

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
October 2, 2018
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**

- A. (2)(d) Labor Negotiations
- B. (2)(h) Consultation with Counsel

PLEDGE OF ALLEGIANCE

2. **CITIZEN COMMENTS (agenda items or general comments) – limited to 3 minutes per person- scheduled to begin at 9:30 AM**

3. **DEPARTMENT HEADS**

- A. Request Approval of Contract Modification with KAIROS- Coos Health & Wellness (CHW)
- B. Request Approval to Purchase 2 Servers- CHW
- C. Request Approval of Cellebrite Training Registration- SCINT
- D. Request Approval of Everbridge Public Notification System Renewal & Authorize Chair to Sign- Emergency Management

4. **CONSENT CALENDAR- administrative matters not up for discussion**

A. **Approval of Minutes**

Worksession- Computer for Land Agent- September 17, 2018
Regular Meeting Minutes- September 18, 2018
Marijuana Tax Review Committee- September 18, 2018

B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**

Transfer of Appropriation Within Department- DA- Barrett's employee
Transfer of Appropriation Within Department- SO- used vehicles

C. **Orders & Resolutions**

Order 18-09-065C, In the Matter of Appointing Lucinda DiNovo to the Urban Renewal Agency Board of Directors

D. **Items Previously Approved (authorize Chair to sign where necessary)**

Contract with Echo- CHW- adding mobile assessment component to electronic health records
Contract with Employer Solutions Staffing Group- CHW- 90-day agreement
Amendment #5 to IGA #153119- CHW- clarifies language
Contract for GASB 45 & 75- Finance- calculations & reports
Employment Agreement with Atlas Edge Staffing- Clerk- temporary help

E. **Maintenance Agreements/Licensing (authorize Chair to sign where necessary)**

SolarWinds Software Licensing Renewal- Information Technology

5. **LATE AGENDA ITEMS**

6. **COMMISSIONERS REPORTS**

This agenda does not limit the ability of the Commissioners to consider additional subjects. The Board reserves the right to place a time limit on public testimony on any matter. The meeting place is handicapped accessible; if special accommodation is needed, please contact the office at least 24 prior to the meeting.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel **Requested Agenda Date:** 10/02/18

Contact Person: Nathaniel Johnson **Phone/Ext.:** 7690

Background and description of need or problem: Need executive session for:

- ORS 192.660(2)(d) – to conduct deliberations with persons designated by the governing body to carry on labor negotiations
- ORS 192.660(2)(h) – consulting with regard to current litigation and litigation likely to be filed

Requested Action: Go into Executive Session during Board meeting as stated above.

Date: 9/26/18

Signature of Dept. Head: *Nathaniel Johnson*

Departments Affected:

COUNSEL: *NJ*

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Behavioral Health Services Contract Modification with KAIROS

Department: Coos Health & Wellness

Requested Agenda Date 10/2/18

Contact Person: Ginger Swan

Phone/Ext.: 541-266-6788

Background and description of need or problem: This contract modification provides funding for Behavioral Health treatment services for children that are Advanced Health enrollees or other clients as referred by Coos Health & Wellness.

No County General Funds will be used for this contract.

Funding Source: 021-1302-444.36-01

Requested Action: Approve KAIROS Behavioral Health services contract modification.

Date: _____ Signature of Dept. Head: Ginger Swan

If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.** Counsel will forward to Treasurer.

If this is a contract or grant:

- Is the contract or grant an original?
- Is the Contract/Grant Summary Form attached?
- Is the contract signed first by the vendor (except state/federal grants or contracts)?
- If insurance is required, is the insurance certificate attached?
- Is the Clerk's Coversheet attached or do you want it returned to you for filing?

Departments Affected: _____

Counsel: NJ

Treasurer: MSB

Human Resources: MA

BOC forwards signed Contract/Grant to: 1 to CHW, Debby Reed
1 to Clerk's Office for filing

3A

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk)

Contract/Agreement/Grant No.:

Name/Agency Name and Address: KAIROS, 1750 Nebraska Ave., Grants Pass, OR 97527

Contact Person: Craig Norton Phone No. 541-531-9219

Amount of Contract/Grant Award: \$ Medicaid and negotiated rates

Payment Terms: As billed (state lump sum or amount and time of payments)

Start Date: 07/01/18 End Date: 06/30/19

County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director

Description: This contract modification provides funding for Behavioral Health services for children.

FINANCIAL INFORMATION

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

- 10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CFDA number, each segment must have it's own summary form.

- Checkboxes for New, Renewal, Modification, Automatic Renewal?, Will unemployment cost be incurred?, Staff Requirements: New, Existing, Subcontract

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Checkboxes for Bid, Quote, Proposal, None, Other BH svices

Type of Contract:

- Checkboxes for New, Renewal, Modification (no need to complete sections below)

Type of Contract:

Goods and Services - If Not Using Bid or Proposal, Mark Exemption:

- Checkboxes for Under \$10,000, Under \$50,000 for Quotes, Under \$150,000 & Approval from Board for Quotes, Sole Source, Contract with Public Agency, Equipment Maintenance, Office Supplies, Used Vehicles, State Purchasing, Other BH services

Public Improvement - If Not Using Bid, Mark Exemption:

- Checkboxes for Under \$5,000, Under \$50,000 for Quotes, Under \$100,000 & Not a Transportation Project for Quotes, Alternative Contracting Method Approved by Board, Other

Personal Services Contract - If Not Using Proposal, Mark Exemption:

- Checkboxes for Under \$50,000, Under \$150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? Yes No

Certificate of insurance required? Yes No

Form of contract: Oral Written (attach the written contract)

Date Approved by BOC:

Handwritten signature: NJ Reviewed by Council

BOC only:
 Consent Agenda _____
 Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: *Purchase two servers.*
Department: Coos Health & Wellness **Requested Agenda Date** 10/2/18
Contact Person: Ginger Swan **Phone/Ext.:** 541-266-6788

Background and description of need or problem:

CHW needs to upgrade two new servers as the old servers have run out of warranty. *3 quotes were received with Dell being the lowest quote.*
 No County General Funds will be used for this contract.

