

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
January 19, 2016
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
 - A. (2)(d) Labor Negotiators
 - B. (2)(e) Real Property Transactions
 - C. (2)(f) Information or Records Exempt from Public Inspection
 - D. (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. Election of Chair and Vice Chair for 2016- BOC
- B. Request Approval of Contract with South Coast Business Employment Corp.- Coos Health & Wellness (CHW)
- C. Request Approval to Advertise/ Fill Psychiatric Mental Health Nurse Practitioner Position & Approval Psychiatrist Job Description- CHW
- D. Request Approval of Order Authorizing Payoff of Dept. of Revenue Senior Deferral- Treasurer
- E. Request Approval of Sale of 1992 Sea Swirl Boat- Sheriff
- F. Request Approval of 2015/17 Collective Bargaining Agreement with CADS- County Counsel

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

- A. **Approval of Minutes**
Regular Meeting Minutes- January 5, 2016
- B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**
Day Wireless Invoice #575884- Sheriff- \$11,632.00
Transfer of Appropriations Within a Department- Sheriff- personnel line items for Jordan Cove expenses
Transfer of Appropriations Within a Department-Sheriff/PSAP- to other expense line item
Transfer of Appropriations Within a Department- Sheriff/Dispatch- to other expense line item
- C. **Orders & Resolutions**
Order 16-01-004C, In the Matter of Reappointing Bob Burch to the Woods Road District
Order 16-01-005C, In the Matter of Reappointing Harold Robison to the Parks Advisory Committee
Order 16-01-006C, In the Matter of Reappointing Sven Backman to the Coos County Budget Committee
Order 16-01-007C, In the Matter of Appointing Mary Barton as the Budget Officer for Coos County for 2016
Order 16-01-008C, In the Matter of Reappointing Theresa Lovasik to the Cedar Crest Special Road District Board
Resolution 16-01-002P, In the Matter of Filling a Vacant Position Effective December 21, 2015
Resolution 16-01-003P, In the Matter of a Longevity Increase for James Anderson Effective January 1, 2016
Resolution 16-01-004P, In the Matter of a Longevity Increase for Toby Floyd Effective January 1, 2016

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.

Resolution 16-01-005P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective January 1, 2016
Resolution 16-01-006P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
Resolution 16-01-007P, In the Matter of a Promotion for April Leonard Effective Retroactive to May 1, 2015
Resolution 16-01-008P, In the Matter of a Personnel Transfer for Cory Detzler Within the Sheriff's Department Effective January 1, 2016
Resolution 16-01-009P, In the Matter of a Personnel Transfer for Douglas Strain Within the Sheriff's Department Effective January 1, 2016
Resolution 16-01-010P, In the Matter of a Personnel Transfer for Gabriel Fabrizio Within the Sheriff's Department Effective January 1, 2016
Resolution 16-01-011P, In the Matter of Granting Salary Merit Step Increase for Kristi Stocker Effective Retroactive to September 1, 2015

- D. Items Previously Approved (authorize Chair to sign where necessary)**
Ratification of Director's Signature on Amendments 1-4 to State IGA #147785- CHW
Ratification of Director's Signature on OHSU Contract Amendment #2- CHW
Ratification of Director's Signature on NACCHO Contract- CHW

5. **LATE AGENDA ITEMS**

6. **COMMISSIONERS REPORTS**

| |
|-----------------------------------|
| BOC only; Consent Agenda _____ |
| Regular Agenda _____ |

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel **Requested Agenda Date:** 1/19/2016

Contact Person: Keith Leitz **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)(e) – to negotiate real property transactions
 - 192.660(2)(f) – to consider information or records that are exempt by law from public inspection.
 - 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: 1/12/16

Signature of Dept. Head: /SL/ LAC

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: KM

BOC forwards signed Contract/Grant to: n/a



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|----------------------------------------------------------|
| BOC only Consent Agenda _____ Regular Agenda _____ |
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AGENDA ITEM COVERSHEET

Agenda Item Title: Election of Chair and Vice Chair

Department: BOC

Requested Agenda Date: 1/19/16

Contact Person:

Phone/Ext.:

Background and description of need or problem: this matter was tabled from the last Board meeting due to the absence of Chair Main; this is usually the first order of business for the new year

Funding Source:

Requested Action: elect Board Chair & Vice Chair for 2016

Date:

Signature of Dept. Head: _____

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County Counsel _____

Treasurer _____

Human Resources _____

3A

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with South Coast Business Employment Corp. (SCBEC)

Department: Coos Health & Wellness

Requested Agenda Date: 01/19/2016

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: This contract allows South Coast Business Employment Corp AAA program to refer clients to Behavioral Health to assist older adults and people with disabilities in Coos/Curry Counties who may be experiencing struggles due to depression, anxiety and substance abuse.

