ANNOTATED MINUTES

Tuesday, June 18, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFINGS

Chair Beverly Stein convened the meeting at 9:56 a.m., with Vice-Chair Dan Saltzman and Commissioner Sharron Kelley present, and Commissioners Gary Hansen and Tanya Collier excused.

B-2 1996 Portland/Multnomah Progress Board Annual Report. Presented by Pamela Wev.

PAMELA WEV PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION REGARDING PUBLIC SAFETY, GOVERNANCE, EDUCATION, ECONOMY, CHILDREN AND FAMILY, AND QUALITY OF LIFE BENCHMARKS. CHAIR STEIN ASKED THAT MS. WEV WORK WITH CAROL FORD REGARDING AN UPDATE PRESENTATION DURING THE SEPTEMBER 17, 1996 BOARD RETREAT.

B-1 Report of the Task Force on School Health Services, a Cooperative Study Produced by Representatives of the County Government, the Education Service District, the Schools and School Districts of Multnomah County, Oregon. Presented by Bill Farver, Jerry Shiveley and Invited Others.

BILL FARVER, JERRY SHIVELEY, DEE BAUER, JAN SINCLAIR, JEFF GOLDEN AND VALERIE WILTSEY, WITH MERLR BRADFORD AND BONNIE HOBSON, PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION.

Chair Stein was excused at 11:01 a.m.

There being no further business, the meeting was adjourned at 11:20 a.m.

Thursday, June 20, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:30 a.m., with Vice-Chair Dan Saltzman, Commissioners Sharron Kelley and Gary Hansen present, and Commissioner Tanya Collier excused.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-12) WAS UNANIMOUSLY APPROVED.

DISTRICT ATTORNEY'S OFFICE

C-1 Intergovernmental Agreement 700035 with the City of Portland Police Bureau for Overtime Reimbursement of Child Abuse Investigations Conducted During Evening and Weekend Hours in Conjunction with the Child Abuse Multi-Disciplinary Intervention (CAMI) Grant

C-2 Amendment 1 to Intergovernmental Agreement 700045 with the City of Gresham Police Department Providing Child Abuse Multi-Disciplinary Intervention (CAMI) Grant Funding for One FTE Police Investigator Assigned and Located at the Child Abuse Team Office to Conduct Child Abuse Investigations

C-3 Intergovernmental Agreement 500566 with the Oregon State Police for Overtime Reimbursement of Child Abuse Investigations Conducted During Evening and Weekend Hours in Conjunction with the Child Abuse Multi-Disciplinary Intervention (CAMI) Grant

C-4 Budget Modification DA 7 Appropriating Additional $74,041 Revenue to the CAMI Program

SHERIFF'S OFFICE

C-5 Budget Modification MCSO 13 Reclassifying Four Positions in the Sheriff's Services Division

C-6 Intergovernmental Agreement 800796 with the Oregon Department of Transportation, Providing a Multi-Agency Effort to Enhance DUII Enforcement in Multnomah County

C-7 Budget Modification MCSO 15 Adding $41,533 to the Sheriff's Budget to Allocate Grant Funds from the Oregon Department of Transportation for Enhanced DUII Patrol Activities

DEPARTMENT OF AGING SERVICES

C-8 Intergovernmental Revenue Agreement 400316 with the Oregon Department of Human Resources, Senior and Disabled Services Division, Providing Funds for Never Too Late Project to Support Institutionalized Elders with Alcohol Related Illness to Enter Recovery Programs and Move to Lower Levels of Care

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

C-9 Intergovernmental Agreement 100197 with Oregon Health Sciences University, Providing DUII Information and Rehabilitation Programs and Gambling Addiction Treatment

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-10 CS 2-96 Reporting the Hearings Officer Decision APPROVING, WITH CONDITIONS, Request for Community Service Use Approval for Modernization and Reconfiguration of the Oregon Department of Transportation's Sylvan Maintenance Station, Located at 2131 SW SCHOLLS FERRY ROAD

DEPARTMENT OF JUVENILE JUSTICE SERVICES

C-11 Amendment 1 to Intergovernmental Agreement 102955 with Clackamas County, Providing Exclusive Use of 4 Additional Guaranteed Beds for a Total of 14 Guaranteed Bed Spaces in the Juvenile Justice Complex for the Detention of Youth Referred to the Clackamas County Juvenile Justice System

C-12 Amendment 2 to Intergovernmental Agreement 102955 with Clackamas County, Providing Exclusive Use of 14 Guaranteed Bed Spaces in the Juvenile Justice Complex for the Detention of Youth Referred to the Clackamas County Juvenile Justice System

REGULAR AGENDA

PUBLIC COMMENT

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

NO ONE WISHED TO COMMENT.

DEPARTMENT OF COMMUNITY CORRECTIONS

R-3 Amendment 1 to Intergovernmental Agreement 900086 with Portland Community College, Providing Instructional Support Services for the Londer Learning Center

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-3. COMMISSIONER SALTZMAN ADVISED HE WOULD ABSTAIN FROM VOTING DUE TO HIS POSITION ON THE PCC BOARD. AGREEMENT APPROVED, WITH COMMISSIONERS KELLEY, HANSEN AND STEIN VOTING AYE, AND COMMISSIONER SALTZMAN ABSTAINING.

PUBLIC CONTRACT REVIEW BOARD

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

R-4 ORDER Authorizing Temporary Exemption from Bidding to Extend Certain Current Weatherization Contracts for Three Months

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-4. TOM BRODBECK EXPLANATION. ORDER 96-109 UNANIMOUSLY APPROVED.

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

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-5 Second Reading and Adoption of an ORDINANCE Amending the Comprehensive Framework Plan Volume 1 Findings to Include the Howard

Canyon Reconciliation Report, as Revised and Amended by the Board, in Fulfillment of the Periodic Review Work Program Tasks for Statewide Planning Goal 5 Resources in the Howard Canyon Area

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF SECOND READING AND ADOPTION. NO ONE WISHED TO TESTIFY. COMMISSIONER KELLEY ADVISED SHE WILL NOT SUPPORT ADOPTION OF THE ORDINANCE. ORDINANCE 857 APPROVED, WITH COMMISSIONERS HANSEN, SALTZMAN AND STEIN VOTING AYE, AND COMMISSIONER KELLEY VOTING NO.

R-6 Budget Modification DES 11 Moving Funds from Professional Services to Permanent Personal Services and Capital Outlay within the Transportation and Land Use Planning Budget

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-6. KATHY BUSSE EXPLANATION. JIM MUNZ AND BARRY CROOK EXPLANATION IN RESPONSE TO QUESTIONS OF COMMISSIONER KELLEY REGARDING R-6, R-8, R-10, R-12, R-13 AND R-14. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

R-7 Budget Modification DES 12 Adjusting Budget to Actual Expenditures for 1995-96 within the Director's Office Budget

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, BUDGET MODIFICATION DES 12 WAS UNANIMOUSLY APPROVED.

DISTRICT ATTORNEY'S OFFICE

R-8 Budget Modification DA 8 Transferring Funds from Salary Savings to Capital Equipment within the Support Enforcement Division Budget to Purchase Computers

COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-8. TOM SIMPSON EXPLANATION AND RESPONSE TO BOARD QUESTIONS. JIM MUNZ RESPONSE TO BOARD QUESTION, ADVISING HIS DIVISION IS REVIEWING ALL COMPUTER PURCHASES AND MAINTAINING A COMPLETE HISTORY. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF SUPPORT SERVICES

R-9 Budget Modification DSS 5 Transferring $22,469 from DP Fund Materials and Services to DP Fund Equipment

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-9. JIM MUNZ EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF LIBRARY SERVICES

R-2 RESOLUTION Approving Plan for Naming Rooms and Other Areas at Multnomah County Central Library to Honor Donors to the Campaign for Central Library

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. GINNIE COOPER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. RESOLUTION 96-110 UNANIMOUSLY APPROVED.