Funding Source: 021-1300-441.60-01

Requested Action: Approve the award to Dell for 2 new servers at the *lowest quote* in the amount of \$14,129.30. This is a budgeted purchase.

Date: 09/20/18 Signature of Dept. Head: *Ginger Swan*

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Departments Affected:

Counsel: *NT*

Treasurer: *MS*

Human Resources: *[Signature]*

BOC forwards signed Contract/Grant to: ~~1 to CHW, Debby Reed~~
~~1 to Clerk's Office for filing~~

3B



A quote for your consideration!

Total: \$14,129.30

Based on your business needs, we put the following quote together to help with your purchase decision. Please review your quote details below, then contact your sales rep when you're ready to place your order.

Quote number:	Quote date:	Quote expiration:	Solution ID:	Deal ID:
3000028743390.1	Sep. 11, 2018	Oct. 11, 2018	10043219	16530568

Company name:	Customer number:	Phone:
COOS HEALTH & WELLNESS	56365589	(541) 266-6734

Sales rep information:	Billing Information:
Brandon Wiley Brandon_Wiley@Dell.com (800) 456-3355 Ext: 5139810	COOS HEALTH & WELLNESS 281 LACLAIR ST COOS BAY OR 97420-2988 US (541) 266-6734

Pricing Summary

Item	Qty	Unit Price	Subtotal
PowerEdge R740 - [amer_r740_12248]	2	\$7,064.65	\$14,129.30
		Subtotal:	\$14,129.30
		Shipping:	\$0.00
		Environmental Fees:	\$0.00
		Non-Taxable Amount:	\$14,129.30
		Taxable Amount:	\$0.00
		Estimated Tax:	\$0.00
		Total:	\$14,129.30

Special lease pricing may be available for qualified customers. Please contact your DFS Sales Representative for details.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval for Cellebrite Training Registration

Department: SCINT

Requested Agenda Date: 10/2/18

Contact Person: Kelly Allman

Phone/Ext.: (541) 808-0935

Background and description of need or problem: This is for the Cellebrite Certified Operator + Cellebrite Certified Physical Analyst Training that is being held in Hillsboro, OR. There will be 2 individuals attending. The registration is for a cost of \$3,850 per person for a total cost of \$7,700.

Funding Source: 019-1607-421.30-05 ~~Medical Marijuana Tax~~ Training + Travel

Requested Action: Board review and approve training.


Date: 9/17/18


Signature of Dept. Head: 

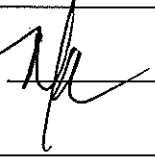
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County Counsel 

Treasurer 

Human Resources 

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Acceptance of Quote for Everbridge Public Notification System renewal

Department: Emergency management **Requested Agenda Date:** Oct 2, 2018

Contact Person: Michael Murphy **Phone/Ext.:** 7790

Background and description of need or problem: This is the third option year of renewal for the Everbridge Public Notification System. This agenda item is to accept the quote and renew for the next year.

Funding Source: Emergency Management and EMPG funds (budgeted) 50%, local funds (50%).. *As budgeted.*

Requested Action: Accept and sign quote authorizing continuation of the system.
authorize chair to sign

Date: September 20, 2018 **Signature of Dept. Head:** *Craig Tanni*

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Departments Affected:

COUNSEL: *MT*

TREASURER: *MS*

HUMAN RESOURCES: *gpa*

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____



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Pasadena, CA 91101 USA

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fax: +1-818-230-9505

www.everbridge.com

Quotation

Prepared for:

Mike Murphy
Coos County OR
250 N. Baxter
Coquille OR 97423-1897
United States
Ph: (541) 396-7790
Fax:
Email: mmurphy@co.coos.or.us

Quote #: Q-18652
Date: 8/23/2018
Expires On: 11/29/2018
Confidential

Salesperson: Lindsay Rogers
Phone: 818-230-9585
Email: lindsay.rogers@everbridge.com

Contract Summary Information:

Contract Period:	12 Months
Contract Start Date:	11/30/2018
Contract End Date:	11/29/2019
Contract Option Years (in months)	12 Months

Contact Summary:

Household Count:	31,520
Employee Count:	1,243

Qty	Description	Price
1	Mass Notification Base	USD 15,600.00

Pricing Summary:

Year One Fees:	USD 15,600.00
One-time Implementation and Setup Fees:	USD 0.00
Professional Services:	USD 0.00
Total Year One Fees Due:	USD 15,600.00

Option Years:

Contract Option Years (in months)	12 Months
Ongoing Annual Fees :	USD 15,600.00