland, OR 97214 is, at this time, surplus to any County use.
- b. By County Resolution 02-032, the Board directed Facilities and Property Management Division to dispose of the County-owned Morrison Building.
- c. By County Resolution 04-022, the Board established a Morrison Building Property Task Force to assess the feasibility of all disposition options and devise a plan for disposition. The Task Force will report back to the Board by September 2004.
- d. The Morrison Building is vacant and the County allows the non-exclusive use of the adjacent County-owned parking areas for Park-and-Ride activities. The City of Portland Police Bureau requests the temporary use of the vacant building for tactical training of police officers.
- e. The attached Permit for Use of Property has been negotiated with the City of Portland on behalf of the City of Portland Police Bureau.
- f. It is in the best interests of the County to permit the temporary use of the Property on the terms and conditions set forth in the attached Permit for Use of Property.

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

1. The Board approves the attached Permit for Use of Property. The County Chair is authorized to execute the Permit substantially in the form attached to this Resolution.
2. The County Chair is authorized to execute renewals of the Permit and to execute amendments to the Permit without further Board action.

ADOPTED this 19th day of August, 2004.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

\_\_\_\_\_  
Diane M. Linn, Chair

**REVIEWED:**

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_

John S. Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 04-121**

Declaring the Property Located at 2115 SE Morrison Street, Portland, OR 97214 to be Surplus and Approving a Permit for Use of Property to City of Portland Police Bureau

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

- a. The County-owned property, known as the Morrison Building, at 2115 SE Morrison Street, Portland, OR 97214 is, at this time, surplus to any County use.
- b. By County Resolution 02-032, the Board directed Facilities and Property Management Division to dispose of the County-owned Morrison Building.
- c. By County Resolution 04-022, the Board established a Morrison Building Property Task Force to assess the feasibility of all disposition options and devise a plan for disposition. The Task Force will report back to the Board by September 2004.
- d. The Morrison Building is vacant and the County allows the non-exclusive use of the adjacent County-owned parking areas for Park-and-Ride activities. The City of Portland Police Bureau requests the temporary use of the vacant building for tactical training of police officers.
- e. The attached Permit for Use of Property has been negotiated with the City of Portland on behalf of the City of Portland Police Bureau.
- f. It is in the best interests of the County to permit the temporary use of the Property on the terms and conditions set forth in the attached Permit for Use of Property.

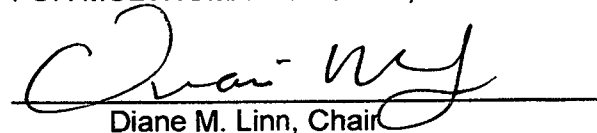
**The Multnomah County Board of Commissioners Resolves:**

1. The Board approves the attached Permit for Use of Property. The County Chair is authorized to execute the Permit substantially in the form attached to this Resolution.
2. The County Chair is authorized to execute renewals of the Permit and to execute amendments to the Permit without further Board action.

ADOPTED this 19th day of August, 2004.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Diane M. Linn, Chair

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
John S. Thomas, Assistant County Attorney

### MULTNOMAH COUNTY PERMIT FOR USE OF PROPERTY

1. Multnomah County, Oregon (County) hereby grants to City of Portland Police Bureau (hereafter "Permittee") the right to use the following described property (hereafter "the Property") in accordance with the terms and conditions of this permit:

The Morrison Building property located 2115 SE Morrison Street, Portland, OR 97214

Permittee has inspected the Property and accepts the Property "AS IS." Permittee has been advised that the following conditions exist or may exist on the Property:

1. Damage and hazards caused by vandalism may be present.
  2. Electrical and water hazards are likely present in the building.
  3. Mold, fungus and asbestos are likely present in the building.
  4. Discarded furniture and debris is in the building and may cause hazards.
  5. Severe damage to the building is likely in the event of an earthquake.
2. The Property shall be used solely for the following purpose:
 

Tactical training conducted by Portland Police Bureau of police officers and parking during with such use.

No other use of the Property shall be made without the prior written consent of the County. Access to the Property and control of the Property will remain with County. Permittee shall request access to and use of the Property in advance of each use by Permittee. Permittee shall submit requests in writing to County's Facilities and Property Management Division, Property Management Section Supervisor or designee.
3. Term. The term of this Permit shall commence on execution by County and Permittee and shall continue through June 30, 2005. The term of this permit may be extended upon further agreement in writing between Permittee and County. Either party may unilaterally terminate this Permit by providing the other a written notice thirty (30) days before the proposed date.
4. Consideration. Permittee shall pay to County the sum of \$0.00 upon the execution of this Permit.
5. Condition of Property After Termination. Permittee shall return the Property to the County in the condition it was at the commencement of the Permit, normal wear and tear excepted. Permittee agrees to reimburse the County within 30 days of billing for any damage to the Property and for the any damage to or theft of fixtures or personal property on the Property, regardless of whether such damage or theft is caused by the Permittee, the Permittee's independent contractors, agents, employees, guests or any other person for whose act any of them may be liable.
6. County Not Liable. The County shall not be liable for any loss or damage to any property brought on to the Property under this agreement.
7. Indemnity. To the fullest extent permitted by law, Permittee shall indemnify, defend, and hold harmless the County and its agents and employees from and against all claims, damages, losses and expenses including but not limited to attorney's fees arising out of or resulting from use and occupancy of the Property by Permittee or Permittee's independent contractors, agents, employees, guests or any other person for whose act any of them may be liable. If Permittee is a public entity, such indemnification shall be subject to the conditions and limitations of Article XI, Section 10 of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300
8. Insurance. The Permittee shall maintain general liability insurance naming County as an additional insured for claims for bodily injury or death and property damage with combined single limits of not less than one million dollars (\$1,000,000) single occurrence limit and shall provide County with a certificate from the