DEPARTMENT OF SUPPORT SERVICES

R-10 Budget Modification DSS 6 Recognizing and Increasing the Telephone Fund Materials and Services Budget by $415,876 in Additional Revenue

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-10. JIM MUNZ EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

R-11 Budget Modification DSS 7 Transferring $100,951 from Capital Lease Service Reimbursement to Equipment in General Fund and $52,000 in Assessment and Taxation Fund

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-11. BARRY CROOK EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

R-12 Budget Modification DSS 8 Transferring $30,000 from Supplies to Equipment within the Finance Division Budget for the Purchase of Personal Computers

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-12. BARRY CROOK EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-13 Budget Modification NOND 16 Transferring $6,150 from Claims Paid Materials and Services within the County Counsel Budget to Purchase a Laptop Computer and Accessories for Insurance Fund Lawyers

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-13. LARRY KRESSEL EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

R-14 Budget Modification NOND 17 Transferring $6,000 from Personal Services to Capital Outlay within the Office of the Board Clerk Budget to Purchase Computers for the County's Customer Service Center

COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-14. DELMA FARRELL EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

R-15 Budget Modification NOND 18 Reprogramming $43,413 from Personal Services into Materials and Services and Capital within the Multnomah Commission on Children and Families Budget

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-15. CAROL WIRE EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

GENERAL FUND CONTINGENCY RESERVE APPROPRIATIONS REQUESTS

DEPARTMENT OF AGING SERVICES

R-16 Budget Modification ASD 9604 in the Amount of $82,000 in Order to Backfill Federal Cuts in the Nutrition Services Program (Meals)

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-16. BARRY CROOK AND KATHY GILLETTE EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

R-17 Budget Modification MCSO 14 in the Amount of $180,000 to Cover Projected Deficits in Facilities Overtime and to Make Up for a Shortfall in Concealed Weapons Permit Revenues

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-17. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF COMMUNITY CORRECTIONS

R-18 Budget Modification DCC 7 in the Amount of $57,720 to Fund the Cost of Arming Specific Units of Probation/Parole Officers and to Fund the Cost of a Facilitator for the Peninsula Parole and Probation Office

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-18. PATRICK BRUN EXPLANATION AND RESPONSE TO BOARD QUESTIONS. CHRISTINE

HILLNER TESTIMONY IN OPPOSITION TO PENINSULA PAROLE AND PROBATION OFFICE. COMMISSIONER SALTZMAN'S MOTION TO DELETE $3,000 FOR FACILITATOR FAILED FOR LACK OF A SECOND. FOLLOWING BOARD DISCUSSION, BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF SUPPORT SERVICES

R-19 Budget Modification DSS 9 in the Amount of $80,210 to Pay the County Portion of Costs Associated with the February Floods (Those Not Covered by FEMA Allocations)

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-19. BARRY CROOK EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

SUPPLEMENTAL BUDGET APPROVAL REQUESTS

DEPARTMENT OF SUPPORT SERVICES

R-20 Budget Modification DSS 9 Recognizing $104,240 in Revenues from the Federal Emergency Management Agency (FEMA) to Pay for Flood Related Expenses

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-20. DAVE WARREN EXPLANATION OF SUPPLEMENTAL BUDGET MODIFICATIONS R-20 THROUGH R-23 AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-21 Budget Modification DES 10 Recognizing $484,947 in Revenues and Expenses for the Three Unplanned Elections Held this Fiscal Year

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN,

BUDGET MODIFICATION DES 10 WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-22 Budget Modification NOND 16 Recognizing $375,000 in Additional Business Income Tax (B.I.T.) Revenues to Fund Additional Payments to the East County Cities who Share in a Portion of that Revenue Source

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, BUDGET MODIFICATION NOND 16 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF AGING SERVICES

R-23 Budget Modification ASD 9606 Recognizing $22,000 in Additional Adult Home Care Fee/Fine Revenue and $28,751 in Title XIX Revenue and Appropriating them for Expenditure

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, BUDGET MODIFICATION ASD 9606 WAS UNANIMOUSLY APPROVED.

DAVE WARREN RESPONDED TO BOARD QUESTIONS REGARDING BUDGET NOTES.

There being no further business, the meeting was adjourned at 10:35 a.m.

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad

Deborah L. Bogstad

MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 SW FIFTH AVENUE
PORTLAND, OREGON 97204
CLERK'S OFFICE • 248-3277 • 248-5222
FAX • (503) 248-5262

BOARD OF COUNTY COMMISSIONERS

BEVERLY STEIN •	CHAIR	•248-3308
DAN SALTZMAN •	DISTRICT 1	• 248-522O
GARY HANSEN •	DISTRICT 2	•248-5219
TANYA COLLIER •	DISTRICT 3	•248-5217
SHARRON KELLEY •	DISTRICT 4	•248-5213

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

JUNE 17, 1996 - JUNE 21, 1996

*Thursday Meetings of the Multnomah County Board of Commissioners are *cablecast* live and taped and can be seen by Cable subscribers in Multnomah County at the following times:*

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

Produced through Multnomah Community Television

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.

AN EQUAL OPPORTUNITY EMPLOYER

Tuesday, June 18, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFINGS

B-1 *Report of the Task Force on School Health Services, a Cooperative Study Produced by Representatives of the County Government, the Education Service District, the Schools and School Districts of Multnomah County, Oregon. Presented by Bill Farver, Jerry Shiveley and Invited Others. 1 HOUR REQUESTED.*

B-2 *1996 Portland/Multnomah Progress Board Annual Report. Presented by Pamela Wev. 30 MINUTES REQUESTED.*

Thursday, June 20, 1996 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

CONSENT CALENDAR

DISTRICT ATTORNEY'S OFFICE

C-1 *Intergovernmental Agreement 700035 with the City of Portland Police Bureau for Overtime Reimbursement of Child Abuse Investigations Conducted During Evening and Weekend Hours in Conjunction with the Child Abuse Multi-Disciplinary Intervention (CAMI) Grant*

C-2 *Amendment 1 to Intergovernmental Agreement 700045 with the City of Gresham Police Department Providing Child Abuse Multi-Disciplinary Intervention (CAMI) Grant Funding for One FTE Police Investigator Assigned and Located at the Child Abuse Team Office to Conduct Child Abuse Investigations*

C-3 *Intergovernmental Agreement 500566 with the Oregon State Police for Overtime Reimbursement of Child Abuse Investigations Conducted During Evening and Weekend Hours in Conjunction with the Child Abuse Multi-Disciplinary Intervention (CAMI) Grant*

C-4 *Budget Modification DA 7 Appropriating Additional $74,041 Revenue to the CAMI Program*

SHERIFF'S OFFICE

C-5 *Budget Modification MCSO 13 Reclassifying Four Positions in the Sheriff's Services Division*

C-6 *Intergovernmental Agreement 800796 with the Oregon Department of Transportation, Providing a Multi-Agency Effort to Enhance DUII Enforcement in Multnomah County*

C-7 *Budget Modification MCSO 15 Adding $41,533 to the Sheriff's Budget to Allocate Grant Funds from the Oregon Department of Transportation for Enhanced DUII Patrol Activities*

DEPARTMENT OF AGING SERVICES

C-8 *Intergovernmental Revenue Agreement 400316 with the Oregon Department of Human Resources, Senior and Disabled Services Division, Providing Funds for Never Too Late Project to Support Institutionalized Elders with Alcohol Related Illness to Enter Recovery Programs and Move to Lower Levels of Care*

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

C-9 *Intergovernmental Agreement 100197 with Oregon Health Sciences University, Providing DUII Information and Rehabilitation Programs and Gambling Addiction Treatment*

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-10 *CS 2-96 Reporting the Hearings Officer Decision APPROVING, WITH CONDITIONS, Request for Community Service Use Approval for Modernization and Reconfiguration of the Oregon Department of Transportation's Sylvan Maintenance Station, Located at 2131 SW SCHOLLS FERRY ROAD*

DEPARTMENT OF JUVENILE JUSTICE SERVICES

C-11 *Amendment 1 to Intergovernmental Agreement 102955 with Clackamas County, Providing Exclusive Use of 4 Additional Guaranteed Beds for a Total of 14 Guaranteed Bed Spaces in the Juvenile Justice Complex for*

the Detention of Youth Referred to the Clackamas County Juvenile Justice System

C-12 *Amendment 2 to Intergovernmental Agreement 102955 with Clackamas County, Providing Exclusive Use of 14 Guaranteed Bed Spaces in the Juvenile Justice Complex for the Detention of Youth Referred to the Clackamas County Juvenile Justice System*

REGULAR AGENDA

PUBLIC COMMENT

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

DEPARTMENT OF LIBRARY SERVICES

R-2 *RESOLUTION Approving Plan for Naming Rooms and Other Areas at Multnomah County Central Library to Honor Donors to the Campaign for Central Library*

DEPARTMENT OF COMMUNITY CORRECTIONS

R-3 *Amendment 1 to Intergovernmental Agreement 900086 with Portland Community College, Providing Instructional Support Services for the Londer Learning Center*

PUBLIC CONTRACT REVIEW BOARD

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

R-4 *ORDER Authorizing Temporary Exemption from Bidding to Extend Certain Current Weatherization Contracts for Three Months*

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

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-5 *Second Reading and Adoption of an ORDINANCE Amending the Comprehensive Framework Plan Volume 1 Findings to Include the Howard Canyon Reconciliation Report, as Revised and Amended by the*

Board, in Fulfillment of the Periodic Review Work Program Tasks for Statewide Planning Goal 5 Resources in the Howard Canyon Area

R-6 *Budget Modification DES 11 Moving Funds from Professional Services to Permanent Personal Services and Capital Outlay within the Transportation and Land Use Planning Budget*

R-7 *Budget Modification DES 12 Adjusting Budget to Actual Expenditures for 1995-96 within the Director's Office Budget*

