

ANNOTATED MINUTES

*Tuesday, January 30, 1990 - 9:30 AM
Multnomah County Courthouse, Room 602*

PLANNING ITEMS

Chair Gladys McCoy convened the meeting at 9:30 a.m., with Vice-Chair Gretchen Kafoury, Commissioners Rick Bauman and Sharron Kelley present, and Commissioner Pauline Anderson excused.

1. *Decision of the Planning Commission of January 8, 1990, reported to the Board for acknowledgement by the County Chair:*

CU 1-90 *Approve, subject to conditions, conditional use approval to allow development the subject site with a non-resource related single family residence, for property located at 38210 SE Howard Road*

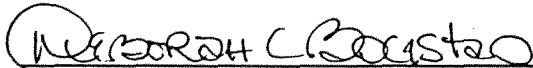
DECISION READ, NO APPEAL FILE, DECISION STANDS.

2. *Auto Wrecker's License Renewals as submitted by Planning and Development with recommendation that same be approved as follows: Metro Auto Wrecking and Recycling Company, 28425 SE Orient Drive, Portland; Lucky Brothers Auto Wrecking, 28901 SE Dodge Park Blvd., Gresham*

**UPON MOTION OF COMMISSIONER KAFOURY,
SECONDED BY COMMISSIONER KELLEY, THE
LICENSE RENEWALS WERE UNANIMOUSLY
APPROVED.**

There being no further business, the meeting was adjourned at 9:35 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Deborah L. Bogstad

*Tuesday, January 30, 1990, 1:30 PM
Multnomah County Courthouse, Room 602*

REGULAR MEETING

Chair Gladys McCoy convened the meeting at 1:35 p.m., with Vice-Chair Gretchen Kafoury, Commissioners Rick Bauman and Sharron Kelley present, and

Commissioner Pauline Anderson excused.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, THE CONSENT CALENDAR (ITEM C-1) WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF JUSTICE SERVICES

- C-1 *Liquor License applications submitted by Sheriff's Office with recommendation that same be approved as follows:*
a) *Package Store - Renewal for the Bob's Corner Grocery & Deli, 13110 SE Division*

REGULAR AGENDA

NONDEPARTMENTAL

- R-2 *In the Matter of reappointment of Richard Leonard to the DES Citizen Budget Advisory Committee (CBAC), term expiring September, 1992*
- R-3 *In the Matter of appointment of Jeremy Grand to the Auditor's Citizen Budget Advisory Committee, term expiring September, 1991*

UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, R-2 AND R-3 WERE UNANIMOUSLY APPROVED.

- R-4 *Report of Central Citizen Budget Advisory Committee and Departmental CBACS on Operational Planning Reports*

AT THE REQUEST OF CHAIR McCOY AND UPON MOTION OF COMMISSIONER KAFOURY, SECONDED BY COMMISSIONER KELLEY, IT WAS UNANIMOUSLY APPROVED THAT R-4 BE SET OVER TO 9:30 AM, FEBRUARY 8, 1990.

- R-5 *Resolution in the Matter of creating a City/County Peace Dividend Task Force*

COMMISSIONER KAFOURY MOVED AND COMMISSIONER BAUMAN SECONDED, APPROVAL OF R-5. ELIZABETH FURSE, DIANE HESS AND PETER BERGEL TESTIMONY IN SUPPORT. RESOLUTION 90-14 UNANIMOUSLY APPROVED.

DEPARTMENT OF HUMAN SERVICES

- R-6 *Budget Modification DHS #33 making an appropriation transfer in the amount of \$40,468 from General Fund Contingency to Aging Services and Social Services, to fund the Adult Transfer coordination, and providing personnel support for program*

UPON MOTION OF COMMISSIONER BAUMAN, SECONDED BY COMMISSIONER KELLEY, IT WAS UNANIMOUSLY APPROVED THAT R-6 BE SET OVER TO FEBRUARY 8, 1990.

