



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/3/2014)

## Board Clerk Use Only

Meeting Date: 050516  
Agenda Item #: R.2  
Est. Start Time: 10:15 am approx.  
Date Submitted: 041816

**Agenda Title:** **Board Briefing on Stabilization for Treatment, Transitional Housing Program, collaboration between the Health Department and Department of Community Justice**

*Note: Title should not be more than 2 lines but be sufficient to describe the action requested.*

**Requested Meeting Date:** May 5, 2016 **Time Needed:** 20 Minutes  
**Department:** Community Justice **Division:** Adult Services  
**Contact(s):** Karen Rhein  
**Phone:** 988-5819 **Ext.** 85819 **I/O Address:** B503/250/DCJ  
**Presenter Name(s) & Title(s):** Liv Jenssen, ARC, Community Justice ;John Karp-Evans, Central City Concern  
Jean Dentinger, Mental Health, Health Department

## General Information

### 1. What action are you requesting from the Board?

No action required at this time. We are providing and informational board briefing.

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Health Department and DCJ will provide an update regarding the Stabilization for Treatment Preparation (STP) Transitional Housing Program that opened July 2015. STP is collaboration between DCJ, Mental Health and Addiction Services and Central City Concern. STP provides stabilization services and transitional housing for 16 adult males identified with mental health, addiction, or medical concerns and involved in the criminal justice system that need increased stability and support with the goal of integrating into our community.

### 3. Explain the fiscal impact (current year and ongoing).

N/A

### 4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

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**Required Signature**

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**Elected Official**

**or Department/** Scott Taylor /s/

041816

**Agency Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved."*