DISTRICT ATTORNEY'S OFFICE

R-8 *Budget Modification DA 8 Transferring Funds from Salary Savings to Capital Equipment within the Support Enforcement Division Budget to Purchase Computers*

DEPARTMENT OF SUPPORT SERVICES

R-9 *Budget Modification DSS 5 Transferring $22,469 from DP Fund Materials and Services to DP Fund Equipment*

R-10 *Budget Modification DSS 6 Recognizing and Increasing the Telephone Fund Materials and Services Budget by $415,876 in Additional Revenue*

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R-12 *Budget Modification DSS 8 Transferring $30,000 from Supplies to Equipment within the Finance Division Budget for the Purchase of Personal Computers*

NON-DEPARTMENTAL

R-13 *Budget Modification NOND 16 Transferring $6,150 from Claims Paid Materials and Services within the County Counsel Budget to Purchase a Laptop Computer and Accessories for Insurance Fund Lawyers*

R-14 *Budget Modification NOND 17 Transferring $6,000 from Personal Services to Capital Outlay within the Office of the Board Clerk Budget to Purchase Computers for the County's Customer Service Center*

R-15 *Budget Modification NOND 18 Reprogramming $43,413 from Personal Services into Materials and Services and Capital within the Multnomah Commission on Children and Families Budget*

GENERAL FUND CONTINGENCY RESERVE APPROPRIATIONS REQUESTS

DEPARTMENT OF AGING SERVICES

R-16 *Budget Modification ASD 9604 in the Amount of $82,000 in Order to Backfill Federal Cuts in the Nutrition Services Program (Meals)*

SHERIFF'S OFFICE

R-17 *Budget Modification MCSO 14 in the Amount of $180,000 to Cover Projected Deficits in Facilities Overtime and to Make Up for a Shortfall in Concealed Weapons Permit Revenues*

DEPARTMENT OF COMMUNITY CORRECTIONS

R-18 *Budget Modification DCC 7 in the Amount of $57,720 to Fund the Cost of Arming Specific Units of Probation/Parole Officers and to Fund the Cost of a Facilitator for the Peninsula Parole and Probation Office*

DEPARTMENT OF SUPPORT SERVICES

R-19 *Budget Modification DSS 9 in the Amount of $80,210 to Pay the County Portion of Costs Associated with the February Floods (Those Not Covered by FEMA Allocations)*

SUPPLEMENTAL BUDGET APPROVAL REQUESTS

DEPARTMENT OF SUPPORT SERVICES

R-20 *Budget Modification DSS 9 Recognizing $104,240 in Revenues from the Federal Emergency Management Agency (FEMA) to Pay for Flood Related Expenses*

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-21 *Budget Modification DES 10 Recognizing $484,947 in Revenues and Expenses for the Three Unplanned Elections Held this Fiscal Year*

NON-DEPARTMENTAL

R-22 *Budget Modification NOND 16 Recognizing $375,000 in Additional Business Income Tax (B.I.T.) Revenues to Fund Additional Payments to the East County Cities who Share in a Portion of that Revenue Source*

DEPARTMENT OF AGING SERVICES

R-23 *Budget Modification ASD 9606 Recognizing $22,000 in Additional Adult Home Care Fee/Fine Revenue and $28,751 in Title XIX Revenue and Appropriating them for Expenditure*

TANYA COLLIER
Multnomah County Commissioner
District 3

1120 SW Fifth St., Suite 1500
Portland, OR 97204
(503) 248-5217

MEMORANDUM

TO: Office of the Board Clerk
Board of County Commissioners

FROM: Michele Fuchs

DATE: May 17, 1996

SUBJECT: Commissioner Collier's absence from Board meetings

Commissioner Collier will be out of town June 8 thru June 29 and should be excused from any scheduled Board meetings during that time.

GARY HANSEN
Multnomah County Commissioner
District 2

1120 S.W. Fifth Avenue, Suite 1500
Portland, Oregon 97204
(503) 248-5219

M E M O R A D U M

TO: Office Of The Board Clerk
Chair Beverly Stein
Commissioner Tanya Collier
Commissioner Sharron Kelly
Commissioner Dan Saltzman

FROM: Juana Arredondo, Commissioner Hansen's Office

RE: Absence From June 18, 1996 BCC Board Meetings

DATE: June 13, 1996

Please excuse Commissioner Gary Hansen absence from the Board Meeting on Tuesday June 18th at 9:30am, He has a prior commitment to attend.

c/ojma

MEETING DATE: JUN 18 1996

AGENDA # : B-1

ESTIMATED START TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Briefing

BOARD BRIEFING: DATE REQUESTED: 6/18/96

REQUESTED BY: Bill Farver

AMOUNT OF TIME NEEDED: 1 Hour Requested

REGULAR MEETING: DATE REQUESTED:

AMOUNT OF TIME NEEDED:

DEPARTMENT: DIVISION:

CONTACT: TELEPHONE #:
BLDG/ROOM #:

PERSON(S) MAKING PRESENTATION:

BOARD OF
COUNTY COMMISSIONERS
96 MAY 20 PM 1:38
MULTNOMAH COUNTY
OREGON

ACTION REQUESTED:

[XX] INFORMATIONAL ONLY [ ] POLICY DIRECTION [ ] APPROVAL [ ] OTHER

SUGGESTED AGENDA TITLE:

Briefing from School Health Services Task Force. Presented by Bill Farver, Jerry Shiveley and other members of the School Health Services Task Force.

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein

(OR)
DEPARTMENT
MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277 or 248-5222

12/95

Report
of the
Task Force on
School Health Services

A Cooperative Study Produced by
Representatives of the County Government,
the Education Service District,
the Schools and School Districts
of
Multnomah County, Oregon

May, 1996

Report
of the
Task Force on School Health Services

A Cooperative Study Produced by
Representatives of the County Government,
the Education Service District,
the Schools and School Districts
of
Multnomah County, Oregon

May, 1996

Prepared by
Golden Communications
P.O. Box 1232
Ashland, OR 97520
503/539-8580

Summary

of

Recommendations

SUMMARY of RECOMMENDATIONS

(These recommendations are explained and elaborated in the Report Narrative beginning on p. 5)

1) *MESD and MCHD should both continue to deliver health services in the public schools in a collaborative manner that honors one anothers' missions.*

Near-term Recommendations:

1A) Maintain the current institutional configuration of health service delivery, with MESD fully responsible for School Nurse programs and MCHD fully responsible for School-Based Health Clinic Programs.

1B) Involve school personnel directly in discussions with MESD and MCHD personnel on new possibilities for enhanced cooperation and coordination.

2) *As a general matter, MESD school nurse facilities and MCHD clinics should be located together or as close to one another as possible.*

Near-Term Recommendations

2A) The facility at Cleveland High, site of the only co-located MESD/MCHD "health center" in the county, should be systematically observed and studied as a pilot that offers important information about student and staff attitudes and system efficiencies.

2B) In schools that have co-located (or, where feasible, adjacently located) health clinics and nurses offices, the MCHD office assistant/receptionist should also provide services for the MESD nurse.

Extended-Term Recommendations

2C) Future health-service planning decisions by school district personnel should be made with the benefit of the experienced opinions of MESD and MCHD staff concerning facility colocation.

As school-based health facilities change and develop over the long-term, the vision of a unified "Health Center", a single location where students can go for all health services offered by the school, should be sustained as a valuable paradigm.

3) *MESD and MCHD staff should continue and fortify efforts to look for opportunities to cooperate and support one another's services on an ongoing basis with the aim of enhancing the overall value of their services to students.*

Near-Term Recommendations:

3A) To integrate the value of cooperation into day-to-day operations, MESD and MCHD managers should designate "Efforts to enhance interagency cooperation" as a specific performance measurement in the periodic evaluation of staff.

3B) To enhance capability for mutual back-up support, school-based health staff should be asked to evaluate what kinds of cross-training could be adequately accomplished

informally in the course of normal work, and what kinds would require more extensive and official procedures.

3C) As a means of enhancing coordination and offering some assistance to the public schools that house health clinics, MCHD should also provide the school nurse with sufficient student medical supplies to meet existing needs.

3D) Research should be undertaken to identify any legal and regulatory factors (e.g., licensure requirements) that may limit the back-up support that staff from one agency can offer the other in delivering services.

3E) Research should begin on confidentiality and other issues that might pertain to future consolidation of student files that now exist separately in nurse offices and health clinics. Subject to legal constraints, the colocated Cleveland High facility should be used as a pilot site for file consolidation in order to assess the benefits and difficulties (see recommendation 2A).

3F) School personnel should be encouraged to recognize the value and benefits of enhanced cooperation by allowing adequate time within work schedules for MESD and MCHD staff to meet on a reasonably regular basis to explore cooperative opportunities.

Extended-Term Recommendations:

3G) The need for developing Intergovermental Agreements (IGAs) to remove barriers to cooperation between the agencies should be determined. Existing IGAs should be examined as a foundation or model for future agreements.