- R-7 *In the Matter of Ratification of Intergovernmental Agreement - Amendment #3 increased by \$3,190.80 - between Social Services Division - Developmental Disabilities Program Area and Oregon Health Sciences University*

UPON MOTION OF COMMISSIONER BAUMAN, SECONDED BY COMMISSIONER KELLEY, R-7 WAS UNANIMOUSLY APPROVED.

- R-8 *Budget Modification DHS #34 to reclassify 1.0 FTE Financial Technician with .8 FTE Financial Specialist I in Aging Services. No County General Funds are involved but will decrease Service Reimbursement to the Insurance Fund by \$1,596*

DUANE ZUSSY AND LLOYD WILLIAMS EXPLANATION AND RESPONSE TO BOARD QUESTIONS. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER KAFOURY, R-8 WAS UNANIMOUSLY APPROVED.

ORDINANCES - DEPARTMENT OF GENERAL SERVICES

- R-9 *First Reading - An Ordinance amending Exempt Salary Ranges to include two new exempt classifications and a premium pay classification in the 1989-90 Exempt Classification/ Compensation Plan and declaring an emergency*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER KAFOURY MOVED AND COMMISSIONER KELLEY SECONDED, TO DELETE THE EMERGENCY CLAUSE AND APPROVE THE FIRST READING. LLOYD WILLIAMS EXPLANATION AND RESPONSE TO BOARD QUESTIONS. NO ONE WISHED TO TESTIFY. FIRST READING WITH EMERGENCY CLAUSE DELETED UNANIMOUSLY APPROVED. SECOND READING SCHEDULED FOR FEBRUARY 8, 1990.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-10 *Order In the Matter of the Conveyance of a Permanent Easement on County Land to Powell Valley Road Water District*

**UPON MOTION OF COMMISSIONER KAFOURY,
SECONDED BY COMMISSIONER KELLEY, ORDER 90-15
WAS UNANIMOUSLY APPROVED.**

R-11 *Resolution Recommending Approval of the Memorandum of Understanding Between Multnomah County and the Cities of Fairview, Gresham, Troutdale and Wood Village for the Purposes of Sharing Road Capital and Maintenance Responsibilities Within Multnomah County, Outside the City of Portland*

COMMISSIONER KAFOURY MOVED AND COMMISSIONER BAUMAN SECONDED, APPROVAL OF R-11. SUMNER SHARPE EXPLANATION AND RESPONSE TO BOARD QUESTIONS. MR. SHARPE PRESENTED REQUESTED AMENDMENTS TO THE MEMORANDUM OF UNDERSTANDING. COMMISSIONER KAFOURY MOVED AND COMMISSIONER KELLEY SECONDED, TO INCORPORATE LANGUAGE INTO MEMORANDUM OF UNDERSTANDING. RODGER CLAWSON AND PAUL YARBOROUGH TESTIMONY AND RESPONSE TO BOARD QUESTIONS. IT WAS UNANIMOUSLY APPROVED THAT SECTION 1, PAGE 3 OF THE MEMORANDUM OF UNDERSTANDING BE AMENDED TO INCLUDE: "EXCEPTIONS COULD INCLUDE THOSE ARTERIALS WHICH, THOUGH JUDGED TO BE PART OF THE SUBREGIONAL NETWORK, ARE ENTIRELY WITHIN THE CORPORATE LIMITS OF A SPECIFIC JURISDICTION." AND SECTION 7, PAGE 9 BE AMENDED TO INCLUDE: "AT THE TIME THAT THE MEMORANDUM OF UNDERSTANDING IS REVIEWED, CONSIDERATION COULD BE GIVEN TO THE TRANSFER, TO ALL CITIES, OF THOSE SEGMENTS OF THE SUBREGIONAL NETWORK WHICH ARE LOCATED WITHIN A CITY'S LIMITS.". RESOLUTION 90-16 UNANIMOUSLY APPROVED, AS AMENDED.