No County General Funds will be used for this contract.

Funding Source: n/a

Requested Action: Approve contract with SCBEC

Date: 01/07/2016

Signature of Dept. Head: Ginger Swan *GS*

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If this is a contract or grant:

- Is the contract or grant an original? (2)
- 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: MAC Because the contract is for 7-1-15 to 6-30-16, are there any issues w/ V.A.

Treasurer: OK, B

Human Resources: n/a

BOC forwards signed Contracts/Grant to: 1 original to CHW, Carrie McKim
1 original to Clerk's office for filing

3B

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: SCBEC/AAA #5 PY 15

Name/Agency Name and Address: SCBEC, PO Box 1118 Coos Bay, OR 97420

Contact Person: JJ McLeod Phone No. 541-269-2013

Amount of Contract/Grant Award: \$ 16,177

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

Start Date: 07/01/2015 End Date: 06/30/2016

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

Description: This contract is for SCBEC/AAA staff to refer clients to us for behavioral health services.

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.

- New Renewal Modification
 Previous Amount: \$ Original Amount: \$
 Previous Date: Original Date:
- Automatic Renewal? Yes No Staff Requirements: New Existing Subcontract
- Will unemployment cost be incurred? Yes No

PUBLIC CONTRACTING INFORMATION

- Method of Selection:**
- Bid None
 Quote Other DHS, ADRC (Medicaid)
 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"/> Under \$50,000 for Quotes <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes <input type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Equipment Maintenance <input type="checkbox"/> Office Supplies <input type="checkbox"/> Used Vehicles <input type="checkbox"/> State Purchasing <input type="checkbox"/> Other _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- Public Improvement - If Not Using Bid, Mark Exemption:**
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Under \$5,000 <input type="checkbox"/> Under \$50,000 for Quotes <input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes | <input type="checkbox"/> Alternative Contracting Method Approved by Board <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
- 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: <u>JJ</u> |
|-----------------------------|--------------------------------|

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request to advertise for and fill Psychiatric Mental Health Nurse Practitioner position

Department: Coos Health & Wellness

Requested Agenda Date: 01/19/2016

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: One of our Psychiatric Mental Health Nurse Practitioners has tendered her resignation effective January 13th. In order to meet the critical needs of the department CHW must have sufficient medical staff to provide essential medical care of clients and comply with State and Federal requirements. We have historically found it difficult to recruit medical staff and have would like to begin advertising as soon as possible. We would like to advertise concurrently for a Psychiatrist and Psychiatric Mental Health Nurse Practitioner. This would allow us to broaden our search but we would only fill one position. The vacant positon is for a PMHNP so if we hire a Psychiatrist this position would need to be upgraded. The Psychiatrist position description has also been updated and needs to be approved.

No County General Funds will be used for this contract.

Funding Source: 021-1302-444.10-01

Requested Action: Approve request to post and advertise until filled both a PMHNP and Psychiatrist position and approve Psychiatrist position description.

Date: 01/07/2016

Signature of Dept. Head: *Ginger Swan* *CS*

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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: *KN*

