

ANNOTATED MINUTES

*Tuesday, May 19, 1992 - 9:30 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFINGS

- B-1 Multnomah County Office of Senior Disable Services Division to Introduce the Senior Disabled Services Advisory Council to the Board Prior to Making Decisions Regarding Services for the Non-Senior Disabled Citizens Being Transferred into County Services. Presented by Dave Campfe and Jan Campbell.*

JAN CAMPBELL AND DAVE CAMPFE PRESENTED AND EXPLAINED THE REQUESTS OF THE SENIOR DISABLED SERVICES ADVISORY COUNCIL IN REGARDS TO SERVICES FOR THE NON-SENIOR DISABLED CITIZENS BEING TRANSFERRED INTO COUNTY SERVICES.

*Tuesday, May 19, 1992 - 9:45 AM
Multnomah County Courthouse, Room 602*

AGENDA REVIEW

- B-2 Review of Agenda for Regular Meeting of May 21, 1992*
-

*Thursday, May 21, 1992 - 9:30 AM
Multnomah County Courthouse, Room 602*

REGULAR MEETING

Chair Gladys McCoy convened the meeting at 9:35 AM with Vice-Chair Sharron Kelley, Commissioners Rick Bauman and Gary Hansen present. Commissioner Pauline Anderson was excused.

CONSENT CALENDAR

NON-DEPARTMENTAL

FOLLOWING MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER BAUMAN, THE CONSENT AGENDA (ITEMS C-1 THROUGH C-15) WAS UNANIMOUSLY APPROVED.

- C-1 In the Matter of the Appointment of Klaus Heyne to Represent Multnomah County*

on the NOISE ABATEMENT ADVISORY COMMITTEE

DEPARTMENT OF HEALTH

- C-2 Ratification of an Intergovernmental Revenue Agreement, Contract #200152, between the State of Oregon, Department of Corrections and Multnomah County Health Department to Perform Sanitary Inspections of Food at the Columbia River Correctional Institution*
- C-3 Ratification of an Intergovernmental Revenue Agreement, Contract #200162, between the David Douglas School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-4 Ratification of an Intergovernmental Revenue Agreement, Contract #200172, between the Parkrose Public Schools, Multnomah County School District #3 and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-5 Ratification of an Intergovernmental Revenue Agreement, Contract #200182, between the Gresham Elementary School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-6 Ratification of an Intergovernmental Revenue Agreement, Contract #200192, between the Portland Public Schools and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-7 Ratification of an Intergovernmental Revenue Agreement, Contract #200202, between the Centennial School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-8 Ratification of an Intergovernmental Revenue Agreement, Contract #200212, between the Reynolds School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-9 Ratification of an Intergovernmental Revenue Agreement, Contract #200222, between the Sauvie Island School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-10 Ratification of an Intergovernmental Revenue Agreement, Contract #200232, between the Orient School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School*

District's Food Services Facilities

- C-11 *Ratification of an Intergovernmental Revenue Agreement, Contract #200242, between the Barlow-Gresham Union High School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*
- C-12 *Ratification of an Intergovernmental Revenue Agreement, Contract #200252, between the Corbett School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities*

DEPARTMENT OF SOCIAL SERVICES

- C-13 *Ratification of an Intergovernmental Revenue Agreement, Contract #100013, between Portland Public Schools and Multnomah County Juvenile Justice Division for Services through a Subcontractor to High Risk Juvenile Offenders for Educational Services in the Albina Youth Opportunity School, Genesis Program*
- C-14 *Ratification of an Intergovernmental Revenue Agreement, Contract #100023, between Clackamas County and Multnomah County Juvenile Justice Division to Provide Housing and Supervision Services for Clackamas County Youth Held in the Donald E. Long Home Detention Facility*
- C-15 *Ratification of an Intergovernmental Revenue Agreement, Contract #104472, between Multnomah County Housing & Community Services Division and the City of Portland, Bureau of Community Development for \$25,000 to Pay for Planning and Advocacy Services Related to Emergency Basic Needs Services*

REGULAR AGENDA

NON-DEPARTMENTAL

- R-1 *RESOLUTION in the Matter of Acknowledging Multnomah County's Intent to Amend all Applicable Land Use Ordinances in Accordance with the Management Plan For the Columbia River Gorge National Scenic Area*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-1. RESOLUTION 92-93 WAS UNANIMOUSLY APPROVED.

- R-2 *RESOLUTION in the Matter of the Approval of Insured Hospital Revenue Refunding Bonds, Series 1992A (Adventist Health System/West) in the Approximate Amount of \$30,000,000*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. HOWARD RANKIN

PRESENTED EXPLANATION. RESOLUTION 92-94 WAS UNANIMOUSLY APPROVED.

- R-3** *First Reading of an ORDINANCE in the Matter of Amending Multnomah County Code: Title 5 by Establishing Criteria for County Approval for Issuance of a Wrecker Certificate and Authorized by ORS 822.140*

ORDINANCE READ BY TITLE ONLY. NO PUBLIC TESTIMONY RECEIVED. UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER BAUMAN, THE FIRST READING WAS APPROVED WITH COMMISSIONERS BAUMAN, HANSEN AND MCCOY VOTING AYE, AND COMMISSIONER KELLEY VOTING NO. THE SECOND READING WAS SCHEDULED FOR THURSDAY, JUNE 4, 1992.

- R-4** *Second Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code 5.10.020(B) and (C) Requiring the Multnomah County Sheriff's Office to Check with the County Department of Assessment and Taxation to Determine Whether an Applicant for an OLCC License has Delinquent Personal or Real Property Taxes Due and Owing and to Recommend Denial of the Application for Such Delinquency*

ORDINANCE READ BY TITLE ONLY. NO PUBLIC TESTIMONY RECEIVED. FOLLOWING BOARD AND STAFF DISCUSSION AND UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER BAUMAN, THIS ITEM WAS CONTINUED UNTIL THURSDAY, JUNE 4, 1992 DUE TO PROPOSED AMENDMENTS.

NON-DEPARTMENTAL

MANAGEMENT SUPPORT

- R-5** *Second Reading and Possible Adoption of an ORDINANCE Amending the Multnomah County Audit Committee Ordinance by Changing the Membership of the Multnomah County Audit Committee and Deleting References to the Department of General Services*

ORDINANCE READ BY TITLE ONLY. NO PUBLIC TESTIMONY RECEIVED. UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER BAUMAN, ORDINANCE NO. 722 WAS UNANIMOUSLY APPROVED.

JUSTICE SERVICES

SHERIFF'S OFFICE

- R-6 *Ratification of an Intergovernmental Agreement, Contract #800792, between Multnomah County Sheriff's Office and the City of Portland to Administer the Duties of "Manager" as Stated in Multnomah County Ordinance No. 647, Governing the Operation of Certain Second Hand Stores*

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-6 WAS UNANIMOUSLY APPROVED.

- R-7 *Ratification of an Intergovernmental Agreement, Contract #800802, between Hood River County and Multnomah County Sheriff's Office to Provide Mutual Aid in Critical Law Enforcement Incidents*

UPON MOTION BY COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, R-7 WAS UNANIMOUSLY APPROVED.

- R-8 *Ratification of an Intergovernmental Agreement, Contract #800812, between the City of the Dalles and Multnomah County Sheriff's Office to Provide Mutual Aid in Critical Law Enforcement incidents*

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-8 WAS UNANIMOUSLY APPROVED.

- R-9 *Ratification of an Intergovernmental Agreement, Contract #800822, between the U.S. Army, Corps of Engineers and Multnomah County Sheriff's Office for the Usage of Gas and the Corp's Building*

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-9 WAS UNANIMOUSLY APPROVED.

- R-10 *Ratification of an Intergovernmental Agreement, Contract #800832, between Multnomah County Sheriff's Office and the U.S. Department of Agriculture, Forest Service to Enforce Federal/State Laws and Regulations in the National Forest*

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-10 WAS UNANIMOUSLY APPROVED.

- R-11 *NOTICE OF INTENT to Apply for \$2.6 Million from the Edward Byrne Memorial State and Local Law Enforcement Assistant Program to Implement One or More Correctional Options for the Multnomah County Day Reporting Center*

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-11 WAS APPROVED WITH COMMISSIONERS MCCOY, HANSEN AND KELLEY VOTING AYE, AND COMMISSIONER BAUMAN VOTING NO.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-12 Budget Modification DES #26 Requesting Authorization to Reclassify a Fleet Specialist to an Operations Administrator

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-12 WAS UNANIMOUSLY APPROVED.