R-12 *Budget Modification DES #9 to create additional Maintenance Worker position which will free bridge maintenance mechanics to increase their journeyman level man-hours to better and more productively work in accomplishing established bridge maintenance goals*

COMMISSIONER KAFOURY MOVED AND

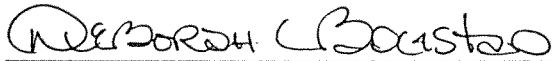
**COMMISSIONER KELLEY SECONDED, APPROVAL OF
R-12. LARRY NICHOLAS EXPLANATION AND
RESPONSE TO BOARD QUESTIONS. R-12
UNANIMOUSLY APPROVED.**

R-13 *Budget Modification DES #10 in the Amount of \$14,058 From Road Fund
Contingency to Create Additional Program Development Specialist Position as
of 2/5/90*

**UPON MOTION OF COMMISSIONER KAFOURY,
SECONDED BY COMMISSIONER KELLEY, R-13 WAS
UNANIMOUSLY APPROVED.**

There being no further business, the meeting was adjourned at 2:30 p.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**



Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

AGENDA OF
MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS
FOR THE WEEK OF
JANUARY 29 - FEBRUARY 2, 1990

Tuesday, January 30, 1990 - 9:30 AM - Planning Items . . . Page 2
Informal Briefings . Page 2
Immediately following
Planning

Tuesday, January 30, 1990 - 1:30 PM - Formal Meeting . . . Page 3

NOTE: DAY & TIME CHANGE OF FORMAL MEETING

Tuesday Formal Meeting of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Friday, 6:00 PM, Channel 27 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

Tuesday, January 30, 1990 - 9:30 AM

Multnomah County Courthouse, Room 602

PLANNING ITEMS

1. Decision of the Planning Commission of January 8, 1990, reported to the Board for acknowledgement by the County Chair:

CU 1-90 Approve, subject to conditions, conditional use approval to allow development the subject site with a non-resource related single family residence, for property located at 38210 SE Howard Road
2. Auto Wrecker's License Renewals as submitted by Planning and Development with recommendation that same be approved as follows: Metro Auto Wrecking and Recycling Company, 28425 SE Orient Drive, Portland; Lucky Brothers Auto Wrecking, 28901 SE Dodge Park Blvd., Gresham

INFORMAL BRIEFINGS

1. Metropolitan Community Action Administering Board Quarterly Briefing - Impact of Bicentennial Census on Services for Homeless and Low-Income Persons - Carol Murdoch, MCA Board Chair
2. Presentation from DHS on SB 875 Adult Transfers - Request for Preliminary Approval for Implementation - Duane Zussy, Jim McConnell, Gary Smith
3. Presentation of Analysis of DUII Criminal Justice System Funded by Oregon Traffic Safety Commission and Results of OTSC/County DUII Probation Project - Grant Nelson, Wayne Salvo

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Tuesday, January 30, 1990, 1:30 PM

Multnomah County Courthouse, Room 602

Formal Agenda

CONSENT CALENDAR

DEPARTMENT OF JUSTICE SERVICES

- C-1 Liquor License applications submitted by Sheriff's Office
with recommendation that same be approved as follows:
a) Package Store - Renewal for the Bob's Corner Grocery &
Deli, 13110 SE Division

REGULAR AGENDA

NONDEPARTMENTAL

- R-2 In the Matter of reappointment of Richard Leonard to the
DES Citizen Budget Advisory Committee (CBAC), term expiring
September, 1992
- R-3 In the Matter of appointment of Jeremy Grand to the
Auditor's Citizen Budget Advisory Committee, term expiring
September, 1991
- R-4 Report of Central Citizen Budget Advisory Committee and
Departmental CBACs on Operational Planning Reports
TIME CERTAIN - 9:30 AM
- R-5 Resolution in the Matter of creating a City/County Peace
Dividend Task Force