insurance carrier evidencing such coverage prior to exercising the permission granted herein. If Permittee is a public entity, insurance shall not be required if proof of self-insurance is provided to County.

10. Taxes If Permittee is a taxable entity and this permit is in effect on July 1 of any tax year, Permittee will be liable for the payment of real property taxes on the Property for such tax year.

The terms, conditions and provisions of this Permit are agreed to and accepted by the parties to this Permit this \_\_\_\_ day of \_\_\_\_\_, 2004.

Permittee

By: 

Title: Pres. of the Council

Board of County Commissioners for  
Multnomah County, Oregon

By: 

Diane M. Linn, Chair

Reviewed:

BY: 

AUDITOR

  
Assistant County Attorney

APPROVED : MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-11 DATE 08-19-04

DEBORAH L. BOGSTAD, BOARD CLERK

APPROVED AS TO FORM

  
CITY ATTORNEY

## ORDINANCE NO. 178511

\*Authorize an Intergovernmental Agreement with Multnomah County to replace a prior agreement for Police Bureau use of the Morrison Building (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. Police officers require regular tactical training. Using simunition (paint ball) weapons in the training process is helpful in identifying weaknesses in tactical responses of officers.
2. Multnomah County (County) has a building available for use at 2115 SE Morrison (building) at no cost.
3. The County has agreed to allow the Police Bureau to use the building for tactical training using simunition weapons.
4. The City Council approved a similar agreement for use of the building on April 14, 2004. This agreement replaces the agreement approved by ordinance 178297. The County found the original agreement failed to list five pre-existing conditions of the building. The new agreement is the same as the prior agreement but includes the list of pre-existing conditions.
5. The agreement will commence May 1, 2004 and continue through June 30, 2005. The term of the agreement may be extended upon further agreement in writing between the County and the City.

NOW, therefore, the Council directs:

- a. The Mayor and City Auditor are hereby authorized to sign the new agreement between Multnomah County and the City of Portland as a replacement for the agreement approved by ordinance 178297. The new agreement is attached as Multnomah County Permit for use of Property.

Section 2. The Council declares that an emergency exists because delay in proceeding with this agreement will unnecessarily deprive Multnomah County and the City of Portland of the mutual benefits of this agreement; therefore this ordinance shall be in force and effect from and after its passage by the Council.

Passed by Council:

JUN 23 2004

Mayor Vera Katz

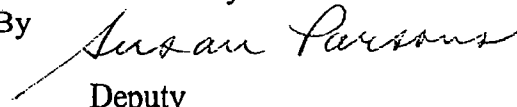
Prepared by; Steven Hendricks

June 2, 2004

Gary Blackmer

Auditor of the City of Portland

By



Deputy

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-12

**Est. Start Time:** 11:00 AM

**Date Submitted:** 07/22/04

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**Requested Date:** August 19, 2004

**Time Requested:** 5 mins

**Department:** DBCS

**Division:** Business Services/CPCA

**Contact/s:** Franna Hathaway

**Phone:** (503)988-5111

**Ext.:** 22651

**I/O Address:** 503/4

**Presenters:** Franna Hathaway, Terrie Walker and Richard Slaven

---

**Agenda Title:** ORDER Approving an Exemption from the Competitive Bid Process to Extend the Contract with MetroCall for Pager Services until June 30, 2009

---

**1. What action are you requesting from the Board? What is the department/agency recommendation?**

The Department of Business and Community Services, Information Technology Division is requesting an exemption from the formal competitive bid process to extend the contract with MetroCall for pager services until June 30, 2009.

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

In August, 2001, IT was granted Board Order 01-117 to extend the contract with MetroCall for pager services until June 30, 2004. If the bidding process is followed and it results in a change of service provider, all pager numbers have to be changed. At this time, the ability to transport phone numbers from one provider to another still does not exist for pagers. An analysis has been done and the findings are that the current rates continue to be competitive for the service received, and the service coverage is the most appropriate for the users. At this time there does not appear to be any timeline set for providing number portability. This situation will continue to be monitored annually. Competitive bidding will be undertaken as soon as number portability is possible.

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

The exemption amount for the exemption period is approximately \$103,500 annually.