Treasurer: *OK, B*

Human Resources: *[Signature]*

BOC forwards signed Contract/Grant to: n/a

36

DESCRIPTION OF POSITION

Revision Date: 01/08/2016

| | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Classification Title: Staff Psychiatrist |
| 2. | Working Title: Staff Psychiatrist |
| 3. | Department: Coos Health & Wellness – Behavioral Health |
| 4. | Pay Grade: 758 Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help Excluded from Bargaining Unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Eligible for Overtime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. | What is the purpose of this position? To provide psychiatric services to adult and/or child/adolescent clients of Coos Health & Wellness. |
| 6. | 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. <ol style="list-style-type: none"> 1. Provide outpatient psychiatric services including evaluation, diagnosis, treatment planning, prescribing, and monitoring medications. 2. Provide necessary psychiatric services for consumers experiencing a behavioral health emergency/crisis during scheduled business hours. 3. As per Oregon Statutes for medical professionals, provide in settings of commitment services including holds. 4. Maintains interdisciplinary treatment by reviewing treatment plans and progress; consulting and collaborating with primary care physicians, behavioral health therapists and other health care providers. 5. Provide in-service training on psychiatric issues to staff and contractors. 6. Participate in QA activities requiring psychiatric input. 7. Review/sign-off clinical activities as required by Director. 8. Provide consultation to CCMH Psychiatric Nurse Practitioner(s) as needed. 9. Provide consultation with area psychiatrists and primary care providers and other professionals to facilitate coordination of care for behavioral health consumers. 10. Maintain all applicable professional, legal and ethical standards, including confidentiality, dual relations, and informed consent. 11. Provide clinical documentation, reports, and records to meet State, Federal, Regional and departmental standards and requirements. 12. Represent the comprehensive behavioral health program to the community and promote the interest and education of the community in mental health. 13. Learn/utilize computer medical record system including use of newer office technologies. |
| 7. | List the minor duties assigned to this position. Participate in department meetings as required. Order medications from local pharmacies as needed; general chart documentation. |
| 8. | Supervision This position is supervised by the Behavioral Health Director. This position does not supervise any employees. |
| 9. | Working conditions of position. Position is located in the Behavioral Health Department in a typical office setting with occasional office site work for community meetings, home visiting. Hours assigned during normal office hours of Monday through Friday from 8:00 am to 5:00pm. Position may require some stooping, bending, reaching, and lifting of stacks of files (up to 20 pounds.) |

DESCRIPTION OF POSITION

Revision Date: 06/05/2015

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| 1. | Classification Title: Adult/Child Psychiatric Services Coordinator |
| 2. | Working Title: PMHNP |
| 3. | Department: Mental Health |
| 4. | Pay Grade 779 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 checked="" type="checkbox"/> No <input type="checkbox"/> Eligible for Overtime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. | What is the purpose of this position? To provide medication prescribing and medication supervision of CHW consumers and to effectively facilitate and coordinate medical services between CHW, the Crisis Resolution Center (CRC) and/or the local children's crisis bed facility (CCB). |
| 6. | 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. <ol style="list-style-type: none">1. Provides medication monitoring; prescribing, administering, monitoring of psychotropic medications including ordering laboratory tests and interpreting results for consumers of CCMHD and for Coos County residents in the Crisis Resolution Center and the CCB.2. Participates in meetings between CCMHD, CRC and/or, CCB and staff and makes recommendations to establish procedures to ensure effective coordination of medical care for shared consumers.3. Provides medical oversight of Coos County residents admitted to CRC and/or CCB.4. Provides consultation with Primary Care Physicians, alcohol and drug treatment providers regarding shared clients. Facilitates effective integration of physical and mental health.5. Assures clinical records meet Federal, State, Regional and local statutes and rules as well as departmental policies and procedures.6. Recommends hiring, Performance Evaluations, merit increases for nursing staff, Medication Case Managers.7. Maintains Quality Assurance and productivity standards for program as per Department, Region and State requirements.8. Assists Director and Clinical Director in the development of medical program policies and procedures, medical program development.9. Identifies program service needs and initiates service development and delivery to community.10. Provides clinical consultation and training to CCMHD clinical staff and to CRC staff.11. Completes diagnostic evaluations; psychiatric assessments, mental status exams on assigned clients.12. Works effectively with Case Managers on discharge planning for patients who are discharging from acute care, CRC or CCB.13. Other duties as assigned. |
| 7. | List the minor duties assigned to this position. <ol style="list-style-type: none">1. Monitors laboratory work, provide necessary follow-up.2. Assists in grant writing, completes reports required by State, Region or County. |
| 8. | Working conditions of position. Office setting but does require traveling between various program sites. |

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Order 16-01-002B Payoff of Oregon Dept. of Revenue Senior Deferral

Department: Treasurer/Tax

Requested Agenda Date: 1/19/2016

Contact Person: Mary Barton

Phone/Ext.: 7729

Background and description of need or problem: In January 2016 the County deeded account 2090200 as part of the tax foreclosure process. The property owner participated in the Dept. of Revenue's Senior Deferral program. ORS 311.692 requires, by order of the Board, the Senior Deferral program lien be paid from unsegregated tax collections.