R-13 ORDER in the Matter of Multnomah County Appointing Planning and Zoning Hearings Officer

UPON MOTION BY COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, ORDER 92-95 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF SOCIAL SERVICES

R-14 NOTICE OF INTENT for Multnomah County Housing & Community Services Division to Apply with the Federal Department of Housing and Urban Development for the Community Development Block Grant Funds for FY 1992-93

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-14. CECILE PITTS PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. PUBLIC TESTIMONY HEARD. NOTICE OF INTENT WAS UNANIMOUSLY APPROVED.

R-15 Ratification of an Intergovernmental Revenue Agreement, Contract #104642, between Multnomah County Housing and Community Services Division and the City of Portland, Bureau of Community Development to Provide Funds for Relocation and Moving Costs for Households Residing in Building Closed and Vacated by City Bureau of Buildings

UPON MOTION BY COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, R-15 WAS UNANIMOUSLY APPROVED.

R-16 Budget Modification DSS #68 Requesting Authorization to Add \$15,000 in City of Portland Funds to the Housing and Community Services Division/Community Action FY 1991-92 Pass Through Budget to Pay for Moving and Relocation Assistance for Persons Relocated from Their Housing Due to Building Closure by

the City Bureau of Buildings

**UPON MOTION BY COMMISSIONER HANSEN, SECONDED
BY COMMISSIONER KELLEY, R-16 WAS UNANIMOUSLY
APPROVED.**

There being no further business, the meeting was adjourned at 10:55 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Carrie A. Parkerson

ANNOTATED MINUTES

Tuesday, May 19, 1992 - 9:30 AM
Multnomah County Courthouse, Room 602

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JAN CAMPBELL AND DAVE CAMPFE PRESENTED AND EXPLAINED THE REQUESTS OF THE SENIOR DISABLED SERVICES ADVISORY COUNCIL IN REGARDS TO SERVICES FOR THE NON-SENIOR DISABLED CITIZENS BEING TRANSFERRED INTO COUNTY SERVICES.

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AGENDA REVIEW

- B-2 Review of Agenda for Regular Meeting of May 21, 1992
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REGULAR MEETING

CONSENT CALENDAR
NON-DEPARTMENTAL

- C-1 In the Matter of the Appointment of Klaus Heyne to Represent Multnomah County on the NOISE ABATEMENT ADVISORY COMMITTEE

APPROVED.

DEPARTMENT OF HEALTH

- C-2 Ratification of an Intergovernmental Revenue Agreement, Contract #200152, between the State of Oregon, Department of Corrections and Multnomah County Health Department to Perform Sanitary Inspections of Food at the Columbia River Correctional Institution

APPROVED.

- C-3 Ratification of an Intergovernmental Revenue Agreement, Contract #200162, between the David Douglas School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities

APPROVED.

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APPROVED.

- C-5 Ratification of an Intergovernmental Revenue Agreement, Contract #200182, between the Gresham Elementary School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities

APPROVED.

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APPROVED.

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APPROVED.

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APPROVED.

- C-10 Ratification of an Intergovernmental Revenue Agreement, Contract #200232, between the Orient School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities

APPROVED.

- C-11 Ratification of an Intergovernmental Revenue Agreement, Contract #200242, between the Barlow-Gresham Union High School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities

APPROVED.

- C-12 Ratification of an Intergovernmental Revenue Agreement, Contract #200252, between the Corbett School District and Multnomah County Health Department to Provide Services of a Registered Sanitarian for the Inspection of the School District's Food Services Facilities

APPROVED.

DEPARTMENT OF SOCIAL SERVICES

- C-13 Ratification of an Intergovernmental Revenue Agreement, Contract #100013, between Portland Public Schools and Multnomah County Juvenile Justice Division for Services through a Subcontractor to High Risk Juvenile Offenders for Educational Services in the Albina Youth Opportunity School, Genesis Program

APPROVED.

- C-14 Ratification of an Intergovernmental Revenue Agreement, Contract #100023, between Clackamas County and Multnomah County Juvenile Justice Division to Provide Housing and Supervision Services for Clackamas County Youth Held in the Donald E. Long Home Detention Facility

APPROVED.

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APPROVED.

REGULAR AGENDA
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RESOLUTION 92-93 APPROVED.

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ORDINANCE READ BY TITLE ONLY. NO PUBLIC TESTIMONY RECEIVED. FIRST READING APPROVED THREE TO ONE. SECOND READING SCHEDULED FOR THURSDAY, JUNE 4, 1992.

- R-4 Second Reading and Possible Adoption of an ORDINANCE Amending Multnomah County Code 5.10.020(B) and (C) Requiring the Multnomah County Sheriff's Office to Check with the County Department of Assessment and Taxation to Determine Whether an Applicant for an OLCC License has Delinquent Personal or Real Property Taxes Due and Owing and to Recommend Denial of the Application for Such Delinquency

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NON-DEPARTMENTAL
MANAGEMENT SUPPORT

- R-5 Second Reading and Possible Adoption of an ORDINANCE Amending the Multnomah County Audit Committee Ordinance by Changing the Membership of the Multnomah County Audit Committee and Deleting References to the Department of General Services

ORDINANCE READ BY TITLE ONLY. NO PUBLIC TESTIMONY RECEIVED. ORDINANCE NO. 722 ADOPTED.

JUSTICE SERVICES
SHERIFF'S OFFICE

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APPROVED.

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APPROVED.

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APPROVED.

- R-11 NOTICE OF INTENT to Apply for \$2.6 Million from the Edward Byrne Memorial State and Local Law Enforcement Assistant Program to Implement One or More Correctional Options for the Multnomah County Day Reporting Center

APPROVED THREE TO ONE.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-12 Budget Modification DES #26 Requesting Authorization to Reclassify a Fleet Specialist to an Operations Administrator

APPROVED.

- R-13 ORDER in the Matter of Multnomah County Appointing Planning and Zoning Hearings Officer

ORDER 92-95 APPROVED.

DEPARTMENT OF SOCIAL SERVICES

- R-14 NOTICE OF INTENT for Multnomah County Housing & Community Services Division to Apply with the Federal Department of Housing and Urban Development for the Community Development Block Grant Funds for FY 1992-93

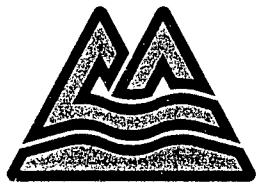
PUBLIC TESTIMONY HEARD. NOTICE OF INTENT TO APPLY FOR THIS GRANT WAS APPROVED.

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APPROVED.

- R-16 Budget Modification DSS #68 Requesting Authorization to Add \$15,000 in City of Portland Funds to the Housing and Community Services Division/Community Action FY 1991-92 Pass Through Budget to Pay for Moving and Relocation Assistance for Persons Relocated from Their Housing Due to Building Closure by the City Bureau of Buildings

APPROVED.



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 606, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GARY HANSEN • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
CLERK'S OFFICE • 248-3277

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

May 18 - 22, 1992

Tuesday, May 19, 1992 - 9:30 AM - Board BriefingsPage 2
Tuesday, May 19, 1992 - 9:45 AM - Agenda ReviewPage 2
Thursday, May 21, 1992 - 9:30 AM - Regular Meeting.Page 2

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222 OR MULTNOMAH COUNTY TDD PHONE 248-5040 FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, May 19, 1992 - 9:30 AM

Multnomah County Courthouse, Room 602

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0201C/40-44
cap

PAULINE ANDERSON
Multnomah County Commissioner
District 1



605 County Courthouse
Portland, Oregon 97204
(503) 248-5220

April 8, 1992

To: Office of the Clerk of the Board
Board of County Commissioners

From: Pauline Anderson *pa*

My role as mother of the bride calls me to the East Coast.
I will be away from my office during the week of May 18-22 and
so will miss the Tuesday, May 19 and Thursday, May 21 meetings
of the Board.

2594

1992 APR 1 PM 12:54
MULTNOMAH COUNTY
OREGON

Meeting Date: MAY 19 1992

Agenda No.: B-1

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Senior Disabled Services Advisory Council for
Mult. Co. Office of Senior Disabled Services Division
BOARD BRIEFING May 19, 1992 TC 9.30 REGULAR MEETING
(date) (date)

DEPARTMENT non-dept DIVISION Commissioner Kelley

CONTACT Jan Campbell TELEPHONE 796-5136

PERSON(S) MAKING PRESENTATION Dave Campfe, Jan Campbell

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 10 - 15 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

The Sr. Disabled Advisory Council would like an opportunity
to be introduced to the Board and begin to open the door for
discussion prior to the Board making decisions regarding the
services for the non-senior disabled citizens being transferred
into County services.

