



Multnomah County Oregon

## Board of Commissioners & Agenda

connecting citizens with information and services

### BOARD OF COMMISSIONERS

#### Bill Farver, Interim Chair

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214

Phone: (503) 988-3308 FAX (503) 988-3093

Email: [mult.chair@co.multnomah.or.us](mailto:mult.chair@co.multnomah.or.us)

#### Pauline Anderson, Interim

##### Commission Dist. 1

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214

Phone: (503) 988-5220 FAX (503) 988-5440

Email:

[pauline.s.anderson@co.multnomah.or.us](mailto:pauline.s.anderson@co.multnomah.or.us)

#### Serena Cruz, Commission Dist. 2

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214

Phone: (503) 988-5219 FAX (503) 988-5440

Email: [serena.m.cruz@co.multnomah.or.us](mailto:serena.m.cruz@co.multnomah.or.us)

#### Lisa Naito, Commission Dist. 3

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214

Phone: (503) 988-5217 FAX (503) 988-5262

Email: [lisa.h.naito@co.multnomah.or.us](mailto:lisa.h.naito@co.multnomah.or.us)

#### Lonnie Roberts, Commission Dist. 4

501 SE Hawthorne Boulevard, Suite 600  
Portland, Or 97214

Phone: (503) 988-5213 FAX (503) 988-5262

Email: [lonnie.j.roberts@co.multnomah.or.us](mailto:lonnie.j.roberts@co.multnomah.or.us)

#### **ANY QUESTIONS? CALL BOARD**

**CLERK DEB BOGSTAD @ (503) 988-3277**

Email: [deborah.l.bogstad@co.multnomah.or.us](mailto:deborah.l.bogstad@co.multnomah.or.us)

**INDIVIDUALS WITH DISABILITIES PLEASE  
CALL THE BOARD CLERK AT (503) 988-3277,  
OR MULTNOMAH COUNTY TDD PHONE  
(503) 988-5040, FOR INFORMATION ON  
AVAILABLE SERVICES AND ACCESSIBILITY.**

**MAY 1 & 3, 2001**

### BOARD MEETINGS

#### FASTLOOK AGENDA ITEMS OF INTEREST

Pg. 2	9:00 a.m. Tuesday Budget Work Session
Pg. 3	9:30 a.m. Thursday Executive Budget Message and Resolution
Pg. 3	9:45 a.m. Thursday CBDG Hearing/Plan
Pg. 3	10:05 a.m. Thursday Older Americans Month Proclamation
Pg. 4	10:25 a.m. Thursday St Clare School
Pg. 4	10:35 a.m. Thursday Oregon Food Bank Fundraising Event on Hawthorne Bridge
Pg. 4	10:45 a.m. Thursday Briefing on the Mentally Ill in the Criminal Justice System
Pg. 5	<b>Budget Deliberations Schedule</b>

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30

Friday, 11:00 PM, Channel 30

Saturday, 10:00 AM, Channel 30

(Saturday Playback for East County Only)

Sunday, 11:00 AM, Channel 30

Produced through Multnomah Community  
Television

Tuesday, May 1, 2001 - 9:00 AM to 3:00 PM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **BUDGET WORK SESSION**

WS-1 Board Work Session on Budget Issues. Presentations by Bill Farver, Mark Campbell, Lillian Shirley, Jim Clay, Mary Li, Joanne Fuller, Janice Gratton, Rey España, Rosemary Celaya-Alston, Mike Schrunk, Elyse Clawson, Ed Blackburn, Lisa Yeo, Cecilia Johnson, Dave Warren and Amy Joslin.

---

Thursday, May 3, 2001 - 9:30 AM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **REGULAR MEETING**

### **CONSENT CALENDAR - 9:30 AM** **NON-DEPARTMENTAL**

- C-1 Appointment of Camelle Taylor to the COMMUNITY HEALTH COUNCIL
- C-2 Appointment of Julie Cleveland and Reappointments of Chris Foster and Dave Kunkel to the MULTNOMAH COUNTY PLANNING COMMISSION
- C-3 Budget Modification NOND-LPSCC-01 Authorizing Transfer of \$20,000 from LPSCC Budget to Information Services Budget, for Contract Services to Support Development of a Cohort Tracking Software Feature on the DSS-Justice System Data Warehouse

### **DEPARTMENT OF SUSTAINABLE COMMUNITY DEVELOPMENT**

- C-4 RESOLUTION Authorizing Approval to Allow Repurchase of Tax Foreclosed Property to the Former Owner, the Estate of Harold T. Glover

### **REGULAR AGENDA - 9:30 AM** **PUBLIC COMMENT - 9:30 AM**

Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

**MULTNOMAH COUNTY BUDGET COMMITTEE - 9:30 AM**

- R-1 Interim Chair Bill Farver Executive Budget Message Presentation Followed by PUBLIC HEARING and Consideration of a RESOLUTION Approving the Chair's Proposed 2001-2002 Budget for Submittal to the Tax Supervising and Conservation Commission

**DEPARTMENT OF COMMUNITY AND FAMILY SERVICES - 9:45 AM**

- R-2 PUBLIC HEARING and Board Consideration of Approval of the 2000-2001 Consolidated Plan and Annual Action Plan for the Community Development Block Grant Program [Multnomah County will Receive \$323,000 from the US Department of Housing and Urban Development for Program Year 2001-02. Funds will be Allocated to Eligible Projects Located within the Cities of Fairview, Maywood Park, Troutdale, and Wood Village and Unincorporated Areas of the County. Public Testimony will be Received on Projects Recommended by the Program's Policy Advisory Board. Multnomah County's Annual Action Plan will become part of the Portland-Gresham-Multnomah County Consolidated Plan Update 2001-2002.]
- R-3 NOTICE OF INTENT to Respond to a Request for Proposals for 21st Century Community Learning Center Funding to Augment Services at Schools Uniting Neighborhood "SUN" Schools

**AGING AND DISABILITY SERVICES DEPARTMENT - 10:05 AM**

- R-4 PROCLAMATION Proclaiming the Month of May, 2001 as OLDER AMERICANS MONTH in Multnomah County, Oregon

**DEPARTMENT OF HEALTH - 10:10 AM**

- R-5 NOTICE OF INTENT to Apply for Grant Funding through the Health Resources Services Administration's Community Access Program to Implement the County's Youth Health Initiative Project
- R-6 NOTICE OF INTENT to Apply for Grant Funding through the Substance Abuse and Mental Health Services Administration's Build Healthy Community Programs to Support the County's Behavioral Health Integration Project

**DEPARTMENT OF SUSTAINABLE COMMUNITY DEVELOPMENT/  
DEPARTMENT OF LIBRARY SERVICES – 10:20 AM**

- R-7 Certificate of Appreciation on Behalf of St. Clare School on Board's Decision to Build the New Hillsdale Library to the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) Standards

**NON-DEPARTMENTAL - 10:30 AM**

- R-8 First Reading of an ORDINANCE Amending Multnomah County Code §§ 3.301 and 3.306 Relating to the Citizen Budget Advisory Committee (CBAC) for the Department of Aging and Disability Services
- R-9 RESOLUTION Granting the Oregon Food Bank permission to host a fundraising event on the Hawthorne Bridge
- R-10 RESOLUTION Directing the Department of Sustainable Community Development to Submit a Disposition Plan
- 

Thursday, May 3, 2001 - 10:45 AM  
**(OR IMMEDIATELY FOLLOWING REGULAR AGENDA)**  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

**BOARD BRIEFING**

- B-1 Presentation on the Mental Health Design Team Sub-Committee - Mentally Ill in the Criminal Justice System by Vice-Chair Lisa Naito and Circuit Court Judge Julie Frantz. 30 MINUTES REQUESTED.



## **2001-2002 Multnomah County Budget Deliberations Schedule**

**\*All sessions to be held in the Multnomah Building,  
Commissioners Boardroom 100, 501 SE Hawthorne  
Boulevard, except as noted\***

Thur, April 26, 2001	9:30 to noon	Executive Budget Overview Presentation to Board and Regular Board Meeting
Tue, May 1, 2001	9:00 to 3:00 p.m.	Board Budget Work Session on Issues
Thur, May 3, 2001	9:30 to noon	Executive Budget Message and Board Approval of Budget for Transmission to Tax Supervising and Conservation Commission, Regular Board Meeting
Tue, May 8, 2001	9:30 to noon	Central Citizen Budget Advisory Committee Report & Department of Library Services Budget Hearing
Tue, May 8, 2001	1:30 to 4:00 p.m.	Department of Sustainable Community Development Budget Hearing
Wed, May 9, 2001	1:30 to 4:00 p.m.	Non-Departmental and Special Service Districts Budget Hearings
*Thur, May 10, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, Midland Branch Library, 805 SE 122nd Avenue, Portland
Tue, May 15, 2001	9:30 to noon	Public Affairs Office Legislative Update discussion, followed by Department of Aging and Disability Services Budget Hearing

## **2001-2002 Multnomah County Budget Deliberations Schedule**

**\*All sessions to be held in the Multnomah Building,  
Commissioners Boardroom 100, 501 SE Hawthorne  
Boulevard, except as noted\***

<b>Tue, May 15, 2001</b>	<b>2:30 to 4:00 p.m.</b>	<b>Mental Health System Briefing</b>
<b>Wed, May 16, 2001</b>	<b>9:30 to noon</b>	<b>Health Department Budget Hearing</b>
<b>Wed, May 16, 2001</b>	<b>1:30 to 4:00 p.m.</b>	<b>Department of Community and Family Services Budget Hearing</b>
<b>*Thur, May 17, 2001</b>	<b>6:00 to 8:00 p.m.</b>	<b>Public Hearing and Testimony on the Multnomah County Budget, North Portland Branch Library, 512 N Killingsworth, Portland</b>
<b>Tue, May 22, 2001</b>	<b>9:30 to noon</b>	<b>District Attorney's Office Budget Hearing</b>
<b>Tue, May 22, 2001</b>	<b>1:30 to 4:00 p.m.</b>	<b>Department of Juvenile and Adult Community Justice Budget Hearing</b>
<b>Wed, May 23, 2001</b>	<b>9:30 to noon</b>	<b>Sheriff's Office Budget Hearing</b>
<b>Wed, May 23, 2001</b>	<b>1:30 to 3:00 p.m.</b>	<b>Department of Support Services Budget Hearing</b>
<b>*Wed, May 23, 2001</b>	<b>6:00 to 8:00 p.m.</b>	<b>Public Hearing and Testimony on the Multnomah County Budget, Gresham Branch Library, 385 NW Miller, Gresham</b>
<b>Tue, May 29, 2001</b>	<b>9:30 to noon</b>	<b>Capital Program Budget Hearing</b>

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**\*All sessions to be in held in the Multnomah Building,**  
**Commissioners Boardroom 100, 501 SE Hawthorne**  
**Boulevard, except as noted\***

Tue, May 29, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, June 6, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Thur, June 7, 2001	1:30 to 3:00 p.m.	<b>Tax Supervising and Conservation Commission Public Hearing and Testimony on Multnomah County Budget (quorum of BCC to attend)</b>
Thur, June 7, 2001	6:00 to 8:00 p.m.	<b>Public Hearing and Testimony on the Multnomah County Budget</b>
Thur, June 14, 2001	9:30 to noon	<b>Public Hearing and Testimony and Adoption of Budget and Amendments and Regular Board Meeting</b>

MEETING DATE: May 1, 2001  
AGENDA NO: WS-1  
ESTIMATED START TIME: 9:00 AM  
LOCATION: Boardroom 100

(Above Space for Board Clerk's use only)

### AGENDA PLACEMENT FORM

SUBJECT: Board Work Session on Budget Issues

BOARD BRIEFING: DATE REQUESTED: Tuesday, May 1, 2001

REQUESTED BY: Chair Bill Farver

AMOUNT OF TIME NEEDED: 9:00 am to 3:00 pm

REGULAR MEETING: DATE REQUESTED: \_\_\_\_\_

AMOUNT OF TIME NEEDED: \_\_\_\_\_

DEPARTMENT: Non-Departmental

DIVISION: Chair's Office

CONTACT: Diana Bianco

TELEPHONE #: (503) 988-5797

BLDG/ROOM #: 503/600

PERSON(S) MAKING PRESENTATION: Invited Budget and Departmental Staff

#### ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☒ POLICY DIRECTION ☐ APPROVAL ☐ OTHER

#### SUGGESTED AGENDA TITLE:

Board Work Session on Budget Issues

#### SIGNATURES REQUIRED:

ELECTED OFFICIAL: \_\_\_\_\_

(OR)

DEPARTMENT MANAGER: \_\_\_\_\_

*Bill Farver*

01 APR 26 AM 7:38  
MULTNOMAH COUNTY  
OREGON  
BOARD CLERK  
DEBORAH L. BOGSTAD

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ (503) 988-3277 or email  
deborah.l.bogstad@co.multnomah.or.us

**Note from Bill Farver: Here is a copy of my budget message for those of you who were unable to attend the board meeting this morning:**

## **2001 BUDGET OVERVIEW**

**4/26**

I have worked on many budgets over the past 17 years with the County - starting with Pauline Anderson in 1985. This has been the most difficult. The process was filled with uncertainties, both political and financial.

The political uncertainties include the resignations of two commissioners, followed by interim appointments, followed by elections to fill the vacancies - the results of which we may or may not know before the budget is adopted.

*But then I'm used to helping develop budgets that I don't vote on - no problema.*

The financial uncertainties include large decreases in projected revenue from the business income tax over a three year period and projected state reductions in funding for county-provided services.

I have tried to balance the need to be fiscally conservative with the desire to preserve key county services. I have also tried to draw upon my experience with the County, my understanding of the deeply held values of the Board, and my own values and principles in making these recommendations.

As a consequence, this budget message may be longer than usual .... It may contain more references to evaluation .... *And it may contain more goal and context statements. In short, it could be wonky, pointy headed and dense.*

*Not only that - we've compiled a budget book with lots of issue papers - 34 in all - for those who can't get enough budget!*  
I'll only get to do this once! Please bear with me....

Uncertainty brings out the best and the worse in all of us.

Today, I will dwell on the best and continue to be optimistic that we can emerge from this process on sounder financial footing and with most critical services in place.

Several factors made this budget process work as well as it has:

- Partnerships with schools, cities, and the state that allow us to work together to meet the needs of the public.
- Talented and dedicated employees who are willing to do more with less, seek efficiencies and be very creative in generating new revenue.
- A strong Board of County Commissioners committed to working cooperatively based on a common set of values and principles

*I will try and acknowledge the efforts of all of you as I go*

That's the good news. The bad news is that we face a revenue shortfall that is approximately 20 million dollars.

How can we best fill this \$20 million hole in the budget? Today, I will share with you my proposed response.

First, we must aggressively pursue improving operating efficiencies.

Second, we must search for additional revenue sources.

Third, we must continue our focus on priority benchmarks using the best research and evaluation data available.

Fourth, we must listen carefully to the community.

Finally, we need to make deep and painful cuts in our existing services that will result in layoffs and the elimination of vacant positions.

I'll talk a little about each of those steps and close with a discussion of future issues and some principles to keep in mind for our coming deliberations.

## **1. Efficiency First**

*In the short-term we are finding ways to do more with less. In the long term we are pursuing cost avoidance. I'll give some examples.*

### **Clinic Utilization**

In the Health Department, our seven clinics accommodate 95,000 visits annually. They are in the middle of a Clinic Redesign Project that will reduce wait times and increase the number of clients seen each day in the clinics. All members of the clinic team will redirect their efforts to front-line client service, whenever possible. Based on the experience of other jurisdictions, we expect a 5% to 20% improvement in efficiency from these changes. Thanks to these operating efficiencies, the Department believes it can avoid health care service reductions to those most in need.

*Kudos to Lillian Shirley for her guidance and innovation*

We will do more with less.

### **Fleet Audit Efficiencies**

Last fall, the Auditor suggested the County examine Fleet services. We did.

Since the audit was issued, 88 cars have been turned into Fleet Services. Next year departments will save \$141,808 in ongoing and one time only costs and the Fleet fund will save \$121,495 in one time costs. Here is an excellent example of stronger central management and clearer standards that provide more efficiency.

*Kudos to Tom Guiney for carefully working through the process with Departments. We'll do more with less.*



## **Information Services**

I have directed County information services personnel located in Departments to report to the Central Information Officer as of July 1. The CIO will develop service agreements with the Departments based on their current service level and recognizing unique departmental needs where they exist. Over time, the CIO will be able to improve services and help provide system thinking and cost avoidance strategies. This central direction will increase accountability and allow improvements to major initiatives in mental health and health data planning.

One aspect of that strategy will be the transfer of remaining county operations off the mainframe within two years. Once this transition is made the County will save \$1,500,000 annually.

*Special thanks to Lisa Yeo and Cecilia Johnson for their creative systemic approaches to our IT enterprise.*

We will do more with the same in the future.

## **Building Management**

Facilities Management is currently developing options to reduce the County's vacant space by consolidating operations and disposing of three County structures within the next two years. This will require the Board to find new locations for the Sheriff's patrol services ; for Facilities; and for the Multi Disciplinary Team. Additional short-term costs will be more than balanced out by the sales of the properties, more efficient long-term operations, and cost avoidance of building new structures.

*Special thanks to Dan Brown and Mike Oswald for balancing customer needs with the needs of the organization.*

We will do more with our existing buildings.

## **2. More Revenue**

After pursuing efficiencies, but before making cuts, we looked for new sources of funds to replace lost revenue. As noted, State government also has a shortfall and they are making cuts. The Federal Government does not have a budget shortfall and we have stepped up our efforts to secure the benefits of Federal programs for residents of Multnomah County. We are looking to a few other sources as well. In this budget we anticipate over \$9,000,000 in new revenue.

### **Federal Financial Participation**

Under the leadership of the Federal Financial Participation workgroup, the County has projected an additional \$5,000,000 in federal revenues to Health and Community and Family Services.

The FFP group has received wonderful cooperation from the state government in pursuing these options. More remains to be done in the coming year involving potential partnerships with schools, juvenile services, and other funding streams.

One specific result of these efforts is the ability to project adequate operating funds for a winter 2002 opening of the Child Receiving Center.

This revenue enabled us to avoid even more painful human services reductions.

*Special recognition to Tom Fronk of the Health Department and Dave Warren and members of FFP*

### **Leasing Beds**

The Sheriff has aggressively pursued revenue-generating options. Partners in the public safety system are planning to absorb the potential

loss of up to 100 jail beds that could be leased to the Federal Government.

Absorbing this reduction of beds will require the cooperation of the District Attorney and the Department of Community Justice.

*Thanks to Dan Noelle, Mike Schrunk, and Elyse Clawson.*

They have agreed upon a plan with thoughtful guidelines that minimize the impact on public safety, including pairing a post-prison/ probation revocation sentence with electronic monitoring, when appropriate. This is an efficiency that makes increased revenue possible.

### **Pay to Stay**

The Sheriff also proposes to increase the charges to inmates who can afford to pay a portion of the County's cost in holding them. This approach could be especially useful at the Restitution Center that already charges a daily rate.

### **Rental Rate**

Finally, the Sheriff believes he will be able to successfully conclude prolonged negotiations with the Federal Government that will increase the lease cost to reflect the County's cost of detaining offenders.

*Thanks to Larry Aab for his persistence.*

### **User Fees in Animal Control**

On a more limited scale, Animal Control Director, Gary Hendel, has proposed a number of fee increases which will offset proposed cuts in his program and enable him to implement his planned "no kill of adoptable animals" policy.

*Thanks to Mike Oswald and Gary Hendel*

### **3. Focus on Priority Benchmarks**

After we've pursued efficiencies and after we've looked for new revenue we still need to make cuts. How do we decide where to cut? We look at our priorities.

My budget recommendations assume certain long-term goals. Within this budget environment I was not always able to make progress on each, but at a minimum I attempted to avoid damaging cuts that would set our progress back.

The priority benchmarks I used in this budget planning include early childhood, health, and quality of life. By August 1, the new Board will be composed entirely of members who were not at the County when the Board chose the breakthrough benchmarks of poverty, school success, recidivism, and good government. This summer I think it would be appropriate for the Board to review, discuss and affirm the strategic direction inherent in the Benchmarks for the County for the next five years.

The overriding value of using benchmarks to guide decision making is that it helps the Board stay focused on community priorities. The Board must have patience and persistence to fund research based approaches and stick with them through an appropriate implementation and evaluation phase.

A new Board will want to discuss and reach consensus on the future benchmarks. The original structure provides a continuing focus and a clarity that serves us well in difficult times such as these.

I will highlight a few examples where changes in this budget are driven by our priorities. Within each benchmark area I will include a general goal statement that drives our efforts.

## **A. Early Childhood: Readiness to Learn**

*Children born in high-risk family situations should be screened and assessed. Their families should be provided assistance in their formative years.*

As an outgrowth of the extensive community based planning effort led by Commissioner Lisa Naito, the County is prepared to implement the Governor's Children's Program by developing comprehensive responses in three areas:

First, we will expand our Healthy Start teams in North Portland and East County. Based on the research tested "Olds" model, these teams provide ongoing support to first time, low income, single mothers. Nurses with caseloads of only 25 families provide two years of intensive home visits. The Olds model has been shown to achieve long term cost savings as well as significant health benefits. These include an 80% less chance that adolescents who received these services as babies will be convicted of a crime.

Second, we will develop neighborhood based, multidisciplinary Family Support Teams which provide less intensive services for a broader population. The County can build upon the success of the neighborhood health worker model which was expanded following an audit two years ago. This approach has been endorsed by both the Rand study and the Citizens Crime Commission.

Third, we will expand the Connections program that provides home visits for all new moms, not just the first births targeted by the Children's Plan.

I hope that the state provides sufficient flexibility to allow us to absorb some of the reductions from other state funding streams and the general fund - such as early intervention screening and small cuts in the Parent Child Development Centers.

In terms of ongoing services, the Library continues to emphasize and expand its outreach and in-branch services for young children and moms.

*A special thanks here to Ginnie Cooper for maintaining the library's focus on children and general high standards through constant remodeling.*

## **B. Poverty**

*Families in poverty should be provided with resources to alleviate their suffering and, when possible, provided with tools to get out of poverty.*

We have two plans to address homelessness- one on homeless youth is currently being implemented, evaluated, and fine-tuned; another plan, addressing the needs of homeless families, awaits funding. We can take a small step this year.

Based on the research we have done over the years with LPSCC and Community and Family Services, we will partner with the JANUS youth organization to pursue an alcohol and drug treatment grant providing up to \$900,000 over three years to intervene more effectively in the lives of homeless street youth. *Thanks to former Commissioner Diane Linn for her advocacy here.*

Research shows a strong link between homeless youth and alcohol, tobacco and other drug use. Our recent evaluation of the homeless youth system indicated that 52% of the youth used alcohol prior to entering the system and 48% used marijuana. Traditional alcohol and drug services are often not effective in reaching street youth.

## **B. School Success**

*SUN schools will spread and be an organizing focus for the provision of school based services. The School Attendance Initiative will continue to help students return to schools.*

*Schools will need to do more to make their structure and curriculum appropriate for all students.*

### **School Attendance Initiative**

Our research and evaluation data on this project show that it is effective both at returning students to school and increasing their performance once they have returned.

The data from last year shows that over 3,600 students were served by SAI. On average their attendance increased from 75% to 83% after SAI intervention. Increased attendance brings increased State funds to our school districts.

Preliminary academic measures from a small number of pilot schools indicate that students meeting grade level expectations rose from 31% to 56% in reading and 31% to 44% in math. This small sample is very encouraging.

In this budget climate, I have scaled back the effort to focus on the schools most in need of the service. Even with those reductions, the number of students served next year will be more than 70% of the number served this year. We are prioritizing. We will continue to serve all schools with more than 40 referrals this year, all SUN schools, and all schools targeted by their districts as under-performing.

*Joanne Fuller worked exceptionally well with our partners in this redesign.*

### Schools Uniting Neighborhoods

The SUN initiative is an exciting and innovative approach to building community, increasing school success and improving utilization of public facilities. In this budget we do not have the funds for a major expansion of this effort, but I have proposed to protect this initiative from substantial reductions. SUN has put in place one of the most intensive evaluation efforts we have ever undertaken and we need to stay the course and collect the learnings from this important initiative.

*Kathy Turner has brought wonderful energy and creativity to this effort*

### **C. Access to Health and Mental Health Services**

*All citizens should have access to basic health, mental health and supportive services to enable them to live productive lives in their community, to the extent possible.*

This is an area where the need is great and the local and state resources will seemingly always be inadequate.

### Health Care for Low-Income Families and Youth

The changing health care situation, locally as well as nationally, continues to increase the demand on the County to provide health care to low income families and youth and to the uninsured. I've talked about visit redesign and federal financial participation. We also continue to lead toward a community solution through the Communities In Charge grant.

### Mental Health

By moving the focus toward housing, employment, and community based treatment we will reduce the need for more expensive hospitalization. It may not cost less in the short run, but we will provide more service to more people and most importantly, people will be healthier and able to make positive contributions to our community. We will review the budget implications of these actions on May 15.



*Lorenzo Poe for thoughtfully steering the mental health boat, m hiring a new Captain and steering the Board away from cuts in the Board's many priorities in his Department*

#### The Elderly and the Disabled

More options for clients who are disabled or frail will be driven by self-determination and the least restrictive home environments. We will continue to push for restored funding for the more humane and cost effective approach of Oregon Project Independence.

*Appreciation to Jim McConnell for his continuing advocacy for Oregon Project Independence*

#### Children's Services

The County is now soliciting bids for the construction of the Children's Receiving Center, which we hope to open next winter. The CRC located in the Gateway Urban Renewal district will provide a place where children who have been removed from their homes for reasons of abuse or neglect can be taken for immediate care and comprehensive assessment. The Center will serve up to 16 children at a time ages 3 to 12 and will be operated with existing county and state funds.

*The County is indebted to Mike Schrunk, Janice Gratton, Lisa Naito, Dan Saltzman, Sharron Kelley and countless others.*

The County has the opportunity to use this Center as a focal point for comprehensive services for children in foster care aged 0 to 6 and for their foster and biological families. These include parenting, mental health, health, and domestic violence and abuse services and supports.

*Janice Gratton and Barbara Brady have done very thoughtful work here.*

## **D. Reducing Recidivism**

*Our public safety focus must continue to be on offenders who pose continuing dangers of committing serious person to person crimes and are returning to the community from incarceration with little resources to support a non-criminal life style.*

*Individuals who do not pose a substantial danger to the community should be channeled into sanctions and treatment services which have been shown to help end recidivism.*

*Juvenile offenders and their families should be provided every opportunity to become contributing members to their community.*

Thanks in part to Jim Carlson and the Evaluation unit, we have some of our best data in the public safety arena. Much of the work revolves around the chronic problems of alcohol and drug abuse and its multiple victims in our society. Here are three examples:

### **Gang Prevention and Intervention Efforts**

The state previously provided the County with \$1,300,000 in gang prevention and intervention money. The Governor eliminated that funding from his budget and the Legislature is very unlikely to restore it.

The Department feels that these services are particularly crucial and notably effective. I agree, and I have largely backfilled them in my Executive Budget. I suggest we continue to fund treatment foster care, juvenile court counselors, the Day Reporting Center, and multi systemic therapy. Treatment Foster Care and MST are nationally promising practices for juvenile delinquency reduction.

## Mentorship

In this budget we supplement Community Justice's successful Interchange program with a mentorship program to provide more effective transition of those offenders back to the community.

Last year, the County started a mentorship program for graduates of the Hooper drug treatment program. With a year of experience, the evaluation reported that the percentage of clients referred from detoxification who were actively engaged in outpatient treatment increased from 52% to 85%. Moreover, the number of clients enrolled in outpatient treatment increased annually from 84 to 165 and the percentage of those clients completing treatment increased from 16% to 54%. The results exceeded even our most optimistic expectations.

By offering this service to graduates of Interchange and Columbia River Correctional Facility we can increase the success rate of individuals who have received some of our most expensive secure treatment.

*Thank the RAP group and Ed Blackburn and David Eisen from Central City Concern for making this idea work so well.*

## Drug Treatment Sanction

Currently, less than 30% of the offenders on probation in this County receive treatment for drug abuse. If we institute a more comprehensive drug court we can increase that number to 50%.

Given the reductions in jail beds, prosecution resources, and probation resources, we need to take a thoughtful approach to doing more with less.

I need to acknowledge the District Attorney, Community Justice Director, Courts and Sheriff for developing an approach which can direct many low level misdemeanants, trespass and non-violent felony

criminals into court supervised treatment. This is consistent with the approaches being tried in California and Arizona.

For this approach to work, the County is requesting a reprioritization of how the City and County agree to spend the Local Law Enforcement Block Grant that our area receives. Discussions need to continue with the City of Portland to increase funding of the currently successful STOP program by \$750,000, instead of spending that money on police equipment and overtime.

Multnomah County has operated a drug diversion treatment court since the early 1990's. A recent outcome study shows that drug court participants are convicted of new crimes 16% less and arrested for new crimes 14% less than a matched group that did not enter drug court.

Similarly, we need to deal with offenders with mental illness who do not pose an immediate danger to themselves or others. We cannot afford to use expensive jail beds, if some of these clients can be supervised and treated outside of jail.

Towards that end, we are also requesting from the Local Enforcement Block grant, funds to pilot a mental health treatment court option. The County will provide additional mental health case management services and closely evaluate the effort.

#### Trespass in a drug free zone

Finally, in an effort to target our justice system resources to the most appropriate clients, I would encourage the City of Portland to reexamine their use of the drug free zone.

I am concerned that the current enforcement of the Drug Free Zone is overloading our criminal justice system and contributing to the overrepresentation of African Americans. Over 10% of offenders sentenced to misdemeanor crimes in 1998 were convicted of Trespass II,

most of which results from Drug Free Zone exclusion orders. Almost 1/2 of these offenders were African American. When police issue the exclusion orders (as opposed to judges or prosecutors), 45% are for African Americans, 33% white and 20% Latino. I believe the Drug Court offers a more promising long-term approach to this neighborhood problem.

By limiting arrests and booking to ex-offenders who are suspected of something other than trespass, the system would eliminate the recycling of fully 1/10 of the misdemeanants currently in our system.

### **E. Good Government**

The County must begin to embrace sustainable practices and model this behavior in all we do. Less than that will shortchange our children's future. We need to support and expand on the wonderful work of Amy Joslin in DSCD.

The need for adequate housing for many of the populations we serve will drive the County towards a larger role. We are developing the capacity to coordinate County housing work in DSCD and we have the potential to expand our supported housing for offenders.

*Thank Maria Rojo and Mike Oswald for leading on these initiatives.*

The review of the County's administrative services, now proceeding under the direction of *Cecilia Johnson*, promises to involve the County's best thinkers in how we move forward.

## **4. Listening to our citizens**

Our County - and our democracy - work best when citizens are organized to work with local governments to get the services they need.

If the services are to be effective, communities of color will need services tailored to meet their unique cultural norms. As the fastest growing community in the state and county, the Latino community will need greater attention from the County. The County also has large, and growing, populations of Russian, Vietnamese and other non-English speaking people. Language and cultural barriers make serving these communities well extremely challenging. We must work hard to meet these challenges.

*Acknowledge the special work of the Latino Network and salir adelante, their report on the needs of Latinos in our county, and for Serena Cruz consistent advocacy .*

To gather input from the community we've been working with community groups that have been willing to sponsor budget forums and share their views with us.

The County held seven budget forums this winter. They were attended by approximately 500 people. Consistent themes and community priorities included:

- Focusing on preventing problems
- Expanding support for SUN Schools
- Expanding recreational facilities and youth development programs
- Expanding violence prevention and intervention programs; adding funding for culturally specific programs
- Funding leadership building in the Asian Pacific Islander and Latino communities
- Strengthening early childhood services (by supporting health, early education, and parenting programs)
- Continuing to support high risk and gang affected youth and their families
- Continuing to support school based health centers
- Improving access to culturally appropriate mental health, alcohol and drug treatment services

- Supporting culturally specific programs for elders
- Building on community strengths and assets
- 
- Given the budget constraints, and always testing for effectiveness, I tried to follow all of these themes.
- 
- In addition, there were some specific requests. Based on equity concerns, I have honored the following:
- 
- providing \$25,000 each to APANO and the Latino Network to continue their advocacy and organizing work
- 
- providing the Asian Family Center with diversion staff
- 
- providing potential funding for an expansion of our Latino mental health work to Rockwood, possibly by this spring. Expansion to the Columbia Villa is also recommended when funds permit. The final decision should be made by the Board when we have a better perspective on the federal financing potential.
- 
- *Can count on the support of Lonnie Roberts who has been a forceful advocate for the Latino population in East County.*
- 
- I wish we could have done much more.
- 

## •5. Major Reductions

- After the efficiencies, after the new revenue, after the priorities and the community input, even the best thinking and most well-intentioned actions cannot avoid the harsh reality of layoffs and service cuts. I regret that more than 120 positions in the county will be eliminated and over 50 current employees may lose their jobs by July 1. This budget includes reductions that total over \$13,000,000.

- 
- Here are a few of the major cuts recommended by departments and agencies that I included in the Executive Budget:
- 

### •Public Safety Juvenile

- Closure of a 16 bed unit at the Juvenile Home. (\$495,000)
- Elimination of the GIFT program - Gang Influenced Females - (\$190,000)
- Reduction of juvenile counselors from DCJ (\$600,000)
- 
- 

### •Public Safety - Adult

- Reduction of seven prosecutors (approximately \$500,000)
- Reduction of corrections deputies (\$500,000)
- Reduction of work crew staff (\$606,000)
- Elimination of Sheriff's office support for the child abuse multi-disciplinary team (\$155,000)
- Elimination of the employment contract for offenders from DCJ (\$72,000)
- Elimination of outpatient field services mental health contract for offenders from DCJ (\$181,000)
- Reduction of 9 corrections technicians supporting the work of probation officers from DCJ (\$390,000)
- 

### •School Services

- A 1/3 reduction in the number of schools served by the School Attendance Initiative (\$700,000)
- Elimination of FRC counseling staff at Marshall and Whittaker (\$130,000)
- Reduction in spending on Transition School (\$600,000)



## **Aging Services**

- Reduction by 43% in Oregon Project Independence funds (\$440,000)
- 

## **Health Services**

- Neighborhood Health services (\$1,100,000) The Healthy Birth Initiative grant ends on June 30. Through a reorganization of the Field Teams, and a reallocation of existing resources, \$450,000 has been restored to the Initiative.
- Elimination of the Lead prevention program - lost grant from City of Portland (\$457,000)
- Reduction in STARS - Students Aren't Ready for Sex - reduced state funds (\$102,000)

## **Support Services**

- Reduction in our staff in Finance (\$447,000)
- Reduction in central information services (437,000)
- Reduction in Facilities and Property Management (1,067,000)

## **Administration**

I have discussed the need to review our administrative services. However, I also need to mention the dangerous lure of false efficiencies. We all prefer to avoid direct service reductions and instead rely on internal efficiencies and administrative reductions wherever appropriate. I have mentioned just a few of the many efforts we have made in that direction.

But I would be remiss in my duties if I did not point out that, at some point, cutting administrative staff becomes counterproductive.

Without experienced administrative staff, the County will:

- be unable to maintain the highest quality in our services;
- be unable to form and sustain crucial partnerships with the business community and other local jurisdictions;
- face the prospect of increased employment litigation; and
- be unable to maintain quality workers who seek to make a meaningful contribution to their society, but also have responsibilities outside of work with friends and family.

We need to be prudent in the management of our human resources. I worry that these cuts, following on the reduction of more than \$7.5 million to the County's current service level last year, will place too much strain on our systems.

## **State Reductions**

The County's budget dilemma this year was compounded by reductions in state funding. We remain hopeful that Oregon Project Independence funds will be restored by the State Legislature and will continue to help our senior citizens remain in their homes as long as possible.

We remain hopeful that Oregon Youth Authority beds will be restored. With the closure of a unit at Juvenile, the County is not in a position to assume responsibility for serious youth offenders who have been sent to state training facilities.

We are not hopeful about restorations of the state funded gang prevention and intervention programs. These programs have become a vital part of our local juvenile corrections strategy and I have made deeper cuts within Community Justice to restore the bulk of those programs.

It is distressing, but understandable, that a slowing business climate and out of state mergers impact our business tax revenue. It is outrageous that relatively small amounts of our income tax payments will be returned to us by the state while we face the erosion of services that could have been continued with those state funds.

## **6. Future Uncertainties**

When facing a cut back, government cannot always meet the long-term needs of its citizens. It needs, however, to keep those many needs in mind as it makes thoughtful short-term decisions that may have long-term implications.

While not comprehensive, here are a few areas where a new Board will need thoughtful planning and strategic actions:

### **Operating Levies**

The wonderfully intact and expanding Library system will be up for renewal, probably in 2002

Operating funds for the new Wapato Jail and Secure Alcohol and Drug Treatment Center will need to come from a local option levy. The facility should be ready to open in the summer of 2003. We know from our evaluations that the effectiveness of the drug treatment will depend

upon adequately funded follow up services including housing, mentors, and employment.

### **Capital Requirements**

Commissioners Cruz and Naito are working with our Facilities Department on options for a General Obligation Bond to meet the needs for adequate, structurally safe court space.

The unfunded liability of the Bridges and the continuing strain on limited transportation funding will require cities, state and federal cooperation with us if we are to meet the needs.

Housing support is emerging as a significantly underfunded local government service. While the County has historically not had a major role compared to other jurisdictions and organizations, the success of much of our work depends on adequate, affordable shelter.

Maintaining our investment in our buildings through the asset preservation fund mechanism will allow some flexibility in how we address these needs.

### **State Partnerships**

In many of our services - health, mental health, aging, community corrections - the County is supposed to be a partner with the state. Too often, the Legislature is more than willing to provide counties with the responsibility for locally provided services, but unwilling to provide adequate funding for these services.

The County needs to work with other counties and the Governor to develop a meaningful partnership that addresses the responsibilities of both partners - the funder and the service provider.

The good news is the continuing assistance we are getting from the state in our expanded FFP partnership and the potential still remaining.

### **Local Partners**

I am continually struck by the time, energy and commitment that true partnership involves. A new Board should carefully consider structures that would enable it to have more regular dialogue on public policy with the Cities and School Districts in Multnomah County. Too often discussions are limited to relatively last minute budget negotiations, without an overall commitment to fund systems, not perceived organizational needs.

### **Role of Central Support Services**

The County is a very different organizational place than it was when Pauline and I first came and different because of the impact of Beverly Stein.

We have the potential to think and act more efficiently and more as a single enterprise, rather than discrete Departments. Indications of that movement are the strength of the DSS leadership both at the Director and Division Manager levels, the installation and use of MERLIN, the adoption of Countywide Information services standards and technology, and the positive response to the fleet audit.

To continue to capture efficiencies, avoid long-term costs, and capture the learnings from the auditor's work in these areas, the County will need to continue to move its thinking towards a countywide/enterprise level. This does not mean wholesale centralization. We need to value and honor the differences among our departments. But, we need to value expertise where it exists, and wear county hats, more than departmental hats. The Board needs to play a key leadership role in stressing these themes.

## **7. Principles**

I will bring this multifaceted message to closure by sharing with you the principles that guided my decision making.

- Is the service cost effective? What are our choices?
- Is the service supported by research? How do we know it will achieve the desired outcomes? How good is our evaluation?
- Are we intervening early? Are we using prevention strategies where possible? To what extent is our investment going to impact the community on a long-term basis?
- Are we tackling the high-risk clients? Are we targeting the areas of greatest need?
- Are we building on community strengths? To what extent does the policy enable neighborhoods to assist their own residents in convenient sites?
- To what extent will a reduction in one area spill over and cause additional problems in another area
- Are we promoting transformative change? To what extent does the policy enable us to rethink and redesign how we do our work?
- Do we have Accountability? How can we demonstrate to the public that the money is well spent?

As we look in more detail at the difficult budget choices we face I hope that we will continue to ask these questions.

## **8. Acknowledgements**

In closing, I would like to thank:

- the Board for their guidance and support in developing these recommendations

- Dave Warren, Karyne Dargan, Ching Hay, Mark Campbell, Mike Jaspin, Julie Neburka, and all the departmental budget staff.
- County Unions officials for their continuing input and ideas over three different occasions.
- The Central Citizen Budget Advisory Committee whom I also met with on three occasions to share ideas.
- 
- The Chair's staff for their support specifically
  - Jeff Cogen and Rhys Scholes for assisting me with this magnum opus
  - Maria Lisa Johnson for her work with the budget forums and constituent response
  - Diana Bianco and Donna Gouse for assisting with preparation of the budget book
  - Deb for being on top of everything Board related
  - Melinda, Delma, Lyne, Cynthia for helping things running and keeping us sane
- A special thanks to:
  - Dave Boyer, Dave Warren, and Tom Fronk whose energy and creativity on financial matters are exceptional
  - Elyse Clawson and Joanne Fuller who are among the best collaborators and partners in the County.

I am honored to have the opportunity to participate in this process. I look forward to our overview workshop on Tuesday and our departmental briefings and public hearings in May and June.



## **Bill Farver, Multnomah County Chair**

Suite 600, Multnomah Building  
501 S.E. Hawthorne Blvd.  
Portland, Oregon 97214

Phone: (503) 988-3308  
FAX: (503) 988-3093  
Email: [mult.chair@co.multnomah.or.us](mailto:mult.chair@co.multnomah.or.us)

TO: Board of County Commissioners  
FROM: Bill Farver  
RE: Budget Notebook  
DATE: April 26, 2001

I've prepared a Budget Notebook to assist the Board as it moves through the budget process. The Notebook contains a lot of information, ranging from the schedule of budget hearings to thirty-four Issue Papers that outline specific budget issues.

I've also included the agenda for our May 1<sup>st</sup> budget work session. During that session, we will use the document entitled "Major Budget Issues – Document to Assist in Discussions and Decisions" to help frame our work.

The Notebook does not cover everything – many of the questions you have will be addressed at budget hearings and in other forums. However, I hope this information provides a baseline of information and is helpful to you as we work together on the 2001-2002 budget.

Thank you.



**BUDGET NOTEBOOK**  
**TABLE OF CONTENTS**

- I. Budget Deliberations Schedule
- II. Agenda for May 1<sup>st</sup> Budget Work Session
- III. January 4<sup>th</sup> Memos from Beverly Stein and Bill Farver Outlining the 2001 Budget Situation
- IV. Revenue Chart – Five Year Outlook
- V. Original Cut List with Add Backs Highlighted – Executive Adds List
- VI. Major Budget Issues – Document to Assist in Discussions and Decisions
- VII. Issue Papers
- VIII. Memo from Bill Farver to Multnomah County School Superintendents

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**(Subject to Change – Please Check Weekly Board Agenda for Updates)**

**\*All sessions to be in held in the Multnomah Building, Commissioners Boardroom 100, 501 SE Hawthorne Boulevard, except as noted\***

Thur, April 26, 2001	9:30 to noon	Executive Budget Overview Presentation to Board and Regular Board Meeting
Tue, May 1, 2001	9:00 to 3:00 p.m.	Board Budget Work Session on Issues
Thur, May 3, 2001	9:30 to noon	Executive Budget Message and Board Approval of Budget for Transmission to Tax Supervising and Conservation Commission, Regular Board Meeting
Tue, May 8, 2001	9:30 to noon	Central Citizen Budget Advisory Committee Report & Department of Library Services Budget Hearing
Tue, May 8, 2001	1:30 to 4:00 p.m.	Department of Sustainable Community Development Budget Hearing
Wed, May 9, 2001	9:30 to noon	Department of Support Services Budget Hearing
Wed, May 9, 2001	1:30 to 4:00 p.m.	Non-Departmental and Special Service Districts Budget Hearings
*Thur, May 10, 2001	6:00 to 8:00 p.m.	Public Hearing and Testimony on the Multnomah County Budget, Midland Branch Library, 805 SE 122nd Avenue, Portland

**2001-2002 Multnomah County Budget Deliberations Schedule**  
**(Subject to Change – Please Check Weekly Board Agenda for Updates)**

**\*All sessions to be in held in the Multnomah Building, Commissioners Boardroom 100, 501 SE Hawthorne Boulevard, except as noted\***

Tue, May 15, 2001	9:30 to noon	Public Affairs Office Legislative Update discussion, followed by <b>Department of Aging and Disability Services Budget Hearing</b>
Tue, May 15, 2001	1:30 to 4:00 p.m.	<b>Capital Program Budget Hearing and Mental Health System Briefing</b>
Wed, May 16, 2001	9:30 to noon	<b>Health Department Budget Hearing</b>
Wed, May 16, 2001	1:30 to 4:00 p.m.	<b>Department of Community and Family Services Budget Hearing</b>
*Thur, May 17, 2001	<b>6:00 to 8:00 p.m.</b>	<b>Public Hearing and Testimony on the Multnomah County Budget, North Portland Branch Library, 512 N Killingsworth, Portland</b>
Tue, May 22, 2001	9:30 to noon	<b>District Attorney's Office Budget Hearing</b>
Tue, May 22, 2001	1:30 to 4:00 p.m.	<b>Department of Juvenile and Adult Community Justice Budget Hearing</b>
Wed, May 23, 2001	9:30 to noon	<b>Sheriff's Office Budget Hearing</b>
*Wed, May 23, 2001	<b>6:00 to 8:00 p.m.</b>	<b>Public Hearing and Testimony on the Multnomah County Budget, Gresham Branch Library, 385 NW Miller, Gresham</b>

**2001-2002 Multnomah County Budget Deliberations Schedule  
(Subject to Change – Please Check Weekly Board Agenda for Updates)**

**\*All sessions to be in held in the Multnomah Building, Commissioners  
Boardroom 100, 501 SE Hawthorne Boulevard, except as noted\***

Tue, May 29, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, May 29, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, May 30, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Tue, June 5, 2001	1:30 to 4:00 p.m.	Discussion, Follow-up Info, Review Budget Amendments Work Session
Wed, June 6, 2001	9:30 to noon	Discussion, Follow-up Info, Review Budget Amendments Work Session
Thur, June 7, 2001	<b>1:30 to 3:00 p.m.</b>	<b>Tax Supervising and Conservation Commission Public Hearing and Testimony on Multnomah County Budget (quorum of BCC to attend)</b>
Thur, June 7, 2001	<b>6:00 to 8:00 p.m.</b>	<b>Public Hearing and Testimony on the Multnomah County Budget</b>
Thur, June 14, 2001	9:30 to noon	<b>Public Hearing and Testimony and Adoption of Budget and Amendments and Regular Board Meeting</b>

**AGENDA**  
**Board of County Commissioners Budget Work Session**  
**May 1, 2001**

9:00-9:20

**INTRODUCTION** Bill Farver  
Goals for the day  
Budget and Benchmark Process

9:20-9:50

**REVENUES** Mark Campbell

- BIT, Property Tax, State projections, FFP included in 2002 budget, US Government Beds, Pay to Stay, Fines and Fees
- Revenue Expectations for next 4-5 years

9:50-2:00

**ISSUES FOR DISCUSSION**

***Benchmark: Early Childhood***  
**The Governor's Children's Plan** Lillian Shirley, Jim Clay, Mary Li (9:50-10:30)

**10 minute break**

***Benchmark: School Success***  
SAI Joanne Fuller (10:40-11:10)

***Benchmark: Health and Mental Health***  
**Bienestar and Rockwood Pilot** Janice Gratton, Rey Espana, Rosemary Celaya-Alston (11:10-11:55)

**Lunch 11:55-12:25**

***Benchmark: Public Safety***  
**Drug Court, Mental Health Court** Mike Schrunk, Elyse Clawson  
**Interchange and Mentorship** Elyse Clawson, Ed Blackburn (12:25-1:10)

***Benchmark: Good Government***  
**IT/Main frame** – Lisa Yeo, Cecilia Johnson  
**FFP** – Tom Fronk, Dave Warren  
**Sustainability** - Amy Joslin (1:10-1:55)

**10 minute break**

2:05-3:00

**REMAINDER OF ISSUES** – Bill Farver



## Beverly Stein, Multnomah County Chair

Suite 600, Multnomah Building  
501 S.E. Hawthorne Blvd.  
Portland, Oregon 97214

Phone: (503) 988-3308  
FAX: (503) 988-3093  
Email: [mult.chair@co.multnomah.or.us](mailto:mult.chair@co.multnomah.or.us)

### MEMORANDUM

TO : Board of County Commissioners  
District Attorney  
Sheriff  
Department Managers  
FROM: Beverly Stein  
Bill Farver  
DATE : January 4, 2001  
RE : 2001 Budget Situation

---

I want to share with you some unfortunate and challenging budget news. The County is **facing a projected budget shortfall of \$15 to \$20 million in our general fund for the upcoming fiscal year, 2001-2002.** The primary cause of this situation is shortfalls in Business Income Tax collections, starting last year and expected to continue this year and next. The BIT shortfall combined with inflation, proposed cuts in state funding, and continuing limitations on property tax growth leave the County facing its most difficult budget since the passage of Measure 47. The Budget office does not expect positive changes in BIT revenue and we need to begin our budget planning process as if these conservative, but realistic, projections will be accurate and continue for the next few years.

I will be communicating this budget situation to the public and our community and governmental partners and asking for their advice and assistance. I do not wish to alarm the public and employees unnecessarily but I have an obligation to share the situation as we currently understand it.

Here are the immediate steps we are taking to address the situation:

1. All departments and agencies are **requested to spend at 96% of their current allocated budgets during 2000-2001.** This will assure us of adequate reserves entering the next fiscal year.
2. We ask all Departments to begin immediately an **organizational review to look for administrative efficiencies.**

In the spirit of continuous improvement, on a countywide basis, we will closely examine our internal service budgets, seek to eliminate duplication, seize.

Memorandum to Board of County Commissioners

FROM: Beverly Stein, Bill Farver

January 3, 2001

Page Two

opportunities for cost avoidance and cost savings and optimize the use of all county resources including sharing facilities, equipment and staff resources.

First tier reductions should include reviewing opportunities to reduce management and supervisory levels, increase spans of control and restructure to best align programs and operations with strategic benchmarks and priority outcomes.

Finally, we will aggressively seek opportunities to redesign and reengineer our business processes in order to assure that our administrative infrastructure is cost efficient and effective in supporting quality service delivery to county customers and stakeholders.

These actions are consistent with the County's RESULTS goals of creating team structure and culture, enhancing cross-functional knowledge and skill transfer, and further developing leadership capacity at all levels.

3. For 2001-2002, all departments and agencies are instructed to submit budgets for the general fund portions of their budgets at **93% of current service level**. If revenues stay as projected, budgets proposed at 7% level of reduction will allow us to consider both state and county reductions and to be deliberate in setting priorities.
4. We will **not consider add packages nor restoration packages** until we have the opportunity to review all budget submissions and/or receive positive changes in revenue projections.
5. We will **discuss our financial situation with other jurisdictions to explore opportunities for mutual assistance**. Several cities and school districts, as well as State Government, also face projected budget deficits this year. We will continually explore opportunities to collaborate with other entities in meeting organizational and program needs. As part of this effort, we will meet with the City of Portland to discuss the business income tax status.

I continue to count on your leadership skills and teamwork in the coming months. The County has had the recent experience of managing well through two other difficult budget cycles with Measures 5 and 47/50 and I am confident we can deal with this year's with wisdom and in a spirit of cooperation.





# MULTNOMAH COUNTY OREGON

DEPARTMENT OF SUPPORT SERVICES  
M. CECILIA JOHNSON, DIRECTOR

PHONE (503) 988-5880  
FAX (503) 988-5758

MULTNOMAH BUILDING  
501 SE HAWTHORNE BLVD  
4TH FLOOR  
P.O. BOX 14700  
PORTLAND, OREGON 97293-0700

ASSESSMENT & TAXATION  
BUDGET AND QUALITY  
ELECTIONS  
FINANCE  
HUMAN RESOURCES

INFORMATION SERVICES  
LABOR RELATIONS  
MERLIN SUPPORT  
ORGANIZATIONAL LEARNING  
RISK MANAGEMENT

## Memorandum

**TO:** Board of County Commissioners

**FROM:** Bill Farver, Chief of Staff  
Cecilia Johnson, Director Support Services  
Dave Warren, Budget Manager

**DATE:** January 4, 2001

**SUBJECT:** County Budget for FY 2002

---

Multnomah County is faced with another serious budget challenge in the coming year. General Fund revenues, largely because of Business Income Tax (BIT) collections, will fall seven percent short of covering ongoing costs of the current General Fund operations. The State of Oregon may be making cuts that directly affect programs that are extremely important to other operations. Given the slowing economy, we must make adjustments

This will be our most difficult budget since Measure 47. It will be a serious challenge to the management of the County.

### **FINANCES**

For the third year in a row, we see a financially constrained budget process ahead. There are several factors at play:



### Summary Chart

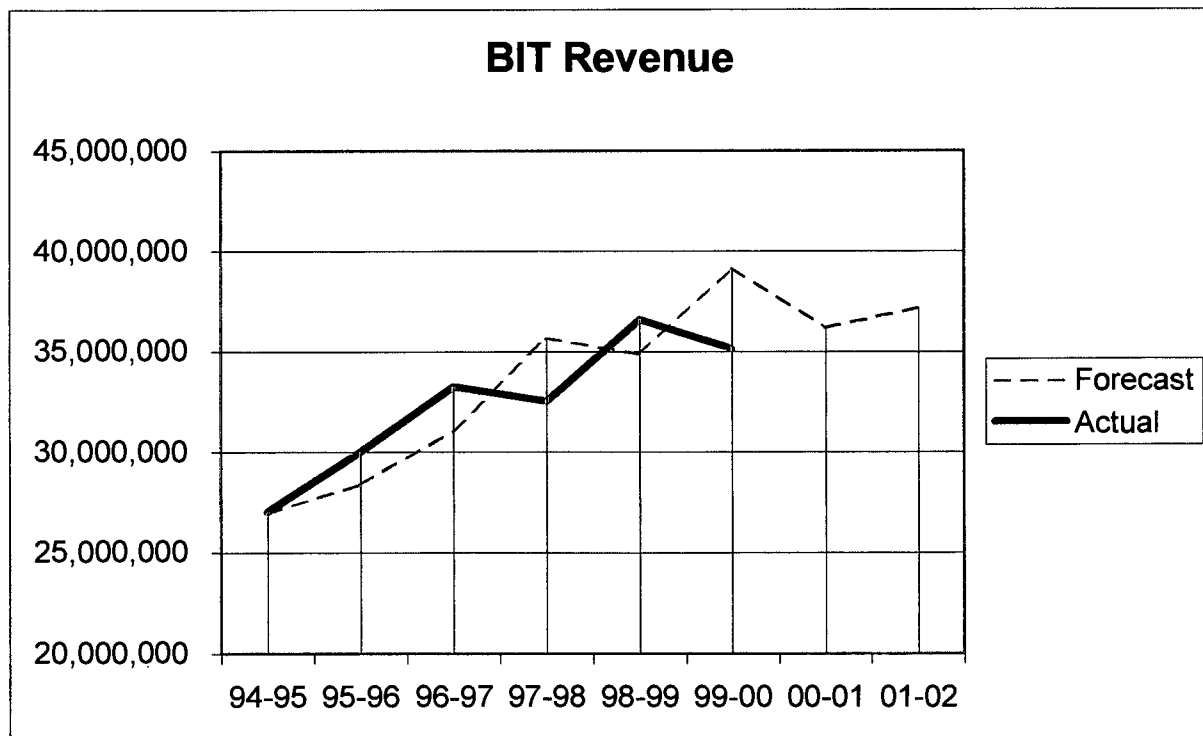
#### Ongoing Problem

FY 2002	Projected BIT	\$ (8,200,000)
FY 2002	One Time Only (OTO) Revenues	(6,800,000)
<b>Subtotal</b>		<b>\$ (15,000,000)</b>
Inflation (3.5%)		10,850,000
<b>Total Bad News</b>		<b>\$ (25,850,000)</b>
Net Growth in other General Revenues		8,600,000
<b>Overall 2002 Shortfall</b>		<b>\$ (17,250,000)</b>

Here is a more detailed description of the factors leading to this shortfall.

#### Business Income Tax

Business Income Tax is a formulaic tax based upon the proportion of a business's profits equal to the proportion of its worldwide sales that are made in Multnomah County. The following tables show the recent history of the receipts from this tax.



Fiscal Year	BIT Forecast	BIT Actual	BIT Long Term Trend
1995	26,950,000	27,048,000	28,293,999
1996	28,400,400	30,040,000	30,274,579
1997	31,091,400	33,255,000	32,393,799
1998	35,687,520	32,524,000	34,661,365
1999	34,869,836	36,592,898	37,087,661
2000	39,154,400	35,122,782	39,683,797
2001 Budget	43,931,956		42,461,663
2001 forecast	36,178,075		42,461,663
2002	37,176,808		45,316,054

It is important to note that the 2001 forecast is an *estimate* of what we now expect to receive. This estimate is based on our review of the tax revenue that has been processed to date and applying trend analysis to project the amount we can expect to receive from April through June. Typically, we receive about half of our total revenue on, or after, the April 15<sup>th</sup> filing deadline.

Taxpayers with liability exceeding \$1,000 per year are required to file quarterly payments. This requirement effectively impacts most of our large taxpayers. However, there is no requirement that those payments be based on anticipated annual income and, in fact, we have no way to ascertain how accurate the quarterly payments are.

Further complicating our ability to more accurately predict this revenue is the fact that taxpayers can request an extension to file their county tax return. It is important to note that if a BIT account files for an extension they must, as individuals do, make a good faith estimate of their tax liability. It is not uncommon for us to see significant fluctuations in our revenue stream as a result of adjustments associated with amended tax returns.

However, it is unlikely that we will have information changing the 2002 BIT estimate prior to the time the budget goes to the Board.

1. **Impact of Lower BIT in FY 2002:** The BIT has been particularly difficult to forecast because businesses are under no obligation to notify us of their plans or forecasts. What we do know at this time is that revenue *declined* in FY 2000. As a result, we believe there will be an ongoing discrepancy between our revenue stream and our ongoing expenditures by 2002.

Notice that next year's estimate falls more than \$8 million below what we had expected FY 2002 receipts would be. We will need to reduce ongoing expenditures to the lower amount and that will result in an \$8.2 million cut.

2. **Impact of Lower BIT in 2001:** Because of the reduced FY 2001 BIT estimate (\$7.8 million), we face a cash flow problem in the current fiscal year. One-Time-Only (OTO) revenues from the anticipated sale of Edgefield property (estimated at \$3.8 million) and Federal Medicaid Reimbursement (\$3 million) were included in FY 2001 revenues. (Parenthetically, we no longer expect to sell Edgefield this year, making our current year situation even tighter.) Because of the loss of Business Income Tax revenue, these OTO revenues *and* our General Fund reserves will be used to continue programs during this year. In 2002, however, we must reduce the expenditure levels of ongoing programs or we will exceed total General Fund revenues. This will require a \$6.8 million cut in addition to the BIT shortfall in 1 above.
3. **Impact of Lower BIT in 2000:** Beginning Working Capital coming into this year is roughly \$6 million lower than we expected it would be. This is largely the result of lower Business Income Tax receipts in FY 2000. As a result of this shortfall and the estimated FY 2001 BIT reduction, the General Fund reserve will be reduced to zero at the end of FY 2001.

We must restore at least part of this reserve next year. *However, this does not, in itself, add to the cuts in ongoing costs next year.* We anticipate underspending in FY 2001 at a 96% level will partially replenish the reserve account.

4. **Inflation:** Currently, we are in negotiation with all of our labor bargaining units. We need to set aside a reasonable amount to cover negotiated cost of living adjustments. This is an ongoing expense and it comes on top of the overall shortfall in ongoing revenues. It is part of *overall inflation* that we will face next year.
5. **State Cuts:** These financial considerations affect our ability to be flexible in the face of State cuts. The Governor's Budget for the coming biennium recommends reducing or eliminating the following:
  - Oregon Project Independence -- \$1.1 million annual impact. This is not a General Fund program, but its reduction may put pressure on ADS.
  - Oregon Youth Authority's (OYA) contract with Multnomah County for 32 beds in the Donald Long facility. \$585,000 annual impact. This reduction is part of the ongoing revenue problem in the General Fund.
  - Gang Intervention Project services. \$1.3 million annual impact. Again, not a General Fund program, but one whose loss will affect DCJ.

- General Fund resources for 20 school based health clinics – one of them in Multnomah County.

The complete impact of these reductions will not be known until the end of the FY 2001 Legislature. Additional reductions also include the following, which have potential ripple effects on County services:

- Elimination of long-term care for clients in levels 15 – 17 will drop ADS caseload by 900-1000 clients.
- 150 accountability camp beds operated by OYA.
- Restructure the rates paid to Assisted Living Facilities, Residential Care Facilities and Adult Care homes.
- Reduce the JOBS Program.
- Reduce Temporary Assistance for Needy Families (TANF) cash assistance grants by \$5 per month.

#### **PRINCIPLES FOR BUDGET PLANNING**

To balance the FY 2002 General and Public Safety Levy Fund budgets, and cover the likely COLA, we will need to reduce the estimated cost of current services (about \$309 million) about 96.5% of the FY 2001 level or (\$11 million below it). This reduction will be the equivalent of a 7% cut in levels of service – more or less depending on operation-specific levels of inflation. That is, medical costs and utilities costs are projected to inflate faster than the overall level. In areas heavily dependent on such expenditures, service cuts will be deeper than average.

Multnomah County has established a spirit of continuous improvement which will help us now. Using the active help of managers, we will need to be willing to rethink how we do business and to retain as much financial flexibility as we can. In keeping with our County vision, plan to use the following principles to guide preparation of the Executive Budget:

- Continue to protect the long term benchmarks:
  - Reduce poverty
  - increasing school success
  - reduce crime
  - improve health
- Maintain the advances we have made in infrastructure so that the line operations of the County can function as efficiently as possible.

January 4, 2001

County Budget for FY 2002

- Look for efficiencies, duplications, and better ways of serving the public – examine managerial spans of control, consolidate countywide systems where it makes sense, etc. [Refer to Chair Stein's FY 2001 Budget News memo.]
- Continue to look for opportunities for cross-departmental sharing and cooperation.
- Examine the impact on the County of proposed state reductions and weigh those impacts against further County service reductions.
- Sustain current service level, when possible, but recognize that reductions will not be avoided in this financial climate.

### **IMMEDIATE IMPLICATIONS**

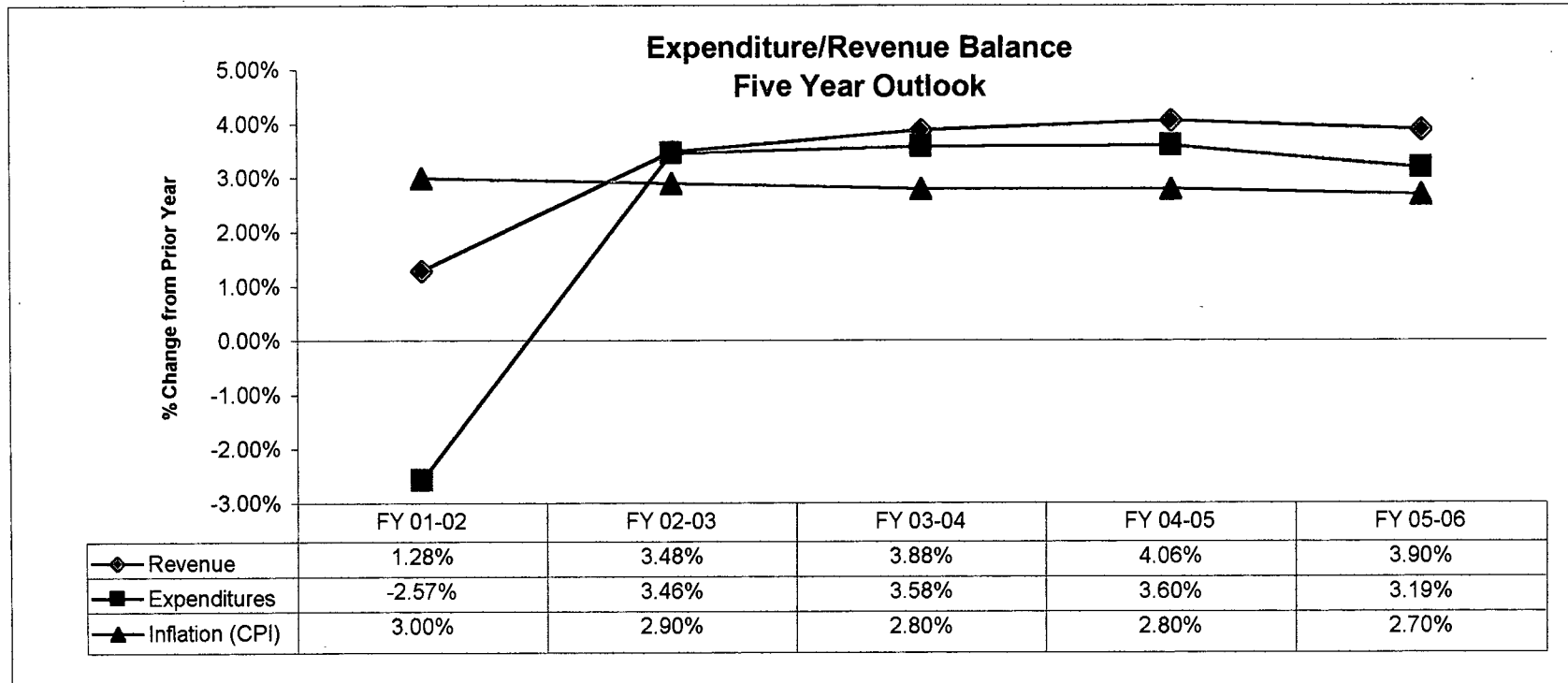
Having said all of that, we will examine with great care any mid-year expansions of programs in FY 2001, the current fiscal year. Contingency requests that are not one-time-only cannot be sustained next year. New programs such as some of the early childhood programs, will need to fit into the context of State money or will require additional program cuts in other areas.

Finally, internal service funds, although they are cost-effective providers of services departments would otherwise have to procure individually, must be examined under the same rules as the programs in the General Fund and the Public Safety Levy Fund. They will prepare reduced budgets and allow the reduced level of support they will be able to provide to be weighed against direct services.