DEPARTMENT OF HUMAN SERVICES

- R-6 Budget Modification DHS #33 making an appropriation transfer in the amount of \$40,468 from General Fund Contingency to Aging Services and Social Services, to fund the Adult Transfer coordination, and providing personnel support for program - Continued from January 25, 1990
- R-7 In the Matter of Ratification of Intergovernmental Agreement - Amendment #3 increased by \$3,190.80 - between Social Services Division - Developmental Disabilities Program Area and Oregon Health Sciences University
- R-8 Budget Modification DHS #34 to reclassify 1.0 FTE Financial Technician with .8 FTE Financial Specialist I in Aging Services. No County General Funds are involved but will decrease Service Reimbursement to the Insurance Fund by \$1,596

ORDINANCES - DEPARTMENT OF GENERAL SERVICES

- R-9 First Reading - An Ordinance amending Exempt Salary Ranges to include two new exempt classifications and a premium pay classification in the 1989-90 Exempt Classification/ Compensation Plan and declaring an emergency - Continued from January 25, 1990

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-10 Order In the Matter of the Conveyance of a Permanent Easement on County Land to Powell Valley Road Water District
- R-11 Resolution Recommending Approval of the Memorandum of Understanding Between Multnomah County and the Cities of Fairview, Gresham, Troutdale and Wood Village for the Purposes of Sharing Road Capital and Maintenance Responsibilities Within Multnomah County, Outside the City of Portland
- R-12 Budget Modification DES #9 to create additional Maintenance Worker position which will free bridge maintenance mechanics to increase their journeyman level man-hours to better and more productively work in accomplishing established bridge maintenance goals
- R-13 Budget Modification DES #10 in the Amount of \$14,058 From Road Fund Contingency to Create Additional Program Development Specialist Position as of 2/5/90

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 1/30/90
Agenda No. Inf #7

REQUEST FOR PLACEMENT ON THE AGENDA

Metropolitan Community Action (MCA) Administering

Subject: Board Quarterly Briefing of the Board of County Commissioners

Informal Only* January 30, 1990
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Aging Services

CONTACT Bill Thomas TELEPHONE 248-5464

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Carol Murdoch, MCA Board Chair

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

The Administering Board of the County's Community Action Program will brief the Board of County Commissioners on the following issue: The impact of the Bicentennial Census on services for homeless and low-income persons.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10-15 Minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ - General Fund

Other _____

SIGNATURES:

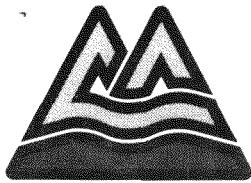
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: [Signature]

BUDGET / PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION — (503) 248-3646
COMMUNITY ACTION PROGRAM OFFICE — (503) 248-5464
421 S.W. 5TH, 2ND FLOOR
PORTLAND, OREGON 97204
FAX # (503) 248-3332

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy, Director *Duane Zussy*
Department of Human Services

FROM: James McConnell, Director *James McConnell*
Aging Services Division

DATE: Janaury 22, 1990

SUBJECT: Metropolitan Community Action Administering Board
Quarterly Briefing of the Board of County Commissioners

RECOMMENDATION:

The Aging Services Division recommends that the Administering Board of Metropolitan Community Action be allowed 10-15 minutes to present a policy paper on the impact of the forthcoming Dicentennial Census on services to low-income and homeless persons.

ANALYSIS:

The Dicentennial Census will provide a unique opportunity for local government and social service providers to unite in an effort to better plan for services to low-income and homeless persons in Multnomah County. The data collected by the Dicentennial Census will provide information vital to the planning of emergency and community action services.

BACKGROUND:

The Administering Board of Metropolitan Community Action, as the agency charged with planning services for homeless and low-income persons in Multnomah County, has the responsibility of providing timely briefings to the Governing Board. This informal briefing is the second this fiscal year.