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

**If a budget modification, explain: NA**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain: NA**

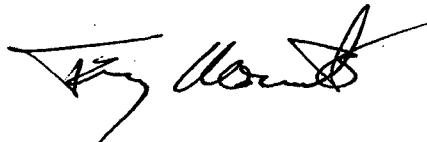
- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

**If grant application/notice of intent, explain: NA**

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. **Explain any legal and/or policy issues.**  
This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rule 300-0050.
5. **Explain any citizen and/or other government participation that has or will take place.**  
NA

**Required Signatures:**



**Department/Agency Director:**

**Date: 07/20/04**


## Memo

RECEIVED  
PURCHASING SECTION

2004 JUL 12 AM 8:23

MULTNOMAH COUNTY

**To:** Franna Hathaway  
Purchasing

**From:** Terrie Walker   
WAN/Telecommunications Manager, IT

**CC:** Sherril McGuire  
Administration, IT

**Subject:** Request for Exemption from Bidding – Pagers

**Date:** July 8<sup>th</sup> 2004

---

This is a request for a continued exemption from bidding the County's Pager services (Board Order #01-117). The current vendor is MetroCall.

This request is being made due to the adverse effect of having to change all pager numbers in the event the bidding process required a change in the service provider. At this time, the ability to transport phone numbers from one provider to another does not exist for pagers.

An analysis was done and the findings are that the current rates continue to be competitive for the service received, and the service coverage is the most appropriate for our customers.

Currently there is not any timeline set for providing number portability. This situation will continue to be monitored annually. Competitive bidding will be undertaken as soon as number portability is possible.

**Contract Period:** Twelve Months with 4 annual renewals (60 month total) beginning as soon as possible

**Contract Amount:** \$103,500 for FY 2004 – 2005

  
Approved by Becky Porter, Interim CIO

7/9/04

Date



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

**ORDER NO**

Approving an Exemption from the Competitive Bid Process to Extend the Contract with MetroCall for Pager Services until June 30, 2009

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

- a. The Board, acting as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rule 300-0050, a request from the Business and Community Services Department, Information Technology Division for an exemption from the formal competitive bid process to extend the contract with MetroCall for pager services until June 30, 2009.
- b. In August, 2001, IT was granted Board Order 01-117 to extend the contract with MetroCall for pager services until June 30, 2004. If the bidding process is followed and it results in a change of service provider, all pager numbers have to be changed. At this time, the ability to transport phone numbers from one provider to another still does not exist for pagers. An analysis has been done and the findings are that the current rates continue to be competitive for the service received, and the service coverage is the most appropriate for the users. At this time there does not appear to be any timeline set for providing number portability. This situation will continue to be monitored annually. Competitive bidding will be undertaken as soon as number portability is possible. The exemption amount for the exemption period is approximately \$103,500 annually.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rule 300-0050.

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

The contract with MetroCall for pager services may be extended until June 30, 2009.

ADOPTED this 19th day of August, 2004.

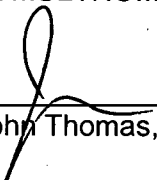
BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON, ACTING  
AS THE PUBLIC CONTRACT REVIEW BOARD

---

Diane M. Linn, Chair

**REVIEWED:**

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By  \_\_\_\_\_  
John Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

**ORDER NO. 04-122**

Approving an Exemption from the Competitive Bid Process to Extend the Contract with MetroCall for Pager Services until June 30, 2005

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

- a. The Board, acting as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rule 300-0050, a request from the Business and Community Services Department, Information Technology Division for an exemption from the formal competitive bid process to extend the contract with MetroCall for pager services until June 30, 2005.
- b. In August, 2001, IT was granted Board Order 01-117 to extend the contract with MetroCall for pager services until June 30, 2004. If the bidding process is followed and it results in a change of service provider, all pager numbers have to be changed. At this time, the ability to transport phone numbers from one provider to another still does not exist for pagers. An analysis has been done and the findings are that the current rates continue to be competitive for the service received, and the service coverage is the most appropriate for the users. At this time there does not appear to be any timeline set for providing number portability. This situation will continue to be monitored annually. Competitive bidding will be undertaken as soon as number portability is possible. The exemption amount for the exemption period is approximately \$103,500 annually.
- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rule 300-0050.

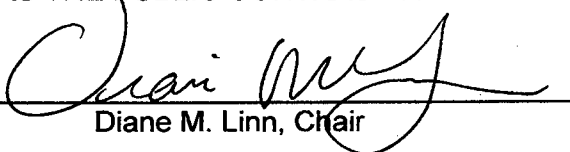
**The Multnomah County Board of Commissioners Orders:**

The contract with MetroCall for pager services may be extended until June 30, 2005.

ADOPTED this 19th day of August, 2004.