## Forecast of Ongoing Revenue Sources

General Fund and Public Safety Levy Fund

	FY 01-02	FY 02-03	FY 03-04	FY 04-05	FY 05-06	Avg Growth
Property Taxes	\$ 172,876,380	\$ 180,871,127	\$ 188,904,302	\$ 197,346,682	\$ 205,715,899	4.44%
BIT	37,176,808	38,713,514	40,324,997	42,139,622	44,246,603	4.45%
Motor Vehicle Rental Tax	13,590,129	14,541,438	15,413,924	16,338,760	17,155,698	6.00%
SB1145 Reimbursement	10,281,022	10,589,452	10,589,452	10,907,136	10,907,136	1.50%
Service Reimbursements	10,103,029	10,507,150	10,760,816	11,105,439	11,460,844	3.20%
Fed Detention Reimbursement	8,249,183	8,249,183	8,249,183	8,249,183	8,249,183	-
State Shared Revenue	6,371,941	6,490,137	6,700,377	6,889,329	7,084,623	2.69%
Interest	4,725,000	4,405,869	4,367,238	4,412,963	4,554,949	-0.84%
Recording Fees	3,500,000	3,780,000	4,006,800	4,207,140	4,417,497	6.00%
Health Inspections and EMS	2,617,645	2,671,354	2,726,674	2,783,654	2,842,343	2.08%
Subtotal - Major Sources	269,491,137	280,819,224	292,043,763	304,379,907	316,634,774	
All Other GF	22,247,872	20,792,243	21,171,019	21,503,250	21,911,438	
Total - Ongoing Sources	\$ 291,739,008	\$ 301,611,467	\$ 313,214,781	\$ 325,883,157	\$ 338,546,212	



Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
1	5		Recording Fees - Anticipated increase in recording fees; revisit #'s in May			800,000		
2	6		SCAAP			300,000		
3 ADS	Director's Office	Director's Office	IT Carryover: will be matched at 67/37 rate ... underspending in FY- 01	115,000	1505	115,000		
4 All			ISR 7% Cuts	(430,000)				
49 CFS	BH Division		Backfill CGF that was moved to cover program costs - unknown programs	(655,781)	1505/ffp			1
59 CFS	CPP Division		Youth Investment - Contracted Services	(588,361)	505/76010			2
47 CFS	BH Division		DUII A&R Positions	(278,428)	1505/ffp		(5.00)	3
63 CFS	CPP Division	Community Services	Family Resource Center Staff	(274,516)	1505/ffp		(5.30)	2
60 CFS	CPP Division		GIFT - Contracted Services	(190,921)	505/76010			3
52 CFS	BH Division		Reduce SBHC Mental Health Consultants staff to 80% time during school year	(162,130)	505/76010		(2.29)	4
44 CFS	DD Division		Eliminate Early Intervention contract with PPS/MESD	(146,658)	505/76010			2
50 CFS	BH Division		Eliminate A&D Administrator	(96,518)	505/76010		(1.00)	3
67 CFS	IS Division		Reduce Capital, Professional services and supplies	(84,000)	505/76010			1
69 CFS	Ops & Sprt Svcs		Data Entry Operator and PDT - Data Section - to be funded by capitation revenue for claims processing	(81,000)	505/76010		(2.00)	1
70 CFS	Ops & Sprt Svcs		Eliminate Supervisor - Data Section	(74,000)	505/76010		(1.00)	1
64 CFS	CPP Division		Training & School Based DV Services	(71,050)	1505/ffp			2
48 CFS	BH Division		Acute Care & Admin Svcs to the MHS	(68,280)	1505/ffp		(1.00)	4
72 CFS	Ops & Sprt Svcs		FFP Accounting Support	(66,840)	1505/ffp		(1.00)	1

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
55 CFS	BH Division		Consolidate continuing Ed/training coordination - move function to HR - DD/BHD share reduction	(65,000)	505/76010		(1.00)	1
54 CFS	BH Division		Pull back Bienestar funding from Health Dept and hire 1.0 prescriber for Bienestar	(49,129)	505/76010		1.00	4
43 CFS	DD Division		Reduce services provided via "Saltzman" package	(45,200)	505/76010			2
42 CFS	DD Division		Eliminate CFS Administrator - Operations Unit/Protective Svs. Combine/centralize Protective Services	(45,166)	505/76010		(0.50)	2
68 CFS	Ops & Sprt Svcs		Eliminate QVSA/Cultural Competency - PDT	(45,000)	505/76010		(1.00)	1
66 CFS	IS Division		Eliminate OA Sr. Position	(43,310)	505/76010		(1.00)	1
46 CFS	DD Division		Reduce 1.0 FTE Records Tech (consolidate BH/DD to share reduction)	(43,000)	505/76010		(1.00)	1
73 CFS	Director's Office		Eliminate Evaluation Supervisor and add prof services to fund P.I time as needed	(40,000)	505/76010		(1.00)	1
74 CFS	Director's Office		Eliminate PDT in Evaluation	(40,000)	505/76010		(1.00)	1
51 CFS	BH Division		Outside In Contract - do not renew	(38,112)	505/76010			4
58 CFS	CPP Division		Cut Supervisor .50 FTE (fund position with new Wx Admin \$)	(37,000)	505/76010		(0.50)	2
71 CFS	Ops & Sprt Svcs		Eliminate Professional Services and Reduce management/supervisory training funds	(35,000)	505/76010			1
53 CFS	BH Division		Pull back Bienestar funding from contractors and hire 1.0 MHC in County	(32,701)	505/76010		1.00	4
57 CFS	BH Division		Reduction of various M&S	(30,000)	505/76010			1
62 CFS	CPP Division	Community Services	Family Service Center Contract	(30,000)	1505/ffp			2



Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
61 CFS	CPP Division		OA2 cut for centralized purchasing .50 FTE from CPP move function to OSS; BH/DD to share other .50 cut	(21,500)	505/76010		(0.50)	1
65 CFS	CPP Division		Prevention Services Contracted with SE Uplift	(20,000)	1505/ffp			2
56 CFS	BH Division		OA2 cut for centralized purchasing .50 FTE from CPP move function to OSS; BH/DD to share other .50 cut	(10,750)	505/76010			1
45 CFS	DD Division		Eliminate OA2 for centralized purchasing .50 FTE from CPP move function to OSS; BH/DD to share other .50 cut	(10,750)	505/76010		(0.25)	1
46 CFS	Community Programs & Partnerships	Delinquency Prevention	YI Training Fund - Backfill w/ FFP	20,000	1505			
47 CFS	Community Programs & Partnerships	Delinquency Prevention	Client Assistance Funds - Backfill w/ FFP	24,500	1505			
48 CFS	Director's Office	Director's Office	Family Resource Center Staff at PPS - Move from DCJ (was cut in DCJ); fund Grant/Madison C.C.	25,000				
49 CFS	Community Programs & Partnerships	Delinquency Prevention	Family Mediation - Backfill w/ FFP	28,250	1505			
50 CFS	Community Programs & Partnerships	Delinquency Prevention	Sex Industry Outreach - Backfill w/ FFP	30,560	1505			
51 CFS	Community Programs & Partnerships	Domestic Violence	Domestic Violence Contracts - Bradley Angle and community advocates (use FFP)	34,000				
52 CFS	Community Programs & Partnerships	Housing & Public Works	Alcohol & Drug Grant for Homeless Youth - Matching support for 3-year Robert Wood Johnson grant totaling \$871,141	41,331	1505			

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
53 CFS	Community Programs & Partnerships	Delinquency Prevention	System Coordination - Backfill w/ FFP	43,000	1505			
54 CFS	Behavioral Health	Child & Adolescent Treatment Services	ROY - Gresham Barlow School District - Declining grant, maintain CSL; backfill with FFP; fold into existing school based mental health system;	52,000			2.00	
55 CFS	Director's Office	Director's Office	Organizers for APANO and Latino Network - General Fund plus increase in EEL potential at SUN \$120,000'	60,000				
56 CFS	Community Programs & Partnerships	Delinquency Prevention	Girls Shelter/Transitional Housing - Backfill w/ FFP	66,213	1505			
57 CFS	Community Programs & Partnerships	Community Services	Parent Child Development Centers - restore cut with assumend OCP revenue	70,000		70,000		
58 CFS	Operations & Support Services	Financial Services	FFP Staff Person	75,000				
59 CFS	Behavioral Health	Child & Adolescent Treatment Services	Bienestar @ Rockwood with spring start up if sufficient FFP funds are available to offset costs	100,000	1505	100,000		
60 CFS	Behavioral Health	Community Mental Health Programs	DUII Screening - Assume increased fees (\$278,428 and statutorily set at \$90/visit); FFP to offset normal non-papymnt amount	100,000		278,428		
61 CFS	Developmental Disabilities		Early Childhood Screening with PPS/MESD - \$146,000 leverages \$170,000 for Schools: Funded through Gov's Plan (OCP)	146,658		146,658		
62 CFS	Behavioral Health	Alcohol & Drug Contracts	MH Treatment for Drug Court - City Block Grant	150,000		150,000		
63 CFS	Behavioral Health	Child & Adolescent Treatment Services	School Based Health Clinics - Restore mental health consultants to full-time during the school-year utilizing FFP funds	162,130	1505			

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
64 CFS	Director's Office	SUN Schools	Robert Gray remains at current level; backfill \$174,000 SIP revenue shortfall and provide some support for Brentwood Darlington using CCFC revenue	223,534	1505	223,534		
65 CFS	Community Programs & Partnerships	Community Services	Family Resource Centers staff	247,000				
66 CFS	Community Programs & Partnerships	Delinquency Prevention	Runaway Youth Shelter (Harry's Mother) - Backfill initial cut w/ FFP & CCFC reallocation	382,982	1505	264,040		
67 CFS	Behavioral Health	Child & Adolescent Treatment Services	Children's Receiving Center (CRC) Operating Funds - Utilize existing state/federal funds/revenue to buy FFP	750,000	1505	750,000		
68 CFS	Behavioral Health		Mental Health System - Intensive Case Management and Mentorship - Incorporate into Mental Health Budget; intensive case management and mentorship to manage hospitalization issues; \$150,000 for mentorship program, consumer assistance, use of TOPS capacity at Y					
69 CFS	Community Programs & Partnerships	School Based Services	Parent Involment (PPS) - Picked up by CCFC					
70 CFS	Community Programs & Partnerships	School Based Services	Buckman School Project - Picked up by CCFC					
71 CFS	Community Programs & Partnerships	Community Services	Diversion - Asian Center Diversion Counselor, reprioritized within existing staff				0.50	
72 CFS	Department-wide		Collect Indirect in CFS			65,000		

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
73 CFS	Developmental Disabilities		Developmental Disabilities Expansion - Utilize existing ADS case managers; locate in schools; use existing budget and/or new state money					
74 CFS	Director's Office		FFP Revenue - Estimated leveraged \$'s in CFS			1,100,000		
75 DA	Family Justice	Child Abuse Team	Asset Preservation - Morrison Building A.P. for MDT	(13,700)				
76 DA	Department-wide		A. Restore DA's - Restorations to DA cuts (from lat/rc/gr) - FFP leveraged Title 19 \$68,000	399,000		68,000		
253 DA	Felony Court	Felony Trial Team	FTE cut to meet constraint	(880,000)	1000		(12.50)	3
255 DA	Felony Court	Forfeiture	FTE cut for due to less revenue.	(250,000)			(3.75)	3
261 DA	Misdemeanor Court	Neighborhood DA	FTE cut for due to less revenue.	(245,000)	1505		(1.95)	3
256 DA	Family Justice	Domestic Violence	FTE cut to meet constraint	(240,000)	1000		(3.50)	3
254 DA	Felony Court	Felony Trial Team	FTE cut for due to less revenue.	(205,000)	1505		(2.92)	3
260 DA	Family Justice	Child Support Enforcement	FTE cut for due to less revenue.	(120,000)	1505		(2.00)	3
257 DA	Family Justice	Domestic Violence	FTE cut for due to less revenue.	(60,000)	1505		(0.80)	3
259 DA	Family Justice	Victim's Assistance	FTE cut for due to less revenue.	(60,000)	1505		(1.00)	3
258 DA	Family Justice	Victim's Assistance	FTE cut to meet constraint	(30,000)	1000		(0.50)	3
194 DCJ	Counseling and Court Services	SAI	Reduce SAI contracted case management and educational services to meet constraint.	(900,993)	1000			3
183 DCJ	Counseling and Court Services	Counseling Mgmt	Cut juvenile Gang Transition Services contracts due to grant reduction.	(634,490)	1505			3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
191 DCJ	Counseling and Court Services	Turnaround School	Eliminate Turnaround School contracted services supported by general fund to meet constraint.	(549,248)	1000			3
214 DCJ	Counseling and Court Services	Court Process Services	FTE change by fund/program	(425,625)	1000		(11.00)	3
227 DCJ	Information Services	Information Services	Cut 2 FTE, 10.5 transferred to Counseling Management	(316,996)	1000		(12.50)	3
207 DCJ	Centralized Processing Services	Centralized Intake	3 FTE cut due to phase 2 redesign, others transferred.	(270,939)	1505		(8.50)	3
185 DCJ	Counseling and Court Services	Counseling Mgmt	Cut AYOS/Genesis Juvenile Education contract.	(250,000)	1505	(250,000)		3
203 DCJ	Offender Supervision	Adult Supervision Offices	Cut to meet constraint	(241,993)	1505		(1.16)	3
241 DCJ	Custody Services	Residential Programs	FTE change by fund/program	(203,107)	1505		(5.44)	3
173 DCJ	Treatment Services	Mental Health	Eliminate outpatient field services contract to meet constraint.	(181,000)	1505			3
231 DCJ	Juvenile Justice Management	Juvenile Justice Management	transferred out	(168,239)	1505		(4.00)	3
219 DCJ	Custody Services	Detention Services	Close 1 pod	(161,012)	1000		(7.00)	3
193 DCJ	Counseling and Court Services	SAI	Cut PPS contract for Family Resource Center staffing services to meet constraint.	(155,854)	1000			3
192 DCJ	Counseling and Court Services	Turnaround School	Eliminate Turnaround School contracted services supported by OYA Diversion plan.	(153,933)	1505			3
168 DCJ	ACJ Sanctions & Services	Transitional Services	Reduce housing contract.	(146,000)	1000			3
213 DCJ	Counseling and Court Services	Counseling Management	3 FTE transferred out	(144,408)	1505		(4.00)	3
152 DCJ	Offender Supervision	Centralized Team Supervision	Relocate CTS to Mead Bldg & cut Dexco Bldg rent.	(131,919)	1505			3
251 DCJ	Counseling and Court Services	Turnaround School	Program Eliminated	(127,883)	1000		(3.00)	3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
171 DCJ	Treatment Services	Mental Health	Eliminate housing contract to meet constraint.	(125,000)	1000			3
215 DCJ	Counseling and Court Services	Court Process Services	FTE change by fund/program	(123,829)	1505		(3.40)	3
208 DCJ	Offender Supervision	Centralized Team Supervision	Cut to meet constraint	(100,614)	1505		(2.00)	3
242 DCJ	Centralized Processing Services	Sanctions Tracking	Program Eliminated	(87,302)	1000		(3.00)	3
188 DCJ	Counseling and Court Services	Probation Counseling Svcs	Reduce youth contracted services in Juvenile DRC by 50% to meet constraint.	(86,434)	1000			3
202 DCJ	Offender Supervision	Adult Supervision Offices	Cut to meet constraint	(85,584)	1000		(1.90)	3
248 DCJ	Treatment Services	Substance Abuse	transfer out	(80,115)	1505		(2.00)	3
216 DCJ	Custody Services	Custody Services Management	transferred out	(77,509)	1000		(1.00)	3
247 DCJ	Treatment Services	Substance Abuse	transfer out	(75,268)	1000		(1.00)	3
199 DCJ	Information Services	IS Management	Reduce network hardware, software, PC replacement, scanners, etc. from supplies budget.	(74,000)	1000			3
176 DCJ	Custody Services	Cust Svcs Mgmt	Cut alcohol & drug contracted services.	(72,513)	1000/ 1505			3
159 DCJ	ACJ Sanctions & Services	Learning Ctr	Cut job services contract to meet constraint.	(72,422)	1505			3
198 DCJ	Information Services	IS Management	Reduce department flat fee.	(72,000)	1000			3
209 DCJ	Counseling and Court Services	Child Abuse	1 FTE cut to meet constraint, 1 transferred	(65,663)	1000		(2.00)	3
246 DCJ	Counseling and Court Services	Sex Offender Program	Cut to meet constraint	(65,087)	1000		(2.00)	3
201 DCJ	Adult Justice Management	Adult Justice Management	FTE change by fund/program	(63,736)	1505		(2.15)	3
230 DCJ	Juvenile Justice Management	Juvenile Justice Management	transferred out	(62,508)	1000		(2.00)	3
172 DCJ	Treatment Services	Mental Health	Eliminate anger management contract to meet constraint.	(60,000)	1505			3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
222 DCJ	Counseling and Court Services	Diversion Program	FTE change by fund/program	(59,727)	1000		(2.00)	3
229 DCJ	Treatment Services	InterChange Treatment Program	reduce from 70 to 50 beds	(55,157)	1000		(4.50)	3
220 DCJ	Custody Services	Detention Services	Close 1 pod	(53,435)	1505		(1.00)	3
197 DCJ	Information Services	IS Management	Reduce project management contract for JIN and SPIN.	(49,890)	1000			3
252 DCJ	Sanctions and Services	Women's Services	transfer out	(48,152)	1000		(1.25)	3
170 DCJ	Treatment Services	Interchange	Reduce operational costs. \$35,835 in contracts	(45,835)	1000			3
218 DCJ	Sanctions and Services	Day Reporting Center	Cut to meet constraint	(42,682)	1505		(1.50)	3
210 DCJ	Counseling and Court Services	Community Accountability	Cut to meet constraint	(39,112)	1000		(1.00)	3
224 DCJ	Family Court Services	Family Court Services	reprogram funds	(37,253)	1516		(0.40)	3
154 DCJ	ACJ Sanctions & Services	DRC	Reduce Mead Bldg interior security with corresponding reduction to DRC service hours.	(37,000)	1505			3
234 DCJ	Centralized Processing Services	Local Control	Cut to meet constraint	(36,796)	1505		(1.00)	3
158 DCJ	ACJ Sanctions & Services	DRC	Close Saturday services, saving bldg costs @ Mead to meet constraint.	(35,591)	1505			3
147 DCJ	ACJ Centralized Processing	PRSP	Move PRSP [PreTrial, PSI, Hearings, Local Control] to Mead, eliminating Justice Center Bldg Mgmt cost.	(35,092)	1000/ 1505			3
143 DCJ	Employee & Community Development	Employee & Community Development	Reduce SAI program evaluation costs with Health Department	(31,000)	1000			3
200 DCJ	Adult Justice Management	Adult Justice Management	FTE change by fund/program	(30,214)	1000		(0.85)	3
140 DCJ	Director	Director's Office	Reduce organizational consulting contract to meet constraint.	(30,000)	1000			3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
184 DCJ	Counseling and Court Services	Counseling Mgmt	Cut alcohol & drug counseling contract to meet constraint.	(29,919)	1000			3
186 DCJ	Counseling and Court Services	Early Intervention	Eliminate clinical supervision of alcohol & drug team.	(26,863)	1000			3
235 DCJ	Centralized Processing Services	Pre-Sentence Investigation	transfer out	(26,327)	1505		(0.50)	3
225 DCJ	Sanctions and Services	Forest Project	Cut to meet constraint	(24,777)	1000		(1.00)	3
142 DCJ	Employee & Community Development	Employee & Community Development	Cut contract evalution funds.	(18,300)	1000			3
195 DCJ	Family Court Services	Family Court Svc	Cut Parent Education classes contract.	(15,375)	1516			3
211 DCJ	Sanctions and Services	Community Service	Cut, transfer responsibility to Finance Weed and Seed.	(15,112)	1505		(0.15)	3
187 DCJ	Counseling and Court Services	Probation Counseling Svcs	Eliminate Skill Development facilitators to meet constraint.	(15,036)	1000			3
141 DCJ	Director	Director's Office	Reduce cross-departmental training funds to meet constraint.	(15,000)	1000			3
155 DCJ	ACJ Sanctions & Services	DRC	Reduce UA Testing contracted services to meet constraint.	(15,000)	1505			3
166 DCJ	ACJ Sanctions & Services	Forest Projects	Reduce Supplies by 42% to meet constraint.	(15,000)	1000			3
165 DCJ	ACJ Sanctions & Services	Forest Projects	Cut 3 vans & cut 3 van rentals to meet constraint.	(14,813)	1000			3
174 DCJ	JCJ Mgmt	JCJ Mgmt	Reprogram Casey \$s by reducing JJ Administrator from 1.0 FTE to .50 FTE & adding 0.50 FTE JCC.	(14,719)	1505			3
150 DCJ	Offender Supervision	Adult Supervision	Turn in 7 underutilized cars.	(14,248)	1000/ 1505			3
163 DCJ	ACJ Sanctions & Services	Forest Projects	Reduce Temporary personnel, base/fringe/insurance, cut to meet constraint.	(13,507)	1000			3



Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
189 DCJ	Counseling and Court Services	Community Svcs	Reduce Temporary personnel expense, base/fringe/insurance, cut to meet constraint.	(13,507)	1000			3
167 DCJ	ACJ Sanctions & Services	Transitional Services	Reduce client bus tickets to meet constraint.	(13,400)	1505			3
156 DCJ	ACJ Sanctions & Services	DRC	Reduce client bus tickets by 47% to meet constraint.	(13,000)	1505			3
226 DCJ	Sanctions and Services	Forest Project	transfer to day reporting	(10,980)	1505		(0.50)	3
160 DCJ	ACJ Sanctions & Services	Community Service	Reduce Temporary personnel, base/fringe/insurance, cut to meet constraint.	(9,455)	1505			3
162 DCJ	ACJ Sanctions & Services	Community Service	Relocate parking for 5 vans to Juv Justice Complex, saving parking expense of \$150/mo/van.	(9,000)	1505			3
228 DCJ	Information Services	Information Services	FTE change by fund/program	(7,724)	1505		(1.00)	3
164 DCJ	ACJ Sanctions & Services	Forest Projects	Reduce Overtime, base/fringe/insurance, cut to meet constraint.	(5,403)	1000			3
161 DCJ	ACJ Sanctions & Services	Community Service	Reduce safety equipment budget by 32% to meet constraint.	(5,000)	1505			3
190 DCJ	Counseling and Court Services	Community Svcs	Reduce program supplies by 99% to meet constraint.	(5,000)	1000			3
153 DCJ	Offender Supervision	Domestic Violence	Turn in 2 underutilized cars.	(4,134)	1000			3
151 DCJ	Offender Supervision	Centralized Team Supervision	Turn in 1 underutilized car.	(3,016)	1505			3
157 DCJ	ACJ Sanctions & Services	DRC	Reduce operational supplies to meet constraint.	(2,500)	1505			3
237 DCJ	Centralized Processing Services	Pretrial Services	transfer in	(407)	1505		0.25	3
243 DCJ	Counseling and Court Services	School Attendance Initiative	Cut to meet constraint	860	1000		(0.75)	3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
244 DCJ	Counseling and Court Services	School Attendance Initiative	Cut to meet constraint	11,851	1505		(0.25)	3
223 DCJ	Offender Supervision	DUII/ Deferred Sentencing	transfer from North.	11,923	1505		1.00	3
236 DCJ	Centralized Processing Services	Pretrial Services	Cut to meet constraint	28,062	1000		(2.00)	3
232 DCJ	Counseling and Court Services	Juvenile Treatment Court	FTE change by fund/program	42,183	1505		1.00	3
221 DCJ	Director's Office	Director's Office	transferred in	54,175	1000		0.50	3
233 DCJ	Sanctions and Services	Learning Center	based on workload study	57,236	1505		1.30	3
217 DCJ	Custody Services	Custody Services Management	FTE change by fund/program	60,328	1505		1.00	3
206 DCJ	Centralized Processing Services	Centralized Intake	FTE change by fund/program	70,932	1000		2.00	3
250 DCJ	Treatment Services	Treatment Services Management	Transfer in	86,064	1505		2.00	3
239 DCJ	Counseling and Court Services	Probation Counseling Services	FTE change by fund/program	111,578	1505		2.68	3
240 DCJ	Custody Services	Residential Programs	FTE change by fund/program	119,076	1000		3.44	3
241 DCJ	Treatment Services	Drug Diversion	B. Drug Court	125,000				
242 DCJ	Treatment Services	Treatment Serv	Mentorships - Mentorships for Offenders leaving prison/jail in treatment; Latina Opiate issue-- Interchange, Columbia River	150,000				
205 DCJ	Director's Office and Employee & Community Dvlp	Business Services/Empl oyee & Community Dvlp	FTE change by fund/program	154,530	1505		2.70	3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
204 DCJ	Director's Office and Employee & Community Dvlp	Business Services/Emplo yee & Community Dvlp	FTE change by fund/program	165,984	1000		4.00	3
249 DCJ	Treatment Services	Treatment Services Management	Transfer in	169,478	1000		3.00	3
238 DCJ	Counseling and Court Services	Probation Counseling Services	FTE change by fund/program	169,894	1000		3.20	3
239 DCJ	Adult Sanctions & S	Women's Servic	Prostitution Contracts - Funded with cost offset from MCSO	200,000				
240 DCJ	Juv Counseling & C	SAI	SAI - Selected Backfill - Backfill selected staff support provided by school (east county); General Fund; review administrative structure	200,000				
241 DCJ	Juv Counseling & C	Turnaround School	Turnaround School - Backfill with GF to assist PPS and East County in redesigning program to serve expelled students	200,000				
242 DCJ	Adult Sanctions & S	Transitional Ser	Housing Contracts - Funded with cost offset from MCSO	261,000				
212 DCJ	Counseling and Court Services	Counseling Management	Transferred from Information Services	303,903	1000		10.50	3
245 DCJ	Counseling and Court Services	Secure Alcohol and Drug Treatment	New program	313,584	1505		9.00	3
246 DCJ	Adult Sanctions & S	Day Reporting C	Day Reporting Center - Includes 4.00 corrections techs at \$180,000	441,000			4.00	
247 DCJ	Treatment Services	Drug Diversion	A. Drug Court - Fund by city block grant (\$600,000);	600,000		600,000		

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
13 DSCD	FREDS	Fleet	Equipment Replacement decreases as a part of thenormal replacement schedule	(1,132,462)	3501			1
31 DSCD	Transportation	Road	Decrease Transportation CIP	(363,767)	1501			1
40 DSCD	F&PM	Planning & Project Development	Reduce Professional Svc for Master Plan Project	(350,000)	3505			1
23 DSCD	LUP	LUP	OTO, Carryover professional contracts completed	(325,902)	1000	(245,214)		1
30 DSCD	Transportation	Road	Decrease Maint & Supplies	(270,000)	1501			1
6 DSCD	Animal Control	Field Svcs	Cut After Hours Support	(154,000)	1000			1
18 DSCD	FREDS	Distribution	Reduction in postage due	(105,992)	3504			1
36 DSCD	Transportation	Bridge	Decrease Bridge CIP	(80,310)	1509			1
38 DSCD	F&PM	Business Operations	Cut ASO part of 7% reduction	(80,000)	3505		(1.00)	1
39 DSCD	F&PM	Planning & Project Development	Cut Construction Projects Administrator as part of 7% reduction	(80,000)	3505		(1.00)	1
3 DSCD	Animal Control	Administration	Cut ASO	(78,697)	1000	-	(1.00)	1
10 DSCD	FREDS	Fleet	Cut Fleet Maint Supervisor, consolidate supervision	(76,848)	3501		(1.00)	1
29 DSCD	Transportation	Road	Decrease Professional Svc	(70,399)	1501			1
9 DSCD	Emergency Mgt	Em. Mgt	Grant Completion	(67,000)	1505			1
4 DSCD	Animal Control	Field Svcs	Cut Public Relations Supervisor	(65,510)	1000		(1.00)	1
34 DSCD	Transportation	Traffic System Operations	Cut Civil Engineer Assistant	(63,407)	1501		(1.00)	1
19 DSCD	FREDS	Distribution	Reduction in Capital (mail machines)	(61,097)	3504			1
41 DSCD	F&PM	Property Mgt & Customer Svc	Cut construction Project Specialist as part of 7% reduction	(60,000)	3505		(1.00)	1
12 DSCD	FREDS	Fleet	Cut Equipment Mechanic II	(59,452)	3501		(1.00)	1
11 DSCD	FREDS	Fleet	Cut Program Coordinator due to change in job duties	(58,595)	3501		(1.00)	1
2 DSCD	Animal Control	Field Svcs	Reduce Level of Field Enforcement Services	(46,143)	1000	-	(1.00)	1
5 DSCD	Animal Control	Field Svcs	Cut Animal Control Officer	(46,143)	1000	-	(1.00)	1
33 DSCD	Transportation	Survey	Cut Engineer Tech Assistant	(45,203)	1501		(1.00)	1



Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
248 DCJ	Juvenile Counseling & Court		A. Gang Intervention/MST - Includes IRCO (\$50); Treatment Foster Care (\$380); Day Treatment (\$138); MST Blueprint Program (\$502). - offset by additional GF BWC OTO revenue from 2001 MST Blueprint	1,070,000		502,000		
145 DCJ	ACJ Centralized Processing		Parole Subsidy		1505	(12,931)		3
146 DCJ	ACJ Centralized Processing		State Felon		1505	(171,938)		3
148 DCJ	Adult Supervision Offices		Sex Offender MH Grant		1505	(47,563)		3
196 DCJ	Family Court Services	Family Court Svc	Reduce beginning working capital for 01-02.		1505	(65,000)		3
144 DCJ	ACJ		State Grant-in-Aid		1505	(806,838)		3
177 DCJ	Counseling and Court Services		OYA Gang Transition Grant.		1505	(1,374,096)		3
178 DCJ	Counseling and Court Services		OYA Flex Fund		1505	(15,409)		3
179 DCJ	Counseling and Court Services		OYA Turnaround Flex Fund		1505	(16,000)		3
180 DCJ	Counseling and Court Services		OYA Diversion Grant		1505	(30,640)		3
181 DCJ	Counseling and Court Services		Governor's Plan		1505	(67,188)		3
182 DCJ	Counseling and Court Services		Byrne Grant		1505	(62,500)		3
175 DCJ	Custody Services		Title XIX		1505	(31,510)		3
176 DCJ	Employee and Community Development		Case Management CTS (Case Tracking System) Redesign - Within existing funding					
149 DCJ	Offender Supervision	Adult Supervision	Oregon Traffic Safety [OTSC] Grant		1505	(41,198)		3
169 DCJ	Treatment Services	Interchange	Reduce Interchange census from 70 to 50 residents. Detail reflected below.					3

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
37 DSCD	F&PM	Business Operations	Cut Warehouse Worker part of 7% reduction	(40,000)	3505		(1.00)	1
24 DSCD	LUP	LUP	Postpone automating historical records of land use and development permit activity	(35,000)	1000			1
35 DSCD	Transportation	Bike	Decrease Bike CIP	(33,241)	1503			1
14 DSCD	FREDS	Fleet	Supplies	(32,207)	3501			1
21 DSCD	FREDS	Distribution	Reduce Temp Help & OT, professional svc, may result in slower response time	(31,048)	3504			1
7 DSCD	Animal Control	All	Shelter Closure all Holidays, including day after Monday holidays	(25,000)	1000			1
20 DSCD	FREDS	Distribution	Reduce Ed & Training	(15,808)	3504			1
22 DSCD	FREDS	Electronic	Reduce Temp Help & OT	(15,500)	3501			1
23 DSCD	Facilities	Planning	A. Rockwood Commons Planning	15,000		15,000		Within Facilities
1 DSCD	Director's Office	Sustainability	Sustainability	60,000	1000		1.00	1
8 DSCD	Animal Control	All	Increase revenues to restore AC Officer, After Hrs and OT for shelter closure	232,000	1000	232,000	1.00	1
9 DSCD	Facilities	Capital	A. CRC Capital -Services Bldg - Utilizing public safety bond interest reduces amount available to offset shortfall in wapato jail project; ; 4/5 bcc approval of \$2 million public safety bond interest; begin bid process for Service Buildin	2,075,000		2,075,000		
15 DSCD	FREDS	Fleet	Reduce local gov't revenues do to reduction in cost of providing service PPS		3501	(232,184)		1
16 DSCD	FREDS	Distribution	Reduce Service Reimbursements due to changes in demand for service in postage		3504	(120,294)		1

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
17 DSCD	FREDS	Distribution	Reduce budgeted certificate proceeds due to replacement of equipment through other sources		3504	(25,000)		1
25 DSCD	Transportation	Road	Decrease Gresham revenue for construction reimbursement		1501	(400,000)		1
26 DSCD	Transportation	Road	Decrease Traffic Impact Fees - Gresham		1501	(745,000)		1
27 DSCD	Transportation	Road	Decrease Gas Tax		1501	(274,570)		1
28 DSCD	Transportation	Road	Decrease Service Reimbursements - SAP direct Settlement		1501	(732,412)		1
32 DSCD	Transportation	Road	Decrease Property Sales		1501	(55,000)		1
123 DSS	Finance	Tax Collections	Cut Office Assistants 2 (1 in Doc. Recording, 2 in Records Mgmt, 1 in Tax Collection)	(148,880)	1000		(4.00)	1
97 DSS	IT	DP	Salary savings	(142,000)	3503			1
105 DSS	Comm Bus	Prop. Valuation	Cut Data Analyst Sr. (one from Commercial Appraisal and one from Tech Sup)	(140,963)	1515		(2.00)	1
117 DSS	Finance	Accounting	Cut Fiscal Spec 2 in G/L and Treasury	(114,021)	1000		(2.00)	1
95 DSS	IT	DP	Reduce centralized Exchange 2000 upgrade	(100,000)	3503			1
111 DSS	Finance	Procurement	Cut Contracts Administrator	(92,907)	1000		(1.00)	1
96 DSS	IT	DP	Reduce / defer computer room upgrades (racks, archiving tape backup, help desk server, and microfiche backup)	(89,000)	3503			1
125 DSS	Finance	Tax Collections	Cut 1 Fiscal Spec Supv from Tax Collections	(84,850)	1000		(1.00)	1
118 DSS	Finance	B&Q	Reduce Professional Services (\$4,446 from Budget, \$77,000 from Eval)	(81,446)	1000			1
116 DSS	Finance	Procurement	Cut contracts with Portland for MWBE and EEO technical assistance and certification	(80,000)	1000			1
108 DSS	Comm Bus	Prop. Valuation	Cut Office Assistants 2	(78,736)	1515		(2.00)	1

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
98 DSS	Comm Bus	Elections	Cut local voters pamphlet for primary	(75,252)	1000			1
85 DSS	HR	Aff Action	Cut EEO Investigator (HR Analyst 2) - pushes EEO investigations back on departments	(74,334)	1000		(1.00)	1
91 DSS	IT	Telephone	Defer purchase of new voice mail system	(73,000)	3502			1
121 DSS	Finance	B&Q	Cut IS Analyst Sr	(71,768)	1000		(1.00)	1
106 DSS	Comm Bus	Prop. Valuation	Cut Personal Property Fisc. Spec. 2	(63,724)	1515		(1.00)	1
104 DSS	Comm Bus	Prop. Valuation	Cut Commercial Property Appraiser	(63,543)	1515		(1.00)	1
122 DSS	Finance	B&Q	Cut Prog Eval Spec dedicated to LWRB	(60,824)	1000		(1.00)	1
75 DSS	Director	Director	Reduce Professional Services - not specified; 32,700 remains	(54,525)	1000			1
107 DSS	Comm Bus	Prop. Valuation	Reduce Residential Property Appraiser	(53,367)	1515		(0.83)	1
124 DSS	Finance	Tax Collections	Cut Cartographer from Records Mgmt	(51,445)	1000		(1.00)	1
94 DSS	IT	DP	Reduce training for technical staff	(50,000)	3503			1
88 DSS	OD	Training	General training contracts	(42,000)	1000			1
87 DSS	HR	Workers Comp	Substitute 2 staff for third party administrator contract	(40,000)	3500		2.00	1
115 DSS	Finance	Materials Mgmt	Cut Warehouse Worker	(39,957)	1000		(1.00)	1
112 DSS	Finance	Procurement	Cut Office Assistant 2 from Contract Administration	(35,701)	1000		(1.00)	1
100 DSS	Comm Bus	Elections	Salary savings	(31,300)	1000			1
92 DSS	IT	DP	Reduce Prof. Svcs for SAP consulting by \$10,000 and Help Desk y \$20,000.	(30,000)	3503			1
89 DSS	OD	Training	Computer training contracts	(30,000)	1000			1
119 DSS	Finance	B&Q	Cut contract with Hatfield School of Govt for interns	(28,500)	1000			1
103 DSS	Comm Bus	Prop. Valuation	Shift Appraisers from Motor Pool to mileage reimbursement	(28,386)	1515			1



Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
83 DSS	HR	Labor Rel	Reduce Professional Services - not specified; 3,000 remains - rely on County Attorney for all litigation	(26,000)	1000			1
93 DSS	IT	DP	Backup battery repair and backup tapes	(26,000)	3503			1
77 DSS	Director	Director	Reduce Bldg Mgmt payment for file space in basement of Mult. Bldg	(25,544)	1000			1
78 DSS	HR	Administration	Reduce Professional Services for Merit Council hearings, job fairs, advertising and consulting - \$27,220 remains	(25,000)	1000			1
126 DSS	Finance	Tax Collections	Reduce supplies and other M&S	(24,276)	1000			1
114 DSS	Finance	Accounting	Reclassify MIDAS supervisor to Fisc Spec. Sr.	(22,210)	1000			1
101 DSS	Comm Bus	Prop. Valuation	Reclassify ASO to Admin Analyst Sr	(19,647)	1515			1
80 DSS	HR	Personnel / Risk	Professional Services (\$15,000) and Education and Training	(17,500)	3500			1
109 DSS	Comm Bus	Prop. Valuation	Reduce Supplies	(17,403)	1515			1
90 DSS	OD	Training	Supplies for online training, learning tools, and awards	(15,000)	1000			1
84 DSS	HR	Labor Rel	Reduce Supplies, Local Travel, and Dues and Subscriptions	(10,300)	1000			1
102 DSS	Comm Bus	Prop. Valuation	Reduce Distribution	(10,000)	1515			1
113 DSS	Finance	Accounting	Reduce Fin Spec 1 in AP to 0.8 FTE	(9,168)	1000		(0.20)	1
99 DSS	Comm Bus	Elections	Cut birthday card/ voter registration	(7,943)	1000			1
76 DSS	Director	Director	Cut Food / Dues & Subscriptions	(7,704)	1000			1
110 DSS	Comm Bus	Prop. Valuation	Decrease service reimbursement to ISD for GIS	(7,185)	1515			1

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
79 DSS	HR	School to Career	Miscellaneous reductions in Printing, Supplies, Education & Training, Local Travel and Mileage	(7,017)	1000			1
120 DSS	Finance	B&Q	Reduce supplies	(5,000)	1000			1
86 DSS	HR	Aff Action	Miscellaneous cuts in Professional Services, Printing, Repairs & Mtce, Supplies, Dues & Subscriptionis	(4,489)	1000			1
82 DSS	HR	Health Promotion	Repairs & Mtce and Dues & Subscriptions	(1,600)	3500			1
81 DSS	HR	Class / Comp	Miscellaneous reductions in Supplies, Education & Training, Local Travel and Mileage	(977)	1000			1
82 DSS	Finance	Evaluation	Professional Services for evaluations	50,000				1
83 DSS	Finance and Community Business	Accounting, Budget, and Elections	Data Analyst; Fiscal Specialist Voters Pamphlet Backfill with GF salary savings	150,000		150,000	2.00	
84 DSS	Comm Bus	Property Valuation	A. Revenue Enhancement A&T - 5.00 Appraiser Specialists; 2 OA2; Sr Data Analyst; self pay revenue offset; bring in net \$400,000.	335,000		510,000	7.00	1
85 DSS	ISD		A. Mainframe Migration - Move off the mainframe \$2.8 Fy 2002; \$1.5 FY 2003 - Offset with a combination of bond savings and interest;	2,800,000		2,800,000		1
86 DSS	Comm Bus	Property Valuation	B. Revenue Enhancement A&T State OTO			240,000		1
139 Health	Neighborhood Health	Overall division	Reorganization; GF/state cuts	(1,100,000)	1505		(4.48)	4
136 Health	Disease Prevention & Control	Lead Poisoning Program	Lost grant from City of Portland	(457,000)	1505		(10.00)	4
133 Health	Director's Office	Director's Office	Cut Organizational Development; cut Communications Unit	(400,000)	1505		(7.90)	4



Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
135 Health	Support Services	overall division	Restructure division generally	(300,000)	1505			4
137 Health	Primary Care	overall division	Cut supplies	(270,000)	1505			4
138 Health	Neighborhood Health	STARS	State cut 25%	(102,500)	1505			4
134 Health	Corrections Health	Corrections Health	Outsourced Pharmacy	(100,000)	1000			4
135 Health			FFP Management Capacity - funded via FFP	60,000		60,000	1.00	
136 Health			A. Olds Model - 2 New Start-Ups - Integrated with Health; Healthy Start	540,000		540,000		
137 Health			A. Clinic operations - FFP leveraged Title 19	4,100,000				
138 MCSO	Facilities	Warrants & Detention Records	Add SSA revenue and attorney card revenue		1000	200,000		
139 MCSO	Facilities	All Facilities	Budgeted salary savings	(1,095,000)	1000			
140 MCSO	Facilities	Work Crews	Cut 9 positions and supplies from Work Crews	(606,000)	1000		(9.00)	
262 MCSO	Corrections Facility Division	Inmate Workcrews	Cut nonself-supporting or county work needed crews	(300,000)	1000		(3.00)	3
263 MCSO	Support	Facility Counselors	Cut Corrections Counselor plus contracted services	(288,955)	1000		(1.00)	
264 MCSO	Support	Human Resources	Cut 3.5 FTE, M&S, Temp budget	(286,666)	1000		(4.00)	
265 MCSO	Support	Auxiliary	Cut 4.5 FTE support positions plus M&S	(258,745)	1000		(4.50)	
266 MCSO	Enforcement	Investigations	Cut SEDE Unit	(217,454)	1000			
267 MCSO	Facilities	MCDC	Cut one post Corrections Deputies	(201,656)	1000		(3.64)	
268 MCSO	Facilities	MCIJ	Cut one post Corrections Deputies	(201,656)	1000		(3.64)	
269 MCSO	Enforcement	Patrol	Cut motor pool--replacement of nine cars and misc.	(166,505)	1000			
270 MCSO	Enforcement	Investigations	Eliminate Child Abuse Team	(155,462)	1000		(2.00)	
271 MCSO	Executive	Information Management	Cut Program Coordinator and Information Systems Manager	(155,270)	1000		(2.00)	
272 MCSO	Enforcement	Investigations	Cut 1 Sheriff Deputy and one Community Services Coordinator	(119,415)	1000		(1.75)	

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
273 MCSO	Support	Program Administration	Cut 2 FTE	(111,482)	1000		(2.00)	
274 MCSO	Enforcement	Enforcement Administration	Decrease overtime, M&S	(101,106)	1000			
275 MCSO	Facilities	MCRC	Cut Corrections Deputies	(100,828)	1000		(1.82)	
263 MCSO	Corrections Facility Division	Facility Security	Contract out new hires	(56,570)	1000		(3.00)	3
264 MCSO	Executive	Professional Standards	Cut Corrections Deputy	(55,400)	1000		(1.00)	
265 MCSO	Facilities	Classification	Cut 1.5 Office Assistants	(54,243)	1000		(1.50)	
266 MCSO	Enforcement	Operations	Cut Community Information Specialist	(52,709)	1000		(1.00)	
267 MCSO	Facilities	Facilities Administration	Cut 1 Office assistant, training budget	(49,962)	1000		(1.00)	
268 MCSO	Facilities	Facility Security	Cut 1 Facility Security Officer	(40,070)	1000		(1.00)	
269 MCSO	Support	Community Supervision	Cut OAI	(36,162)	1000		(1.00)	
270 MCSO	Enforcement	Detectives	Will not replace cars	(31,024)	1000			
271 MCSO	Support	Warrants & Detention Records	Cut M&S	(25,500)	1000			
272 MCSO	Facilities	Work Crews	Cut Work Crews revenue		1000	(306,000)		
273 MCSO	Facilities	MCDC	Increase INS bed rental revenue		1000	2,900,000		
274 MCSO	Facilities	MCDC	Increase USM bed rental revenue		1000	706,275		
275 MCSO	Facilities	Facilities Administration	Add "Pay to Stay" revenues		1000	1,000,000		
276 MCSO	Facilities	All Facilities	Increased revenue from F&PM for custodial contracts		1000	1,021,000		
129 Nond	Pass-through agencies	all	All agencies cut 7%	(150,000)	1000			1
130 Nond	Independent organizations	County Attorney	8 attorneys at less than 1.0 FTE	(143,693)	3505		(1.20)	1
131 Nond	CCFC		B. Youth Investment - Selected Backfill	(90,000)				Backfill with CCFC funding
127 Nond	Elected Officials	Chair's Office	Cut personnel (insurance costs decreased)	(89,400)	1000		(0.20)	1
131 Nond	Independent organizations	Public Affairs Office	Shifted costs of 1.0 FTE to DSCD	(64,500)	1000			1

Dept.	Division	Program	Title	Expenditure Change	Fund/ Subfund	Revenue Change	FTE	Benchmark
132 Nond	Independent organizations	CCFC	Cut cash transfer to CCFC by 25%. General Admin. Reorganization	(52,500)	1505			1
128 Nond	Elected Officials	Auditor's Office	Cut professional services, other discretionary line items	(35,000)	1000			1
129 Nond	Countywide work			22,000				Adjust D2 budget to pick up Marie Dahlstrom 0.30 FTE for countywide work
130 Nond	CCFC		Buckman School Project	30,000				CCFC funding reallocation/Pick-up was in CFS
131 Nond	CCFC		Parent Involment (PPS)	60,000				CCFC funding reallocation/Pick-up was in CFS
132 Nond	County Attorney		A. County Attorney	140,000		140,000	2.00	Restore cut
133 Nond	CCFC		A. Youth Investment - Selected Backfill					
134 Nond	Courts		Court Day Care					Budget Note \$25,000



# **MAJOR BUDGET ISSUES**

The following is a list of major budget issues, organized by subject. Italicized sub-headings under each topic delineate more specific goals. This document serves as a roadmap for major issues for discussion, as well as a guide to Issue Papers prepared by departments. Some topics have Issue Papers, which provide background information, while others do not. Each issue is accompanied by a brief explanation of the issue, the status in the Chair's budget, and the issue(s) for the Board's consideration. The main contact people for each issue also are noted.

Issue Papers were prepared by many different people from different departments. The Chair used these documents to inform his decisions about the Executive Budget, and wanted the Board to have the same information. Issue Papers are not meant to be exhaustive explorations of each topic, but rather to provide springboards for discussions. Because the papers were prepared by different people, the amount of detail among the Issue Papers varies.

## **EARLY CHILDHOOD – EARLY INTERVENTION- READINESS TO LEARN**

*Increase the focus on children and families in vulnerable situations at the earliest effective intervention point.*

### **ISSUE PAPER 1 - GOVERNOR'S CHILDREN'S PLAN**

Discuss current status of Governor's Children Plan funding and flexibility. Discuss expansion options including hospital visits for new mothers, OLDs teams, and neighborhood-based Family Support Teams. Discuss options of backfilling threatened programs. Explain link to City funding of early Head Start and relief nurseries. Lillian Shirley, Jim Clay

**Status in Chair's Budget:** Placeholder funds included; discuss potential backfilling.

**Specific Issue(s) for BCC consideration:** How should we use state and county funds to expand our focus on early childhood?

*Intervene and follow through in the lives of children needing alternative home placements in a humane, supportive manner.*

### **ISSUE PAPER 2 - CHILDREN'S RECEIVING CENTER**

Begin operation of the Children's Receiving Center (CRC) in Winter of 2001-02, using state and county resources. CRC folded into the County health reimbursement system. Janice Gratton, Mike Schrunk

**Status in Chair's Budget:** Included for Winter 2002 start up.

**Specific Issue(s) for BCC consideration:** Proceeding with construction once appropriate bids received.

### **ISSUE PAPER 3 - CHILDREN'S RECEIVING CENTER – WRAPAROUND SERVICES**

Use child abuse funds flowing through the District Attorney's efforts and matched state and federal funds to provide ongoing wraparound services for children aged 0 to 6 and their families through the CRC. Funding implications for 2002-03. Janice Gratton; Barbara Brady

**Status in Chair's Budget:** Developing budget note to ask the Board to discuss and decide this issue when the revenue picture for 02-03 is clearer.

**Specific Issue(s) for BCC consideration:** Should the Board commit up to \$300,000 for fiscal year 02-03 to provide expanded services for very young children in foster care and their families?

*Maintain commitment to use library resources to reach children and families during their preschool years to enable appropriate literacy and social development.*

### **ISSUE PAPER 4 – LIBRARY EARLY CHILDHOOD EFFORTS**

Expand current library efforts focused on schools, day care centers, Hispanic youth, and Reach Out and Read using existing library resources. Ginnie Cooper

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Should the County continue the expanded library focus on early childhood?

## **REDUCTION OF POVERTY**

### **ISSUE PAPER 5 – HOMELESS YOUTH ALCOHOL AND DRUG SERVICES**

Provide \$40,000 of general fund to leverage up to \$900,000 of alcohol and drug services for homeless youth over a three-year period. Mary Li

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Should the County commit \$40,000 in general fund for the potential leveraging of additional grant funded AD treatment for homeless youth?

## **SCHOOL SUCCESS**

*Continue to be a strong partner with the public schools to increase the opportunities for success of all students.*

### **ISSUE PAPER 6 - SCHOOL ATTENDANCE INITIATIVE**

Retain the core of the successful School Attendance Initiative (SAI) and focus its efforts on areas most in need, to maintain its success in priority areas. 70% of students served last year will still be served. Joanne Fuller

**Status in Chair's Budget:** SAI included at reduced funding level.

**Specific Issue(s) for BCC consideration:** Is this the proper level of funding and focus for continuing our cooperative work with school districts on school attendance?

### **ISSUE PAPER 7 – TURNAROUND SCHOOL REDESIGN**

Retain options for students who have not been able to find success in the public schools by redesigning Turnaround School and giving students options in two different schools to meet the needs of students in Portland and East County districts. Joanne Fuller, Sue Richey

**Status in Chair's Budget:** Added back \$200,000 of the original \$800,000+ plus reduction.

**Specific Issue(s) for BCC consideration:** Should the County continue its partnership with school districts to address the needs of students who have been expelled from traditional classrooms?

### **ISSUE PAPER 8 - MAINTAIN SUN SITES**

Maintain current SUN sites to provide broad array of student services to schools. Integrate Family Resource Centers into SUN structure. Backfill SIP revenue shortfall to maintain current services. Initiate planning process to streamline the current youth services systems, including SUN, Family Centers, Turnaround, SAI, Youth Investment. Resolution on Planning Process to Follow in May. Kathy Turner

**Status in Chair's Budget:** Included at current service level. FRCs to be integrated into SUN model.

**Specific Issue(s) for BCC consideration:** Is maintaining the status quo with SUN the appropriate funding level? Should FRCs be linked to SUN?

### **ISSUE PAPER 9 - LIBRARY STUDENT EMPLOYMENT**

Expand library student employment initiative in branches by creating up to 100 work opportunities for high school students in branch libraries and day care center to assist with technology training, homework assistance. Ginnie Cooper, Jim Harper



**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Should these types of school to work efforts be encouraged and modeled in other areas of the County?

## IMPROVE HEALTH

*Improve the quality of physical and mental health of our residents through providing less intrusive, early services through a coordinated system of professional and paraprofessionals care givers.*

### REENGINEERING THE MENTAL HEALTH SYSTEM

Continue the reengineering of our mental health system by establishing a new division in the Department of Community and Family Services and further implementation of the Recovery model. Policy choices and budget details will be provided at May 15<sup>th</sup> budget hearing. Jim Gaynor, Denise Chuckovich

**Status in Chair's Budget:** Placeholder budget included.

**Specific Issue(s) for BCC consideration:** Does the budget proposed to the Board on May 15th adequately address the Resolution directing the County towards implementation of the Recovery Model in mental health? Have the innovations begun during this fiscal year been maintained, when appropriate?

### CLINIC REDESIGN PROCESS

Providing a more efficient health capacity through the Clinic Redesign Process by increasing the number of visits per hour with appropriate medical personnel. Information on redesign will be provided at Health budget hearing. Lillian Shirley

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** How successful can the Department be in attempting to avoid service reductions through increased efficiencies?

### ISSUE PAPER 10 – SCHOOL MENTAL HEALTH AT GRESHAM BARLOW

Offer to include Gresham-Barlow Reaching Our Youth grant program in the County's School Mental Health program by increasing our \$34,000 OTO contribution to an ongoing \$52,000 for two mental health consultants.

**Status in Chair's Budget:** Include funds to discuss with Gresham-Barlow.

**Specific Issue(s) for BCC consideration:** Should County support for school-based services follow our current school mental health model? At what point in the future will the County be able to expand school-based health centers into additional East County schools?

## **ISSUE PAPER 11- IMPACT OF STATE REDUCTIONS ON YOUTH SERVICES**

Evaluate how the County was impacted by the reductions in state funding streams in the Student Retention Initiative and Juvenile Services Act. Commission on Children and Families and Community and Family Services impacts. Review chart showing restorations and continued cuts. Examine impact on CCFC priorities. Will be discussed at CCFC and CFS budget hearings. Jim Clay.

**Status in Chair's Budget:** Maintained bulk of Youth Investment Services. Did not backfill SRI or JSA funds.

**Specific Issue(s) for BCC consideration:** How should the CCFC and CFS budgets be developed and presented so that the policy choices inherent in each are clear to policy makers?

## **ISSUE PAPER 12 - POSSIBLE BIENESTAR EXPANSION INTO ROCKWOOD**

Response to community and research identifying mental health and Latino community needs by entering in partnership to develop Casa d'Oro site in Rockwood. Partner with community non-profit to develop site with Head Start, mental health, including domestic violence services, elderly, and health components. Rey Espana, Janice Gratton, Rosemary Ceyala Alston

**Status in Chair's Budget:** Developing budget note to ask the Board to discuss and decide this issue when the revenue picture for 02-03 is clearer.

**Specific Issue(s) for BCC consideration:** How should the County respond in the short and long term to the Salir Adelante report? Is targeting a Bienestar approach in Rockwood the appropriate first step?

## **ISSUE PAPER 12A - EXPANSION OF SERVICES TO DEVELOPMENTALLY DISABLED**

Provide for the expansion of developmentally disabled services through the state lawsuit settlement. Explore absorbing case managers reduced by ADS and potentially needed by CFS/DD. Explore locating staff in school facilities. Howard Klink

**Status in Chair's Budget:** Included, based on new projected state money.

**Specific Issue(s) for BCC consideration:** How does the County best accommodate expanded services for DD clients formerly waitlisted?

## **PUBLIC SAFETY, REDUCE CRIME**

*Consistently and systematically judge the risk to the community in deciding whether detain or how to release citizens booked into jail.*

## **PRETRIAL RELEASE SYSTEM REDESIGN**

Develop a single pretrial release system under the courts system, consistent with the Bennett consultant study. Provide a research-based, objective way to effectively manage the jail population to minimize threat to the community, reduce the failure to appear rate and warrants issued, and minimize unscheduled releases. LPSCC and the Court Work Group are considering improvement to the system consistent with the consultant's recommendations. Peter Ozanne, Court Work Group/ LPSCC

**Status in Chair's Budget:** No change from current system.

**Specific Issue(s) for BCC consideration:** Should the Board adopt the consultant's recommendations to develop a single pretrial system? Are one-time only funds needed to help develop a better information system?

*Provide the least restrictive alternative for providing appropriate mental health, alcohol and drug, or housing services to citizens arrested.*

*Research shows that these early interventions will reduce recidivism among these offenders. The pool of citizens charged include those charged with property or drug crimes, or those whose underlying symptoms indicate they will be a minimal threat if given proper supervision and support. Effective intervention at the front end reduces expensive involvement of the entire criminal justice system (booking; prosecution; court time; corrections supervision).*

## **ISSUE PAPER 13- EXPANDED DRUG TREATMENT COURT**

Expand the successful and research based drug court by increasing the number of citizens booked who present with alcohol and drug issues. Identify additional treatment needs. Advocate with City of Portland for funding. Peter Ozanne, Mike Schrunck, Elyse Clawson

**Status in Chair's Budget:** Included, assuming funding from City block grant.

**Specific Issue(s) for BCC consideration:** Assuming greater treatment/sanction options are appropriate for this group of offenders, how can the County best advocate for funding?

## **ISSUE PAPER 14- EXPANDED TREATMENT COURT**

Institute a mental health component to the drug court by providing case management services to those offenders who can be properly supervised with appropriate community treatment. Elyse Clawson, Mike Schrunck

**Status in Chair's Budget:** Included, assuming funding from City block grant.

**Specific Issue(s) for BCC consideration:** Assuming greater treatment/sanction options are appropriate for this group of offenders, how can the County best advocate for funding?

## **ISSUE PAPER 15 - CLOSURE OF UNIT IN JUVENILE AND REDUCTION OF STATE OYA BEDS**

Close one unit in Juvenile. Explain impact of potential loss of Oregon Youth Authority funding. Explain pattern of use in the juvenile units. Loss of MCCAP model, local option. Elyse Clawson, Rich Scott

**Status in Chair's Budget:** Unit closed.

**Specific Issue(s) for BCC consideration:** Assuming loss of OYA beds, how can the County function with fewer juvenile beds and less state support?

*Provide appropriate mental health, alcohol and drug, housing services and supervision to the ex-offenders returning to the community from prison. Research shows that these offenders are at highest risk of re-offense.*

## **ISSUE PAPER 16 - MENTORSHIP OF EX-OFFENDERS RETURNING TO COMMUNITY**

Provide mentors using ex-offenders to help offenders in drug treatment at Interchange and Columbia River to successful transition back to the community. Model this program on the current successful mentorship program which assists long-term addicts successfully transition from treatment at Hooper Detox to the community. Use the organizing and support of the RAP group to assist these citizens. Peter Ozanne

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Can we replicate the effective mentorship program used to transition addicts in recovery successfully into the community?

## **ISSUE PAPER 17- EXPANDED HOUSING OPTIONS AT BEAVER HOTEL**

Provide transitional housing through the development of alcohol and drug free supervised housing in cooperation with Central City Concern, using the previously identified housing funds and space at the Beaver Hotel. Retain existing housing contracts within Community Justice. Kevin Criswell, Liv Jensen, Dan Brown

**Status in Chair's Budget:** Not included, pending agreement on best approach.

**Specific Issue(s) for BCC consideration:** What is the best way to leverage our remaining \$1,300,000 to improve housing options for offenders? What are the options for support services resources for this year and/or next?

## **ISSUE PAPER 18- INTERCHANGE REDUCED TO 50 BEDS**

Scale back Interchange drug treatment program from 70 to 50 beds. Analyze current evaluation and long term effectiveness. Elyse Clawson

**Status in Chair's Budget:** Reduced from 70 to 50.

**Specific Issue(s) for BCC consideration:** Is this the most prudent level of funding to continue Interchange and learn from our evaluation?

### **ISSUE PAPER 19 - CONTINUE TO SHIFT SUPERVISION EMPHASIS TO HIGH RISK OFFENDERS**

DCJ will shift parole and probation officers currently involved in low-level supervision to more intensive supervision. Lower level offenders will be supervised by the courts and a private firm specializing in this work. Elyse Clawson, Kathy Treb, Jim Rood

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Is our continuing emphasis in community justice on high-risk offenders still consistent with Board philosophy?

*Provide neighborhoods with the support and resources needed to deal with neighborhood crime issues.*

### **ISSUE PAPER 20- MAINTAIN PROSTITUTION ALTERNATIVES PROGRAM**

Maintain prostitution alternatives program. Examine data showing the unique role and cost effective services provided through this contract. Elyse Clawson

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Does the County need to continue to provide effective intervention for women involved in the criminal justice system through prostitution?

### **ISSUE PAPER 21 – MAINTAIN CORE GANG PREVENTION AND INTERVENTION EFFORTS**

Maintain the core of the successful gang prevention and intervention efforts formerly funded by the state. These community-based programs provide Treatment Foster Care, Day Reporting and a contract with IRCO. Joanne Fuller

**Status in Chair's Budget:** Core programs continued.

**Specific Issue(s) for BCC consideration:** Should the Board backfill state reductions to maintain effective gang prevention and intervention strategies?

### **ISSUE PAPER 22 - MAINTAIN MULTI SYSTEMIC TREATMENT**

Maintain funding for the Multi Systemic Treatment alcohol and drug program which focuses on gang involved youth. In the middle of implementation and evaluation of this blueprint program. Provide one time only funding with the plan of leveraging enough additional resources through FFP in 2002-03 to continue the program. Elyse Clawson

**Status in Chair's Budget:** Continued on one time only basis.

**Specific Issue(s) for BCC consideration:** Should the Board backfill state reductions to maintain effective gang prevention and intervention strategies?

### **ISSUE PAPER 23- EXPAND EAST COUNTY COURT SPACE**

Provide Gresham and NE Cities with more appropriate court facilities to meet growing demands. Dan Brown

**Status in Chair's Budget:** Not included, detailed information received too late for decision to be made. Status of new judge unclear. May need budget note.

**Specific Issue(s) for BCC consideration:** Should the Board expand funding for Court facilities in East County/Gresham?

### **REDUCE OVERREPRESENTATION OF MINORITIES**

Reduce the overrepresentation of minorities in the criminal justice system.

Overrepresentation work group is currently engaged in evaluating findings and making recommendations. Early indications are that "trespass" offenses relating to enforcement of drug free zones are a major issue and that greater drug diversion options would help. Task Force currently reviewing options. Peter Ozanne

**Status in Chair's Budget:** Awaiting recommendations of work group.

**Specific Issue(s) for BCC consideration:** Should the Board encourage the City to review enforcement in drug free zones?

## **QUALITY OF LIFE**

### **ISSUE PAPER 24 - IMPLEMENT SUSTAINABILITY INITIATIVE**

Expand the implementation of sustainability principles in the County. Support the efforts of DSCD in initiating sustainability efforts throughout the County. Mike Oswald, Amy Joslin

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Should the Board provide an additional staff person to assist in the implementation of the sustainability initiative in the County?

### **ISSUE PAPER 25 - EXPAND ENERGY CONSERVATION EFFORTS**

Expand the use of Energy conservation measures throughout the County.

Project inevitable increased utility costs and then project a 5% reduction based on the County customers adhering to uniform heating and cooling standards. Mike Oswald, Dan Brown

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Is a 5% reduction in current energy use realistic and attainable?

## **CONTINUE FIVE-YEAR LIBRARY PLAN**

Follow the five-year county library plan established in the 1998 library levy.

Implication: Reduce the carryover balance in the library budget by \$1,100,000, reflecting a lower general fund contribution. Reduction is made possible by shifting the cost of the computer replacement to the Bond fund. Discussion during library budget session.

Ginnie Cooper

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Should the Library avoid service reductions because of the commitment to the public in passing the levy?

## **ISSUE PAPER 26 – PURSUE NO KILL OF ADOPTABLES IN ANIMAL CONTROL - INSTITUTE FEE INCREASES**

Move towards a “no-kill of adoptable animals” policy at Animal Control and expand the ability of the community to adopt cats. Explain fee increases which allow continued and potentially expanded services. Gary Hendel

**Status in Chair's Budget:** Current services continued through fee increases.

**Specific Issue(s) for BCC consideration:** Are fee increases justified to maintain current service levels? Should the County continue towards a no-kill of adoptable animals policy?

## **GOOD GOVERNMENT**

*Continue to pursue the RESULTS vision by providing quality, customer focused services at a good value for the tax dollar, and provide our employees an excellent place to work.*

*Reexamine all internal service and support functions to find the most cost efficient strategies to deliver services. Balance our investment in support services against departmental administration and direct client services.*

## **ISSUE PAPER 27 - REDUCE FACILITIES SPENDING**

Reduce facilities costs by 7% countywide in part by reducing custodial service to three days a week in general office areas. Ask departments for real estate brokerage activities through their budgets. Dan Brown

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Are the service consequences of reducing Facilities services appropriate?

## **ISSUE PAPER 28 - USE WORK CREWS TO REDUCE FACILITIES COSTS**

Use work crews to maximize cost efficient delivery of services through Facilities in areas of landscaping, toilet maintenance, minor maintenance and custodial services. Dan Brown, Larry Aab

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Will cooperative work between the Sheriff's office and Facilities be able to realize the projected savings without damaging the quality of services to customers?

## **ISSUE PAPER 29 - DEVELOP FACILITIES MASTER PLAN**

Ask Facilities to develop a county master plan for facilities, review new leases or building purchases and make recommendations to the Board consistent with a county wide plan. Mike Oswald, Dan Brown

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Is the county master plan included in the budget adequate in size and scope to deal with the County's long term facilities planning needs?

## **ISSUE PAPER 30 - PURSUE LONG TERM COST AVOIDANCE THROUGH GREATER CENTRALIZATION OF IT OPERATIONS – TRANSITION FROM MAINFRAME**

Provide central accountability and planning direction in Information Services through a Strategic Plan for Information Technology. Pursue cost avoidance strategies for the future and focus on cost efficient investments by beginning SPIT 2, a Countywide IT planning effort. Begin SPIT 2 within a context of the CIO providing central administrative oversight of all county IT resources by July 1, 2001. Begin the transition off the County mainframe to less expensive technologies, which will result in annual cost savings of \$1.5 annually once implemented. Cecilia Johnson, Lisa Yeo

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** Will increasing central accountability increase cost avoiding IT decisions for the County? Should we proceed with the planned movement from the mainframe and capture those future savings?

## **NEW OR REMODELED DOWNTOWN COURTHOUSE**

Continue discussions concerning best approach to restoring the current or building a new downtown County Courthouse. Evaluate consultants report and determine most appropriate approach and best time for GO Bond. Dan Brown

**Status in Chair's Budget:** No action taken.

**Specific Issue(s) for BCC consideration:** What is the most practical solution for addressing the County's needs for a new or remodeled downtown courthouse?



### **ISSUE PAPER 31 - IMPLEMENTATION OF FLEET AUDIT**

Fully implement the fleet audit by reducing the number of "administrative" vehicles by 88 with a one time savings and ongoing savings of \$141,000 to the Departments and \$121,000 to the fleet fund. Freeze purchase of new vehicles. Tom Guiney

**Status in Chair's Budget:** Savings included.

**Specific Issue(s) for BCC consideration:** Assuming there is support for the outcome of the fleet audit, are there other support services that would benefit from greater central oversight?

### **ISSUE PAPERS 32 & 33 - REDUCE AMOUNT OF VACANT OFFICE SPACE BY DISPOSING OF THREE BUILDINGS BY JULY 2002. MCSO MOVE TO YEON.**

Reduce vacant office and warehouse space in the County . Facilities will bring a plan to the Board which would result in the selling or otherwise disposing of the Ford, Morrison and Hansen Buildings by July 2002. Dan Brown

**Status in Chair's Budget:** No specific outcome next year.

**Specific Issue(s) for BCC consideration:** How and when should the County dispose of properties it no longer needs? How can we best accommodate staff who will have to vacate those buildings?