3H) To maximize opportunities for creative cooperation, each agency should notify the other whenever an expansion, reduction, creation or elimination of service is planned. MESD and MCHD management should be instructed to design a procedure for this two-way notification that is reliable, simple and administratively convenient.

3I) Safeguards should be developed to assure a "maintenance of effort" in school health services by both agencies. Any transfer of responsibility from one agency to the other for performing specific functions should not be allowed to facilitate withdrawal of resources from other parts of the system, which would reduce or eliminate the net gain of service to students.

3J) To capture more opportunities for cooperation and system efficiencies, school district personnel should be encouraged to include both MESD and MCHD staff in the process of planning new or expanded health services.

4) *To the maximum extent consistent with their respective missions, MESD and MCHD should seek ways to extend appropriate services first to the families of public school students and then (as resources allow) to other members of the surrounding community.*

Near-Term Recommendations:

4A) Observe the development of after-hours clinic services at Roosevelt High as a pilot for future facilities.

4B) Invite ESD nurses from elementary and middle schools in the Roosevelt area to visit the after-hours clinic, both to become aware of available resources and to advise MCHD personnel on ways to enhance the clinic's value to younger students.

Extended-Term Recommendations:

4C) Survey health service delivery models in other parts of the nation that have combined features of community and school-based clinics successfully. Denver, Colorado in particular has been mentioned for a level of innovation that warrants further study.

5) *As the national and state health-care systems continue to experience rapid change, partnership, contracting and joint-funding opportunities with Health Maintenance Organizations (HMOs) and other private-sector providers should be aggressively explored.*

Extended-Term Recommendations:

5A) Vigorously pursue discussions with HMOs and other private providers with the objectives of bringing new resources into the school health services system and enhancing the seamlessness of health services for young people. [Several Task Force members would like to continue to be involved in this pursuit].

Report Narrative

REPORT OF THE TASK FORCE ON SCHOOL HEALTH SERVICES

Background

In September of 1995, Multnomah County Chair Bev Stein and Multnomah Education Service District (MESD) Superintendent Jim Jacobson created a Task Force to review current health services in the public schools of Multnomah County. A central premise was that greater coordination and cooperation between the MESD Department of School Health Services and the Multnomah County Health Department (MCHD) School-Based Health Clinic program could enhance the overall effectiveness and efficiency with which health services are delivered in the schools.

The Task Force was officially charged to

> *Develop recommendations to do the following:*
> *1) Make the most efficient use of existing resources to maximize health services for students and achieve our mutually compatible benchmarks.*
> *2) Clarify agency roles and develop a plan for how existing and additional resources could best be used to expand the system without duplication or confusion of roles.*
> *3) Plan for how to leverage additional resources to expand the system.*

The Task Force was co-chaired by Bill Farver, Executive Assistant to the County Chair, and Jerry Shiveley, MESD Deputy Superintendent. Its other members were

-Ginny Allen, School Nurse, MESD
-Dee Bauer, Director of School Health Services, MESD
-Merle Bradford, Support Services Director, Portland Public Schools
-Robert Chudek, Director of Instruction, David Douglas School District
-Jack Friedman, Chief Executive Officer, Providence Health Plans
-Tom Fronk, Business & Support Services Director, MCHD
-Sally Gardner, Community Health Nurse, Cleveland High
-Tom Greene, Elementary/Secondary Ed Director, Gresham-Barlow School District
-Bonnie Hobson, Administrative Vice Principal, Cleveland High
-Joann Muller, Special Needs Nurse, MESD
-Jan Sinclair, Field & Specialty Services Director, MCHD

Meetings were facilitated by Jeff Golden of Golden Communications. The Task Force met in full session eleven times from September 1995 to March 1996 and in smaller groups from time to time in order to discuss specific topical issues and to visit health service sites in Multnomah County public schools.

The Task Force identified several opportunities for enhanced cooperation that could improve the system in fundamental and dramatic ways. Those opportunities are described, along with specific

recommendations for developing them, in the body of this report.

> (At the end of each numbered finding below, the Task Force offers specific suggestions for both immediate action (**Near-term Recommendations**) and ongoing longer-term consideration (**Extended-term Recommendations**). Narrative comments in the findings marked with a double asterisk (**) have a related recommendation at the end of the finding. All of the recommendations can be found in summary form at the beginning of this report.)

Task Force Findings

1) *MESD and MCHD should both continue to deliver health services in the public schools in a collaborative manner that honors one anothers' missions.***(Recommendation 1A)

The missions of the two agencies (Attachments A and B of this report), while overlapping in some significant ways, are distinct. There are also clear and definite differences between the functions performed by the two agencies. The functions are listed and distinguished from each other in a matrix format on Attachment C of this report. Successful collaborations will require that participating personnel fully understand and respect these distinctions.

There must also be understanding and respect for the significant demographic, economic and cultural differences among communities and school districts throughout Multnomah County. Significant latitude should be provided to allow staff to take advantage of the particular characteristics of their schools and districts, with significant and consistent involvement of school personnel who are sensitive to local conditions and characteristics.** (1B)

Near-term Recommendations:

1A) Maintain the current institutional configuration of health service delivery, with MESD fully responsible for School Nurse programs and MCHD fully responsible for School-Based Health Clinic Programs.

1B) Involve school personnel directly in discussions with MESD and MCHD personnel on new possibilities for enhanced cooperation and coordination.

2) *As a general matter, MESD school nurse facilities and MCHD clinics should be located together or as close to one another as possible.*

The importance of "colocating" MESD and MCHD school facilities to achieving optimal cooperation was extensively and repeatedly discussed. The highly positive experience of staff at Cleveland High, where the school nurse and health clinic share a small cluster of rooms, convinces some Task Force members that this configuration is optimal for achieving maximum efficiency, effectiveness and "seamlessness".**(2A) In the words of one member, "Students shouldn't have to figure out which health facility they should go to for their particular need. With colocation, they don't have to."

One benefit of colocation cited by Cleveland staff is that the full-time clinic receptionist is able to

provide some oversight of students waiting to see the MESD nurse, who is then relieved of having to divide attention between treating one student and monitoring the situation of others who are waiting.** (2B)

The Task Force recognizes the need to assess a number of factors when colocation is considered. One fundamental requirement for successful colocation is strong mutual respect for the capabilities and missions of the two organizations. Others relate to the particular characteristics of specific schools, which vary widely across Multnomah County. Colocating facilities that are currently separate may be cost-prohibitive in some schools. Prospective changes in location must also consider whether the new site will be as convenient and accessible to students.

Other variables have to do with the prevailing cultural and social values and attitudes towards health services in a given school. Ultimately school district decision-makers, informed by the advice of school-based health staff, retain the responsibility to weigh these variables and judge the appropriateness of colocation in their own schools.

Even when colocation is not deemed preferable for any of the above reasons, it should be carefully considered whenever a clinic is being expanded or newly established. Where colocation is not possible, efforts should be made to locate the facilities adjacent or very close to one another.

Near-Term Recommendations

2A) The facility at Cleveland High, site of the only co-located MESD/MCHD "health center" in the county, should be systematically observed and studied as a pilot that can offer revealing information about student and staff attitudes and system efficiencies.

2B) In schools that have co-located (or, where feasible, adjacently located) health clinics and nurses offices, the MCHD office assistant/receptionist should also provide services for the MESD nurse.

Extended-Term Recommendations

2C) Future health-service planning decisions by school district personnel should be made with the benefit of the experienced opinions of MESD and MCHD staff concerning facility colocation.

As school-based health facilities change and develop over the long-term, the vision of a unified "Health Center", a single location where students can go for all health services offered by the school, should be sustained as a valuable paradigm.

3) *MESD and MCHD staff should continue and fortify efforts to look for opportunities to cooperate and support one another's services on an ongoing basis with the aim of enhancing the overall value of their services to students.*

The MESD and County Boards should articulate a specific expectation of their personnel to search for opportunities to enhance efficient cooperation and the apparent "seamlessness" of

school health services.**(3A) Within that general directive, MESD and MCHD staff in the schools should be given latitude to experiment and jointly undertake pilot projects. Management and supervisors should continue and initiate practices that model, define and encourage cooperation among staff of the two agencies.