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL Shannon Kelley

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required signatures)

BOARD OF
COUNTY COMMISSIONERS
1992 MAY 13 PM 12:11
MULTNOMAH COUNTY
OREGON

Board Briefing
5-19-92
B-1 Handout

OREGON
HUMAN RESOURCES

*Service Integration
Task Force*

Draft Plan
on
Department of Human
Resources
Service Integration

Formulated by the
Service Integration Task Force
Dick Ladd, Chair

April 1992

Task Force Membership

Chairperson, Dick Ladd, Senior & Disabled Services Div. (SDSD), 378-4728

Vice-Chairperson, Toni Peterson, Children's Services Div. (CSD), 378-3751

Vice-Chairperson, Sandie Hoback, Adult & Family Services (AFS),

378-7888 x332

AFS – Jim Neely, 378-5906

Alcohol & Drug – Clark Campbell, 378-2163

OMAP – Bob Labbe, 378-2263

Mental Health & Developmental Disability Services Div. (MHDDSD) – Mike Lincicum, 378-2671

MHDDSD – James Toews, 378-2429

MHDDSD – Barry Kast, 378-2460

Vocational Rehabilitation Div. – Bill Brown, 378-3830

VRD – Lynnae Rutledge, 378-3830

Health Div. – Carol Allen, 229-6755

Employment Div. – Gary Potter, 378-3213

AFS – Victor Merced, 378-6142

SDSD – Donna Weaver, 378-4728

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SDSD – Georgena Carrow, 378-4728

CSD – Mary Hoyt, 378-4374

Volunteer Services – Peggy Timm, 373-1618

SDSD – Fred Segrest, 378-3713

Advisory Committee Chairs:

Local Government: Gary Heer, Marion County Commissioner, 588-5212

Advocates: John Mullin, Executive Director, Clackamas County Social Services,
655-8641

Providers: Mike Balter, Director, The Boys & Girls Aid Society of Oregon,
222-9661

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Introduction

This draft plan for the integration of services provided by the Department of Human Resources builds upon the concept paper issued in mid-February 1992. That document provided general ideas on service integration; this paper fills in many of the details on how an integrated department would function.

This plan charts a course for moving the current seven divisions and other program offices of DHR into one agency with no division boundaries. It is being prepared in response to Governor Barbara Roberts' call to make government more efficient and effective. It also responds to opinions voiced by citizens across the state who are asking that access to our services be less confusing and difficult. The plan also seeks to design a system that enables local communities to take more ownership of services. The integrated service system which results from this planning process is expected to be more responsive to people receiving services.

We also recognize that, while service integration seeks to increase administrative and service delivery efficiency, these efforts will not offset the substantial cuts in service anticipated as a result of Measure 5.

Phase II After issuing the concept paper in February, the Service Integration Task Force moved into "Phase II" and formed 14 work groups (listed in the appendix.) Membership of these groups included consumers, advocates, providers, state and county employees and representatives of schools and other organizations outside DHR. Those work groups looked at issues of service integration and formulated specific proposals about an integrated service delivery system. The proposals were considered by the entire Task Force, by division and program administrators and by DHR Director Kevin Concannon.

This document contains a number of changes from the first draft; they result from comments from consultants, staff, advocates and those who receive our services. While comments received support for integration in general, there were a number of specific concerns, including:

- ▶ the "skilled screening function" could not be done because of the complexity of DHR programs

- ▶ inconsistencies of service delivery would result across the state due to the use of local service districts
- ▶ service integration could increase caseloads and related costs
- ▶ whether employment services should remain in the Department of Human Resources
- ▶ whether federal regulations allow integration of vocational rehabilitation services
- ▶ whether program and field service functions should be separated at the central office level

(The appendix contains a summary of the service integration surveys.)

It is important to point out what this document does NOT contain. There are no specific organizational charts that list individual positions or staffing numbers. There is no budget information. That information will be worked out by the Task Force during its next phase of planning. You will find limited information about the options for the types of services which could be provided by county and local agencies. Those details will also be added in the next phase of integration planning.

The philosophy of the service integration plan This plan is built around the precepts of the new DHR mission – "The mission of the Department of Human Resources is to enable every Oregonian to realize his or her human potential through efforts which promote independence, health and support of families." In addition, it reflects the values of the department and the goals of the service integration effort.

The values of the Department are:

- ▶ Investing in People
- ▶ Honesty and Integrity
- ▶ Openness and Receptiveness
- ▶ Human Dignity Regardless of Circumstances or Beliefs
- ▶ Excellence in our Work
- ▶ Responsibility and Accountability for our Actions
- ▶ Creativity and Innovation

- ▶ Continued Improvement in Services
- ▶ Teamwork

The goals of the service integration process are:

1. To focus on best meeting the needs of people seeking services.
2. To increase a person's ability to take his or her own initiative.
3. To make services accessible.
4. To help Oregonians obtain and keep jobs.
5. To support individuals and families in achieving self-sufficiency and independence.
6. To provide prevention and early intervention services.
7. To encourage and develop partnerships between the state and local communities.

The service integration plan adopts those principles in that:

- ▶ It calls for development of comprehensive local plans across the state that are based on the needs of people in a particular area, with extensive involvement of individual citizens.
- ▶ It provides for an individual to be involved with professionals in the decision making process regarding accessing services and the type and amount needed.
- ▶ The plan calls for making better use of local access points for obtaining services. Many, such as schools, senior centers, health clinics and state offices, are already in the community.
- ▶ Because the department serves two distinct populations with different service needs, the model is structured around two population groups: 1) children and families and 2) adults with disabilities and seniors.

The department recognizes that many people receiving its services also are served by other organizations and agencies outside of DHR, such as schools, housing and community services, the correctional system, transportation systems, churches and an extensive network of community agencies. The Task Force sought comment from these areas. The Task Force has also established links with other task forces examining

integration of human services. These groups include the Workforce Quality Council, the Coordinating Council for Children and Families, the Children's Care Team and the Education for the 21st Century Task Force.

Many of the Workforce Quality Council's goals directly affect and support DHR goals and services. DHR, through Kevin Concannon's representation on the council, will continue to keep the needs of disadvantaged Oregonians in the forefront of the emerging integrated workforce strategy.

The Coordinating Council for Children and Families was created by the Legislature in 1989. It is working closely with DHR on eight family-centered human investment demonstration projects across the state to integrate services for children and families.

The Children's Care Team, created by the 1991 Legislature, is examining all Oregon programs that serve children and families. Children's Services Division programs are among those being reviewed.

DHR has for many years been strengthening its ties with the Department of Education and has been involved in joint efforts including drug and alcohol prevention, teen parent programs and the Leaders Roundtable with Portland and Gresham Public School Districts.

In conclusion, the Task Force recognizes that changes of the magnitude described in this paper take time and will be made in increments. The movement to an integrated system will be an evolutionary process throughout which we will continue to seek your views.

Delivering Services to Oregonians

Background The proposed service delivery system differs from the model proposed in the February concept paper, though it shares the same goals of meeting human service needs of Oregonians in the most efficient and effective manner.

Whenever possible, people need to be given the means to achieve self sufficiency and independence. They must be involved in the assessment of their needs and in decisions regarding how best to address them.

As in the February proposal, access to services can be accomplished through a number of means. People who need only one service will access that service on their own. People who are not aware what services are available or how to obtain them could make initial contact through an "information and referral" resource.

Emergency and protective services will continue to be provided. Emergency calls will be routed to an employee who can provide immediate assessment and mobilize staff to respond.