METROPOLITAN COMMUNITY ACTION

MEMORANDUM

TO: Board of County Commissioners

FROM: Metropolitan Community Action Board of Directors

DATE: January 25, 1990

SUBJECT: MCA Board Policy Issue Briefing for the Board of County Commissioners (January 31 informal session)

The MCA Board has selected the Census as the topic for its first "Policy Issue Briefing" to the Commissioners.

The year 1990 marks the 21st U.S. census. The Census will gather data to describe the U.S. population and, to some extent, its living conditions. The data collected will be vitally important to a variety of decision makers, notably businesses and government planners.

Executive Director

Steve Rapp

Executive Committee

Carole A. Murdock
Chair

Ron Goodman
Vice Chair

Marlene Byrne
Secretary

Worth Caldwell
Treasurer

Al Jamison
Luana Shipp
Bonnie Webster

Dorothy Rothrock
Chair, Planning
Committee

Marlene Byrne
Chair, Advocacy
Committee

Gene Bui
Chair, Nominating
Committee

Local governments and anti-poverty programs like MCA are concerned with the billions of dollars in federal funds allocated to states, cities, towns, Indian reservations and social programs on the basis of census data.

MCA is especially concerned with the allocation of federal funds to Community Services Block Grant, Community Development Block Grant, Low Income Energy Assistance Program and low income housing and homeless programs. Because of this, MCA has tracked census issues for the past year, and is playing a key role on several census related committees to monitor census plans.

Enclosed is some background information on this issue, as well as some recommendations about appropriate roles for the County.

We look forward to this briefing, and hope you will find it both informative and useful.

COUNTING HOMELESS AND LOW INCOME IN 1990 CENSUS:
Recommended Roles for Multnomah County.

BACKGROUND:

It will be critical to get as accurate a count of Multnomah County residents as possible. It will cost an average of \$10.00 for the Census Bureau to count a person, but that person is worth over \$10,000 in federal funds. Low income people and minorities are the most likely to be undercounted. This is especially true of undocumented migrant workers and the homeless, who may be afraid that census information could be used against them.

In the 1990 census the undercount of minorities and the poor was 6-9% as compared to 1.4% for the overall population. There are several reasons for this. Often low-income people don't fill in and return the census forms, not perceiving the value in it. Illiteracy also may present a barrier. While it is true that those who don't return their forms receive follow-up visits by census enumerators (counters), often low-income people live in remote areas or unsafe neighborhoods, which enumerators are unable or unwilling to visit.

MCA is especially concerned about counting the homeless. There was minimal effort to count the homeless in 1980, and the Census Bureau is attempting a more in-depth effort this year. Homeless and housing funds, already slim, will utilize census figures in allocating funds at the national and local levels. (It is important to remember that 77% of all housing funds were cut out of the federal budget since 1980, reducing the entire funding base.) Estimates of the numbers of homeless currently range from 300,000 (HUD) to over 3 million (National Coalition for the Homeless). It is critical that the best possible census count occur in 1990 and that federal agencies understand the inherent limitations in counting the homeless and take that information into consideration when determining funding levels.

Taking the 1990 Census: Planned Procedures

The 1990 census will be a major national effort. The Census Bureau expects to count about 250 million people. The bureau budget is about \$3 billion; the staff will include about 315,000 temporary workers.

On April first, most U.S. households will receive a questionnaire by mail. 5/6 of these households will receive a "short form," which will cover basic demographic information such as race, age, marital status and some information on housing. The remaining 1/6, randomly selected will receive a longer form, which will also include questions on ancestry, employment, income, education and in-depth housing questions.

The Census Bureau anticipates receiving replies from about 80% of the population. If forms are not returned, Census Bureau enumerators will follow-up in person. The number of attempted follow-up visits, (theoretically up to seven) could be limited based on budget resources. It costs \$4 to mail a census form; \$30 for a follow-up visit. Low-income people, who are less likely to return the forms, could be at a disadvantage here.