The areas with greatest promise for enhanced cooperation in the near term include

- Mutual back-up support whereby MCHD staff could see walk-in students when the (MESD) school nurse is unavailable, and MESD nurses could help deliver (MCHD) clinic services when possible. Back-up support already takes place on an informal and impromptu basis and tends to be more practical in schools where MESD and MCHD staff work in close physical proximity. This practice should be explicitly encouraged as a matter of policy and facilitated with enhanced cross-training of staff, designed and developed largely by school-based staff themselves.** (3B)

- Joint purchase and provision of commonly-used student medical supplies. Where school-based clinics are present, some streamlining could be accomplished by combining the purchase and distribution of student medical supplies. In those schools the County is prepared to purchase enough supplies to provide the school nurse's needs. To the extent that the County has opportunities to purchase supplies in large wholesale volumes, some cost savings to the overall system may occur. **(3C)

- Creation of a single shared system of student files for both agencies instead of the two sets that currently exist in schools that have MCHD clinics. The importance of conforming with confidentiality requirements calls for careful examination of legal aspects of file integration.**(3E)

Opportunities to creatively enhance cooperation are naturally greatest when health services are created or expanded to meet developing needs in the school community.**(3H) The two agencies should routinely consult with one another in the planning process to consider questions such as

- Is this new or expanded program relevant to the other agency's mission? If so,
  - -What kinds of cooperative implementation (up to and including a contractual inter-agency agreement) or resource-sharing could help maximize the effectiveness or cost-efficiency of delivery?
  - -If staff from both agencies are to be involved, how can the implementation make the best and fullest use of the skills and experience of all personnel?
  - -What implementation measures are likely to make the new or expanded program of **the greatest possible value to students**, including efforts to keep the delivery of health services as accessible and apparently "seamless" as possible to them?

Whenever school officials want to discuss health service options with either agency, staff from that agency should suggest including the other agency in the discussion. The commitment to interagency cooperation should be communicated and *demonstrated* clearly to school officials,

beginning in the first steps of planning for new or expanded clinics or nursing programs. Where possible and appropriate, consideration should be given to including student input in planning discussions.**(3J)

Near-Term Recommendations:

3A) To integrate the value of cooperation into day-to-day operations, MESD and MCHD managers should designate "Efforts to enhance interagency cooperation" as a specific performance measurement in the periodic evaluation of staff.

3B) To enhance capability for mutual back-up support, school-based health staff should be asked to evaluate what kinds of cross-training could be adequately accomplished informally in the course of normal work, and what kinds would require more extensive and official procedures.

3C) As a means of enhancing coordination and offering some assistance to the public schools that house health clinics, MCHD should also provide the school nurse with sufficient student medical supplies to meet existing needs.

3D) Research should be undertaken to identify any legal and regulatory factors (e.g., licensure requirements) that may limit the back-up support that staff from one agency can offer the other in delivering services.

3E) Research should begin on confidentiality and other issues that might pertain to future consolidation of student files that now exist separately in nurse offices and health clinics. Subject to legal constraints, the colocated Cleveland High facility should be used as a pilot site for file consolidation in order to assess the benefits and difficulties (see recommendation 2A).

3F) School personnel should be encouraged to recognize the value and benefits of enhanced cooperation by allowing adequate time within work schedules for MESD and MCHD staff to meet on a reasonably regular basis to explore cooperative opportunities.

Extended-Term Recommendations:

3G) The need for developing Intergovernmental Agreements (IGAs) to remove barriers to cooperation between the agencies should be determined. Existing IGAs should be examined as a foundation or model for future agreements.

3H) To maximize opportunities for creative cooperation, each agency should notify the other whenever an expansion, reduction, creation or elimination of service is planned. MESD and MCHD management should be instructed to design a procedure for this two-way notification that is reliable, simple and administratively convenient.

3I) Safeguards should be developed to assure a "maintenance of effort" in school health services by both agencies. Any transfer of responsibility from one agency to the other for performing specific functions should not be allowed to facilitate withdrawal of resources from other parts of the system, which would reduce or eliminate the net gain of service to students.

3J) To capture more opportunities for cooperation and system efficiencies, school district personnel should be encouraged to include both MESD and MCHD staff in the process of planning new or expanded health services.

4) *To the maximum extent consistent with their respective missions, MESD and MCHD should seek ways to extend appropriate services first to the families of public school students and then (as resources allow) to other members of the surrounding community.*

Provision of health services to non-student community members is part of MCHD's mission but generally peripheral to MESD's. MCHD should take the lead in exploring fuller utilization of school health facilities in order to serve members of the surrounding communities, principally by establishing hours of service in the late afternoon, early evenings and on weekends.

A positive step in this direction has been taken at Roosevelt High, where hours and services have been expanded so that families in the community can receive services in the evening. Families can receive screening for the Oregon Health Plan, WIC nutritional services, family planning, parenting classes, urgency care and referral to ongoing health care providers. Children referred by their school nurses can also be seen at the after hours clinic.**(4A)

Near-Term Recommendations:

4A) Observe the development of after-hours clinic services at Roosevelt High as a pilot for future facilities.

4B) Invite ESD nurses from elementary and middle schools in the Roosevelt area to visit the after-hours clinic, both to become aware of available resources and to advise MCHD personnel on ways to enhance the clinic's value to younger students.

Extended-Term Recommendations:

4C) Survey health service delivery models in other parts of the nation that have combined features of community and school-based clinics successfully. Denver, Colorado in particular has been singled out for a level of innovation that warrants further study.

5) *As the national and state health-care systems continue to experience rapid change, partnership, contracting and joint-funding opportunities with Health Maintenance Organizations (HMOs) and other private-sector providers should be aggressively explored.*

Discussions with Task Force member Jack Friedman, CEO of Providence Health Plans, indicate that these opportunities appear more promising for MCHD than MESD, because the MCHD clinics provide the kinds of adolescent health services that HMOs are obliged to address. In the rapidly changing and highly-competitive health care environment, the possibilities for new funding sources warrant considerable effort on the part of MCHD to investigate the objectives,

strategies and needs of a variety of private-sector providers that may be interested in supporting school-based health services. That investigation is vital for the County to take best advantage of the competition of private organizations to provide services to the school-age population.

(Some of the global issues surrounding the establishment of closer relationships with private providers are discussed in Attachment D, a brief overview prepared by members of the Task Force.)

Extended-Term Recommendations:

5A) Vigorously pursue discussions with HMOs and other private providers with the objectives of bringing new resources into the school health services system and further integrating health services for young people. [Several Task Force members would like to continue to be involved in this pursuit].

****

In addition to the above recommendations, members of the Task Force wish to express their views that every possible effort should be made to enhance health service staffing levels in Multnomah County schools to meet nationally recognized minimum standards. With few exceptions the quantity of health care resources in the Multnomah County schools is not adequate to the need. While the Task Force is cognizant of the severe budgetary constraints and critical competing needs that increasingly challenge both agencies, it urges decision-makers to increase funding until service levels meet or exceed the standards described in Attachment E of this report.

It is essential that discussions between MESD and MCHD continue on a regular basis in order to consider alternative school health service systems that will adapt to changes in student needs and to the opportunities that may emerge from future health care reform. Division of responsibilities along geographic or grade-level lines, increased contracting between the two agencies and service consolidations are a few of several potential future strategies that should be jointly considered on an ongoing basis.

Attachments

MULTNOMAH COUNTY HEALTH DEPARTMENT
VISION, MISSION AND VALUES
(July 12, 1995)

VISION:

Healthy people in healthy communities

MISSION:

In partnership with the communities the Health Department serves we:

* assess and monitor community health status to identify key areas for community health improvement, and needs for services;

* Develop plans and policies to mobilize community partnerships for action; provide leadership to address key areas for community health improvement and to develop needed services;

* Assure the availability of necessary health services through providing selected services, linking people with existing services, and helping create increased service capacity; and

* Protect individuals and communities from illness, injuries, and health hazards.

MAJOR BENCHMARKS

- ☐ Maintain or decrease levels of reportable diseases.
- ☐ Improve access to health care (including dental care) services for medically underserved residents.
- ☐ Contribute to a reduction in the percent of babies born drug-affected.
- ☐ Contribute to a reduction in the teen pregnancy rate.
- ☐ Increase percentage of two-year olds adequately immunized against vaccine preventable diseases.
- ☐ Contribute to a reduction in all forms of violence in our community.
- ☐ Contribute to a reduction in the incidence and impact of chronic diseases.
- ☐ Improve the percentage of healthy birthweight babies born in our community.

VALUES

(DRAFT UNTIL 10/95)

* We believe that health is "a state of complete physical, mental and social well being, not merely the absence of disease or infirmity." (WHO, 1978)

* We honor the diversity of our communities, and value the right of communities to help define what makes them healthy.

* We believe in partnership with others who have knowledge and interest in improving the health of our communities.

* We value a diverse staff and believe our staff should be selected with care, treated with respect, held accountable, and recognized for their performance.

* We believe our vision can best be realized when we live a shared dynamic mission, listen to those we serve, and continuously improve the quality of our work.

* We believe in integrating our scientific knowledge and practical experience with the wisdom and perceptions of those we serve to improve the health of our communities.

* We emphasize prevention, health promotion, and early intervention.

MULTNOMAH EDUCATION SERVICE DISTRICT
DEPARTMENT OF SCHOOL HEALTH SERVICES

MISSION

The mission of the Department of School Health Services is to promote optimal wellness for all students served by MESD. The Department supports the local districts in developing comprehensive school health programs.