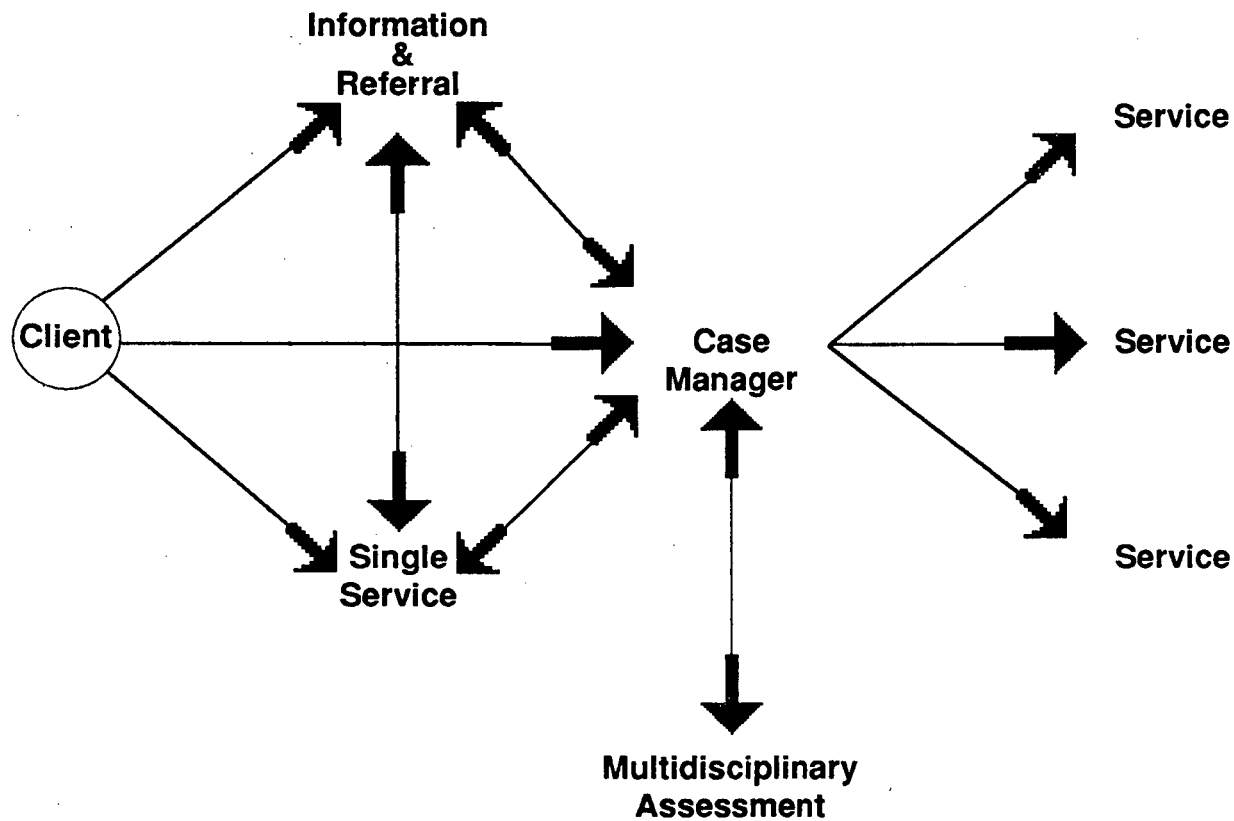
Components of the service delivery system This model's "information and referral" service has evolved from the concept of the "skilled screener" described in the February paper. Information and referral service entails preliminary screening of a person's or family's needs and providing information on the most expedient way to obtain those services.

The "case manager" described in the February concept paper is retained. A case manager assists clients in obtaining multiple services, and determines if a more in-depth assessment is needed.

This proposal also retains the "multidisciplinary assessment" concept for clients in a number of special circumstances. The assessment will occur after a case manager is assigned and will not be needed for the majority of people receiving services.

Note: Many of the specifics of this service delivery system will be determined by each area's local plan. The department would require that certain functions and services be provided, but each district will have flexibility to operate within those program requirements.

Service Integration Model



- ▶ People can access a single service on their own, or can be directed to it by an information and referral resource in the community.
- ▶ Those needing multiple services will be assigned a case manager to help them obtain services.
- ▶ In unusually complex or problematic cases or when required by law, a multidisciplinary assessment will be made to obtain consultation from other professionals.
- ▶ In the case of emergency or protective services, a case manager would initiate contact with the person or family after receiving a referral.

Information and Referral (I & R) Information and referral services would be provided by a specially trained person located either in a DHR office or in a community facility such as a school, church, senior center or local health clinic. This can occur in-person or by telephone. This function would be supported by additional computerized systems and a condensed reference manual of the eligibility requirements for DHR programs.

The specific functions of the information and referral component include:

- ▶ Giving information ranging from the name and address of an organization that could provide assistance, to detailed information about agency policies and how agency intake systems work.
- ▶ Assessing the individual's or family's needs, evaluating resources, helping locate alternative resources when needed and actively linking the person to the services. This function can include a determination of whether people are likely to qualify for a service prior to directing them to that resource. It could also serve as the basis for a more comprehensive assessment if needed.
- ▶ Referring the person to a case manager when necessary, including situations where emergency or protective services are required.
- ▶ Following up on referral cases to determine the outcome and providing more help if necessary. However, there will be no ongoing caseload for I & R workers.
- ▶ Offering advocacy when the needed services are not being adequately provided.

Eligibility determination For programs with financial eligibility requirements, this function involves filling out necessary applications, entering data into the computer system, determining whether the client meets the eligibility requirements and calculating the amount of benefits.

If a person is seeking benefits from a single program through a DHR service office, eligibility determination would usually be the only service the client would obtain. For clients who need case management services, coordination of eligibility determination would be part of the case manager's responsibility.

For programs with qualifications that are not financially based, eligibility will be assessed using specific program guidelines by either the case manager or service provider.

Case Management If the information and referral service does not adequately resolve the service needs, a case manager may be assigned to a particular case to further assess a person's or family's needs, facilitate eligibility determination for programs, and assist clients in getting needed services. Case managers could be current DHR employees who already perform these services or local employees, and could be located in state or local facilities throughout the district. Allowing as much local flexibility as possible, the comprehensive local plan will define the authority, supervision and resources used by the case manager within the state standards and other regulations.

The need for a case manager could be indicated by:

- ▶ A risk to the health and safety of the individual or the public.
- ▶ A person's inability to obtain or make use of an available service.
- ▶ The need for a group of services required by statute or court order.
- ▶ The client's need for a case plan based on complex multiple needs.

The case management process would include:

- ▶ Assessing, with clients, their strengths and needs.
- ▶ Developing a case plan and individualized service network with the client.
- ▶ Determining if the person qualifies for services.
- ▶ Advocating for the client.
- ▶ Authorizing and coordinating services.
- ▶ Monitoring delivery of services and modifying the plan when necessary.
- ▶ Arranging for a multidisciplinary assessment when necessary.
- ▶ Solving problems which arise.
- ▶ Evaluating the outcomes set down in the plan with the clients and others involved in the case on a regular basis.
- ▶ Terminating the case when appropriate.

In order to effectively coordinate services, the case manager will have the authority to access and authorize services across program boundaries. A family or individual will work with only one case manager.

Multidisciplinary assessments The case manager may convene a multidisciplinary assessment when appropriate. These assessments are required by federal and state regulations for certain cases such as child abuse or persons entering a nursing home. Others will need this process because of the complexity or uniqueness of their situations. The following are some of the other criteria which indicate the need for such an assessment:

- ▶ Lack of progress toward the goals in the case plan.
- ▶ A high risk to the health and safety of the individual or the public.
- ▶ The need for coordinating a large number of service providers and other participants, particularly when services from one program are affecting those from another.

The process for multidisciplinary assessment is expected to vary in response to the needs of each client. It will also vary from district to district depending on the local plan. The assessment can include both formal and informal processes. The recommendations of the multidisciplinary team will be taken into account by the case manager and the client. The case manager may determine that a reassessment by the team is needed in the future.

The members of the team conducting the assessments will also vary, based on a client's needs and community resources. Along with the client and case manager, the team may include members of the family and representatives of services such as health, alcohol and drug treatment, child welfare, law enforcement, schools or local housing programs.

Examples of how the process would work A young mother whose husband has recently left her comes to a public health clinic to immunize her children. She does not have a job and is temporarily staying with friends, but must move out soon. She discusses her situation with an information and referral specialist there, who determines she needs immediate income and housing assistance, help in finding work, medical coverage and counseling for one of her children who is not adjusting well to the breakup of the family.