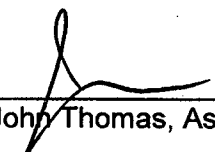


BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON, ACTING  
AS THE PUBLIC CONTRACT REVIEW BOARD

  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
John Thomas, Assistant County Attorney

# AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** R-13

**Est. Start Time:** 11:05 AM

**Date Submitted:** 07/22/04

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**Requested Date:** August 19, 2004

**Time Requested:** 10 minutes

**Department:** DBCS

**Division:** Business Services/CPCA

**Contact/s:** Franna Hathaway

**Phone:** (503)988-5111

**Ext.:** 22651

**I/O Address:** 503/4

**Presenters:** Tom Simpson

---

**Agenda Title:** Order Approving an Exemption from the Competitive Bid Process to Contract with RAINS Net for the Purchase and Installation of the Connect and Protect Program

---

- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

The Office of Emergency Management is requesting an exemption from the formal competitive bid process to contract with RAINS Net for the purchase and installation of the Connect and Protect program

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

Multnomah County Emergency Management recently received \$100,000 as part of the FY04 State Homeland Security Program grant. The funds are to be used for the purchase and installation of the Connect and Protect program from RAINS Net.

RAINS Net is a private/public partnership formed to accelerate development and deployment of innovative technology for homeland security. Its Connect and Protect program is the nation's first automated alert notification system for homeland security

and emergency response serving schools, building managers and other key local public safety stakeholders.

There are three reasons why an exemption is required:

- a. The grant received from the State specifies the use of the funds for the purchase of Connect and Protect from RAINS Net.
- b. Connect and Protect will be used for public benefit. It will be used as a critical component of Emergency Management's Alert Response and Recovery System. This multi-hazard approach integrates the secure alert and notification of people and organizations of events and hazards while allowing for a customized response and recovery effort. This has not been tried in Multnomah County before and the use of this technology allows for the testing of the concept.
- c. RAINS Net is a Portland not-for-profit consortium of technology companies formed to provide solutions for the homeland security market. The technology platform they have developed uses a "best of breed" approach from these firms that cannot be found from one single source. It is currently in use through the 911 system.

Emergency Management seeks to have the product in place and operational prior to a series of emergency exercises taking place in October and November, 2004.

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

This project will require the use of \$100,000 of State Homeland Security funds, which is already awarded.

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

**—If a budget modification, explain: NA**

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain: NA**

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain: NA

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

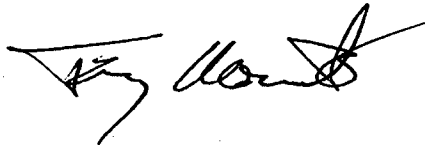
**4. Explain any legal and/or policy issues.**

This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rule 300-0050.

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

NA

**Required Signatures:**



**Department/Agency Director:**

**Date: 07/22/04**

**Budget Analyst**

**By:**

**Date:**

**Dept/Countywide HR**

**By:**

**Date:**



# OFFICE of EMERGENCY MANAGEMENT

---

## MULTNOMAH COUNTY, OREGON

TO: Franna Hathaway, Manager  
Central Procurement and Contract Administration

FROM: Tom Simpson, Director  
Emergency Management

CC: Cecilia Johnson, Director  
Department of Community Services

DATE: July 16, 2004

RE: Exemption from Competitive Bid for RAINS Net

*Approved*  
*M. Cecilia Johnson* /s/

Multnomah County Emergency Management recently received \$100,000 as part of the FY04 State Homeland Security Program grant. The funds are to be used for the purchase and installation Connect and Protect from RAINS Net. We are asking for an exemption from competitive bidding for the purchase of this application.

