

Portland, Oregon

FINANCIAL IMPACT and PUBLIC INVOLVEMENT STATEMENT For Council Action Items

(Deliver original to City Budget Office. Retain copy.)

1. Name of Initiator Anna Kanwit (DMJ)	2. Telephone No. 503-823-3506	3. Bureau/Office/Dept. Bureau of Human Resources
4a. To be filed (hearing date): November 5, 2014	4b. Calendar (Check One) Regular Consent 4/5ths <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	5. Date Submitted to Commissioner's office and CBO Budget Analyst: October 22,, 2014
6a. Financial Impact Section: <input checked="" type="checkbox"/> Financial impact section completed		6b. Public Involvement Section: <input checked="" type="checkbox"/> Public involvement section completed

1) Legislation Title:

*Authorize contract with Providence Health & Services for an amount not to exceed \$500,000 for post offer of employment medical examination and physical capacity testing services.
(Ordinance)

2) Purpose of the Proposed Legislation:

The City requires services to perform post offer medical examinations, job analysis to determine the appropriate post offer physical capacity testing, and annual medical surveillance examinations to determine an individuals' capacity to perform the essential job functions within a reasonable period of time.

The Consultant shall maintain and enhance the City's comprehensive, cost-effective, and ongoing physical examination and medical surveillance program which includes post-offer medical examinations, fitness for duty examinations, drug testing and physical capacity tests, DMV exams and DOT- and OSHA- mandated physical examinations. This program is administered through the Bureau of Human Resources, but coordinated through various operating bureaus and divisions of the City government.

3) Which area(s) of the city are affected by this Council item? (Check all that apply—areas are based on formal neighborhood coalition boundaries)?

- | | | | |
|---|------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> City-wide/Regional | <input type="checkbox"/> Northeast | <input type="checkbox"/> Northwest | <input type="checkbox"/> North |
| <input type="checkbox"/> Central Northeast | <input type="checkbox"/> Southeast | <input type="checkbox"/> Southwest | <input type="checkbox"/> East |
| <input type="checkbox"/> Central City | | | |
| <input checked="" type="checkbox"/> Internal City Government Services | | | |

FINANCIAL IMPACT

4) Revenue: Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If so, please identify the source.

No

5) Expense: What are the costs to the City as a result of this legislation? What is the source of funding for the expense? *(Please include costs in the current fiscal year as well as costs in future year, including Operations & Maintenance (O&M) costs, if known, and estimates, if not known. If the action is related to a grant or contract please include the local contribution or match required. If there is a project estimate, please identify the **level of confidence**.)*

The expenses incurred are not to exceed \$500,000.00 over a five year period, averaging \$100,000.00 per year. Individual Bureaus will be charged for services used.

6) Staffing Requirements:

- **Will any positions be created, eliminated or re-classified in the current year as a result of this legislation?** *(If new positions are created please include whether they will be part-time, full-time, limited term, or permanent positions. If the position is limited term please indicate the end of the term.)*

No

- **Will positions be created or eliminated in *future years* as a result of this legislation?**

No

(Complete the following section only if an amendment to the budget is proposed.)

7) Change in Appropriations *(If the accompanying ordinance amends the budget please reflect the dollar amount to be appropriated by this legislation. Include the appropriate cost elements that are to be loaded by accounting. Indicate "new" in Fund Center column if new center needs to be created. Use additional space if needed.)*

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Sponsored Program	Amount

PUBLIC INVOLVEMENT

8) Was public involvement included in the development of this Council item (e.g. ordinance, resolution, or report)? Please check the appropriate box below:

☐ **YES:** Please proceed to Question #9.

☒ **NO:** Please, explain why below; and proceed to Question #10.

This action is largely internal to City government processes.

9) If "YES," please answer the following questions:

a) What impacts are anticipated in the community from this proposed Council item?

b) Which community and business groups, under-represented groups, organizations, external government entities, and other interested parties were involved in this effort, and when and how were they involved?

c) How did public involvement shape the outcome of this Council item?

d) Who designed and implemented the public involvement related to this Council item?

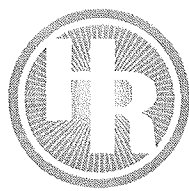
e) Primary contact for more information on this public involvement process (name, title, phone, email):

10) Is any future public involvement anticipated or necessary for this Council item? Please describe why or why not. No, this action is largely internal to City government processes.

Anna Kanwit



APPROPRIATION UNIT HEAD (Typed name and signature)



City of Portland
Bureau of
Human Resources
Knowledgeable | Helpful | Responsive

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Portland, Oregon 97204-1912
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Fax (503) 823-4156

Office of Management and Finance

Fred Miller, Chief Administrative Officer

DATE: October 21, 2014

TO: Mayor Charlie Hales

FROM: Anna Kanwit, Human Resources Director

FOR MAYOR'S OFFICE USE ONLY

Reviewed by Bureau Liaison _____

RE: ORDINANCE TITLE: *Authorize contract with Providence Health & Services for an amount not to exceed \$500,000.00 for post offer of employment medical examination and physical capacity testing services. (Ordinance)

1. INTENDED WEDNESDAY FILING DATE: October 22, 2014

2. REQUESTED COUNCIL AGENDA DATE: November 5, 2014

3. CONTACT NAME & NUMBER: Dawn M Jansen 503-823-3481

4. PLACE ON: X **CONSENT** _____ **REGULAR**

5. BUDGET IMPACT STATEMENT ATTACHED: X **Y** _____ **N** _____ **N/A**

6. (3) ORIGINAL COPIES OF CONTRACTS APPROVED AS TO FORM BY CITY ATTORNEY

ATTACHED: X **Yes** _____ **No** _____ **N/A**

7. BACKGROUND/ANALYSIS

Post –offer of employment medical examinations and physical capacity tests are required for certain classifications in order to determine that candidates are medically and physically qualified to perform the duties of those classifications. Providence Health & Services submitted a proposal in response to RFP BHR014 to provide these services for the City. The selection committee determined that, of the two organizations that submitted proposals, Providence Health & Services was the organization who could best meet the City's needs.

8. FINANCIAL IMPACT

The contract would not exceed \$500,000. Each individual bureau will pay for services received.

9. RECOMMENDATION/ACTION REQUESTED

I request authorization for the City to enter into a five-year contract with Providence Health & Services to provide post-offer of employment medical examinations and physical capacity tests. The current contract for these services expires November 14, 2014.

Charlie Hales, Mayor

We are an equal opportunity employer

Please notify the City of Portland of the need for ADA accommodations no less than five (5) days prior to any City-sponsored event by contacting the Bureau of Human Resources at 503-823-3572 or the City's TTY at 503-823-6868.