***Reexamine all revenue streams from county, state and federal governments to maximize county flexibility.***

### **ISSUE PAPER 34 – INCREASE IN PROPERTY APPRAISERS**

Increase the number of property appraisers to insure that a greater percentage of the new construction is being appropriately added to the tax rolls. Small net increase in revenue to the County. Greater equity for entire system. Bob Ellis

**Status in Chair's Budget:** Included.

**Specific Issue(s) for BCC consideration:** How do we strike the correct balance between additional staff and additional revenue, when the County shoulders the entire burden with local jurisdictions of funding the additional staff?

### **FEDERAL FINANCIAL PARTICIPATION GROUP**

Use the successful experience to date of the state/county Federal Financial Participation work group to expand leveraging opportunities. Dave Warren, Tom Fronk

**Status in Chair's Budget:** Included over \$5,000,000 in new FFP funds.

**Specific Issue(s) for BCC consideration:** What is the potential for FFP in the future? On what areas should the County focus?

## PAPER 1

**General Policy Issue:** Increased state focus on children and families in vulnerable situations at the earliest effective intervention point.

### **Specific Recommended Program Change (including relevant background/history)**

The Oregon Children's Plan, Multnomah County's Early Childhood System of Services and Supports, SB555 (now ORS 417), decreases in county general funds, and changes in federal grant funds all form the backdrop for the programmatic and budget shifts reflected in early childhood services countywide.

- The local framework, developed by Commissioner Naito's Early Childhood Planning Group, focuses on universal prenatal screening and referral. This a critical component to the OLDS nurse home visiting model, which requires women to begin the program during their first pregnancy.
- The Oregon Children's plan is currently focused on in-hospital screening for risk factors. The Health Department's Connections Program currently visits over 70% of all teen births in Multnomah County. This program could be expanded to a Welcome Baby visit and community referral, where appropriate, for all mothers in Multnomah County. Increased community referrals will require additional capacity throughout the early childhood system of services.
- Families with identified risks will be invited to participate in either the OLDS nurse home visiting program (only for first births identified prenatally) or a neighborhood-based, multidisciplinary Family Support Program that would address a broad array of early childhood public health issues (this would include physical and mental health promotion for parents and children, as well as larger socioenvironmental concerns such as parental isolation, economic instability, personal and environmental safety, and educational attainment).
- Early Childhood Mental Health services and Alcohol and Drug treatment for parents will be provided in collaborations with all home-visiting services.
- The Multnomah County Early Childhood System of Supports also suggests purchasing Early Head Start and Head Start slots for targeted at-risk families.
- It is anticipated that implementing a planning process for SB555 will be required to receive Oregon Children's Plan funding. While much of the planning for early childhood has already been done, a process of inviting input from a diverse array of parents and early childhood service providers needs to be completed.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

We will use both qualitative and quantitative measures to evaluate the following outcomes:

- Increased prenatal health promoting behaviors (early prenatal care, cessation of unhealthy behaviors)

- Increased early childhood health promoting behaviors (well child care, timely immunizations, safe housing)
- Decreased rate of child abuse and neglect (parents reporting increased use of positive parenting skills, increased use of crisis services and community supports)

### **Impact on County's Benchmarks**

The focus on early childhood is directly linked with the Early Childhood breakthrough benchmark, and relates to multiple long-term benchmarks including access to health services, reduction in family violence, reduced teen pregnancy, and school readiness. The focus will impact all of the benchmarks, though the Health Department's evaluative focus will be primarily on health status.

### **Best Practice/Research based relevant to recommended change (what evaluation or learning support or question this change?)**

Early childhood research supports three fundamental principals: 1) invest early to improve the early childhood environment and to promote positive parent-child interactions, 2) promote healthy brain development when there is greatest opportunity to impact future outcomes, and 3) offer a comprehensive and coordinated array of supports to address the unique strengths and needs of each family.

Home visiting is prominently featured in the Oregon Children's Plan and in our local early childhood plan. An analysis of recent and rigorous studies of home visiting programs, including OLDS, reveals characteristics of effective programs. Model programs maintain small caseloads and low management/staff ratios. Provision of social support and practical assistance engage families and build trust - these first steps help reassure parents as they develop appropriate parenting skills, and may serve as a model for parents to build trusting and positive relationships with their children.

### **Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – county or contracted?)**

The Oregon Commission on Children and Families has estimated that Multnomah County could be eligible to receive approximately \$6 million to implement the Oregon Children's Plan.

A Health Department Early Childhood Planning Group has estimated the costs of local year-one implementation and evaluation of the following components of the Oregon Children's Plan:

1. Prenatal Assessment: **\$262,500**
2. Welcome Baby in-hospital visits for new mothers (expansion of Connections): **\$951,144**
3. OLDS (Nurse-Family Partnership) teams: **\$1,835,012**
4. Family Support Teams (including A&D and Mental Health): **\$6,155, 386**

Significant additional dollars will be required for the home visiting programs to serve families of children born in subsequent years until the number of new cases equals the number of closing cases (approximately 2 – 3 years).

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts?)**

Potential funds from the Oregon Children's Plan will ameliorate early childhood cuts due to decreased general fund dollars, loss of federal grant money, and a potential loss of other state funds for child, adolescent, and elder services.

**What are the downsides and potential risks to this recommended change?**

- The OLDS and the Family Support Team models implement best practices, such as clearly defined goals and objectives, well-defined target population, limited caseload, professional training, and low management to staff ratio. These best practices result in increased costs or limited penetration into the eligible community. Additional dollars are required to provide a balanced array of home visiting services. State dollars are only allocated for first births.
- The county is implementing the OLDS model with the expectation that it will experience the same long-term results that were documented in the original sites. However, the crime prevention results that have made OLDS very attractive to some policy makers will not be realized for 10 – 15 years. There is no way to predict whether we will be able to sustain the current political will to sustain and expand this and similar models of home visiting.
- The Oregon Healthy Start model is an adaptation of the Hawaii Healthy Start model that documented very favorable early childhood outcomes. Subsequent replications have not demonstrated the same degree of outcomes. Individuals who have worked with and studied Community Health Worker models believe that this model would improve the Oregon Healthy Start model. Any local adaptation of the Oregon Children's Plan (either to use the OLDS model or the Community Health Worker model) will require approval at the state. Flexibility with the Oregon Children's Plan or the Healthy Start model is not guaranteed.

**What alternatives were considered (if applicable)?**

N/A

**How does the recommended change need to be processed publicly?**

- We should determine with community partners how successes from current early childhood programs, including Healthy Birth Initiative and Parent Child Development Services, should be integrated into the Oregon Children's Plan model.
- We should dialogue with a diverse constituency of parents and community partners about the proposed shift to the research-tested OLDS model which is effective with a very targeted population in lieu of/ or in addition to more community-based, less expensive, and less well researched services to broader early childhood, adult and elder communities.
- We should explore an expanded use of Community Health Worker positions, which have created opportunities for mobilizing new ethnic communities and galvanizing support for culturally appropriate early childhood health promotion efforts.

**Other comments (impact on other jurisdictions)**

The funding for the Oregon Children's Plan requires funding cuts in other human service programs.

## **APPENDIX TO ISSUE PAPER 1**

### **System of Supports for Families and Young Children**

The following is the product of a series of visioning and planning meetings conducted within the Health Department to determine which pieces of the Multnomah County Early Childhood Framework it might need to be prepared to implement, how the implementation and evaluation might take shape, and what the estimated costs might be including cost per family (where applicable), ramp-up, and full implementation.

#### **The Multnomah County Vision of the System of Support for Families with Young Children includes**

- Prenatal Assessment to screen for psychosocial risks – for all births – instrument is being developed at the state level
- Home Visiting for Families with specific risk factors (including single parents, teen parents, and low income) – including both first births (Olds Model) and non-first births (Family Support Team)
- An initial home or hospital visit to assess for risks – for all births
- Child Care – for all births
- Parenting Education and Support – for all births
- Early Head Start and Head Start – for all eligible children
- Kindergarten and Childcare – for all children
- Continued supports for children in elementary school – for at-risk children
- Community-wide advocacy and education

#### **The components of the plan for which the Health Department proposes to take the lead:**

- a. Prenatal Assessment
- b. Olds Nurse Home Visiting Program
- c. Multidisciplinary Family Support Teams
- d. Welcome Baby – hospital visits for all births

#### **General issues of concern to the Health Department:**

- Preserving and expanding opportunities for federal reimbursement for MCH services.
- Ensuring on-going commitment of dollars to maintain home visiting system.
- Ensuring sufficient resources for infrastructure and evaluation to maintain and continuously improve the system.
- Streamlined flow of dollars for home visiting from state to Health Department – to limit administrative costs.
- Flexibility of funding – Health Department should have the discretion to match early childhood funding with home visiting and family support models that best meet the particular needs of specific at-risk populations.

## **Prenatal Assessment**

**Target Population:** All Prenatal Care Providers and their staff, and other providers of health and social support

**Intervention:** Year 1: Implement a planning process to develop a prenatal assessment system that will achieve its desired outcomes – including monitoring the capacity of the current support system. Develop targeted informational campaign and professional education promoting the use of a prenatal assessment tool by professional and other non-traditional health advisors. Year 2: Implement the informational and education campaign. Use Information and Referral or Safenet to take referrals and link women to a wide range of services and supports in the community, to follow up with women to evaluate the outcomes of referrals, and to monitor the capacity of the service delivery system to meet the need. Collect and maintain the data centrally. Broadly disseminate the findings from data analysis and service evaluation and follow up specifically with providers who made initial referrals.

**Goals:** Early identification of potential risks for maternal or child health and wellness.  
Early linkage of pregnant women to appropriate community supports.  
System of supports that has the capacity to address all identified needs.

**Evaluation:** Focus groups with providers of health and social support for pregnant women, chart audits, and surveys to determine effectiveness of initiative and of assessment and referral system.

**Current Programs that fit into this system component:** Connections

**Staff:** One manager (HSA), four additional I&R/Safenet operators, two program development specialists to staff the planning process, provide education and follow-up information to providers, and one program development technician to manage the data.

**Estimated Cost:** Evaluation: Year 1: \$12,500; Year 2: \$26,000  
Evaluation and Implementation: Year 1: \$262,500; Year 2: \$526,000

## **Welcome Baby**

**Target Population:** All births (n = 9200 based on 1999 birth data). An estimated 80% will participate (n = 7360).

**Intervention:** One-time hospital or home visit for all births to provide information to parents on community resources that promote positive parenting, quality child care, and early literacy, as well as to assess risk factors and identify families needing more intensive community supports and/or home visits. Consenting families will be referred to the Family Support Teams. Community Health Nurses will conduct the hospital visits, Community Health Workers will make a one-time home visit to mother who were not visited in the hospital. Mothers will receive one two-week follow-up contact to determine the effectiveness of any referrals, to reinforce messages, and to assess for any new or emerging risks.

**Evaluation** includes development of a database for recording contacts/referrals; development, data analysis and regular surveys to assess outcomes, utility and cultural appropriateness of referrals.

**Current Programs that fit into this system component:** Connections, Connections Plus, PCDS – CHN's

**Staff Configuration:** 6 FTE Community Health Nurses, 3 FTE Community Health Workers. The nurses will visit mothers in each Multnomah County hospital. The Community Health Workers will work visit mothers in the home who did not receive a Welcome Baby visit in the hospital.

**Estimated Cost:** Evaluation cost - \$41,450  
**Evaluation and Implementation Cost: \$951,144**  
Cost per birth: \$130

**Potential Revenue:** Some visits may be eligible for Medicaid reimbursement.

### **Pregnancy and Early Childhood Nurse Home Visiting Program (OLDS Model)**

**Target Population:** First time mothers, unmarried and eligible for WIC (n = 1,140 assuming that 76% of 1,500 First births to unmarried women / year may fit WIC eligibility). This represents 12.4% of births (1999 data). An estimated 35% (n = 400 eligible women) will agree to participate in this home visiting model – this represents 4% of all births (1999 data).

**Intervention:** Intensive, comprehensive, culturally competent home visitation program by experienced community health nurses for the purpose of developing a long-term trusting relationship between mother and nurse. Through this relationship the nurse assists the mother to expand knowledge about pregnancy, parenting, child growth & development, appropriate infant stimulation, to establish her own goals and her own future life course. Home visits begin during pregnancy, preferably prior to 20 weeks gestation and continues to the child's 2<sup>nd</sup> birthday. Visits are weekly for 4 weeks, every 2 weeks through pregnancy, weekly for 6 weeks postpartum, every 2 weeks until child is 21 months old, every month to age 2 years and, if needed, quarterly visits to age 3 years. Cases are open on average for approximately 2.5 years.

**Goals:** Improve Pregnancy Outcomes  
Promote Child Health and Development  
Promote Maternal Life Course Development

**Evaluation:** Development of a database, data analysis and baseline, six-month, 12-month, and 24-month family surveys to assess parent knowledge of appropriate parent-child interaction, child development, and satisfaction with program.

**Current Programs that fit into this system component:** East County and North Portland OLDS Teams

**Staff Configuration:** Each team is made up of 4.0 FTE Community Health Nurses (CHN), a .5 FTE Office Assistant II, and .5 FTE Manager. Each CHN has a caseload limit of 25 families.

**Estimated Cost:**

- \$440,000 per team (estimates nurses at top of pay scale, but does not include additional facilities costs).
- Each team operating at full capacity will serve 100 families. This requires 4 teams in year 1, 8 teams in year 2, and 12 teams in year 3.
- Evaluation Costs: Year 1: \$75,012; Year 2: \$97,116; Year 3: \$97,896
- **Total Evaluation and Implementation Costs: Year 1: \$1,835,012; Year 2: \$3,617,116; Year 3 (full implementation): \$5,377,896**
- Cost per family = \$4,600 per family per year.

**Potential Revenue:** Some visits may be eligible for Medicaid reimbursement.

**Multidisciplinary Family Support Teams – a Public Health Model**

**Target Population:** Families with risk factors that potentially negatively impact pregnancy, parenting or child health outcomes and who are not enrolled in Olds program. Risk factors include medical risks such as prior fetal loss, low birth weight, drug exposed infant, metabolic disorders, physical anomalies, or developmental risk factors such as developmental delay, or social risk factors such as maternal age, parental substance abuse, parents with disabilities or limited resources, history of abuse, etc. (n = 2760 births). This represents 30% of total births. An estimated 50% (n = 1380) will engage in home visiting, representing 15% of all births.

**Intervention:** This flexible, comprehensive, culturally competent and multi-disciplinary home visiting model, includes services such as health education, counseling, case management, access to resources, screening, advocacy, and parent education. Teams will provide individual services as well as neighborhood-based social supports. Flexible funds will be used to purchase community services to strengthen families (including childcare, transportation, support groups, mental health counseling, ATOD treatment). Home visits may begin during pregnancy or within the child's first five years and will continue until the child enters an early childhood education program such as Early Head Start, Head Start, or kindergarten – cases will remain open an average of 3 years. Frequency of visits is determined by individual family needs and a mutually agreed upon action plan.

**Goals:**

- Improve Pregnancy Outcomes
- Promote Child Health and Development
- Promote Maternal Life Course Development

**Evaluation:** Development of a database, data analysis and baseline, six-month, 12-month, and 24-month family surveys to assess parent knowledge of appropriate parent-child interaction, child development, and satisfaction with program.

**Current Programs that fit into this system component:** Connections, Babies First, CaCoon, Healthy Birth Initiative, ADAPT, Family Enhancement, Family Advocate, Parent Child Development Centers-CHNs



**Staff Configuration:** Each Family Support Team will consist of 2.0 FTE Community Health Nurses, 1.0 FTE Community Health Worker, 1.0 FTE Parent Educator, 0.5 FTE Mental Health Consultant, and 0.5 FTE Alcohol and Drug Consultant; 0.5 FTE Manager, and 0.5 FTE Office Assistant II. All staff with home visiting responsibilities will carry a Case Load Limit of 25 families per 1.0 FTE. 0.2 FTE clinical supervision will be necessary for licensed staff.

Staff would need to be reconfigured to meet requirements of the Healthy Start Model, which would result in a reduced cost per team.

**Estimated Cost:**

- \$534,737 per team (estimates nurses at top of pay scale, but does not include additional facilities costs).
- 100 families will receive individual services by each team operating at full capacity; additional families may receive support through group- or neighborhood-based interventions.
- Estimate 15% of eligible families (207) may use community based support services @ \$1900 per family=\$393,300
- Estimate 14 teams in year 1, 26 teams in year 2, and 36 teams in year 3.
- Evaluation Costs: Year 1: \$147,348; Year 2: \$193,452; Year 3: \$194,232; Year 4: \$194,232
- Total Implementation and Evaluation Costs:
  - Year 1: \$6,155,386;
  - Year 2: \$12,885,703;
  - Year 3: \$18,501,219;
  - Year 4: \$19,838,064 (full implementation)
  - Cost per family = \$5,550 per family per year.

**Potential Revenue:** Some visits may be eligible for Medicaid reimbursement.

## PAPER 2

**General Policy Issue:** Intervene and follow through in the lives of children needing alternative home placements in a humane, supportive manner; specifically, begin operation of the Child Receiving Center in January 2002 using state and county resources.

### **Specific Recommended Program Change (including relevant background/history):**

The Children's Receiving Center Campus, located in the Gateway Urban Renewal district, will provide a place where children who have been removed from their homes for reasons of abuse or neglect can be taken for immediate care and comprehensive assessment with a minimum of additional disruption. This project has been in the planning stages since 1988; in 1996 Multnomah County voters approved bonds to fund such a center. Dan Saltzman, former County Commissioner and current City Commissioner, Sharron Kelley, former County Commissioner, Michael Schrunk, District Attorney, and Commissioner Lisa Naito have all been active in the establishment of this center to care for young children. It was determined that by providing an integrated service center including stakeholders such as the State Office of Services to Children and Families, local law enforcement, the District Attorney's Office, Multnomah County Health Department and Department of Community and Family Services, Multnomah sub-contractors such as the Morrison Center, the needs of children and families would be met most efficiently. The leased space will provide a base for general fund dollars that can be matched with federal dollars to provide the revenue for the operational services in the Receiving Center. The Center will serve up to 16 children between the ages of 3 and 12 per day; it is to be constructed so that family groups can stay together in a safe, supportive and secure setting.

### **Expected Outcome of Change (how will we measure whether it has been successful?):**

Outcome measurements include the number of children who can be maintained in positive foster settings and/or successfully returned to their biological families; also, a decrease in the length of time children are held by law enforcement or Child Protective Services, waiting for a foster placement.

### **Impact on County's benchmarks?**

- Reduce child abuse and neglect
- Increase readiness to learn
- Increase access to health and mental health services
- Demonstrate good government practices by maximizing local funding impact and flexibility through full leveraging of federal financial resources

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Child Welfare research indicates that children have better outcomes if they are allowed to remain with their siblings when placed in foster settings, nearly 60 children/month between the ages of 3 and 12 come into foster care for the first time. Those children who receive rapid assessment and a review of their needs will be able to be matched better with the most appropriate foster setting.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002):**

Building the Residential Bldg and remodeling the Service Bldg will cost between \$8.2 million and \$9.6 million. The bond levy and subsequent interest has resulted in about \$7.6 million. The remainder of the capital costs will need to be managed by either COP or Urban Renewal dollars. Service costs include a sixth month operational budget for Christie School to operate the center under sub-contract for approximately \$400,000 for FY01-02, approximately \$150,000 for the Health Department to operate the Health Services. Additional costs will be incurred by any County agency renting space in the service building.

**Longer term impact (next five years):**

Annual costs projected to be about \$800,000 per year for the operation of the Residential Center. The estimated cost of re-modeling the MDT Bldg is currently about \$2.2 million; lease amounts from the MDT Bldg (this would be local law enforcement, the SDF Hotline, and other tenants) are necessary in order to capture enough general fund to operate the Residential program.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?):**

The integrated service center concept will assist in co-locating programs for serving families involved in the child welfare system at one convenient site. By maximizing federal dollars, local service entities will be able to provide services at a lessor cost to the county general fund in a more coordinated, humane manner.

**What are the downsides and potential risks to this recommended change?**

It commits the County to long-term relationships in supporting child protective services as well as any indirect expenses as a result of the federal participation formula. Additionally, some aspects of the federal participation (e.g. the Federally Qualified Health Center grant) may result in requirements for County staff to provide services rather than sub-contractors. This aspect may alter the role the County has maintained in the mental health community for several years.

**What alternatives were considered (if applicable)**

Not fulfilling the wishes of the voters, operating only a partial program.

**How does the recommended change need to be processed publicly?**

There has been massive outreach to the community in this area. A planned "ground-breaking" ceremony is being scheduled.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

Major partners include the State DHS, local SOSCF, the City of Portland, the District Attorney's Office, Christie School, the Morrison Center. The delicacy of balancing the needs of the children and families to be served and the various jurisdictions' missions will continue to be challenging. The final result is an exciting project where services follow the child's needs rather than forcing children to fit a pre-determined program.

### PAPER 3

**General Policy Issue** Intervene and follow through in the lives of children needing alternative home placements in a humane, supportive manner.

#### **Specific Recommended Program Change (including relevant background/history)**

Add a new program to serve young children (ages 0 to 6) in foster care (Early Childhood Partnerships Project), within an integrated services model and based at the Children's Receiving Center (CRC) Campus. The Partnership Project will provide coordinated, comprehensive and intensive services for young foster children and their biological and foster/kin families. The Project funds early childhood mental health consultants who provide in-home child development, parenting and early childhood mental health consultation to the foster/kin and biological families. They also assist with access and payments for substance abuse, mental health and domestic violence services and supports for the biological families. The Project infrastructure includes supervision, office support, psychiatric consultation and program evaluation. The CRC Campus will house the CRC, the Multidisciplinary Team and a set of services designed to compliment the CRC and MDT functions. The supports funded by this program change include a Program Administrator for Early Childhood and Child Abuse, who also functions as the CRC Campus Administrator, and program development and office support for the Early Childhood and Child Abuse Program areas and for the CRC Campus. The Project is necessary to increase family self-sufficiency within a complex and fragmented service delivery system.

#### **Expected Outcome of Change (how will we measure whether it has been successful?)**

The Project's benefits will be demonstrated in the following areas:

- Biological parents will have increased access to substance abuse and mental health care, and to domestic violence services and supports
- Disruptions in placements will be reduced for young children in foster care
- Foster/kinship parents will indicate increased satisfaction with the young children in their care

The CRC Campus benefits will be demonstrated by achieving high levels of satisfaction within its "customers": biological parents, foster parents, SCF staff, law enforcement personnel and children.

#### **Impact on County's benchmarks?**

- Increase children's readiness to learn
- Increase access to health, mental health and substance abuse treatment
- Reduce child abuse and neglect
- Demonstrate good government practices by maximizing local funding impact and flexibility through full leveraging of federal financial resources
- Prevent substance abuse
- Improve the quality of child care through on site mental health consultation

#### **Best Practice/Research based relevant to recommended change (what evaluation or learnings support or question this change?)**

The Morrison Center Child Assessment Service (CAS) estimates that 250 young children enter foster care and are evaluated at CAS each year. Locally, 75% of these

children have a substance-abusing parent, more than 50% have been exposed to domestic violence, and more than 80% have been neglected.

Young children remain in foster care longer than older children do, and reunification with their families is often followed by re-entry into foster care, due to repeated incidences of abuse and neglect. Young children involved in the foster care system are also more likely than older children to experience multiple placements during their tenure in the system.

The Partners' Project has been successful in utilizing a blended and braided funding approach to provide comprehensive and intensive services for multi-problem children and their families. The Project has demonstrated that this approach can reduce or eliminate costly out-of-home placements. The Early Childhood Mental Health Consultation Team has been successful in utilizing a mental health consultation model to enhance the capacities of young child-serving agencies and of families to provide developmentally sensitive, individualized care to very young children. Outcomes include increased stability of the child's home environment and of the child's involvement in normative, community-based care and education. "Families who have contact with the child welfare system may need to be provided with an array of services in a saturated fashion, including drug treatment, assistance with housing, income and parenting." From The Tender Years: Toward Developmentally Sensitive Child Welfare Services for Very Young Children by Berrick, et.al. The National Council of Juvenile and Family Court Services have published Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice. The Court, SCF, domestic violence victim services programs, the Family Violence Intervention Coordinating Council, and others in the community are seeking to implement these guidelines in Multnomah County.

**Direct Budget Impact (what will it cost? What will be saved and cost avoidance?)  
(What is the impact on employees – county or contracted?)**

**Short Term (FY 2002)**

- Option A (serves 250 children) rolled up gradually over the course of the year, will cost County no new funds, as \$290,000 in CAMI funds and \$50,000 in already committed CGF for Morrison CAS match with \$510,000 in federal funds and add to \$50,400 in OHP reimbursements for a total program budget of \$900,400.
- Option B (serves 225 children) rolled up gradually over the course of the year, will cost County no new funds, as \$290,000 in CAMI funds and \$50,000 in already committed CGF for Morrison CAS match with \$510,000 in federal funds and add to \$50,400 for a total program budget of \$900,400.

**Long Term (Next 5 years, each year)**

- Option A (serves 250 children) will cost County \$ 250,693 in additional County General Funds, \$290,000 CAMI funds are added, both are matched by \$982,379 federal funds, with \$403,200 OHP reimbursements (pending negotiations with CAREOregon and the MHO), for a total budget of \$1,976,272.

- Option B (serves 225 children) will cost County \$307,130 in additional County General Funds, \$290,000 CAMI funds are added, both are matched by \$836,925 federal funds, with \$369,600 OHP reimbursements (pending negotiations with CAREOregon and the MHO), for a total budget of \$1,847,525.

Structuring the program this way leverages relatively small County General Fund contributions, and a presumably ongoing CAMI contribution commitment, to draw down federal funds adequate to support this comprehensive and intensive service system. Cost savings should be felt within the SCF system as children are stabilized in foster care and parents are triaged and supported into appropriate behavioral health services. Long term, these children and their parents will have reduced need for high-end services, such as day treatment, hospitalization, residential care.

Mental Health Consultants will be County employees and the rest of the services (alcohol and drug, mental health and domestic violence) will be contracted out.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts?)**

For this young foster child population, cuts to SCF, child care, community justice, and the mental health and substance systems will create gaps in services, care, and coordination and will reduce the ability of all of these child- and adult-serving systems to support foster children and their families. This program change proposal provides for flexibly administered services to be targeted to this most vulnerable population, and it provides structures within which the various systems can collaborate to maximize scarce resources in a prescribed period.

**What are the downsides and potential risks to this recommended change?**

It commits County General Fund for the indirect charges and for additional funds to make the full federal participation match make the program feasible.

**What alternatives were considered (if applicable)?**

Not providing the CRC Campus support and leadership or the Early Childhood Partnerships Project could be accomplished, however, the County has already made a considerable commitment of time and resources to these efforts. The County would stand to forego an opportunity to stretch local funds and the CAMI grant to create a substantial community system by drawing down federal funds. This system of services and supports require relatively little County General Fund.

**How does the recommended change need to be processed publicly?**

Outreach to the community has already occurred on a large scale. A planned "ground-breaking ceremony is being scheduled.

**Other comments (impact on other jurisdictions)**

The major partners in this venture—State DHS, local SOCSF, the City of Portland, the District Attorney's Office, Christie School, the Morrison Center, the Health Department—each have organizational missions, which need to be balanced within the collective mission of the total CRC Campus and Project missions. This services system offers a concrete venue for truly integrated and fully flexible services delivery.

## PAPER 4

**General Policy Issue:** Maintain commitment to use library resources to reach children and families during their preschool years to enable appropriate literacy and social development.

**Specific Recommended Program Change (including relevant background/history)**

Using existing library resources, continue and expand current library efforts focused on schools, child care centers, Hispanic youth and Reach Out and Read.

*Reach Out and Read (ROAR)* – In partnership with the Health Department, this pediatric family literacy program will be expanding from two health clinics to all seven county health clinics. Other ROAR partnerships include an expansion of the services to Doernbecher Hospital and an exploration of a partnership with Legacy Health System. During FY01-02, a trained volunteer component will be added so parents visiting the clinics with their children will see a volunteer modeling this important element of reading with a child.

*Early Words* – This project, funded by the Commission on Children, Families & Communities, seeks to improve family and child care center providers' ability to nurture emergent literacy behaviors. Early Words also provides information for new parents about how to get a library card for their newborn as well as providing an incentive for the first visit to the library.

*Supporting Parents* – In addition to the above programs, Early Childhood Resources (ECR), provides parenting classes and works with parent child development centers and agencies that support parents including NARA, Helensview Teen Parent Program, Portland Public Schools Teen Parent Program, White Shield, and Insights. The focus is to increase parents' use of the library and to encourage them to read to their children.

*Youth Librarian Positions* – Each branch library has at least one librarian dedicated to services to children. Besides providing storytimes in the branch, the youth librarian provides outreach services to child care centers as well as Head Start, Early Head Start, Even Start and Migrant Head Start. With the addition of the Fairview-Columbia and Northwest branches, as well as the addition of a youth librarian position when Hollywood reopens, three new youth librarian positions will be provided in FY 01-02.

In addition to the Youth Librarians, a pilot project has begun to train selected Library Assistants to provide additional storytimes and free up more of the Youth Librarians' time to focus on outreach efforts.

*LIBROS* - As part of our expanded services to the Latino population, three Spanish-speaking Library Assistants will be presenting bilingual storytimes at library branches. LIBROS also connects with Migrant Head Start, Latino clubs in schools, ESL and newcomer classes, Programo Hispano and OCHA.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

We have four key result measurements that track our efforts with children and youth and three new measurements have been added as part of the Services Efforts & Accomplishments report for the Library.

**Impact on County's benchmarks?**

These efforts support the County's "Increase School Completion" benchmark by helping children enter school meeting developmental standards related to literacy.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Current brain development research stresses the importance of early language and literacy experiences.

Literacy development is dependent not only on the amount of reading done, but also on the amount of access to books. Research also shows that providing modeling and mentoring for parents and caregivers increases the opportunities for children to have emergent literacy experiences. Providing access to books and training parents and caregivers are key elements of the library's outreach programs.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

Programs are continued as part of the Library's operating budget.

**Longer term impact (next five years)**

N/A

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

N/A

**What are the downsides and potential risks to this recommended change?**

N/A

**What alternatives were considered (if applicable)**

N/A

**How does the recommended change need to be processed publicly?**

N/A

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**



## **PAPER 5**

### **General Policy Issue: Homeless Youth**

#### **Specific Recommended Program Change (including relevant background/history)**

The Department of Community and Family Services (DCFS) is recommending the addition of approximately \$41,331 to be used as match for the Robert W. Johnson (RWJ) grant proposal by the downtown Portland homeless youth service system. This proposal, if funded, will provide culturally specific and competent alcohol, tobacco, and other drugs (ATOD) and dual diagnosis services to homeless youth in downtown Portland. The System proposal is in the final applicant pool for consideration and appears to have strong potential for funding. An on-site visit by RWJ is scheduled for April 2001. Funding of this application by the RWJ Foundation will mean that a very important service element for the downtown homeless youth system is now available.

#### **Expected Outcome of Change (how will we measure whether it has been successful?)**

The outcome of this change is that homeless youth will have access to ATOD and dual diagnosis services, which currently do not exist. This need was documented by the original planning committee for the system, but due to lack of funds was never addressed. Research and provider experience points to these issues as significant for this population, creating barriers to young people moving from homelessness toward independence from the streets. Youth facing ATOD and dual diagnoses are highly unlikely to exit street life with only traditional services.

As proposed to RWJ, the overall project will provide funding for ATOD and dual diagnosis screening services for 1,000 youth per year. More in depth assessment services will be provided to 300 of those screened, with treatment services made available to 200 youth. The primary outcome of the project is to increase substantially the entry and completion rate of youth in ATOD treatment: the project intends that 75% of youth provided treatment will successfully exit street life.

#### **Impact on County's benchmarks?**

This service reduction will impact both the High School Completion and the Juvenile Crime benchmarks.

#### **Best Practice/Research based on relevant to recommended change (what evaluation or learnings support or question this change?)**

Research and best practice clearly points to the linkage between ATOD use/abuse and living on the streets. In addition, mainstream youth ATOD services often are not effective with the street youth population because of the significant cultural differences involved. Because services will be integrated into the existing System, the expectation is that young people will access ATOD services more readily than if they were available otherwise.

#### **Direct Budget Impact (what will it cost? What will be saved?) What is the impact on employees – county or contracted?**

The budget impact for DCFS is the addition of approximately \$41,331 (FY 01/02) and \$45,223, and \$49,022 in years 2-3, respectively of County General Funds.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts?)**

Taking this action does not ease the impact of other budget cuts.

**What are the downsides and potential risks to this recommended change?**

The recommended change is an addition to the budget. This will require reduction of approximately \$41,331 in another area of the County's budget.

**What alternatives were considered (if applicable)?**

None

**How does the recommended change need to be processed publicly?**

N/A

**Other comments (impact on other jurisdictions).**

## PAPER 6

**General Policy Issue:** As a result of major revenue changes in County General Fund availability and the conclusion of the Edward Byrne Memorial Fund grant, the School Attendance Initiative (SAI) is facing a one million dollar budget reduction. Due to this budget cut, SAI will undergo program redesign, improving services to students in targeted schools with focus on attendance and school achievement.

**Specific Recommended Program Change (including relevant background/history):**

With the inception of the Truancy Project in the fall of 1996, funded through a four year Edward Byrne Memorial Grant in the amount of \$1.0 million, the Department of Community Justice (DCJ) began its work with Portland Public Schools (PPS) on the issue of school attendance. Operating in the Roosevelt Cluster, with an emphasis on 5th – 8th graders, this program served over 800 youth in the period September 1996 through June 30, 1997.

Early evaluation results showed youth involved in the program improved their school attendance by 10% as a result of staff focus on attendance monitoring and parental/family contact. In 1997, the U.S. Department of Education awarded Portland Public Schools \$500,000 for a 2-year period to implement truancy projects in two additional school clusters. Marshall and Jefferson school clusters were targeted for school attendance monitoring and family intervention activity. The independent researchers noted school attendance improvements of 14% and 10%, respectively.

County budget hearings during 1998 determined that a countywide school attendance effort was feasible and necessary. Two million dollars in County General Fund were allocated to expand SAI throughout Multnomah County. These funds effectively allowed program services to impact seven school districts throughout the County (Portland Public Schools, Parkrose, Gresham-Barlow, David Douglas, Reynolds, Centennial and Corbett). Over 130 schools were targeted for school attendance monitoring, family intervention and case management services. The expansion of SAI created a collaborative structure between PPS, Multnomah Education Service District (MESD), DCJ, Volunteers of America, Inc (VOA), and the County-supported Family Service Centers. In addition, culturally specific service providers (Oregon Council on Hispanic Affairs and the International Refugee Center of Oregon) were included to work with non-English speaking Latino, Asian and East European families. Services were expanded to impact K-4th and 9th graders in addition to 5th – 8th graders. In Year 1, 4,300 youth and families were served, with an attendance improvement overall of 14%. In Year 2, approximately 4,500 youth and families were served. Analysis continues in order to determine the overall attendance improvement rate and other program impact. Year 2 saw continued improvement in the service delivery model of the Initiative. Strength-based case management training was provided for all staff members of the collaboration. The training assisted staff in developing specific skills in working with families, describing the philosophy of strength-based case management and implementing the service delivery model across program domains.

Limited funding has caused the Initiative to explore the following: eliminate services to 9th grade students, target school attendance monitoring, outreach, family intervention and case management services to under-performing K-8 schools in three school clusters within PPS and two school clusters representing East Multnomah School Districts. The

Initiative will also redesign the service activity of the program by focusing on school attendance and classroom achievement. Research suggests that improved school attendance will lead to improvement in classroom achievement and the SAI evaluation will be re-tooled to analyze data received during the fiscal year. Program service delivery activity will continue to include school attendance monitoring, targeted outreach, and family intervention and case management for those families most in need of longer-term service.

Fiscal Year 2001-02 will see an increased focus from PPS and the targeted East County School Districts on attendance monitoring and individualized services for youth returning to school after receiving services through an SAI Outreach/Referral/ and case management process. Services will include developing connections with school-based program offerings at the individual school level, and/or connection to district-wide services (i.e. tutorial, IEP assistance, school counselors, in-school health services, etc.). Middle school students will be linked to the County's SUN Initiative, promoting after-school activities as well as family services. The FAST Program, which has operated in

PPS for several years and received County resources to expand services, will also provide a linkage for elementary and middle school students and their families to research-based activities geared to improve family and child interactions.

**Expected Outcome of Change (how will we measure whether it has been successful?):**

SAI has a viable evaluation process connected to the program since its inception. Measurements include attendance rate improvement, and stakeholder satisfaction. Fiscal year 2001-02 will produce baseline achievement improvements of students involved in program services. Data collection instruments have been developed and student achievement data is available through PPS and East County School downloads.

**Impact on County's benchmarks?**

Impact focuses on School Completion and Reducing Juvenile Crime and Juvenile System Involvement.

**Best Practice/Research based relevant to recommended change (What evaluation or learnings support or question this change?):**

The 1st Year SAI Program Evaluation documents the effectiveness of the interventions used to impact non-attending students. SAI has been shown to be effective with elementary, middle and high school students. The interventions employed are more dynamic with elementary and middle school students, although analysis shows that high school students improved, but at rates lower than their early school cohorts.

**Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees – County contracted?):**

The SAI budget has been reduced by approximately \$950,000 for Fiscal Year 001-02. Current estimates for program revenues in Fiscal Year 2001-02 are at \$2.1 million. The program will lose one FTE Juvenile Counseling Assistant position. Contracted resources will be reduced by approximately \$901,000. The SAI redesign is predicated on the loss of 22 contracted positions. DCJ, in coordination with the school districts is continuing to explore appropriate staffing levels for this program. These discussions may lead to additional changes in this current structure.

**Indirect budget impacts (How does taking this action help ease the impact of other budget cuts?) :**

**What are the downsides and potential risks to this recommended change?**

The potential downside rests with the lower number of youth served during the school year. SAI services operate at or near capacity and services are provided throughout Multnomah County, in over 130 schools across 7 school districts. The redesign will focus on 5 school clusters in 3 districts. Services will be capped at approximately 1900 students in grades K-8. Youth at-risk of dropping out, assisted by services at the 9<sup>th</sup> grade level, will no longer have a "safety net", thus higher dropout rates could occur.

**What alternatives were considered (if applicable):**

Alternatives considered were folded into the redesign of SAI. Some discussion involved dropping services to K-5th grades with a focus on middle school (6th-8th grade) and 9<sup>th</sup> grade.

**How does the recommended change need to be processed publicly?**

The redesign of SAI was processed through the SAI Management Team, the Department's Citizen Budget Advisory Committee and the Department's Budget Planning group and Executive Management Team. Conversations have been held with stakeholders in the Initiative focusing on the revenue projections for FY 2001-02. Additional communication can be focused through media outlets and community interests groups.

**Other comments (impact on other jurisdictions and so on):**

The collaboration between DCJ, PPS, MESD, East County School Districts, VOA, and the Family Service Centers will continue to operate. SAI has established a management team that develops policy, seeks to improve program efficiency and focus on best practice in the delivery of services to students and families. The SAI Management Team, comprised of key partners in the Initiative, has guided service delivery, procedure development, and resource allocation and relationship maintenance since its inception. The team will continue to focus on efficiency, quality service and employee development and training during the coming year.

## PAPER 7

**General Policy Issue:** Multnomah County Department of Community Justice (DCJ), in partnership with Multnomah Education Service District (MESD) and Portland Public Schools (PPS), has since 1997 provided Turnaround School for youth referred for violent, weapon related, substance abusing or related behavior as part of an initiative to assist in making schools safer and to support school completion. Turnaround has provided skill based learning to approximately 300 students a year and supported transition efforts back to the community. County funds of \$826,000 represent approximately half of the cost of the program and have been cut in order to avoid deeper cuts in custody and probation services that directly affect community safety.

**Specific Recommended Program Change (including relevant background/history):**

Turnaround School was developed to address issues of school violence, substance abuse and related conduct. Turnaround has provided an educational alternative to expulsion and an educational program for juvenile justice youth that would otherwise be out of school. Students return to community schools after the 45 to 90 day program. A contract with Tualatin Valley Centers Inc. provides mental health and drug and alcohol services.

Due to reductions in Multnomah County general fund resources and elimination of funds for gang related programs from the State of Oregon, funds to support Turnaround are no longer available. MESD funds received from the individual districts are still available to serve some students.

This proposal envisions moving Turnaround to two sites. One site, located at Helensview School, to serve 20 Portland Public School students and another, at Alpha High, to serve 26-30 East County students. These proposed programs would serve fewer students and would not provide the same level of safety, skill building, drug and alcohol services, or case management intervention as the current turnaround program, however these programs could be tailored to overcome some of the limitations of the Turnaround model.

A strong argument to support this model is that the two programs would be attached to two very successful alternative school programs, saving administrative costs and would be led by two very strong principals. Although school district funds would only support three teachers between the two programs, the existing Turnaround contract for alcohol and drug services will likely be matched with additional mental health resources through the Department of Community and Family Services to provide 1 FTE dual diagnosis staff for each site.

The new Turnaround classrooms would serve Portland Public Schools as well as five East County Districts. In addition to Multnomah Education Service District funds, approximately \$200,000 would be needed to adequately support the programs. With these additional funds, the two new Turnaround programs, in addition to teaching staff, would include at each site 1 FTE campus monitor and 2 FTE student advocates. 1 FTE service learning specialist would be split between the two programs.

One alternative to this proposal would be to reprogram Safe Schools funds for the Helensview site for PPS students. If that option were not available we would plan to

deploy a Juvenile Counselor Assistant from the Safe Schools staff to monitor attendance and provide transition services in lieu of a student advocate. DCJ would also support these programs with existing resources that could include assistance with service learning activities.

**Expected Outcome of Change (how will we measure whether it has been successful?):**

Program utilization and student completion will be monitored. Turnaround was usually at about 2/3 capacity and had a higher number of terminations than expected. Recidivism of juvenile justice involved youth could also be compared to youth in other school programs. Additional indicators of success, such as academic credits earned, social skills learned, asset development and successful transitions back to community programs could also be tracked.

**Impact on County's benchmarks?**

These cuts have a direct impact on school completion since fewer students will be served in these programs.

**Best Practice/Research based relevant to recommended change (What evaluation or learnings support or question this change?):**

Research indicates that keeping youth in school is one of the most cost effective means of reducing future delinquency. Research also supports the value of a positive, meaningful school experience in keeping students engaged and in reducing youth violence. The literature underscores the importance of activities such as service learning that give high risk youth a sense of pride, purpose, compassion and responsibility.

**Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees – County contracted?):**

The current reduction of \$826,000 in Multnomah funds includes two Juvenile Counselors who work at Turnaround. This reduction will also result in layoffs of many of the school staff. Approximately 300 youth would not receive services. About 100 of these youth were active with court personnel and 60 were on probation.

The support of this proposal would provide the opportunity to serve approximately 100-150 of the 300 students previously served by Turnaround.

**Indirect budget impacts (How does taking this action help ease the impact of other budget cuts?) :**

MESD's School resolution dollars in the State budget are also being reduced. The Department of Community Justice is also shouldering major reductions in Custody, Probation and Student Attendance Initiative programs. All of these impacts will make it more difficult to reach benchmarks including school completion.

**What are the downsides and potential risks to this recommended change?**

Portland Public Schools and Multnomah Education Service District will be hard pressed to fully meet the needs of at risk students and even with this restoration, service capacity is substantially reduced.

**What alternatives were considered (If applicable):** N/A

**How does the recommended change need to be processed publicly?**

An unavoidable consequence of this change is the jeopardizing of our collaborations by discontinuing initiatives that presume multi-year collaboration. The Department has strong collaborations with all school districts in Multnomah County.

**Other comments (impact on other jurisdictions and so on): NA**



## PAPER 8

**General Policy Issue(s):** Cluster SUN Schools by High School District (reflecting upon the following concepts)

- Integrate Family Resource Centers into SUN structure;
- Worksystems leveraging potential.

**Specific Recommended Program Change (including relevant background/history)**

The development of these ideas would require additional conversations, negotiation and research.

The cluster model for SUN would have program parameters, services and programs articulated across the cluster from pre-kindergarten to high school. Within the model, service and programs would be delivered in a developmentally (age, learning styles, family systems), educationally (grade level) and culturally appropriate manner. The cluster mode has many potential benefits and could contribute towards key County initiatives and benchmarks such as supporting school success, supporting families in poverty, simplifying the County's system of service delivery and coordination and strengthening the level of collaboration and symmetry between the City, County, State Department of DHS and the School Districts.

Work is underway to consider integrating school based (Jefferson, Roosevelt and Marshall) Family Resource Centers (FRC) into a SUN High School Cluster Model. One to three FRC coordinators would be transitioned into SUN site managers through a planning and implementation process phased in over two school years. In working with Susan Clark, manager of the FRC in DCFS, we have envisioned some the following components:

**Year One:**

- Service Integration Planning and Linkage to the Campus System and tied to the School Improvement Plan
  - Develop, based upon school and community assessment, a school based student and family referral and support system with school based providers (health and mental health), school staff and area service providers. Ensure staffing, maintenance, outreach and quality improvement of system.
- Community Involvement (and Family Involvement)
  - Involve in system planning
  - Partner around resources to the students, school and family
  - Provide a contact person for potential partners.
- Participate in Small Learning Communities and Carnegie Planning as possible, and tying FRC program planning to Initiatives developed by the individual school

**Year Two:** Because High Schools are currently looking at redesign, the academic support components would be developed in phase two.

- Academic and Skill Building Support
  - Work with School To Work and Worksystems Inc to provide applied learning opportunities after school and in the evenings
  - Work with the School to provide mentors and tutors for students who need it

- Work with the School to provide structured after school homework assistance to students below benchmark.

In addition, development of process and service indicators, supported by data collection is important to measure results.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

- Increased access to services and better coordination of services and increased access and availability of space during non school hours.
- Increases in student achievement, reducing the achievement gap across ethnic and gender lines; increases in parent and community satisfaction, involvement and in the development of new schools.

**Impact on County's benchmarks?**

School Success, Children in Poverty, Health, Good Government

**Best Practice/Research based relevant to recommended change (what evaluation or learnings support or question this change?)**

National Research on Full Service Schools supports increases in student success, attendance, (decreases in) disciplinary referrals, family and community involvement, access to services and prevention of deadly or more serious conditions through free community based delivery (alcohol and drug, immunizations, etc.), more coordinated service delivery.

Other research supports school-based services as effective supports to academic development and countermanding risk factors that inhibit healthy development.

There is international research on the importance of having young people exposed to career/educational paths throughout their pre-k to 12 experience. Increasing the applied learning opportunities and linking them with smaller learning communities in high schools supports the research of making education relevant to a students' future.

**Direct Budget Impact (what will it cost? What will be saved and cost avoidance?) (What is the impact on employees – county or contracted?)**

Additional research is needed.

Additional programming dollars are available in the SUN model, but not the current FRC. An additional \$60,000 to \$70,000 would be needed over and above the current FRC salary and benefit package (\$60,000).

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts?)**

There is the potential that as result of conducting a service delivery assessment as part of the planning process, a different delivery system could be proposed.

**What are the downsides and potential risks to this recommended change?**

Lack of community support or outright opposition by the community, putting pressure on County Commissioners, School Board Members, etc.

Another issue relates to maintaining the FRC's as county employees or contracting them out through the lead agency model. Currently SUN site managers are contracted through a lead non-profit agency and provided additional resources to provide services (usually in partnership with the school) are not County employees. The lead agency model provides greater local choice in the selection of a partner agency and staff by the school and community advisory committee. While there is a potential costs savings, there is also the potential for great disruption and the potential loss of staff, champions and community support, or the potential job change by current staff.

Finally, SUN schools were chosen through a competitive process, which created buy in by a local school principal, advisory group, caring community, etc. There is the potential for a sense of entitlement, if sites are provided services without having to apply for them.

**What alternatives were considered (if applicable)?**

1. Whether to begin with one site as a pilot site (Jefferson).
2. Whether to deploy all the current resources available to one pilot site (Jefferson).
3. Whether to propose creation of new or redeployment of current resources to Madison.
4. Whether the site managers should be county or non-profit (lead agency) employees.
5. Whether the FRC's could begin the SUN site process without additional service and programming dollars.
6. Whether the Caring Community and FRC jobs could be combined in some way and reconfigured to provide both a school based presence and regional service (cluster level) integration.

**How does the recommended change need to be processed publicly?**

- Buy in from school principal and key school staff for concept and process
- Buy in and negotiation from County and State service providers and funders
- Buy in from affected Caring Communities
- Buy in from the County Commission
- Buy in from DHS
- Buy in from the School District
- Buy in from the Community (especially as it relates to schools identified by the crisis team - Roosevelt and Jefferson)
- Consultation and negotiation with local partner and family teams of the current FRC

**Other comments (impact on other jurisdictions)**

The concept is linked to at least three other government/community institutions – DHS (currently a funder of Roosevelt and Marshall), PPS (School to Work and High School Locations), Worksystems Inc who would need to be in agreement to advance the partnership.

## **PAPER 9**

**General Policy Issue:** Expand library student employment initiative by creating up to 100 work opportunities for high school students in branch libraries and Central library, outreach programs, Youth Services, and in technology-related positions.

### **Specific Recommended Program Change (including relevant background/history)**

The Library is an active participant in the County's school to career program, with about 15 interns at library branches. This program seeks to expand that participation and position the library as a major teen employer in the community. Students will be hired from both traditional and alternative high schools and will be mentored by trained library staff. The goals of this program are to provide a quality work experience along with exposure to the Library's offerings, project a teen-friendly library image that will attract more teens as customers and potential employees, and help teens view the library as a possible career choice. It also provides an opportunity for teens to contribute to their community, have meaningful relationships with adults and peers, achieve educational success, have marketable skills, and develop personal and social skills.

Programs that have been identified as possible placements for teens include: LIBROS, Talk It Up! (book discussion groups for children), Books 2 U, School Corps, Youth Services, branch libraries, North Portland branch computer lab, Cyber Seniors, and Central Library. Interns will work 8-10 hours/week during the school year, with the possibility of expanded hours during the summer.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Measurements are in development; we expect to track the employment rate and retention of teen interns, the school completion rate of interns (we hope to eventually have a component of the program for high school dropouts), the number of patrons served by interns, and the satisfaction of interns and mentors with the programs (includes regularly scheduled meetings, evaluations, and exit interviews).

### **Impact on County's benchmarks?**

This effort supports the County's "Increase School Success" benchmark, along with the breakthrough benchmarks of "Increase access to literacy and cultural resources" and "Teenagers have the assets needed for success."

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Libraries have traditionally hired neighborhood teens to work in library branches. Unfortunately the civil service employment process is not particularly hospitable to prospective teen employees, but we hope to change this with the expansion of the Teen Internship Initiative. The teens benefit from the work opportunity and the library benefits from the additional connection to the community. Other library systems are also making these kinds of efforts and examples can be seen at [www.urbanlibraries.org/plpyd/teenjobs.html](http://www.urbanlibraries.org/plpyd/teenjobs.html).

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

The projected cost to have 100 teens working at 10 hour/week for one year is \$500,000. The Library has budgeted \$450,000 for this program in FY02 (\$400,000 for the teen interns and \$50,000 for a project coordinator). We anticipate an additional \$100,000 in funding may be raised through Jim Harper's efforts with other agencies.

**Longer term impact (next five years)**

The cost to continue this program at this level will be approximately \$500,000/year.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

N/A

**What are the downsides and potential risks to this recommended change?**

Given the County's upcoming budget for FY 01-02, some staff may view the hiring of the teen interns as an attempt to employ cheap labor. It is not a goal of the Teen Internship Initiative to replace current and future staff. The teen interns will enhance or expand existing Library services that are limited by staff time constraints.

**What alternatives were considered (if applicable)**

N/A

**How does the recommended change need to be processed publicly?**

Presentations will be made to the Board of County Commissioners, the Library Board, the Library Foundation, Portland Public Schools, etc. Additionally, press releases will be released to local media and information will be posted on the Library's web site.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

N/A

## **PAPER 10**

**General Policy Issue:** Improve the quality of physical and psychological health of our residents through providing less intrusive, early services through a coordinated system of professional and paraprofessionals care givers; specifically, consider continuing Project Roy (Reaching Out to Youth) in Gresham-Barlow District pending development with CHIP financing for SBHC. Provides mental health services. Open FFP discussions with selected East County School Districts in 01-02.

### **Specific Recommended Program Change (including relevant background/history):**

This program was funded as a one-time-only project in FY 00-01 pending the establishment of a more holistic approach to adolescent health care by the establishment of a SBHC for the Gresham-Barlow School District.

Other school districts served by County mental health staff include Centennial, Parkrose, and Portland Public. County sub-contractors serve Gresham-Barlow, Centennial, and Portland Public as part of the Children's Mental Health Partnership and also the Portland Public Safe and Healthy Schools grant.

### **Expected Outcome of Change (how will we measure whether it has been successful?):**

This project is not part of the County's Quality Assurance process. While Gresham-Barlow has had the benefit of the contracted social workers, this service is not a part of the practices and standards of the County's Behavioral Health system.

### **Impact on County's benchmarks?**

Should the project be funded as a Federal Financial Project, the impact could be on good government, access to mental health care, and school completion. Additionally, should the project become part of the County's Behavioral Health system, the ability to measure the impact on the County's benchmarks would be expanded.

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?):**

Best practice would encourage drawing this project into the County system. In this way, measures of outcome such as the CAFAS (child/adolescent functional assessment scale), school completion rates, incorporation of a full school based health center with its health services in addition to the mental health services, and client/community satisfaction could be measured. Best practice in adolescent mental health is included in the Carnegie Foundation studies among others.

### **Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

#### **Short term impact (FY 2002):**

Should FFP, especially the Federally Qualified Health Center grant be able to be used, the cost for a complete SBHC with mental health services is about \$300,000. Should FFP be used for a county mental health consultant only, the costs are about \$65,000 including a percentage of psychiatric consultation and

clinical supervision. In the Centennial School District our School Mental Health Consultants cost about \$25,000 in School District general funds, about \$25,000 in County general funds and they generate about \$15,000 in FFS revenue. Should the program go forward as it did in FY 00-01, it would cost about \$34,000 in general funds; however, it is believed that the replacement funds sought by Gresham-Barlow School District is now at \$106,000 because a matching grant from Legacy is diminishing.

**Longer term impact (next five years):**

Varies according to the model.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?):**

If FFP can be realized, it eases the overall use of general funds to secure access to holistic mental health and health care.

**What are the downsides and potential risks to this recommended change?:**

A perception of lack of availability across all school districts within Multnomah County; uneven quality assurance methodology.

**What alternatives were considered (if applicable):**

Discontinuing this one-time-only grant until a SBHC is available in this district.

**How does the recommended change need to be processed publicly?:**

Depending on the model selected, the Children's Mental Health Partnership, the Child & Adolescent Mental Health and Substance Abuse Advisory Council and local school boards need to be involved in planning.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.):**

School district general fund could be impacted.

## PAPER 11

**General Policy Issue:** What is the best way to present budget information about the use of state funds for children and families that flow to the County through the Commission on Children, Families, and Community?

Preparation of next year's tight budget raised the question of how the local Commission on Children, Families, and Community (CCFC) allocates funds between the Commission's community mobilization and asset building activities and direct services to children and families. Allocation decisions have been difficult partly due to the way in which we display the budgets for CCFC activities and direct services: CCFC activities are shown as Nondepartmental, and direct services are shown in departmental budgets. The Health Department and Community Justice deliver mandated services—Court Appointed Special Advocates and Relief Nurseries, to name two such programs—and the Department of Community & Family Services (DCFS) administers primarily discretionary contract services on the Commission's behalf.

The CCFC expects to receive fewer dollars in funding streams for adolescents, and increased dollars for early childhood for FY 02, due to the Governor's re-direction of some fund sources into the Oregon Children's Plan. These state-level decisions resulted in a net reduction in revenue targeting adolescents to the CCFC of about \$645,000 for FY 02 on an annualized basis. Cuts in funding for mandated services were passed through directly to the department providing those services; cuts in discretionary funding streams were passed through mostly to DCFS. Increases in early childhood funds are not yet known, but are expected to be substantial, possibly \$3 million on an annualized basis. In other words, cuts to discretionary funding streams were not shared proportionately by the CCFC and the department, but were absorbed in a greater share by the department. This resulted in proposed direct service cuts to children and families. Increases in funding to early childhood may balance this out, or, more likely, create a significant proportional net reduction in CCFC activities.

### **Specific Recommended Program Change (including relevant background/history)**

The Chair's Office directed CCFC to re-allocate its FY 02 resources proportionately between its own activities and direct services provided through DCFS, according to the proportion they are distributed this year. This was not consistent with the policy direction the CCFC had chosen, but the Commission agreed to support the Chair in a difficult budget year. Budgets for CCFC's activities were reduced by \$615,000, by eliminating some activities and reducing others, and proposed cuts to several direct service programs were backfilled according to the Chair's priorities, with the CCFC's agreement. CCFC will spread out the impact of its FY 02 cut in part by immediately and significantly reducing activities this FY, creating carryover funds from the current year. It will experience more phased-in cuts in FY 03, but the CCFC has plans to mitigate this by leveraging private investment, something for which it has a history of success.

The Budget Office recommends that the budget for CCFC be displayed in its entirety in the County's budget documents, with CCFC program activities and contracted services clearly identified and described as they are for other County departments. Additionally, CCFC and the BCC should align their budget review schedules more closely in order to give all policy makers an opportunity to participate together in shared policy decisions.



**Expected Outcome of Change (how will we measure whether it has been successful?)**

Clearer budget information should alleviate some of the confusion surrounding budget decisions made by County departments and by CCFC. There also is an opportunity for clarifying the roles and responsibilities of the BCC and the CCFC and identifying ways that each can support the other in developing the best policy choices for children and families.

**Impact on County's benchmarks?**

Investments in children and families are all applicable to the County's benchmarks, yet the underlying question of which investment pays the best return needs more consideration.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Clearer budget information generally allows for better informed decision making.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

In FY 02, CCFC's activities—primarily Take the Time, which will be reduced; and Connecting for Kids, which will be eliminated except for partial staff support—have been scaled back by a net budget reduction of about \$300,000. This amount is the cut of \$615,000 less approximately \$300,000 the commission anticipates it will carry over from this year. To avoid building program activities that can't be sustained, the CCFC has taken a permanent reduction of \$300,000, approximately the carryover amount.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

The budget reduction on CCFC's part directly reduces or eliminates initiatives that the CCFC has developed over time, and lessens the CCFC's ability to leverage private outside funding, which has been an important revenue source in the past. At the same time it also alleviates cuts proposed for services provided by DCFS.

**What are the downsides and potential risks to this recommended change?**

Showing CCFC's budget in a different way shouldn't pose any significant downsides. In fact, it is possible that a clearer representation of the CCFC's budget will allow for a more thoughtful discussion of the child and family policies underlying the confusing financial documents.

**How does the recommended change need to be processed publicly?**

Members of the Commission on Children, Families, and Communities and other stakeholders need to be informed of this effort, and engaged in the subsequent development of a new allocation process which includes both the BCC and the CCFC.

## PAPER 12

**General Policy Issue:** Improve access to mental health services for Latino residents.

The Latino community living in the Rockwood neighborhood of Gresham, and other target area residents will benefit with the development and implementation of the proposed targeted service enhancement project. The proposed project will improve the quality of physical and psychological health and well-being of residents. The program will provide less intrusive, early intervention and preventative services through a coordinated system of professional and paraprofessional caregivers.

The Rockwood neighborhood has a growing Latino population and is the location of the Rockwood Commons health and social service site. It is also an area supported by School districts (Reynolds, Centennial and Gresham-Barlow) that have expressed a desire for assistance in increasing the school completion rate for this population.

### **Specific Recommended Program Change (including relevant background/history)**

The Latino Network, on March 8, 2001, provided the Board a briefing on the recently completed Latino community needs and assets assessment report entitled "Salir Adelante." The Network identified funding priorities for FY02, which included a proposed a Latino mental health service enhancement targeted to Rockwood and further proposed that County enter into a partnership to develop the Casa D'Oro (185<sup>th</sup> & Stark) senior housing and community center site in Rockwood.

The County would partner with the Latino Network and through Hacienda, a nonprofit community development corporation, to develop the site with Head Start, mental health, developmental disabilities, domestic violence reduction, elderly and health components. The service delivery model is patterned after the Bienestar program successfully operating at the Clara Vista apartments and community center in NE Portland.

After extensive needs assessment review and after reviewing the success of the Bienestar de la Familia project in the Cully-Killingsworth neighborhood, it is recommended to provide such holistic services to the Rockwood neighborhood.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Outcomes include:

- increased customer satisfaction,
- increased access to health and mental health care,
- increased school completion rates.

The program will include a mentorship and Human Resources plan to increase the employment of bi-lingual and bi-cultural human service para-professional and professional staff. Institutions of higher education, Portland State University and University of Portland are working with the Latino Network to develop the community partnerships representing the Schools of Social Work and Nursing.

Impact on County's benchmarks?

Benchmarks include:

- access to health and mental health services
- school completion
- good government (cooperative public-private partnerships)
- increase in community safety (reduction in domestic violence)

**Best Practice/Research based relevant to recommended change (what evaluation or learnings support or question this change?)**

The Latino Network needs assessment; "Service Approaches and Issues in Hispanic Americans" (Applewhite, Wong and Dale)-1991; "A Model for Delivering Culture-Relevant Care in the Community" (Bernal)-1993; "Rethinking Work with Multicultural Populations" (Casimir and Morrison)- 1993; "Hispanics and the Mental Health System: Research Findings and Policy Recommendations" (Gallo)-1993; "Mental Health Services to Minority Groups of Color" (McNeil and Kennedy)-1997

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees - county or contracted?)**

The proposed 6 month budget, starting January 2002 is approximately \$650,000. This will support project development and planning .5 fte and fund 12 FTE multi-disciplinary team including material and services. County staff analysis of the proposed project to determine the level of federal financial participation available is pending.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts?)**

The proposed project will be developed to be culturally specific and appropriate to Latinos. The service model has demonstrated its effectiveness and efficacy at current Clara Vista community center site. As previously noted the project is expected to have a high customer satisfaction. A coordinated and integrated array of co-located support service staff is an efficient and effective service strategy. Increasing access to care will:

- improve family stability, decrease the reliance on the criminal justice to solve domestic violence problems and result in better, more humane care.
- improve the family's ability to support their children's success in school which breaks the cycle of poverty for many low-income Latinos

**What are the downsides and potential risks to this recommended change?**

Presently in the county there is a lack of available culturally inclusive services. Funding this expansion of service in an era of limited resources may be publicly challenged as not being prudent. The Latino Network, representing the Latino community, have respectfully requested this expansion of services to assist them in a setting which will meet their needs. The Network's arguments and rationale are compelling. Community expectations are high based on release of the needs assessment and release of 2000 Census data that culturally specific service are warranted.

The fiscal impact of co-locating existing county programs such as the Health Department's Health Access may require lease termination or amendment.

**What alternatives were considered (if applicable)**

Using the existing mental health system, currently undergoing major redesign.

**How does the recommended change need to be processed publicly?**

Focus groups and budget hearing testimony have confirmed this need. Public testimony would continue if this expansion is included in FY02 budget with final adoption in June.

The Latino Network has an active project steering committee to continue to garner public awareness and support.

**Other comments (impact on other jurisdictions)**

This will assist the East County cities of Gresham, Troutdale and Fairview in meeting the human service needs of their fastest growing ethnic minority population.

The proposed project site is directly adjacent to the site for the Rockwood Commons project. County investment will add to the growing synergy that is desired as part of the City of Gresham's Rockwood Action Plan. This project will add to the community revitalization efforts in the greater Rockwood neighborhood.

## **PAPER 12A**

### **General Policy Issue: Expansion of services to people with developmental disabilities**

In 1999, six individuals with developmental disabilities on the wait list for services initiated a lawsuit (referred to as the Staley lawsuit) against the state of Oregon claiming a violation of the Medicaid requirement to provide services with "reasonable promptness" and a right to community based services. In September the state signed a settlement agreement committing to \$350 million over a 5-year period to provide services to all individuals on the wait list statewide. The settlement agreement further commits to a benefit package of services for all adult individuals (18+) with developmental disabilities, establishes an entitlement program, makes significant improvements in the County Case Management and creates a services delivery system that promotes community integration, consumer choice and self-determination. Of the over 4,000 individuals on the wait list statewide, approximately 1,500 reside in Multnomah County. These individuals will be funded and phased into service over a 5-year period.

#### **Specific Recommended Program Change (including relevant background/history)**

The Staley lawsuit has initiated the final phase of systems change that began with the first movement of clients out of Fairview Training Center ten years ago. Lawsuit funding and corresponding Medicaid Waiver changes will result in significant expansion in services for adults with developmental disabilities. These changes will occur primarily in the following areas:

- An increase in funding for county case management to expand capacity and reduction of caseload ratios.
- An increase in funding for respite care, in-home supports, adaptive equipment, family support and consultation, vocational, transportation and other community-based services. The service budget allocation is based on a maximum annual amount of \$20,000 per individual or an average of about \$800 per month.
- Creation of a network of community based programs called Brokerages that will support individuals and families in the development of plans based on personal choice and self-determination. Brokerages will also assist families with services development and coordination.

The changes described above will result in a reorganization and redesign of County DD service (currently underway), significant expansion of community based services capacity, and creation of several new Brokerage agencies in Multnomah County. Brokerage proposals will be developed in response to a state RFP to be released later this month.

Planning and collaboration activities are currently underway involving the county DD program, state DD office, provider agencies, consumers and advocates. Specific activities are outlined as follows:

- Convening meetings with providers to consider a coordinated response to the state Brokerage RFP.
- Participation in planning meetings with other county DD Managers and Community Mental Health Directors to address funding and policy concerns about Universal Access implementation.
- Participation in a statewide planning group appointed to advise the state DD office on Universal Access implementation.

- Creating a county DD Coalition that will be involved in oversight of Universal Access implementation, quality assurance activities, and advocacy.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

The impact of this change is generally described above. Although there will be more funding than is currently available to support clients, the real impact on individuals and families is unclear. Some data suggests that the funding amount clients are likely to receive will help, but be far below the level needed to achieve the program goals of expanded choice, improved quality of life and community integration. Other concerns have been raised about the lack of investment of state funding in capacity development. Increased numbers of Individuals and families will be referred to Brokerage agencies and be referred to services that are currently inadequate to support the need. County DDSD has issued an RFP designed to fund planning for capacity development efforts to address this issue.