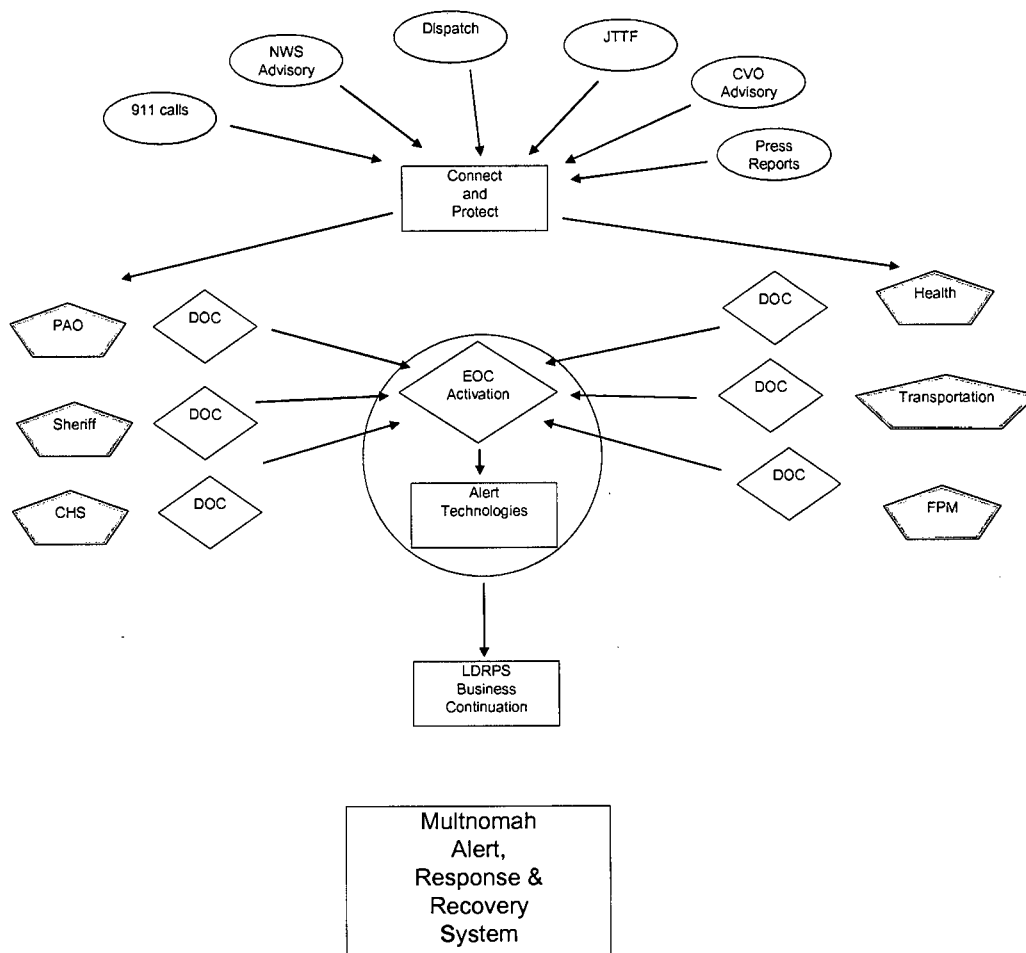
There are three primary reasons that an exemption makes sense. First, the grant we received from the State specifies the use of the funds for the purchase of Connect and Protect. Certainly we could reject the funds or request they be used in a different fashion. However we believe the use of Connect and Protect is an appropriate use of the funds and can be immediately put to use at Multnomah County.

Second, the funds will be used for the public benefit due to the nature of the project. Connect and Protect will be used as a critical component of Emergency Management's Alert Response and Recovery System (see below). This multi-hazard approach integrates the secure alert and notification of people and organizations of events and hazards while allowing for a customized response and recovery effort. This has not been tried in Multnomah County before and the use of this technology allows for the testing of the concept.

Third, the funds support RAINS Net. RAINS Net is a Portland not-for-profit consortium of technology companies formed to provide solutions for the homeland security market. The technology platform they have developed uses a "best of breed" approach from these firms that cannot be found from one single source. It is currently in use through the 911 system. This contract allows the

County to support a local organization using Federal funds while obtaining a service that it can use immediately.

This project will require the use of \$100,000 of State Homeland Security funds (already awarded). The project will begin upon approval by the Board of Commissioners of this exemption request and will be completed within 12 months. Emergency Management seeks to have the product in place and operational prior to a series of emergency exercises taking place in October and November, 2004. RAINS Net will provide 100 copies of the software, 2 publishing licenses (in order to push information out to users), training and some slight customization. Users of the software will include County employees who will staff the County's emergency operations center in the Multnomah Building, other responder organizations (police and fire), other cities, and partner organizations such as the Red Cross.





[www.rainsnet.org](http://www.rainsnet.org)

#### **Board of Directors**

##### **Chairman:**

**Charles Jennings**  
CEO, Swan Island  
Networks, Inc.

**Mike Burton**  
Vice Provost,  
Extended Studies,  
Portland State University

**Rob Drake**  
Mayor of Beaverton,  
Chairman, REMG

**Gary Haycox**  
Director,  
Strategic Initiatives  
Intel Corporation

**Carl Simpson**  
Director, Portland 9-1-1  
Bureau of Emergency  
Communications

**Reed Stager**  
Vice President,  
Corporate Licensing  
and Marketing  
Digimarc

**Wyatt Starnes**  
CEO, Tripwire, Inc.

**Ex-officio:**  
**Donald L. Krahmer, Jr.**  
Schwabe, Williamson &  
Wyatt, P.C.

#### **Premium Sponsors**

Oregon Economic  
and Community  
Development Dept.

Tripwire, Inc.

Schwabe, Williamson &  
Wyatt, P.C.

ESRI

FORTiX

Ater Wynne LLP

## **RAINS**

### **Regional Alliances for Infrastructure and Network Security**

#### **FACT SHEET**

RAINS is a private/public partnership formed to accelerate development and deployment of innovative technology for homeland security. Started in Oregon in 2001, RAINS developed a unique partnership between the State of Oregon, six research universities, over 60 high tech companies and a variety of local first responder organizations. During 2002, RAINS incorporated as a not-for-profit 501 (c) (6) organization, and sponsored a series of very successful events that brought attention to the nation's growing homeland security industry. In August 2003, RAINS launched its Connect & Protect™ program, a highly secure operational network for alert notification and sensitive information sharing.