Funding Source: Unsegregated Tax Trust

Requested Action: Approve Order 16-01-002B.

Date: 1/05/2016

Signature of Dept. Head: Barton

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County Counsel KAL

Treasurer _____

Human Resources n/a

1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS

3 STATE OF OREGON

| | | | |
|---|----------------------------------------------------|---|------------|
| 4 | In the Matter of Ordering the Treasurer to Pay the |) | ORDER |
| 5 | Department of Revenue |) | 16-01-002B |
| 6 | |) | |

7 NOW BEFORE THE Board of Commissioners sitting for the transaction of County
8 business on the 19th day of January, 2016 is the matter of ordering the County Treasurer to pay
9 the Department of Revenue;

10 AND IT APPEARING to the Board that on the 5th day of January, 2016, the property in
11 question, located at 63533 S Spring Rd, Coos Bay, OR 97420, was deeded to the County
12 pursuant to ORS 312.200;

13 AND IT FURTHER APPEARING to the Board, pursuant to ORS 311.694, upon the
14 conclusion of the foreclosure proceedings of the aforementioned property, the County shall order
15 the County Treasurer to pay the Department of Revenue from the unsegregated tax collections
16 account the amount of deferred taxes and interest which were not collected;

17 AND IT FURTHER APPEARING to the Board, that the foreclosure proceedings have
18 concluded;

19 NOW, THEREFORE, IT IS HEREBY ORDERED that the Coos County Treasurer shall
20 pay the Department of Revenue from the unsegregated tax collections account the amount of
21 \$9,674.36 plus interest.

22 ///

23 ///

24 ///

25 ///

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Sale of 1992 Sea Swirl Boat

Department: Sheriff's Office - Marine

Requested Agenda Date: Jan. 19, 2016

Contact Person: Sgt. Will Coleman

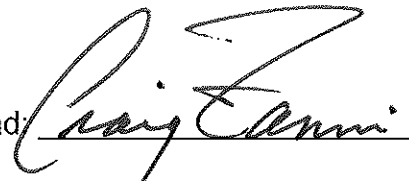
Phone/Ext.: 7808

Background and description of need or problem: Our 1992 Sea Swirl Striper (21' fiberglass boat, HIN # BRCE136CC292) has been decommissioned and authorized to be sold by the Oregon State Marine Board and the funds used to put electronics into the ACB boat.

Funding Source:

Requested Action: Authorization to put up for sale on public auction site through the Coos County Road department.

Date: 1/11/2016

Signature of Dept. Head: 

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Departments Affected:

COUNSEL: KAL

TREASURER: B

HUMAN RESOURCES: n/a

ZE

Coos County 1992 Sea Swirl
Liquidation Plan
OR 244 XCX

2A ✓

1992 21' Sea Swirl
HIN# BRCE136CC292
350 EFI Inboard/Outboard



Condition: Poor
3782 hours on repowered motor (2000)
Fiberglass Hull
Numerous Stress Cracks (sides and transom)
Gel Coat is faded
Heavy Corrosion on Outdrive
Trailer in poor condition, missing a fender

Estimated Value: \$ 6,000 (NADA average retail value \$3975)

Proposal: To be liquidated by Coos County, per their established surplus property procedures.
Proceeds to be used to purchase and install electronics on new ACB patrol boat, Simrad NSS-8 Multi-function display, GS15 GPS receiver, Simrad broadband 4G radar and depth sounder modules.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of 2015/2017 Collective Bargaining Agreement with the Coos Association of Deputy Sheriffs.

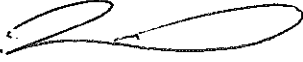
Department: Counsel **Requested Agenda Date:** 1/19/2016

Contact Person: Keith Leitz **Phone/Ext.:** 7690

Background and description of need or problem: The current Collective Bargaining Agreement with the Coos Association of Deputy Sheriffs (CADS) expired on June 30, 2014. We are requesting that the Board approve the Collective Bargaining Agreement with CADS for July 1, 2015 through June 30, 2017.

Funding Source: N/A

Requested Action: Approve the Collective Bargaining Agreement with CADS

Date: 1/13/2016 **Signature of Dept. Head:**  _____

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Departments Affected:

COUNSEL: KL _____

TREASURER: _____

HUMAN RESOURCES: _____

BOC forwards signed document to Counsel's office.