The information and referral specialist refers her to a case manager. The case manager then:

- ▶ develops a plan with the family including the mother's enrollment in the JOBS program to learn skills and look for employment
- ▶ begins efforts to collect child support from the father
- ▶ gathers information needed for the application process for Aid to Dependent Children, Medicaid and food stamps (specialized eligibility staff will use this information to complete the process)
- ▶ contacts the housing authority and looks into the availability of housing emergency assistance funds
- ▶ authorizes whatever special support funds are appropriate, such as money for auto repairs or a bus pass to allow the mother to look for work
- ▶ contacts the local mental health provider and schedules an appointment for the child

Over the next six months, the case manager meets with the mother to chart her progress and follows up with the other service providers. The case is terminated when the goals are met and the family no longer needs services. If, on the other hand, additional problems develop or progress is not being made, a multidisciplinary assessment could be arranged.

In another example, the daughter of a 72-year-old woman calls a senior center about services for her mother whose health is failing. The daughter lives out of the area and cannot care for her. The mother's financial resources are limited and her need for help at home is increasing.

An information and referral staff person determines that the mother needs home care, transportation, and assistance with medical services. The family is referred to a case manager at the local Area Agency on Aging who develops a case plan. The case manager then:

- ▶ arranges for home care services including home-delivered meals
- ▶ assists with applications for Medicaid
- ▶ contacts the woman's physician to determine her medical needs

- ▶ arranges with the Volunteer Program for transportation to medical appointments
- ▶ arranges a meeting with family members to discuss plans for the mother's care and offer supportive services to the family

In a third example, a mother has been working with a case manager for two months because her husband abused her and their daughter for a number of years. The mother is considering a reconciliation with the husband. Though the mother protected the child from further abuse and participated in counseling with the child, the husband has not obtained counseling, attended parenting classes or had a drug and alcohol assessment.

The case manager expresses concern over this plan and suggests a meeting (multidisciplinary assessment) with the mother, father and the different agency people who have been working with the mother and child. During the meeting, the father admits he needs help, the couple agrees not to reconcile until that help is obtained, and the team recommends the following steps be taken:

- ▶ both parents will get a drug and alcohol assessment and agree to enter a treatment program if needed
- ▶ the father will attend anger management classes at a local mental health center
- ▶ the mother will continue to participate in a domestic violence victims' support group at the local women's shelter
- ▶ the child will continue in therapy for abuse victims and will meet with a school counselor regularly
- ▶ the case manager will provide support, supervision and maintain contact with service providers

The family and the case manager will monitor the progress on this plan over the next month. If progress is satisfactory the case manager will support the family's reunification. If issues of concern continue, the multidisciplinary team could be reconvened.

Availability of services While service integration seeks to reduce inequities in the availability of services that now exist in the system, DHR will still be required to meet federal laws and regulations that dictate who can receive services and what services can be funded through its programs.

Confidentiality The exchange of information across DHR program areas and with professionals outside the department requires close attention to issues of confidentiality. A work group is developing a handbook to guide DHR staff and our partner organizations. It will contain philosophy and suggested procedures for use in commonly encountered situations. It will also have a directory of people to contact in specific program areas for additional information.

Measuring success The success of service integration can be assessed by answering questions such as, whether clients obtain needed services; whether clients are more self-sufficient; whether are they in the most appropriate and least restrictive situations; whether recipients are satisfied with the services received; and whether the outcomes support the Oregon Benchmarks and use staff time and resources efficiently.

Field Structure

The configuration of field operations under this service integration proposal will not be uniform across the state, but instead will vary from district to district based on local planning. The state will establish basic standards and requirements; planners then take into account the local needs and resources and, through collaboration, arrive at a unique plan that is most beneficial for people in their area.

All of the services outlined in the preceding "Service Delivery" section – information and referral, case management, eligibility determination and multi-disciplinary assessments – must be provided in each service district. The questions of who will provide the services, and how and where they will be available, will be answered through local planning and described in the plan that is developed.

The Task Force recommends that local planners try to locate services aimed at a specific client population in one place, and that these be as convenient to clients normal routines as possible. The primary concern in determining the location of services should be ease of access for clients.

Field Offices Under this model, services could be delivered at local DHR integrated service offices or in other locations. The DHR service offices would be as small as possible in order to maintain a personalized service approach. These offices would offer all functions: help for people who need only one service, information and referral services, case management, eligibility determination and multi-disciplinary assessment. Services would be grouped by two categories: 1) children and families and 2) adults with disabilities and seniors.

People could learn about and receive DHR services in locations other than a DHR office, as determined by the local planners. The assistance available in these locations, in almost all instances would include information and referral or case management. Examples of satellite locations could be schools, public health clinics, mental health centers, or senior centers.

The exception to this structure would be vocational rehabilitation services and perhaps some employment services. Services provided by the current Vocational Rehabilitation Division will continue to be provided through a separate field and reporting structure because of federal requirements. However, efforts would be made to house them within DHR offices. The vocational rehabilitation counselor's job will

not change except for an increased emphasis on coordination with the integrated service delivery system.

Case management for clients needing some employment programs targeted specifically toward disadvantaged Oregonians, such as JOBS, Oregon Food Stamp Employment Transition (OFSET), and child care subsidy programs would be a part of the integrated service system.

It has not been decided where to best position or how to structure other employment services. While the current Employment Division does serve targeted disadvantaged individuals with special funding, the division's role is much larger and more encompassing. It's role is highly dependent upon maintaining a strong relationship with employers and linkages with public and private entities outside the social service community. It is critical that the organizational structure not dilute the strength of these relationships and linkages.

It is equally critical that all employable clients receiving other DHR services be able to readily access appropriate placement services and that employment services continue to focus on maximizing the employability of every Oregonian.

As part of both vocational rehabilitation and employment services, information and referral resources would be available to help people who have other needs.

Responsibility for information & referral function The information and referral function would be performed either by DHR employees or by employees of local agencies, depending on the local plan. This function could be outstationed in the satellite locations mentioned earlier.

Responsibility for case management The question of who provides case management would be determined by either 1) who is primarily providing service for that population or 2) in the case of special needs populations, who specializes in meeting those needs.

For instance, if a county provides child protective and child welfare services, it would also need to provide case management for the families served. If DHR is providing those same services, it would also provide case management. And in cases of special needs clients, such as those with developmental disabilities, specialized case management would need to be given by people with that expertise, regardless of who is providing services to the client.

Responsibility for determining financial eligibility For clients seeking only a single service, specialized eligibility workers who perform all eligibility functions would be available. For children and families, these workers would be DHR employees in most cases. For adults with disabilities and seniors, they might be county employees in some areas.

For clients receiving case management, the case manager will coordinate the process of determining financial eligibility, in order to promote a holistic perspective of the individual's or family's needs. Other elements of the eligibility process, such as data entry, benefit calculation and overpayment recovery, would be provided by specialized eligibility workers.

For example, a client with a case manager needs to apply for Aid to Dependent Children and food stamp benefits. A case manager would assist the client in completing the application and gathering the necessary documentation. Entering the information from the application into the computer and calculating the amount of benefits would be done by a specialized eligibility worker. The client does not need to participate in this portion of the process. The client would direct all communication about financial eligibility to the case manager, making the case manager their single point of contact.

Non-automated financial eligibility determination will continue to be necessary until increased automation can take over much of that function. DHR is pursuing such automation, which would include "touchscreen" capability. This would allow people to enter much of their eligibility information on the computer themselves. The system would also provide fully automated eligibility determination and benefit calculation. Such systems, which can be multilingual, are currently being used in other states.

Currently, approximately 1,450 staff do financial eligibility. The exact amount of workload savings which could be realized from automation is not yet known. However, savings would probably be significant and should be reinvested into current service shortages.

Examples of local field structures In a medium-size county, local planners might decide that all major providers of human services – the county mental health clinic, senior center, drug and alcohol treatment center, county health department, DHR service office and the counseling departments of the local schools – should have a trained information and referral resource. This would be provided by employees of the local agencies or the state. In addition, in certain sites such as the schools and health

department, a DHR or local employee might be placed to provide case management. In locations without a case manager, clients needing such help would be referred to the DHR service office or to the nearest location with a trained case manager.

In this example, DHR service offices would serve those who need only one service and also offer information and referral, case management, eligibility determination and multidisciplinary assessment. These would all be provided by state employees. The office would be divided into two units, one serving adults with disabilities and seniors, the other children and families. Vocational rehabilitation and employment services would also be offered at these sites.

In another community, the main private non-profit providers – the community action agency, child abuse prevention agency, and crisis intervention agency – might decide to set up a central facility, which would include a DHR service office. In addition, other agencies providing services that clients might need, such as housing or day care referral, would be located in that central site. Information and referral, case management, eligibility determination and multidisciplinary assessment would be provided by a mix of state and non-state employees.