The Census Bureau states all census information will be kept confidential. Title 13 of the U.S. Code prevents any agency from accessing this information. This includes the FBI, IRS, INS, AFS, etc.

Projected Plan and Procedure for Counting the Homeless

The Census Bureau does not claim it will give a full count of homeless, and does not put forward a definition of homelessness. Instead, its stated goal is to "provide demographic, social and economic data on selected components of the homeless," (components can be identified by location: shelters, streets, etc.). Nevertheless, there is concern that funders and the media may later refer to these figures as a full count.

March 20th has been designated as the night the bureau will count several components of the homeless:

- from 6 p.m. to 12 a.m. enumerators will count homeless people staying at pre-identified shelters and hotels used to house the homeless. They will use the standard short form;
- from 2 - 4 a.m. enumerators will identify homeless in the streets also using pre-identified sites. They will verbally ask questions from the short form. If they find people asleep or intoxicated, the enumerators will visually assess very basic demographic information (gender, race and age); and
- from 4 - 6:30 a.m. enumerators will go to pre-identified abandoned and boarded-up buildings and will go to 24 hour establishments, such as bus depots, to attempt to identify homeless people, again verbally asking questions on the short forms.

Homeless people doubling-up with relatives or friends are supposed to be identified as part of the regular census count April 1st. The questionnaire asks for who is staying at the residence temporarily and why they are staying there.

MCA has Identified several potential problem areas with the homeless count:

1. The Census Bureau will not have sufficient time and staff capacity to locate all homeless people staying on streets, in cars, under bridges, etc. They have only two hours allocated to count these people. They may only be able to go to sites where there are concentrations of homeless, (many homeless sleep in isolated areas alone). Coordination and transportation logistics may present additional barriers. This would obviously leave a substantial number of homeless people uncoun ted.
2. The Census Bureau is liable for the safety of its enumerators. Some potential places may be dangerous, difficult and embarrassing to approach (tunnels, caves, garages, dumpsters, voucher motels, etc.) Again, this may leave many homeless people uncoun ted.
3. Many homeless people may be suspicious or afraid of the enumerators and may not want to cooperate. The Census Bureau proposes hiring homeless people as enumerators and guides, but few homeless people will be able to pass the application exam and meet the other application requirements (employment history, criminal record, possibly possession of an automobile.
4. MCA has sent the Census Bureau a list of shelters, hotels and other housing sites for the homeless. The will also need lists of bridges, parks and other sites where homeless people congregate. Insufficient information would leave many homeless people uncoun ted.
5. The question in the census questionnaire which could solicit information on homeless people doubling-up with relatives or friends is unclear. It is unlikely to bring in accurate data on this component of the homeless population.
6. The plan to identify homeless people at 24 hour sites is questionable. Homeless people cannot be identified as such simply by looking at them. Many homeless people do not fit accepted stereotypes.
7. The whole concept of counting homeless on one night; in effect, taking a "snapshot"

to assess the number of homeless, does not relate to the real nature of homelessness. Homelessness for many is episodic in nature; many people live in a marginalized manner and periodically fall into bouts of homelessness.

RECOMMENDATIONS

Multnomah County should take a leadership role in working closely with the Census Bureau, MCA, and other community organizations to insure the most accurate count possible of the homeless and low income through:

1. Promoting the census through Multnomah County clinics and other county programs to help low income clients understand the value in participating in the census.

- Promotional materials in English, Spanish and other languages should be available in clinic and program offices.
- Direct service providers should be urged to discuss the upcoming census with their clients as part of regular client interviews and to urge their clients' participation.
- Information on the census should be featured in Multnomah County newsletters and publications.
- County public relation staff should work with MCA to approach the media to encourage participation in the census.
- County staff should continue participation on the Complete Count Committee.