**Premium Sponsors:** Oregon Economic and Community Development Department (OECD), Tripwire, Schwabe, Williamson & Wyatt, P.C., ESRI, FORTiX, Ater Wynne LLP  
**Sponsors:** Ace Communications, Inc., Axian, Inc., Barney & Associates, Centerlogic, Centrisoft Corporation, Digimarc, Eid Passport, Inc., Galois Connections, Greger/Peterson Associates, Inc., Hillsdale Corp., ICCT Corp., Immunix, Inc., Intel, IPT Northwest LLC, KPMG, Kryptiq Corporation, Minds' I Laboratories, Inc., Natural Interaction Systems, Oregon3D, Inc., Oregon University System (OUS), Pacific Crest Securities, PCTest Corporation, Portland State University, Sterling Communications, Swan Island Networks, Inc., The CAD Zone, Webbridge, Inc.

#### **RAINS NATIONAL GOALS**

- ✓ Drive technology innovation and adoption for improved homeland and cyber security.
- ✓ Grow the Connect & Protect program, to connect more schools, hospitals and critical infrastructure providers with first responders and emergency management systems.
- ✓ Through coalition building, help small and mid-sized states with significant high-tech centers compete for federal grants and contracts.
- ✓ Develop relationships with other local, state, national, and international security-related organizations, thereby improving horizontal coordination for homeland security.
- ✓ Provide a central point-of-contact with technology innovators for federal agencies.

The **Connect & Protect** program utilizes RAINS-Net™, a multi-vendor, highly secure technology platform for information exchange, alert notification and emergency mutual aid. Integrated today into the City of Portland's 9-1-1 system, it is the nation's first automated alert notification system for homeland security and emergency response serving schools, building managers and other key local public safety stakeholders. The Connect and Protect program is designed to grow in sophistication and services, based on feedback and evaluation loops built into the RAINS-Net technology. The result is a unique "bottom-up" engineering approach that permits key state and homeland security constituencies to collaborate online, design best-of-breed technologies and deploy systems to address critical issues.

#### **Contacts:**

**Richard MacKnight**, RAINS-Net Director (503) 502-0266; [richard@rainsnet.org](mailto:richard@rainsnet.org)  
**Eileen Drake**, Marketing Dir./Media (503) 701-7683; [eileendrake@rainsnet.org](mailto:eileendrake@rainsnet.org)



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

ORDER NO

Approving an Exemption from the Competitive Bid Process to Contract with RAINS Net for the Purchase and Installation of the Connect and Protect program

The Multnomah County Board of Commissioners Finds:

- a. The Board, acting as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rule 300-0050, a request from the Office of Emergency Management for an exemption from the formal competitive bid process to contract with RAINS Net for the purchase and installation of the Connect and Protect program
- b. Multnomah County Emergency Management recently received \$100,000 as part of the FY04 State Homeland Security Program grant. The funds are to be used for the purchase and installation of the Connect and Protect program from RAINS Net.

RAINS is a private/public partnership formed to accelerate development and deployment of innovative technology for homeland security. Its Connect and Protect program is the nation's first automated alert notification system for homeland security and emergency response serving schools, building managers and other key local public safety stakeholders.

There are three reasons why an exemption is required:

1. The grant received from the State specifies the use of the funds for the purchase of Connect and Protect from RAINS Net.
2. Connect and Protect will be used for public benefit. It will be used as a critical component of Emergency Management's Alert Response and Recovery System. This multi-hazard approach integrates the secure alert and notification of people and organizations of events and hazards while allowing for a customized response and recovery effort. This has not been tried in Multnomah County before and the use of this technology allows for the testing of the concept.
3. RAINS Net is a Portland not-for-profit consortium of technology companies formed to provide solutions for the homeland security market. The technology platform they have developed uses a "best of breed" approach from these firms that cannot be found from one single source. It is currently in use through the 911 system.

Emergency Management seeks to have the product in place and operational prior to a series of emergency exercises taking place in October and November, 2004.

This project will require the use of \$100,000 of State Homeland Security funds, which is already awarded.

- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rule 300-0050.

The Multnomah County Board of Commissioners Orders:

The exemption from formal competitive bid process to contract with RAINS Net for the purchase and installation of the Connect and Protect program be approved.

ADOPTED this 19th day of August, 2004.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON, ACTING  
AS THE PUBLIC CONTRACT REVIEW BOARD

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Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By 

---

John Thomas, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

**ORDER NO. 04-123**

Approving an Exemption from the Competitive Bid Process to Contract with RAINS Net for the Purchase and Installation of the Connect and Protect Program

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

- a. The Board, acting as the Multnomah County Public Contract Review Board to review, pursuant to PCRB Rule 300-0050, a request from the Office of Emergency Management for an exemption from the formal competitive bid process to contract with RAINS Net for the purchase and installation of the Connect and Protect program.
- b. Multnomah County Emergency Management recently received \$100,000 as part of the FY04 State Homeland Security Program grant. The funds are to be used for the purchase and installation of the Connect and Protect program from RAINS Net.