Staffing philosophy In filling the state staff positions, the department would strive to fully utilize existing state employees. Just as with the savings from automation, any savings resulting from central office efficiencies and the reduction of the number of managers would be reinvested in direct service at the local level, unless savings are needed for Measure 5 General Funds reductions.

Supervision For programs which a county decides to provide, the county's current supervision system would continue.

For state-provided programs, the model envisions teams of 10 to 15 workers who would be managed by a supervisor and supported by a specialized worker with technical and clinical expertise. Team members would work exclusively with either children and families or adults and seniors, and would represent all types of services – information and referral, case management, financial eligibility determination and multidisciplinary assessment.

The supervisors would be managed at the district level; district-level managers would supervise 10 to 15 supervisors. If there were a small number of supervisors in a district, they would report directly to the service district manager. In large districts, "sub" managers would be necessary to assist the district manager.

District Administration In addition to supervision, the DHR district administrative office would be responsible for:

- ▶ jointly coordinating planning efforts
- ▶ coordinating local programs and overseeing the state-operated programs
- ▶ advocating for local initiatives
- ▶ assisting in problem solving of ongoing operational issues
- ▶ overseeing the budget and reallocating funds when necessary
- ▶ implementing program and policy decisions
- ▶ facilitating management of the district plan
- ▶ providing internal advocacy and feedback to the DHR program offices
- ▶ participating in program and policy development with DHR administration

Integration among local personnel Within the local plans, formal mechanisms should be created to encourage communication among workers performing the same function, regardless of whether they work for the state or for local entities. Regular opportunities should be readily available for these workers to communicate, network and solve problems.

Consumer dispute resolution The local plan should identify the specific process for dispute resolution. The Task Force recommends that consumer concerns be resolved at the organizational level closest to the people directly involved. In the event this is not possible, the district manager, local county official and someone representing the DHR Program Services Office will be responsible for resolving the conflict. If disputes cannot be resolved locally, they will be referred to the Office for Client Concerns at the DHR Director's level.

Advisory groups It will be required that every district use advisory groups both in planning and implementing programs. When possible, existing advisory groups will be continued.

Comprehensive Local Planning

Under the proposed integration model, comprehensive local planning would determine the coordination of human services and the configuration of service delivery in a district. The plan would be developed within state and federal regulations and guidelines.

Local planning is crucial to the integration model, since local communities are in the best position to determine the needs of their residents and the best ways to meet those needs.

Communities benefit from local planning because of:

- ▶ community agreement on what services will be provided, to whom, how and why
- ▶ community ownership of the needs and challenges, and a commitment to success
- ▶ increased opportunities for people who receive services to participate in determining what services are available and how they are delivered

The department has adopted the district boundaries formulated by the Workforce Quality Council. Within each of the 15 districts, one plan will describe service integration and will be developed by all county commissioners in a district and the DHR district manager.

The county commissioners may choose to have their respective counties develop individual county plans which will be incorporated into the district plan. In that instance, the county plans would need to address coordination of some services within a district. For example, the county plans for Linn, Benton and Lincoln counties would all need to address the coordination of senior services through the tri-county Area Agency on Aging.

Plans would cover two years, but could be revised annually if necessary. County funding levels for various services will be determined by the county.

The Task Force received many comments about the district model. This issue will be worked on in more depth during Phase III.

The content of local plans There will be only one health and human service plan for each district. The plan will contain a section specifically addressing the needs and service strategies for children and families and another section for adults with disabilities and seniors. This will reduce duplication of data included in the multiple plans currently required by state and federal agencies. It will replace multiple human services plans with one, by incorporating these plans into the integrated plan.

The plan would address services administered and delivered by the state, local jurisdictions and the private sector.

Key components of the local plan would be:

- ▶ A description of the district's demographics and other data required by state or federal laws.
- ▶ A description of which programs are to be administered and delivered by the state and which will be administered and delivered by counties, local entities or districts.
- ▶ How state and local services will be delivered in the district.
- ▶ A description of how the public is involved in planning, including public review of the plan and its adoption.
- ▶ The role of volunteers in service delivery.
- ▶ A description of the district's assessment process, of current services available and gaps in service.
- ▶ A description of goals or outcomes and other information prescribed by funding sources and those determined locally. The goals should have both quantitative and qualitative measures and, where appropriate should support the Oregon Benchmarks.
- ▶ A description of the proposed methods to achieve the goals.
- ▶ A description of the evaluation methods to be used, including consumer satisfaction.
- ▶ A statement assuring compliance with state and federal requirements.

- ▶ A description of any potential local, private or public resources that could be used as match for other state or federal funds that may become available.
- ▶ Signatures of the responsible parties acknowledging their approval of the plan.

The planning process To enhance the success of local planning, the process should be coordinated, highly visible and include all segments of the community (such as consumers, advocates, providers, and elected officials). It should reflect the diverse cultures and ethnic backgrounds of the community. The process should be coordinated with other community services such as transportation, housing, volunteers, education and economic development.

At a minimum, representatives of the major local and state service providers (health, mental health, financial support programs, children's programs, employment services, etc.) as well as representatives of advisory groups and provider and consumer organizations must be involved in the local planning process.

The planning process should not be overly restrictive and should allow for the varied methods used locally. The following activities need to occur in the planning process:

- ▶ A description of process and an invitation to participate should be placed in the news media, as well as notification made to the general public and consumers. Examples of notification are inserts in utility bills, medical cards, food stamps, welfare checks.
- ▶ Conduct an assessment of the community which identifies conditions that support and work against the healthy and positive development of families, children, seniors and disabled adults; and which describes opportunities for service integration across counties.
- ▶ Examine the existing resources in a community, county and district.
- ▶ Identify problems, service needs and coordination needs.
- ▶ Prioritize problems, service needs and coordination issues.
- ▶ Compare the prioritized problems, services and coordination issues with mandates from the state and federal governments.

- ▶ Identify existing resources that could be expanded or developed to meet additional service needs.
- ▶ Prioritize unfunded needs.
- ▶ Develop a budget to meet the priority needs of the district. The budget should also identify expenditure and revenue sources (state, county, city, federal, United Way, private grants, etc.)
- ▶ Inform citizens about the contents of the plan and provide an opportunity for public review and comment (public forums, meetings, publication in newspapers and newsletters).
- ▶ Submit the plan for DHR review and approval and federal acceptance where necessary.

Local jurisdictions may take additional steps.

The county commissioners and the state district manager jointly will have lead responsibility for initiating and facilitating the local planning process.

All parties involved in the local planning process will receive an orientation. The orientation will include but not be limited to:

- ▶ federal and state mandates
- ▶ service integration rationale, goals and objectives
- ▶ help in developing needs assessments
- ▶ overall timeline to produce plan
- ▶ implementation of the plan and approval process
- ▶ service delivery model options

The planning process will be tested in one or more parts of the state. The evaluation of the pilots will include cost data for the current planning processes and a cost comparison with the new planning model.

Contracts Agreements between DHR and local providers will be formalized in contracts based on the local comprehensive plan. The details of the contracting procedure and contract content will be the subject of a Phase III work group.

DHR Organization

A number of changes have been made in the model of the DHR organization contained in the February concept paper. In that model, three "areas" handled program policy, field services and administrative functions.

Based on the input from several sources, the model has been reworked to eliminate the two parallel program and field services structures. There was concern this kind of structure could force most conflicts upward through the organization for resolution. Instead, the model envisions an integrated line of authority from the program and policy units directly to the field structure which would allow issues to be dealt with at a local level. The chart on the following page shows the new proposal.

The department would have a Program Services Office which would provide program services and field supervision, and an Administrative Services Office which would provide administrative support to the whole department.

Integration concepts in the organization In order to support service integration at the local level, the program offices would enhance the way they plan, manage and evaluate their services. While they would remain experts in their program areas, they would adopt and employ methods that support the integration of their respective programs.