**Impact on County's benchmarks?**

The system changes described in this document relate to the Improve Health and Poverty Reduction Benchmarks.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

The policy, values, and program changes embodied in Universal Access are based on programs implemented and evaluated in New Hampshire, Vermont, Wisconsin, New Jersey, and Minnesota.

**Direct Budget Impact (what will it cost? What will be saved? What is the impact on employees of County or contracted?)**

In general, there will be a significant increase in funds for case management, services to individuals and families, funding for the creation of 2-3 Brokerage agencies that will be contracted through Multnomah County DCFS, and local administration funds to support this expansion.

## PAPER 13

### **General Policy Issue**

Expand the successful and research-based drug treatment court to include a majority of the offenders convicted of Possession of a Controlled Substance (PCS).

### **Specific Recommended Program Change (including relevant background/history)**

Currently, drug offenders not eligible for our existing diversion drug treatment court are convicted of a crime and placed on supervision. A significant number have a drug problem; however, these offenders can be difficult to assess and link to treatment. For example, 15% of a sample of probationers who entered the Department of Community Justice (DCJ) system of supervision through Centralized Intake were found to have entered alcohol and drug (A&D) treatment. DCJ proposes to expand the successful drug treatment court concept to all drug offenders, simultaneously addressing the problems of drug abuse through treatment while at the same time holding these offenders more accountable than we do under the present system.

Under an expanded drug treatment court, one judge will hear all of the drug cases. DCJ, through a redistribution of staff resources from centralized team supervision to the drug treatment court, will support the drug treatment court with 3 corrections technicians, 4 corrections counselors and 1 office assistant. This team will manage individual cases through the assessment/referral and treatment process. Quite often, offenders have difficulty linking and engaging in the treatment process. The case management functions of the team will increase the likelihood that more offenders will successfully engage and complete treatment. In addition, the team will monitor all drug offenders to reinforce compliance and reward success, as well as providing swift and sure sanctions for non-compliance with the treatment requirements. The drug treatment court provides access to a continuum of drug treatment and other related treatment and rehabilitation services. The judge plays an active role in the treatment process, including frequently reviewing progress, responding to each participant's positive efforts as well as to noncompliant behavior.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

- Increase percentage of offenders charged with PCS who enter and complete A&D treatment
- Treatment participation will result in reduced recidivism
- Reduce over-representation of minorities convicted of PCS

### **Impact on County's benchmarks?**

Relates to the county's benchmark of improving public safety by reducing crime. Relates to county efforts to reduce the over-representation of minorities in the criminal justice system. Racial minorities make up 30% of those convicted of PCS. Effective treatment will reduce the chance of those individuals returning to the criminal justice system.

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Multnomah County has operated a drug diversion treatment court since the early 1990's. A recent outcome study shows that drug treatment court participants are convicted of

Cost of testing:

1 test with 3 panels = \$5.00 per UA

469 UA's per week for 52 weeks = \$121,940

Possible insurance coverage for 50% of clients = \$60,970

Staffing:

For 100% of tests: 3 UA techs @ 10 minutes per test, 120 work hours per month

For 50% of tests: 2 UA techs @ 10 minutes per test

**Longer term impact (next five years)**

Costs will be ongoing; can be impacted by choice of target population

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

Treatment in the corrections system does reduce recidivism, thus reducing associated CJS costs

**What are the downsides and potential risks to this recommended change?**

Drug treatment court is more expensive than doing nothing.

**What alternatives were considered (if applicable)**

Could increase existing drug diversion program however these cases are not funded through the state whereas convicted offenders are funded cases.

**How does the recommended change need to be processed publicly?**

Drug treatment courts require a coordinated, systemic approach to the drug offender. A planning group commissioned by the Court Work Group and including representatives from the District Attorney's office, Court, defense, community treatment providers, DCJ, CFS, and law enforcement has begun meeting to create this coordinated and systematic approach.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

The expanded drug treatment court for convicted offenders is similar to DUI Diversion in that CFS staff will provide the evaluation and community treatment providers will provide the treatment. The drug treatment court concept is different in terms of funding. The DUI law forbids public funds from being spent on treatment and requires the DUI diversion participant to pay for treatment. There is an indigent fund set up at the state level and funded by diversion fees which programs can access to pay for treatment of those who meet certain criteria. The expanded drug treatment court will rely on a combination of client fees, health insurance coverage, and public funding to pay for the required treatment.



new crimes 16% less (57% vs. 71%) and arrested for new crimes 14% less (47% vs. 61%) than a matched group who did not enter the drug treatment court during an observation period of two years. The existing drug court is designed for offenders eligible for diversion.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

It is estimated that there are between 1,600 and 2,000 new PCS cases each year. A percentage of these individuals may not need out-patient or residential alcohol and drug treatment. Thus, it is estimated that at least 1,340 cases may be served annually by a drug treatment court. This figure may change as additional information regarding the treatment needs of the population emerges. In addition, the Drug Treatment Court Work Group will continue to assess the population served and the criteria for those served by the Drug Treatment Court may evolve over time.

Staffing for 1,340 PCS cases per year

Up to 700 active cases per court (and 640 with bench warrant)  
 4 correctional counselors  
 3 correction technicians for urinalysis and records  
 1 office assistant

One half of the new treatment clients will have insurance to pay for treatment. The other half will require public funding. The state rate for outpatient treatment is \$2,284 per treatment slot per year, and that is what we have used to estimate costs. The state is de-funding 9 residential beds in the county, so we have proposed to fund that capacity.

240 Treatment demand for additional outpatient care @ \$2,284/year	\$548,160
10 residential treatment beds @ \$100/day	\$365,000
Monthly fee offset (1,340 x 25 / month @ 50%) – Option 1	(\$201,000)
Fee offset (1,340 x \$400 @ 50%) – Option 2	(\$268,000)
<b>Adjusted total for treatment (using all fee offsets)</b>	<b>\$444,160</b>
Urinalysis (at 50% of need)	\$60,970
<b>Total</b>	<b>\$505,130</b>

An alternative budget is presented below. This budget reflects the concern that the collection of a \$400 fee may prevent clients who are poor and/or clients of color from accessing this service. Thus, this budget does not reflect Option 2.

240 Treatment demand for additional outpatient care @ \$2,284/year	\$548,160
10 residential treatment beds @ \$100/day	\$365,000
Monthly fee offset (1,340 x 25 / month @ 50%) – Option 1	(\$201,000)
<b>Adjusted total for treatment (using all fee offsets)</b>	<b>\$712,160</b>
Urinalysis (at 50% of need)	\$60,970
<b>Total</b>	<b>\$773,130</b>

Estimating 670 active drug treatment court participants and a 70% show rate, DCJ would need to monitor and test 469 urine samples per week.

**General Policy Issue**

Create a treatment court

**Specific Recommended Program Change (including relevant background/history)**

Establishment of a treatment court. The court would be staffed with a dedicated judge, district attorney, defense attorney, and case managers. Citizens eligible for the treatment court will be charged with misdemeanors or non-person Class C felonies (new crimes or probation violations). The court may set appropriate conditions for the release of a defendant taking into consideration his or her mental health needs and the available resources in the community. The defendant must consent to participate in the treatment court and must comply with the terms and conditions ordered by the court. These terms will be created as a result of an assessment to determine the needs of the individual.

Previous planning efforts have estimated that there would be 75-100 individuals eligible for and willing to participate in a treatment court. Referrals to the treatment court may be made by other judges, jail personnel, deputy district attorneys, defense attorneys, mental health professionals or social service providers.

The mental health case manager assigned to the court would be a mental health professional experienced and knowledgeable about persons with mental illness. The case manager would conduct mental health evaluation, create a mental health report for the court, create a care plan, contact treatment providers and family members to coordinate care, make referrals and follow-up on referrals, and communicate with the court.

The discharge planner at the jail would assist the system in identifying and diverting eligible people from the jail to the treatment court where they would be more appropriately placed, supervised, and assisted.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

- Provide appropriate treatment referrals and community support for offenders with mental illness seen in the treatment court
- Identify and divert some jail inmates who should be receiving mental health care and supervision in the community

**Impact on County's benchmarks?**

Reduce crime by assuring offenders with mental illness receive appropriate mental health services and other community support services (housing, financial assistance, health care). Improved stability and appropriate treatment will reduce criminal behavior exacerbated by mental illnesses.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Mental health courts are a relatively new idea, although several exist around the country (Washington, California, Florida). Most of these programs are pilots and no research has been published as to their effectiveness.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**  
**Short term impact (FY 2002)**

Item	FTE	Amount
DCJ mental health case manager	2 FTE	\$116,000
Corrections Health discharge planner placed in the jail	.5 FTE	\$32,500
<b>Total</b>	<b>2.5 FTE</b>	<b>\$148,500</b>

**Longer term impact (next five years)**

Depends on size of population who are eligible and willing to participate in a treatment court.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

Appropriate treatment reduces ongoing jail and health care costs.

**What are the downsides and potential risks to this recommended change?**

Treatment needs will be met by community treatment providers; adequacy of care depends on functional and accessible mental health care system in community.

**What alternatives were considered (if applicable)**

Versions of a treatment court have been discussed by many planning groups over the last several years.

**How does the recommended change need to be processed publicly?**

The change needs to be processed with the many parties who have been involved in previous planning efforts-- law enforcement, jail, court, prosecution, defense, health, mental health, DCJ, health plans, consumer groups, community mental health providers

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

See attached appendix.

## **APPENDIX TO ISSUE PAPER 14 –TREATMENT COURT Treatment Court Proposal**

The following is a proposal for our treatment court and probation.

- 1) "Mental illness" for the purpose of this program means a primary diagnosis of schizophrenia, severe major depression, bipolar disorder or other psychotic disorder.
- 2) Qualifications for entry into program:
  - a) The person has a mental illness and the court so finds.
  - b) The person is before the court as a result of a misdemeanor (excluding domestic violence cases) or a non-person felony for which the presumptive sentence under sentencing guidelines is not a penitentiary sentence. This would include new cases and probation violations.
  - c) The person consents to entry into the program.
  - d) The district attorney consents to the person's entry into the program. The district attorney will have written guidelines.
  - e) The person does not have a person felony pending or is not on probation or post prison supervision for a person felony.
  - f) The program can adequately supervise the person given the needs of all the people in the program.
- 3) These cases will be heard by one court. All release decisions will be made by the judge presiding in the treatment court. The court may set appropriate conditions for the release of a defendant taking into consideration his or her mental health needs and the available resources in the community. Referrals to the treatment court may be made by other judges, jail personnel, deputy district attorneys, defense attorneys, mental health professionals or social service providers.
- 4) The entry into the treatment court is voluntary. The defendant is eligible if s/he enters a plea of guilty, a no contest plea or stipulated facts. The defendant must comply with all the terms of the probation. The sentencing court will consider all alternatives to incarceration, as long as these alternatives do not substantially threaten the safety of the community. If the defendant fails to comply with the terms of the probation, a probation violation hearing will be held in front of the treatment court. The court may sentence the defendant to any sanction allowed by the law. The emphasis will be to provide treatment for the mentally ill offender in lieu of incarceration where appropriate.
- 5) If the defendant enters the program, s/he will enter a plea of guilty, no contest or stipulate to a guilty finding. If the crime of which the defendant is convicted qualifies for a dismissal under the Community Court guidelines for misdemeanors or the STOP guidelines for felonies, and the defendant successfully completes the probation, the court will allow the defendant to withdraw his or her plea or stipulation and then dismiss the case.
- 6) The standard length of probation will be 24 to 36 months depending upon the severity of the charge and the treatment needs of the defendant. In aggravated cases the probationary period may be longer. In some cases the period may be less. The real question is the length of time it will take to stabilize the defendant in the community.

- 7) In order to assist the treatment court in fashioning the appropriate sentence, a "mental health report" will be provided to the court. The mental health report will include a current diagnosis of the defendant's mental health status; a list of all treatments or commitments the defendant has undergone and medications prescribed; and recommendations from mental health and criminal justice professionals as to the appropriate disposition including recommendations for placement in the community, housing, jobs and receipt of entitlements.
- 8) A defendant must agree to waive confidentiality and allow the release of all records dealing with his/her mental status or treatment to the treatment court for any proceedings in that court. These records and the mental health report shall retain their confidentiality in accordance with the law for any other legal proceeding.
- 9) The eligibility criteria for this program and the disposition of specific types of crimes after the successful completion of the probationary term may be reexamined after the program has been in operation for a period of time.

## PAPER 15

**General Policy Issue:** The closure of one unit (16 beds) and the loss of 8 FTE Custody Services Specialist staff and 1 FTE Program Administrator within Juvenile detention. This cut has been proposed for the fiscal year 2002 budget in order to meet constraints. This cut has major impacts on the proposed Multnomah County Community Accountability Project (MCCAP).

**Specific Recommended Program Change (including relevant background/history):**

The present Multnomah County Juvenile Detention Facility houses pre-adjudicated and post-adjudicated/sanctioned youth, as well as residential programs including Secure Alcohol and Drug Treatment, Sex Offender Treatment, Assessment, Intervention, and Transition Program (AITP). The facility also houses E Pod, which although eliminated from the Oregon Youth Authority's (OYA) budget for the new biennium, currently houses OYA youth. Additionally, 30 beds are made available as contract housing for Washington and Clackamas Counties. Thus, the actual number of beds available for Multnomah County general population detained youth is 66 including beds for Measure 11 youth and up to 5 parolee youth.

The closure of one unit, 16 beds, would reduce the capacity to detain pre-adjudicated and post-adjudicated/sanctioned youth to approximately 25. It would also preclude the implementation of MCCAP.

MCCAP is designed to be a Youth Care Center (defined in ORS 420.855) located at the Multnomah County Juvenile Justice Complex. The initial portion of the program is conducted in a secure unit within the Juvenile Detention Facility, though the MCCAP clients would not interact with the general detention population. The MCCAP unit is planned to have 15 beds, a programming room, classroom, kitchen, and laundry facilities. Each participant would have his/her own room, which is secured and monitored within the unit.

MCCAP would exist to protect the community and to assist youth who would otherwise be committed to a State institution in making positive life changes. This occurs in the context of the family and the community through the development of strong ties and relationships. Treatment in MCCAP is strength-based and utilizes the cognitive restructuring model. There is a strong emphasis on relapse prevention, which is focused on reconnecting youth with positive forces in their lives, including their families and communities.

**Expected Outcome of Change (how will we measure whether it has been successful?):**

Closing a unit within detention will result in the following:

- 1) The reduction of 9 FTE Custody Services staff (8 FTE Custody Service Specialists [7 full-time and one relief] and 1 FTE Program Administrator) and a net loss of 16 beds for housing detained youth, such as pre-adjudicated youth referred for new crimes, warrants, probation violation, out of county warrants, or those post-adjudicated youth referred or ordered held for accountability/sanctions.
- 2) A decreased ability for the Judiciary to access secure custody detention beds as readily for sanctions and pre-adjudicated holds.
- 3) A reduced ability to hold youth accountable through the use of detention sanctions.

- 4) Early release of youth due in part to the reduction in OYA bed capacity and the corresponding increased need to detain youth locally.
- 5) A need to increase utilization of detention alternatives, including shelter care and community detention, despite no increase in the budget for these services.
- 6) A need to house Measure 11 youth (16 and 17 year olds ) in adult facilities, requiring a modification of our department's current agreement with the Sheriff.
- 7) A decreased ability to manage/separate co-defendant youth or to house youth based on individual needs, ie. gender, behavior or other.
- 8) The reduced ability to contract/sell beds to other counties who have no local detention resources.
- 9) A reorganization of the general detention population units to accommodate the daily operational functions and staffing needs. In addition, detention has experienced cutbacks within the past two years, resulting in the loss of two other units and corresponding staff positions. The current proposal of reducing yet another unit has negatively impacted staff morale.
- 10) An increased need to provide on-call/temporary coverage for staff on extended leaves for illness, FMLA, or when extra coverage is needed for youth supervision in transporting to hospital/hospital supervision, providing additional suicide watch in the facility, or one-on-one coverage for violent behavior.
- 11) Decreased ability to develop and provide the capacity for additional programming opportunities in detention, i.e., regional gender specific program for girls, or implementation of MCCAP.

#### **Impact on County's Benchmarks?**

A lack of ability to hold appropriate youth in secure detention may affect public safety and/or the public's perception of our department's ability to respond satisfactorily to public safety concerns. There is an increased possibility of victimization in the community, if youth continue to re-offend. If MCCAP were implemented, youth and the Community would benefit as a result of reduced recidivism, increased number of community service work hours completed, increased percentage of restitution paid to victims, increased school credits earned, increased vocational skills, increased interactions with positive adults/mentors, increased family strengths and capabilities, and decreased over-representation of minority youth committed to the Youth Correctional Facilities.

#### **Best Practice/Research based relevant to recommended change (What evaluation or learnings support or question this change?):**

MCCAP is designed to enhance the continuum of services for youth on probation in Multnomah County by providing additional secure treatment options as well as intensive transition and aftercare services. MCCAP is further committed to protecting the community by reducing recidivism and re-connecting delinquent youth with their community. MCCAP is intended to provide intervention to those high-risk youth who have not been successful in less restrictive treatment programs. Historically, the Youth Correctional Facilities have not been able to adequately rehabilitate youth offenders due to the lack of involvement in treatment and transition planning by the family and the community in which the youth resides. Without including these entities, the youth has little chance of success when he leaves the institution and returns to the same environment that fostered his criminality. MCCAP will have a positive impact on recidivism rates, since research reveals that intervening at a higher level with lower risk probationers actually increases the risk of recidivating. By preventing youth from

unnecessarily being sent to the state institutions, MCCAP will spare identified youth from deeper penetration into the system. (Research by Don Andrews 1989, and Lipsey 1995)

**Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees – County contracted?):**

The elimination of one custody services unit results in a budget cut of 8 FTE Custody Services Specialists (\$416,000) and 1 FTE Program Administrator (\$85,000) for a total personal services cut of \$501,000.

Implementation of MCCAP would require the following budget allocations:

7 FTE Custody Service Specialists	364,000
1 FTE Program Administrator	85,000
1 FTE Office Assistant	236,000
Contracted Treatment Services	400,000
Contracted Treatment Foster Care (6 beds @ \$180/day)	394,200
Evaluation Services	Undetermined
<b>Total projected expenses for MCCAP</b>	<b>1,379,200</b>

If available to the County, state funding for reduction of capacity at Youth Care Facilities and Federal BRS funds for youth services would provide substantial revenue in MCCAP. The amount the state would be willing to fund for the reduction of capacity at Youth Care Facilities has not yet been determined, but could range annually per bed from \$36,500 (\$100/day) to \$52,925 (\$145/day). Although BRS funding is not available for reimbursement for detention beds, there is a possibility that it could be used for treatment foster care services. Currently, there are several barriers to the Counties access to this potential revenue. Although the federal government allows the use of BRS funds for in-home treatment, the State has been more conservative in their use of these funds and only utilizes them for residential care. In addition, currently there is no mechanism by which the state could transfer BRS dollars to the County. The County is working with the state on both of these issues.

**Indirect budget impacts (How does taking this action help ease the impact of other budget cuts?):**

MCCAP is designed to serve both male and female delinquent youth with mental, emotional, and behavioral disorders. These youth have trouble functioning effectively at home, in school, and/or in their community. They may exhibit symptoms and have histories of drug/alcohol abuse, anti-social behaviors, and/or sexual behavioral problems that require more intensive supervision or more restrictive treatment options. This targeted population would enable us to receive federal (BRS) funding for wraparound services.

**What are the downsides and potential risks to this recommended change?**

The elimination of a custody unit limits the division's ability to provide secure treatment alternatives for youth. This reduction could also result in premature release of youth due to capacity issues.



**How does the recommended change need to be processed publicly?**

HB3737 passed in 1997 authorizes Deschutes County to implement a demonstration project after which MCCAP has been modeled. New legislation (House Bill 3832) has been proposed that provides counties with the option of implementing similar programs.

**Other comments (impact on other jurisdictions and so on):** NA

## PAPER 16

### **General Policy Issue**

Establish a Mentor Program to serve clients of the Department of Community Justice who are in need of transition support from residential alcohol and drug treatment in correctional facilities to outpatient treatment in the community. This program would be modeled after the County's successful Mentor Program that currently serves heroin clients in transition from Hooper Memorial Detoxification Center to outpatient treatment.

### **Specific Recommended Program Change (including relevant background/history)**

**A. Recommended Program Change.** Mentoring programs are increasingly recognized as critical components in a continuum of correctional and treatment services for offenders leaving custody and returning to the community. These programs promote continuity and completion of treatment by newly released inmates, thereby reducing their recidivism during a time when risk of relapse and return to criminality is the highest. Multnomah County's documented success with its Mentor Program for heroin addicts provides the model for this recommended program change.

### **B. Importance of Transition Planning and Support in Reducing Recidivism.**

Transition from residential to outpatient services has historically been one of the most problematic and neglected steps in this country's social service delivery systems -- particularly in its public safety and correctional systems. Despite warnings for decades from strategic planners and commentators, the State of Oregon, for example, has until recently failed to effectively address the problem of the systemic disconnect (and resulting recidivism) between prisons and custodial programs, on the one hand, and community supervision and treatment on the other. See "A Strategic Corrections Plan for Oregon: Restoring the Balance" (August 1988) at pp.66-72: "...[C]orrectional programs in [prison] facilities should be designed to offer a continuum of services that interrelate with community-based programs and resources in order to promote successful transition from custody to the community." The State's 1988 Strategic Correction Plan also recognized the risk of neglecting this transition, warning that Oregon's continued failure to provide transition planning and support would perpetuate inmate recidivism and a "revolving door" between correctional facilities and the community. The result was projected to be one new 800-1000 bed prison every decade. (at p. 46)

Corrections systems across the country have begun to heed such warnings as they face the needs (and the risks) of 600,000 prison inmates returning to their neighborhoods each year. Attorney General Reno called transition from custody to the community "one of the most pressing problems we face as a nation." The State of Oregon and Multnomah County have again been ahead of the curve. Both have begun the process of institutionalizing transition planning and support as part of the way state and local corrections agencies in Oregon will do business together in the 21<sup>st</sup> Century.<sup>1</sup>

---

<sup>1</sup>See M.Finigan, "Evaluation of Oregon Transition Projects" (October 15, 1993); Oregon Dept. of Corrections' Transition Project, "Collaborative Effort to Promote Safe and Successful Inmate Transition from Incarceration to the Community" (March 2000); Multnomah County Dept. of Community Justice, "Fiscal Year 2001 Budget Issues and Highlights: Transition Services" (2-28-00).

### **C. Increase the County's Return on Its Public Safety Investment in Alcohol & Drug Treatment by Strengthening Transition Services.**

Multnomah County already has recognized the importance of alcohol and drug treatment as part of its comprehensive public safety strategy to meet the benchmark of reducing crime in the County by making a substantial investment in both residential and outpatient treatment. By ensuring an uninterrupted continuum of custodial and community-based programming, transition support for corrections clients in alcohol and drug treatment is critical to ensuring the County's expected public safety return on this investment. Emerging research and best practices locally and across the country identify mentoring as an integral component of an effective transition strategy.

#### **Expected Outcome of Change (How will we measure whether it has been successful?)**

The expected outcome of the new Mentor Program should be increased rates of enrollment in and completion of effective alcohol and drug treatment programs designed to reduce recidivism. Using the January 2001 evaluation of the County's current Mentor Program for heroin clients as a model for measuring success, program clients' rates of enrollment and completion of treatment will be compared to the historical rates for corrections clients or to the rates of a comparison group of corrections clients.

#### **Impact on County Benchmarks?**

Increased enrollment and completion of alcohol and drug treatment programs by offenders will reduce their rates of recidivism and relapse and, thus, promote the health and safety of the County.

#### **Best Practice/Research Relevant to Recommended Change (What evaluation or learnings support or question this change?)**

A substantial body of research has already confirmed the efficacy of alcohol and drug treatment in reducing recidivism.<sup>2</sup> Best practices and empirical research increasingly point to the importance of transition planning and support as part of a public safety treatment strategy and to mentorship as an integral component of that strategy.<sup>3</sup> The January 2001 evaluation of Multnomah County's current Mentor Program for heroin clients demonstrates the potential of mentoring for increasing participation in alcohol and drug treatment and reducing recidivism. See T. Moore, "Addiction Recovery Mentor Program Bridging the Gap: Detox to Treatment Service Engagement" (January 2001). With just a year of experience with the program, this evaluation reported that the

---

<sup>2</sup>M. Falco, The Making of a Drug-Free America: Programs that Work (Times Books 1992), pp. 108-151; M. Finigan, "Societal Outcomes & Cost Savings of Drug & Alcohol Treatment in the State of Oregon" (Feb. 1996); M. Finigan, "An Outcome Program Evaluation of the Multnomah County S.T.O.P. Drug Diversion Program" (Jan. 1998).

<sup>3</sup> See "Reentry Roundtable Discussion Papers" (Urban Institute Justice Policy Center October 12-13, 2000): L. Harrison, "The Challenge of Reintegrating Drug Offenders in the Community" (Center for Drug & Alcohol Studies); T. Hammett, "Health-Related Issues in Prisoner Reentry to the Community (Abt Associates) at p.12; T. Clear et al, "Coercive Mobility and the Community: The Impact of Removing and Returning Offenders (John Jay College of Criminal Justice) at p. 11; "The First Month Out: Post-Incarceration Experiences in New York City (Vera Institute of Justice September 1999), pp. 30-31; Oregon Dept. of Corrections Transition Project's "Collaborative Effort" at p.17.

percentage of heroin clients referred from detoxification and actively engaged in outpatient treatment increased from 52 to 85 percent. Moreover, the number of clients enrolled in outpatient treatment increased annually from 84 to 165, and the percentage of those clients completing treatment increased from 16 to 54 percent.

**Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees – County or contracted?)**

The new Mentor Program would be designed as a pilot project to serve 175 to 200 corrections clients in its first year and 200 to 225 per year thereafter. Fifty of those clients would be graduates of Multnomah County's Interchange Program and the remainder would come from state treatment programs at the Columbia River Correctional Institution. If the new program produces results comparable to the current Mentor Program for heroin clients, it could be expanded to serve additional corrections clients from other custodial treatment programs in the County.

The program's capacity and cost are derived directly from the experience and the budget of the current Mentor Program. The new program could be operated by Central City Concern, the administrator of the current program, or by another service provider with experience serving corrections populations. Because the clients of the new program will be offenders under correctional supervision, the Department of Community Justice should be involved in the design of this program, and should oversee the selection of clients for the program.

**Annual Budget**

3 mentors (with a caseload of 12 clients for 6-8 weeks/client):	\$104,000
Equipment & Supplies:	25,000
Rent:	10,000
Administration:	13,000
<b>Total:</b>	<b>\$152,000</b>

**Indirect Budget Impact (How does taking this action help ease the impact of other budget cuts?)**

Increases in participation and completion of treatment by high-risk offenders reduce the demand for health and treatment services from other agencies outside of the corrections system.<sup>4</sup>

**What are the Downsides and Potential Risks of this Recommended Change?**

Failure to select corrections clients for the Mentor Program with the highest risk of recidivism, and with the greatest potential for increasing community safety if successfully treated.

**What Alternatives were Considered?**

Relying solely upon the existing corrections system. Given the size of probation caseloads, as well as the reality that probationer officers must serve the role of "authority figure" rather than friend, coach and confidant, the current corrections system alone is unlikely to produce the results similar to the Mentor Program for heroin clients.

---

<sup>4</sup> See L. Harrison, "Challenges of Reintegrating Drug Offenders in the Community" at p. 8.

Sixty years of successful experience with "sponsorship" in programs like Alcoholics Anonymous and Narcotics Anonymous confirms the wisdom of integrating mentoring in the delivery of alcohol and drug treatment services.

**How does the Recommended Change Need to be Processed Publicly?**

The current Mentor Program for heroin clients was developed and implemented in collaboration with Central City Concern and its affiliate, the Recovery Association Project. This collaboration with key stakeholders and supporters of recovery, treatment and mentorship should again be utilized in developing the new program.

## PAPER 17

**General Policy Issue:** The public safety will be enhanced by stabilizing people in the community as they transition from prison, jail, and treatment. There is a need for additional alcohol and drug free housing to support ongoing treatment and stabilization. Using space at the Beaver Hotel.

**Specific Recommended Program Change:** The public safety system is lacking in safe, secure and suitable housing for offenders being released from residential treatment located in institutions or the community. Following the passage of a public safety levy in 1998, the County was required to use these levy funds to increase the amount of alcohol and drug free housing available to offenders. The Department of Community Justice (DCJ) has been working to find a building suitable for transitional housing use for offenders who have completed residential treatment in institutions or the community. Due to limited funds, DCJ was also forced by competing priorities to reduce available housing funds in its FY 02 requested budget by \$146,000. This cut translates into 15% of the overall housing budget or 19 beds per day.

In line with the County's long-term benchmark of reduced crime, the goal of DCJ's Transitional Services Unit (TSU) is to ensure community safety by providing support and resources to assist offenders – specifically, special needs offenders – in their successful integration into community from residential treatment, jail, or prison. TSU actively works to build partnerships with community-based services and organizations, as well as other Multnomah County Departments to provide the continuum of care that is needed for recently released offenders, including transitional and permanent housing. The Department is proposing to restore the \$146,000 cut from housing services and expand and maintain the continuum of services for recently released offenders from treatment and/or prison through the purchase of the Beaver Hotel.

The proposed purchase of the Beaver Hotel would provide a continuum of housing services: from emergency to long term transitional units. Under this proposal, the Glisan Street Shelter, which is now located on the main floor of the Beaver Hotel, would remain at this location. This purchase provides the County the opportunity to increase the number of transitional beds, as well as provide monetary support for the Danmoore Replacement Housing Site located at 8<sup>th</sup> and Burnside. The Danmoore Replacement Housing project is a collaborative project between the City of Portland and Portland Development Commission (PDC) who are constructing the housing and Central City Concern who will operate the facility once it is completed.

Currently, the Beaver Hotel is not alcohol and drug free, however if we purchase the building it would be our intent to establish it as alcohol and drug free housing. This purchase will provide 62 units of alcohol and drug free housing for offenders who are supervised by DCJ. Specifically, the housing would be used for offenders who have completed residential treatment. The first priority for housing would be offenders completing InterChange and the second priority would be those offenders completing other residential or institutional programs.

**Expected outcome of Change (how will we measure whether it has been successful?)**

Increasing the available alcohol and drug free housing would assist in the reduction of crime, recidivism and homelessness for the offender population. The proposed evaluation criteria for Beaver Hotel/Program includes the following:

- **Securing Employment or Public Benefits:** 80% of clients will secure employment or public benefits (if eligible) within six months after release from an institution or treatment.
- **Reduction in Criminal Activity:** 50% of clients will not be re-arrested for new criminal activity during program tenure.
- **Maintaining Safe, Secure and Suitable Housing following assistance:** 70% of clients will reside in suitable housing for at least 12 months after leaving transitional housing.

**Impact on County Bench Marks**

Increased alcohol and drug free housing positively effects the County's long term benchmark of reduced crime through reduced homelessness and criminal behavior associated with alcohol and drug abuse.

From the Center for Substance Abuse Treatment, Treatment Improvement Protocol Series, Number 30, page 64-65:

It is very difficult for a substance abusing offender to make a successful transition to the community without housing that is safe, secure and free of substances. Upon release, many offenders return to environments that originally contributed to their drug problems and other criminal activities. Therefore, making sure the offender has suitable housing should be one of the transition team's top priorities. Graduated levels of structured living environments are helpful in easing an offender toward independent living.

Best practices show us that if offenders have safe, secure, and suitable housing they are less likely to re-offend. As part of this proposal and the need to ensure safe and secure housing, DCJ's plans include 24-hour desk staff, on-site case management, and groups that address clients' multiplicity of psychosocial crimes.

**Direct Budget Impact:**

*Restoration of the \$146,000 in housing resources would eliminate the 15% decrease in available beds (19 beds per day).*

The following budget is based on the current operating costs of a similar program. That program also provides transition services for offenders from treatment and institutions and is located at the Estate Hotel. The costs outlined below include the ongoing operation, maintenance, and on-site case management at the Beaver Hotel. It is likely that funding for these ongoing operational costs will not be needed during fiscal year 2002 due to the requirements associated with building purchase, conditional use permit processing, and renovation as outlined in the *Zoning and Existing Condition Analysis for the Beaver Hotel Building* released on March 23, 2001 by DLR Group.

**Estimated FY 2003 Beaver Hotel Operating Costs                      Amount**

DCJ Corrections Counselors 1.5 FTE	97,500
Contracted Operations & Maintenance	218,712
Asset Preservation Costs	165,323
<b>Ongoing Operational Costs for the Beaver Hotel</b>	<b>481,535</b>

**Indirect Budget Impact:**

Based on research and current experience with clients released from prison and treatment, clients who have stable housing and services upon release are less likely to recidivate and return to treatment or jail. The decrease in the need to use jail as a sanction or require clients to repeat treatment reduces treatment and jail costs.

**What are the downsides & potential risks to this recommended change?**

Although the Beaver Hotel is currently occupied by low-income residents, some of whom are offenders, concerns may be raised from the downtown and Old Town businesses and residential community regarding this change. The change would actually produce a safer and more secure facility, since it would be alcohol and drug free. Residents would receive case management, drug testing and aftercare requirements as appropriate, and would be monitored by 24-hour staff.

**What Alternatives Were Considered?:**

DCJ has also researched building a new facility on property obtained through tax foreclosures. Based on this initial research, it was determined that with the \$1.5 million available levy dollars, a facility could be built with a capacity of 15 to 20 units. However, with siting issues and other building costs it became apparent that building a new facility is not the preferred option due to higher costs and decreased capacity. Also building a new facility would provide access to only 15-20 units compared to the 62 units available through the Beaver Hotel. Other options include continuing to search for alternatives to building a new facility and reviewing the possibility of accessing McKinney Act (Shelter Plus) dollars. As part of a collaboration between DCJ, the Department of Community and Family Services, and the Department of Sustainable Community Development, the County is considering applying for a grant which would provide \$100,000 per year for five years for 20 market rate, tenant-based units.

**How does the recommended change need to be processed publicly?:**

The Department would work with the County's Public Affairs Office to follow the County's public involvement plan for siting county owned facilities. A due diligence report was presented on March 23, 2001 by Facilities. This report indicated that a conditional use permit process will need to be completed.



## PAPER 18

**General Policy Issue:** Examine the impact of reducing funded capacity at InterChange from 70-50.

### **Specific Recommended Program Change (including relevant background/history)**

Continue operating InterChange; reduce funded capacity from 70 to 50. InterChange treats the dual problems of addiction and criminality. It is a preferred sanction alternative to jail for men who are not able to comply with the conditions of their supervision due to drug use--jail does not reduce recidivism while treatment does. The program addresses and changes criminal thinking while also teaching the men skills to manage their lives and their relationships more effectively. They receive family therapy to build support for recovery in the community. Empathy for their crime victims is developed through victim impact panels and apology rituals. The majority of clients in the program also suffer from some kind of mental illness and they are treated for those conditions as well. Many are homeless prior to coming to the program and all have failed to benefit from community treatment programs (average of 3 prior treatment episodes). They have been convicted of an average of 8 felony crimes prior to admission. Transition planning is a priority for the program. No client graduates without safe housing (80% are placed in transitional housing in the community and the rest live with relatives). All of them have worked on job skills. At this time 79% of those who have graduated are still in compliance with their supervision and are receiving continuing care in the community.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Program outcomes include reduced recidivism and increased compliance with supervision; employment and housing stability are also being measured. Evaluation is being conducted by Office of Budget and Quality. The only measure of success for closing the program is to re-invest the dollars in some other county activity.

### **Impact on County's benchmarks?**

Closing InterChange is inconsistent with the county benchmark to reduce crime. Research on reducing recidivism indicate that programs must target antisocial thinking, antisocial peer support, and impulsivity along with addiction in order to have the most impact on recidivism. The treatment design at InterChange specifically addresses each of these targets for change.

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

There are literally thousands of studies on correctional programs that reduce recidivism. The programs that are most effective target the criminogenic factors mentioned above and use cognitive-behavioral and social learning theory approaches. InterChange is a research to practice program designed to apply the guidance from this research. Preliminary follow-up studies are showing that, of those interviewed, 80% were employed and 100% were engaged in outpatient treatment. Clients completed treatment 71% of the time in the second quarter of 00-01, a much higher rate of completion than offenders sanctioned to programs in the community.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**  
**Short term impact (FY 2002)**

InterChange is budgeted at \$2,312,703 for FY 2002. The men receiving treatment at InterChange stay an average of 124 days (FY 00). Based on the proposed budget for next year, the cost per day is \$127 for a total cost of the average treatment episode of \$15,748. It is too early for recidivism data, but if we assume that InterChange is effective with at least 50% of participants, then they will no longer need treatment nor will they continue to be jailed following their release.

**Treatment Costs:** These men have all been clinically assessed (based on criteria required and used statewide) as needing residential treatment. If they were not treated at InterChange, they would be referred to another residential treatment program. Offenders referred to residential programs funded by DCJ stay an average of 94 days in treatment (FY 00). The cost of residential treatment is \$77.30 for beds contracted by DCJ and \$100 for beds contracted by DCFS, so the cost of an average treatment episode would be \$7,266 or \$9,400 depending on the funding source. However, we must keep in mind that the men in InterChange have already failed to benefit from community treatment programs, so these treatment episodes may occur over and over for this group.

**Criminal Justice System Costs:** The men in InterChange averaged two bookings per year and 48.8 days in jail prior to their admission to treatment. There may also be court costs associated with each of these bookings which have not been calculated.

**Average Annual Costs Per Year for InterChange Eligible Offenders**

<b>With InterChange:</b>	<b>\$15,748</b>
<b>Without Interchange:</b>	<b>\$12,590 to \$14,724 annually plus court costs</b>
Residential Treatment in the Community:	\$7,266 to \$9,400 per episode
Two Bookings:	\$200
48.8 Days in Jail:	\$5,124

**Longer term impact (next five years)**

The cost per year for providing InterChange treatment is comparable to the cost per year for not providing this type of treatment, however if effective treatment is not provided to these men then we can expect *the cost per year without InterChange to continue to accrue*, with more expense each year. On the other hand, the cost of a successful treatment episode at InterChange will occur once.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

The savings gained from reducing or eliminating InterChange could be used to offset other planned budget cuts at DCJ.

**What are the downsides and potential risks to this recommended change?**

One hundred and fifty men per year who need this type of treatment program would remain untreated and would continue to be heavy users of the criminal justice and the

treatment system with little long-term effect. Eighteen months of very difficult program development work would have been wasted and would need to occur all over again when Wapato opens.

**What alternatives were considered (if applicable):**

DCJ as an agency did not consider closing InterChange. The alternative we did consider and do recommend is reducing funded capacity from 70 to 50. This results in a savings of 281,835 over CSL.

The Office of Budget and Quality recommends terminating the program and using the dollars to fund "other critical county operations." They point out that closing the program only effects 50 offenders (actually it effects 150 per year) and that we should not proceed with the treatment program at Wapato so that a pilot is not needed. They recommend meeting this treatment need with housing and outpatient treatment. Unfortunately, the clients at InterChange have all been clinically assessed to need residential treatment. DCFS reports that only 15% of citizens who need residential treatment are able to receive that level of care because there is inadequate capacity in the county. And finally, the clients at InterChange have all failed in community treatment programs (an average of 3 times).

**How does the recommended change need to be processed publicly?**

The recommended change is to reduce funded capacity from 70 to 50. No public process is necessary for this change.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

The leased space in Hillsboro will not function as a therapeutic community at a census of 70; the space is near its operating capacity at 50 and 50 mirrors the size of the treatment units at Wapato so it makes good sense to cap the population at 50.

## **PAPER 19**

### **General Policy Issue**

Current theory suggests that crime is prompted by addiction, low social skills, and peer support for anti-social conduct. Moreover, research to-date suggests that the vast majority of low-level offenders typically do not re-offend and the offenses that they may commit do not present immediate risks to the physical safety of other citizens. However, many low-level offenses are the types of crimes that shape perceptions of neighborhood livability and influence a community's perception of crime. The task is to maximize our impact on those low-level offenders who represent the greatest concern for the community. Resources, currently assigned to a large low-risk offender supervision unit, would be re-assigned and re-focused as noted.

### **Specific Recommended Program Change (including relevant background/history)**

Budget constraints and the successes of alternative sentencing models suggest that the Department of Community Justice restructure the supervision model for low-risk offenders. Currently, low-risk offenders are assigned to the Centralized Team Supervision (CTS) / Casebank Unit which monitors for re-arrests and provides for a relatively high level of telephone contact, referral, and passive information gathering such as changes in address. Casebank staff write lengthy reports to courts and attend numerous violation hearings. The caseload sub-group representing the greatest difficulties to a casebank model are drug offenders. The Department proposes to join in a partnership with the Courts, the District Attorney, the defense bar and the treatment community to send all drug offenders needing treatment to a Drug Court, where treatment conditions will be more closely monitored. A Diversion Drug Court has been very successful with drug affected offenders. Department staffing of the Drug Treatment Court would be provided by downsizing the current 21 FTE Casebank Unit to 6 FTE. Other Casebank staff would be assigned to the Community Justice Initiative, field and specialized units dealing with higher risk offenders. A reduced Casebank unit, with its expertise in dealing with volumes of cases, would be re-focused towards a monitoring function similar to the activities of the Department's highly successful Monitored Bench Probation Unit. The Casebank caseload of 3,500 would be reduced through attrition and the potential transfer of 500 eligible cases to the Drug Treatment Court unit. There are additional savings in building costs as the current Casebank physical facility is closed.

The proposed restructuring is in keeping with core practices in that it continues to reduce agency involvement with low-risk offenders, increases resources for high-risk offenders, and bolsters treatment options for low-risk drug offenders who have significant negative impacts on the community.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Baseline recidivism data for offenders supervised through the current Casebank unit is available and will be used to compare with the data collected from offenders monitored by the downsized unit. The current Casebank operation is able to monitor re-arrests at the 98 percent level and report to the Court. The downsized Casebank unit, monitoring all low-risk offenders other than offenders convicted of drug offenses and in need of treatment, will be expected to maintain the 98 percent monitoring rate. Offenders will be

monitored exclusively for new criminal activity and the status of special conditions will not be monitored. The unit will advise the Court of arrest and adjudication, but staff attendance at court hearings will be curtailed.

**Impact on County's benchmarks?**

This proposal increases resources for high-risk offender groups and allows for enhanced treatment interventions with a low-risk offender group, drug offenders, who are not responsive in a Casebank environment. These changes should result in decreased recidivism.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

"Core Corrections Practices", a best practices model circulated by the National Institute of Corrections, asserts that low-risk offenders have a minimal response to supervision while high-risk offenders can show marked reductions in criminal behaviors when case management combines supervision and treatment with frequent interactions between caseworker and offender. The proposed re-structuring is in keeping with these practices.

The current Casebank model, while founded on Core Corrections precepts may have increased interactions with offenders to a level inconsistent with Core Practices.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

Our proposed budget includes savings in building lease costs of \$132,000. A net reduction in three Corrections Technicians positions will save \$135,000 annually. Reassigned personnel will allow staffing of the Drug Treatment Court and other criminal justice system initiatives.

**Longer term impact (next five years)**

Continuation of \$267,000 annual savings and staffing of Drug Treatment Court and other program initiatives.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

Allows staffing of Drug Treatment Court and reduces program and FTE reductions in other areas of Division operations.

**What are the downsides and potential risks to this recommended change?**

There may be a requirement for additional resources to be assigned to the Drug Treatment Court if the offender population requires higher levels of interaction than predicted.

Information and access provided to offenders by the current Casebank Unit will be curtailed. Offenders requesting services and other forms of assistance will be referred to other available community resources.

**What alternatives were considered (if applicable)**

A departmental study team reviewed all elements of this restructuring. Four options for restructuring Casebank were reviewed.

Options considered but not accepted included using private vendors for fee and restitution collection, and providing referral information to offenders; and reassigning low and limited cases to field units. These options were not cost effective not were they the most effective for supervising these offenders.

**How does the recommended change need to be processed publicly?**

This restructuring addresses community needs by increasing service and supervision to low risk drug offenders and provides additional staff for higher risk cases. The Department will work closely with the Court Work Group during implementation of the restructured unit.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

## **APPENDIX TO PAPER 19**

The Centralized Team Supervision (CTS) Unit was originally designed in keeping with the theory that the vast majority of low-level offenders typically do not re-offend and that the offenses they may commit do not present immediate risk to the physical safety of other citizens. This unit provided minimal monitoring and reporting on a large number of low-level offenders, thus allowing the department to devote more supervision and treatment resources to those medium and high risk offenders most likely to re-offend. The current staffing of this unit includes 21 FTE. These staff monitor approximately 3,500 offenders for re-arrests, provide telephone contact and referral, write reports to the Court and refer offenders in need of treatment for substance abuse to the Drug Treatment Court.

Currently the state grant-in-aid funds provided for supervision of the low and limited offenders supervised through the CTS unit only fund 6 of the 21 FTE that staff the unit. The proposed reduction would decrease staffing from 21 to the 6 FTE currently funded by the State. Remaining personnel dollars would be redeployed to drug court, the community justice initiative, and field supervision, providing a portion of the Department's required budget cut. Redeploying FTE to field supervision enhances the department's commitment to focusing its resources on those highest risk offenders who are most likely to recidivate.

Providing staffing and funding for an enhanced drug court would allow for the expansion of an already successful drug treatment court concept. Currently the drug court provides services to a limited number of drug offenders and does not include county staffing. The restructure proposed here would provide two corrections technicians and four corrections counselors to support a greatly enhanced drug treatment court. Under the expanded court, one or two judges will hear all drug cases and the team of DCJ staff would manage and monitor individual cases through the assessment, referral and treatment process, sanctioning offenders for non-compliance with treatment requirements.

The development of a treatment court would fill a gap in the services to offenders with mental illness. The treatment court will set appropriate conditions for the release of defendants taking into consideration their mental health needs and the available resources in the community. By assisting offenders with mental illness to receive appropriate mental health services and other community support services, a treatment court would improve their stability and reduce criminal behavior exacerbated by active mental illness. Staffing for this court would include two Mental Health Case Managers and .5 FTE Corrections Health Discharge Planner.

The redeployment of CTS staff also allows for an enhancement of the department's community justice initiative. Currently funded by the Governor's High Risk Juvenile Crime Prevention dollars, the initiative consists of three staff dedicated to working within three targeted high-risk neighborhoods. This proposal would increase staffing by three FTE. The additional staff will work within two newly targeted neighborhoods to identify residents' and providers' public safety concerns, build upon existing crime prevention and community development efforts, and work collaboratively to apply community justice philosophies.

## PAPER 20

**General Policy Issue:** Discussion of maintaining a program especially designed to work with sixty adult and juvenile women involved in a prostitution lifestyle and addicted to drugs and alcohol. Tualatin Valley Centers' New Options for Women and Girls to women in the sex industry.

**Specific Recommended Program Change (including relevant background/history):**

For twelve years, DCJ has contracted with two separate providers for individual case management, stability and skills groups, and specialized childcare services for women who have experienced sexual exploitation and abuse through prostitution and the sex industry. Five years ago, Tualatin Valley Centers successfully competed and was awarded the contract for providing these specialized services.

Priorities for services are medium and high-risk adult females on probation or post-prison supervision and a few youth. New Options has consistently operated at capacity. Currently, of the 55 offenders in the program, 2 are under the age of 18. The average age is 34. The youngest client is 15 and the oldest is 52. Both DCJ Probation/Parole Officers and Juvenile Court Counselors make referrals to New Options for Women and Girls.

New Options provides individual and group therapy, case management, coordination with other agencies (including close coordination with DCJ), family treatment, parenting classes and other skill-building groups. Other key services include health care coordination and referral; assistance and advocacy in locating appropriate housing; legal assistance and advocacy; educational/vocational assistance; assistance in applying for entitlement programs, e.g., the Oregon Health Plan, Food Stamps, AFDC, SSI/SSD, etc.; transportation assistance; general emergency assistance, e.g., emergency housing vouchers, prescription medications, clothing, etc.; and referrals to other services based on individual need.

New Options staff have developed consistently strong relationships with key criminal justice partners (particularly DCJ and Portland Public Police) to ensure appropriate referrals. They have also developed strong relationships with other key community providers (particularly alcohol and drug treatment providers) to ensure the clients' success.

Specialized childcare services are available on site during all group services and at regular times throughout the week. The childcare staff are particularly skilled in working with high risk, special need infants and children and are trained in identifying and ameliorating the effects of being born drug effected. These children can also receive specialized family treatment services for children with histories of trauma such as exposure to violence and addiction or direct physical and sexual abuse.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

Restoring this service will allow the continuation of much needed services to high-risk women and their children who have been sexually exploited and abused through prostitution and the sex industry. Within the last 12 months, 68% of clients successfully completed New Options.



This is a higher rate than the contract standard and is considered very good for this unstable target population. This is especially true given that this contractor has very specific criteria that must be met to determine successful completion – criteria which if met *greatly* enhances the woman's chances for leaving the sex industry and for remaining alcohol and drug free. In the previous 12 months, 73 of the client's children experienced positive affects as a result of women who exhibited significant progress on parenting goals. These children ranged in age from 5.5 months to 18 years.

**Impact on County's benchmarks?**

The services provided through these resources positively affect the County's benchmarks of reduced crime and improved health.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Best practices encourage us to continue funding this program. New Options concentrates on medium and high risk clients and the program includes a stabilization phase before utilizing a cognitive behavioral change approach, based on specific criminogenic needs. The program also includes a strong prevention component (working with children of women in the sex industry) and using specific criteria to determine their success rate.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

Restoration of this program would have a \$200,000 impact on the budget.

**Short term impact (FY 2002)**

The short term impact of this restoration on the New Options program would be to eliminate the need for the agency to lay off 4.5 FTE program staff. By restoring the funding, service provision would continue for the fifty-five women participating in the program at any given time.

**Longer term impact (next five years)**

Restoration of this service cut will assist with providing more stable environments for the children of these women, more support for women leaving the sex industry, and more support for women to end their addiction to alcohol and drugs. New Options intervenes at a vulnerable time in a woman's life and assists with changing thinking and behavior from anti-social to pro-social.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?) NA**

**What are the downsides and potential risks to this recommended change? N/A**

**What alternatives were considered (if applicable)**

Due to the Department's budget limitations, there was a conscious decision to eliminate entire services rather than reduce many contracts by an equal percentage of funding.

**How does the recommended change need to be processed publicly?**

The City of Portland and County officials, community activists, community justice partners and prostitutes came together more than a decade ago to create services for women involved in prostitution. These services have had strong community support and positive results. It is a national model with constituents from other jurisdictions often requesting information and technical assistance from both the County and the provider. As in past years, we expect a strong effort by Multnomah County citizens to encourage the Board of County Commissioners to continue this service.

## PAPER 21

**General Policy Issues:** Multnomah County has received \$1.4 million dollars in Gang Transition Services (GTS) funding from the State of Oregon since the early 1990s, the only county to receive these dollars. These funds were allocated as a part of the State's support for local efforts to address gang violence. The Governor's proposed budget and the County Chair's legislative budget have completely eliminated these funds. While juvenile crime is down, gang violence and gang related crime are still concerns in Multnomah County.

**Specific Recommended Program Change (including relevant background/history):**

The proposed budget eliminates all contracted services specifically focused on gang youth and funded by State dollars. DCJ eliminated five Juvenile Court Counselor positions (the number funded by the GTS dollars). However, these cuts are spread across all of our probation supervision because gang supervision cannot be eliminated. The 30-day secure Assessment Intervention and Transition Unit was partially funded by GTS money. These funds have been replaced with general fund money in the proposed budget.

If general fund was available, some of the gang transition services and contracted services could be restored. The Department would propose funding a new mix of services, including treatment foster care, as opposed to restoring all of the current services. Some of the current services are under utilized.

**Expected Outcome of Change (how will we measure whether it has been successful?):**

Restoring funds in this service area would allow for the provision of specialized treatment services for gang involved youth. Less youth would need to be placed in the temporary custody of the OYA and served in their out-of-home placement services. (These OYA services are also targeted for 7% reductions in the proposed budget.)

**Impact on County Benchmarks:**

This proposal would directly affect the long-term benchmarks of reduced crime and increased school completion. These budget cuts not only affect services provided to gang-affected youth, but due to the combination of the OYA Gang Transition Services cut and the reduction in OYA youth correctional center beds, services to high-risk youth throughout the department are reduced.

**Best Practice/Research-Based Relevant to Recommended Change (What evaluation or learnings support or question this change?):**

Research shows that in order to change delinquent behavior, a mix of sanctions, treatment and supervision is required. These cuts decrease this mix. The proposed Treatment Foster Care model is a nationally promising practice for juvenile delinquency reduction.

**Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees-County contracted?):**

The Department is proposing funding of a mix of services to continue providing appropriate and effective supervision services to gang-affected and other high risk youth. The proposed restorations include the following:

Multi-Systemic Therapy	501,000
5 Juvenile Justice Counselors	308,000
Day Reporting Center services for high risk youth in need of structured services	138,000
Treatment Foster Care	328,500

**Indirect budget impacts (How does taking this action help ease the impact of other budget cuts?):** NA

**What are the downsides and potential risks to this recommended change?** NA

**What alternatives were considered (If applicable):** NA

**How does the recommended change need to be processed publicly?:**

We have been working with our community partners to prepare them for these cuts in contracted services. In addition, we have been in communication with our local legislative delegation regarding the reductions in the Oregon Youth Authority budget.

**Other comments:** NA

## PAPER 22

**General Policy Issues:** The County has made a commitment to implement Best Practices in all areas. The University of Colorado studied promising practices in preventing delinquency and identified ten blue print programs that met the highest standards. The Multi-Systemic Family Therapy program is one of these 10 programs. In 1998, the County implemented the program and expanded it in 1999. The program is funded by both state and general fund dollars. The state funds supporting the program have been eliminated from the Governor's proposed budget. Through DCJ's budget process, the County's general funds assigned to MST will be eliminated in place of further cuts in juvenile probation supervision and detention.

**Specific Recommended Program Change (including relevant background/history):**

The Multi-Systemic Therapy program began in November 1998. Referred youth are on probation, age 11-17, classified as high or medium risk, involved in substance abuse, and at immediate risk of out-of-home placement or commitment to the Oregon Youth Authority. The County has served forty-seven families. Only five families have not completed the program, i.e., child placed by judicial officer, child ran and not located, family refused service. Based on the number of families who have successfully completed the five-month intervention, as well as positive comments from our customer surveys, we have been very successful in engaging and maintaining families in treatment. Our initial outcomes (first 26 youth) revealed that in the first six months following completion of services, 74% of our youth in the program had not been re-referred for delinquent behavior. Nationally, youth involved in Multi-Systemic Therapy have shown reduced rates of arrest and out-of-home placements and increased indicators of improved family functioning.

The Multi-Systemic Therapy (MST) model has required significant changes in the practice of family intervention including home-based treatment, 24-hour and seven-day availability to families and a high level of professional skill in several areas. The program is expensive because of these features as well as the low number of families served per therapist and the level of clinical consultation and supervision required to provide the intensive treatment. However, national studies and local experience tell us this model can be a successful way to divert youth from requiring institutionalization. It also appears to improve family functioning to a level that younger siblings are positively affected. Faced with a \$7.7 million shortfall in next year's budget, the Department has eliminated funding for MST in the proposed budget. The recommendation for this cut is based on the Department's need to reduce cuts to probation services and close no more than one juvenile detention unit. Also, the MST program lost funding when the State Gang Transition Services funds were eliminated in the Governor's proposed budget.

**Expected Outcome of Change (how will we measure whether it has been successful?):**

MST Program Evaluator Scott Keir, Ph.D., is studying the program's effectiveness in reducing recidivism, reducing out-of-home placements and improving family functioning. In addition, our program is participating in a three-year National Institute of Mental

Health Research Study regarding the compliance with MST National Standards and Outcomes.

**Impact on County's Benchmarks?:**

Increase School Completion  
Reduce Children Living in Poverty  
Reduce Crime

Multi-Systemic Therapy impacts all of the County Benchmarks by empowering parents, families, church, neighbors, relatives, schools, etc., to gain results of long-term support and prevention. The primary goals of MST are to: reduce youth criminal activity; reduce other types of antisocial behavior such as drug abuse; and to achieve these outcomes at a long-term cost savings by decreasing incarceration rates and out-of-home placements.

**Best Practice/Research-Based Relevant to Recommended Change (What evaluation or learnings support or question this change?):**

The strongest and most consistent support for the effectiveness of MST comes from controlled studies that focused on violent and chronic juvenile offenders. Importantly, results from these studies showed that MST outcomes were consistent for youths across the adolescent range (12-17 years) for both males and females and for African-American vs. white youth and families.

Since the first controlled study of MST with juvenile offenders was published in 1986, three randomized clinical trials with violent and chronic juvenile offenders have been conducted. In these trials, MST has demonstrated long-term reductions in criminal activity and increased levels of family preservation. The following key outcomes are from the serious offender study:

	<b>Self-reported Offenses</b>	<b>Arrests</b>	<b>Time in out-of-home placement</b>	<b>Cost/case</b>
<b>MST</b>	2.9	87	5.8 weeks	\$2,800
<b>ControlGroup</b>	8.6	1.52	16.2 weeks	\$16,300

**Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees-County contracted?):**

<b>County Staff</b>	<b>Contract</b>	<b>Total</b>	<b>Explanation</b>
3.0 FTE		\$200,000	Mental Health Consultants
0.5 FTE		\$ 44,000	Program Administrator
N/A	\$ 47,337	\$ 47,337	MST Contracted Clinical
2.0 FTE	\$211,531	\$211,531	Contract with Self-Enhancement, Inc.
<b>5.5 FTE</b>	<b>\$258,868</b>	<b>\$502,868</b>	<b>Totals of staff, contract and program costs*</b>

\*All of these costs are cut in the Department's proposed budget

**Indirect budget impacts (How does taking this action help ease the impact of other budget cuts?):**

This cut is based on the Department's need to avoid deeper cuts in youth probation supervision and custody services.

**What are the downsides and potential risks to this recommended change?**

This is a Multnomah County test of a National Model promising practice. By eliminating MST the County will not be able to verify that this type of intervention can reduce recidivism in referred youth.

**What alternatives were considered (if applicable):**

Deeper cuts in other services were considered. The County is working with providers to try to restore some of the State cuts but due to the State's financial situation this is not promising. The restoration would not be for the MST model specifically.

**How does the recommended change need to be processed publicly?:**

The Department will need to phase out services and work with the staff at Self-Enhancement, Inc. on the contract cuts. The Department will also need to withdraw from the National MST Evaluation Project.

**Other comments:**

The Multnomah County Juvenile Justice MST program is the only MST program located nationally within a juvenile justice setting. As Multnomah County Juvenile Justice continues to make the paradigm shift towards strength-based approaches and family engagement and empowerment, the termination of the MST Program is a loss of an opportunity to model these best practices.

## **PAPER 23**

**General Policy Issue:** Provide temporary court space for Gresham Circuit Court

### **Specific Recommended Program Change (including relevant background/history)**

Multnomah County is required by State law to provide space for the courts, including in Gresham. Currently, the single courtroom provided for the Gresham Circuit Court is a substandard arrangement located in the Old Gresham City Hall. The annual cost for this arrangement is \$1.00 per year. Because of the low cost of providing this space for the Gresham Circuit Court, any improvement of current space will have a significant budgetary impact on the County.

On February 13, 2001, Multnomah County Chair Beverly Stein and City of Gresham Mayor Charles Becker signed a joint statement announcing that any immediate plans for construction of an East County Justice Center, which would have included Gresham Circuit Court Space, were being placed on hold due to budgetary constraints.

Facilities and Property Management Division was informed in September 2000 that court services in Gresham would be expanded. Facilities proposed to the Chair that short-term court facilities were needed immediately to provide adequate facilities for the expanded court operations. The Chair directed Facilities to proceed with identification of leased space that would be capable of supporting expanded court operations in an adequate facility. Two vacant properties were initially identified that would meet the requirements defined. As negotiations proceeded, both owners declined to enter into a lease with Multnomah County because they did not want court activities in their buildings. Facilities continued to try and locate suitable commercial space for the Gresham Circuit Court. The Gresham Circuit Court began night court to expand court services with the single courtroom currently available.

On April 13, 2001, Facilities received a letter from Judge James Ellis that there is a bill pending in the Oregon Legislature to increase the circuit court in the east county region to two judges. Assignment of a second judge to the Gresham Circuit Court requires addition of a second courtroom.

The City of Gresham Police Department provides court security for the Gresham Circuit Court. Facilities has been informed by the Gresham Police Department that the existing facility is grossly substandard and presents significant security problems for the presiding judges.

Facilities has recently identified vacant commercial space that is well located and large enough to meet the Gresham Circuit Court requirements and recommend proceeding with entering into a lease for this space. The lease and tenant improvements for this facility are currently not in the Chair's budget.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Providing adequate short-term court facilities for the Gresham Circuit Court will permit efficient and safe court services for two judges and eliminate the operational costs of night court. This action will fulfill Multnomah County's mandated responsibility to provide adequate space for the Gresham Circuit Court.



This action will provide a temporary short-term solution to the steadily increasing demand for more court time for the existing traffic, criminal and small claim caseload currently being served, and the increasing pressure for expanded court services.

**Impact on County's benchmarks?**

Providing adequate judicial services is essential to a healthy social climate within Multnomah County. While this action does not directly impact County benchmarks, a judicial system that does not meet the needs of the citizens will indirectly make achievement of the County benchmarks more difficult.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

The best solution for providing judicial services for the east county region is to construct a permanent court facility. Preliminary planning for an East County Justice Center had proceeded through the siting process and negotiations with the City of Gresham were in progress. However, the high cost of this facility and limited funds available for capital improvement have delayed proceeding with this project.

Facilities and Property Management recommends that the East County Justice Center be included in the final solution determined for Countywide court facility needs. The existing Multnomah County Courthouse is in need of major repair, renovation, and expansion to meet the Fourth Judicial District needs.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

**Facilities Costs Only**

Estimated annual lease cost for space	\$150K per year
Operations and Maintenance	\$ 58K per year
Utilities	\$ 17K per year
<u>Tenant Improvements for Courts</u>	<u>\$ 75K one time expenditure</u>
<b>Total</b>	<b>\$ 300K</b>

**Longer term impact (next five years)**

<b>Annual Lease Cost</b>	<b>\$1,125K</b>
--------------------------	-----------------

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

This action clearly is an additional budgetary requirement. Multnomah County is increasing the cost of providing Gresham Circuit Court from \$1.00 per year to a minimum of \$225,000 per year.

**What are the downsides and potential risks to this recommended change?**

None detected. Not providing improved temporary court space will inhibit the Fourth Judicial District in providing adequate court services for the east county region.

**What alternatives were considered (if applicable)**

Purchasing of the commercial space for court operations should be considered if County occupancy is going to be longer than 7 years. However, due to the budgetary constraints within the Capital Improvement Program, funds are not readily for purchasing identified property.

**How does the recommended change need to be processed publicly?**

This action demonstrates the Multnomah County commitment to supporting court services for east county residents and should be viewed as a very positive action.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

Improves security for the Gresham Police Department.

## PAPER 24

**General Policy Issue:** Expand the implementation of sustainability principles in the County consistent with the regional quality of life benchmark.

**Specific Recommended Program Change (including relevant background/history) and Expected Outcome of Change (how will we measure whether it has been successful?)**

Sustainable principles will be incorporated countywide in the form of new policies, informed purchasing decisions, education, and demonstration project development. This is a new initiative with DSCD, currently being staffed temporarily. An additional FTE is being added in FY-02 (Executive Budget) to assist in the development of this program.

Expanding the implementation of sustainability principles in the County to include the proposed levels allow for the following programmatic changes and projects to happen in FY-02:

Projects	Expected Outcome
Pursuing LEED silver or better certification for Hillsdale Library.	Energy efficiency savings 20% better code, use of low toxicity building materials and 25% materials with recycled content, 75% recycle/salvage of construction wastes, 20% local / regional materials, more natural daylighting, water use reductions in irrigation, renewable power and on-site stormwater management.
Expanding recycling facilities to make recycling easier and more accessible for Multnomah County employees.	Increase in amount and types of material being recycled.
Increasing energy efficiency education for Multnomah County employees.	Reduction in actual energy usage in Multnomah County owned buildings, measured in BTUs per square foot.
Developing a pollution prevention program.	Creation of pollution prevention goals and strategic plan to achieve those goals. Long-term savings in solid waste disposal costs & toxicity related expenses.
Promoting recycling, reuse, and waste reductions in Multnomah County procurement.	New provisions in Multnomah County procurement that promote energy efficient and recycled content products, waste reduction and use of salvaged materials.

**Impact on County's benchmarks?**

These recommended projects as part of the sustainability program in the County will directly impact the Regional Quality of Life Benchmark. Impact will be made by saving energy, reducing waste generation, reducing stormwater runoff that leads to pollution of our watersheds, reducing chemical usage creating a less toxic environment, providing more environmentally friendly transportation alternatives, and expanding awareness of sustainable actions will certainly improve regional quality of life.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Locally, the recommended program tasks are consistent with Governor Kitzhaber's Executive Order No. EO-00-07, Development of a State Strategy Promoting Sustainability in Internal State

Government Operations. These projects are also supportive of the County and City Local Action Plan on Global Warming and Green Building Policy, as well as the regional Salmon-Safe urban certification (under development). At the national level, these projects are consistent with 1990 Pollution Prevention Act, EPA's Community Based Environmental Protection Program, EPA's Green Vehicle Guide, EPA's Storm Water Best Management Practices, EPA's Energy Star Buildings Program, the Green Seal Program, and the U.S. Green Building Council.

One example of local implementation is from Clark County, where a pilot waste reduction program reduced waste by 25% the first year, saving \$25,000.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short-term impact (FY 2002)**

Included in Executive Budget - Increase of 1.00 FTE (\$49,993), Professional Services and Supplies (\$10,000) to work on:

- Expanded Recycling - infrastructure changes may be required to accommodate expanded recycling, including provision of recycling bins, composting etc.
- Energy Efficiency - investment in energy efficiency education has up-front costs that would be offset in future years by the energy savings.
- County-wide Pollution Prevention Program

In addition to the above, DSCD is recommending:

- Green Procurement - may have additional costs associated with implementing county-wide "green" products vs. conventional. Professional Services not budgeted (est. \$25,000).
- Stormwater Management at County facilities- additional costs associated with investment in green roof at the Multnomah Building, for example. Professional Services and Capital required. Future payback in reducing stormwater fees for Multnomah County owned buildings. *See Long Term Impacts, below.*
- Environmental Management System Pilot – require professional services assistance (est. \$75-100,000). This is to conduct a pilot with Facilities & Property Management to develop an environmental management system for FPM, based on ISO 14001.
- Green Building Design Guidelines – require professional services assistance (est. \$50,000). Develop design standards for future County construction.