BELIEFS

The Department of School Health Services:

- is responsive to the needs of the school community
- believes personal health is essential for the attainment of educational objectives
- recognizes the interdependence of physical, mental, social, emotional & spiritual well-being
- supports students' basic rights to a safe and healthy living environment at home and school
- recognizes the rights and responsibilities of families to provide and obtain appropriate health care for their children
- treats all persons with dignity and respect
- maintains excellence in the standards by which services are delivered
- recognizes an accountability and obligation to provide cost-effective services

MULTNOMAH EDUCATION SERVICE DISTRICT

MISSION

Board-Adopted Policy Statement: It is the primary mission of the Multnomah Education Service District to furnish authorized services which support state and local efforts to provide an efficient and high quality educational opportunity for each public school student residing in the constituent local districts of Multnomah Education Service District.

Shortened Version: To support our local school districts in their endeavor to provide a quality education for the children of our communities.

BOARD-ADOPTED AGENCY GOALS

To assist the constituent local school districts and other appropriate agencies in fulfilling state and federal mandates requiring appropriate educational and related services for handicapped students.

To assist the constituent local school districts in fulfilling local, state or federal requirements and/or needs for alternatives to the regular school program or special instruction for specified students.

To assist the constituent local school districts in the development, improvement, and/or support of their programs of instruction.

To assist the constituent local school districts and other appropriate agencies in meeting local and state requirements and/or needs for (a) program assessment, (b) student academic, psychological and other assessment and identification, (c) student attendance, and (d) student mental and physical health.

To assist the constituent local school districts and other appropriate agencies in their efficient and effective operation.

To operate the agency in a manner which is consistent with the public interest.

OBJECTIVES FOR ALL STAFF

Sense of Mission
To promote in each staff member a clear understanding of our agency mission and program goals and the role he or she plays in contributing to the achievement of the mission and goals.

Excellence
To provide a level of service unsurpassed in sensitivity and excellence that causes our constituent districts and other clients to value our existence and desire our services.

Revenue
To secure revenue in an amount necessary to sustain our operation through 1995-96 and beyond.

Staff Relations
To treat each other with dignity and respect and to foster in each individual a feeling of self-esteem as a person who is respected as having expertise and valued as a staff member.

Staff Development
To provide an environment which encourages and supports professional growth and development among all staff.

Utilization of Resources
To focus personal energy, work together, and utilize agency resources in a cost-effective manner that enhances our ability to achieve our mission, our goals, and our objectives.

SUMMARY OF SCHOOL BASED HEALTH CLINIC / SCHOOL HEALTH SERVICE PROGRAMS

November 1995

	ESD SHS FUNCTIONS	SBHC FUNCTIONS
Health Assessments and Physical Examinations	Limited PE; nursing Dx; plan / intervention - teaching / counseling, comfort measures, parent referral, HCP, or other school personnel.	On request, available to all students
Medical / Nursing triage, diagnosis and treatment of minor illness and injury	Same as Health Assessments; may require 911 response. For injury, school nurse is first response/provider of emergency care; include staff emergencies	On request, available to all students
Reproductive health services	Counseling; referral; follow up	All students; individual, group, and classroom
Screening and diagnostic lab services	State standards req. vision, hearing, CD screening. Scoliosis screening. Lab: blood glucose monitoring, follow up with HCP	As needed for diagnosis; blood, urine, and all other body fluids
Wellness promotion / Preventative health services	Classroom presentations or one on one: selected topics, e.g., nutrition, stress/anger mgmt, mental health issues	Outreach in High Schools and feeder schools; individual, group, and classroom; e.g., reproductive health, STD, HIV, smoking, drug use
Mental health services	Nursing assessment: referral; crisis intervention and referral	Full time mental health consultants on site
Case management and follow up for serious health problems	Coordinate activities between parent, HCP, school; develop nursing care plan	Ongoing in clinic; with families, home visits and/or referral to county field or clinic specialty
Communicable disease diagnosis and treatment	Reportable: investigate, refer to nurse consultant, follow up; Non-Reportable: exclude, refer to HCP, notify parents, educate staff, readmit	Anytime; diagnose and treat on site
Medication administration	Review; assist/set up admin/documentation system; educate staff; administer meds	Supervise medication administration in SHS absence
Child abuse response	Nursing assessment; referral to LEA/CPS; notify school admin	Anytime it's seen or heard; in individual interviews / appointments; assess, report, cooperate with school admin and school police
Immunization / TB services	Immunization administration and support; reporting	Ongoing; referral by school nurse, outbreak response; staff flu shots
Special need student management	In special ed classes: participate in MDT/IEP process; develop nursing care plan; coordinate care between HCP, agency, school staff	Episodic care on request of ESD or school
School Staff Development	First aid classes per state req.; acute allergic reaction classes; BBP/OSHA training; CD inservices	No Services
School Based Committees	Crisis Plan development; building screening committee; Special Ed/MDT/IEP	No Services

KEY

BBP - Blood Borne Pathogen
CPS - Child Protectove Services
Dx - Diagnosis
HCP - Health Care Provider
HS - High School
IEP - Individual Education Plan
LEA - Law Enforcement Agency
MDT - Multi Disciplinary Team
MS - Middle School
PE - Physical Exam
SHS - School Health Svc
STD - Sex. Trans. Disease

NOTE - WHEN THE SHS NURSE IS HALF TIME AT A SBHC SCHOOL:

All services are the same as in schools with a full time ESD nurse. The difference comes when the ESD nurse is not scheduled for the afternoon, and the SBHC nurse then assumes the responsibility for urgent triage and health assessments; some medication administration; and assisting in emergency response. When the SBHC nurse assumes the duties of an ESD nurse there is less clinic time for scheduled appointments for assessments and diagnosis, reproductive health counseling and screenings, lab tests, and preventative health services.

NOTE - WHEN THERE IS NO SBHC AT THE SCHOOL

HS SBHC staff do outreach and phone consultation for teachers, families, and students. Most of this is done for feeder schools into the HS where there is a clinic. Sports physicals are offered to all 8th graders in areas where there is a HS clinic. Follow up on health concerns found on a sports physical may be done by the HS SBHC staff. On occasion MS principals or teachers make individual arrangements to have a student seen in a HS clinic. Geographic location of feeder schools can affect utilization of HS clinics. For example, one or two MS school students a week use Parkrose; Vocational Village students use Madison.

(A brief discussion of issues relating to approaching cooperative ventures with private-sector heatlth providers)

OVERVIEW

Adolescents continue to be a medically underserved population, even as they engage in risk-taking behaviors that can seriously affect their overall health status and ability to learn. Neither the fee for service sector nor the managed care medical communities have been successful in designing interventions that have positively impacted adolescent depression/suicide, pregnancy, violence, and preventive health care needs. School based health clinics (SBHCs) are uniquely situated to provide accessible, affordable health care and education.

State legislatures across the nation have begun to discuss the issues of SBHC funding, with uneven results. In more regulated state environments, it has often been unclear as to what is being negotiated for, how that will translate into fiscal support and accountability, and whether the resulting dollars will adequately replace public funding.

Multnomah County has been committed to SBHC services for ten years. The funding for these services has come from county general funds, although many of the students receiving care are either commercial or Oregon Health Plan managed care members. The Educational Service District (ESD) has been providing all school districts in Multnomah County with school nurses for over 21 years. Funding for these services has been provided through the ESD tax base. These dollars are allocated by formula.

The challenge now is to collaborate with the metropolitan medical community to enter into financial and medical partnerships to reduce adolescent risk-taking behaviors and to enhance health care service delivery to this population. A healthier adolescent population will result in a better educated population, with fewer future health risks for the entire metropolitan area, as these students become adults.

FISCAL ISSUES

As Multnomah County seeks to expand its SBHC program, county general funds alone cannot be expected to finance the care for those students who are enrolled in managed care, and whose managed care providers receive capitation for their health care services. The same can be said for those students who are covered by insurers other than managed care.

Another group whose health care needs often go unmet are those county children with no insurance. This group is twice as likely to live in poverty as those children who are insured. The vast majority of these children maintain a consistent pattern of coverage or non-coverage rather than alternating between being insured and not insured.

A review of the literature and other national programs indicates that school nurse services (those funded through education dollars), are unlikely to be reimbursed by either the managed care or

fee for service sectors. Medical product definition, provider licensure, lab testing, risk, coverage, and prescribing are several of the issues that preclude reimbursement from the medical community for these services.

Immediate tasks at hand include defining the SBHC product, marketing it to metropolitan insurers, clarifying roles and responsibilities, designing collaborative systems that address multitudes of issues across service boundaries, engaging the business community, and all of us involved in adolescent health care.