RAINS Net is a private/public partnership formed to accelerate development and deployment of innovative technology for homeland security. Its Connect and Protect program is the nation's first automated alert notification system for homeland security and emergency response serving schools, building managers and other key local public safety stakeholders.

There are three reasons why an exemption is required:

1. The grant received from the State specifies the use of the funds for the purchase of Connect and Protect from RAINS Net.
2. Connect and Protect will be used for public benefit. It will be used as a critical component of Emergency Management's Alert Response and Recovery System. This multi-hazard approach integrates the secure alert and notification of people and organizations of events and hazards while allowing for a customized response and recovery effort. This has not been tried in Multnomah County before and the use of this technology allows for the testing of the concept.
3. RAINS Net is a Portland not-for-profit consortium of technology companies formed to provide solutions for the homeland security market. The technology platform they have developed uses a "best of breed" approach from these firms that cannot be found from one single source. It is currently in use through the 911 system.

Emergency Management seeks to have the product in place and operational prior to a series of emergency exercises taking place in October and November, 2004.

This project will require the use of \$100,000 of State Homeland Security funds, which is already awarded.

- c. This exemption request is in accord with the requirements of Multnomah County Public Contract Review Board Administrative Rule 300-0050.

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

The exemption from formal competitive bid process to contract with RAINS Net for the purchase and installation of the Connect and Protect program be approved.

ADOPTED this 19th day of August, 2004.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON, ACTING  
AS THE PUBLIC CONTRACT REVIEW BOARD

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By

John Thomas, Assistant County Attorney

## AGENDA PLACEMENT REQUEST

BUD MOD #:

**Board Clerk Use Only:**

**Meeting Date: August 19, 2004**

**Agenda Item #: R-14**

**Est. Start Time: 11:10 AM**

**Date Submitted: 08/11/04**

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**Requested Date: August 19, 2004**

**Time Requested: 5 mins**

**Department: Non-Departmental**

**Division: Chair Linn and  
Commissioner Cruz, District 2**

**Contact/s: John Ball, Mary Carroll**

**Phone: 503 988-3308, 988-5275 Ext.: 83958; 85275 I/O Address: 503/600**

**Presenters: Dave Boyer and Karyne Dargan**

---

**Agenda Title: Resolution Creating a Design Team to Begin the Planning Process for the Effects of the Potential Repeal of the Multnomah County Temporary Personal Income Tax**

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

---

- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

In November, Multnomah County voters will be asked to vote on whether or not to repeal the Multnomah County Temporary Personal Income Tax. For FY 2005, the County has budgeted about \$40 million of ITAX revenues. The County must begin a midyear process to plan for the potential repeal of the tax.
- 2. Please provide sufficient background information for the Board and the public to understand this issue.**

On Tuesday, July 6th supporters of an effort to repeal Multnomah County's Temporary Personal Income Tax turned in 21,000 signatures to elections officials. Only 14,700 valid signatures were required to make it to the November 2nd election. On July 13, 2004 the Elections Office ratified the signatures and the Measure will be on the November ballot.

If the repeal is approved by the voters, it is retroactive back to January 1, 2004. Given the retroactive nature of the measure and the estimated size of the impact, the County will need to embark on a mid-year reduction process in the event the measure is approved

On July 20, 2004, the Budget Office presented a work session for the Board to discuss and receive direction from the Board on three concurrent fiscal and budgetary tracks:

- The potential repeal of the Temporary Personal Income
- The sunset of the Temporary Personal Income Tax
- The on-going structural deficit in FY 2006

More specifically, the Budget Office was seeking direction from the Board on how to proceed with the internal and external planning for the potential repeal of the tax. The Board directed Dave Boyer and Karyne Dargan to take the lead on the planning process for the repeal of the tax. This process will include convening a Design Team that will prepare information on the County's programs and priorities for the Board's decision making process.

The Design Team will be led by Chair Linn and Commissioner Cruz and will include:

Chief Financial Officer – Dave Boyer

Budget Director – Karyne Dargan

Representative from elected officials, representatives from Department Directors, representative from Public Affairs

Staff Support - other key staff as necessary.

The Design Team work will include planning a strategic planning retreat for the Board, other elected officials and Department Directors that may include outside expertise on developing and budgeting for County program priorities. The Design Team will also prepare an external process and communication plan in order to get public input and to communicate information to the public and employees on the development of the planning process. These processes will be presented and approved by the Board.

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

For FY 2005, the County has budgeted about \$40 million in ITAX funded programs. \$32 million is in on-going programs but because the funds need to be made up in less than a year the County liability and the target reduction will be \$30 million for the mid-year process, if the repeal effort is successful. This figure takes into account carryover funds, taxes collected, known receivables, donations and estimated 2003 taxes collected in 2005.

The impact for FY 2006 would be \$32 million in ITAX funded programs, the structural deficit roughly estimated between \$6-8 million per year, based on a certain set of budgetary and policy assumptions, and about \$2 million needed to replenish reserves

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

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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

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

A repeal of the Temporary Personal Income Tax will be on the November 2, 2004 ballot.