**Longer term impact (next five years)**

- DSCD is recommending that part of the proceeds from the sale of unrestricted County properties be directed to fund future sustainability enhancements to County capital construction projects. Unless the Board specifies a future funding source, funds will not be available for these enhancements through the dedicated capital improvement funds that currently exist. An influx of revenue in the next two to three years through disposition of vacant buildings would provide for this opportunity (LEED and Stormwater Management projects).
- LEED certification for all County projects- may have increased professional services and construction costs associated with it. The amount for these projects is unknown at this time. However, there will also be reduced energy, stormwater and solid waste costs in addition to improved occupant comfort associated with a LEED building too.
- Energy savings from completed projects.
- Stormwater discounts on water bills.

- Reductions in solid waste disposal costs.
- Reductions in employee complaints associated with indoor air quality.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

Reduction in both countywide utility consumption and future waste disposal costs is a goal of this program.

**What are the downsides and potential risks to this recommended change?**

Potential risk comes from employee perception that funding new initiatives is more important than keeping existing positions that are being cut in FY-02. In a time of resource constraints, it is difficult to gain approval to fund new initiatives.

**What alternatives were considered (if applicable) N/A**

**How does the recommended change need to be processed publicly?**

These program changes need to be communicated to the public in the context of larger goals, such as the Quality of Life Benchmark, and to the Board of County Commissioners to gain their support. The multiple stakeholders benefiting from making these changes will also be brought into the process. The triple bottom line of economic, environmental and community savings should be emphasized.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

## **PAPER 25**

**General Policy Issue:** Expand energy conservation measures throughout Multnomah County, thereby reducing FY02 utility budget for all facilities by 5% (\$270,000)

### **Specific Recommended Program Change:**

#### **1. Energy Conservation Management**

Facilities & Property Management's (FPM) Environmental Management Branch is responsible for direct planning and management of energy conservation at County facilities. FPM works with DSCD to identify achievable program goals. During FY02, projects will include documenting current baseline of operations as compared with energy usage, discovering retrofit opportunities and possible capital upgrades to decrease our energy costs. Initially, buildings with existing digital controls would be reviewed for optimization opportunities, moving on to those with programmable controls.

#### **2. Capital Upgrades**

During FY02, FPM will identify and implement retrofit opportunities with appropriate cost-benefit ratio (simple payback in 10 years or less) as detailed by the Environmental Management Branch. An example would be the wiring required to rezone lighting such that departments with differing occupancy schedules have separate controls.

#### **3. Water Conservation**

Another opportunity would be to collect and reuse stormwater where acceptable, rather than continue to pay the current high rates for disposal. One potential result of this program change would be to give FPM and DSCD an opportunity to be in a public leadership role regarding water conservation in particular.

#### **4. Training Customers**

FPM (working with DSCD) will be responsible for an educational component to raise Multnomah County employees' consciousness regarding their responsibilities toward energy conservation and get employees to actively save energy. This position will use "Energy Tips" and the Facilities Newsletter to educate employees.

Training will be coordinated between FPM, DSCD, and perhaps Citizens' Involvement, plus network with other public agencies and utilities both to discover new ways to conserve energy (additional energy savings – free!) and to educate the public about those ways we can all be responsible stewards of our environment.

### **Expected Outcome**

Outcome of change will be measured by the percentage decrease in the baseline of the energy budget for FY02, independent of rate increases and weather. A six percent decrease or more will exceed expectations; 5% will be highly successful; 4% will be moderately successful; and 3% will be marginally successful. The Energy Planning section of the Environmental Management Branch will be responsible for achieving this outcome.

### **Impact on County's benchmarks:**

Regional Quality of Life Benchmark will be favorably impacted by saving energy, saving finite resources for future generations, controlling associated emissions, and improving the quality of life for citizens within and beyond Multnomah County.

**Best Practice/Research relevant to recommended change:**

The establishment of the Planning and Project Management Section brings together resources to reach higher energy efficiencies for County facilities. Utilizing all planning staff will allow better data processing and collaborative view, networking with other public agencies, utilities and large users to share information and implement additional conservation measures at Multnomah County. More resources produce more results.

FPM has the capacity and ability to improve energy conservation in County facilities if clients view this effort a priority. Energy cost savings are a direct benefit to our facilities occupants.

All FPM Technical Planners, Trades Personnel, and Property Managers would agree that there is limited time or exclusive responsibility to optimize operations with an eye to energy conservation and cost savings. We could be saving money right now with this directive.

**Direct Budget Impact:****Short-term (FY02):**

- Professional Services Fees (\$20,000)
- Capital Upgrades (\$540,000)
- Energy Cost Savings (\$270,000)

**Long-term (next five years):**

- Estimated net payback in 2+ years due to first year start up costs.
- We expect continuous energy cost savings, however, with diminishing marginal returns over time as the County facilities are upgraded.

**Indirect Budget Impact**

Utility fund savings could be used to ease fiscal constraints on programs or staffing within individual departments in future years.

**What are the downsides and potential risks to this recommended change?**

There is a risk that energy conservation measures may not realize the 5% goal due to building occupants not actively participating in the energy conservation program. Education will be a key success factor to making energy conservation a reality. It requires a knowledgeable and committed organization to sell an energy conservation program and capital investment alone will not insure reduction goals are met. The combined effort of FPM and DSCD will be key to the success of our energy conservation training efforts.

**What alternatives were considered?**

We could continue to use outside contractors (similar to retro-commissioning) at higher rates. The imperatives to optimize building operations and to educate the users of our buildings seem the best way to reduce our energy costs.

**How does the recommended change need to be processed publicly?**

N/A

**Other comments**

N/A

## PAPER 26

**General Policy Issue:** Move towards a "No Kill" policy at Animal Control; expand opportunity for cat adoptions; institute fee increases.

### **Mission Statement**

The current mission of Animal Control in Multnomah County is to protect people and animals through the promotion and enforcement of responsible animal ownership.

### **Vision Statement**

The vision of Animal Control in Multnomah County is:

- to safeguard animals from neglect and cruelty
- to provide a high level of protection for the community against animal attack
- to develop programs leading to zero euthanasia of adoptable pets
- to develop programs for the medical treatment and behavior modification of animals
- to find a loving home for every adoptable animal in our care
- to provide a safe haven for pets pending placement into new homes

### **Specific Recommended Program Change (including relevant background)**

#### *1. Move towards a "No Kill" policy at Animal Control*

- Statistics show that Animal Control has been gradually working over the last 10 years towards a zero euthanasia rate for adoptable animals. Even as the Multnomah County population base has increased, fewer animals are being seen at the shelter, partly due to the urbanization of the metropolitan area and partly due to continued education efforts promoting responsible pet ownership. Three times as many animals will be adopted this year as were adopted in 1989-90 and overall intake has dropped by 50%.
- Multnomah County Animal Control revised adoptability criteria in November 2000, identifying which animals could be adopted and which, if funding were available, could be medically treated or behaviorally modified to make them adoptable.
- The Mission Statement and Vision Statements for Animal Control have been revised, with an added emphasis or goal of becoming "No Kill", and need adopting by the Board of Commissioners.

#### *2. Adoption of Cats*

- The companion animal of choice in Multnomah County is now the cat, with 51% choosing a cat companion over a dog. Many reasons account for this trend, which is also seen nationally, but certainly the effects of responsible pet ownership education, the urbanization of the Portland metro area and costs of care all play a role.
- The proposal to move part of Animal Control's workforce to the Yeon Complex has many advantages that have been identified in other documents. Reallocation of floor space at the animal shelter will allow for showcasing adoptable felines, resulting in an estimated increase in cat adoptions of 50% and a projected annual increase in revenues of over \$40,000.



**Expected Outcome of Change (how will we measure if it has been successful?)**

Statistics are currently kept on the numbers of animals euthanized and the reasons for it. These numbers are currently available to the public on the MCAC web-page at [www.multcopets.org](http://www.multcopets.org). Zero euthanasia of adoptable animals is the first target and should be attainable quickly. Funding for the medical treatment and behavioral modification is currently being funded with donations and volunteers.

**Impact on County's benchmarks?**

Animal Control directly impacts the County's desire to provide an improved Quality of Life for the citizenry, specifically in areas of neighborhood livability. Citizen satisfaction, as seen in the 1999 Multnomah County Citizen Survey, shows Animal Control has only a mediocre satisfaction rating now. If cuts are made, we may see a further decline.

The Animal Control division approval rating should improve dramatically if a "No KILL" policy were identified as a goal. The ability of Animal Control to provide cost effective, responsive services would be enhanced and achievements directly related to the Animal Control Task Force recommendations would be made.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Restoration of service cuts would maintain Animal Control at current service level, but does not address several key areas of the Animal Control Task Force findings. Ninety-six individual Task Force recommendations were identified and most of them have been addressed, with little or no cost to the county. Some recommendations will need additional funding at a later date. Restoration of these cuts will prevent a degradation of services and will allow a leap forward in making the organization more humane and more responsive to the citizenry, most notably with the proposed move to the Yeon Complex.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)****Short term impact (FY 2002)**

Proposed fee changes are:

- Adoption fee for dogs changes from \$80 to \$90
- Adoption fee for cats changes from \$60 to \$65
- Current \$12 dog licensing fee goes to \$15 for neutered animals
- Current \$35 licensing fee for intact dogs drops from \$35 to \$25.

**Service restoration from above fees:**

Restoration of \$106,000 after-hours contracts, one Animal Control Officer \$46,000, holiday overtime \$25,000

In addition, the following are required to increase cat adoption:

- Yeon move and shelter construction – estimated \$150,000 capital (\$50,00 public donations possible for portion), \$45,000 ongoing, \$55,000 one time only (move costs).

**Longer term impact (next five years)**

We will achieve "No Kill" status which is a Task Force and community goal. There will be additional costs for medical care for sick or injured but otherwise adoptable animals but this will be paid for with donated funds.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

NA

**What are the downsides and potential risks to this recommended change?**

No downsides identified to this action.

**What alternatives were considered (if applicable)**

A variety of alternatives were considered.

**How does the recommended change need to be processed publicly?**

Due to the amount of public input into the Task Force findings and due to the amount of public testimony seen at County Board meetings, a press release, at the minimum, should be issued specifically addressing the restoration of Animal Control cuts.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

If cuts are not restored, negative impacts will be seen at all police jurisdictions and at animal clinics throughout the county.

## PAPER 27

### **General Policy Issue:** Reduce facilities costs by 7% countywide

#### **Specific Recommended Program Change (including relevant background/history)**

In January 2002, Facilities & Property Management (FPM) was given direction by the Budget Office to reduce its FY2002 operating budget by 7% for all discretionary expenditures that would be passed onto customers. Only those charges over which FPM had no control would be allowed to increase during FY2002. These non-discretionary increases include: utility costs, debt service, lease cost adjustments, and increases due to the increases in space by customers over FY2001 budgeted space (county facilities space has increased by 23% in the last two years). The Budget Office listed this 7% discretionary cut to be \$1,069,392 from the earlier FPM *overall* working budget of \$47,194,906. To make this 7% reduction, customers were presented rates for FY2002 based on changes described below.

Reduce facilities costs by 7% countywide (Reduction \$1,069,000) with the following cuts and impacts:

- Cut 4 FTE from division staff
- Anticipated COLA being absorbed by FPM
- Reduce overtime by \$39,605
- Reduce temporary staff by \$53,000
- Decrease building maintenance supplies by \$103,000
- Decrease real estate brokerage activities by \$70,000 (appraisers, consultants), charging projects directly to departments as service requests Contract out customer service requests instead of having them performed by FPM staff
- Reduce custodial service from five to three days per week in general use office areas countywide (\$200,000 reduction)
- Expected increase in service response time due to smaller FPM staff
- Project management for more maintenance and construction projects will be procured through contracts in lieu of FPM staff, resulting in longer lead times for many requests
- In addition, energy savings of 2% countywide would be considered successful

#### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Building Management charges for FY2002 will be reduced 7% below current service level as was directed. Customers will save \$1.0 + million below earlier estimates. Full impact of the cuts imposed on FPM will not entirely be visible until they are implemented.

#### **Impact on County's benchmarks?**

This action decreases FY2002 Building Management costs for customers which supports the "Good Government" benchmark in terms of efficiency, allowing departments to put more of their resources directly into delivery of services for citizens.

#### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Improved efficiencies in material handling, decreased vehicle use, tighter staff overtime policy, flattened FPM organizational structure and quality management concepts allow for these efficiencies to be gained.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

Facilities and Property Management's FY2002 budget has now been reduced by \$3.7 million below the zero based budget originally developed by the division. Four FTE positions have been reduced. External professional services have been cut by approximately \$1.4 million below the zero based level.

**Longer term impact (next five years)**

Long term FPM may require additional positions to maintain County buildings if FY2002 staff reductions have been too great.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

This combined cut reduces client facilities costs by approximately 2% below the earlier developed operating budget.

**What are the downsides and potential risks to this recommended change?**

This defines a lower level of service as a new "current service level". County facilities may be judged to be lower quality occupancies because of sluggishness in getting routine maintenance performed and reduced cleaning levels.

**What alternatives were considered (if applicable)?**

Alternatives considered included providing full funding of "current service level" for County facilities for FY2002, and making cuts in FY2003 based on observed operating efficiencies. During this reduction, a review of FPM services and budget was conducted by managers and staff to re-evaluate expenditure reductions that would have least impact on customers.

**How does the recommended change need to be processed publicly?**

Property managers will be communicating changes in service levels to tenants during the budget process.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

The FY2002 FPM maintenance rate table is favorable comparable to other governmental agencies. For example, the City of Portland bills \$9.63 per square foot for O&M charges in the Portland Building. Multnomah County would charge \$4.75 per square foot for maintenance and approximately \$1.40 per square foot for utilities and our indirect charge 8% would be added for a total of \$6.64, which represents a savings of \$2.99 or 31%.

Another comparison in the government sector is from the Portland BOMA 2000 Survey, which includes GSA managed buildings. The BOMA survey lists O&M costs at \$7.72 for office space. Compared to our \$6.64 (including utilities) this represents a \$1.08 savings or 14%. Private sector costs for similar space are \$1 per square foot higher than the government sector listings

## PAPER 28

**General Policy Issue:** use of inmate labor for county janitorial and ground maintenance services. Utilize Multnomah County inmate labor to perform janitorial and ground maintenance services that have traditionally been provided by commercial contract or Multnomah County employees.

### **Specific Recommended Program Change (including relevant background/history)**

The Current Service Level of building management services provided for Multnomah County tenants includes janitorial and grounds maintenance services. Providing these services for Multnomah County facilities costs approximately \$3.3 million per year. The Multnomah County Sheriff's Office has proposed using inmate labor to perform approximately \$1.1 million of those services in exchange for a reduced Building Management charge for Sheriff's Office facilities.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

Should this program change prove to be successful, the Sheriff's Office will be able to reduce their cost of facilities by using inmate labor to provide janitorial and grounds maintenance services to the County. A key measure of this program will be demonstrating the ability to sustain current service level with the utilization of inmate labor. Inmate labor is a less expensive labor resource than compared to commercial or Multnomah County employee resources. By more effectively utilizing the inmate labor resource, Multnomah County will contain the expense of providing janitorial and grounds maintenance internal services within the County, while providing inmates with an ongoing work program.

### **Impact on County's benchmarks?**

Good Government: Taking advantage of inmate labor to reduce the cost of providing internal services for Multnomah County facilities will address budget deficit problems experienced by the Sheriff's Office.

This initiative may have a negative impact on some County benchmarks in the area of promoting minority, women owned, and emerging small businesses that have benefited under the Sheltered Market program for providing janitorial and grounds maintenance internal services for Multnomah County. Additionally, Multnomah County has established a precedent in requiring these commercial services to adhere to the Living Wage standards. Contracts will need to be terminated and either renegotiated or readvertised for award.

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

The use of inmate labor has been successfully practiced by some county jurisdictions. However, in most cases the inmate labor is used to earn funds from sources outside the jurisdiction to increase revenue for the jurisdiction. The use of inmate labor internally does not generate additional revenue for Multnomah County, but in essence internalizes services so that the overall budget can be reduced and still sustain the current service level.

Performance standards, similar to those found in current janitorial contracts, will be prescribed for measurement of quality assurance for work performed. FPM property managers will continue to receive service requests and complaints from tenants and will serve as liaisons between customers and the MCSO. Some facilities included may have Day Porter services provided to tenants, with these services provided through the MCSO. All services provided will be under the supervision of MCSO or their contractors.

**Working with the Sheriff's Office, FPM has determined that the following building services and County locations would be affected by this action:**

**Landscaping & Mowing:** All locations currently under contract (50 locations)

**Janitorial Services:** All MCSO facilities  
Yeon Complex  
Ford Building  
All County Libraries

**Window Cleaning:** Countywide

**Pressure Washing:** Countywide

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

Facilities and Property Management revenue will be reduced by \$1.1 million

Facilities and Property Management expenditures will be reduced by \$1.1 million to match the lost revenue (including reduction of 4.0 FTE)

The Sheriff's Office expenditures will be reduced by \$1.1 million

The Sheriff's Office must provide \$1.1 million in janitorial and grounds maintenance internal services to sustain the current service level

**Longer term impact (next five years)**

There should be a long term savings to Multnomah County of approximately \$398,712 in Living Wage increases for services provided.

Cost for delivery of services to be provided by MCSO still under development.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

The Sheriff's Office will be able to reduce budget shortfall by reducing expenditures by \$1.1 million.

**What are the downsides and potential risks to this recommended change?**

There may be some negative reaction from Multnomah County employees and departments to having inmates provide janitorial and grounds maintenance services at their work sites. Should the new service delivery method not be able to sustain the current service level, it is possible that employee morale might decline and departmental complaints will increase.

The success of the inmate labor program will require a strong promotional effort by the Sheriff's Office and a commitment to client satisfaction.

Facilities and Property Management Division will be required to cancel over \$3 million in current contracts and renegotiate or advertise for a reduced scope of services to be provided. Action will also

require a reduction in force for 4 FTE associated with grounds maintenance in FPM. Transfer of these positions to the Sheriff's Office will increase the Sheriff's Office expenditures by approximately \$216,239.

**What alternatives were considered (if applicable)**

Reducing current service level of janitorial and grounds maintenance services provided to Sheriff's Office facilities. The reduced current service level would be an expenditure reduction for the Sheriff's Office and compensation for that reduced service level could be made up to with inmate labor and existing staffing. However, this would only generate savings of \$164,598. The need to generate savings of approximately \$1.1 million requires the use of inmate labor for other County facilities and greatly compounds the complexities for using inmate labor.

**How does the recommended change need to be processed publicly?**

Implementation of the use of inmate labor must be communicated to both Multnomah County departments and the public. Organized labor must be approached and presented with the need for using inmate labor.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

The details of successfully implementing the use of inmate labor for janitorial and grounds maintenance internal services for Multnomah County are significant. Planning and coordination of service transfer is still under development by FPM and the MCSO. The marketing of this program to impacted clients will need to be done to overcome a potential negative reaction to the program.

**General Policy Issue: County Master Plan for Facilities.**

**Specific Recommended Program Change (including relevant background/history)**

CIP Funds have been used occasionally for more than 20 years to generate "Strategic Space Plans" which are advisory to the Board on space, moves, and new-building issues.

The present proposal uses funding within the Capital Program (mostly Asset Preservation Fund moneys in FY02) to produce detailed Facilities Master Plans by geographic service area. Whether Master Plans will be treated as advisory, or be adopted by Resolution, will be determined by the Board upon consideration of the Plans.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

- Master Plans completed and ready for Board consideration by Mid-FY02 in the following areas:  
North/Northeast, Mid-County, East County
- Master Plans initiated during FY02 for Westside/Central Eastside, and Southeast.
- A summarizing Strategic Space Plan using Master Plan data developed to date by late FY02.

**Impact on County's benchmarks?**

- Directly improves Good Government benchmark, and indirectly assists all County benchmarks, by allowing for timely, coordinated, context-driven decisions about space and buildings.
- Leads to more effective and economical space, fewer moves, over time.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

- County experience with prior Space Plans and with "sudden" projects outside the planning context.
- Discussions with Facilities and Fiscal personnel in Clark County, King County, and Washington County.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

\$700,000 requested in CIP Project Priority Plan. This covers 4 FTE existing staff (\$305,000 with all appurtenant costs) + \$395,000 in consultant contracts, detailed in Master Plan Charter.

Saves money in FM Fund by transferring planning staff to CIP Funding for FY02. Should result in better-coordinated uses of space and capital expenditures.

**Longer term impact (next five years)**

Savings and impact increase as Planning continues in future years. FY03 request is projected to be \$500,000.



Subsequent years will include mostly employee costs, with minimal consulting.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

- Provides facilities planning for coordinated decisions about the use, location, and costs of space.
- Other budget cuts are anticipated to result in space changes desired by Departments; Planning will help these to be effective, creative, and in a County-wide context.

**What are the downsides and potential risks to this recommended change?**

More money being spent directly on Facilities Planning than in most prior years, partly due to a high level of planning requests and partly due to a heightened demand for data-driven, well-documented decisions about space use and capital expenditure.

The primary risk is that Master Plans could be largely ignored, with space decisions ultimately based on expediency, political judgments, or short-term benefits.

**What alternatives were considered (if applicable)**

Fewer consulting dollars were considered, but complete documentation for a publicly-defensible Master Plan in each area, along with a community-input process, was considered critical for the initiation of this set of documents. Updates in future years will mostly be done with internal staff.

**How does the recommended change need to be processed publicly?**

As one line item in the FY02 CIP Budget request list, this issue will be considered by the Capital Projects Prioritization Committee and eventually, the Board. A separate public process regarding funding the Master Planning effort is not anticipated.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

The Long-Range Planning employees noted above also work on development of specific projects, including Charters for those projects. Each project is not necessarily derived from a Master Plan, but all occur within the spatial and/or fiscal context of a Master Plan.

**PAPER 30**

**General Policy Issue: Transition to mainframe.**

Paper being developed.

## PAPER 31

**General Policy Issue:** In September 2000, the Multnomah County Auditor's Office released an audit it performed entitled "Fleet Services: Use Resources More Efficiently." This Issue paper describes actions taken and those planned to address recommendations of the audit.

The action plan included in the Chair's response to the audit recommended that the County:

- Implement stronger central management control over County fleet management
- Reduce the number of "reserve" vehicles in the County fleet
- Review the deployment of vehicles to departments
- Develop stronger standards for take-home cars
- Strengthen the direct management of Fleet
- Apply audit learnings to the entire fleet
- Ensure compliance with IRS regulations
- Develop policies to minimize county liability
- Work closely with Sheriff and District Attorney to reduce their fleet costs
- Evaluate long-term potential financial impact of these recommendations

### **Specific Recommended Program Change (including relevant background/history)**

Since the audit, a number of policies have been developed and changes implemented to incorporate audit recommendations into Fleet practice. Actions taken:

- Executive Rule #251 created by Chair's Office in September, 2000 redefined management responsibilities for Fleet Services in the County to provide stronger centralized management control;
- Administrative Procedure FLT-1 initiated in February, 2001, which formalizes a procedure for retaining "reserve" (replaced, but retained) vehicles, combined with the Vehicle Utilization Guideline should reduce the number of older vehicles in the County fleet;
- A Vehicle Utilization Guideline was approved in September, 2000 which provides criteria to review the deployment of vehicles to departments. The first review has just been completed;
- Take-home Vehicle Policy has been revised with stronger standards and incorporated into Administrative Procedure FLT-2 approved in January, 2001 resulting in a 71% reduction in DSCD take-home vehicles. The only other take-home County vehicles are assigned to the MCSO and District Attorney Office which are each operating under their own take-home vehicle policies;
- FREDS has increased staff 1.0 FTE to provide greater administrative oversight of fleet services and reorganized the Fleet Maintenance section to provide more direct supervision over fleet services and clarified management/subordinate relationships.;
- While the audit focused on administrative sedans, the Vehicle Utilization Guideline, take-home vehicle policy, and other new policies apply to all County vehicles, including cars, vans, and trucks;
- Finance Division has reviewed and updated procedures to ensure compliance with IRS regulations;
- DSS Human Resources is developing an administrative procedure to address problem drivers and minimize County liability;
- The Finance Subcommittee of the Operating Council has been charged with reviewing and advising on Fleet related policies, which provides a forum for input from the MCSO and District Attorney's Office. FREDS staff continues to work closely with these offices to recommend approaches to reduce fleet costs;
- FREDS staff is gathering cost data to be able to eventually evaluate the long-term financial impact of these actions.

**Expected Outcome of Change (how will we measure whether it has been successful?)**

We expect that the actions being taken will increase vehicle utilization, formalize procedures, and reduce overall fleet costs.

Measures of performance will include:

- Vehicle utilization (miles driven per vehicle or % of workdays vehicles are used )
- Average mileage cost of administrative vehicles
- Maintenance and repair cost per mile
- Overall fleet maintenance charges to customers
- Number of take home vehicles (DSCD and County-wide).

**Impact on County's benchmarks?**

Most direct impact is on Good Government benchmark. Reducing costs to departments allows them to provide more funding for direct delivery of services to citizens.

**Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

The audit recommended a series of best practices, which are being implemented.

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**Vehicle Utilization-Vehicles Turned-in

Since the Fleet Audit, a Vehicle Utilization Guideline applicable to cars, vans, and trucks has been developed. Fleet Services and the departments are working to reach compliance with this new guideline. Significant progress has been made and more is expected. During the first quarterly review of utilization a number of vehicles have been turned-in for reassignment or sale. As the vehicle shifts have occurred, the usage from these turn-ins has shifted to other vehicles and it will be a while before the impacts on the utilization of the remaining vehicles is known. Temporary exemptions have been granted to a number of vehicles to allow time to collect data based on the impacts of all of the moves. Because of the data needs and effort involved, we have decided to do the next review in July based on the January through June usage data. To date, eighty-eight vehicles were turned in. Sixty-four vehicles have been sold at auction with net revenue of \$74,908.75. Additional vehicles will be sold in May. Since most of these vehicles were "reserve" vehicles, the sale revenue can be considered one-time-only and can help offset future Fleet rate increases.

In addition to this one-time sale revenue, Fleet overhead charges (\$35 per month per vehicle) will no longer be collected on these vehicles. Sixty-five of the 88 vehicles turned-in were from the departments. Ongoing savings to departments from reduced overhead charges are \$27,300 per year. As the administrative requirements increase and the number of vehicles decrease the overhead rate will rise over time, but the overall fleet cost should decrease.

Selective Vehicle Replacement Freeze

The review of vehicle utilization created a good deal of uncertainty about: which vehicles will be needed in the future; which vehicles scheduled for replacement could be replaced by a reassigned vehicle; and which vehicles should be replaced during this fiscal year. For this reason a selective vehicle replacement freeze was instituted by Fleet Services for the current fiscal year. This action has delayed replacement of 72 vehicles scheduled for replacement until at least next fiscal year. Since full replacement funds have been collected on these vehicles, replacement charges for these vehicles

will not occur during FY01/02. This will result in the departments not paying \$141,808 in replacement charges for these vehicles during FY02. This will be a one-year savings, since most of these vehicles will need to be replaced next year. The interest to the Fleet Fund on the money not spent on replacement purchases this year will help offset the impact of not raising Fleet rates for FY02.

#### Take-Home Vehicles

A new take-home vehicle policy has also been developed for organizations administered by the Chair's Office. The MCSO and District Attorney's Office are developing their own policies, so the only department impacted by the changed policy is DSCD. The Transportation Division has reviewed and reduced take-home assignments over the past couple of years prior to the new policy. As a result of the new policy, Transportation turned in 2 additional vehicles and now has only 11 vehicles approved for take-home use. Emergency Management has one take-home vehicle. Facilities Management has eliminated all take-home use by not requesting reauthorization of the 28 vehicles previously approved. The mileage charge savings for DSCD from the elimination of the commuting miles of these 30 vehicles is estimated at \$58,000 per year.

#### Summary

##### FY01/02 Reduced Fleet Services Charges to Departments-Audit Related

Overhead Charge Reduction	\$27,300	Ongoing
Take-Home Vehicle Savings	<u>\$58,000</u>	Ongoing
	<b>\$85,300</b>	<b>Ongoing</b>
Replacement Delay Savings	\$141,808	One year only
<b>Total FY01/02 Department Savings</b>	<b>\$227,108</b>	

#### Fleet Fund Impacts

Vehicle Sale Revenue	\$74,908.75 to date	One time only
Interest on delayed replacement	<u>\$49,587.00</u>	One time only 1 year of interest
<b>One time Fleet Fund Impact</b>	<b>\$124,495.75</b>	

#### **What are the downsides and potential risks to this recommended change?**

A potential risk is that sufficient administrative resources will not be available to continue implementation and monitoring of the actions taken in response to the audit. Another potential risk is that in efforts to comply with the recommendations of the audit too much of the potential savings will be offset with increased administrative costs. DSCD and FREDs are very conscious of the importance of maintaining the proper balance between the administrative costs of developing and complying with the recommendations and the real goal of reducing overall fleet costs.

#### **What alternatives were considered (if applicable)**

In the development of the audit recommendations and the Chair's Office' and FREDs' responses to the audit many alternatives were considered. In the development of the policies and procedures to implement the recommendations of the audit, alternatives are being explored.

#### **How does the recommended change need to be processed publicly?**

We are not aware of any further need to publicly process the changes related to the audit.

#### **Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

## PAPER 32

**General Policy Issue:** Reduce vacant office space and warehouse space in county buildings

### **Specific Recommended Program Change (including relevant background/history)**

- Eliminate leases through non-renewal where program needs allow. (Scope unknown as of 4-20-01)
- Focus in FY02 on disposing of GNC (after EC-HAD construction completed) and Ford Building Warehousing to Yeon subject to final feasibility analysis; School/Community Dental TBA (options.)
- Focus in FY03 on disposing of Morrison Building immediately after MDT moves to Children's Receiving Center in Summer 2003. Avoid wasting resources on brief interim location.
- Focus in early FY04 on disposing of Hansen Building, if MCSO has moved by end of FY03.
- Remove unusable space such as Walnut Park Basement from FM Fund cost recovery model.
- Negotiate amendment to Good Neighbor Agreement with APP if and as necessary to fill McCoy ground floor with one of these three options: (1) RACC Offices if RACC can break their existing GSA lease; (2) a retail use if a serious tenant is available, or (3) Health Dept. uses (Immunizations, Food Handlers, School/Community Dental) with retail use deferred. Space could be full by beginning of FY03.

These actions would virtually eliminate current useable vacancy in all space categories.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

- Moves completed within FY's as programmed.
- Disposition strategies engaged. Buyers and time of closing will vary with price, market, and opportunity.
- Stabilize cost recovery in FM Fund by FY 04.

### **Impact on County's benchmarks?**

Good government benchmark incorporates concept of efficient use of assets and resources.

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

Morrison Building and GNC Disposition/Future Options Studies by Carlton/Hart Architecture et al. These studies clarify the range of options typical for vacant properties. County will need to decide what values to pursue in each disposition opportunity.

### **Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

- Filling four minor space vacancies as assumed on the attached chart will presumably take place within existing Department budgets. Space cost savings to the FM Fund will also be small.
- GNC and McCoy are funded.
- Walnut Park, Hansen, and Morrison have no change in FY02.
- The Ford Bldg./Yeon relocations to vacate the Ford are estimated to cost approx. \$800,000 in capital project costs, including design, permits, remodeling, telecomm. etc. First year of Yeon modifications for eventual accommodation of MCSO will cost approx. \$1.2 million. Total FY02 at Yeon is \$2 million.

To achieve the timeframes indicated will require consistent application of staff to these tasks, which may in turn mean deferring other new ideas that arise during the year.

- It is possible, but not likely, that revenue from sale of the GNC property could be received in FY02. If so, it could bring in about \$500,000. Under current rules, that would be split equally between the CIP Fund and the Capital Acquisition Fund.

#### **Longer term impact (next five years)**

- The major moves out of Morrison will be funded in the CRC budget, which however is currently seeking adequate funding. Minor moves such as CIC may have minimal costs or not, depending on solution.
- Replacement of the Hansen complex remains a significant unfunded need. Preliminary estimate to complete MCSO move to Yeon is an additional \$2.8 million in FY03 (on top of the \$2 M in FY, above.) There is approx. \$750,000 in remaining C.O.P. money for planning and design, but no committed strategy for funding a building or remodel. If the Yeon option for MCSO is not selected, there is time to consider incorporating this Justice need with a future GO Bond request along with other Justice system capital needs, regardless of whether MCSO would be at the same site. Current estimates for MCSO at a site in East County are about \$7 million.
- Revenues from eventual sale (see chart for optimistic schedule) could be about \$1 million from Morrison (FY04,) \$2 million from Ford (FY03,) and over \$2 million from Hansen (FY05) - but if part of the Hansen site is retained for ADSD's planned Mid-County ASO/DSO/Senior Center, revenue could drop to about \$500,000. These are all very rough numbers at this point.

#### **Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

May increase space charges for some programs as they move from old, cheap space to newer, more expensive space. Overall County cost savings in disposing of buildings (avoided costs, reduced risks, and revenues from sale) are not specifically targeted to affected programs under today's cost model.

#### **What are the downsides and potential risks to this recommended change?**

If programs are moved into inadequate or poorly located space as a short-term "fix," they will relocate again as soon as the opportunity arises, costing more over time.

#### **What alternatives were considered (if applicable)**

**How does the recommended change need to be processed publicly?**

Decisions to dispose of property directly, via public auction, to not need an extra process.

If the County decides to redevelop or dispose via Development RFP's, we will need to work as partners with whichever City is involved, and a Public Information/Involvement process will be required.

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**



## **PAPER 33**

### **General Policy Issue: Proposed MCSO / Yeon Annex Move Options**

- Multnomah County owns and leases many buildings. It is the mission of the management and staff to efficiently occupy and maintain these structures.
- Providing high quality public safety service to East County  
Currently East County precinct activity is located at the Hansen Building at 122<sup>nd</sup> and NE Glisan. A move further east would improve response time and provide improved access for East County residents.
- Provide efficient, safe and healthy working space for county employees.
- Locate emergency and law enforcement functions in seismically secure facilities.

### **Specific Recommended Program Change (including relevant background/history)**

1. Move the Multnomah County Sheriff's team from the Hansen Building to the Yeon Annex at 1600 SE 190<sup>th</sup> and the MCSO Building C to the old Yeon building.
  - All current residents of the Annex would move to the old Yeon Building at 1620 SE 190<sup>th</sup> with the exception of Land Use Planning, which would move to the Multnomah Building.
  - No third floor would be constructed
  - The Annex building was built to Zone 3 seismic standards and would not be upgraded to Essential Facility standards unless the City of Gresham mandates that upgrade.
2. Move Transportation staff from the Yeon Annex to the old Yeon Building
3. Move Animal Control Field staff from the Troutdale facility to the old Yeon Building.
4. Move Central Stores and Records from the Ford Building to the old Yeon Building.
  - This move would require construction of a loading dock or a freight elevator plus significant HVAC work in the Yeon building basement.
5. Maintain FREDs and Emergency Management at the old Yeon Building

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

- 100% space utilization at the old Yeon Building and the Yeon Annex
- Hansen Building and property will be vacated and available for other use or disposal.
- Ford Building will be vacated and available for other other use or disposal with the exception of the School/Community Dental Program for which another site will be located.
- MCSO will have an East County Precinct.
- There is potential for MCSO growth through the addition of a third floor on the Yeon Annex, if this becomes necessary.

### **Impact on County's benchmarks?**

- Achieves efficient use of County owned facilities
- Improves citizen access to County services

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

- Consolidation of similar functions is a "Best Practice" efficiency tool. The functions programmed for the Yeon building are not customer intensive at the site, and a majority of the tenants use fleet services heavily.
- Intensive space utilization brings efficiency in support services.

### **Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short-term impact (FY 2002)**

- \$2,000,000 (included in FY 02 Budget Request – Asset Preservation Program) preparation, renovation and initial site work

**Longer term impact (next five years)**

- \$2,800,000 in FY 03 (unbudgeted) site modification, renovation work, and MCSO moving on the Yeon Site

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

1. Vacated space in the Hansen and Ford Building does not need to be conditioned thus saving on energy and maintenance cost.
2. Space charges at the Yeon site are more widely distributed.
3. Hansen and Ford Buildings are available for disposal if that is the decision of the Board.

**What are the downsides and potential risks to this recommended change?**

- Moving the MCSO East County Office to the Yeon Annex may trigger a new Community Service (Conditional Use) Type III permit process with the City of Gresham. Law enforcement offices are deemed a different use than professional offices in the zoning code. Design Review is part of the Type III process.
- If the Community Service Permit process is opened up the issue of “Essential Facilities” will come into play. The City of Gresham would be obligated to enforce the Uniform Building Code and require the building be brought to code for an emergency use structure.
- Locating staff in the old Yeon Building basement is potentially a workspace environment problem. There is no natural light and the air quality is a serious problem today and would require significant HVAC improvements.
- The current Community Service permit from the City of Gresham caps the parking on the site at 250 spaces. Currently there are 242 permitted spaces at the Yeon site. When the MCSO and Animal Control moves to the site, parking would exceed the permitted parking space allotment by approximately 55 spaces. An Oregon Department of Environmental Quality permit would be required. This process would potentially result in an extensive/expensive site redevelopment.

**What alternatives were considered (if applicable)?**

1. No action
2. MCSO to move to the Yeon Annex; Transportation, FREDS, Emergency Management, Records, and Central Stores would move to the old Yeon Building; Animal Control would stay in Troutdale.
3. MCSO would stay at the Hansen Building; Transportation, FREDS, and Emergency Management would stay at their present locations, and Animal Control, Records, and Central Stores would move to the Yeon site.
4. MCSO would move to the old Yeon Building; Transportation, FREDS administration and Emergency Management would move to the Yeon Annex; FREDS fleet service would stay in the service bays of the old Yeon Building; Animal Control, Records, and Central Stores would not move.

**How does the recommended change need to be processed publicly?**

- Clarification research completed with Gresham permitting authority
- Concept presentation to the MCSO
- Development of a public siting process for the MCSO East County Precinct
- Development of a detailed Charter to be taken to the Board of County Commissioners

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**

1. There are significant structural issues (foundation subsidence and other issues) with the old Yeon Building the need to be corrected within the next 10 years. The only option that would trigger an immediate need for remedial action would be the moving of the MCSO into the old Yeon Building.
2. The City of Gresham is considering the Yeon site as a future development area. This consideration is in the very early stages and may not be significant.
3. There will be no space for growth in the old Yeon building.
4. A tentative moving schedule would be:
  - o [June 28, 2001] Budget adoption for 2001/2  
BCC option selection and allocation of funds
  - o [Summer-Winter 2001] Charter, bid for space design, engineering and architecture
  - o [Winter-Spring 2002] Permitting
  - o [Summer 2002] Build old Yeon building and Site work
  - o [Fall 2002] Move in to old Yeon building
  - o [Fall-Winter 2002/03] Build Yeon Annex
  - o [Spring 2003] MCSO moves to Yeon Annex

**Summary**

<u>Pro</u>	<u>Con</u>
<ul style="list-style-type: none"><li>• Efficient use of County facilities</li><li>• Allows Board of County Commissioners to decide on the use/disposal of potentially surplus County buildings.</li><li>• Places a MCSO Precinct in East County</li><li>• Improves emergency services. Law enforcement seismic facility security</li><li>• Potential infusion of funds to County with the potential sale of property and by limiting maintenance on 2 buildings</li></ul>	<ul style="list-style-type: none"><li>• Expensive renovation of Yeon site</li><li>• Cost of \$4,800,000</li></ul>

## PAPER 34

**General Policy Issue:** Increase the number of property appraisers to insure that a greater percentage of new construction is appropriately added to the tax rolls.

### **Specific Recommended Program Change (including relevant background/history)**

Assessment reached its seven percent reduction by eliminating 2 appraiser positions, 2 Data Analyst Senior positions, a Fiscal Specialist II, and two Office Assistants. While this combination may have caused the least impact on the property value on the 2001-02 tax roll, and protected as many filled Appraiser positions as possible, it would have the effect of shifting clerical and analysis work to Appraisers, making them less productive. At this year's staffing level, an estimated 1,600 properties will not be appraised in time to be entered on the roll, which will delay adding "exception value" until the 2002-03 roll. It is expected that elimination of the positions will cause an increase to at least 2,500 properties.

After reviewing the proposed cut, DSS decided to recommend restoration of six of the seven positions, the cost of which should be balanced by additional property tax revenue generated from appraisal of omitted personal property and new residential construction. Added staff would be different from the cuts above. Only the one Senior Data Analyst and the two Office Assistants would be restored. The remaining additions would be Appraisal Specialists who can identify areas for appraisal and perform much of the preliminary field work and process data brought into the office. This should make it possible for the remaining appraisers to begin to address the growing backlog of properties with high variance between sale price and real market value and to continue auditing personal property filings for potential omitted property.

### **Expected Outcome of Change (how will we measure whether it has been successful?)**

The anticipated cost of the restorations (about \$345,000) is offset by an increase in property tax collections (largely incomplete appraisals). The County is expected to receive an additional \$510,000. Other jurisdictions also benefit.

	Anticipated
County	510,000
Cities	600,000
Schools	714,000
Special Districts	61,000
Urban Renewal	105,000
Total	1,990,000

### **Impact on County's benchmarks?**

Good government.

### **Best Practice/Research relevant to recommended change (what evaluation or learnings support or question this change?)**

NA

**Direct Budget Impact (what will it cost? What will be saved?) (What is the impact on employees – County or contracted)**

**Short term impact (FY 2002)**

Net benefit of approximately \$155,000

**Longer term impact (next five years)**

Measure 50 limited the increase in assessed value to 3% annually and provides that new construction is an exception to the 3% which allows the taxing districts new money. If properties with exception value are not appraised it is value lost in the current year and grows in subsequent years. Even if added to the tax rolls after they are certified, it never increases the amount eligible for distribution for that year.

Restoration of the Senior Data Analyst position will allow continuation of developing the capability of A & T 's new software system to recalculate values for multi-family and selected commercial properties. When fully implemented in three to five years the existing staff will be able to devote a higher percentage of their appraisal efforts towards unique and higher valued properties., Potential additions to the roll could add another ongoing \$500,000 per year in property tax revenues.

**Indirect budget impact (how does taking this action help ease the impact of other budget cuts for 2002?)**

**What are the downsides and potential risks to this recommended change?**

Revenues could be overestimated. It will be December before we can match actual property taxes with the budgeted estimate.

**What alternatives were considered (if applicable)**

Cuts (see above).

**How does the recommended change need to be processed publicly?**

NA

**Other comments (e.g. impacts on other jurisdictions, revenues, etc.)**



## Bill Farver, Multnomah County Chair

Suite 600, Multnomah Building  
501 S.E. Hawthorne Blvd.  
Portland, Oregon 97214

Phone: (503) 988-3308  
FAX: (503) 988-3093  
Email: [mult.chair@co.multnomah.or.us](mailto:mult.chair@co.multnomah.or.us)

### MEMORANDUM

TO : School Superintendents of Multnomah County  
FROM: Bill Farver  
DATE : April 25, 2001  
RE : Executive Budget Decisions

---

At the conclusion of my meeting with you on Friday, March 16, I told you I would let you know the outcome of my budget decisions. I used the structure of the original memo I gave to you and highlighted the decisions. These actions will be included in my Executive Budget and will be announced on April 26. That budget will be the subject of review, discussion and amendments. Enclosed is the schedule of that process.

As you can see from my decisions, the continuation of school based support services was a major priority for me. I am confident that I did my best to sustain important services to our students and families, but am also aware that the County has many competing priorities that the Board must weigh in arriving at their final decisions. As you can see discussions are continuing on several of these major issues.

I appreciate your input at a crucial time in the process and invite your continued involvement in the coming weeks.

- c. Board of County Commissioners
- c. Ed Schmidt
- c. Sue Richey
- c. Barbara Jorgenson
- c. Joanne Fuller

## **AREAS OF POTENTIAL CHANGE/IMPACT**

### **A. *EARLY CHILDHOOD – EARLY INTERVENTION- READINESS TO LEARN BENCHMARKS***

- 1. Proposed expansion; current and new funds; Increase the focus on children and families in vulnerable situations at the earliest effective intervention point.** Expand the research tested “Olds” intervention model with first time parents and their children using existing resources and proposed new state funds  
**INCLUDED IN THE BUDGET, BUT TOTALLY DEPENDENT ON ADEQUATE, FLEXIBLE STATE FUNDING**
  
- 2. Proposed implementation: Intervene and follow through in the lives of children needing alternative home placements in a humane, supportive manner.**
  - ♦ **Begin operation of the Child Receiving Center in January 2002** using existing state and county resources
  - ♦ **Explore providing ongoing wrap around services for children and families through the Center**
  - ♦ **Proceed with the capital construction project within current budget**  
Develop proposal to Gateway Urban Renewal District to supplement the project**INCLUDED IN THE BUDGET, PENDING SUCCESSFUL CAPITAL BIDS ON PROJECT**
  
- 3. Proposed expansion: Maintain commitment to use library resources to reach children and families during their preschool years to enable appropriate literacy and social development.**
  - ♦ **Expand current library efforts focused on schools, day care centers, Hispanic youth, Reach Out and Read** using existing library resources**INCLUDED IN THE BUDGET**
  
- 4. Ask senior leadership across jurisdictions to provide consistent, strong leadership**
  - ♦ **Align current youth planning organizations (SUN, Leader’s Roundtable and Commission**
  - ♦ **Provide a consistent vision for youth planning efforts, increase communications and expand involvement**
  - ♦ **Include School to work program within Commission activities to provide links to teen learning goal****DISCUSSIONS ARE ONGOING**

5. **Proposed Cut: Early Intervention Services Contract - \$147,000** (with \$170,000 Medicaid match); Early intervention services for children (birth to 5) with developmental disabilities; Provides services and supports at home, preschool, and clinic settings; Home visits, baby groups, speech and motor development services and development of family service plans - 300 families a year.  
**TENTATIVELY RESTORED IN EXECUTIVE BUDGET, DEPENDING ON ADEQUACY AND AVAILABILITY OF NEW STATE EARLY CHILDHOOD FUNDING**

**B. *REDUCTION OF PROVERTY BENCHMARKS***

1. **Proposed Expansion - Homeless Youth** - Provide \$50,000 annually for three years of match resources to leverage an estimated \$750,000 to \$900,000 of alcohol and drug services for homeless youth over three years  
**INCLUDED IN EXECUTIVE BUDGET**
2. **Proposed State Cut - Temporary, emergency housing for youth** - Examine state and county potential reductions to ensure the "safety net" of services for runaway and homeless youth is at an acceptable level.  
**HARRY'S MOTHER /GARFIELD HOUSE AND GIRLS SHELTER INCLUDED IN EXECUTIVE BUDGET; EAST COUNTY SHELTER CUT BASED ON LOWER UTILIZATION**

**C. *SCHOOL SUCCESS BENCHMARK***

1. Continue to be a strong partner with the public schools to increase the opportunities for success of all students.
  - ◆ **Proposed cut of \$1Million – Retain the core of the successful School Attendance Initiative (SAI) and focus its efforts on areas most in need, to maintain its success in priority areas**  
**ADDITIONAL \$200,000 RESTORED TO SAI IN EXECUTIVE BUDGET TO PROVIDE HIGHER LEVEL OF SERVICE TO SCHOOLS**
  - ◆ **Proposed maintenance of service level - Retain the core services of the school based health clinics. Determine whether to reduce mental health services at SBHC to .8 FTE per site**  
**FULL MENTAL HEALTH SERVICES MAINTAINED IN EXECUTIVE BUDGET**



- ♦ **Proposed cut or redesign** - Retain options for students who have not been able to find success in the public schools by **redesigning Turnaround School** and giving students the options of a structured day treatment program or slots in expanding the very successful RISE alternative school in East County

**RESTORED \$200,000 IN EXECUTIVE BUDGET;**

**Plan involves moving Turnaround to two sites – one at Helensview to serve 20 Portland Public Schools students and a second at Alpha High to serve 26 to 30 East County students**

- ♦ **Proposed maintenance – Maintain current SUN sites** to provide student services to schools within the cluster; Touchstone services maintained  
**CURRENT LEVEL OF DIRECT SERVICES FOR SUN CONTINUED IN EXECUTIVE BUDGET; TECHNICAL ASSISTANCE MAY BE REDUCED**

- ♦ **Proposed expansion** - Expand **library student employment initiative** in branches by creating up to fifty work opportunities for high school students in branch libraries and day care center to assist with technology training, homework assistance

**INCLUDED IN EXECUTIVE BUDGET**

- ♦ **Proposed Cut - OTO last two years** - \$68,021 for Latino student retention efforts Matching funds at PPS of \$30,061, David Douglas of \$15,030 and Reynolds of \$22,457

**NOT INCLUDED IN EXECUTIVE BUDGET BASED ON PREVIOUS AGREEMENT THAT DISTRICTS WOULD ASSUME COST ; DISCUSSIONS CONTINUING**

#### **D. *IMPROVE HEALTH BENCHMARK***

**Improve the quality of physical and psychological health of our residents through providing less intrusive, early services through a coordinated system of professional and paraprofessionals caregivers.**

**Implications:**

1. **Proposed redesign** - Continue the **reengineering of our mental health system** by establishing a new Division of Behavioral Health and through further implementation of our Recovery model by providing additional mentors, housing options, and case management

**BUDGET DETAILS OF REDECIGNED MENTAL HEALTH SYSTEM WILL BE PRESENTED TO THE BOARD ON MAY 15**

2. **Proposed state reductions - Present issues related to state reductions in children's services and impacts on County; Youth Investment: Student Retention Initiative: Parent Child Development Systems**  
**STUDENT RETENTION MONEY WAS CUT FROM THE STATE ALLOCATION TO THE COUNTY AND WAS NOT BACKFILLED**

**MAJOR PORTIONS OF YOUTH INVESTMENT SYSTEM DEALING WITH HOUSING ARE RESTORED. LOW UTILIZED CONTRACTS WERE CUT**

3. **Developing proposal - Response to community and research identified mental health and Latino community needs focusing on Rockwood and Columbia Villa neighborhoods**  
**TENTATIVE FUNDING TO IMPROVE MENTAL HEALTH ACCESS FOR LATINOS IN ROCKWOOD; DEPENDANT UPON ADDITIONAL FEDERAL FUNDS ; FINAL DECISION PLANNED FOR WINTER 2002**
4. **State addition - Provide for the expansion of developmentally disabled services through the state lawsuit settlement**  
**INCLUDED IN BUDGET PENDING NEW STATE FUNDING**
5. **Proposed cut/expansion - Consider continuing Project ROY (Reaching Out to Youth) in Gresham-Barlow District pending developments with CHIP financing for SBHC; Provides mental health services. \$34,000 OTO last year. Request is for \$106,000 - Janice Gratton**  
**INCLUDED \$52,000 IN EXECUTIVE BUDGET WITH OFFER TO FOLD PROGRAM INTO COUNTY'S SCHOOL BASED MENTAL HEALTH SYSTEM – DISCUSSIONS CONTINUING**

DEB

**AGENDA**  
**Board of County Commissioners Budget Work Session**  
**May 1, 2001**

9:00-9:20

**INTRODUCTION** Bill Farver  
Goals for the day  
Budget and Benchmark Process

9:20-9:50

**REVENUES** Mark Campbell

- BIT, Property Tax, State projections, FFP included in 2002 budget, US Government Beds, Pay to Stay, Fines and Fees
- Revenue Expectations for next 4-5 years

9:50-2:00

**ISSUES FOR DISCUSSION**

***Benchmark: Early Childhood***

**The Governor's Children's Plan** Lillian Shirley, Jim Clay, Mary Li (9:50-10:30)

**SEE ISSUE PAPER 1**

LISA SAITO, et al

**10 minute break**

***Benchmark: School Success***

**SAI Joanne Fuller (10:40-11:10)**

**SEE ISSUE PAPER 6**

***Benchmark: Health and Mental Health***

**Bienestar and Rockwood Pilot** Janice Gratton, Rey Espana, Rosemary Celaya-Alston  
(11:10-11:55)

**SEE ISSUE PAPER 12**

**Lunch 11:55-12:25**

***Benchmark: Public Safety***

**Drug Court, Mental Health Court** Mike Schrunck, Elyse Clawson

**Interchange and Mentorship** Elyse Clawson, Ed Blackburn

(12:25-1:10)

**SEE ISSUE PAPERS 13, 14 & 16**

***Benchmark: Good Government***

**IT/Main frame** – Lisa Yeo, Cecilia Johnson

**FFP** – Tom Fronk, Dave Warren

**Sustainability** - Amy Joslin

(1:10-1:55)

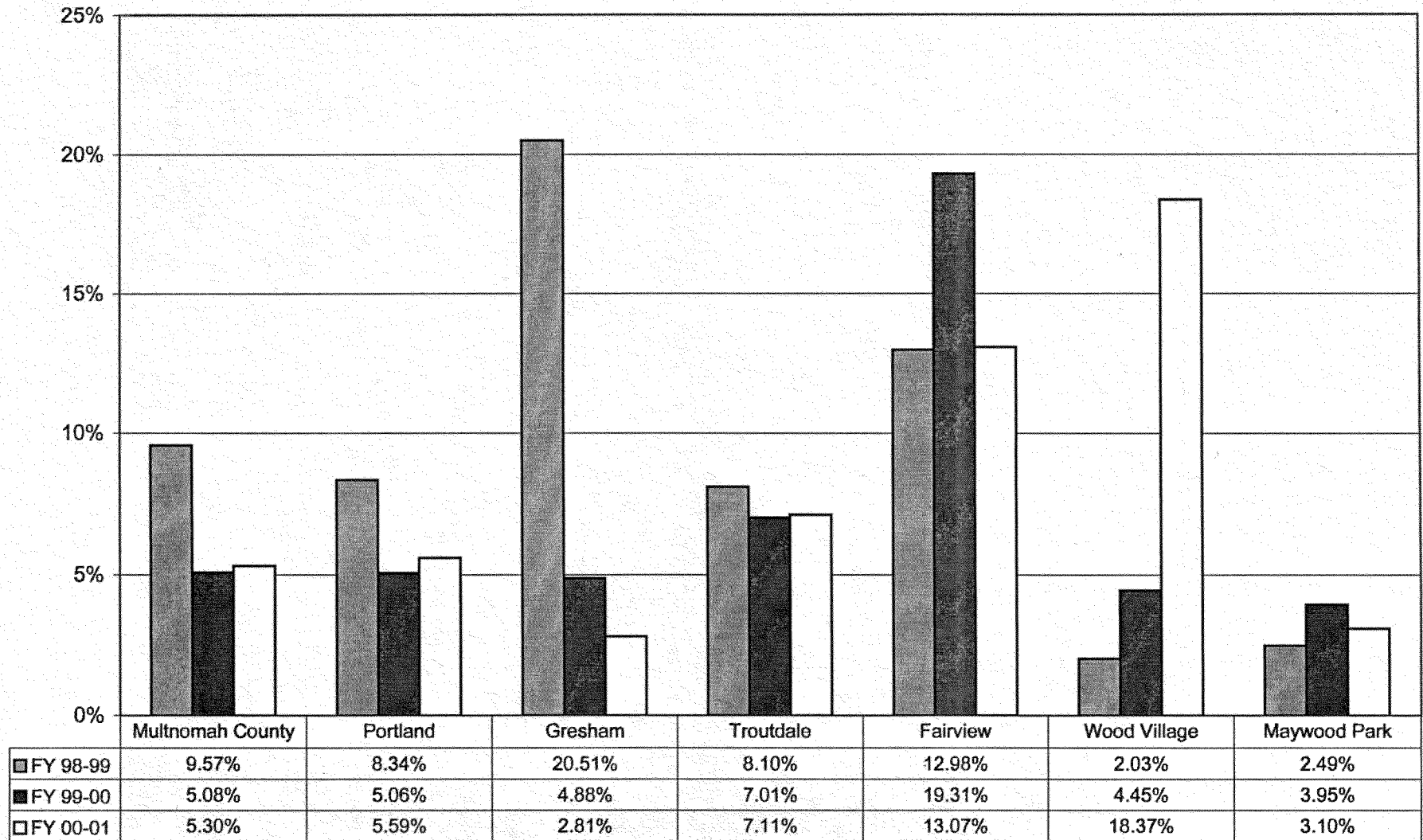
**SEE ISSUE PAPERS 30 & 24**

**10 minute break**

2:05-3:00

**REMAINDER OF ISSUES** – Bill Farver

## Value Growth by Jurisdiction Since Measure 50 - FY99 to FY01



In Campbell  
#1



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF SUPPORT SERVICES  
BUDGET & EVALUATION DIVISION

BUDGET  
EVALUATION & RESEARCH

PHONE: 503 988-3312  
FAX: 503-988-3292

MULTNOMAH BUILDING  
501 SE HAWTHORNE BLVD  
4TH FLOOR  
P.O. BOX 14700  
PORTLAND, OREGON 97293-0700

TO: Bill Farver, Interim Chair  
Board of County Commissioners

FROM: J. Mark Campbell, Budget Office

DATE: May 1, 2001

SUBJECT: Business Income Tax

In 1976 the Board of County Commissioners passed Ordinance # 121 which established a Business Income Tax (BIT) as a replacement for the former Business License Tax. The BIT was originally set at a rate of .6% of net income, or profit, derived from business activity within the county.

Between 1976 and 1987 the tax rate was increased on two occasions.

1985	Increased by .35% to .95%
1987	Increased by .51% to 1.46%

Until 1993 the State of Oregon, through the Department of Revenue (DOR), administered the BIT and disbursed collections to the County. In 1993, the County entered into an intergovernmental agreement with the City of Portland to administer the BIT. This agreement was undertaken with a view toward coordinating and aligning the City's Business License program and the BIT program as it had become clear to both jurisdictions that there would be benefits to the business community as well as the County and City. The primary goals of this effort – code alignment and uniformity – have largely been met. When the City and County codes were changed the BIT rate was reduced from 1.46% to 1.45%, the rate that remains in place today.

The rate was increased on one other occasion in recent years. On March 10, 1998 the voters of Multnomah County approved a "Temporary Education Surcharge", the receipts from which were dedicated to local school districts within the county. The surcharge was established at a rate of .5% and was in effect only for the 1998 tax year. The ordinance referred to the voters specifically exempted any taxpayer with less than \$100 in BIT liability from having to pay the surcharge.

The following table highlights collections for both the "regular" BIT and the temporary surcharge since the City and County codes were consolidated.

	Regular BIT @ 1.45%	Surcharge @ .50%	Total
FY 93-94	22,911,579		22,911,579
FY 94-95	27,048,000		27,048,000
FY 95-96	30,040,000		30,040,000
FY 96-97	33,255,000		33,255,000
FY 97-98	32,524,000		32,524,000
FY 98-99	36,592,898	4,310,988	40,903,886
FY 99-00	34,152,396	5,781,104	39,933,500

This table demonstrates the enigmatic nature of this revenue over the past few years. As the data indicates, revenue from the 1.45% BIT has declined in two of the past three years. This pattern is not unusual – in fact, collections over the past four years closely mirror the period from FY 80-81 through FY 83-84 – and it is a factor that is taken into consideration when making budgetary forecasts.

Over the long term the BIT has grown, on average, between 6% to 7% annually. It is a difficult revenue source to predict accurately on an annual basis because, unlike the Property Tax, there is no fixed base amount. We have analyzed payment records for all tax accounts with liability greater than \$75,000 over the past five years. We undertook this analysis in the belief that we would be able to detect some type of pattern in the payment histories. It is interesting to note, however, that many of these accounts do not appear on the list in all five years.

This last point highlights the single biggest reason for the variation in tax collections from year to year. Because the BIT is a tax on net income, accounting practices and business decisions made by individual taxpayers directly impact annual collections. A few statistics may help underscore this point. There are 43,818 active BIT accounts. A sizable percentage of those accounts pay no tax and another large group pays less than \$100 per year.

The bulk of the BIT revenue comes from a relatively small subset of accounts. The analysis referred to above encompassed only 50 tax accounts. These accounts represent between 25-30% of the gross revenue generated by the BIT. All told, roughly 60% of the BIT is paid by 500-600 accounts.

Because the tax is based on sales within the county the BIT typically reflects consumer activity. Conversely, manufacturing entities generally pay relatively little BIT because most of their income is derived from sales made outside the county. There has been a great deal of speculation as to why we have experienced a decline in this revenue source. A standard answer does not apply in all cases but we have identified the following as being contributing factors to the collection pattern exhibited over the past few years.

#### Mergers and Acquisitions

There have been a number of high profile acquisitions of local companies over the past four years. Among the most notable, PGE was acquired by Enron, Fred Meyer was acquired by Kroger Foods and US Bank became part of Minneapolis based US Bancorp. This "headquarters exodus" has had a couple of distinct impacts on our revenue stream.

First, when a company is headquartered in Multnomah County all of the income derived from its non-sales activities (i.e.; gain on investments, intangibles, interest earnings) is apportioned to the headquarters location. By itself, the movement of a headquarters outside of the county probably does not result in a significant loss of revenue unless the acquiring entity discontinues business operations here.

A more direct revenue impact is likely to be felt if the new company is one that either derives the majority of their revenue outside the county or has a net operating loss in a given year. In the first case, we would expect the revenue from a given business to decline if the income in Multnomah County represents a smaller share of total income reported by the acquiring entity.

Where a company is able to claim a loss, not necessarily as a result of the merger/acquisition, we would not collect any BIT revenue for at least that year. The code allows businesses to credit their loss until it is exhausted but it must be applied within five years. If an acquiring company had a substantial enough loss we may not receive anything from that company for several years.

Similarly, we have experienced a number of cases where businesses have restructured over the past few years. If a business restructures and claims its primary location outside the county it derives benefit in the same way as a described above - even if the new location is as close as Beaverton or Lake Oswego. In this scenario, the subsidiary businesses that remain in Multnomah County are generally the least profitable operations of the parent company.

**These factors account for about 20% - or \$1.7 million - of the projected shortfall.**

Estimated Payments Due to Temporary Surcharge

The code requires taxpayers that expect to have more than \$1,000 in annual BIT liability to file quarterly payments. As noted above, the Temporary Education Surcharge increased the tax rate to 1.95% for the tax year beginning January 1, 1998. In the following two years (because not all of the surcharge revenue was received in FY 98-99) it is likely that many businesses made their estimated payments based upon their 1998 tax liability.

Since the tax rate in that year was approximately 25% higher than the regular rate it is reasonable to assume that much of what we received represents "overpayments" for tax years 1999 and 2000. As a result, BIT collections can be impacted in one of two ways:

- a business can request a refund of the overpayment amount
- a business can apply the overpayment as a credit against future tax payments

The refund activity we have experienced this year would seem to bear out the first point. Through February we have issued nearly \$6.5 million in refunds. This is \$2 million more in refunds than were issued in all of FY 99-00. Refunds represent a one time loss of revenue assuming that requests for refunds are not an indicator that a business has experienced an ongoing reduction in their income.

If a business carries forward an overpayment as a credit against future tax payments this would have an impact on our ongoing revenue stream. Again, through February there was more than \$8.5 million in credits on the books. It is unlikely that all of these credits would be applied in one year and, in fact, many of them have been carried forward for a number of years. To the extent that businesses can make use of these credits we would not receive any "new" revenue, or at least reduced levels of revenue, from those entities.

**These factors account for about 42% - or \$3.4 million - of the projected shortfall.**

### Economic Factors

The slump that occurred in Asian economies appears to have had a residual impact on our BIT revenue. Oregon's largest export markets are Japan and South Korea. Recently exports to Japan have begun to rebound but they are still well below record levels experienced in 1995. Exports to South Korea, which had become the state's largest trading partner, have declined dramatically during the past two years. It is, therefore, reasonable to assume that any business with significant revenue from export operations would have shown a decrease in their overall revenue.

It has also become evident over the past several months that the United States economy is, if not headed toward a recession, at least going through a period of slower growth. A review of the estimated payments made for the 2000 tax year suggests that a number of businesses have anticipated a reduction in their profits as a result of the current economic conditions.

**These factors account for about 10% - or \$850,000 – of the projected shortfall.**

### Forecast Methodology

Finally, we have explored the way we account for the BIT. We recognize quarterly revenues when they are received. Refunds are netted against revenue and this tends to make it difficult to accurately estimate the actual revenue we will get in any given year. For example, last year our quarterly payments through January gave us reason to believe our collections were on target with the budget forecast. After refunds and credit carry forwards were applied our actual revenue for the year declined by about 3% from the previous year. Our accounting methodology is acceptable practice. Experience tells us, though, that using the quarterly payments for forecasting purposes does not lead to reliable results.

We originally estimated we would receive approximately \$11.5 million from the surcharge. We estimated that we would receive 65% of the payments in the year the tax was imposed and subsequent payments would trickle in over a three to four year period. The revenue forecast assumed collections of about \$7 million in FY 98-99. We actually only recorded about \$4.8 million in that year. That made the ongoing portion of the BIT appear to be about \$2.3 million higher than, in fact, it was. Unfortunately, this did not become apparent until after we had completed deliberations on the current year's budget.

**This factor accounts for about 27% - or \$2.3 million – of the projected shortfall.**

### Summary

All told, we expect to receive about \$8.3 million less in BIT revenue than we had assumed in the budget for FY 00-01. This shortfall will be a determinant factor in estimating revenue in the near term future.

As noted above, the BIT has, over time, grown consistently at a rate between 6% - 7% annually despite some notable fluctuations in recent years. Given our experience in recent years we believe it is prudent to lower our expectations for this revenue source. The budget for FY 01-02 is based on a modest 3.5% rate of growth over the expected receipts for the current year. The forecast for the next several years calls for growth averaging between 4% - 5%.

Please let me know if you have any questions or if you would like me to provide additional information.