SUMMARY

Multnomah County's SBHC program is widely recognized nationally as being on the cutting edge of SBHC services to adolescents. We must be able to successfully communicate our vision and to:

* Respond to the quick pace of change in the health care market

* Navigate piecemeal approaches to SBHC funding

* Respond to impending Medicaid cuts that may result in an increase in the uninsured rates among children, and a decrease in the number of children covered by Medicaid

* Define and standardize SBHC service packages, and market them to insurers

* Bridge the cultural differences between SBHC service providers and managed care

* Maintain the uniqueness of the SBHC program that engages adolescents

If school nurse services are to be marketed to the metropolitan area fee for service and managed care medical providers, it would make sense for them to be under the umbrella of the county's SBHC program, or another licensed community provider who would be able to accept risk, as well as reward.

The challenge to managed care and other mainstream health care financing groups will be to look past services to their respective members, and to engage in discussions pertaining to community health care services.

RECOMMENDED MINIMUM STAFFING STANDARDS FOR SCHOOL-BASED HEALTH SERVICES

The Task Force urges decision-makers to make every reasonable effort to assure that the following standards are met in Multnomah County schools:

- one full-time school nurse per 750 general student population
- one full-time school nurse per 225 students for mainstreamed populations
- one full-time nurse per 100 students for severely or profoundly handicapped populations

These standards are recommended in The Standards of School Nursing Practice, a joint effort of the National Association of State School Nursing Consultants, the American School Health Association, the ANA Division on Community Health Nursing Practice, the National Association of Pediatric Nurse Associates and Practitioners, the ANA Division on Maternal and Child Health Nursing Practice, the National Association of School Nurses and the Public Health Nursing Section of the American Public Health Association

This ratio should be understood as a guideline that may vary in practical application according to the type and demographics of a particular school, the presence and absence of an onsite clinic and other factors. The Task Force suggests it as a minimum standard that decision-making officials should commit to establishing and maintaining.

Staffing falls appreciably short of this standard in some Multnomah County schools and critically short in a few. It is hoped that needs-assessment data that has been collected in recent years is used more intensively as a basis for the deployment of resources. Achieving this goal may be more problematic for MESD, which deploys its resources through consultation with component school districts and superintendents as authorized through the MESD resolution process. To the extent that both MESD and MCHD can remain aware of the most severe shortfalls, however, it may be possible to direct some of the benefits of efficiency-enhancing cooperation to schools experiencing the most severe needs.

MEETING DATE: JUN 18 1996

AGENDA # : B-2

ESTIMATED START TIME: 10:30

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Briefing

BOARD BRIEFING: DATE REQUESTED: Tuesday June 18, 1996

REQUESTED BY: Chair Stein

AMOUNT OF TIME NEEDED: 30 Minutes Requested

REGULAR MEETING: DATE REQUESTED:

AMOUNT OF TIME NEEDED:

DEPARTMENT: Nondepartmental DIVISION: Chair's Office

CONTACT: Chair Beverly Stein TELEPHONE #: 248-3308
BLDG/ROOM #: 106/1515

PERSON(S) MAKING PRESENTATION: Pamela Wev 823-6999

ACTION REQUESTED:

[XX] INFORMATIONAL ONLY [ ] POLICY DIRECTION [ ] APPROVAL [ ] OTHER

SUGGESTED AGENDA TITLE:

Presentation of Portland/Multnomah Progress Board 1996 Report. Presented by Pam Wev.

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein

(OR)
DEPARTMENT
MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277 or 248-5222

BOARD OF COUNTY COMMISSIONERS
96 MAY 28 AM 11:42
MULTNOMAH COUNTY OREGON

WHAT'S HAPPENING IN OUR COMMUNITY?

An Overview of This Year's Major Trends

THE PUBLIC MOOD

How do you, the residents of Multnomah County, feel in 1996? Polls and surveys show that:

1 You have more confidence in local government.
2 You seek a greater sense of community.
3 You understand how complex public issues are.
4 You are anxious about your long-term financial future.
5 You increasingly seek spiritual connectedness.

GROWTH MANAGEMENT

Oregon's unique land use system, with its carefully drawn Urban Growth Boundary, is being challenged now by rapid growth. The survival of the system depends on how well the region can implement its vision for the 21st Century – the 2040 Plan.

The 2040 Plan aims to manage growth so our region can meet citizens' yearning for a greater sense of community. It calls for a strong central city core; thriving community centers throughout the region; and compact development that encourages innovative design and efficient use of land.

THE ECONOMY

After the long recession of the early 1980s and a briefer one in 1991, the Oregon and Multnomah County economies have enjoyed dynamic growth since 1993.

Today, one of our most important challenges is planning for the economy of the next century. In the workplace of the future, more of us will be independent and/or working from home. We will need more training and retraining to develop the high-tech skills our work requires.

In this new reality, education and business must work closely together, developing skills that fit the emerging workplace and creating opportunities for life-long learning.

THE STATUS OF OUR CHILDREN

The trends may be favorable generally in Multnomah County, but not for children. The system that addresses our children's needs is so complex and disjointed that it is difficult to measure its results or costs. The Portland Multnomah Progress Board and the Multnomah Commission on Children and Families are working to correct this situation.

Early analysis shows that most spending on children and families is to ease poverty rather than prevent it. Clearly, the system must change its focus. One thesis we are exploring is that the increase of children in poverty may be caused by the unemployment and underemployment of their young parents. We are trying to discover the causes of this condition and how to improve it.

IMAGINING THE 21ST CENTURY

How do we chart progress – or even define it – when life is changing so fast? We must leave behind all our present assumptions and try to imagine a world no one has seen before.

Our future will include growing ethnic and racial diversity and new forms of "family," as well as changes in the way we work and learn. We will need to find new ways to fund local government and the long-term investments necessary for transportation and other infrastructure. Government itself may need to change.

In creating benchmarks for this new world, we must rethink the tried and true indicators to assure that we can measure the conditions – such as environmental cost and the worth of volunteerism – that are genuinely important to us.

PUBLIC MOOD

1990	1996
JOHN RAMBO	FORREST GUMP
STANDARD OF LIVING	QUALITY OF LIFE
THINGS	TIME
HOT TUBS	GREENHOUSES
GOOD DEALS	GOOD DEEDS

(ADAM DAVIS, PORTLAND POLLSTER)

CAUTION: BENCHMARKS TO WATCH CAREFULLY

The following benchmarks are indicators that signal alarm.

▲ WE ARE LOSING THE BATTLE TO REDUCE TEEN PREGNANCY.
The rate of 28.7 pregnancies per 1,000 teenage females in Multnomah County is holding steady. *BENCHMARK #26*

▲ WE DO NOT HAVE ENOUGH DAY CARE SLOTS FOR OUR CHILDREN.
There was a shortage of more than 13,000 child care slots in Multnomah County in 1994. *BENCHMARK #32*

▲ OUR CHILDREN ARE USING TOBACCO, DRUGS AND ALCOHOL AT AN EARLIER AGE. The national average age of first use of tobacco has dropped to 11.5 years, and first use of alcohol to 12.6 years. *BENCHMARK #34*

▲ BUSINESSES ARE NOT MEETING TARGETED GOALS FOR INVESTMENT IN EMPLOYEE TRAINING.
Only 38% of Oregon employers provided more than 20 hours of training to their workers in 1994. *BENCHMARK #14*

▲ THE NUMBER OF YOUNG ADULTS WHO COMPLETE POST-SECONDARY TRAINING APPEARS TO BE DECLINING.
In 1990, 57% of Multnomah County citizens 25 and older went beyond a high school diploma; in 1992, only 48% did so. *BENCHMARK #13*

▲ AFRICAN-AMERICAN MOTHERS BEAR A DISPROPORTIONATE NUMBER OF LOW-BIRTHWEIGHT BABIES.
In Multnomah County, their rate is 114 per 1,000, compared with 52 per 1,000 among whites. Babies with low birthweight have more health problems. *BENCHMARK #27*

▲ NOT ENOUGH OF OUR YOUNGEST CHILDREN GET THE IMMUNIZATIONS THEY NEED.
While progress is being made, only two-thirds of Multnomah County two-year-olds were immunized in 1994. *BENCHMARK #29*

▲ WE ARE NOT TAKING ADVANTAGE OF PUBLIC TRANSPORTATION.
Only 15% used mass transit in Multnomah County in 1995, down from 17% in 1993. *BENCHMARK #63*