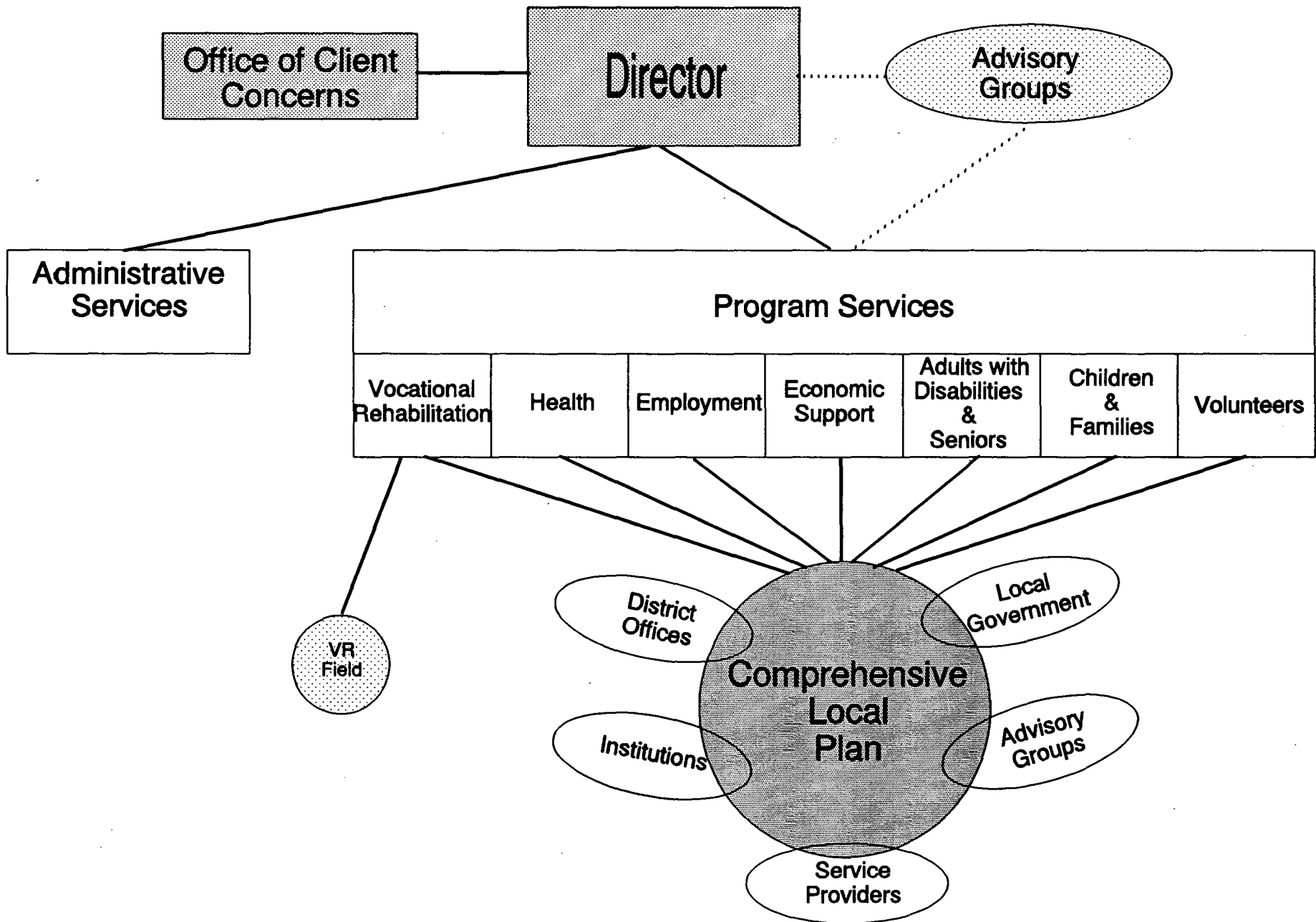
Ongoing and pro-active communication and consultation between programs and with other state agencies, advocate groups and providers would be an important part of the duties of the program services units under the integrated plan. At the same time, the department would be involved in long-range planning efforts with these groups.

It is also recommended that accountability for managers be tied to both their gains in achieving service integration while maintaining the excellence of their specific programs. The Oregon Benchmarks would be the foundation for guidelines used to measure key outcomes.

Program Services Office

The Program Services Office would have responsibilities for program development, program standards, policy formulation, budget development, oversight and

DHR INTEGRATION



coordination of program policy and field operations. It would be divided into the following six sections, based on types of programs and populations served:

- ▶ Vocational Rehabilitation
- ▶ Employment
 - Employment Services (ES)
 - Unemployment Insurance (UI)
 - JOBS Employment & Training Program
 - Child Care
 - Oregon Food Stamp Employment Transition Program (OFSET)
 - Employment Related Day Care (ERDC)
- ▶ Adults with Disabilities & Seniors
 - Senior Services
 - Developmental Disability Services (DD)
 - Physical Disability Services
- ▶ Health
 - Medical Assistance Programs
 - Public Health
 - Alcohol and Drug Programs (A&D)
 - Mental Health Programs (MH)
- ▶ Economic Support
 - Food Stamps (FS)
 - Medicaid (Title XIX) eligibility
 - Aid to Dependent Children (ADC)
 - Refugee Programs
 - Federal funding for foster care (Title IV-E)
 - Oregon Supplemental Income Program (OSIP)

- Disability Determination Services (DDS)
- General Assistance (GA)
- ▶ Children & Families
 - Services for families in poverty
 - Services for abused and neglected children
 - Services for children with special needs
 - Services for delinquent children

These six program service areas will be responsible for:

- ▶ developing programs and budgets
- ▶ developing budget and legislative proposals
- ▶ approving local plans
- ▶ providing technical assistance to field staff and local providers
- ▶ monitoring compliance with federal and state requirements
- ▶ approving licenses and imposing sanctions
- ▶ evaluating programs
- ▶ negotiating contracts and setting rates with providers
- ▶ determining eligibility criteria for services
- ▶ providing program-related training

Also within the Program Services Office would be a field coordination unit and institution coordination unit. These would provide links between field staff, state-operated institutions and the policy and program staff, and could help to resolve issues which arise in connection with the field and the state-operated facilities.

State-operated psychiatric hospitals, training centers and juvenile training schools would continue to function as statewide service providers. The superintendents of these facilities would report directly to the heads of the program service sections for which they provide services.

The present DHR Volunteer Program would be attached to the Program Services Office. It will continue to encourage local partnerships to promote citizen participation.

Specific issues around program sections In the reports of the work groups and the survey responses to the February concept paper, a number of points were raised about the program offices. Many of these issues are addressed below:

- ▶ Vocational Rehabilitation and Employment: There are major federal compliance issues in these sections, particularly with vocational rehabilitation services, employment services, unemployment insurance and labor market programs. These must be closely monitored to ensure ongoing conformity with federal regulations.

The Child Care Unit in this section will handle day care policy, regulation, licensing of child care facilities and child care subsidy programs.

The JOBS employment and training program for welfare recipients has been placed in this section. However, if the current Employment Division were removed from DHR to some other department, the JOBS program should remain with DHR.

Employment will maintain its strong links with outside agencies involved in employment and training issues, most notably the Workforce Quality Council, schools, community colleges and the Job Training Partnership Administration.

The Oregon Benchmarks and the mission and goals of the Workforce Quality Council will be among the guidelines used for this section's policy, programs and performance measurement.

- ▶ Economic Support: There are significant advantages of moving to automation of eligibility determination as soon as possible. Other states' use of "touchscreen" and other computer technology is dramatically increasing efficiency, reducing error rates and improving service for clients. Such programs are available in several languages.
- ▶ Health: The units in this section are already well-positioned for integrated services. The majority of the services are delivered via

contracts with local agencies, with the administrative offices acting predominantly as managers of the health service systems rather than as providers of health services.

This section would also continue to provide statewide services such as vital records, community health assessment, the state medical examiner and public health laboratories.

- ▶ Licensing and Certification function: The development of standards and rules for licensing would remain with the program sections. A number of administrative functions would be combined into a single DHR Licensing Support Unit within the Administrative Services Office. These functions include criminal records checks, gathering and disseminating information for a data base, fee collection and, in most cases, processing applications and issuing licenses.

Opportunities to delegate responsibilities for licensing to local government should be explored wherever allowed by law. In addition, local government should be a partner in developing standards and procedures surrounding licensing and certification policies.

- ▶ Monitoring and Quality Assurance function: Monitoring of performance under the local plans and compliance with federal and state regulations will be carried out by the Program Services offices. Service integration provides an opportunity to reassess current methods that have developed over time which are inefficient and do not effectively measure quality of service. Revised mechanisms for these functions will be developed in the next phase of the Task Force's work.
- ▶ Training: Training for state and local staff and providers will be a critical part of the integrated service delivery model. The state's role to deliver training will include developing and approving curriculum, identifying and measuring desired results of training programs, and providing training directly or under contract.

Administrative Services Office

There will be an Administrative Services Office within DHR which will provide a number of support functions such as personnel, data processing, accounting and contract writing.