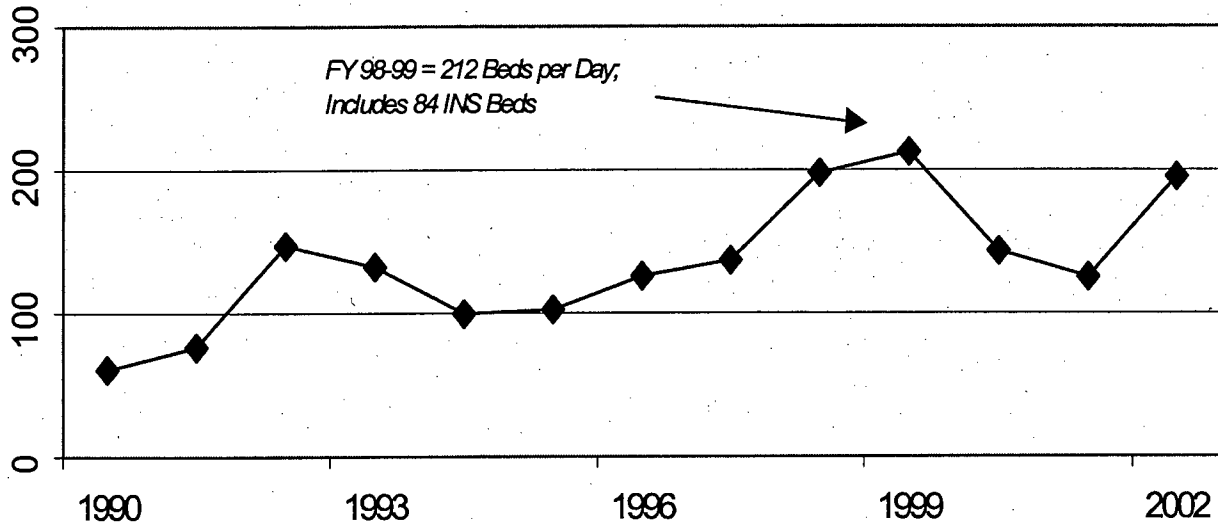


TM Campbell  
#3

# **US Marshal/INS Detention Reimbursement**

*FY 89-90 to FY 99-00 Actuals; FY 00-01 and FY 01-02 Budget*

## **Average Daily Bed Rental**



<u>Fiscal Year</u>	<u>Total Revenue</u>	<u>Avg # Beds</u>
1989-90	\$1,991,943	60.65
1990-91	\$2,502,927	76.21
1992-93	\$4,817,435	146.68
1993-94	\$4,334,055	131.96
1994-95	\$3,264,891	99.41
1995-96	\$4,124,204	125.57
1996-97	\$4,487,659	136.64
1997-98	\$6,490,546	197.63
1998-99	\$6,977,433	212.45
1999-00	\$4,701,973	143.17
2000-01 Budget	\$4,699,376	125.00
2001-02 Forecast	\$8,249,183	195.00

L Nato





**Lisa H. Naito**  
County Commissioner

District 3

**MULTNOMAH COUNTY OREGON**

501 SE Hawthorne Blvd., Room 600  
Portland, Oregon 97214-3576  
**503 988-5217**  
503 988-5262 Fax  
lisa.h.naito@co.multnomah.or.us



**Wendy Lebow**  
Early Childhood Specialist

County Commissioner Lisa H. Naito

**MULTNOMAH COUNTY OREGON**

and Department of Community & Family Services

501 SE Hawthorne Blvd., Suite 600  
Portland, Oregon 97214-3586  
**(503) 988-5126**  
(503) 988-5262 Fax  
wendy.c.lebow@co.multnomah.or.us



**CITIZENS  
CRIME  
COMMISSION**

AN AFFILIATE  
OF THE PORTLAND  
METROPOLITAN  
CHAMBER OF COMMERCE



**KIDS**

**KIDS INTERVENTION INVESTMENT  
DELINQUENCY SOLUTIONS**





# *Children's Delinquency Prevention Committee*

## **Co-Chairs:**

Fred A. Stickel  
James B. Jeddeloh

## **Members:**

Richard C. Alexander  
Duncan Campbell  
William Furman  
Juanita Hedinger  
Shayla Herzog  
Erin Hubert  
Richard Inukai  
Tom Landye  
Peter Nickerson  
Kandis Brewer Nunn  
Tom Potter  
George Richardson  
Jordan Schnitzer  
Andrew Wiederhorn

## **Staff:**

M. Ray Mathis, Executive Director, Citizens Crime Commission  
Tiffany Dyck, Executive Assistant, Citizens Crime Commission

## **Consultants:**

Andrew Olshin, The Greenbrier Companies  
Hill Walker, Ph.D., Institute on Violence and Destructive Behavior, University of Oregon

# *Table of Contents*

## **Table of Contents**

The Comittee and its Charge . . . . .	3
Executive Summary . . . . .	5
The Report . . . . .	13
Appendix with Footnotes . . . . .	37

# Introduction

The Citizens Crime Commission (CCC) strives to be a responsible voice in addressing crime-related issues in Oregon. Our goal is to help the public safety system become more cost-effective and efficient. To this end, our membership formed the Children's Delinquency Prevention Committee (CDPC) to determine which interventions work best with children destined to enter the criminal justice system by the time they become adolescents. We focused on programs having the highest success rate measured against their costs.

The CDPC was specifically charged by the Crime Commission Board of Directors to:

- \* Gather data and testimony;
- \* Identify programs having a positive cost/benefit basis;
- \* Recommend practical, cost-effective intervention strategies, including implementation plans; and
- \* Advocate for our recommendations within the public and private sectors.

The committee welcomed the participation of Multnomah County Commissioners and staff, and solicited testimony from academic experts, representatives of the Oregon Commission on Children and Families, county departments and the Portland Public School District. Although input from local officials provided important insights, our research highlights programs in place throughout Oregon and the U.S. As a result, our recommendations are relevant, if not applicable, to every county and school district in Oregon.

The Citizens Crime Commission is most appreciative of the leadership of James B. Jeddeloh CPA, President, Perkins and Company P.C. and Fred A. Stickel, Publisher, Oregonian Publishing Company. Of special note, Professor Hill Walker, Ph.D. of the Institute on Violence and Destructive Behavior, based at the University of Oregon, provided a wealth of information and ensured our research was comprehensive. The assistance of Andrew Olshin, a consultant on loan from the Greenbrier Companies, was especially important to evaluating data and programs, and the writing of this report. Special thanks to the Jordan and Mina Schnitzer Foundation, Richard C. Alexander and the Portland Trailblazers whose funding made this report possible.

We are also grateful to the members of the committee for their many months of work and study to produce this report, and their extraordinary commitment to helping Oregon's most disadvantaged children develop full and productive lives.

Richard C. Alexander  
Chair, Citizens Crime Commission





Safety

Family

Success

Nutrition



# The Committee and its Charge

## THE COMMITTEE AND ITS CHARGE

The CCC advocates for programs and policies that are effective in reducing crime in our community.

Our membership formed the Children's Delinquency Prevention Committee to:

- \* Gather Data and Testimony;
- \* Identify programs that work on a cost benefit basis where possible;
- \* Recommend cost-effective intervention strategies, including implementation plans where practical; and
- \* Advocate for successful programs with the public and private sectors.

## Our Mission

### OUR MISSION

Identify and advocate for the most efficient and cost-effective programs and policies to prepare Oregon's at-risk children under age 10 to succeed in school and enjoy a productive life.

## Goals

### GOALS

Research and make recommendations that will help Oregonians:

- \* Reduce the number of children destined to enter the Juvenile/Adult Correction Systems - thus reducing the cost of institutionalization and other related societal costs such as welfare dependence and costs of victimization.
- \* Keep children in school - which helps reduce criminal behavior and optimizes long-term earning power.
- \* Break familial cycles of anti-social behavior, delinquency and poverty.

Executive  
Summary

# Executive Summary

## EXECUTIVE SUMMARY



**The most effective and cost efficient way to reduce crime is to identify and intervene with high-risk children early in their lives.** We now have research studies conducted over many years, that back up what many have always believed: the sooner at-risk children get intervention, help and services, the greater the chances of keeping them out of the criminal justice system later.<sup>1</sup>

We also know that the costs of these intervention programs, while not insignificant, are far less than the cost of incarcerating offenders later. The cost of housing a juvenile offender in Oregon now exceeds \$48,000 a year. It costs \$23,500 a year for an adult offender.

Quite simply, it's a matter of pay some now, or pay much more later. If we are to get a handle on the problem of the growing criminal population, we must take steps now to cut off the flow of juveniles into the adult criminal system.

## **CHILDREN IN NEED**

Our study shows that too many of Oregon's children are either not getting the services they need, or not getting them at the time necessary.

- \* Only 38% of all eligible 3-4 year olds statewide are enrolled in Head Start preschool programs.
- \* Fewer than 4% of eligible 0-3 year olds statewide are enrolled in Early Head Start.

## **RISK FACTORS**

Long term research shows us that delinquency in youth can often be accurately predicted, when the risk factors in a child's life are known. The following risk factors place a child at significant risk for future delinquency:

- \* Abuse, neglect and/or violence in the home
- \* Factors related to family functioning, including chemical and mental health problems, developmental disabilities, divorce, death, and other family upheaval
- \* Lack of supportive relationships or connections with adults and peers
- \* Criminal or delinquent histories of parents or siblings
- \* Open "child protective services" cases
- \* Early, severe antisocial behavior
- \* Age at first contact with the police or a documented incident of delinquency
- \* Poor school attendance, school failure

The destructive influence these risk factors can have on a child is well illustrated by twelve-year old Ray DeFord who set the 1996 apartment fire that killed five children and three adults. As the facts of the incident emerged, we learned with horror and revulsion that this troubled child had committed a horrendous act that might have been avoided had the proper interventions taken place. He was destined to manifest violent behavior because of the risk factors in his life.

His parents had no parenting skills. His father was a drug abuser and convicted robber. His brutal methods of punishment included beating Ray over the head with a clipboard when he was one and one half years old; holding him up by his shirt to a hot light, plus shaking him and regularly shooting him in the legs with a BB gun. Additionally, he exposed Ray to pornographic movies, drank beer, and smoked marijuana with him.

Ray DeFord will probably be a ward of the state for most, if not all of his life. The eight people he killed will have no life at all. The societal and fiscal costs of his crime are enormous. Tragedies like this can be minimized or avoided all together if we make better choices on how we spend our dollars.

## **PRIORITY FOR DOLLARS**

Our research highlights the increasing fiscal and societal costs of rising incarceration rates. The adult prison population is expected to increase by 59% by the year 2009, with an expected price tag of \$127,605,000 (in year 2000).

Historically, many strategies for reducing crime have not proven to be efficient or cost-effective.<sup>2</sup> Moreover, every extra dollar spent on public safety has meant one less dollar available for education and human services.

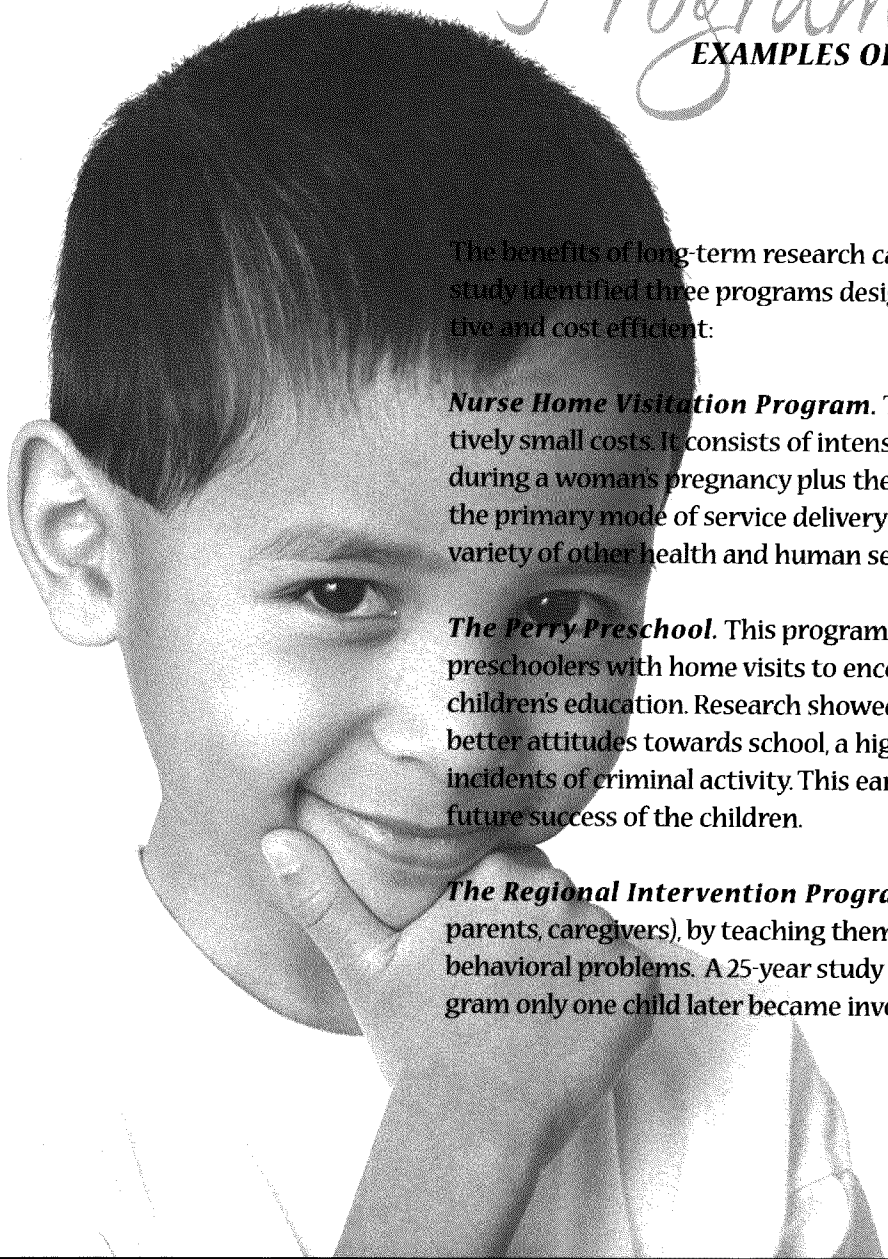
There can be no doubt: When we decrease funding for education and human services, it reduces our ability to provide training and resources to prevent at-risk children and youth from becoming criminals.



to prevent at-risk children and youth from becoming criminals.

# Programs that Work

## EXAMPLES OF PROGRAMS THAT WORK



The benefits of long-term research can point us in the right direction. For example, our study identified three programs designed for very young children that are both effective and cost efficient:

**Nurse Home Visitation Program.** This program has tremendous potential for relatively small costs. It consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy plus the first two years after birth of the first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

**The Perry Preschool.** This program combines high quality early-education for at risk preschoolers with home visits to encourage parents to become more involved in their children's education. Research showed that youngsters in the Perry Preschool had much better attitudes towards school, a higher rate of high school graduation, and far fewer incidents of criminal activity. This early intervention had significant impacts on the future success of the children.

**The Regional Intervention Program.** This program places an emphasis on adults (i.e. parents, caregivers), by teaching them how to cope with children who have severe behavioral problems. A 25-year study follow-up showed that of 31 families in this program only one child later became involved in the criminal justice system.

### ***THE NEED FOR FOLLOW-THROUGH***

Our research also demonstrated the importance of having a continuum of programs in keeping youngsters on the right path. When programs build upon each other and are integrated, at-risk families and children stand a much better chance of getting the correct services for their needs. They also stand a much better chance of staying on the right path and out of the criminal justice system.

A three-tier approach (primary, secondary and tertiary) to preventing problems is both most effective and cost efficient.

- \* **Primary prevention** programs seek to prevent or avoid harm. They include such universal interventions as making sure all children attend pre-school to gain the skills to be ready for school.
- \* **Secondary prevention** programs seek to reverse harm. These interventions are more expensive and time consuming because they are trying to undo damage from the risk factors in a child's life.
- \* **Tertiary prevention** programs seek to reduce harm. These are the most intense, time consuming and expensive interventions and services that deal with severe damage to a child resulting from long term and multiple risk factors.

Studies clearly show that when less money is put into the primary, or universal prevention programs, secondary and tertiary costs to serve at-risk youth increase considerably as a child grows older. Conversely, when more money is put into primary preventive programs early in a child's life, the cost of programs and services decreases dramatically as a child becomes a teenager.

To be successful, an intervention continuum must be adequately funded, must establish benchmarks, and must be applied early in a child's home life and at school.

Our Committee found a number of promising programs and intervention strategies at the primary, secondary and tertiary prevention levels (see body of report). Each one could be tailored to fit specific community needs.





### **EXPECTED OUTCOMES**

If an at-risk child is identified early enough, and if a continuum of programs are made available to the family, we can expect these results:

#### **Pre-natal to age 4**

- \* Decreased "challenging" behavior
- \* Improved relationships with adults and peers
- \* Ability to make and keep friends
- \* Better success when entering school

#### **K to Grade 4**

- \* Better ability to empathize, resolve conflict
- \* Improved school adjustment and performance
- \* Reading at grade level by third grade
- \* More success with peer group





Teach

Provide

Establish

Connect



Ensure



# Conclusions & Recommendations

## CONCLUSION AND RECOMMENDATIONS

The axiom: "As the twig is bent, so grows the tree", illustrates that the influence during early childhood is critical for setting the patterns of behavior a child will demonstrate through adulthood.

We, too, have seen through this study that our greatest chance to reduce criminal activity in later years is through early intervention from the pre-natal to age ten period for Oregon's children. But unless we make a public policy decision to focus on intervention now, we will continue to see our juvenile delinquency rates rise, and the number of incarcerated youth continue to increase.

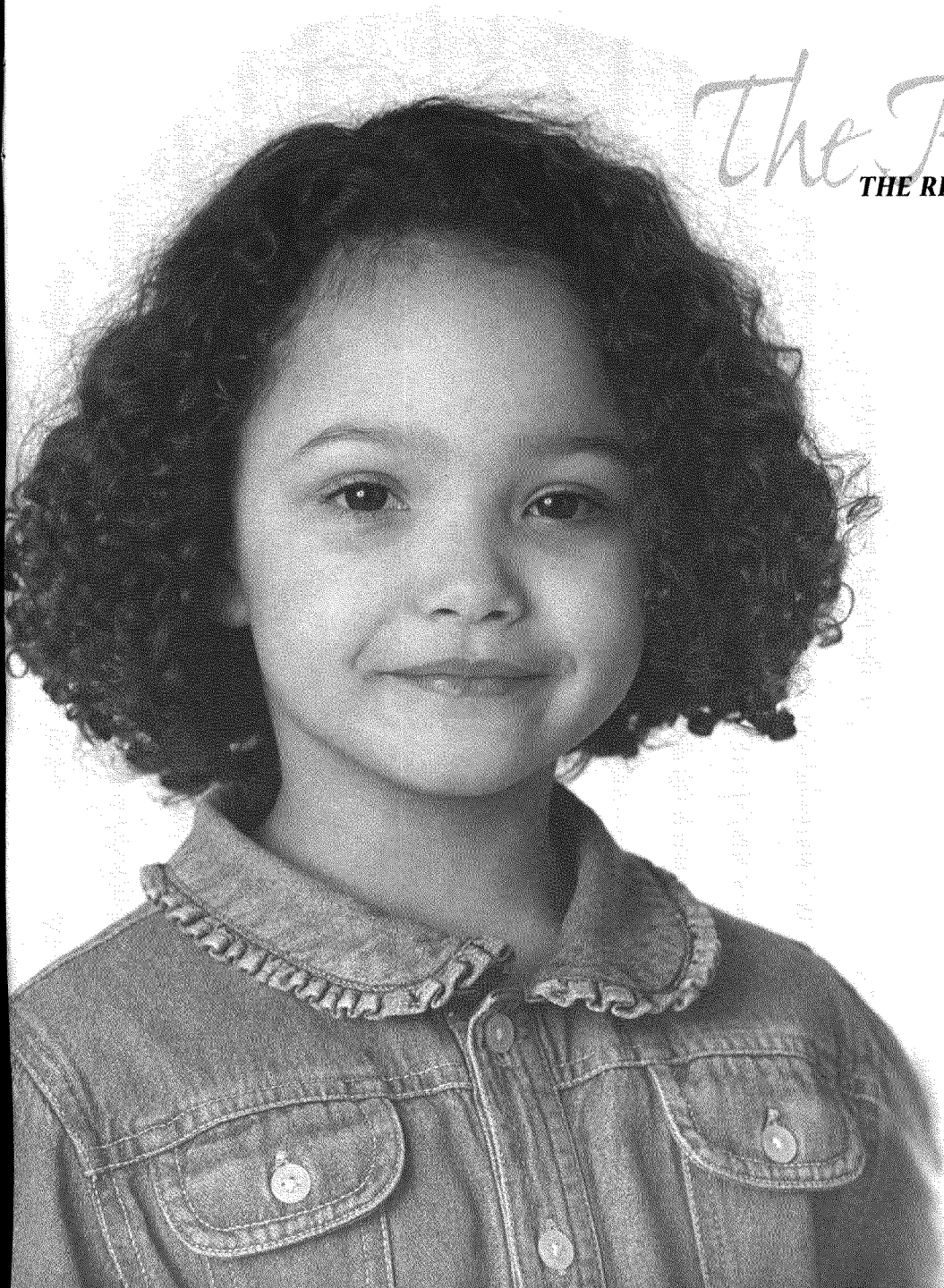
Oregon must re-examine its priorities and spending practices to combat delinquency. We recommend the following actions at all levels... county, city, state, and in school districts:

- \* Provide access to services and support needed to address and offset risk factors to all at-risk children, and their families, as early as possible in their lives.
- \* Establish a seamless, developmental continuum that follows and supports at-risk children through the preschool years, whenever possible.
- \* Conduct an inventory of currently used programs and services to ensure they are based upon the best available research evidence and have been proven effective.
- \* Ensure every child enters first grade ready to learn, physically healthy, and free of challenging behavior patterns that are disruptive to learning.
- \* Teach all children essential school success skills and to read to the best of their ability by the end of grade 3.

***Prevention of violence and delinquent behavior in children under 10 is a statewide responsibility - there should be no higher priority for Oregon.***

The  
Report





# The Report

**THE REPORT**

The following report offers well-documented recommendations for reducing crime in our communities, while helping children become responsible, productive citizens. There are many programs offering interventions with high-risk children.

We recommend only programs our research indicates will have the greatest cost-benefit and likelihood of success. In addition, programs we are recommending are tailored to our list of desired outcomes for children under age 10:

## ***DESIRED OUTCOMES***

### **Community Outcomes for Children Under Age 10:**

- \* Fewer child abuse and neglect cases
- \* Fewer students in preschool settings with challenging aggressive behavior
- \* More children entering school "ready to learn"
- \* Fewer court-mandated terminations of parental rights
- \* Fewer elementary school expulsions and suspensions for behavioral "incidents"
- \* Fewer required elementary school age referrals for specialized services
- \* More children reading at or above grade level

### **Individual Outcomes for Children Under Age 10:**

- \* No delinquent or criminal behavior
- \* A stable relationship with at least one caring adult
- \* Capacity for a healthy regard for others
- \* Development of pro-social values
- \* Respect for authority
- \* Social competence
- \* Successful experience with extracurricular, recreational, spiritual and/or skill-building activities
- \* Positive view of the future
- \* School success

The Committee has adopted a set of parameters to guide a comprehensive approach to preventing delinquency in children under 10. They include the following:

- \* A necessary objective of any plan or program for the prevention of delinquency in children under 10 must be to ensure that they live in a stable, secure and nurturing environment.
- \* Infancy is a crucial developmental stage for any child. This is when an individual forms the core of conscience, develops the ability to trust and relate to others, develops social competence skills, and lays down the foundation for lifelong learning and thinking. The quality of the human environment is directly tied to one's ability to love; empathize with others; control, regulate and manage behavior and engage in complex thinking.<sup>3</sup>

A significant body of research identifies the following 'risk factors' as predictive of delinquency.<sup>4</sup>

*The presence of these 'risk factors' places a child at increased risk of delinquency if they are in place over a substantial period of time.<sup>5</sup>*

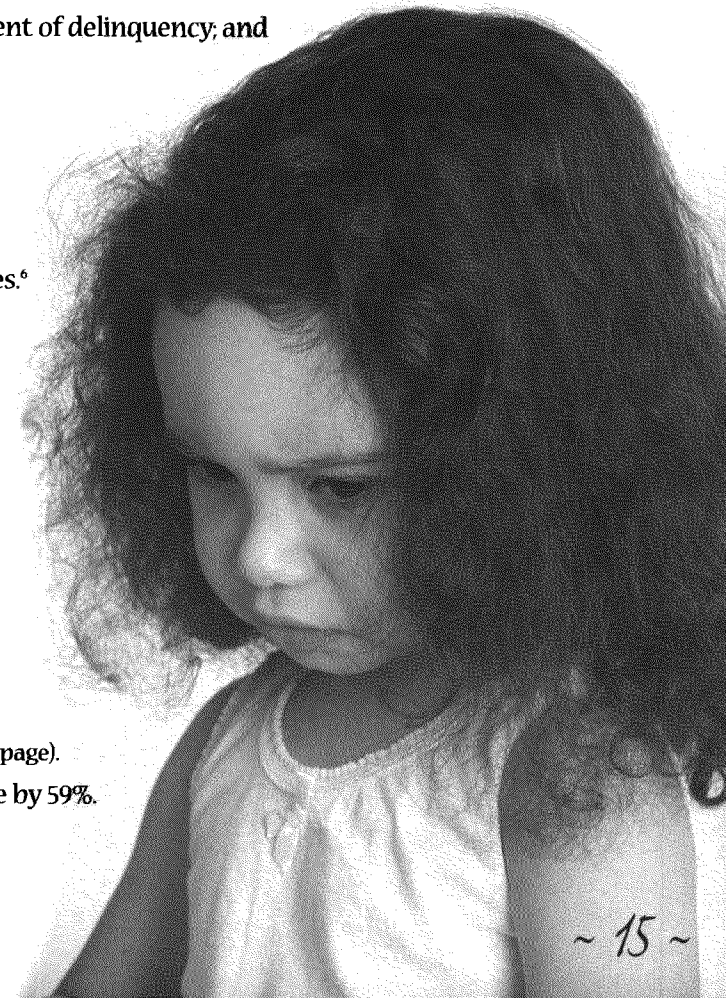
- \* Abuse, neglect and/or violence in the home;
- \* Factors related to family functioning, including chemical and mental health problems, divorce, death, and other family upheaval;
- \* Lack of supportive relationships or connections with adults and peers;
- \* Criminal or delinquent histories of parents or siblings;
- \* Open 'child protective services' cases;
- \* Early, severe antisocial behavior;
- \* Age at first contact with the police or a documented incident of delinquency; and
- \* Poor school attendance, school failure.

\* Longitudinal research directly links early exposure to the above 'risk factors' in children under age 10, with later delinquent behavior. Many other at-risk children who are exposed to these same risk factors demonstrate the early signs of negative developmental outcomes.<sup>6</sup>

\* Without intervention, many of these high-risk children enter the juvenile, and ultimately, the adult justice systems burdening society with significant costs. These expenses are significantly higher than the cost of implementing programs geared toward prevention and intervention.<sup>7</sup>

\* In Oregon, it costs an average of \$48,500/year to incarcerate a juvenile,<sup>8</sup> an average of \$23,500/year per adult inmate in state prisons, and an average of \$ 24,600/year per inmate for those serving less than a year in County jails<sup>9</sup>.

\* The number of juveniles in custody is projected to increase by 29% (See table 1 on the following page). And it is going to get worse. By 2009, the number of adults in custody is expected to increase by 59%.



**Table 1**

<b>PRISON POPULATION FORECAST FOR OREGON</b>			
<b>JUVENILES</b>		<b>ADULTS</b>	
<b>JULY 1999</b>	<b>1,116</b>	<b>JULY 1999</b>	<b>9,246</b>
<b>JULY 2009</b>	<b>1,442</b>	<b>JULY 2009</b>	<b>14,676</b>
Increased cost of incarceration by 2009 in today's dollars is: Juveniles — \$15,811,000* Adults — \$127,605,000*			
*Cost does not include inflation, victim costs, property costs, court costs or law enforcement costs.			
Source: Oregon State Office of Economic Analysis			

\* Given current policies and practices, there is no reason to believe that we can head off the expected influx of young people into the criminal justice system. There are a significant number of children at-risk in the state who are not being served, and some will undoubtedly enter this system at some point in their lives.

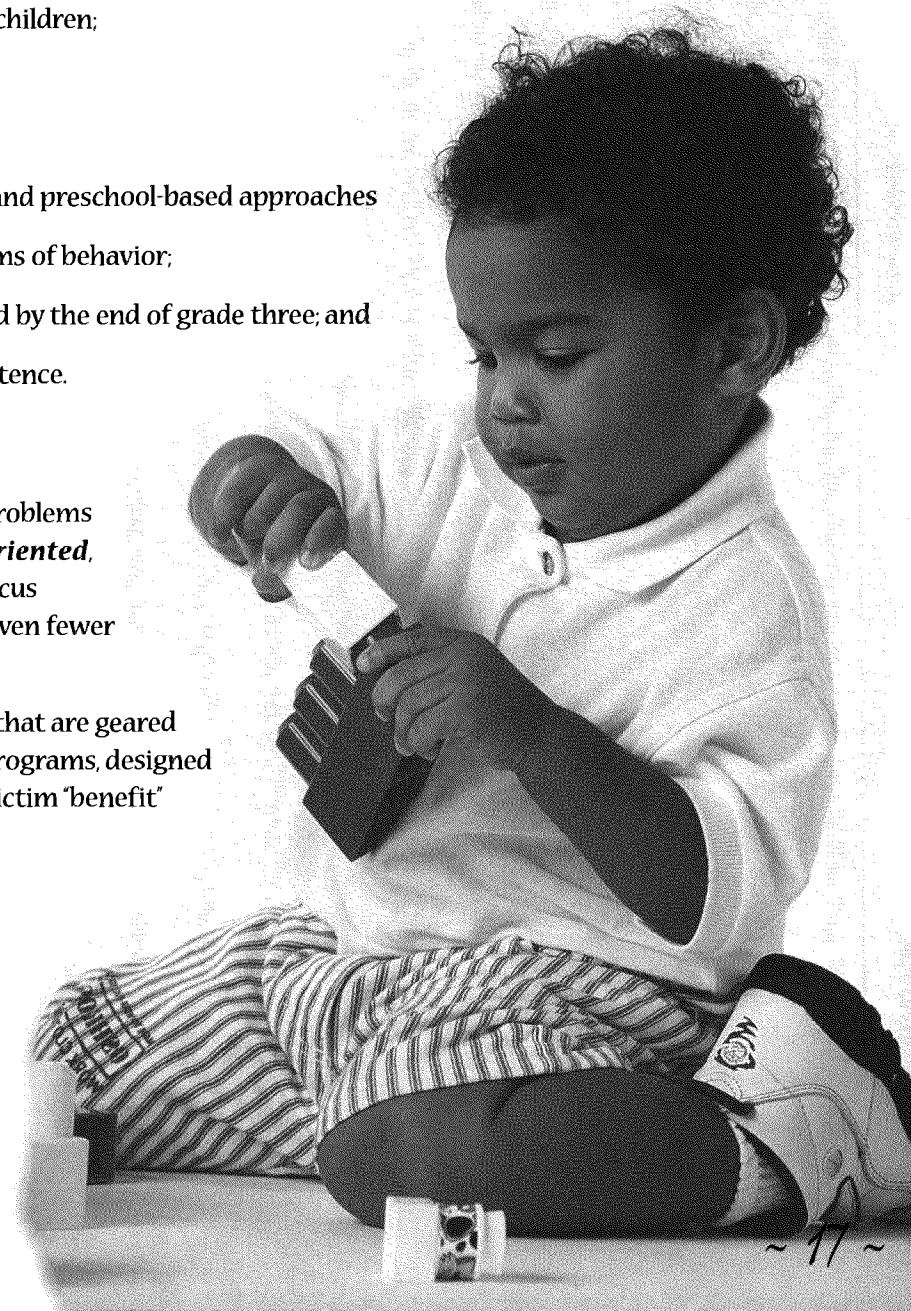
\* According to the American Community Survey, in 1997, 22% of all children under age 5 in Portland, Oregon were living at or below the federal poverty level. Moreover, 65,000 of Oregon's school-age children received specialized services last year; i.e. special education classes.<sup>10</sup>

There are solutions - proven intervention strategies that currently exist. With the investment of adequate resources, these strategies can effectively target and reduce child, family, and school-based risk factors contributing to antisocial behavior in the prenatal to grade four (age 10) range. These include, but are not limited to:

- \* Intensive and sustained mentoring of children;
- \* Supporting families;
- \* Providing adequate health care;
- \* Developing and implementing school and preschool-based approaches to addressing severely challenging forms of behavior;
- \* Ensuring all children know how to read by the end of grade three; and
- \* Improving academic and social competence.

Public agencies provide and fund services geared to intervening with delinquency problems of at-risk children and their families. However, many of these programs are ***crisis-oriented***, and come into play only after a child or family is already in trouble. Few resources focus on positive long-term outcomes for the well being of the children or their families. Even fewer focus on ***crime prevention***.

However, our study found two highly effective programs dealing with at-risk youth that are geared towards prevention. The Washington State Institute for Public Policy found these programs, designed for very young children and their parents, to offer a combined taxpayer and crime victim "benefit" of over \$1.50 for every dollar spent on them.



~ 17 ~

The study calculated the combined benefits a taxpayer is expected to receive in avoided "downstream" criminal justice costs when a program is effective in reducing crime. These costs are then compared to program costs to arrive at a benefit-to-cost ratio. An overview of these programs follows:

**Perry Preschool:** This program was designed for preschoolers deemed at-risk for suppressed intellectual functioning and eventual school failure. Low-income three and four year olds were randomly assigned to preschool and control conditions. Those who attended preschool received high-quality, cognitively-oriented, early childhood education for one to two academic years.

In addition, teachers conducted frequent home visits to encourage parents to become more involved in their child's education. Monthly small group meetings provided opportunities for parents to exchange views and to support one another's changing perceptions of child rearing.

Longitudinal data on children up to age 19 showed a number of positive outcomes vs. the control group: better attitudes toward school, lower rates of grade retention and placement in special education, higher grades and standardized test scores, better high school graduation rates (67% vs. 49% for the control group), higher employment, lower use of welfare assistance, and fewer arrests - 31% of the preschool group had been arrested or charged at least once vs. 51% of the control group.<sup>11</sup>

This study is significant for Oregon, because while many communities in our state have successful pre-school programs, they are seldom fully funded or implemented, leaving too many children un-served. For example, in Multnomah County:

- \* 38% of eligible 3 - 4 year olds, those living at or below the federal poverty level,<sup>12</sup> are enrolled in Headstart, a community-based preschool program funded through federal and other sources.<sup>13</sup>

- \* Less than 4% of eligible 0-3 year olds are enrolled in Early Head Start, a community-based childcare program funded through federal and other sources.<sup>14</sup>



**The Nurse Home Visitation Program** has tremendous potential for relatively small costs. This program consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy plus the first two years after birth of the first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

The cost of providing these services to families in Multnomah County for example, is approximately \$4,000 per family per year.<sup>15</sup> Program costs in other jurisdictions will vary depending primarily on the salaries of local community-health nurses. But once again, an early investment in an at-risk family can head off literally hundreds of thousands in public expense later if a child should enter and continue in the criminal justice system.

The Washington State Institute study found the Nurse Home Visitation program to be highly effective in reducing incidents of child abuse and neglect, subsequent pregnancies, welfare dependence, and behavior problems due to substance abuse. However, the economic analysis done by the study only measures the benefits associated with the crime related effects of these programs. Thus, the estimates understate - to a degree - the total benefits taxpayers or society might be able to achieve with these programs.

In addition to the two, aforementioned programs, **The Regional Intervention Program** (RIP) is another very successful study. It involved a parent-implemented program to help parents cope with their children who have severe behavior problems. These children are typically rejected by their peers, suffer from family dysfunction and are more likely than others to drop out of school.

Parents participating in the program were taught to:

- \* Carefully monitor their child's activities;
- \* Ignore problem behavior and reward desired behaviors;
- \* Help their child set self-management goals;
- \* Work with other meaningful adults in the child's life to reinforce new styles of interaction;
- \* Enlist support from family and their communities for the child and themselves;
- \* Learn through repeated direct practice and feedback;
- \* Participate by supporting new parents as they joined the program.

A longitudinal study of children and families participating in this program over a 25-year period found only one of the 31 participants had become involved with the criminal justice system. The participants also had much more positive outcomes than expected, given their risk profiles.<sup>16</sup>

Continuum

Secondary

Primary

Tertiary

Success



# A Continuum of Programs

A CONTINUUM OF PROGRAMS IS NECESSARY FOR SUCCESS

In order to realize the greatest benefit from any intervention, there must be an integrated continuum of programs, so positive outcomes can build upon one another. Professionals working in public and mental health contexts are increasingly adopting the U.S. Public Health Service's model of primary, secondary and tertiary approaches to prevention. This integrated approach incorporates the following three approaches developed by the U.S. Public Health Service:

- \* Primary prevention whose goal is to avoid or prevent harm.
- \* Secondary prevention whose goal is to reverse harm.
- \* Tertiary prevention whose goal is to reduce harm.

**Primary prevention** relies upon universal intervention approaches, such as mass immunization programs or fluoridation of a community's water supply to prevent dental cavities. Teaching all children school readiness skills would be another example of a universal intervention for achieving primary prevention outcomes (i.e. to avoid or prevent school failure).

In contrast, **secondary prevention** requires more intensive, costly and individualized intervention programs to reverse the harm caused by prior exposure to risk factors and adverse conditions (e.g. neglect, abuse and so forth).

Finally, **tertiary prevention** involves very intense and expensive intervention supports and services that generally require a case management approach and which involve a team of professionals. This type of prevention is designed to reduce harm and to buffer or offset exposure to long term, severe and multiple risk factors. At this level of severity, tertiary prevention strategies, as a general rule, can neither avoid nor reverse harm.

***Examples of primary, secondary and tertiary intervention programs include:***

***\* Primary programs:***

- a) parenting education, substance abuse prevention, and "criminal justice" classes taught in middle and high schools;
- b) violence prevention skills taught as part of the regular K-9 school curriculum;
- c) community-wide campaigns to limit children's exposure to media violence.

***\* Secondary prevention/intervention approaches:***

- a) the First Step to Success early intervention program for at-risk kindergartners;
- b) teaching school readiness skills to children from poor, disadvantaged backgrounds;
- c) providing specialized assistance to K-3 children with reading difficulties.

***\* Tertiary prevention programs:***

- a) comprehensive ("wraparound") services for severely dysfunctional families;
- b) Relief Nurseries;<sup>17</sup>
- c) foster care placement for severely neglected/abused children and youth.

This integrated approach has the following advantages:

- \* Allows for the coordination of differing intervention strategies to address varying levels of problem severity among at-risk populations;
- \* Provides for the cost-effective allocation and use of intervention resources;
- \* Screens those who need more intensive and costly intervention supports and services, and identifies those who do not;
- \* Avoids the dichotomy between prevention, intervention, and sanctions-based approaches that so often divides policy makers and service delivery personnel.

Universal interventions (primary prevention) are used to "screen" the general population for at-risk children or families needing more intensive services and support. This relatively low-cost tool can help prevent initial problems from emerging. It can also be extremely important in evaluating how resources are allocated to more expensive, individualized secondary and tertiary interventions. School districts and health systems (including community health centers) are ideal settings for implementing "universal interventions".

If coordinated together, these systems can be effective in selecting, integrating and delivering proven interventions for at-risk target populations. They can create a continuum in which more intensive interventions are reserved for the smaller population of at-risk children and families who do not respond to the universally implemented services and supports.



# Programs Proven to Work

PROGRAMS PROVEN TO WORK

The Committee found a number of promising programs and intervention approaches. They are defined and coded "P" for primary prevention, "S" for secondary prevention and "T" for tertiary prevention. Although these programs/intervention concepts are generally applicable to most communities, each should be examined and tailored to fit specific community needs.

## ***Pre-parenting Training in Schools (P)***

These elective classes have most often focused on high school students and are typically credited in home economics. The best pre-parenting training approaches begin in grade school with decision-making and problem-solving skills. By preadolescence (fifth to sixth grade), children learn anger management and basic communication skills, including how to express angry or sad emotions constructively. The opportunity for older children to work with preschoolers in a "practicum" (e.g. day care setting) is an essential component of a strong program to prepare young people for the demands of parenting.

## ***Comprehensive Pregnancy Prevention (P)***

In contrast to programs primarily focused on contraception, comprehensive approaches to pregnancy prevention also address some of the underlying factors responsible for this risky teenage behavior. These programs include mental health counseling, substance abuse intervention, academic tutoring, college and trade preparation, and employment.

## ***Comprehensive Prenatal Health Care (P)***

These programs incorporate outreach and incentives to high-risk mothers to "engage" them. They also include maternal and fetal prenatal healthcare and nutrition information. Staff identify and intervene with domestic violence, mental health issues, lack of skills, "loss of hope", etc. This approach integrates "preparation for parenthood" education and childbirth preparation. It also improves pregnancy and neo-natal outcomes and can be a bridge to other services for high-risk children and families.

## ***Home Visitation for All Newborns (P)***

In some communities, community health programs include in-home nurse visits to all high-risk pregnant women. Equipped with baby clothes, formula, lactation information and toys, these professionals help women stop or curtail smoking, drinking, and drug use. They assist with birth plans, teach childbirth preparation, and generally "mother the mothers."

Following birth, nurses or trained para-professionals meet with mothers while still in the hospital, providing comfort and assistance to high-risk families. Feeding and sleep problems can be dealt with before negative patterns become entrenched. Unusual developmental signs can be detected and followed. Signs of substance abuse, domestic violence, or early emotional or physical abuse can be observed and early referrals and other interventions can be quickly accomplished.

The most successful of these programs provide home visits as frequently as once a week for an hour or more, or as often as the mother requests. This contact may continue through the child's fifth birthday or until a family needing continuing support services enters another "wraparound" program such as Head Start. Participation in these programs is voluntary and services are available to all parents - not just those "at risk." This can reduce any negative stigma for those at-risk families the programs are designed to identify and serve.

### ***Emotional and Behavioral Development Education for First-Time Parents (P/S)***

Programs emphasize topics ranging from the care of newborns to specific behavior management skills with "challenging" children (e.g., Attention Deficit/Hyperactivity Disorder (ADHD), hyperactive).

To teach coping skills and prevent future violence, programs focus on modeling positive emotional exchanges between parents and children which includes normal behavioral and emotional interactions, not just negative or extreme incidents. This helps first-time parents recognize problems early and understand how to access available resources.

Some states have created tax credits as incentives for parents to attend high quality-parent education classes during pregnancy or through the early years of child rearing. Examples of such programs include Birth To Three in Eugene and The Temperament Program based in LaGrande.

### ***Day Care/Preschool Education (S)***

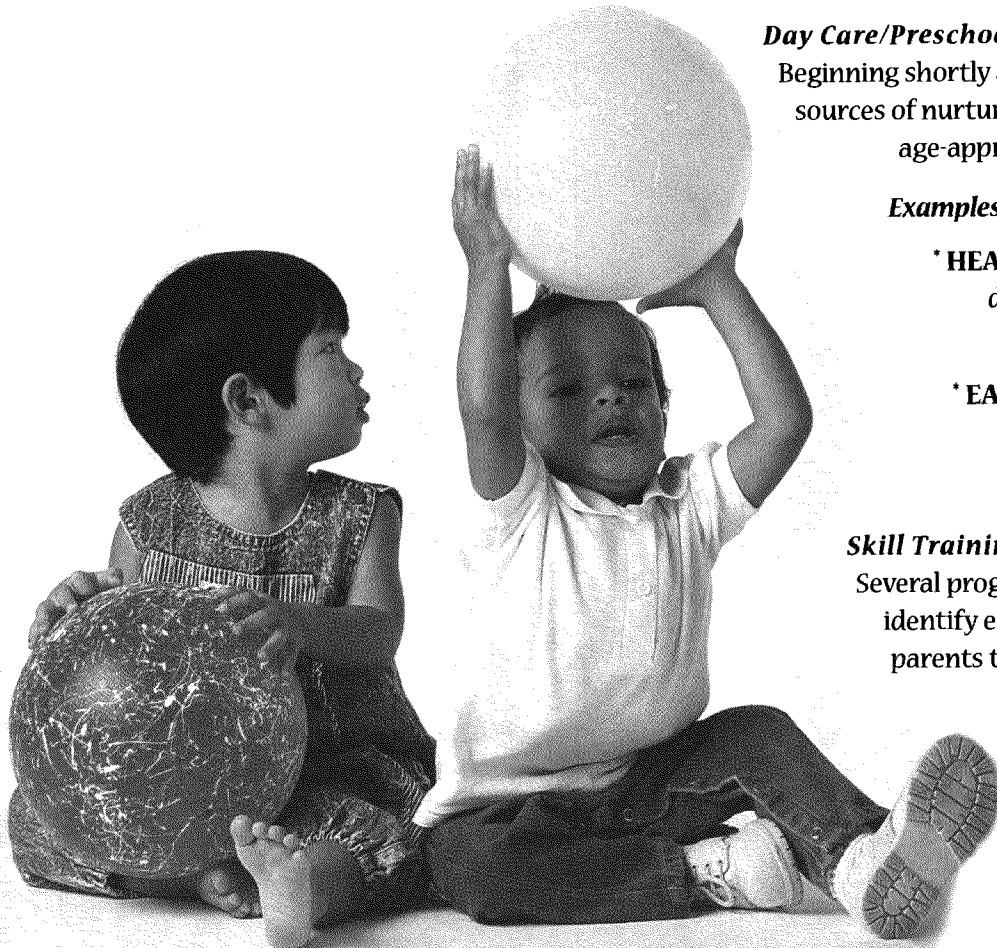
Beginning shortly after birth, high-quality day care and subsequent preschool can be essential sources of nurturing for children in homes where parents are unable or unwilling to provide age-appropriate enrichment, structure, consistent love/nurturing and physical care.

#### ***Examples:***

- \* **HEAD START** is a community-based, federally funded comprehensive childhood development program serving low-income families with children ages 3 to 5, by providing health, education, parent involvement and social services.
- \* **EARLY HEAD START** is also funded by the Head Start Bureau, and was created to expand on the existing Head Start program by providing services to low-income families with infants, toddlers and pregnant women.

### ***Skill Training for Parents of High-Risk Preschoolers (S)***

Several programs have been developed and successfully implemented that help parents identify early signs of aggressive and pre-delinquent behavior. These programs teach parents to provide structure, set rules and give rewards in a consistent manner both at school and at home. Examples include these Eugene-based programs: First Steps, the Oregon Social Learning Center, Lane County Relief Nursery, as well as the Portland Relief Nursery.



***Education for Professionals in Emotional and Behavioral Development (P)***

Professionals who work with children (Pediatricians, Psychologists, Childcare Providers, etc.) need specific training in children's age-appropriate emotional and behavioral development to be able to effectively work with families to promote a healthy emotional foundation for learning, to identify atypical development, and to 'refer' for additional services as needed.

***'First Step to Success' Early Intervention Program (S/T)***

This collaborative home and school intervention is designed to divert at-risk kindergartners from a path leading to antisocial behavior, social rejection, school failure, and delinquency. It has been extensively researched and validated as a 'best practice'.

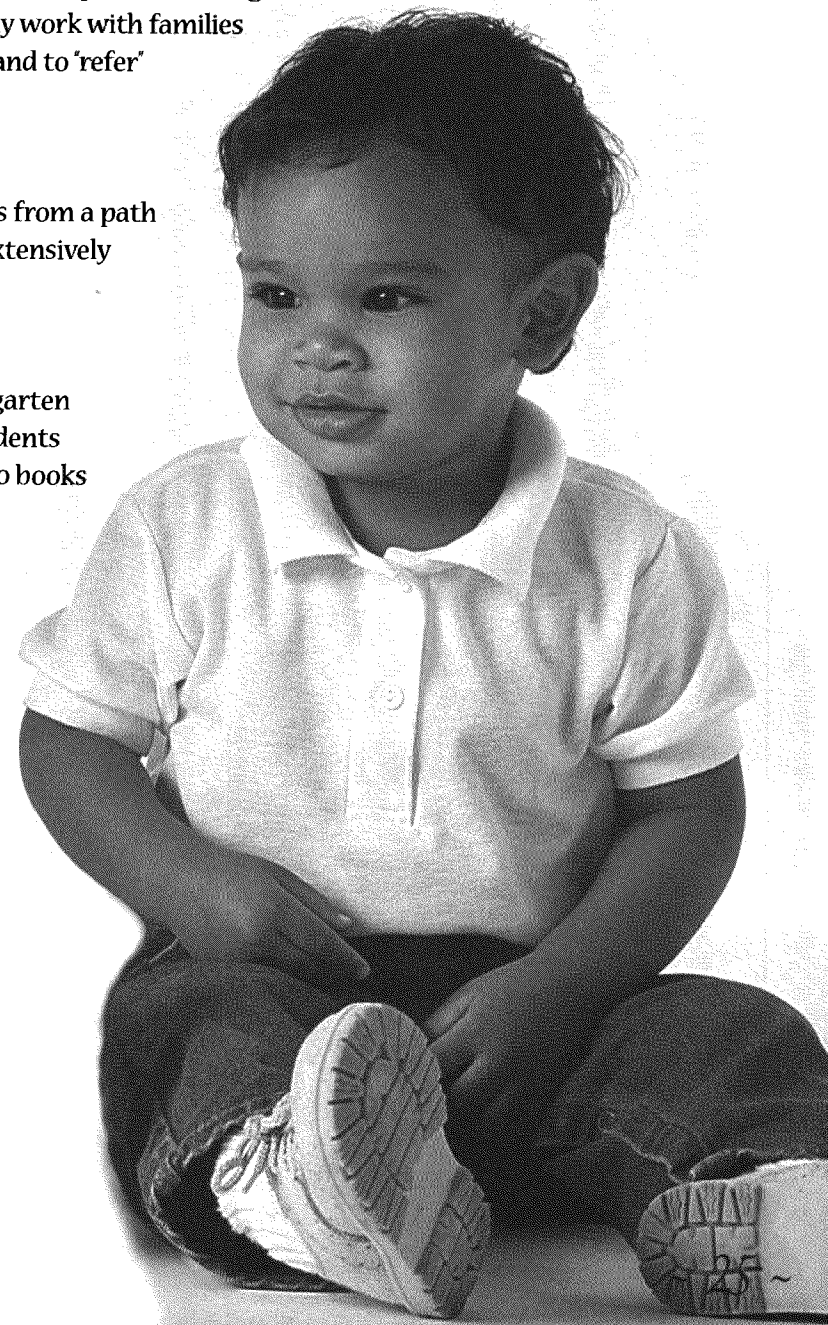
***'SMART' (S)***

SMART (Start Making A Reader Today) is a book and reading program for children in kindergarten through second grade in low-income communities. Businesses, organizations and local residents provide the volunteers and funds necessary to operate the program. Students are given two books a month to take home and read with their families. The program costs \$219 per student per school year and has been proven to increase literacy skills.

***'Friends of the Children' (S/T)***

This program is a relationship-based mentoring intervention for at-risk children based on research into resilience, suggesting that children need positive role models and close relationships with adults. Interventions take place early with high-risk children and nurture their potential by providing consistent caring relationships.

The adult mentors, called Friends, are paid, full-time professionals who are gender-matched with up to eight children. Friends are special individuals who are exceptionally good with children. They focus on strengths, talents and the potential of each child, encouraging positive behavior.



# Building a Continuum

## BUILDING A CONTINUUM

To be successful and cost-effective an early intervention continuum must:

- \* Address known risk factors and the precursors of delinquency;
- \* Be applied early in a child's life and school career;
- \* Be carefully coordinated and delivered effectively;
- \* Be adequately funded; and
- \* Establish benchmarks and outcomes.

Barriers to the adoption and effective implementation of such a continuum of services include:

- \* Cost;
- \* Initial resistance to change;
- \* Lack of knowledge regarding best practices; and
- \* Philosophical objections by potential users-adopters.

Several options are available when developing a community-wide continuum. They are not mutually exclusive.

- Option 1: Invest in proven, previously un-applied approaches.
- Option 2: Expand proven, existing programs with new resources and supports.
- Option 3: Improve coordination and integration of existing programs and services to maximize their success and cost-effectiveness.

In both the Pre-natal to Age 4 and K to Grade 4 age grade ranges, a seamless and integrated continuum of interventions should be considered for achieving primary, secondary and tertiary prevention goals and outcomes. Universal intervention approaches should be implemented to achieve widespread, primary prevention goals while targeted, individualized interventions, that are more expensive and labor intensive, should be used to produce secondary and tertiary prevention outcomes.



***It is critically important that the risk factors contributing to later delinquency be directly addressed as early as possible in a child's life. Based on the research available to this committee, the following specific programs are recommended as examples of best practices for realizing this goal.***

***Addressing Non School Risk Factors:*** Continuum of intervention programs for the Pre-Natal to Age 4 Range:

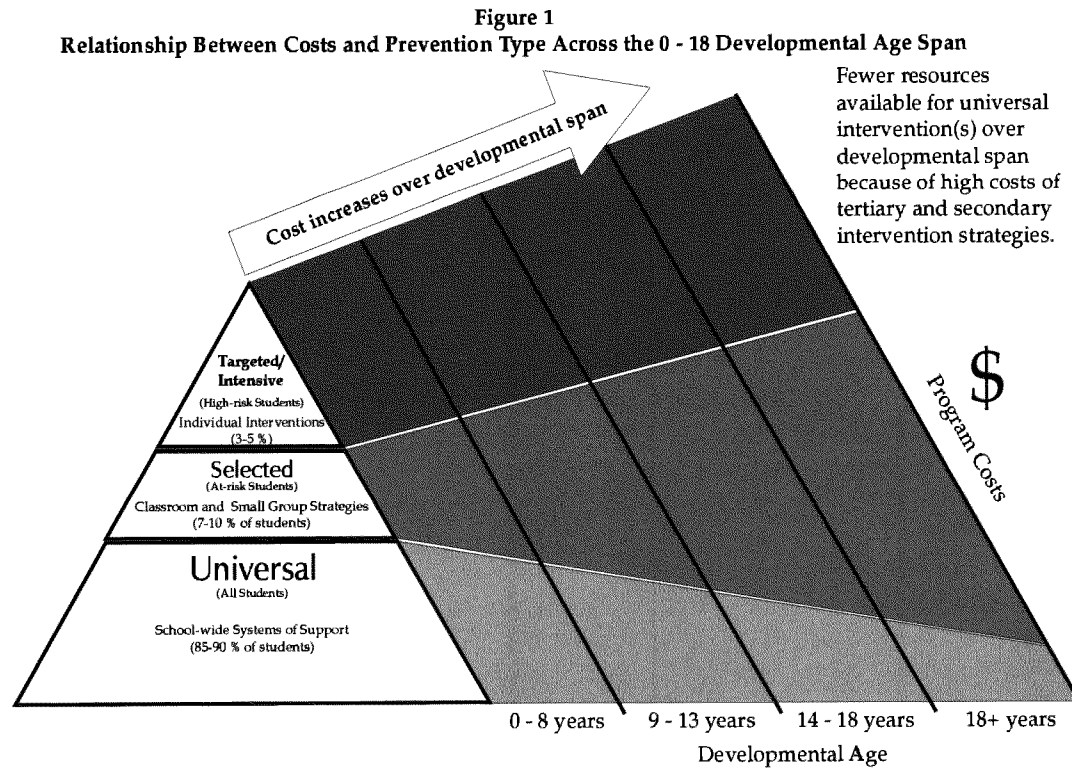
<u>Developmental Level</u>	<u>Program</u>	<u>Prevention Goal Addressed</u>
a Pre-natal	Healthy Start	Primary Prevention
b Post-natal	In Home	Primary Prevention
c Nurse Visitation		
d Early Childhood	Early Head Start	Secondary
e Head Start		
f Early Childhood	Relief Nursery	Tertiary

***Building School Success:*** Continuum of intervention programs for the K to Grade 4 Age/Range:

<u>Grade Level</u>	<u>Program</u>	<u>Prevention Goal Addressed</u>
a K - Grade 2	Oregon "Ready to Learn"	Primary/Secondary
b K - Grade 2	First Step to Success	Secondary
c Grades 1 - 4	Study Skills for School Success	Primary/Secondary
d K - Grade 4	Second Step Violence Prevention Program	Primary
e Grades 1 - 4	Effective Behavioral Support Program	Primary/Secondary
f Grades 1 - 4	Intensive Reading Instruction For All Poor Readers Smart Program	Secondary/Tertiary
g Grades 1 - 4	Friends of the Children	Secondary/Tertiary

The careful implementation of coordinated primary, secondary and tertiary prevention strategies and approaches, as described above, has the potential to prevent many of the social problems currently plaguing our children and youth as well as the ability to reverse or reduce the damage of risk factor(s) exposure. The potential for reducing delinquency through this approach is substantial and has been largely unrealized to date.

Figure 1 illustrates the relationship between costs and these three types of prevention approaches over the developmental age span of 0 to 18.



If problems are allowed to grow, without being addressed in the early stages of their development, they will require the application of more expensive secondary and tertiary interventions as they become more serious. The more universal intervention approaches can be used earlier on to catch and address problems in their initial stages, the greater the return that will be realized on the investment through achievement of primary prevention goals and outcomes.

Figure 1 clearly shows that more and more money is needed for more expensive forms of prevention programs as children and youth mature, if primary prevention strategies are not used early on in their preschool and school careers.

# Anticipated Outcomes

ANTICIPATED OUTCOMES FROM IMPLEMENTING THE CONTINUUM

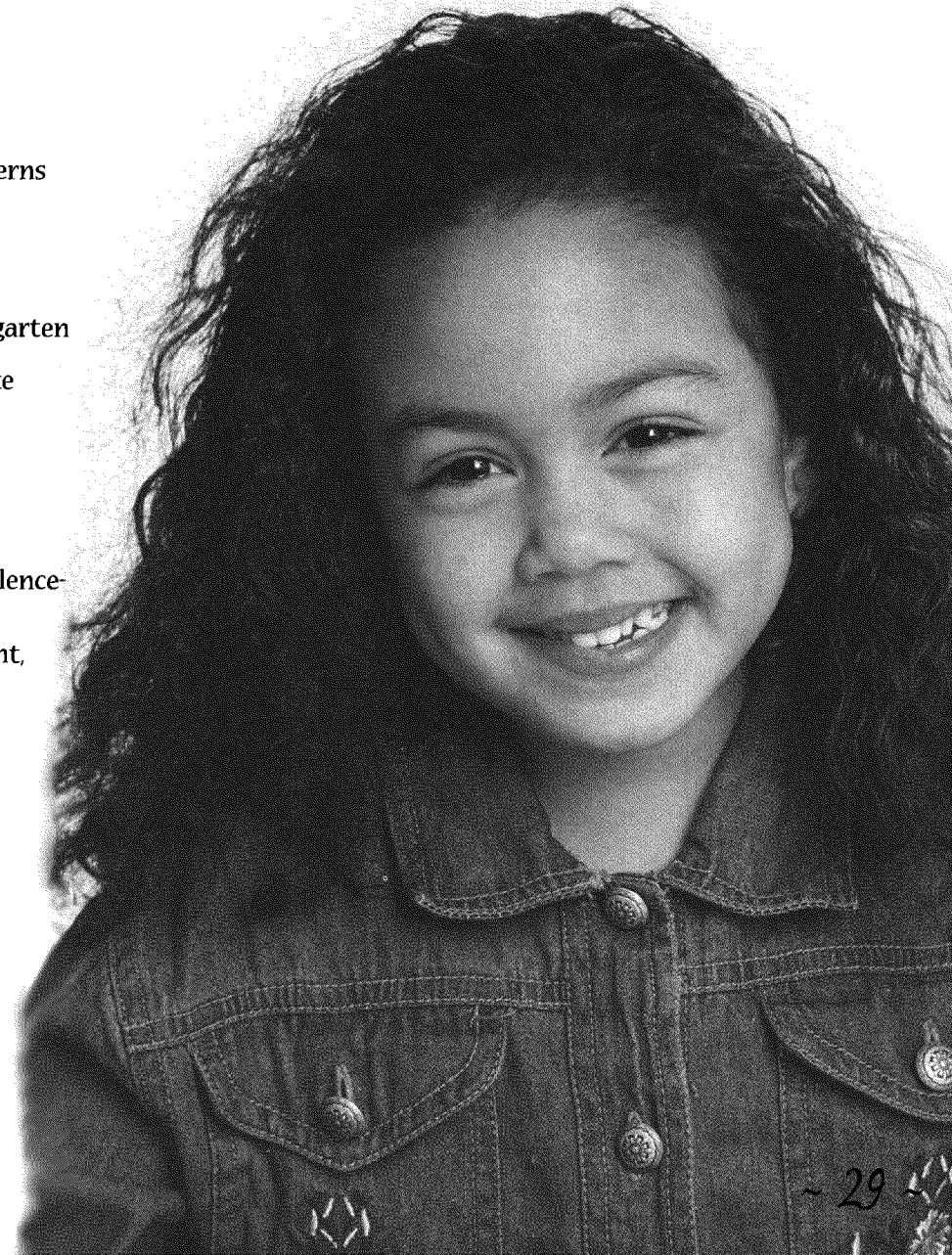
Outcomes achievable from investing in a continuum include:

## Pre-natal to Age 4 Range

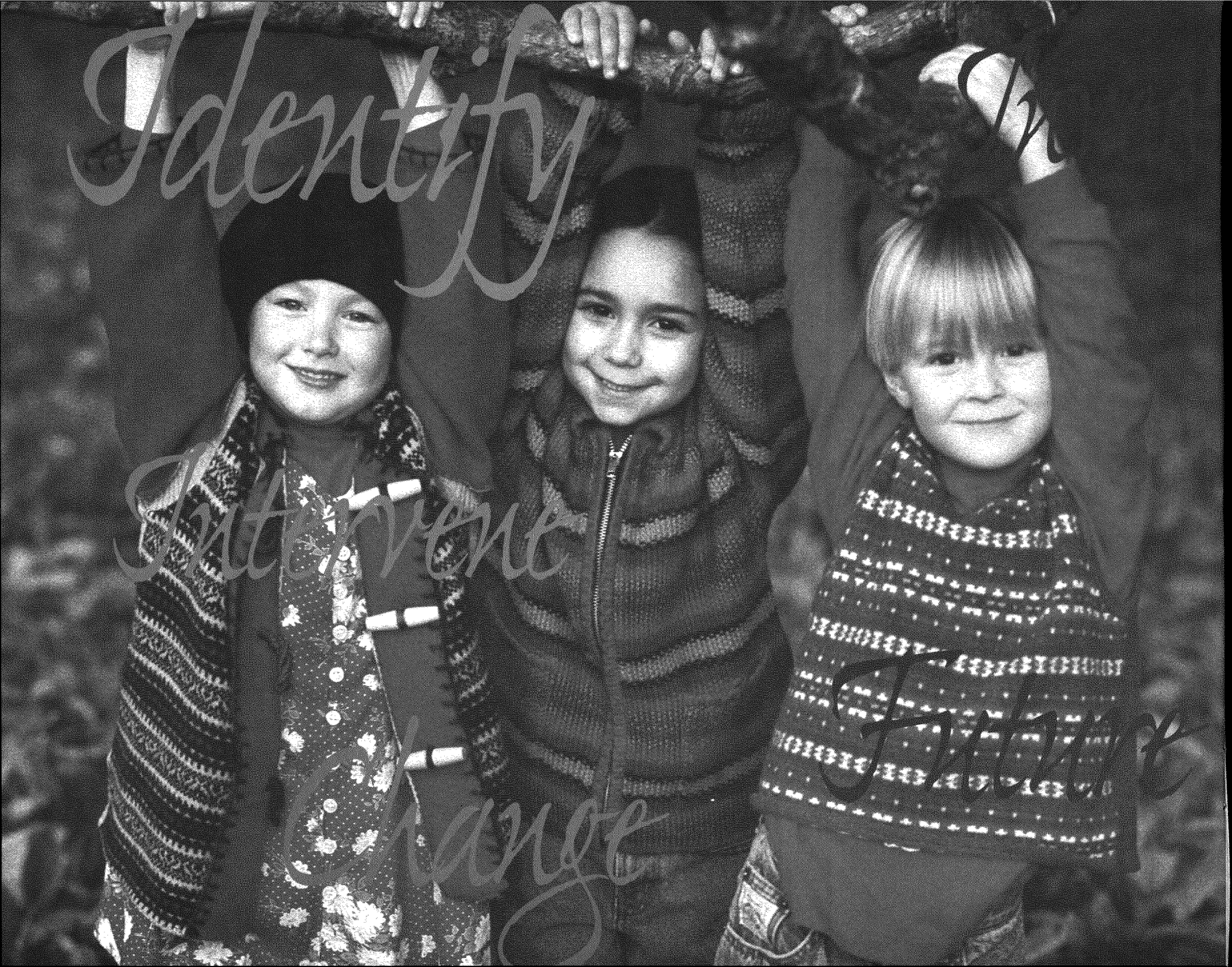
- \* Decreased 'challenging' behavior patterns
- \* Improved relationships with adults
- \* Ability to make and keep friends
- \* "Ready to learn" upon entry to Kindergarten
- \* Improved health status and up-to-date immunizations

## K to Grade 4 Range

- \* Demonstrate mastery of essential violence-prevention skills (empathy, conflict resolution, anger control/management, impulse control and other age-appropriate coping skills)
- \* Improved school adjustment
- \* Ability to read at grade level by end of Grade 3
- \* Improved school performance
- \* Improved peer group associations







Identity

Intervention

Change

February



Everything the Committee studied led to one unavoidable conclusion:

***The sooner we identify and intervene in the lives of high-risk children (prenatal - 10),  
the greater the likelihood their lives will be redirected  
towards more positive outcomes, and avoid criminal activity in the future.***

Therefore, we firmly believe prevention of delinquent behavior by addressing risk factors in children under 10 is a statewide responsibility — ***there should be no higher priority for Oregon.***

But nothing can change until society is ready to call for a change. Therefore, we believe data illustrating a favorable societal cost-benefit<sup>®</sup> should be made public. In this way, support for intervention strategies and delinquency prevention programs ***can attract and maintain public, private and foundation funding.***

Youth violence dominates our media, permeates our play, creates fears about personal safety, implodes our families, and claims a growing percentage of our young. ***We have under-invested in policies and practices designed to address and prevent the problems of at-risk youth. That must change.***

Family and community members, teachers, healthcare and social service providers, and juvenile justice workers all have important roles in intervening to prevent and address the root causes of delinquency. These "players" must coordinate more effectively to avoid baffling 'consumers' and wasting resources.



