

REVISED AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
September 4, 2018
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
 - A. (2)(h) Consultation with Counsel
 - B. (2)(e) Real Property Transactions

2. **PLEDGE OF ALLEGIANCE**
3. **CITIZEN COMMENTS (agenda items or general comments) – limited to 3 minutes per person- scheduled to begin at 9:30 AM**
3. **PUBLIC HEARING**
 - A. Supplemental Budget
4. **DEPARTMENT HEADS**
 - A. Request Approval of Resolution Adopting Supplemental Budget & Making Appropriations- Finance
 - B. Request Award of Banking Services Agreements- Treasurer
 - C. Request Approval of Contract with His Hands Adult Care & Ratify Director's Signature- Coos Health & Wellness (CHW)
 - D. Request Approval to Purchase Computer System- SCINT
 - E. Request Award of Contract for 2018 Guardrail Project- Road
 - F. Request Approval to Purchase Dispatch Radio Consoles & Resolution to Transfer Appropriations- Sheriff
 - G. Request Approval of Dispatch Agreement with Hauser RFPD- Sheriff
5. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
 - Worksession- SCINT- May 30, 2018
 - Worksession- Pacific Cove Humane Society- June 22, 2018
 - Worksession with Fair Board- July 9, 2018
 - Worksession- Marijuana Taxation Exploratory Question for Ballot- August 8, 2018
 - Worksession- Fleet Management- August 9, 2018
 - Executive Session ORS 192.660 (2)(h)- August 9, 2018
 - Worksession- Solid Waste & Vehicle Fees- August 20, 2018
 - Regular Meeting Minutes- August 21, 2018
 - Executive Session ORS 192.660 (2)(i)- August 21, 2018
 - B. **Items Previously Approved (authorize Chair to sign where necessary)**
 - Agreement with AmeriCorps VISTA- CHW- 2 VISTA members for 1 year
 - Contract Renewal for Janitorial Services in Coquille- CHW- Baxter Street offices
 - Contract with Rye Tree Services- Forestry- forest labor contract
6. **LATE AGENDA ITEMS**
 - A. Request Approval of IGA with City of Reedsport- Community Corrections
 - B. Request Approval to Purchase Tractor/Front End Loader- Fair
 - C. Request Approval of Job Description for Mobile Response Team MH Associate II Positions- HR
 - D. Request Approval of Amendment #1 to IGA with Oregon Business Development Corp & Resolution- Counsel/BOC
7. **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:** 9/04/18

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

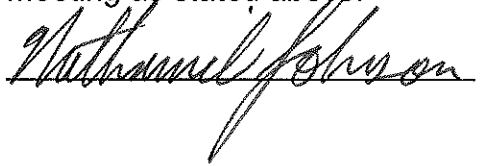
Background and description of need or problem: Need executive session for:
• ORS 192.660(2)(e) – to negotiate real property transactions

Funding Source: n/a

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

Date: 8/30/18

Signature of Dept. Head:



Departments Affected:

COUNSEL: NO

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: IGA with City of Reedsport

Department: Community Corrections **Requested Agenda Date:** 9/04/18

Contact Person: Kelly Church **Phone/Ext.:** 7704

Background and description of need or problem: Reedsport operates and maintains a jail and the County through our Community Corrections Dept. has previously contracted with the City to house Community Corrections prisoners when the County's jail is unable to sufficiently house the prisoners. The term for this IGA is Sept. 4, 2018 through June 30, 2019 and is for two (2) bed days.

Funding Source: Grant in Aid / ^{To be paid out of:} 011-2400-423-36-01 Contracted Services

Requested Action: Approve and sign the IGA with the City of Reedsport.

Date: 8/3/18 **Signature of Dept. Head:** Kelly Church

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: [Signature]

BOC forwards signed document to : Comm. Corr.

6A

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.:

Name/Agency Name and Address: City of Reedsport, 451 Winchester Ave., Reedsport, OR 97467

Contact Person: Duane Wisheart Phone No. 541.271.2100

Amount of Contract/Grant Award: \$ 80 per Bed Day, per prisoner; charged for 2 bed days every calendar day

Payment Terms: payment by 15th of month following end of each fiscal quarter (state lump sum or amount and time of payments)

Start Date: 9/04/18 End Date: 6/30/19

County Department and Employee Responsible for Performance: Community Corrections/ Mike Crim, Director

Description: IGA for housing Comm. Corrections prisoners at Reedsport Jail when needed; 2 beds day

FINANCIAL INFORMATION

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.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Modification |
| | Previous Amount: \$ | Original Amount: \$ |
| | Previous Date: | Original Date: |
| Automatic Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No | Staff Requirements: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Subcontract | |
| Will unemployment cost be incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Bid None
 Quote Other agree on terms; IGA
 Proposal

Type of Contract:

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

Type of Contract:

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

- | | |
|---|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> State Purchasing |
| <input checked="" type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Other _____ |

Public Improvement - If Not Using Bid, Mark Exemption:

- | | |
|--|---|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes | |

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

- 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: _____

Reviewed by Counsel: NJ

BOC only: _____
Consent Agenda _____
Regular Agenda _____

LAF AGENDA ITEM COVERSHEET

Agenda Item Title: Request to acquire and lease a new tractor and front loader for the Fair.