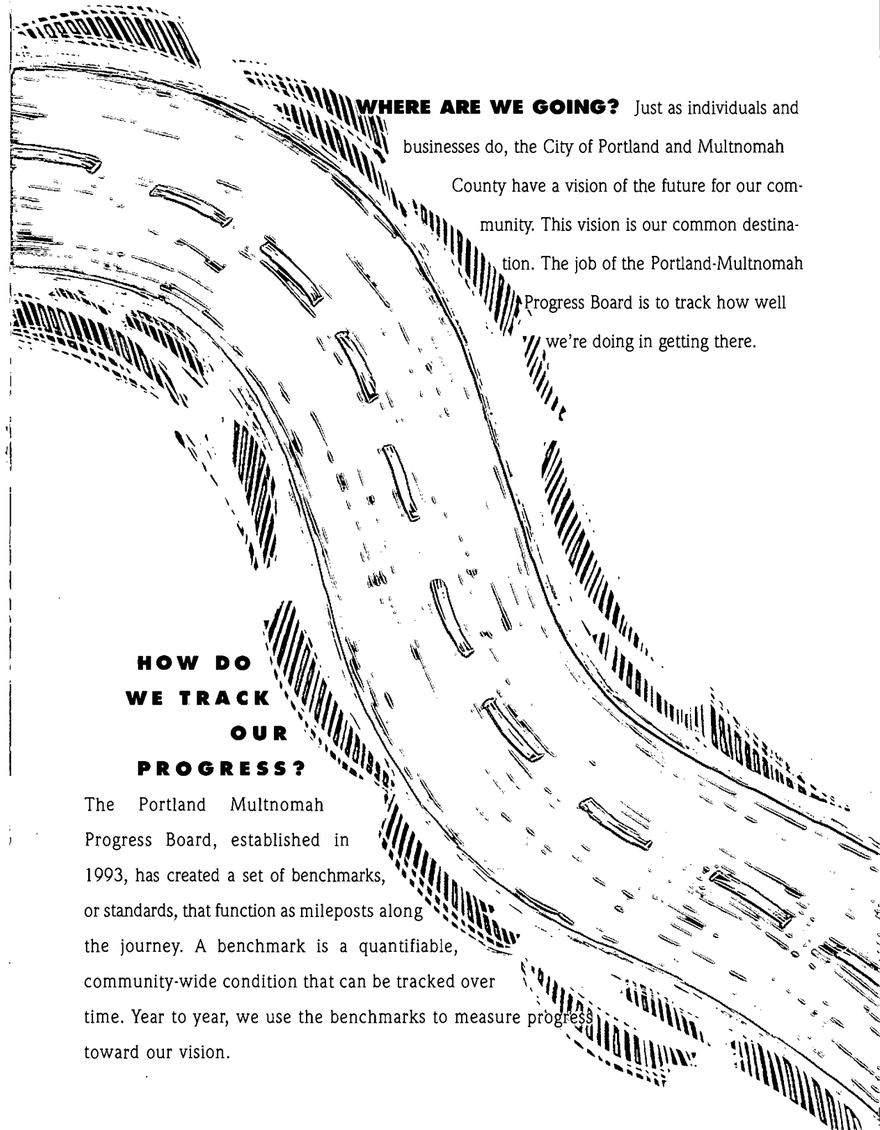
▲ FIREARM INJURIES AND DEATHS ARE ON THE RISE.
The rate of fatalities jumped from 5.6 per 100,000 in 1992 to 15.6 per 100,000 in 1993 in Multnomah County. *BENCHMARK #90*

▲ DRUG AND ALCOHOL ABUSE AMONG ADULTS IS INCREASING.
The percentage of Multnomah County residents who abuse alcohol is rising. *BENCHMARK #92*

For a full report, contact:

Portland Multnomah Progress Board
1220 S.W. 5th Avenue, Room 310, Portland, OR 97204
(503) 823-6990 ▪ FAX: (503) 823-6994

ARE WE MAKING PROGRESS?



WHERE ARE WE GOING? Just as individuals and businesses do, the City of Portland and Multnomah County have a vision of the future for our community. This vision is our common destination. The job of the Portland-Multnomah Progress Board is to track how well we're doing in getting there.

HOW DO WE TRACK OUR PROGRESS?

The Portland Multnomah Progress Board, established in 1993, has created a set of benchmarks, or standards, that function as mileposts along the journey. A benchmark is a quantifiable, community-wide condition that can be tracked over time. Year to year, we use the benchmarks to measure progress toward our vision.

HOW FAR ARE WE ALONG THE ROAD?

A Close Look at the Benchmarks

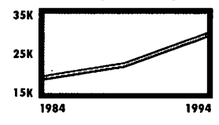
The Portland Multnomah Progress Board this year tracked a total of 76 benchmarks.

The following benchmarks have been identified as "urgent":

RAISE INCOMES

• Increase the average annual payroll per non-farm worker. (Benchmark #3)

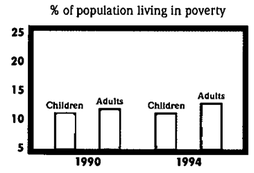
Workers in Multnomah County have seen a steady increase in average annual wage since 1984. Wage growth (46%) has slightly outpaced inflation (41%).



REDUCE POVERTY

• Increase the percentage of people, especially children, with incomes above the federal poverty level. (Benchmark #6)

These two areas are not showing positive results: a rising proportion of adults and a steady proportion of children live in poverty in Multnomah County. Women, female-headed families and racial and ethnic minorities are more likely than others to be in poverty.



CHILDREN

ADULTS

WE'RE DOING VERY WELL.

WE'RE DOING BETTER.

THE TREND IS STEADY.

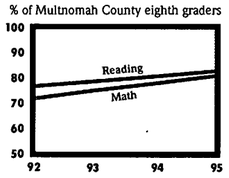
THIS BENCHMARK NEEDS ATTENTION.

THIS BENCHMARK IS REACHING THE CRISIS POINT.

IMPROVE EDUCATION

• Increase the percentage of students who achieve established skill levels. (Benchmark #37)

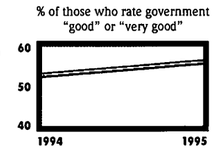
Students who perform at a basic level are barely making progress; the goal is to have more and more students performing at proficient and advanced levels. Multnomah County students are moving in the right direction.



IMPROVE GOVERNMENT

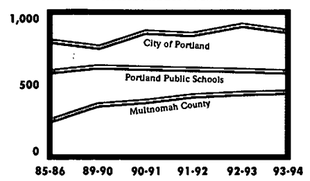
• Increase the percentage of people who feel local government is doing a good job at providing services. (Benchmark #76)

Public confidence in local government is a testament to government's effectiveness in providing services. There is growing confidence in local government by our citizens, with the highest ratings coming from women, older people and college graduates.



• Monitor per capita dollars spent for local government services. (Benchmark #82)

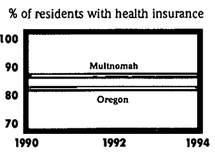
If property taxes rise faster than income, taxpayers must pay a larger share of their earnings to finance local government services. For this reason, there has been public pressure to limit local government operating expenses.



PROMOTE HEALTH

• Increase the percentage of people who have access to basic health care. (Benchmark #44)

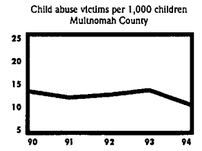
Multnomah County has an ample number of primary care physicians, but low-income residents and those on Medicaid have limited access to them. A key component of healthcare access is insurance coverage. The number of Multnomah County citizens without coverage has remained constant since 1990.



REDUCE DOMESTIC VIOLENCE

• Monitor the reported incidents of children abused and neglected per 1,000 children under age 18. (Benchmark #86A)

Besides the immediate trauma of child abuse, those abused as children often grow up to become abusers themselves. A collaborative approach to this problem in Multnomah County is beginning to show results.



• Monitor the reported incidents of spouses/partners abused per 1,000 people. (Benchmark #86B)

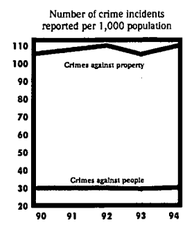
In 1990, the FBI determined that every 15 seconds a woman is battered in the United States. Oregon's law enforcement agencies began fully reporting incidents of domestic violence in 1994.

• Monitor the reported incidents of elderly people abused per1,000 elderly people. (Benchmark #86C)

In 1994-95, there were 26 incidents of elder abuse reported per 1,000 people over age 65 in Multnomah County. Nearly three-quarters of elder abuse cases occur not in nursing home but in the community.

DECREASE CRIME

• Monitor the reported number of crimes per 1,000 population. (Benchmark #87)

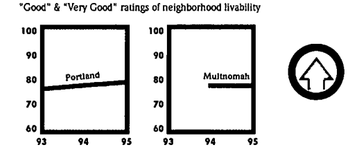


Crime rates have been fairly steady over the past five years in Multnomah County. The vast majority of all 1994 crimes (59%) were crimes against property; only 16% were crimes against people.

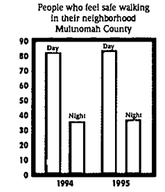
IMPROVE NEIGHBORHOODS

• Increase the percentage of people who rate their neighborhood livability high. (Benchmark #61)

An individual's well-being is partly determined by the "health" of the neighborhood in which he or she lives. Multnomah County neighborhoods generally enjoy high – and rising – livability ratings.



• Increase the percentage of people who feel safe walking alone in their neighborhood. (Benchmark #84)



One key indicator of the livability of a neighborhood is how safe its residents feel in their home environment. The percentage of Multnomah County residents who feel safe in their neighborhood is growing.