# Conclusion

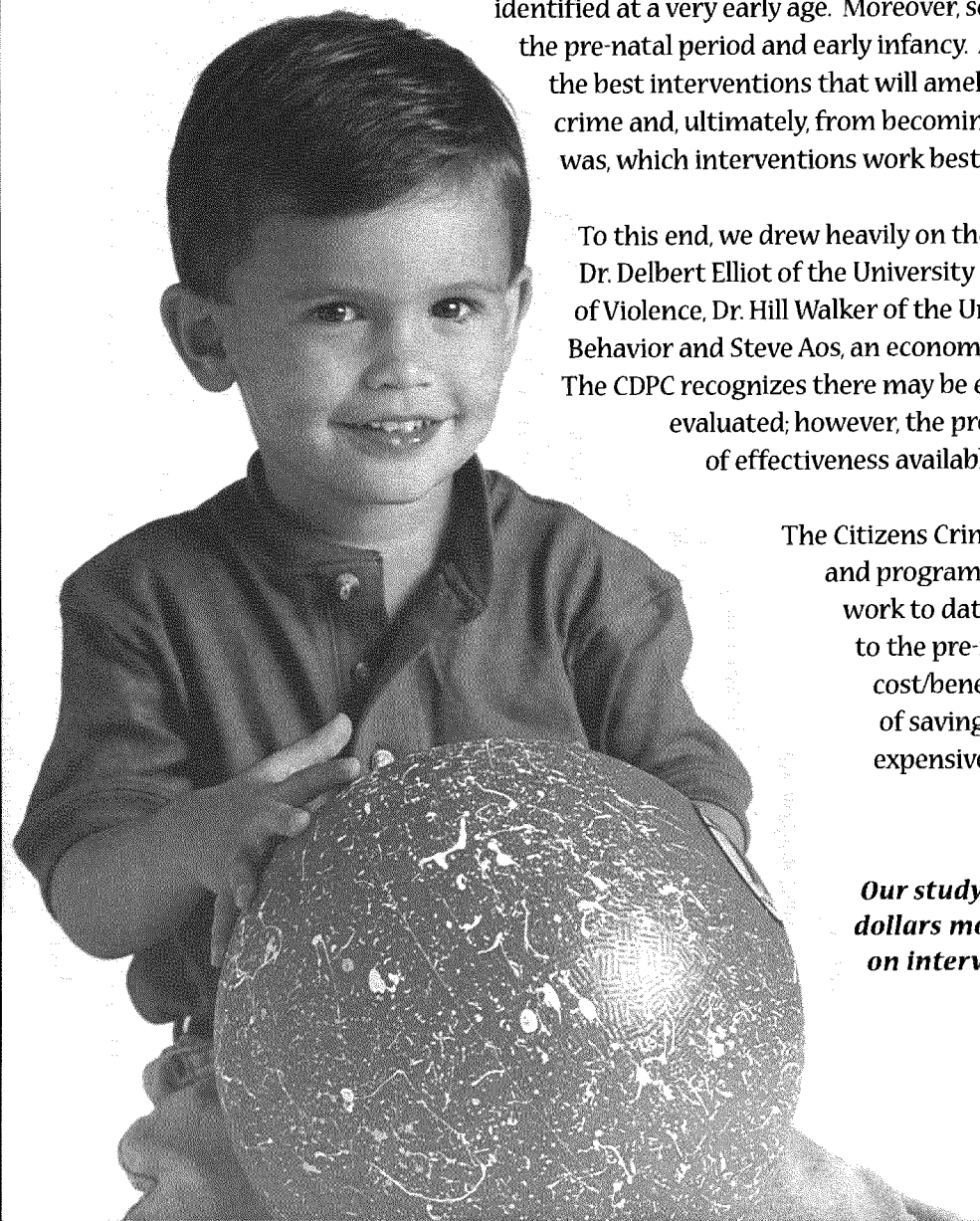
## CONCLUSION

This study demonstrates that many children destined to enter the criminal justice system can be identified at a very early age. Moreover, some of the major risks these children face occur during the pre-natal period and early infancy. After identifying key risk factors, the next step is to study the best interventions that will ameliorate these risk factors and divert children from a life of crime and, ultimately, from becoming wards of the state. The question for the committee was, which interventions work best under a cost/benefit and best practices analysis?

To this end, we drew heavily on the research of Dr. Peter Greenwood of the Rand Institute, Dr. Delbert Elliot of the University of Colorado Boulder's Center for the Study and Prevention of Violence, Dr. Hill Walker of the University of Oregon's Institute on Violence and Destructive Behavior and Steve Aos, an economist with the Washington State Institute for Public Policy. The CDPC recognizes there may be effective intervention programs that have not been fully evaluated; however, the programs we recommend are based on data and evidence of effectiveness available to us.

The Citizens Crime Commission has struggled for years with strategies and programs for reducing the crime rate in our communities. Our work to date has convinced us that effective interventions delivered to the pre-natal to age ten age group not only offer the greatest cost/benefit to our communities but have the greatest chance of saving high-risk children from inevitable entry into the more expensive criminal justice system.

***Our study demonstrates we can reduce crime and spend public dollars more effectively with good public policy that focuses on interventions with children in the prenatal to age 10 range.***



# Call to Action

CALL TO ACTION

If we are serious about reducing crime, we must take action now. Our Committee urges the state of Oregon to re-examine its priorities and budget strategies in its efforts to combat delinquency.

The reduction of delinquency by identifying children at risk and implementing early intervention programs targeting those key risk factors is not only achievable, ***it is a policy whose time has come.***

While we cannot abandon any of our at-risk youth, greater investments must be made in the early diversion of young children from a path leading to delinquency and the inevitable and unfortunate outcomes associated with it. Legislation, policy and funding mechanisms are urgently needed to address this need.

At county, city and school district levels, the following collaborative actions are strongly recommended:

- \* Provide access for all at risk children and their families to the services and supports needed to address and offset risk factors as early as possible in their lives.
- \* Whenever possible, establish a seamless, developmental continuum that follows and supports at-risk children through the preschool years.
- \* Conduct an inventory of currently used programs and services to ensure they are based upon the best available research evidence and are proven effective.
- \* Ensure every child enters first grade ready to learn, physically healthy, and free of challenging behavior patterns that disrupt the educational process.
- \* Teach all children essential school success skills and to read to the best of their ability by the end of grade 3.

If we are truly serious about preventing crime and, more importantly, in preventing juvenile delinquency that leads to more adults entering the criminal justice system, then our course is clear:

*We cannot afford to ignore programs and policies proven to work in reducing juvenile delinquency.*

*The resources for these programs must be found.*

*We must no longer give "lip service" to making children a priority;*

*we must literally put our money where our mouth is.*



# Voices Behind the Statistics

THE VOICES BEHIND THE STATISTICS

Listen to what these Oregon State Penitentiary Inmates have to say about their early childhood, and you can see why our Committee is convinced that early intervention is critical to halting the flow of juveniles into the adult criminal justice system.

*"My parents split up when I was two years old. I was taken away from my Mom because she wasn't a good parent and had abusive boyfriends. I landed in foster homes that weren't too much better. I was growing more angry and more secluded. I didn't have a lot of friends."*

—OSP Inmate serving 9 to 15 years.

*"I was really alienated as a child, because my Mom had a lot of problems. My Dad kept me and my younger brother in a separate house, so we didn't have a lot of family interaction, no role model. There's a lot of problems in our family. I felt alienated and this went on in school. I didn't have a lot of friends, I kept to myself. I was always by myself."*

—OSP Inmate serving 9 years for arson.

*"My mother - whatever problems was going on with her - to allow abuse to go on in front of me, me seeing (men) put their hands on my mother and hurting her. Her pain was my pain. I was sniffing gas real heavy when I was in 6th grade. Kind of an escape for me. By the 7th grade, I was an alcoholic."*

—OSP Inmate serving life for murder.

Appendix

A

# Appendix A

APPENDIX A

This appendix contains the following information in sequential order:

1. Rough cost-benefit analyses of early intervention programs;
2. Contact information for Oregon-based programs proven to work;
3. Testimony and materials presented to the committee;
4. References and citations.

## **ROUGH COST BENEFIT ANALYSES**

Taken from the work and presentation of Steve Aos, et al., *The Comparative Costs and Benefits of Programs to Reduce Crime, A Review of National Research with Implications for Washington State*, Washington State Institute for Public Policy, (1999).

### ***Early Childhood Programs***

Our study found three programs designed for very young children that have been evaluated for crime-related outcomes. All three produced desirable effects on developmental outcomes as well as crime-related outcomes. For example, the Nurse Home Visitation program produced a significant reduction in child abuse and neglect, subsequent pregnancies, welfare dependence, and behavior problems due to substance abuse, in addition to reduced criminal behavior by the mothers and their children. However, the economic analysis only measures the benefits associated with the crime related effects of these programs. Thus, the estimates in Table 1 understate - to a degree - the total benefits taxpayers or society might achieve with these programs (see body of report).

***Perry Pre-school*** provided early childhood education to disadvantaged children to improve later school and life performances. The goal was to overcome school failure associated with childhood poverty by promoting the intellectual, social, and physical development of young children. By increasing academic success, the program sought to improve employment opportunities and wages, decrease crime, teenage pregnancy, and welfare use. The program was aimed at low socio-economic families with children ages three and four. Perry Pre-school was a two-year intervention operating 2.5 hours per day, five days per week, seven months per year, and included weekly home visitations by teachers. The school operated in the 1960's in Ypsilanti, Michigan. Its most recent evaluation reported on the life-outcomes of participants at age 27.

After reviewing the Perry Pre-school evaluation results, the institute found an ***effect size***<sup>9</sup> of about 0.26 for basic crime outcomes. Taxpayers gain approximately \$9,237 in subsequent criminal justice costs for each program participant. In 1998 dollars, the program cost \$13,938 per child. Taxpayers receive \$0.66 in criminal justice system benefits for every dollar spent. Crime victims save an average of \$11,717 in costs for each program participant, for a combined taxpayer and crime victim benefits of \$1.50 for every dollar spent.

**Syracuse Family Development Research Program** (FDRP) was a five-year program in the early 1970's for low income, mostly single parent families, providing prenatal care, weekly home visits, parent training, child care, and nutrition. FDRP sought to bolster child and family functioning and interpersonal relationships. The intervention targeted African American, single-parent, low-income families to improve the children's cognitive and emotional functioning, foster children's positive outlooks, and decrease juvenile delinquency. The mothers were young (18 years on average), had little or no work history, and were in the last trimester of their first or second pregnancy.

Here, the institute found an effect size of about 0.54 for basic crime outcomes. Overall, taxpayers gain approximately \$8,613 in subsequent criminal justice costs for each program participant. In 1998 dollars, the program cost \$45,092 per child. Taxpayers receive \$0.19 in criminal justice system benefits for every dollar spent. Crime victims save an average of \$6,875 in costs for each program participant, for a combined taxpayer and crime victim benefit of \$0.34 for every dollar spent.

**Nurse Home Visitation** program delivers intensive, comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth. The goals are to promote the child's physical, cognitive, and social-emotional development, and to provide general support and instructive parenting skills to the parents. The program serves low-income, at-risk pregnant women bearing their first child, helping them plan future pregnancies, optimize educational achievement, and participate more fully in the work force. Typically, a nurse visitor is assigned to a family and works with them for the duration of the program. Treatment begins during pregnancy, with an average of eight one-hour visits, and continues postpartum with visits diminishing in frequency.

The evaluation found successful outcomes when the program assisted unmarried, low income, higher-risk women. Follow-up at 15 years postpartum showed significant positive effects on child abuse and neglect, subsequent pregnancies, welfare dependence, behavior problems due to substance abuse, and criminal behavior by the mothers and their children. The institute's cost-benefit analysis, calculated for this higher risk group, estimates the crime-related benefits from the program's effects on the nurse-visited mothers as well as their children. Overall, taxpayers gained approximately \$6,155 in subsequent criminal justice costs for each program participant. The program is estimated to cost \$7,403 (in 1998 dollars) per program participant. Taxpayers receive \$0.83 in criminal justice system benefits for every dollar spent. Crime victims save an average of \$5,215 in costs for each program participant, for a combined taxpayer and crime victim benefit of \$1.54 for every dollar spent.

# Contact Information

**CONTACT INFORMATION FOR OREGON PROGRAMS PROVEN TO WORK**

## **Emotional and Behavioral Development Education for First-Time Parents (P/S)**

### ***Examples:***

#### **BIRTH TO THREE**

Minalee Saks, Director  
3875 Kinkaid, Room 15  
Eugene, OR 97405

#### **THE TEMPERAMENT PROGRAM**

Barbara Zukin, Director  
Center for Humane Development  
1100 K Avenue  
LaGrande, OR 97850  
541-962-8835  
[www.bzukin@chdinc.org](http://www.bzukin@chdinc.org)

## **Skill Training for Parents of High-Risk Preschoolers (S)**

### ***Examples:***

#### **FIRST STEPS**

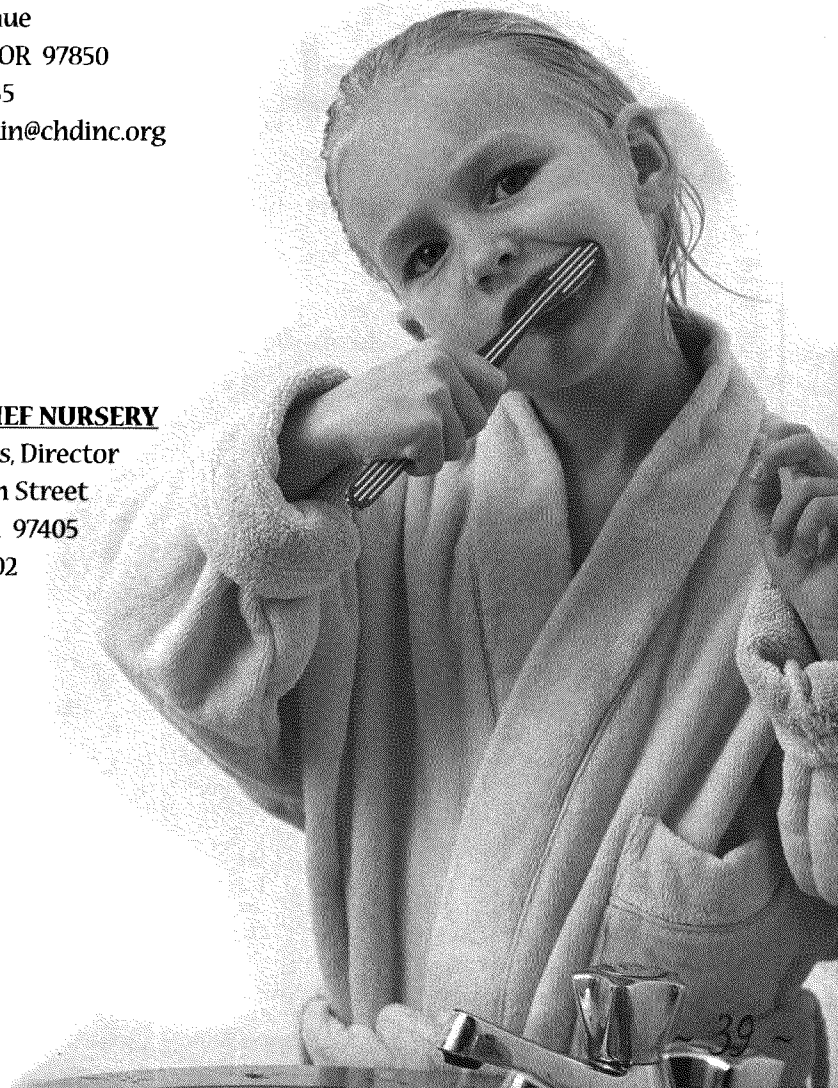
Hill Walker, Co-Director  
Institute on Violence &  
Destructive Behavior  
College of Education  
1265 University of Oregon  
Eugene, Oregon, 97403  
541-346-3591

#### **LANE RELIEF NURSERY**

Jean Phelps, Director  
1720 W. 25th Street  
Eugene, OR 97405  
541-484-0702

#### **OREGON SOCIAL LEARNING CENTER**

Gerald Patterson, Director  
207 E. Fifth Street, Suite 202  
Eugene, OR 97401  
541-485-1136



# Testimony and Materials

TESTIMONY AND MATERIALS PRESENTED TO THE COMMITTEE

**Steve Aos**, Washington State Institute for Public Policy  
110 East Fifth Avenue, Suite 214  
PO Box 40999  
Olympia, WA 98504-0999  
Phone: 360-586-2677  
Fax: 360-586-2793  
E-Mail: saos@wsipp.wa.gov

*'The Comparative Costs and Benefits of Programs to Reduce Crime, A Review of National Research with Implications for Washington State, describing the cost/benefit analysis and results from research conducted by the Washington State Institute for Public Policy.'*

**Betsy Cole**, Assistant Director, Student Services  
Portland Public Schools  
531 SE 14th Ave.  
Portland, OR 97214  
Phone: 503-916-5840  
Fax: 503-916-2727

*'Portland Public Schools 'Violence Prevention Procedures' and Resource Materials.'*

**Joanne Fuller**, Deputy Director  
Dept. of Juvenile & Adult Community Justice  
1401 NE 68th  
Portland, OR 97213  
Phone: 503-306-5599  
Fax: 503-248-3409

*'Briefing Paper identifying programs in Multnomah County following best or promising practices in the areas of delinquency prevention and early intervention.'*

**Vern Hoffer**, Mental Health Consultant  
Portland Public Schools  
531 SE 14th Ave.  
Portland, OR 97214  
Phone: 503-916-5840  
Fax: 503-916-2727

*'Inventory of Special Education and Mental Health program offerings for students enrolled in Portland Public Schools.'*

**Mickey Lansing**, Deputy Director  
Oregon Commission on Children & Families  
530 Center Street NE, Suite 405  
Salem, OR 97301  
Phone: 503-373-1283  
Fax: 503-378-8395

*(See materials from Donna Middleton)*

**Mary Li**, Multnomah County Department of Community  
and Family Services  
421 SW Sixth Avenue  
Portland, OR 97204  
503-248-3999 ext. 26787  
FAX 503-248-3332

*'Children's Readiness to Learn, Strategies for Improvement', from the Portland Multnomah Progress Board.*

*'Article: Building Results: From Wellness Goals to positive outcomes for Oregon's Children, Youth and Families', prepared for the Oregon Commission on Children and Families for the Family Study Center, Oregon State University.*

*'Document describing Multnomah County's selected continuum of supports for young children and families, and a detailed description of programs.'*

**Donna Middleton**, Executive Director  
Oregon Commission on Children & Families  
530 Center Street NE, Suite 405  
Salem, OR 97301  
Phone: 503-373-1283  
Fax: 503-378-8395  
E-mail: donna\_middleton@class.oregonvos.net

- \* Information about recent brain research.
- \* Newsletter: "The Links Between Children, Families and Communities", a publication of the Oregon Commission on Children and Families.
- \* Overview: "Oregon's Child Everyone's Business" a nationally recognized public engagement campaign promoting the healthy development of young children.
- \* Some examples of hand-outs distributed to prospective mothers.

**Lisa Naito**, Multnomah County Commissioner  
1120 SW Fifth Ave., #1500  
Portland, OR 97204-1914  
Phone: 248-5217  
FAX: 248-5262

- \* Draft Document: "Coming Together for Children: An inventory of resources and needs for young children and families provided or funded by Multnomah County" compiled by the Early Childhood Planning Group of Multnomah County.

**Jeanne Pace**, Principal, Head Start  
Portland Public Schools  
531 SE 14th Ave.  
Portland, OR 97214  
Phone: 503-916-5840  
Fax: 503-916-2727

- \* Brochure describing Portland Public Schools Head Start Program
- \* Article describing the efficacy of Head Start in curbing youth crime and violence.

**Marilyn Richen**, Coordinator, Violence Prevention Program  
Portland Public Schools  
531 SE 14th Ave.  
Portland, OR 97214  
Phone: 503-916-5840  
Fax: 503-916-2727

- \* Brochure describing drug and violence prevention services offered by Portland Public Schools
- \* Brochure detailing the Elementary School Guidance and Counseling Program and the Primary Prevention Activities for Elementary School Children.

**Professor Hill Walker**, Co-Director, Institute on Violence and Destructive Behavior  
College of Education  
1265 University of Oregon  
Eugene, OR 97403-1265  
hwalker@oregon.uoregon.edu  
541-346-3592 (Phone)  
541-346-2594

- \* Folder describing the mission and work of the Institute on Violence & Destructive Behavior
- \* Brochure describing "First Steps" Program developed by Professor Walker
- \* Brochure describing an "Early Screening Project" developed by Professor Walker and his colleagues
- \* Article by Professor Walker and Jeffrey R. Sprague describing a "Comprehensive School Based Intervention"
- \* Memo to Ray Mathis containing Professor Walker's assessment of the CDPC Charge and Work Plan
- \* Article: "Early Childhood Intervention" by Edward Zigler, Cara Taussig and Kathryn Black of Yale University.
- \* Brochure describing "Second Step Violence Prevention Curriculum" developed by the Committee for Children.
- \* Article: "Early Identification and Intervention for Antisocial and Violent Youth" by Jeffrey Sprague and Hill Walker
- \* Article: "Early Birds" describing the First Steps Program
- \* Memorandum from Hill Walker to School Superintendent George Russell re: Walker's comments on school board retreat.
- \* Article: "Early Social Skills Training Helps Students Succeed" from the Register Guard, March 4, 1999.
- \* Copy of Hill Walker's Testimony for Senate Bill 555 on May 4, 1999
- \* Copy of Hill Walker and Janet Eaton's Testimony for the Oregon Senate Education Committee on May 26, 1999
- \* US Department of Education protocol entitled "Early Warning, Timely Response, a Guide to Safe Schools".
- \* Article: "First Steps to Success" detailing program, including case studies.
- \* "First Steps to Success" Fact Sheet
- \* "Recommended Approach" prepared by Hill Walker for the CDPC to help in organization of White Paper.



# References

## REFERENCES

### **BOOKS**

**Robin Karr-Morse and Meredith S. Wiley** (1997).

Ghosts from the Nursery. New York, NY: Atlantic Monthly Press.

**Loeber, R., & Farrington, D. P. (Eds.)**. (1998).

Serious and violent juvenile offenders: Risk factors and successful interventions. Thousand Oaks, CA: SAGE Publications.

**Walker, H. M., Colvin, G., & Ramsey, E.** (1995).

Antisocial behavior in schools: Strategies and best practices. Pacific Grove, CA: Brooks/Cole.

### **CHAPTERS**

**Barnett, W. S., & Escobar, C. M.** (1992).

Economic costs and benefits of early intervention. In S. J. Meisels & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (1st ed., pp. 560-582). New York: Cambridge University Press.

**Gottfredson, D.C.** (1997).

School-based crime prevention. In L. Sherman, D. Gottfredson, D. Mackenzie, J. Eck, P. Reuter, & S. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising* (pp. 5-1 to 5-74). College Park, MD: Department of Criminology and Criminal Justice.

### **JOURNAL ARTICLES**

**Barnett, W. S.** (1985).

Benefit-cost analysis of the Perry Preschool program and its policy implications. *Educational Evaluation & Policy Analysis*, 7(4), 333-342.

**Barnett, W. S.** (1993).

Economic evaluation of home visiting programs. *The Future of Children*, 3(3), 93-112.

**Barnett, W. S.** (1988).

The economics of early intervention under P.L. 99-457. *Topics in Early Childhood Special Education*, 8(1), 12-23.

**Barnett, W. S.** (1986).

Methodological issues in economic evaluation of early intervention programs. *Early Childhood Research Quarterly*, 1(3), 249-268.

**Barnett, W. S.** (1985).

The Perry Preschool program and its long-term effects: A benefit-cost analysis. *High/Scope Early Childhood Policy Papers* (No. 2). Ypsilanti, MI: High/Scope.



**Constantino, J. N.** (1992).

On the prevention of conduct disorder: A rationale for initiating preventive efforts in infancy. *Inf Young Children*, 5(2), 29-41.

**Embry, D. D., Flannery, D., Vazsonyi, A., Powell, K., & Atha, H.** (1996).

Peacebuilders: A theoretically driven, school-based model for early violence prevention, *American Journal of Preventive Medicine*, 12, 91-100.

**Furlong, M. J., & Morrison, G. M. (Eds.)**. (1994).

School violence and safety in perspective (9-article miniseries). *School Psychology Review*, 23(2), 139-261.

**Greenberg, M. T., Kusche, C. A., Cook, E. T., & Quamma, J. P.** (1995).

Promoting emotional competence in school-aged children: The effects of the PATHS curriculum. *Development and Psychopathology*, 7, 117-136.

**Greenwood, P.W.** (1999).

Prevention: The cost effectiveness of early intervention as a strategy for reducing violent crime. In E. L. Rubin (Ed.), *Minimizing harm: A new crime policy for modern America* (pp. 67-89). Boulder, CO: Westview Press.

**Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Beland, K., Frey, K., & Rivara, F. P.** (1997).

Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association*, 277(20), 1605-1611.

**Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G.** (1999).

Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics & Adolescent Medicine*, 153, 226-234.

**Hughes, J., & Hasbrouck, J.** (1996).

Television violence: Implications for violence prevention. *School Psychology Review*, 25(2), 134-151.

**Maguin, E., & Loeber, R.** (1996).

Academic performance and delinquency. In M. Tonry (Ed.), *Crime and Justice: A Review of Research*, 20, 145-264.

**Patterson, G. R., Crosby, L., & Vuchinich, S.** (1992).

Predicting risk for early police arrest. *Journal of Quantitative Criminology*, 8(4), 335-355.

**Reid, J. B., & Eddy, J. M.** (1997).

The prevention of antisocial behavior: Some considerations in the search for effective interventions. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *The handbook of antisocial behavior* (pp. 343-356). New York: John Wiley & Sons.

**Sprague, J. R., & Walker, H. M.** (in press).

Early identification and treatment of antisocial and violent youth. In R. Skiba & R. L. Peterson (Eds.), *Building safe and responsive schools: Perspectives on school discipline and school violence* [Special issue]. *Exceptional Children*.

**Walker, H. M., Forness, S. R., Kauffman, J. M., Epstein, M. H., Gresham, F. M., Nelson, C. M., & Strain, P. S.** (1998).

Macro-social validation: Referencing outcomes in behavioral disorders to societal issues and problems. *Behavioral Disorders*, 24(1), 7-18.

**Walker, H. M., & Gresham, F. M.** (1997).

Making schools safer and violence free. *Intervention in School and Clinic*, 32(4), 199-204.

**Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, M. J.** (1996).

Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders*, 4, 193-256.

**Walker, H. M., Irvin, L. K., & Sprague, J. R.** (1997).

Violence prevention and school safety: Issues, problems, approaches, and recommended solutions. *OSSC Bulletin*, 41(1), Fall. Eugene, OR: Oregon School Study Council, College of Education, University of Oregon.

**Walker, H. M., Kavanagh, K., Stiller, B., Golly, A., Severson, H. H., & Feil, E. G.** (1998).

First Step to Success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 6(2), 66-80.

**Walker, H. M., & Sprague, J. R.** (1999).

The path to school failure, delinquency and violence: Causal factors and some potential solutions. *Intervention in School and Clinic*, 35(2), 67-73.

**Walker, H. M., & Sylwester, R.** (1998).

Reducing students' refusal and resistance. *Teaching Exceptional Children*, 30(6), 52-58.

## **REPORTS**

**Anderson, B.** (1998).

Colorado Even Start. 1997-1998 progress report. (ERIC No. ED428869). Denver, CO: Colorado State Department of Education.

**Dwyer, K., Osher, D., & Warger, C.** (1998).

Early warning, timely response: A guide to safe schools. Washington, DC: U.S. Department of Education.

**Greenwood, P. W.** (1999).

Costs and benefits of early childhood intervention. *OJJDP Fact Sheet*, 94. U.S. Department of Justice, Office of Justice Programs.

**Greenwood, P. W., Model, K. E., Rydell, C. P., & Chiesa, J.** (1996).

Diverting children from a life of crime. Santa Monica, CA: RAND.

**Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M.** (1998).

A prevention program to decrease youth violence and delinquency: Linking the Interests of Families and Teachers (LIFT). Eugene, OR: Oregon Social Learning Center.

## FOOTNOTES

- 1 Blueprints for Violence Prevention, (1998); Karr-Morse, Robin and Wiley, Meredith, Ghosts from the Nursery: Tracing the Roots of Violence, (1997) Atlantic Monthly Press.
- 2 Blueprints for Violence Prevention, (1998). Boulder, CO: Center for the Study and Prevention of Violence. [www.colorado.edu/csvp/blueprints](http://www.colorado.edu/csvp/blueprints).
- 3 Ghosts from the Nursery, p.12
- 4 Loeber, R., & Farrington, D.P. (Eds.). (1998). Serious and violent juvenile offenders: Risk factors and successful interventions. Thousand Oaks, CA: SAGE Publications.
- 5 Ibid.
- 6 Loeber, R., & Farrington, D.P. Serious and violent juvenile offenders: Risk factors and successful interventions.
- 7 Aos, Steve et al., The Comparative Costs and Benefits of Programs to Reduce Crime, (1999).
- 8 Oregon Criminal Justice Commission, Phillip Lemman, Executive Director
- 9 Oregon Department of Corrections Quick Facts Publications for 2000.
- 10 Ritter, John, Office of Special Education, Oregon Department of Education.
- 11 Zigler, E., Taussig, C. & Black, K. Early Childhood Intervention: A Promising Preventative for Juvenile Delinquency, American Psychologist (August 1992), p 1000.
- 12 For a family of 4, the federal poverty level is \$16,700 per year.
- 13 Oregon State Department of Education.
- 14 Federal Region 10 Office.
- 15 Multnomah County Department of Community and Family Services, Welcome Baby Program: Home Visits for All New Births.
- 16 Strain, Phillip, Regional Intervention Program, Nashville, Tennessee.
- 17 Relief Nurseries provide community-based child abuse prevention services to support children and families. Ex. Lane Relief Nursery, Jean Phelps, Director, 1720 W. 25th Street, Eugene, OR 97405.
- 18 Aos, Steve et al., The Comparative Costs and Benefits of Programs to Reduce Crime, A Review of National Research with Implications for Washington State, Washington State Institute for Public Policy, (1999). Societal cost-benefit can be measured as the combined benefits a taxpayer is expected to receive in avoided downstream criminal justice costs and benefits to crime victims when a program reduces crime. These costs are then compared to program costs to arrive at a benefit-to-cost ratio. However, this economic analysis only measures the benefits associated with the crime related effects of these programs. Thus, the estimates understate - to a degree - the total benefits taxpayers or society might be able to achieve with these programs.
- 19 The measure of the impact of treatment by comparing a control group to a treatment group.





KIDS INTERVENTION INVESTMENT  
DELINQUENCY SOLUTIONS

FOR FURTHER INFORMATION, CONTACT THE CITIZENS CRIME COMMISSION @ 228.9736 OR E-MAIL [RMATHIS@PDX.ORG](mailto:RMATHIS@PDX.ORG)



## The Oregon Children's Plan Summary

The Oregon Children's Plan represents the continuation of a long-time endeavor to identify and assist at-risk children and their families. The Plan, which will increase services available to children and families through the State and counties, expands the Healthy Start program statewide with its emphasis on home visiting, and it continues implementation of the early childhood planning portion of Senate Bill 555. (SB 555, established by the 1999 Legislature, is a comprehensive policy for Oregon's children and families. SB 555 directs state agencies to establish policies for a statewide early childhood system of social supports and requires the development of a local coordinated comprehensive plan that includes children ages 0-8 and their families.)

The Oregon Children's Plan, which is entirely voluntary and optional, focuses resources on front-end prevention and treatment instead of after-the-fact intervention. Currently, the state invests substantial and growing amounts of funding to address problems after they occur when children have become mired in the social welfare system or the criminal justice system. In recent years Oregon has seen a massive expansion of prisons, a costly consequence of our failure to help ensure that all the State's children get a healthy start in life.

The Plan begins at birth. It provides for voluntary screening of all first-born children for both medical and social risks. The State's screening costs are limited to technical development and training for medical personnel. Actual screening could be as simple as taking a patient's history, something that physicians already do when seeing a new patient. Children who are exposed to one or more risks will be offered coordinated assessment and a plan for in-home and out-of-home services. For families that don't need assistance with further assessment or services, there would be no additional cost to the state. Although participation in the Plan is voluntary, in an early pilot model 93 percent of families who were offered the opportunity elected to take part.

The goal of the Oregon Children's Plan is to screen all Oregon children and to provide follow-up support to those families who need and request it. However, the proposal in the Governor's budget is woefully underfunded and predicted to reach only about 40% of those families in need. By focusing initially on first-borns, the Plan provides an important start with a cohort that can be effectively evaluated. Also, many of the social risks for first births, if addressed, will also be addressed for subsequent children.

The Governor remains solidly committed to all of Oregon's children. He has maintained and even increased the budget by \$10 million—raising it to \$30 million—for high-risk juveniles in criminal prevention programs. That brings the total dollars budgeted for community-based, youth crime prevention to \$96 million.

Of the \$66 million allocated in the budget to the Oregon Children's Plan, \$28 million is proposed to come from new revenue and \$38 million will be redirected from other programs. The plan will be available in all 36 counties. A key feature is the coordination of existing programs into a system of supports. The Plan proposes to replace the current fragmented system with a

comprehensive approach for helping children. In most cases, the funds redirected from other programs will continue to target many of the same families.

Sixty percent of Oregon children are born with risks that can adversely affect their success in life. The Oregon Children's Plan is based on research that shows by identifying and addressing these risks early, we can help children succeed in school and avoid future problems such as drug abuse, school failure, delinquency or incarceration. Oregon taxpayers will benefit as well by the decreased need to fund costs associated with services such as drug treatment and justice system programs for delinquent youth. A cost-benefit analysis of the early pilot model of the Oregon Children's Plan found that for every dollar invested, \$4.25 was saved in other, more costly services.

In a report issued in June 2000, the Citizen's Crime Commission stated, "We cannot afford to ignore programs and policies proven to work in reducing juvenile delinquency. The resources for these programs must be found. We must no longer give "lip service" to making children a priority: we must literally put our money where our mouth is." The Oregon Children's Plan takes up the Commission's challenge.



BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

**RESOLUTION NO. 00-153**

Approving Early Childhood Planning and Funding

**The Multnomah County Board of Commissioners Finds:**

- a. Commissioner Lisa Naito has led an extensive community planning process which developed recommendations regarding early childhood services and issued *Coming Together for Children: An inventory of resources and needs for young children and families in Multnomah County*.
- b. The Citizens' Crime Commission issued a study in June, 2000, concluding that "the most efficient and cost effective way to reduce crime is to intervene as early as possible in the lives of high-risk children." The Commission recommended that "in both the pre-natal to age 4 and K to Grade 4 groups, an integrated continuum of primary, secondary and tertiary programs should be considered." The recommended continuum of pre-natal to Age 4 programs included Healthy Start, In Home Nurse Visitation, Early Head Start, Head Start, and Relief Nursery.
- c. On August 23, 2000, the Portland City Council passed a resolution expressing its intent to appropriate \$1,000,000 towards an early childhood development fund and resolving that Commissioner Dan Saltzman will help develop a focused strategy.
- d. The Board of County Commissioners acknowledges the cost effectiveness of investments in early childhood programs and urges its state and federal government, foundation, and business partners to embrace this initiative and contribute their time, energy and resources towards its success.

**The Multnomah County Board of Commissioners Resolves:**

1. The Board intends to approve \$1,000,000 for early childhood related programs in its 2001-2002 budget. The Board will begin implementation of these programs in the current fiscal year if funding permits.
2. The Board resolves to work with Portland City Council and other interested jurisdictions to develop a coordinated strategy to promote successful early childhood development in our community.
3. Commissioner Lisa Naito will work with Portland City Commissioner Dan Saltzman and other interested parties in developing a strategic plan concerning

how City and County resources will be targeted. The elected officials will review their plan with their respective elected bodies in March, 2001. The plan will be developed in conjunction with the Multnomah Commission on Children, Families and Community. If possible, the plan will incorporate the SUN schools initiative.

4. The Board will meet with Portland City Council to discuss matters of mutual concern following the November 2000 General Election.

ADOPTED this 14th day of September, 2000.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
Beverly Stein, Chair

REVIEWED:

Thomas Sponsler, County Attorney  
For Multnomah County, Oregon

By   
Katie Gaetjens, Assistant County Attorney



# **Coming Together for Children:**

**An inventory of resources and needs for  
young children and families  
provided or funded by Multnomah County**



**Presented by the Early Childhood Planning Group of Multnomah County  
March 16, 2000**

## TABLE OF CONTENTS

Introduction.....	3
Recent History of Early Childhood Planning Efforts....	3
Community Partnerships.....	4
Profile of Children in Multnomah County.....	5
Next Steps in Early Childhood Planning.....	8
Resource Continuum.....	8
Current Multnomah County Resources.....	10
Identified Needs .....	16
Glossary.....	19

## I. Introduction

This brief plan identifies the scope of resources provided by and through Multnomah County to very young children and their families. The continuum of current resources illustrates this county's commitment to the health and well-being of this vulnerable segment of the population. The continuum also identifies needs that may not be met by existing resources. This plan is limited in that it only identifies county funded resources. The County Early Childhood Planning Workgroup is aware that there are many other jurisdictions and agencies that provide resources to young children. Members of the Early Childhood Planning Workgroup include: Lisa Naito, County Commissioner; Denise Chuckovich, DCFS; Ann Bremer, Health Department; Barbara Brady, DCFS; Wendy Lebow, DCFS; Steve March, Commissioners Office; Pat Foley, Health Department; Jim Clay, CCFC; and Marsha Mulvey Peninsula Child Care Network. We hope that this document will serve as a framework for all jurisdictions and services providers in Multnomah County to begin to catalogue the valuable resources currently being provided to the very young, as well as those resources that are not presently available but are so very needed. As the community comes together to define what we do now and what we must do in the future for our children, we can build partnerships and leverage resources to improve resources to our youngest and most vulnerable citizens.

## II. Recent History of the Departments of Multnomah County Early Childhood Planning Efforts

Health and social services to very young children and their families have been a focus of Multnomah County for many years. The county's Readiness to Learn benchmark demonstrates an

ongoing commitment to the positive growth of our youngest citizens. However, during the past year, heightened interest in research regarding the impact of experiences during the early years of life has given policy makers and service providers increased interest in the quality and quantity of services provided to this population. On a parallel track at first, and most recently on a fully integrated track, the Commission on Children, Families and Community of Multnomah County has developed a collection of initiatives that support our youngest children. They've done this by supporting innovative approaches to creating improvements to our overall system of care and education; recruiting private investors who now serve as collaborative partners; and advancing community asset building so that professionals are not the only ones who are increasing their commitments to our youngest children.

County Commissioner Lisa Naito took the lead on the early childhood issue beginning in the Winter of 1999. The Multnomah County Early Childhood Workgroup was established at her request and met regularly. Commissioner Naito chaired the Early Childhood Workgroup to review current county government funded services to young children and their families and develop recommendations regarding how these resources could be better coordinated, better integrated and what services might be added if additional funding becomes available.

The workgroup was composed of representatives from several county departments including Community and Family Services, Health, Juvenile Justice, the Library and the Commission on Children, Families and Community. For several months the workgroup focused its review on recommendations from two recent reports regarding county early childhood services:

- The Portland Progress Board's report. "Children's Readiness to Learn: Strategies for Improvement", October 1998.
- The Early Childhood Care and Education Council of Multnomah County's report, "Cradle to Community", May 1999.

During 1999 the Multnomah County Board of County Commissioners participated in several briefings regarding early childhood research, the county service system, and approved recommendations from the workgroup regarding ways to improve early childhood services at the state and local level.

A joint County/Commission on Children, Families and Community/Early Childhood Care and Education Council forum for early childhood was held on January 21, 2000. The forum was an opportunity to gather comments and suggestions on this document from early childhood community advocates.

This Early Childhood Plan is the outcome of the work group efforts, input from the Board of Commissioners and responses from community advocates. Another outcome of the workgroup's effort is an extraordinary level of interdepartmental collaboration and mutual respect.

### III. Community Partnerships

Several other public and private partners have taken an active role in promoting early childhood issues.

- The Commission on Children, Families and Community of Multnomah County has launched a collaborative five year initiative to promote the language and literacy development of children aged

birth through six. Many public and private partners have been involved in a variety of ways—as investors, as planners and advisors, and as partners in organizing activities. Activities will include outreach to parents (including new parent kits developed collaboratively with Success by Six), training and grants for childhood care and education providers, advocacy for routine hearing screenings of infants, and evaluation.

- The United Way of the Columbia-Willamette received a grant in 1999 from the NationsBank/Bank of America to launch a *Success by 6* program in the four-county area (Clackamas, Clark, Multnomah and Washington counties). The first year strategies are: funding parent education programs; conducting a community-wide media, collaborative public awareness campaign about the importance of brain development and its implications for parents; and is providing families with parent kits, with tools to reinforce these message and local resources.
- Mayor Katz provided leadership, along with Commissioner Francesconi and the superintendents of the Portland school districts, to convene the Portland Early Childhood Care and Education Workgroup in Fall 1998. The group was charged with identifying what the City is currently doing and could be doing (in concert with appropriate school districts, the County, community groups and service organizations) to increase the percentage of Portland children who enter school "ready for kindergarten". The Workgroup's recommendations have resulted in several projects, including one that supports and expands child care networks that help providers to

improve quality and stability of care; make facilities improvements; provide for employee benefits, substitute and respite care, and add equipment and transportation services.

- **The Early Childhood Care and Education Council of Multnomah County**, founded in 1995, works as a broad-based coalition of early childhood professionals, parents and advocates, to represent the needs and interests of young children and their families with governmental and non-governmental planners, policy makers and funders. This last year The Council sponsored *Cradle to Community*, a visioning process that involved the whole community in developing integrated action plans for enhancing the system of care and education for young children and families.
- **OREGON! Ready to Learn** is an education initiative of the Oregon Community Foundation. The Foundation has committed \$1 million over five years to provide grants to raise the levels of literacy and language development among young children, and improve young children's education experiences through providing support for families and child care providers. The first grants will be awarded in February 2000.

#### IV. Profile of Children in Multnomah County

##### Population

- 9303 total births in Multnomah County in 1998 (approximately 20 percent of all Oregon Births). (*Oregon Health Division*)

- 42,420 children birth to five years old in Multnomah County in 1998. (*American Community Survey*)
- 5,688 single fathers with one or more children in Multnomah County in 1996. (*American Community Survey*)
- 19,478 single mothers with one or more children in Multnomah County in 1996. (*American Community Survey*)

##### Poverty

- Approximately 20% of all children under 5 years of age (8484) were living below the federal poverty level in 1998. (*American Community Survey*)
- 622 families are homeless on a given night (45% of the persons in those families are 5 years old and under). (*One Night Shelter Count, March 1998*)

##### Behavioral Health

- In 1998, the number of drug effected babies dropped for 4<sup>th</sup> year in a row. (*State of Oregon Department of Human Services Child Abuse Statistics*)
- 21 percent of preschool aged children met the criteria for a psychiatric disorder, 9.1 percent have a severe psychiatric disorder. (*Lavigne et.al. (1996). Prevalence rates and correlates of psychiatric disorders among preschool children. Journal of the American Academy of Child and Adolescent Psychiatry, 35 (2), 204-214.*)
- The number of persons seeking mental health services has increased by 22 percent, while revenues are down 32 percent. (*Multnomah County Mental Health Task Force, Report from the Providers' Impact Workgroup, December 10, 1999*)

- 13 percent of adult clients with alcohol/drug episodes of care had children age six or under in 1997/98. *(Client Process Monitoring System, Alcohol and Drug System of Services, Oregon Office of Medical Assistance Programs)*
- A 25 percent decline in service access was the result of a \$15 million reduction in Medicaid revenue during fiscal year 1997/98. *(Multnomah County Mental Health Task Force Report from the Service Mapping/Data Workgroup, December 10, 1999)*

### Health Care

- 82 percent of pregnant women received first trimester care in 1997, a 6 percent improvement since 1990. *(Oregon Health Division)*
- There has been a slight (6%) increase in the number of babies born Low Birth Weight in Multnomah County between 1990 and 1997. Despite improvements in birth outcomes for African American babies in Multnomah County, there continues to be a racial disparity in African American use of early prenatal care, low birth weight, and infant mortality. *(Oregon Health Division)*
- The number of infant deaths dropped 41 percent between 1990 and 1997. *(Oregon Health Division)*
- The number of infants dying of SIDS dropped 81 percent between 1990 and 1997. *(Oregon Health Division)*
- 84 percent of Multnomah County's 2 year olds were up to date on their immunizations in 1997, an increase from 52 percent in 1992. *(Oregon Health Division)*
- 35.7 percent of women who had babies in Multnomah County met the income eligibility (185 percent of poverty) and were enrolled in WIC at time

of delivery in 1996. *(Multnomah County Health Department WIC program)*

- 29 percent of eligible families at the time of delivery were not enrolled in the WIC program in 1996. *(Multnomah County Health Department WIC Program)*
- The teen pregnancy rate for 10-17 year olds in Multnomah County in 1998 was 21.5 per thousand females age 10-17, a 34 percent decline since 1988. *(Oregon Health Division)*

### Child abuse and neglect

- In 1997, there were 1,691 substantiated reports of abuse and neglect in Multnomah County. More than half of these children were under six years old. About 15 percent were infants under a year old. *(Portland-Multnomah Progress Board, Benchmark for 1999: [www.upm-benchmarks.org/86a.html](http://www.upm-benchmarks.org/86a.html))*
- Alcohol and/or drug problems are a factor in 42 percent of the abuse incidents. *(Portland-Multnomah Progress Board, Benchmark for 1999: [www.upm-benchmarks.org/86a.html](http://www.upm-benchmarks.org/86a.html))*
- About 33 percent of child abuse cases involve spousal abuse, and 29 percent involve parents who are involved in the criminal justice system. *(Portland-Multnomah Progress Board, Benchmark for 1999: [www.upm-benchmarks.org/86a.html](http://www.upm-benchmarks.org/86a.html))*
- Approximately 12 percent of the children reported for suspected abuse and neglect in the County are removed from their homes. There are an average of 2,300 children in foster care in Multnomah County, most because of abuse and neglect. *(Portland-Multnomah Progress Board, Benchmark for 1999: [www.upm-benchmarks.org/86a.html](http://www.upm-benchmarks.org/86a.html))*

- In Multnomah County, 31 percent (557 of 1,779) of the children in foster care are between 0-5 years. *(Report to Early Childhood Planning Group by Kevin George, Transitional Resource Unit, Department of Human Resources, State Offices to Children and Families, 12/28/99)*
- Of the 557 children in Multnomah County between 0-5 years old: 374 children reside in regular foster family home, 90 children reside with relatives and receive a monthly federal reimbursement of \$363.00, 93 children reside with relatives, but are not eligible for federal foster care reimbursement *(Report to Early Childhood Planning Group by Kevin George, DHR, 12/28/99)*
- Adoptive placements during the period of July 1, 1998 to June 30, 1999 reflect 922 children placed by SOSCF into an adoptive home statewide. Of these children: 259 (28.1%) were less than 3 years of age, 196 (21.3%) were 3-4 years of age, 227 (24.6%) were 5-7 years of age. *(Report to Early Childhood Planning Group by Kevin George, DHR, 12/28/99)*
- 23 percent (216 of 922) of statewide adoptive placements occurred in Multnomah County. *(Report to Early Childhood Planning Group by Kevin George, DHR, 12/28/99)*

### Domestic Violence

- 577 children and 649 women were sheltered in the domestic violence system of service providers in Multnomah County in 1998. *(1998 Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence (ODVNA), 1999)*
- In Oregon, 204,200 children lived in abusive households during the past year. Most of these children saw or heard the abuse in their homes. One-

half of the children were under 5 years of age the first time they saw or heard the abuse. *(ODVNA, 1999)*

- More than 1 of every 6 (15 percent or 123,400) Oregon children saw or heard the abuse of their mothers or caregivers during the past year. *(ODVNA, 1999)*
- 31 percent to 45 percent of the children removed from their homes for child abuse are also in homes with substantiated domestic violence occurrence. *("Assessing the Effectiveness of Child Welfare Services," Child Welfare Partnership, Portland State University, January 1999)*

### Child care availability

- In 1998 in Multnomah County, 68 percent of women with children under 6 years old are in the labor force. *(American Community Survey)*
- There are 18.8 child care spaces per 100 children age 0-13 in Multnomah County. Total number of child care spaces is 22,760 (this rate is 18% worse than in 95/96). *(Status of Oregon's Children, 1998 County Data Book, Children First for Oregon.)*

## V. Next Steps in Early Childhood Planning

This document represents the best thinking to date of county managers, planners and others involved in early childhood resources in this county. It is to be viewed as a beginning draft and will be further developed as we seek input from others within this community who are concerned about the well-being of young children and their families. Important next steps in planning for early childhood include:

- Finalization of this plan with formal adoption by the Board of County Commissioners in early March, 2000. Use of this plan as a reference for all County departments is an effort to develop better coordination of services, maximize resources, develop strategies and identify opportunities to promote and prioritize early childhood services within the County.
- Counties interested in applying to the state for funding for home visiting services will be required to submit a grant application to the state by March, 2000.
- The statewide implementation of SB555 which says that each county CCFC "shall develop and prepare a single local plan for coordinating programs, strategies, and services for children who are 0 to 18 years of age and their families..."; and which requires an early childhood planning component to this "single plan" as a prerequisite for applying for available state funds.

## VI. Resource Continuum

The Current Resources section presents County resources to young children (0-8) and families provided by or funded through the Health Department, Department of Community and Family Services (Community Programs and Partnerships, Developmental Disabilities and Behavioral Health), Library, Department of Community Justice, District Attorney's Office and the Commission on Children, Families and Community.

The continuum categorizes resources, services and needs, not children or families. Family needs occur across the continuum, often in multiple dimensions at the same time.

The service areas describe County-funded services, but may lack important dimensions if this inventory is broadened. Examples of additional categories include:

- Family Support (vs. individual-based services)
- Basic Needs (food, transportation)
- Economic Health of the family/community
- Education (of children, adults, parents, career development, etc.)
- Spiritual Needs

The Needs section identifies services or populations county-wide in which there is an unmet need. This section is intended to identify the county-wide need for resources and does not necessarily suggest gaps in specific programs. Programs which could address a gap in service have been identified when appropriate. Service categories are: Home Visits for New Births, Behavioral Health, Parenting, Child Development, Child Care, Health, Housing, and Hotlines. Within each of these service categories is a description of a specific service and the population served with the program name in parentheses.



### **The Continuum of Prevention**

The "continuum of prevention activities" is one way to think about the various approaches for creating positive outcomes for children and families. It's very important to note that this is NOT intended to describe individual children or families. Instead, it describes the purpose of activities that are with and for children and families.

One way to understand the "continuum of prevention activities" is to notice that at one end there are Growth Promotion activities that are "proactive" and future vision directed. That is to say, there is no thought given to problems, but much consideration given to identifying and achieving a positive future. On the opposite end of the continuum we find Intervention/Treatment, which is "reactive," and acknowledges that a problem has occurred in the past, or continues into the present, and that opportunities for growth are tied to addressing the problem. In between the two end points lie activities that have the purpose of being more or less proactive and reactive. It's important to note that activities rarely can be placed on only one spot along this continuum. In other words, an intervention activity that is supporting a family in crisis, may have, and is preferred to have, a strong growth promotion component.

**Growth Promotion:** The focus of these activities is not on any health or social problem, and instead looks for ways to enhance an individual's positive growth and development. Activities may include recreation, academic learning, social skills development, health maintenance skills building, or values setting, to name a few. Activities may have the net effect of preventing or reducing the likelihood of future problems (like social isolation, teen pregnancy or drug abuse), but the main focus is on wellness, i.e. healthy growth and development. Efforts target all individuals,

families and the community, either as a whole, or as targeted sub communities.

**Primary Prevention:** These activities recognize that there is the risk of some health or social problem in the future, either to the general population, or to a targeted subset of the population. Although there is risk, the problem has not begun, and through specific activities the problem can be avoided entirely. Primary prevention activities seek to reduce "exposure" to risk, and at the same time lower "susceptibility" to the problem through resiliency or asset building. Efforts target individuals and families at increased risk, and the community, either as a whole, or as targeted sub communities.

**Early Intervention:** Early intervention describes community services that offer prompt identification and resolution of issues that interfere with the well being of the child and family. The goal of service is to prevent future risk of such interference. Community services are added to the natural family support system in the least intrusive manner possible. Efforts target individuals and families, (and their caregivers and support systems) who are experiencing the early onset of a problem.

**Intervention/Treatment:** These activities are direct services to a child and family in a concerted effort to restore wellness. Intervention services may have the net effect of preventing further problems or reducing the impact of a problem. The individual, the family and the community together determine the focus of intervention services and the definition of full functioning for an identified problem. The target population is children and families who need additional supports from others, when other less intrusive services have not resulted in an optimal resolution.

## Current resources provided or funded by Multnomah County

Continuum ▼Service Areas▼	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
<b>Home Visits for New Births</b>	<u>Health Dept.</u> -Health promotion/education (Community Health Nurse and Community Health Worker at Parent Child Development Services) -Newborn Home Visit (Field Services Community Health Nurse)	<u>Health Dept.</u> -Teen parents (Connections, Neighborhood Health Team) -1st time, low income, unmarried mothers in E and Mid County (Olds, Neighborhood Health Team) -African American & Latina low income pregnant women in Northeast and North Portland (Healthy Birth Initiative) -Low income, ESL, uninsured and at bio/psycho/social risk (Neighborhood Health Team, Babies First)  <u>CFS-Developmental Disabilities:</u> -Assessment, consultation, coordination of resources and support to children and families	<u>Health Dept.</u> Neighborhood Health Team home visits to families experiencing: -domestic violence -child abuse/neglect -substance abuse -homelessness (Healthcare for the Homeless) -developmental disabilities (Early Intervention) -mental health issues -chronic health concerns  <u>CFS-Behavioral Health</u> -In home adult mental health services for parents at risk of abuse and neglect of young children (Family Enhancement Program)	<u>Health Dept.</u> -Home visits to infants & families identified with special needs babies at bio-psycho-social risk (CaCoon, Early Intervention) -Incarcerated pregnant substance using women (ADAPT)  <u>CFS-Behavioral Health</u> -In home mental health services for parents with some history of abuse or neglect (Family Enhancement Program)
<b>Behavioral Health</b>	<u>CFS-Behavioral Health</u> -Mental health consultation and training for providers of child care and parents whose children are in child care (Early Childhood Mental Health Consultant at Metro) -A&D prevention	<u>CFS-Behavioral Health</u> -Mental health consultation and training for parents and staff serving young children (Early Childhood Mental Health Consultant Team) -Mental health and alcohol/drug treatment for parents (Adult A&D Services and Adult Mental Health Services) -Mental health assessment and treatment of teens at risk of early pregnancy (School-Based Health Clinic) -A&D clinical assessment and referral at School-Based Health Clinics -A&D education and intervention at Primary Health Clinics  <u>Library</u> -Strong A&D self-help resource collection	<u>CFS-Behavioral Health</u> -Mental health consultation and training for parents and staff whose children show signs of disturbance, treatment for children who show signs of disturbance (Early Childhood Mental Health Consultant Team) -Mental health and alcohol/drug treatment for parents (Adult A&D and Adult Mental Health Services) -In home mental health services for parents whose children show signs of disturbance (Family Enhancement Program) -A&D intervention within Juvenile Justice system -A&D youth treatment in community (one specific to African-American males) <u>Dept. Community Justice - Juvenile</u> Early Intervention Unit – services to children 11 and younger with law violations	<u>CFS-Behavioral Health</u> -In home MH treatment for very young children (Early Childhood MH Consultant Team) -Clinic based MH treatment for young children (Outpatient & Day Treatment Providers) -Cash Enhancements for outpatient MH services for children (through Early Childhood Team) -In home services for parents whose children require mental health treatment (Family Enhancement Program) -MH assessment of abused and neglected children and referral for treatment (Child Assessment Service) -A&D adult treatment for parents with young children in community (some currently specific to Afr-American women)

## Current resources provided or funded by Multnomah County

Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
<b>Child Care</b>	<p><u>CFS-Programs and Partnerships</u> -Training and technical assistance to child care providers (Metro CCR&amp;R Resource Team) -Provider Networks to improve home child care stability and quality (Peninsula Children's Center &amp; VOA)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for providers of child care and parents whose children are in child care (Early Childhood Mental Health Team at Metro)</p> <p><u>CCFC</u> -Grants to child care &amp; education programs for acquiring learning materials (Language &amp; literacy development fund) -System-wide professional development on language &amp; literacy development for child care &amp; education providers</p>	<p><u>CFS-Programs and Partnerships</u> -Family Child Care loans and scholarships for improvements (Metro CCR&amp;R) -Portland Public Schools Teen Parent Services (Early Head Start)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for providers of child care and parents who live in poverty. (Early Childhood Mental Health Team at Metro and Mt. Hood Head Start Community Placements)</p> <p><u>CFS-Developmental Disabilities:</u> -Referrals to specialized child care providers</p> <p><u>CCFC</u> -Language &amp; literacy development fund -System-wide professional development on language &amp; literacy development for child care &amp; education providers</p> <p><u>Library</u> -Training and materials to child care centers and family child care homes (Early Childhood Resources Training) -Training and materials through Story Time Mentors (volunteers) to family child care providers (ECR Family Child Care Program)</p>	<p><u>Health Dept.</u> -Relief Nursery</p> <p><u>CFS-Programs and Partnerships</u> -Education for child care providers on services to special needs kids (KICS) -Emergency family child care scholarships (Metro CCR&amp;R)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation, training, and referral for children in child care who show signs of disturbance (Early Childhood Mental Health Team at Metro and Mt. Hood Head Start Community Placements)</p> <p><u>CFS-Developmental Disabilities:</u> -Referrals to specialized respite providers</p>	<p><u>CFS-Programs and Partnerships</u> -Education for child care providers on services to special needs kids (KICS)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation, training, and referral with cash enhancements for children in child care who require MH treatment and MH treatment for children in child care (Early Childhood Mental Health Team at Metro and Mt. Hood Head Start Community Placements) -A&amp;D (some) child care for parents in outpatient. - A&amp;D (some) residential care for women &amp; men that included residence for children</p>

## Current resources provided or funded by Multnomah County

Continuum > Service Areas <	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Parenting	<p><u>Health Dept.</u> -Education and outreach to parents about lead blood levels in children (Lead Poisoning Prevention) -Assessment, teaching and referral to appropriate groups such as PCDS (Neighborhood Health Team)</p> <p><u>CFS-Programs and Partnerships</u> -Education/support groups, home visits, Parents as Teachers curriculum, child development screening and activities. (Parent Child Development Services)</p> <p><u>CFS-Developmental Disabilities</u> -Strong system of peer support and peer advocacy among families</p> <p><u>Library</u> -Parent education materials (Library) -Emergent literacy program for expectant and new parents in coordination with agencies providing parent education and prenatal services (ECR Born to Read) -A family science &amp; children's picture book parenting program which shows parents of children 3-7 how to encourage both reading and science exploration through children's books. (Mother Goose Asks "Why?")</p> <p><u>District Attorney's Office - Support Enforcement Division</u> -Modification and enforcement of child support orders for non-TANF children and families (Paternity and Support Order Establishment)</p>	<p><u>Health Dept.</u> -Families with children enrolled in Early Head Start (Neighborhood Health Team) -Families enrolled in WIC (WIC, Neighborhood Health Team) -Teen parents (Connections) -1<sup>st</sup> time low income, unmarried mothers (Olds) -African American &amp; Latina low income families in NE and NP (HBI) -Health promotion/education (Well Child Care in Primary Care Clinics)</p> <p><u>CFS-Behavioral Health</u> -Parenting program for parents interested in preventing conduct disturbance (The Incredible Years, Early Childhood MH Teams) -Mental health consultation &amp; training for parents and staff serving young children in poverty (Early Childhood Mental Health Consultant Team) -In home adult mental health services for parents at risk of abuse and neglect of young children (Family Enhancement Program)</p> <p><u>CFS-Developmental Disabilities</u> -Consultation to parents</p> <p><u>Library</u> -Positive modeling and training to parents in schools, social service locations (ECR Parent Educ. Prog.)</p> <p><u>District Attorney's Office - Support Enforcement Division</u> -Parenting Program for Non Custodial Parents (PACT) -Orientation Classes for Custodial Parents -Community Outreach program to schools, community organizations, etc. to discuss paternity and child support issues</p>	<p><u>Health Dept.</u> -Families at risk for child abuse/neglect (Family Enhancement Prog.) -Teen parents (Connections, LifeSkills for Young Parents) -Homeless families (Healthcare for the Homeless) -Low income, ESL, and uninsured families at bio-psycho-social risk (Neighborhood Health Team)</p> <p><u>CFS-Behavioral Health</u> -Parenting program for parents interested in preventing conduct disturbance (The Incredible Years, Early Childhood MH Teams) -MH consultation/ training for parents and staff serving young children with signs of disturbance (Early Childhood MH Consultant Team) -In home adult MH services for parents at risk of abuse and neglect of young children (Family Enhancement Program) -A&amp;D services at SCF for MH assessment, triage and consultation</p> <p><u>CFS-Developmental Disabilities</u> -Support/advocacy/ training to parents who are Developmentally Disabled. -Parent consultation and advocacy</p>	<p><u>Health Dept.</u> -Incarcerated, pregnant, substance using women (Neighborhood Health Team, ADAPT) -Infants &amp; families identified at high bio-psycho-social risk (Early Intervention, Neighborhood Health Team) -Infants identified at risk or who have experienced child abuse/neglect (Family Preservation &amp; Support, Field Services, Neighborhood Health Team)</p> <p><u>CFS-Behavioral Health</u> -Parenting program for parents whose children have early signs of conduct disturbance (The Incredible Years, Early Childhood Mental Health Teams) -Mental health support, triage, and referral, and counseling for families whose child has been abused (CARES Family Support Team) -Mental health assessment, triage and consultation at SCF (Kallidescope) -Mental health consultation, training, and family treatment for families whose child requires mental health treatment (Early Childhood Mental Health Consultant Team)</p> <p><u>CFS-Developmental Disabilities</u> -Resource development in coordination with other providers -Consultation and training to providers -Parent consultation and advocacy</p>

## Current resources provided or funded by Multnomah County

Continuum ▼Service Areas▼	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
<b>Child Development</b>	<p><u>Health Dept.</u> -Screening, assessment, and teaching, and referral to appropriate groups such as PCDS. (Neighborhood Health Team)</p> <p><u>CFS-Programs and Partnerships</u> -Parents as Teachers curriculum, education/support groups, home visits, child develop, screening and activities. (Parent Child Development Services)</p> <p><u>CCFC</u> -New Parent Kits (containing child devel. &amp; language/literacy resources) -Grants to child care &amp; education programs for acquiring learning materials (Language &amp; literacy development fund) -System-wide professional development on language &amp; literacy development for child care &amp; education providers</p> <p><u>CFS-Developmental Disabilities</u> -Establish eligibility through intake assessment for all referred</p> <p><u>Library</u> -Collection of 121,000 children's books available Children's Library at Central and 15 neighborhood branches -Public story times and special workshops on activities to increase child/adult literacy -Year-round delivery of children's picture books to full-day child care centers (ECR Child Care Center Program) -Resource bags provided to six Early Childhood Resource Centers for teachers and parents to engage young children (It's In the Bag) -Books in 4 different languages at medical and social service community sites (Books While You Wait) -Computer access to children and parents with appropriate paren/child early learning activities</p>	<p><u>Health Dept.</u> -Families enrolled in WIC - as it relates to adequate and appropriate for age nutritional intake (Neighborhood Health Team) -1<sup>st</sup> time, low income, unmarried mothers (Olds) -Families with children enrolled in Early Head Start (Neighborhood Health Team) -Teen parents (Connections) - Early literacy for low income families receiving home visits (First Book Program- Primary Care Clinics) -Health promotion/education (Well Child Care in Primary Care Clinics) -Early Literacy In Northeast and East Co for primary care clients (Reach Out &amp; Read)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for parents and staff serving young children and parents (Early Childhood MH Consultant Team)</p> <p><u>CCFC</u> -Lang. &amp; literacy development fund -System-wide professional development on language &amp; literacy development for child care &amp; education providers</p> <p><u>CFS-Developmental Disabilities</u> -Intake and assessment for children to determine eligibility -Referral for children who are deemed not eligible for services</p> <p><u>Library</u> -Special services collection for disability issues -Spanish outreach program (LIBROS)</p>	<p><u>Health Dept.</u> -Families at risk for child abuse/neglect (Family Enhancement, Neighborhood Health Team ) -Teen parents(Connections, Neighborhood Health Team) -Homeless families (Healthcare for the Homeless, Neighborhood Health Team) -Low income, ESL, and uninsured families at bio-psycho-social risk (Babies First, Field Services)</p> <p><u>CFS-Behavioral Health</u> -Mental Health consultation and training for parents and staff serving young children with signs of disturbance (Early Childhood Mental Health Consultant Team) -In home mental health services for parents at risk of abuse and neglect of young children (Family Enhancement Program)</p> <p><u>CFS-Developmental Disabilities</u> -Coordination of resources for Head Start children. -Case management for children. -Parent consultation and advocacy -Consultation and training to teams of mental health, health, social service and school personnel</p> <p><u>Dept. Community Justice</u> -Home contact with all youth K - 9<sup>th</sup> who are not attending school (School Attendance Initiative) -Case management services for families where children do not return to school after outreach home visit (Family Centers)</p>	<p><u>Health Dept.</u> -Incarcerated, pregnant, substance using women (ADAPT) -Infants &amp; families identified at high bio-psycho-social risk (Early Intervention, CaCoon) -Infants identified at risk or who have experienced child abuse/neglect (Neighborhood Health Team)</p> <p><u>CFS-Behavioral Health</u> -Mental health consultation and training for staff and families serving developmentally disabled young children (Early Childhood Mental Health Consultant Team at PEIP and MESD) -Mental health consultation and training for SCF staff and involved families including triage, assessment and referral of SCF children (Kalliedescope) -Mental health treatment for abused children (CARES Family Support Team) -Mental health assessment of abused and neglected foster children, consultation to SCF, foster and biological parents (Children's Assessment Service)</p> <p><u>CFS-Developmental Disabilities</u> -Monitor outcomes of family support services for children 0-5 eligible for special education (PEIP) -Monitor outcomes of family support services for children 0-5 eligible for special education (MESD Early Childhood Program) -Consultation and training to teams of mental health, health, social service and school personnel -Case management (including support to children and families in crisis in order to stay in community)</p>

## Current resources provided or funded by Multnomah County

Continuum > Service Areas <	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Health	<p><u>Health Dept.</u></p> <ul style="list-style-type: none"> <li>-Students in schools with School Based Health Center (Neighborhood Health Team)</li> <li>-Families in PCDS catchment areas (Neighborhood Health Team)</li> <li>-Health screenings at Head Start site for all children in geographic area (Neighborhood Health Team)</li> <li>-Health promotion/education (Well Child Care – Primary Care Clinics)</li> <li>-Immunizations (Community Immunization Clinic)</li> <li>-Dental education age 0-36 months (Baby Days)</li> </ul> <p><u>Library</u></p> <ul style="list-style-type: none"> <li>-Wide range of health related materials in collection</li> <li>-Pediatric early literacy program providing free books and library information to parents at well baby visits. Two County Health clinics are participating – NE and East County. (Reach Out and Read)</li> </ul>	<p><u>Health Dept.</u></p> <ul style="list-style-type: none"> <li>-Screen blood lead levels in children 12-24 mths on Medicaid (Lead Poisoning Prevention)</li> <li>Health assessment, teaching and referral to:</li> <li>-Teen Parents – in hospital and home visit (Connections)</li> <li>-Home visits 1<sup>st</sup> time low income, unmarried mothers in East and mid county (Olds)</li> <li>-Home visits to African American &amp; Latina low income pregnant women in NE and NP (HBI)</li> <li>-Home visits to low income, ESL, uninsured families at bio-psycho-social risk (Neigh. Health Team)</li> <li>-CHN health consultant services to Early Head Start staff &amp; families.</li> <li>-Health teaching to families enrolled in WIC as it relates to nutrition</li> <li>-Health promotion/education (Well Child Care –Primary Care Clinics)</li> <li>-Early prenatal services for HIV+ women (HIV clinic)</li> <li>-Nursing home based case management for HIV affected families (Partnership Project)</li> <li>-Pediatric dental services for OHP clients (MultiCare Dental)</li> </ul> <p><u>CFS-Programs and Partnerships</u></p> <p>Health/devel. screenings 0-5 (SKIP)</p>	<p><u>Health Dept.</u></p> <p>Neighborhood Health Team health assessment, teaching, &amp; referral to families experiencing:</p> <ul style="list-style-type: none"> <li>-domestic violence,</li> <li>-child abuse/neglect (Family Enhancement Program)</li> <li>-substance use</li> <li>-homelessness (Healthcare for the Homeless)</li> <li>-developmental disabilities</li> <li>-chronic health concerns</li> <li>-mental health issues (readiness for mental health treatment counseling)</li> </ul>	<p><u>Health Dept.</u></p> <p>Neighborhood Health Teams services to children and families who are:</p> <ul style="list-style-type: none"> <li>-involved with SCF</li> <li>-pregnant women who are incarcerated and involved in substance use (ADAPT)</li> <li>-at high bio-psycho-social risk</li> </ul>

## Current resources provided or funded by Multnomah County

Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
<b>Housing</b>			<u>CFS-Programs and Partnerships</u> -Rent assistance for families at risk of homelessness.	<u>Health Dept.</u> -Remove or remediate lead hazard caused from lead based paint in housing (ClearCorps)  <u>CFS-Programs and Partnerships</u> -Homeless families services: shelter & motel vouchers, transitional housing, rent assistance, client assistance, case management. -Domestic violence services – shelter, transitional housing, rent assistance, client assistance, case management, child care, children's case management.
<b>Hotlines</b>	<u>Health Dept.</u> -Safenet – Info & Referral -Teen Info Line -Lead Hotline - Information, referral and follow-up on Lead Poisoning Prevention issues  <u>Library</u> -Community information materials in central area at each location and online (Info Line and <a href="http://www.multnomah.lib.or.us/lib/">www.multnomah.lib.or.us/lib/</a> )	<u>CFS-Programs and Partnerships</u> -Safenet – expansion for East County Food Stamp Outreach Pilot Project (Oregon Hunger Relief Task Force w/ HD & CFS)		

## Identified Needs

1 = 33% or less of population in need served, 2 = 34% - 65% of need served, 3 = 66% to 100% of need served

Continuum > Service Areas <	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
Home Visits for New Births	<u>Health Dept.</u> -Universal initial home visit for new parents (1)	<u>Health Dept.</u> -Home visit for all low-income, first time, unmarried mothers (Olds Program) (1) -Intensive case management and home visit services for all low income African American & Latina mothers (HBI) (1) -Case management for all OHP families identified at risk. (1) -Case management for all at risk uninsured & under insured families (minimum 10 visits birth - 3) (1)  <u>CFS-Developmental Disabilities</u> -No central intake through DD to obtain the number of un-served (see PEIP/MESD). -Drug & alcohol effected babies likely underserved.	<u>CFS-Behavioral Health</u> -Health and mental health services available to all eligible families (Family Enhancement Program) (1)	<u>CFS-Behavioral Health</u> -Health and mental health services available to all high risk families (Family Enhancement Program) (1)
Behavioral Health	<u>CFS-Behavioral Health</u> -Domestic Violence prevention (1)	<u>Health Dept.</u> -Post-pregnancy loss (via termination, miscarriage, and adoption) grief work for teens currently not available (to prevent rapid subsequent pregnancies with all their inherent risks to mother and baby). (1)	<u>CFS-Behavioral Health</u> -Adult Mental Health Services (35% decrease in funding post-onset of managed care). (1) -Adult A&D Services (2) -Psycho/educational program for children who witness domestic violence, and support and parenting education for their mothers (1)	<u>CFS-Behavioral Health</u> -In-home MH consultation and training for foster/kinship and bio families of young foster children; cash enhancements for MH and A&D services for bio parents (Early Childhood Partnerships Project) (1) -Adult Mental Health Services (35% decrease in funding) (1) -Adult A&D Services (2) -Family-based A&D treatment -Increase culturally appropriate A&D treatment options (especially Latinos) -Case management for A&D clients -A&D free safe/affordable housing -Integrated MHA&D treatment -Coordinated treatment across life domains for clients receiving A&D treatment -A&D service gap for 18-24 age group

Italics = Early Childhood Workgroup Recommendations 11/8/99



## Identified Needs

1 = 33% or less of population in need served, 2 = 34% - 65% of need served, 3 = 66% to 100% of need served

Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
<b>Child Care</b>	<u>CFS-Programs and Partnerships</u> -Technical assistance and support to develop basic system of education/ assistance for home child care providers to ensure a safe and healthy environment for the children in their care (1) -Expand the number of child care provider networks (currently 2 county contracts at \$40K each) (1) -Expand Metro Child Care Resource team capacity to assist child care providers. -Affordable quality childcare for all families. (1)	<u>CFS-Programs and Partnerships</u> -Respite Care for low-income families (1)  <u>CFS-Developmental Disabilities</u> -Increased childcare options for children with developmental disabilities.	<u>CFS-Programs and Partnerships</u> -Respite care for parents at risk for child abuse or homelessness (1)  <u>CFS-Developmental Disabilities</u> -Increased respite care options for children with developmental disabilities.	<u>CFS-Programs and Partnerships</u> -Respite care for parents of children with chronic health problems and parents identified with bio-psycho-social risks (1)  <u>CFS-Behavioral Health</u> -Quality and availability of child care associated with A&D outpatient treatment -Increase capacity of A&D residential service for children with custodial parent in residential treatment.  <u>CFS-Developmental Disabilities</u> Increased training for foster care providers of children with developmental disabilities.
<b>Parenting</b>	<u>CFS-Programs and Partnerships</u> -Expansion of parent education and child development services to clinic and school sites to include all low income, ESL, and/or uninsured parents. (Parent Child Development Services) (1)  <u>CFS-Developmental Disabilities</u> -Geographic access, transportation, child care gaps to peer support and peer advocacy among families.  <u>Library</u> -Adult literacy program	<u>Health Dept.</u> -Outreach and access to parenting services for all teen parents (LifeSkills for Young Parents) (2)	<u>CFS-Behavioral Health</u> -Coordinated, comprehensive, linked mental health and related services for "at risk" children (Early Childhood Partnerships) (1)  <u>Health Dept.</u> Neighborhood Health Team home visit services available to all families at high risk for: -child abuse/neglect -homeless families -low income, ESL, & uninsured families at bio-psycho-social risk (2)  <u>CFS-Developmental Disabilities</u> -Increased support services for all parents who are developmentally disabled -Increased parent training resources for families with children who are developmentally disabled	<u>CFS-Behavioral Health</u> -In-home MH consultation and training for foster/kinship and bio families of young foster children; cash enhancements for MH and A&D services for bio parents (Early Childhood Partnerships Project) (1)  <u>CFS-Developmental Disabilities</u> -Increased behavioral consultations services for families with children who are developmentally disabled.