Department: Fair

Requested Agenda Date: September ~~8~~⁴, 2018

Contact Person: Daris Bouthillier

Phone/Ext.: 7739

August

Background and description of need or problem: The tractor that the Fair owns is currently broken down. Fair Board has obtained quotes for a suitable replacement tractor and investigated leasing options. Quotes have been obtained for similar new Kubota and LS tractors. The John Deere dealer ^{did not} still submitted a quote (bid deadline was the 5 PM, September 9th). The lowest quote was submitted by South Coast AG for a LS XU6168 tractor and a LS LL4104 front loader. The bid amount is \$33,000. The lease from DLL Finance LLC, was the provided the lowest annual payment with at \$1 buyout at the end of seven years.

Funding Source: Coos County Fair Debt Service

Requested Action: The Fair Board is requesting authorization to acquire the tractor and front loader from South Coast AG, in the amount of \$33,000.00. Additionally, the Fair Board is requesting that the Chair of the Board of Commissioners sign the DLL lease agreement. *And authorize adding physical damage coverage through CIS.*

Date: *8/30/18*

Signature of Dept. Head: *Daris Bouthillier*

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County Counsel *NS*

Treasurer *NS*

Human Resources _____

6B

BOC only: Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: BOC to approve Job Description for Mobile Response Team MH Associate II positions

Department: HR Department **Requested Agenda Date:** September 4, 2018

Contact Person: Caroline Barr **Phone/Ext.:** 541-396-7580

Background and description of need or problem: Background: CHW is ready to start implementing their Mobile Response Team program. The AFSCME Union and the County signed a Scheduling and Employment Agreement on December 19, 2017 that set out the terms for employees switching to the Mobile Response Team. The MRT program will provide effective community based mobile crisis intervention services to the citizens of Coos County 24/7. Mental Health Specialist II's who switch to the MRT program shall (per the Agreement) be paid a 10% differential in addition to the standard MHS II classification salary to reflect the fact that they will be working fifteen 24-hour periods per month on a rolling schedule. The Mobile Response Team program also requires two Mental Health Associate II positions, and this request is for the Board to approve the revised job description for the MHA II position, retitled to Mobile Response Team MHA II and new paygrade 452 to reflect the 10% differential. The AFSCME union has approved the attached job description.

Funding Source: N/A

Requested Action: Board to approve Job Description for MRT MHA II position under paygrade 452, and approve posting and filling the two open positions.

Date: 8/30/2018 **Signature of Dept. Head:** OBarr

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Departments Affected:

COUNSEL: NT

TREASURER: MS

HUMAN RESOURCES: OB

bc

MRT MH Associate II

MH

452

Pay
Grade RGE

STEP	STEP	STEP	STEP	STEP	STEP	STEP	STEP
1	2	3	4	5	5 + 3%	5 + 6%	
3,812	3,947	4,094	4,243	4,401	4,533	4,665	
21,9923	22,7712	23,6192	24,4788	25,3904	26,1519	26,9135	

DESCRIPTION OF POSITION

Revision: 9/4/2018

1.	Classification Title: Mobile Response Team Mental Health Associate II		
2.	Working Title: Mobile Response Team Mental Health Associate II		
3.	Department: Mental Health. Paygrade 452		
4.	Position Is:	Full Time <input checked="" type="checkbox"/>	Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/>
		Seasonal <input type="checkbox"/>	Other _____
	Excluded from Bargaining Unit?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	AFSCME Union
	Eligible for Overtime? Employment Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>	No Pay for Overtime Per the MRT Scheduling & Employment Agreement
5.	<p>What is the purpose of this position?</p> <p>Work in a mobile crisis team setting that coordinates and works closely with local law enforcement, community partners, and community members to provide quick and timely telephonic and face to face consultation and evaluation to youth and adults in acute crisis. Provide support, de-escalation, intervention, stabilization and support for individuals in the community.</p>		
6.	<p>Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position.</p> <p>The specific functions of this MHA II includes, but is not limited to:</p> <ol style="list-style-type: none"> 1. Provide crisis response services available to community members, law enforcement, and community partners 24/7/365 on rotating 48 hour shifts. 2. Provide immediate telephonic response to assess crisis and determine the risk, mental status, medical stability and appropriate response to individuals; provide face-to-face response as needed. 3. Direct coordination with community partners, local hospitals, and law enforcement to provide crisis evaluation, de-escalation, intervention, stabilization, and resources to youth and adults in acute crisis. 4. Provide support, skills training and education to individuals by providing referrals to appropriate resources, linkage to services, and safety planning. 5. Implement approaches that utilize and enhance consumers' natural supports. 6. Understand and utilize principles of motivational interviewing and provide stage appropriate interventions while maintaining a client centered approach. 7. Help maintain self-respect, personal dignity, and physical safety of each recipient. 8. Support team based approach to crisis management, using knowledge of multidisciplinary approaches and ability to be flexible. 9. Maintain all applicable professional, legal and ethical standards, including confidentiality, dual relations, and informed consent. 10. Represent the comprehensive mental health program to the community and promote the interest and education of the community in mental health. 11. Learn/utilize computer medical record system including use of newer office technologies. 12. Maintain productivity standards set by departmental policy/ carry out other instructions from supervisor and/or Director. 13. Provide care coordination including facilitation of child and family and/or foster teams. 14. Implement wraparound approach to utilize and enhance child/adolescent and family supports. 15. Continuously evaluate health and safety issues and develop safety plan for crises planning with child/adolescent families when indicated. 16. Provide information and support to community groups and organizations enhancing child/adolescent treatment services. 		