**Required Signatures:**

Department/Agency Director: \_\_\_\_\_



Date: 08/11/04

Budget Analyst

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

Date:

Dept/Countywide HR

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

Date:

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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

Creating a Design Team to Begin the Planning Process for the Effects of the Potential Repeal of the Multnomah County Temporary Personal Income Tax

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

- a. In May, 2003, voters in Multnomah County approved a Temporary Personal Income Tax in order to support public schools, senior services, public safety and healthcare.
- b. The tax will raise an estimated \$115 million a year for tax years 2003, 2004 and 2005.
- c. Multnomah County has budgeted \$16 million for public safety and \$16 million for health and human services, including services for the elderly and mentally ill residents.
- d. A ballot measure to repeal the Multnomah County Temporary Personal Income Tax will be on the November 2, 2004 election ballot. This measure would repeal the tax retroactively to January 1, 2004.
- e. The Multnomah County Temporary Personal Income Tax sunsets at the end of fiscal year 2006.
- f. It is necessary to prepare for the budget effect of the potential repeal of the Income Tax through a mid-year program priority planning process.
- g. The process of planning for the potential repeal of the Income Tax can also be used to develop the fiscal year 2006 budget and to set priorities for the sunset of the Income Tax.

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

1. A Design Team is directed to prepare budgetary information on the County's programs and priorities to make recommendations to the Board about the potential repeal of the tax and sunset of the tax.
2. The Design Team will be Co-Chaired by Chair Linn and Commissioner Cruz.



3. The Design Team will include representatives from each elected officials' office and other appropriate staff and be staffed by the Chief Financial Officer and the Budget Director.
4. The Design Team will prepare and recommend to the Board the internal, external and communication plan for the Board decision making process.

ADOPTED this 19th day of August, 2004.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

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

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 04-124**

Creating a Design Team to Begin the Planning Process for the Effects of the Potential Repeal of the Multnomah County Temporary Personal Income Tax

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

- a. In May, 2003, voters in Multnomah County approved a Temporary Personal Income Tax in order to support public schools, senior services, public safety and healthcare.
- b. The tax will raise an estimated \$115 million a year for tax years 2003, 2004 and 2005.
- c. Multnomah County has budgeted \$16 million for public safety and \$16 million for health and human services, including services for the elderly and mentally ill residents.
- d. A ballot measure to repeal the Multnomah County Temporary Personal Income Tax will be on the November 2, 2004 election ballot. This measure would repeal the tax retroactively to January 1, 2004.
- e. The Multnomah County Temporary Personal Income Tax sunsets at the end of fiscal year 2006.
- f. It is necessary to prepare for the budget effect of the potential repeal of the Income Tax through a mid-year program priority planning process.
- g. The process of planning for the potential repeal of the Income Tax can also be used to develop the fiscal year 2006 budget and to set priorities for the sunset of the Income Tax.

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

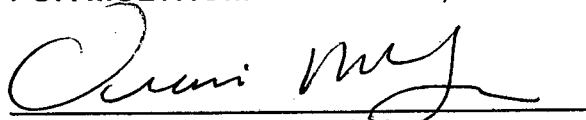
1. A Design Team is directed to prepare budgetary information on the County's programs and priorities to make recommendations to the Board about the potential repeal of the tax and sunset of the tax.
2. The Design Team will be Co-Chaired by Chair Linn and Commissioner Cruz.

3. The Design Team will include representatives from each elected officials' office and other appropriate staff and be staffed by the Chief Financial Officer and the Budget Director.
4. The Design Team will prepare and recommend to the Board the internal, external and communication plan for the Board decision making process.

ADOPTED this 19th day of August, 2004.

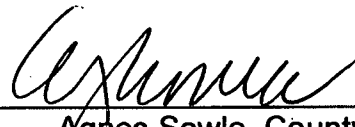


BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By   
Agnes Sowle, County Attorney

## AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** August 19, 2004

**Agenda Item #:** E-1

**Est. Start Time:** 11:15 AM

**Date Submitted:** 08/10/04

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**Requested Date:** August 19, 2004

**Time Requested:** 30 mins

**Department:** Non-Departmental

**Division:** County Attorney

**Contact/s:** Agnes Sowle

**Phone:** 503 988-3138

**Ext.:** 83138

**I/O Address:** 503/500

**Presenters:** Agnes Sowle

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**Agenda Title:** The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(h). Only Representatives of the News Media and Designated Staff are allowed to Attend. Representatives of the News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Executive Session. No Final Decision will be made in the Executive Session.

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

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1. What action are you requesting from the Board? What is the department/agency recommendation?
2. Please provide sufficient background information for the Board and the public to understand this issue.
3. Explain the fiscal impact (current year and ongoing).

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

If a budget modification, explain:

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

**Required Signatures:**



**Department/Agency Director:** \_\_\_\_\_

**Date:** 08/10/04

**Budget Analyst**

**By:** \_\_\_\_\_

**Date:**

**Dept/Countywide HR**

**By:** \_\_\_\_\_

**Date:**