Italics = Early Childhood Workgroup Recommendations 11/8/99

## Identified Needs

1 = 33% or less of population in need served, 2 = 34% - 65% of need served, 3 = 66% to 100% of need served

Continuum > Service Areas >	Growth Promotion	Primary Prevention	Early Intervention	Intervention/Treatment
<b>Child Development</b>	<u>CFS-Programs and Partnerships</u> -Child development groups available to all parents seeking services (Parent Child Development Services) (1)  <u>Library</u> -Expand Early Literacy Program for families with newborns (1)		<u>CFS-Behavioral Health</u> -Coordinated, comprehensive, linked mental health and related services for "at risk" children (Early Childhood Partnerships) (1)  <u>CFS-Developmental Disabilities</u> -Increase case management services to all families at this level of need.	<u>CFS-Behavioral Health</u> -In-home MH consultation and training for foster/kinship and bio families of young foster children; cash enhancements for MH and A&D services for bio parents (Early Childhood Partnerships Project) (1)  <u>CFS-Developmental Disabilities</u> -Increase case management services to all families at this level of need (including developing new resources).
<b>Health</b>	<u>Health Dept.</u> -Breastfeeding support for mothers of newborns - CHN home visit at 3 day post partum. (1) -Universal development and health screenings for all preschool age children (1)	<u>Health Dept.</u> -Home visit program for all low-income first time unmarried mothers (Olds Nursing Home Visit Program (1) -Intensive case management and home visit services for all low income African American & Latina mothers (HBI) (1) -Perinatal case management for all OHP low income families identified at risk (1) -Perinatal case management for all at risk uninsured & under insured families (minimum 10 visits 0-3) (1)		
<b>Housing</b>	<u>CFS-Programs and Partnerships</u> -Affordable housing in safe, supportive neighborhoods -Family wage jobs with benefits	<u>CFS-Programs and Partnerships</u> -Adequate supply of low-income housing in safe, supportive neighborhoods	<u>CFS-Programs and Partnerships</u> -Rent assistance and other support services to prevent homelessness	<u>CFS-Programs and Partnerships</u> -Funding for quality child care for all children who are homeless. -Child advocates to provide long-term case management and coordination w/school and other resources for homeless and formerly children. -Families impacted by dom. viol. and/or homelessness: Intensive group and indiv. intervention for children and their mothers.
<b>Infrastructure</b>		<u>Health Dept.</u> -Training of staff for best practice models. Example: Prenatal and Early Childhood Nurse Home Visitation Program (Olds) (1)	<u>CFS-Behavioral Health</u> -Training for Early Childhood Mental Health Community in best practices (2) Training for child MH professionals on working with children witnessing domestic violence (1)	<u>CFS-Behavioral Health</u> -Training for Early Childhood Mental Health Community in Best Practices (2) -Cross training for alcohol/drug and mental health professionals with focus on early childhood impact of services.

Italics = Early Childhood Workgroup Recommendations 11/8/99

## **Glossary:**

**A&D** - Alcohol and Drug treatment services.

**ADAPT** - a joint project of Corrections Health, Department of Community Justice, and Community Health Nurse field nurses. Provides case management, special probation supervision, access to transitional housing and home nursing visits to women in jail who are pregnant and drug addicted. Community based follow up/assurance of linkage to prenatal care and other services provided through the child's first year.

**Babies First** - community health nurse case management to families with psychosocial risk factors.

**Behavioral Health** - includes Mental Health and Alcohol/Drug services.

**CaCoon** - care coordinated by community health nurses for families with children who have special needs.

**CHN** - Community Health Nurse at PCDS- provide newborn and post partum assessment and teaching, link with needed services and promote other PCDS services to reduce child abuse.

**CHW** - Community Health Worker

**CIC** - Community Immunization Clinic - provide access to childhood immunizations to low income families in Multnomah County.

**CYP** - Connections for Young Parents - promote good birth outcomes and healthy children in teen parent families.

**Domestic violence** - domestic violence programs are funded by CFS (such as Raphael House, Bradley-Angle House, YWCA, Volunteers of America, Portland Women's Crisis Line).

**EHS** - Early Head Start - Community Health Nurse at Early Head Start facility promotes health standards in facility and facilitates healthy lifestyle for participating families.

**EI** - Early Intervention - home visit based program to achieve early identification of children with special health care needs and

provision of case management and child development education to improve child outcomes.

**Early Intervention Unit** - provides services to children 11 years of age and younger and their families who have been referred to Department of Community Justice - Juveniles for law violations.

**FEP** - Family Enhancement Program - in home mental health and nursing services to reduce the risk of child abuse and improve parenting.

**Field CHN** - case management through home visits to improve birth outcomes, reduce child abuse, and connect families with needed resources.

**FP** - Family Preservation & Support - reduce the risk of child abuse in families at high risk.

**HBI** - Healthy Birth Initiative - outreach and case management for pregnant African American and Latina women in Northeast and North Portland to improve birth outcomes. A federally funded Healthy Start Program.

**HCH** - Healthcare for the Homeless - Community Health Nurse services to improve health outcomes for homeless families.

**Homeless services** - provided by community and family service centers, through a system of six centers, by contract from CFS. All of the homeless resources are funneled through the centers, and offer an array of homeless services. In addition, there are ethnic access services for American Indian and Latinos.

**KICS** - Kids in Community Settings - Curriculum for child care providers on how to include children with special needs in their child care setting. KICS is being expanded to include children with behavioral challenges.

**LYP** - Lifeskills for Young Parents (formerly called WYN or Waiting for Your Next) - education program for teen mothers to encourage waiting for subsequent pregnancy until other life goals are met.

**Mental Health** – mental health triage, assessment and treatment of individuals, families and groups with diagnosable mental or emotional disturbances.

**NAS - Neighborhood Access Sites** – provide traditional public health services (Family planning, immunizations, health teaching, and WIC) in small neighborhood based centers.

**NHT - Neighborhood Health Team** – includes community health nurses, community health workers, mental health consultants, office assistants, field managers, and program – specific staff.

**PCDS - Parent Child Development Services** – program for families with a child 0-5, provide universal access to parent education and child development programs, home visits, Community Health Nurse visits, and other services.

**Safenet** – information and referral hotline for families seeking health and social services.

**SBHS - School Based Health Center** – provides reproductive health and primary care health services in public schools to improve the health of adolescents and reduce teen pregnancy.

**SKIP - Health and developmental screenings, and referrals,** provided throughout the county for children 0-5.

**WCC - Well Child Care** – promotes healthy growth and development in children 0 to 17 in Health Department Primary Care Clinics.

**WIC - Women, Infants, and Children** – nutrition education and food vouchers for pregnant women, infants and children at 185% of poverty and at risk for nutritional deficiency to improve birth outcomes and promote healthy growth and development in children.

### Draft: Early Childhood Dollars, 4 Programs, by County per 0-4 Year Old Children

Area	Pop1990	Pop1998	Age 0-4	CaCoon98&99	HlthyStrt00&01	Baby1st98&99	TFChld98&99	Total4programs	\$ Per 0-4Child
<b>OREGON state totals</b>	<b>2842321</b>	<b>3267550</b>	<b>216270</b>	<b>\$1,221,614</b>	<b>\$10,743,127</b>	<b>\$1,014,373</b>	<b>\$575,025</b>	<b>\$13,554,139</b>	<b>\$62.67</b>
Baker	15317	16700	961	\$9,874	\$0	\$9,733	\$0	\$19,607	\$20.40
Benton	70811	76600	4356	\$19,715	\$0	\$21,039	\$0	\$40,754	\$9.36
Clackamas	278850	323700	20911	\$107,526	\$1,785,241	\$74,327	\$0	\$1,967,094	\$94.07
Clatsop	33301	34700	2186	\$21,924	\$193,635	\$13,973	\$0	\$229,532	\$105.00
Columbia	37557	42300	2890	\$19,715	\$0	\$18,488	\$0	\$38,203	\$13.22
Coos	60273	61400	3573	\$20,284	\$254,796	\$19,289	\$0	\$294,369	\$82.39
Crook** (w/De&Jef-TFC)	14111	16650	1165	\$14,291	\$0	\$13,492	\$39,552	\$67,335	\$57.80
Curry	19327	22000	1050	\$9,874	\$0	\$13,142	\$0	\$23,016	\$21.92
Deschutes** (wCr&Jef-TFC)	74958	104900	6410	\$48,014	\$529,470	\$30,530	\$217,611	\$825,625	\$128.80
Douglas	94649	100300	6391	\$37,912	\$466,894	\$31,516	\$0	\$536,322	\$89.91
Gilliam	1717	2100	101	\$0	\$0	\$0	\$0	\$0	\$0.00
Grant	7853	8000	486	\$14,787	\$0	\$11,048	\$0	\$25,835	\$53.16
Harney	7060	7600	475	\$9,866	\$75,000	\$10,922	\$0	\$20,788	\$43.76
Hood River	16903	19500	1533	\$16,451	\$215,042	\$13,956	\$0	\$228,161	\$148.83
Jackson	146389	172800	10659	\$66,730	\$842,206	\$44,905	\$143,757	\$1,097,598	\$102.97
Jefferson** (w/De&Crk-TFC)	13676	17400	1562	\$17,020	\$0	\$13,956	\$53,046	\$84,022	\$53.79
Josephine	62649	73000	4143	\$19,715	\$265,170	\$24,623	\$0	\$309,508	\$74.71
Klamath	57702	62000	4154	\$28,639	\$0	\$24,848	\$0	\$53,487	\$12.88
Lake	7186	7400	488	\$7,389	\$0	\$11,042	\$0	\$18,431	\$37.77
Lane	282912	313100	18944	\$87,485	\$1,600,620	\$79,891	\$121,059	\$1,889,055	\$99.718
Lincoln	38889	43200	2463	\$30,109	\$225,000	\$17,968	\$0	\$273,077	\$110.87
Linn	91227	102200	7040	\$42,078	\$691,154	\$29,123	\$0	\$720,320	\$102.32
Malheur	26038	28600	2319	\$14,803	\$0	\$16,897	\$0	\$31,700	\$13.67
Marion* (w/Polk HS)	228483	272000	19633	\$129,660	\$0	\$70,553	\$0	\$200,213	\$99.88
Morrow	7625	9400	720	\$14,080	\$0	\$11,527	\$0	\$25,607	\$35.57
Multnomah	583887	642000	42494	\$147,890	\$0	\$173,693	\$0	\$321,583	\$7.57
Polk* (w/Marion HS)	49541	59600	3852	\$28,071	\$2,097,384	\$19,974	\$0	\$2,145,430	\$99.88
Tillamook	21570	24000	1307	\$18,092	\$215,042	\$14,433	\$0	\$247,567	\$189.42
Umatilla	59249	67100	4745	\$24,644	\$134,148	\$23,084	\$0	\$181,876	\$38.33
Union	23598	24400	1528	\$17,198	\$227,325	\$12,027	\$0	\$256,550	\$167.90
Wallowa	6911	7200	400	\$4,928	\$0	\$10,726	\$0	\$15,654	\$39.14
Wasco + Sherman	23601	24500	1629	\$9,874	\$225,000	\$22,262	\$0	\$257,136	\$157.85
Washington	311554	397700	29961	\$121,556	\$700,00	\$89,494	\$0	\$911,050	\$30.41
Wheeler	1396	1600	81	\$0	\$0	\$0	\$0	\$0	\$0.00
Yamhill	65551	81900	5660	\$41,420	\$0	\$21,892	\$0	\$63,312	\$11.19

Population data from: Center for Population Research & Census; 90 & 98 total population for comparison; Age 0 - 4 from 1998 estimates

notes: \* Marion & Polk joint Healthy Start \$ divided proportionally by # age 0 through 4

\*\*Crook, Deschutes & Jefferson joint Together For Children \$ divided proportionally by # age 0-4

Data is for 4 programs for the biennium, FY98-99 or FY 00-01: CaCoon; Healthy Start; Babies First; and Together For Children

## *From the desk of Commissioner Lisa Naito*

Attached is the draft *Early Childhood Vision, Goals & Strategies Framework*.

The Framework was developed by an ad hoc advisory group convened by Portland Commissioner Dan Saltzman, Gresham Mayor Charles Becker and myself.

The Framework is a strategic plan for government and private organizations for early childhood. It is an effort to pull together all early childhood goals and proven strategies, and to be a tool to create a local unified vision.

The Framework was developed by building on the work of the Multnomah County Early Childhood Workgroup, which created an inventory of County funded or staffed services, in April 2000.

### **Early Childhood Policy Advisory Group**

Recent local planning documents were used in the development of the Framework, and are listed below:

- Best Practices Project: Community Work Session Report Summary (Early Childhood Mental Health Committee), June 2000.
- Citizens Crime Commission, *Kids Intervention Investment: Delinquency Solutions*, June 2000.

- Commission on Children, Families and Community, *Creating a Chosen Future for the Children and Families of Multnomah County*, January 1997.
- Early Childhood Care and Education Council of Multnomah County, *Cradle to Community: A System of Support for Children and Families*, April 1999.
- Early Childhood Partnerships Project: Presentation, October 2000.
- Portland Early Childhood Work Group Report, Draft, November 1998.
- Portland Public Schools, Early Childhood Education Comprehensive Plan Task Force: Final Draft, October 2000.

The goals and strategies were consolidated into a draft document, and then refined by the Advisory Group. The following Advisory Group members and staff contributed to this draft Framework:

Gresham Mayor Charles Becker,  
Portland Commissioner Dan Saltzman,  
Kamala Bremer, Jim Clay, Pat Foley,  
Karen Gorton, Mary Heffernan,  
Wendy Lebow, Mary Li, Steve March,  
Ray Mathis, Alice McCartor, Susan McLaughlin, Marcia Mulvey, Louis Ornelas, Lisa Pellegrino, Becky Shine,  
Anne Stone, Tricia Tillman-Reardon,  
Cameron Vaughn-Tyler, Marnie Vlahos.

### **Next Steps**

The Early Childhood Care and Education Council, of the Multnomah Commission on Children, Families and Community, has the role of collecting feedback on the Framework from parents, early childhood professionals and community members. They will compile the feedback and recommend any revisions to the Framework. Please forward comments about the Framework to Mary Heffernan, temporary staff to the Council, by March 15 by e-mail: [terrywan@coho.net](mailto:terrywan@coho.net). For additional information, please contact Wendy Lebow at (503) 988-5126.



**MULTNOMAH  
COUNTY**

Lisa H. Naito  
Multnomah County Commissioner, District 3  
501 SE Hawthorne Blvd., Room 600  
Portland, Oregon 97214-3576  
Phone (503) 988-5217 Fax (503) 988-5262

Early Childhood Vision, Goals & Strategies Framework  
Draft 1/9/01

**EARLY CHILDHOOD VISION:**  
**All children develop to their full potential.**

<b>Goal 1</b> All families live in supportive communities	<b>Goal 2</b> All parents nurture their young children	<b>Goal 3</b> Families with high risk have help to reduce risks and be strengthened	<b>Goal 4</b> All child care is high quality and affordable	<b>Goal 5</b> All children enter school ready to learn, and succeed in education	<b>Goal 6</b> The early childhood system is coordinated and sustainable
<b>Desired Outcomes</b>					
1a. Families have affordable, stable, decent housing	2a. Each child forms stable and lasting attachments	3a. Fewer children with behavioral challenges	4a. Child care workers are paid a living wage	5a. Each child entering kindergarten meets guidelines for school readiness	6a. Planning and implementation are coordinated
1b. Families have adequate resources to meet their needs	2b. Each child develops a positive view of the future and has capacity for a healthy regard for others	3b. Fewer cases of child abuse and neglect among young children	4b. Universal safe and healthy child care environments	5b. More children use positive problem-solving skills, resulting in fewer suspensions and expulsions	6b. Programs are evaluated for effectiveness and efficiency
1c. Families have access to comprehensive health, mental health and dental services	2c. Each child is fully immunized	3c. Fewer incidents of domestic violence in families with young children	4c. Child care fosters early learning	5c. Children stay in school	6c. Plans and programs are evaluated for whether they meet the desired outcome
1d. Children live with safe families and in safe neighborhoods	2d. Each child receives adequate nutrition	3d. Fewer young children entering the foster care system	4d. Child care is affordable for all families	5d. Ensure all children know how to read by end of grade three	6d. The public, and business and community leaders are engaged in early childhood issues
1e. Families have easy neighborhood access to child care		3e. Fewer court-mandated terminations of parental rights	4e. Training is available for all child care providers	5e. Each child participates in school and/or community activities	6e. Early childhood programs have sustainable funding from a variety of sources
1f. Service providers and educators are qualified to provide culturally competent services		3f. Reduced number of children enter the juvenile/adult corrections systems			

<b>Goal 1</b> All families live in supportive communities	<b>Goal 2</b> All parents nurture their young children	<b>Goal 3</b> Families with high risk have help to reduce risks and be strengthened	<b>Goal 4</b> All child care is high quality and affordable	<b>Goal 5</b> All children enter school ready to learn, and succeed in education	<b>Goal 6</b> The early childhood system is coordinated and sustainable
<b>Proven Strategies</b>					
1a. Coordinate early childhood services; make it easier for parents to obtain services, including families with the most barriers	2a. Conduct prenatal screening for medical risks and significant social risks	3a. Coordinate early, collaborative assessment and referrals with family	4a. Provide Early Head Start, Head Start, or Pre-K for every eligible child	5a. Implement school-based approaches to addressing severely challenging forms of behaviors	6a. Promote awareness of other early childhood efforts by professionals and community
1b. Provide accessible and culturally competent services	2b. Conduct home visits for all newborns to link families to needed supports and community resources	3b. Use Intensive home visiting programs to increase protective factors and reduce risk	4b. Adopt health and safety standards to improve child care	5b. Provide early reading assistance for children who need support	6b. Use funds to reduce risk factors in high-risk children's lives
1c. Train service providers and educators to provide culturally competent services	2c. Increase education for parents to promote health of young children	3c. Link child welfare services with health and other services	4c. Develop more small business support for child care	5c. Link schools with comprehensive family supports	6c. Build public will and trust for early childhood programs; get business and community leaders' buy-in
1d. Develop a unified coordinated system service system	2d. Increase effective parenting through education on early childhood development and parenting practices	3d. Develop and implement pre-school approaches to improving severely challenging forms of behaviors	4d. Raise child care workers' income to a living wage	5d. Provide Head Start, Pre-K or preschool options for every elementary school	6d. Actively engage new stakeholders, including parents and investors
1e. Integrate primary care, mental health, alcohol and drug services	2e. Provide public support for families of young children who cannot afford adequate dental care or nutrition	3e. Expand levels of domestic violence prevention activities and services	4e. Strengthen child care industry through an economic development perspective		6e. Develop and implement a shared plan with all stakeholders
1f. Develop stronger communities through community centers	2f. Develop protocols for professionals who work with young children	3f. Provide relationship-based mentoring for at-risk children	4f. Expand and develop child care networks		6f. Modify programs as needed to meet outcomes and goals
1g. Enact strong policies for safety of young children (e.g. gun safety, child abuse prevention)		3g. Prevent abuse and neglect through parent support, education and respite	4g. Expand and develop training for all child care providers		
1h. Prepare teens for adulthood, including parenting skills					



Vision for Voluntary System of Services for Families with Young Children  
Draft - February 2001

Advocacy & Education

Whole Community

Ages

All Parents

Highest Risk

*Prenatal*

**Prenatal Screening**

\* Coordinated assessment & triage plan for services

- **Healthy Start Program**  
(Olds Nurse Home Visiting Program or Family Support Team)
- **Early Head Start**

*At Birth*

**Welcome Baby** (9,300 per year)

\* Nurse hospital visits -- all new births  
\* Coordinated assessment and Triage plan for services

**Healthy Start Program**  
(Continuing and new families)

*Birth to  
Pre-K*

**Early Literacy**

\* Library Early Childhood Resources Programs  
\* Early Words  
\* Reach Out and Read Program

**Child Care**

\* Child Care Networks  
\* Child Care Resource & Referral

**Early Head Start** (n=5,090)  
**Head Start** (n=3,362)

**Medical/Health**

\* Well baby care      \* Dental  
\* Lead screening & Immunization education

**WIC**

**Early Intervention**

**Developmental Delays  
& Disabilities Services**

**Child Welfare**

**Relief Nurseries**

*Kindergarten  
To Grade 3*

**Public School System**

\* Kindergarten transition

**First Steps Program  
Touchstone**

**System of Support for Parents and Young Children  
Pregnancy to Kindergarten Entry  
Draft - January 16, 2001**

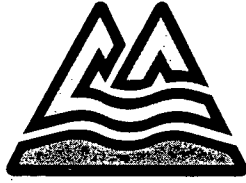
**County-based Programs**

Program	Estimated Total Cost	Existing Funding*	Juvenile Funding (Jan. 2001)	County Set- Aside (July 2001)	City of Portland Children's Investment	Other Possible State Funding (July 2001)	Federal Funding	Private Funding	Total Existing Funding
Prenatal Assessment	\$500,000	0							0
Healthy Start: Olds Nurse Home Visiting	\$5,280,000	\$336,700 <sup>1</sup>	\$240,000						\$576,700
Healthy Start: Family Support Team	\$19,250,532	\$6,347,373 <sup>1</sup>							\$6,347,373
ATOD & MH Treatment: Funding Pool	\$2,000,000								0
Welcome Baby Evaluation & oordination	\$909,700 \$650,000	\$407,945 <sup>1</sup>							\$407,945 0
Totals	\$28,590,232	\$7,092,018	\$240,000						\$7,332,018

**Community-based Programs**

Program	Estimated Total Cost	Existing Funding	Juvenile Funding (Jan. 2001)	County Set-Aside (July 2001)	City of Portland Children's Investment	Other Possible State Funding (July 2001)	Federal Funding	Private Funding	Total Existing Funding
Head Start	\$12,000,000	\$705,829							\$705,829
Early Head Start	\$49,000,000								
Parent Education and Newsletters	\$400,000								0
Child Welfare programs		\$280,046							\$280,046
Totals	\$61,400,000	\$985,875							\$985,875 0
Grand Total	\$89,990,232								

<sup>1</sup>Medicaid match portion = \$800,000 for HD programs using current reimbursement ratio.



LISA H. NAITO  
Multnomah County Commissioner, District 3  
501 SE Hawthorne Blvd., Room 600  
Portland, Oregon 97214-3576  
Phone (503) 988-5217 Fax (503) 988-5262

# MULTNOMAH COUNTY OREGON

---

## Multnomah County Early Childhood Framework & Planning: Informational Meetings Completed April 2001

### Oregon Legislature

Frank Shields	Jackie Dingfelder
Avel Gordly	Karen Minnis
John Minnis	Dan Gardner
Deborah Kafoury	Kate Brown
Bill Witt	Jeff Merkley
Steve March	Chris Beck
Ginny Burdick	Gary Hansen
Gene Derfler	Margaret Carter
Rick Metsger	Laurie Monnes Anderson
Ted Fiorelli	Diane Rosenbaum
Mary Nolan	Randy Leonard
Lenn Hannon	Jackie Winters

Pam Curtis, Office of Governor  
Ways and Means; Human Services Subcommittee

### Congressional

Earl Blumenauer  
David Wu  
Staff to Rep. Hooley  
Staff to Senator Wyden  
Staff to Senator Smith  
Staff to Rep. DeFazio

### Cities

Gresham City Council  
Troutdale City Council  
Wood Village City Council  
(Fairview & Maywood Park are scheduled)  
Carol Turner, Office of Mayor Katz

### Other

Citizens Crime Commission (Executive Board)  
Gretchen Schuette, Superintendent of Gresham Schools  
Bill Scott and Duncan Wyse, Leaders Roundtable/Connecting 4 Kids  
Chuck Dimond, Oregon Department of Human Services  
Early Childhood Care and Education Council of CCFC  
Anne Kelly Feeney, Oregon Coalition for Commissions on Children and Families  
Leader's Roundtable  
APANO  
DCFS, Division of Community Programs & Partnerships, Executive Directors  
Head Start Directors  
Commission on Children, Families and Community of Multnomah County (upcoming)

Rel España



**HACIENDA**

Community Development Corporation

**PLAZA de ORO  
MULTI GENERATIONAL COMMUNITY CENTER  
ROCKWOOD TRIANGLE  
GRESHAM, OREGON**

## Introduction

Hacienda Community Development Corp. (HCDC) proposes to develop a mixed use Inter-generational Multicultural Community Center and elderly housing facility named Plaza de Oro. The project encourages educational, social, housing and community development activities, and improves the overall livability of low-income children and elderly by developing a permanent resource of affordable housing benefiting Rockwood's diverse population.

## Project Concept

HCDC has a unique, time-limited opportunity to purchase an existing facility and vacant land, which can be used for both a multigenerational community center, and senior housing. Located in Gresham, Oregon, the property is within walking distance of the Eastside MAX lightrail and near existing goods and services in the Rockwood area. The 1.4-acre site can be acquired for \$1,450,000.00, or \$20.50 per square foot. It includes an 11,000 square foot building with sufficient parking and land for future development (See Attachments). It most recently was used as a car dealership. The site is capable of providing space for a variety of community uses with some tenant improvements, such as a day care facility for both children and seniors, providing meals for the neighborhood, an activity room, social service offices, teaching spaces, and an exercise area. HCDC has met with several public and private sector service delivery agencies to lease the space, which will cover acquisition costs while pursuing funding for the senior housing. HCDC considers the acquisition of this site important in meeting the immediate and long-term needs of the community. However, without committed support from public and private sector agencies, we may lose this opportunity to purchase this property.

## Project Need

1. Multnomah County's Latino population is increasing rapidly. The Census estimates the Latino population grew from 18,390 to 34,282 between 1990-1999, an 87% increase. Growth was pronounced in east county, particularly Gresham, according to the American Community Survey/ACS (1998).
2. Gresham's Latino population is underserved. Residents reported it is very difficult to get services from existing providers. Service providers agree, citing the population growing beyond their ability to fund and professionally staff services (Source, *Salir Adelante, Latino Needs Assessment for Multnomah County*).
3. Gresham's Latino's need affordable housing. The ACS found that 43% of Gresham's rental households reported paying 30% or more of their income on housing costs. Since Latinos are disproportionately low income, it is likely that over half of Gresham-area Latino households exceed the 30% threshold.
4. Multnomah County's senior population is changing. Aging & Disability Services reports: the County's population 60 years old and over will double between 2000 and 2030; minority populations 60 years and over will grow more rapidly; and poverty rates for minority populations 60 years and over is two to three times higher than for whites.
5. The Latino senior population is underserved. Research has shown that senior Latinos are underserved, and that changes in service delivery and outreach are required to address this challenge. Elder suggestions for improved services have included culturally specific social activities and support groups for seniors; services to be provided by this project.
6. Several public and private sector social service agencies are actively looking for a Gresham site to meet the expanding service needs of that area's diverse population. The site can be quickly modified to meet their needs

## **Project Goals**

The Plaza de Oro Intergenerational Community Center will incorporate culturally relevant and linguistically appropriate services to meet the needs of the Rockwood community's diverse population. The project is consistent with the following Rockwood Action Plan Policies, Objectives and Actions:

1. Ensure that the Rockwood area has a wide variety of housing options ...meeting the needs of current and future residents
2. Seek the active involvement of the surrounding community in developing building activities.
3. Investigate ways in which more CDCs might be established and supported
4. Assist the residents of the Rockwood area by providing needed socio-economic service
5. Identify and respond to specific socio-economic needs and issues facing the Rockwood area
6. Continue to ensure improved access to aging, social, and health services provided by Multnomah County and other service providers
7. Strengthen the presence of social service providers
8. Encourage and participate in collaborative efforts which bring about the collaboration of city, state, and county agencies ...and other social service providers in planning and implementing Rockwood activities
9. Incorporate multi family design standards that fit into the surrounding community.
10. Maintain and improve the high level of transit service available
11. Provide for an innovative form of new development in a transit supportive way (Proximity to Eastside MAX allows the project to apply for a Transit Oriented Tax Exemption).
12. Establish a Joint-Use Community Center - this project's multigenerational community center and elderly housing address this specific issue.

## **Project livability Initiatives**

The proposed Millennium Intergenerational Community Center and Casa de Oro is an urban infill, mixed-use housing and commercial project, located close to the Eastside MAX.

The project is consistent with the following Livability Initiative Objectives:

1. Increasing the supply of affordable housing near jobs and transportation – The project is located within walking distance of the Eastside MAX, enhancing its connectivity to the region. Transportation opportunity will be further increased when the Airport MAX and North Interstate MAX begin operation. Thus, residents of the housing development – many of whom are likely to be transit dependent – will be better connected to goods and services in Gresham, West Portland and Hillsboro, N/NE Portland, and to the Airport. Moreover, friends, relatives, social service providers and other visitors can get to the development from almost any part of the region without using their cars
2. Reducing sprawling development patterns – The project reclaims a low density, under-utilized site. Instead of a vacant commercial structure and adjoining vacant lot, the site will contain a multi-use community center and multi-unit senior housing. Infill development of this kind is key to the region's growth management goals because it reduces development pressures on outlying, undeveloped areas, helps maintain a tight urban growth boundary, and reduces the automobile impacts associated with sprawl-induced commutes and travel times
3. Revitalizes urban centers, downtown areas and main streets – This project will contribute to Rockwood's revitalization by reclaiming a centrally located vacant facility and developing the

adjoining vacant lot, by bringing in new consumers of goods and services who – in total – represent increased spending at area businesses, and by dedication of capital, services and commercial space to the area. Instead of a vacant, unproductive commercial structure and adjoining vacant lot, the site will contain a vibrant multi-use community center and multi-unit senior housing.

### **The Projects Quality Development Objectives**

The project meets all the following Quality Development Objectives utilizing the effective and efficient use of public resources, including the following:

1. Promoting compact development within an urban growth boundary and minimizes the cost of providing public services.
2. Prioritizes a quality mix of development that addresses the economic and community goals of the Rockwood community.
3. Proximity to light rail encourages mixed-use, energy efficient development designed for walking, biking and transit use.
4. Improves the community's ability to provide public facilities and services.
5. Addresses the communities regional environmental concerns.
6. Reduces the public and societal costs of expanding transportation infrastructure.
7. Promotes sustainable local and regional economies by providing jobs to residents who financially support community services. Besides all of the above, the project will promote a more "consumer friendly" (culturally/linguistically familiar) system where services such as housing, health education, screening, immunizations, and care will be readily accessible.

The main objective is to help Latino elderly people assume responsibility for their own health and help them grasp new insight into the many causes of illness. Under any circumstances, finding appropriate and affordable housing and supportive services is stressful and difficult. Those who are less educated have trouble speaking English, or are easily intimidated by bureaucratic ways often find the task overwhelming. Health and wellness need to include more than physical health. It must encompass the interplay between the body, mind, and spirit as a holistic unit; both senior homeowners and renters endure these problems equally.

### **Funding Sources**

The following is a list of funding sources that are necessary to secure (purchase) the property while the next source of Oregon LIHTC funds becomes available in early spring. The first source is a loan from National Council for La Raza (NCLR), Hope Fund for \$1.2 million; in addition, Hacienda is actively pursuing other sources to complete the acquisition. We are in the process of identifying service providers and negotiating multi year lease agreements. Given the amount of equity in the deal, including the land and assistance with rehab costs, a permanent loan for the total acquisition and development costs can be attained. This project will serve very low-income (0-30% MFI and 0-60% MFI) children and seniors. Hacienda will lease out the commercial space and split out the three northern parcels for residential use allowing it to apply for State of Oregon Low Income Elderly Housing Tax Credits in the spring.

**The Development Team**

The following development team has been selected. It should be noted that, all development team members have worked on previous Hacienda development projects.

***Development Consultant***

Gabriele Development Services is a sole proprietorship owned by Thomasina Gabriele that has provided development services to for-profit and non-profit developers and public agencies since 1981. Thomasina will assist Hacienda in securing public and private financing for this project.

***Architectural Services***

Carleton Hart focuses on projects, which are community based and people oriented. The firm has designed a variety of housing types, care facilities, community and recreation centers. The firm has extensive experience working with non-profits and designed housing, childcare, health clinic and community resource facilities for Hacienda. Principle, Brian Carleton, will serve as project architect for this project.

***General Contractor***

In the last 12 years, Seabold has completed over 450 projects from multi family housing, health care clinics, childcare facilities, etc. Ranging in size from \$5,000 to \$8,000,000.00. Seabold was the contractor of choice for several of Hacienda's successful projects. In addition to construction, Seabold will provide input and estimating during the design phase of this project.

***Construction Management***

Jose Rivera will lead the Hacienda construction management team and coordinate all aspects of development.

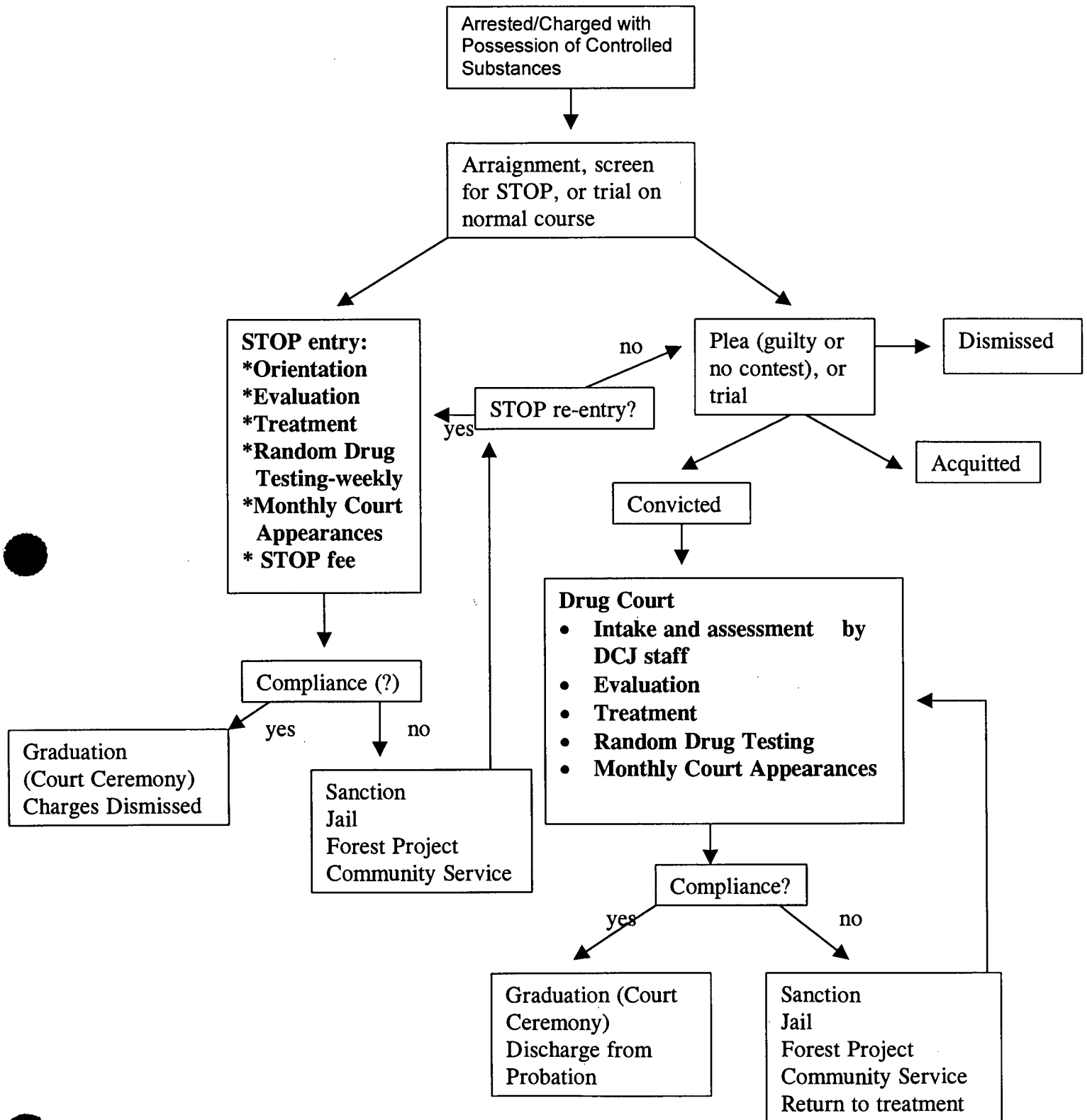
Hacienda CDC will own the Community Center and will be responsible for site management and for the ongoing maintenance of the facility. Revenues generated and directly tied to the triple net lease agreement will offset the maintenance. The service provider lessee's will operate the facility and additional public sector service providers will operate the elderly community services. Future services and or uses will be developed and planned as need arises.



E CLAWSON

#1

# Client flow through proposed Drug Court



	<b>Current (no Drug Court) Model</b>	<b>Current STOP Court</b>	<b>Proposed Drug Court Model</b>
<b>Target Population</b>	Convicted of at least one drug possession charge, sentenced to formal probation (per Grid Block), may be high, medium, or low risk as assessed by DCJ staff.	Arrested and Charged with drug possession, stipulated to arrest facts, offered diversion.	Convicted of at least one drug possession charge, may be offered deferred sentencing if appropriate, placed on formal probation.
<b>% of Total Population</b>	78% (2200 cases annually)	22% (600 cases annually)	78% (2200 cases annually)
<b>% Active (in treatment)</b>	30%	50%	50%
<b>Referral Flow</b>	Post-conviction and sentence	Pre-Conviction and Sentence	Post-conviction, but pre-sentence in some cases
<b>Admission and Intake</b>	Immediately after sentencing	3 - 5 days after arrest	Immediately after conviction*
<b>Treatment Start</b>	30 days after admission and Intake	Immediately after Intake and Orientation	Immediately after Intake
<b>Client Court Attendance</b>	Only in response to violations	14 days after start in treatment, monthly thereafter	Average once a month*
<b>Court-ordered Fees</b>	Probation Officer monitors	Court Collected	To be Developed
<b>Random Drug Testing</b>	At discretion of Probation Officer and treatment provider	1 per week minimum	1 per week minimum--to be developed
<b>Treatment Reports to Court</b>	At termination (successful or unsuccessful)	Monthly status reports (Attendance, UA's, notes)	Monthly status reports (UA's, notes, attendance), submitted in Court by case manager.
<b>Sanctions/Incentives</b>	Administered by Probation Officer with approval of court	Coordinated with Court	To be Developed

	<b>Current (no Drug Court) Model</b>	<b>Current STOP Court</b>	<b>Proposed Drug Court Model</b>
<b>Response to Non-compliance</b>	Revocation of Probation, resulting in jail sentence, Post-Prison Super.	Termination from program, conviction on charge, sentence to probation.	To be Developed
<b>Graduations</b>	none	Ceremony in Court	To be developed
<b>Charges</b>	Record of conviction unchanged	Charges dismissed upon graduation	To be developed.
<b>Duration of Sentence</b>	Determined by Grid Block-- 12 or 18 months	Average 14 months, standard duration is 12 months	To be developed

Data presented are estimates using 1999 - 2000 figures and are used for comparison purposes

\* Criteria still being developed

## PAPER 30

### **General Policy Issue**

Begin a project to move County business applications off the IBM mainframe and onto less expensive "hardware platforms" (UNIX and NT).

### **Specific Recommended Program Change (including relevant background/history)**

To lower the cost of computing services by taking advantage of the technological changes that are driving the computer industry, we (Multnomah County) need to migrate the business applications that run on the IBM mainframe to less expensive platforms (UNIX and NT). This migration will require "one time only" conversion costs estimated at \$4.4 million plus ongoing annual maintenance of \$124,000 (subject to inflation). This program change is possible due to collaborative planning initiated by the Sheriff's Office with the other "owners" of large applications on the mainframe, the District Attorney's Office and the Health Department.

### **Expected Outcome of Change (How will we measure whether it has been successful?)**

The expected outcome is a reduction or avoidance of the costs projected to continue to operate these mission-critical business applications. By moving them off of the mainframe, annual operating expense can be reduced by \$1.4 million. The business applications will be rewritten on an "open systems" platform, which also lowers the cost of future enhancements and integration with other applications. Additionally, the applications will be hosted on multiple servers, reducing the likelihood that one application will adversely affect response time or system availability for the others.

### **Impact on County Benchmarks?**

Contributes to the Good Government benchmark by producing significant savings, avoiding future costs, and improving service levels (shorter development time for future system enhancements). Is also consistent with the objectives of the restructured information technology organization (ITO) at the County, including increased cross-departmental collaboration and greater system integration.

### **Direct Budget Impact (What will it cost? What will be saved?) (What is the impact on employees – County or contracted?)**

Eliminating the IBM mainframe saves \$1.5 million per year in personnel and hardware and software maintenance costs. The annual hardware and software costs for replacement servers (UNIX and NT) for SWIS, DACTS, and DSS-Justice will total less than \$100,000 per year, resulting in a net gain of \$1.4 million per year.

One-time-only conversion costs of \$4.4 million must be expended during the first two years. The "break even" point (where the OTO costs are recovered from resultant savings) occurs in the 5<sup>th</sup> year. During the following 5 years, nearly \$11 million in savings would be realized.

The Health Department has indicated that it will migrate the Health Information System (HIS) off the County's IBM mainframe within the next two years, by replacing most HIS functions with new software (being implemented under the OCHIN grant). Plans to provide for the remaining HIS functions are underway. There are also several smaller systems for which migration/replacement plans are underway (A&T, Fixed Assets).

**Indirect Budget Impact (How does taking this action help ease the impact of other budget cuts?)**

There are no indirect budget implications anticipated.

**What are the Downsides and Potential Risks of this Recommended Change?**

Failure to complete the migration within the first two years of the project will result in cost overruns in the third year, since the \$1.4M in savings cannot be realized until *all* applications are moved off of the mainframe.

**What Alternatives were Considered?**

Maintain status quo. This is the most costly option, because the County is incurring the high cost of an IBM mainframe system without being able to utilize its full capacity. The mainframe becomes more costly as applications are moved independently from the mainframe to new platforms for other reasons, lowering its utilization but not lowering its operating cost. No department wants to have their application be "the last one left" on the mainframe, being responsible for its total cost.

**How does the Recommended Change Need to be Processed Publicly?**

No public notification is necessary.

POTENTIAL VACANCIES REDUCTION STRATEGY  
Multnomah County Facilities and Property Management  
March 23, 2001

Bldg. #	Facility Name	Nominal Vacancy Today	FY02 Vacancy	FY03 Vacancy	FY04 Vacancy	Notes
119	Justice Center	1693 sf	0			
160	McCoy	8747	8747 (constr)	0		1
166	Commonwealth	1603	0			
311	JJC	5418	0			2
313	Hansen	3718	3718	3718	0	3
322	Walnut Park	15,995	15,995	0		4
400	GNC	0	24,625	0		5
412	Morrison	8347	8347	8347	0	6
421	Ford	5000 +/-	59047	0		7
425	Yeon	46,792	46,792	0		8
455	Yeon Annex	6414	0			
439	CRC	15,164	15,164 (constr)	0		
TOTALS		118,891	182,435	12,065	minimal	

## Vacant Space - NOTES

1. Assumes decision on McCoy Retail Space tenant by end of FY01, construction during FY02, occupancy by beginning of FY03
2. Assumes DCJ will refill this space as it consolidates operations from leases and meets growth needs.
3. Assumes MCSO does not relocate to Yeon, but achieves a different solution OR fills Hansen by FY04
4. Assumes this unusable Walnut Park basement space is removed from billable vacancy consideration after FY02
5. Assumes, perhaps optimistically, that GNC will be disposed of within 6 months of County move-out.
6. Assumes MDT and some other tenants stay at Morrison Bldg. until CRC space is ready in early FY03
7. Assumes Ford Bldg. tenants are relocated to Yeon (warehousing) and Other (Dental) by end of FY02
8. Assumes Yeon extra space is filled by Ford Bldg., EMO, and Animal Control tenants by end of FY02.

All relocations and allocations have yet to be approved by affected Departments, or funded, except for the GNC tenants moving to the new East County Health, Aging , and Disabilities Services Building, which is funded by that project budget. There are many variables in approvals, funding, permits, tenant acquisition, and construction which could cause changes in both strategy and timing.

March 23, 2001      by: Jim Emerson, Long-Range Planning Branch

### FY 01 Funding and Proposed FY 02 Funding Changes For Selected CFS Program Areas

The CFS Program Areas Youth Investment, Intervention, and Prevention have some activities that have been historically funded with CCFC funding. However, not all the program activities have received CCFC funding nor would they all qualify. These program areas are shown because they represent where the majority of the CCFC funding appears in CFS and because these areas had substantial proposed or actual cuts due to shifts in the State's funding of local child and youth services, CCFC funding allocations, and the County's General Fund shortfall.

						Source of FY '02 Funding for Chair's Proposed Budget					
Activity	FY '01 Funding	Requested FY '02 Funding	Chair's Proposed FY '02 Funding	Initial Cut	Restored Amount	County General Fund (or FFP)	City of Portland	JSA	Other	YI - Federal	YI - State GF
<b><u>Youth Investment</u></b>											
Service Access Resource Staff	608,164	608,164	608,164	0	0	608,164					
East County Shelter — Provides 4 short-term beds for stays up to 90 days	108,444	0	0	(108,444)	0						
Runaway Youth Shelter (Harry's Mother) — Provides 10 shelter beds for youth ages 12 to 17 for up to 2 weeks. Goal is reunification with family.	382,982	0	382,982	(382,982)	382,982	118,942				142,673	121,367
Girls Shelter/Transitional Housing — Provides up to 6 months of transitional housing for 2 young women at any one time	66,213	0	66,213	(66,213)	66,213	66,213					
Teen Parent Housing — Provides 4 to 6 teen pregnant or parenting units for up to 90 days	61,338	0	0	(61,338)	0						
System Staff Training — Mandatory training sessions for all YIS staff	15,000	0	15,000	(15,000)	15,000	15,000					
System Staff Training — Flexible pool for YIS staff to access specialized training	5,000	0	5,000	(5,000)	5,000	5,000					
System Staff Training	15,000	0	0	0	0						
Sexual Minority Youth/Network	20,448	0	0	(20,448)	0						
Client Assistance Funds	65,000	40,500	65,000	(24,500)	24,500	65,000					
System Coordination	43,000	0	43,000	(43,000)	43,000	43,000					
Minority Housing Services Pool	46,666	0	0	(46,666)	0						
Family Mediation	28,250	0	28,250	(28,250)	28,250	28,250					
Sex Industry Outreach	30,560	0	30,560	(30,560)	30,560	30,560					
Sexual Minority Youth	35,000	0	0	(35,000)	0						
Countywide Crisis Hotline	81,792	81,792	81,792	0	0	81,792					
Sexual Minority Youth Groups	5,112	5,112	0	(5,112)	0	Restored in CCFC Budget					
Sexual Minority Youth Support Groups	10,224	10,224	10,224	0	0	10,240					
<b>Youth Investment Sub-Total</b>	<b>1,628,193</b>	<b>745,792</b>	<b>1,336,185</b>	<b>(872,513)</b>	<b>595,505</b>	<b>1,072,161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142,673</b>	<b>121,367</b>
<b><u>Intervention</u></b>											
GIFT (Gang Influenced Female)	190,921	0	0	(190,921)	0						
Curriculum development and services for Slavic young women	45,688	0	0	(45,688)	0						
Youth Employment and Empowerment Project (YEEP)	186,673	225,430	225,430	38,757	0		200,430		25,000		
Youth Employment and Empowerment Coalition (YEEC)	94,676	50,919	50,919	(43,757)	0	50,919					
Intensive Case Management for Young Men Released from Secure State Facilities	196,986	0	0	(196,986)	0						
Youth Gang Outreach	312,909	302,655	302,655	(10,254)	0	219,694	82,961				
Hispanic Gang Outreach	20,448	35,448	35,448	15,000	0	35,448					
<b>Intervention Sub-Total</b>	<b>1,048,301</b>	<b>614,452</b>	<b>614,452</b>	<b>(433,849)</b>	<b>0</b>	<b>306,061</b>	<b>283,391</b>	<b>0</b>	<b>25,000</b>	<b>0</b>	<b>0</b>



### FY 01 Funding and Proposed FY 02 Funding Changes For Selected CFS Program Areas

The CFS Program Areas Youth Investment, Intervention, and Prevention have some activities that have been historically funded with CCFC funding. However, not all the program activities have received CCFC funding nor would they all qualify. These program areas are shown because they represent where the majority of the CCFC funding appears in CFS and because these areas had substantial proposed or actual cuts due to shifts in the State's funding of local child and youth services, CCFC funding allocations, and the County's General Fund shortfall.

						Source of FY '02 Funding for Chair's Proposed Budget					
Activity	FY '01 Funding	Requested FY '02 Funding	Chair's Proposed FY '02 Funding	Initial Cut	Restored Amount	County General Fund (or FFP)	City of Portland	JSA	Other	YI - Federal	YI - State GF
<b><u>Prevention</u></b>											
Alternative School Support	105,305	63,572	63,572	(41,728)	0	63,572					
Girls Initiative	285,417	285,417	285,417	0	0	285,417					
Hispanic Student Retrieval	33,701	33,701	33,701	0	0	33,701					
Middle School Support Services	62,492	0	0	(62,492)							
Hispanic Retention	320,283	252,735	252,735	(67,548)	0	252,735	(2-year funding expiration explains reduction)				
Native American Student Retention	117,998	85,684	85,684	(32,314)	0	85,684					
Teen Parent Network Coordination	15,300	0	0	(15,300)	0						
Teen Parent/Infant Toddler	10,242	10,242	10,242	0	0				10,242		
Teen Parent/Connections	95,467	0	0	(95,467)	0	Majority of Program remains funded in Health Department					
Teen Pregnancy Prevention for YoungWomen Who Have Been Abused	95,923	0	0	(95,923)		Funded in CCFC Budget -- Get A Clue Program					
Teen Patent/ITDC	132,322	132,322	132,322	0	0	132,322					
TLC/TNT Summer Camps	10,082	10,082	10,082	0	0	10,082					
Center Based Support Services (SEI)	260,532	260,532	260,532	0	0	260,532					
Long Term Mentoring Services (Friends of Children)	221,145	221,145	221,145	0	0	221,145					
Mentoring & Coaching: GEARS	100,195	100,195	100,195	0	0	100,195					
Child Care for Native American children whose parents are in A&D residential treatment	31,844	0	0	(31,844)	0						
SE Uplift Coordinator	20,000	20,000	0	(20,000)							
Parent involvement in schools through asset development projects	81,600	0	0	(81,600)		Funded in CCFC					
Buckman School Project	42,190	0	0	(42,190)		Funded in CCFC					
K-12 Culturally Competent Curriculum Development	0	38,750	38,750	0	0	38,750					
Learning Links -- Homeless Children Mentoring	30,000	30,000	30,000	0	0	30,000					
<b>Prevention Sub-Total</b>	<b>2,072,038</b>	<b>1,544,377</b>	<b>1,524,377</b>	<b>(586,406)</b>	<b>0</b>	<b>1,514,135</b>	<b>0</b>	<b>0</b>	<b>10,242</b>	<b>0</b>	<b>0</b>
<b>Other CCFC related cuts that appear in CFS</b>											
PCDS	67,928	0	70,000	(67,928)	70,000	Assumes that OCP funds may be used					
SUN School Support from CCFC	0	0	223,534	0	0					67,534	156,000

## BOGSTAD Deborah L

---

**From:** DARGAN Karyne A  
**Sent:** Tuesday, May 01, 2001 8:13 AM  
**To:** SIMPSON Thomas G; JOHNSON Cecilia; SIMON Barbara M; AAB Larry A; KIRK Christine; MARCY Scott; STEWART Joey A; COLDWELL Shaun M; FULLER Joanne; CLAWSON Elyse; JOPLIN Lore A; FORD Carol M; SHIRLEY Lillian M; MCCONNELL Jim; CARLSON Donald E; POE Lorenzo T; CHUCKOVICH Denise E; TINKLE Kathy M  
**Cc:** BOGSTAD Deborah L; Ching HAY; Dave WARREN; Doug HICKS; Julie NEBURKA; Karyne DARGAN; Mark CAMPBELL; Michael Jaspin; Rodney Gibbs  
**Subject:** Departmental Agenda Format for Budget Worksessions  
**Importance:** High

Hello-  
after last year's budget de-briefing, some of the bcc members requested that the departmental budget presentations be more consistent with each other. to that end, we have created an agenda format to help guide you through your presentations. i understand that one format for all doesn't always work, but please try to stick as close as possible to our master agenda. furthermore, you will note that we have moved towards a more "traditional" budget presentation, that focuses more on the department. cross departmental issues will have (hopefully) been addressed during the workshop on May 1.

don't forget that you need to get your presentation materials into deb by wednesday at noon, the week prior to your presentation. assigned times are just estimates.

### Department Budget Briefings

10 minutes	CBAC recommendations
10 minutes	Introduction: <ul style="list-style-type: none"><li>• Mission Statement</li><li>• Organizational Structure</li><li>• Department Services (what the department does)</li></ul>
40+minutes	Program changes/adjustments, challenges, executive decisions By Division: <ul style="list-style-type: none"><li>• New Revenues</li><li>• Cuts</li><li>• Chair Changes</li><li>• New Initiatives</li><li>• Impact of Decisions on other Departments</li><li>• Long-Term Concerns</li></ul>
30-60 minutes	Questions & Answer

if you have any questions, please do not hesitate to give me a call  
karyne  
x22457

# Master Tracking Sheet

## Budget Worksession Follow-Up Questions

No.	Date	Commissioner	Respondent/ Dept	Completed	Question
1	5/1/01	Naito, Farver	Budget Office	Noted	Flag decision points when potential for urban renewal district property to come back on the tax rolls.
2	5/1/01	Cruz	MCSO	5/18/01	Issue paper on Pay to Stay; provide rough draft at MCSO budget session
3	5/1/01	Roberts	DCJ	5/22/01	Describe the issues that keep kids from going to school.
4	5/1/01	Naito	CFS		Historically, how have we funded our other community centers (i.e. Clara Vista, Brentwood Darlington). Who are our other partners? Provide details on the service components, funding capital contribution, other source (city) contributions?
5	5/1/01	Cruz	Chair/Budget		Provide FFP funding and develop language to create placeholder for Clara Vista and Rockwood concurrently if there is additional FFP funding.
6	5/1/01	Andersen	Budget Office	5/04/01	Create MH Council Follow Up session
7	5/1/01	Naito	DA/DCJ		What type of funding can we expect from LLEBG as compared to a national perspective? Additionally, what has the city spent LLEBG funding for in the past (police overtime, equipment, etc...)?
7	5/1/01		DCJ/MCSO/ Evaluation	5/18/01	Pretrial Release issue paper as a result from Chicago visits
9	5/1/01	Andersen	Finance		Describe funding proposal for Mainframe migration
10	5/1/01	Andersen	Finance		Status of bond projects and remaining funding available. Risk ranking
11	5/1/01	Naito	DSCD/Finance	5/29/01	Facilities Finance Committee report (Naito resolution)
12	5/1/01	Cruz	Budget Office	5/16/01	List of items in budget funded by FFP
13	5/1/01	Cruz	MCSO	5/11/01	Report on MCSO implementation of Fleet Audit; in compliance why or why not
1	5/8/01	Naito	Budget	Noted	Lay out budgets by funding source (see state for example)
2	5/8/01	Naito/Farver	Budget	Noted	Levy Planning for Library, Public Safety. Hard data for potential operating levies this fall. Budget Office to prepare information this summer.
3	5/8/01	Cruz	DSCD/ MCSO	5/18/01	Work Crew Proposal Concerns: Is it legal to use MCRC residents for custodial work? Will we have enough time to address significant policy questions during budget process? What will it look like (implementation and operationally).
4	5/8/01	Naito	Depts/ F&PM	Noted	Policy threshold re: bringing leases to bcc under \$50,000. Forward policy matter to BCC even though small amounts as an FYI.
5	5/8/01	Roberts	Library	5/14/01	How does the Library interact with SUN Schools? Library to provide brochure
6	5/8/01	Anderson	Library	5/14/01	Delineate OTO payments in FY 2002.
7	5/8/01	Naito	Library	Noted	Summer project to review county services in schools (prior to Library Levy review)
8	5/8/01	Cruz	DSCD	5/16/01	Follow-up on number of properties available to Tax Title and strategies to fund

					in future. Shortfall?
9	5/8/01	Cruz	DSCD	5/16/01	Additional discussion on our role as developed for mixed used buildings.
10	5/8/01	Anderson	DSCD	Noted	Provide information in advance of capital budget presentation.
11	5/9/01	Naito	DSCD	5/16/01	<b>Amendment:</b> Rail line between Portland and Lake Oswego - \$30,000/year have we been contributing that amount? IGA. What amount have we given? History and status. Possible amendment item.
12	5/9/01	Anderson	CCFC		<b>Amendment:</b> Native American Youth
13	5/9/01	Naito	CBAC	5/15/01	<b>Amendment:</b> CIC restoration \$8,447
14	5/9/01	Cruz	ONI/PAO	5/14/01	Provide a sense of the siting calls, in terms of operations of office.
15	5/9/01	Cruz	Cooperative Extension		<b>Budget Note:</b> Review funding for non-d regarding (extension)agencies and county funding
16	5/15/01	Cruz	ADS/Health/ Budget Office		<b>Amendment:</b> How to fund the MDT Nurses? Total funding; Medicaid match and non-Medicaid match? And split between ADS and Health? Present options.
17	5/15/01	Cruz	ADS/PAO		<b>Budget Note:</b> Keep OPI at the top of our legislative agenda. Help state approach federal government (federal to advocate for a change in Medicaid to recognize OPI for eligibility)
18	5/15/01	Farver	DRM		<b>Budget Note:</b> DRM's to develop county-wide policy paper for bcc consideration over the summer re: state funding for formula issues. (reference ADS equity issue). Consider DHR reorganization as part of the partnership context.
19	5/15/01	Farver	CFS/Mental Health		Clarify differences/costs between today's presentation and prior resolution (Lane County model). Commissioner concerns: Naito: Case management piece; more detail re: contracting out. Variation on theme how gatekeeping is done and how we would contract out. Why is this the best model with cost comparison of a couple of models. Want to see here is the best and why. Cruz- concerns center around where plan doesn't follow resolution case management; cost analysis consistent with resolution (case management function); wants collaborative process utilizing our expertise and the provider networks. Anderson-walk through the plan. Set up meeting at later time to review. Farver-looking for budget specifics and tradeoffs to make it real. Timelines.
20	5/15/01	Farver	MH Dept/ Jim Gaynor		<b>Budget Note-</b> come back with package of budget amendments; come back in a series of meetings over the course of the year. MH Redesign group to return with a group of amendments about the specifics of the system re-design.
21	5/16/01	Cruz	Health		<b>Budget Note—</b> Time frame for reviewing revenues coming into Health Department/Primary care clinics. Include potential cuts, if revenues do not meet projections. Quarterly Status Report. Have a broader issue to capture FFP, fees, etc

[illegible]