DESCRIPTION OF POSITION

17.	Provide clinical documentation to meet State, Federal, Regional and departmental standards and requirements which includes: a. Completing clear, organized, timely progress notes.
7.	List the minor duties assigned to this position. 1. Work effectively within a multidisciplinary team. 2. Attends staff meetings, community agency meetings as needed. 3. Participates in trainings/ updates skills. 4. Complete other assignments and tasks as directed by supervisor and/or Director.
8.	Working conditions of position. Mobile Response Team (MRT) staff is not required to be in the traditional office setting. Shifts are assigned 48 hours at a time and work often takes place in the community. MRT staff members are able to work either from home or office. They must be available by phone and return missed calls within 10 minutes of receiving them. Travel is required within the county and infrequent travel within the State
9.	List required special skills, licenses, certificates, etc. Must be a Qualified Mental Health Associate or eligible; Bachelor's degree in health/behavioral health or a combination of at least three years work experience, training or education in mental health. Valid driver license required. Prefer experience with both youth and adults. CADAC is a plus. Must have good time-management skills; ability to prioritize tasks in a fast-paced environment; and good clinical writing/composition skills. Must be able to accept supervision and adhere to County and Department policies. Must be able to establish and maintain harmonious working relationships with other employees, maintain a positive attitude and represent the County and the Department in the community in a positive manner.
10.	Is operation of motor vehicle required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11.	List equipment, tools, and machines used in performance of duties. Basic computer skills, tape recorder or dictation device, copy machine, fax, telephone.

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Amendment #1 to IGA with OBDD *and Resolution 18-08-155B*

Department: Counsel / BOC

Requested Agenda Date: 9/04/18

Contact Person: Nathaniel Johnson/Melissa Cribbins

Phone/Ext.: 7690

Background and description of need or problem: This is the first amendment to a grant agreement between Coos County and the Oregon Business Development Corp. for the construction of mountain biking trails. The original agreement was entered on June 12, 2017. The amendment increases available funding from \$50,320 to \$140,150 and provides for the construction of an additional 2.5 miles of bike trail.

Funding Source: n/a

Requested Action: Approve Amendment #1 to IGA No. RS1618-B and authorize Commissioner Cribbins to sign. *and approve Resolution 18-08-155B*

Date: 8/30/18

Signature of Dept. Head: *Nathaniel Johnson*

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Departments Affected:

COUNSEL: *NS*

TREASURER: *NS*

1 BOARD OF COMMISSIONERS
2 COUNTY OF COOS
3 STATE OF OREGON

3 In the Matter of Making an Additional) RESOLUTION
4 Appropriation in the Amount of \$89,830) 18-08-155B
5 Within the County Forest Fund)

6 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a meeting
7 held September 4, 2018, and whereas the County Forest Fund has received a grant from the
8 Oregon Business Development Department in the amount of Eighty-nine Thousand Eight
9 Hundred Thirty Dollars (\$89,830); and

10 WHEREAS, the above stated amount for adding 2.5 miles to the Whiskey Run Mountain
11 Biking Trails was not anticipated and was not included in the budget; and

12 WHEREAS, the above stated amount should be appropriated according to O.R.S.
13 294.338(2);

14 NOW, THEREFORE, BE IT RESOLVED that an additional amount of Eighty-nine
15 Thousand Eight Hundred Thirty Dollars (\$89,830) be appropriated as follows:

15 COUNTY FOREST FUND

16 Resources

17 103-0000-334.07-53 Business Oregon-Trails \$89,830

18 Expenditures

19 Forestry Department

20 Capital Outlay

21 103-9000-461.60-19 Path & Trail Construction \$89,830

22 DATED THIS _____ day of September 2018.


23 BOARD OF COMMISSIONERS

24
25 _____
Commissioner

Commissioner

Commissioner

26 Prepared by:

27 
28 _____
Budget Office