The exact configuration of this office continues to be under discussion, with a work group reviewing the placement and nature of these functions.

Director's Office

Attached to the Director's Office would be an Office of Client Concerns, which would serve an ombudsman function for clients concerns about the system. A centralized communications office would also be part of the Director's Office.

Advisory Groups A DHR advisory body would provide consumer and advocate advice to the Director of the department. The Program Services Office would develop a plan for obtaining consumer and advocate advice for all programs.

What's Next?

Statewide meetings Following the distribution of this document, the Task Force will undertake a new series of assignments as part of Phase III.

Chairman Dick Ladd and several Task Force members will schedule community visits across the state to meet with state and local employees, consumers, advocates, providers, elected officials and other people interested in DHR to discuss this plan. The information from those meetings will be brought to the Task Force and used in designing the pilot projects.

Pilots sites The task force will identify which parts of this plan will be tested and what must be done before the demonstration projects can begin. Some of those things could include:

- ▶ changes in administrative rules
- ▶ addition of new automation or changes to existing computer systems
- ▶ co-location of state and local staff
- ▶ training in agency-wide programs

The task force will also recommend pilot site locations. It is likely that different concepts will be tested in different places, with a goal of representing the variety of community situations in Oregon. The pilot projects are scheduled to start in July 1992.

Additional Work groups Work groups on the 1993-95 budget, statutory changes, local options and local contracts will be formed. They will look at issues of:

- ▶ what services will always be provided by the state and which can be administered and delivered by local government
- ▶ scope of information and referral and case management functions
- ▶ staffing and caseload
- ▶ simplification of forms and policy

The current work groups on information services, confidentiality and field services will continue their work, as will the advisory committees.

We want to hear your comments

The surveys sent in response to the February concept paper have proved valuable in making changes to the service integration model.

The Task Force wants to hear from you again. Please write your comments and concerns about this plan and send them to Dick Ladd at 313 Public Service Bldg., Salem 97310, before May 31.

The statewide meetings mentioned earlier will also give people a chance to express opinions to the Task Force. We will be publicizing the times and locations of these meetings in the Service Integration Developments newsletter.

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Survey Results

The February 1992 Concept Paper contained a survey which asked readers how they felt about certain aspects of the service integration model. A total of 2,712 surveys were returned, representing about 13 percent of the number of Concept Papers distributed.

For a variety of reasons, the survey cannot be considered a scientific exercise. Instead, it was intended to provide input for the next phase of the integrated planning process. Readers were also encouraged to submit written comments; a total of 1,831 people added comments to their survey.

Respondent Categories

The 2,712 returned surveys were from the following groups:

Category	Number
Officials	49
Legislators	5
Clients/Consumers	70
Providers of Service	526
Client Advocates	153
State Government Field Managers	213
Local Government Field Managers	59
Not Specified Field Managers	28
State Government Field Staff	774
Local Government Field Staff	97
Not Specified Field Staff	134
Central Office Managers	129
Central Office Staff	368
Schools	59
Other	48
Total	2,712

The Other category includes 23 people who did not specify what grouping they belonged to. Four people identified themselves as taxpayers; four people identified themselves as judges; ten people identified themselves as citizens. In addition, five people identified themselves as a student, a consultant, a housewife, a retired businessman, and a manager of an agricultural associates.

The Questions

Six questions were asked of each respondent. For each question they were given six responses. These were Very Positive, Positive, Mixed Feeling, Negative, Very Negative, and Don't Know. It is recognized that the six questions were not scientifically tested before the survey was released, and could therefore be read differently by different people. Even so, the responses probably generally accurately reflect how they felt.

The following responses to the six questions were made by the 2,712 respondents: (Questions 1 and 2 asked for type of work and amount of human services experience.)

3. Please check the box that best describes how you feel about service integration in general.

<u>Response</u>	<u>Number</u>	<u>Percent</u>
Very Positive	364	13.4%
Positive	751	27.7%
Mixed Feelings	1015	37.4%
Negative	243	9.0%
Very Negative	269	9.9%
Don't Know	70	2.6%

4. Please check the box that best describes how you feel about the impact service integration would have on clients in general.

<u>Response</u>	<u>Number</u>	<u>Percent</u>
Very Positive	281	10.4%
Positive	805	29.7%
Mixed Feelings	819	30.2%
Negative	344	12.1%
Very Negative	302	11.1%
Don't Know	161	5.9%

5. Please check the box that best describes how you feel about the impact service integration would have on families with complex problems.

<u>Response</u>	<u>Number</u>	<u>Percent</u>
Very Positive	359	13.2%
Positive	845	31.2%
Mixed Feelings	694	25.6%
Negative	293	10.8%
Very Negative	309	11.4%
Don't Know	212	7.8%

6. Please check the box that best describes how you feel about the skilled screening and multi-disciplinary team process improving access and services to clients.

<u>Response</u>	<u>Number</u>	<u>Percent</u>
Very Positive	327	12.1%
Positive	862	31.8%
Mixed Feelings	741	27.3%
Negative	299	11.0%
Very Negative	310	11.4%
Don't Know	173	6.4%

7. Please check the box that best describes how you feel about the impact service integration would have on local programs and creativity in general.

<u>Response</u>	<u>Number</u>	<u>Percent</u>
Very Positive	206	7.6%
Positive	618	22.8%
Mixed Feelings	869	32.0%
Negative	372	13.7%
Very Negative	373	13.8%
Don't Know	274	10.1%

8. Please check the box that best describes how you feel about the process to involve advocates, consumers, schools, and local programs in the production of the district plans.

<u>Response</u>	<u>Number</u>	<u>Percent</u>
Very Positive	447	16.5%
Positive	956	35.3%
Mixed Feelings	704	26.0%
Negative	205	7.6%
Very Negative	199	7.3%
Don't Know	201	7.4%

Comments

As previously noted 1,831 (or 67.5%) or the 2,712 respondents recorded additional comments on their survey. About 90 percent of those comments fit into 89 general statements. For a complete report on the comments made in the surveys, contact Donna Weaver at 378-4728.

The ten most frequent comments and the number of times they were seen are listed below:

Skilled screener not possible given program complexity	333
Concern about Local government's ability to manage program	247
Concept paper does not have enough details.	223
Service integration concept is good.	222
Service integration will increase costs.	208
Skilled screener will have to be well trained.	171
The 15 districts are not well developed.	124
Service integration has been tried before and didn't work.	114
Local government will not administer programs consistently.	109
Too monolithic and bureaucratic at central office level.	106

The conclusion that can be drawn from the survey and comments is that there is a moderately positive feeling about service integration, however, there are also many concerns. The greatest of these concerns are about how the skilled screener will operate, and who will do this function. There is also a great concern about local government's ability to manage programs (with 109 respondents making the comment statement "Local Government will not administer programs consistently"). Many people are also concerned that service integration will increase access to services, this is a true statement, unless management actions are taken to address this issue.

The 15 districts shown in the Concept Paper were not well received by 124 respondents. The central office structure of DHR was a concern of 106 respondents who thought it would become too bureaucratic. There were 109 respondents who said that "Service integration has been tried before and didn't work".

Phase II Work Groups

Contract Monitoring and Quality Assurance

Co-Chairs: Fred Segrest, SDSD; Carol Duby, AFS

Employment

Co-Chairs: Bill Brown, VRD; Gary Potter, Employment Div.

Field Structure

Co-Chairs: Victor Merced, AFS; Jerry Horn, CSD

Health

Co-Chairs: Barry Kast, MHDDSD; Clark Campbell, Alcohol & Drug

Income Maintenance

Co-Chairs: Jim Neely, AFS; Tom Williams, SDSD

Institutions

Co-Chairs: Mike Lincicum, MHDDSD; Rick Hill, CSD

Licensing and Certification

Co-Chairs: Carol Allen, Health Div.; Shirley Saries, SDSD

Local Planning Process

Co-Chairs: Mary Hoyt, CSD; Billie Bagger, AFS

Skilled Screening and Case Management

Co-Chairs: Bob Labbe, OMAP; Teletha Benjamin, CSD

Social and Protective

Co-Chairs: James Toews, MHDDSD; Betty Uchytel, CSD

Training

Co-Chairs: John Heilman, AFS; Lynnae Rutledge, Voc Rehab.

Volunteer Integration

Co-Chairs: Peggi Timm, DHR Volunteer Program; Pat Lyon, Clackamas Co.

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