2. Insuring the most effective count possible of homeless and low income people.

- The County should participate in MCA - initiated meetings with Census Bureau staff to identify problem areas in counting the homeless and develop strategies to resolve them, and should keep the Board of County Commissioners up-to-date on any unresolved problem areas. The County may also be asked to help in coordinating the logistics of the homeless count and to locate funds to pay homeless "guides" who accompany enumerators under bridges and into campgrounds. The City would also be asked to contribute funds. It is unlikely this figure would be above \$2,000.
- Concerns over problem areas in counting the homeless and other low income people should be incorporated when approaching the media.

3. Providing assistance in reading and filling out census forms for homeless and low income people. Clinics and other County programs should be urged to train designated staff to be available as "Questionnaire Assistance Volunteers" who can help clients understand and fill out census forms. Volunteer trainings are planned for late February.

4. Participating in MCA-organized meetings with Oregon Congressional offices to express broad concerns about the count, which will remain low despite the above efforts. It is important that the count be qualified ^{by federal agencies and the media} as only an indicator, not as a definite total ^{being} by federal agencies and the media. The National Coalition for the Homeless is proposing the establishment of a National Citizens Advisory Board by the

that

to

House subcommittee on Population and Census which would:

- review, analyze and interpret the census data collected.
- respond to any policy misrepresentation of any census numbers released.

While it is too late for this Advisory Board to be established for the current census, it is appropriate to begin urging its formation for the 2000 census.

CENSUS RECOMMENDATIONS

<u>IDENTIFIED ISSUES</u>	<u>RECOMMENDED ROLES FOR MCA</u>	<u>RECOMMENDED ROLES FOR MCA CONTRACTING AGENCIES</u>	<u>RECOMMENDED ROLES FOR MULTNOMAH COUNTY</u> Attachment
<u>Promotion</u> <ul style="list-style-type: none"> ■ Poor need to see the value in being counted and participating in the census ■ Homeless also need to see the value in being counted, plus be assured the police won't be contacted ■ Migrants also need to see the value in being counted, plus to be assured the INS won't be contacted ■ Promotional materials should be readily available in Spanish, SE Asian Languages, etc. ■ Agency staff/ volunteers should be recruited to be enumerators for the homeless count (and more general count) 	<ul style="list-style-type: none"> ■ Publicize census and provide informational materials through Community Services Contractors Association, Emergency Helping Agencies Committee, other coalitions and networks. Also, use these networks to recruit enumerators. Send mailing to contractors and other service providers urging them to promote census to clients, and recruit enumerators. ■ Contact media about census issues, concerns. 	<ul style="list-style-type: none"> ■ Have census posters and literature in agency offices. Have case managers promote participation in census to clients 	<ul style="list-style-type: none"> ■ Publicize census and provide informational materials through Mult. Co. clinics and other County programs. Also, use these networks to recruit paid and volunteer enumerators. ■ Contact media about census issues, concerns. ■ Allocate funds to pay homeless people to serve as guides to assist enumerators in finding homeless.
<u>Insuring the Most Effective Homeless Count Possible</u> <ul style="list-style-type: none"> ■ Clarify method of identifying homeless who are living with families or friends ■ Count homeless staying in transitional units, voucher motels, church shelters, hospitals, etc. ■ Utilize volunteers to supplement paid enumerators in homeless count 	<ul style="list-style-type: none"> ■ Convene meetings with Census Bureau to identify problem areas in counting homeless and develop strategies to resolve them. Include service providers and other interested parties in these meetings. 	<ul style="list-style-type: none"> ■ Participate in MCA-initiated meetings with Census Bureau to identify problem areas in counting homeless and develop strategies to resolve them. ■ Compile lists of known sites where homeless reside for the Census Bureau 	<ul style="list-style-type: none"> ■ Participate in MCA-initiated meetings with Census Bureau to identify problem areas in counting homeless and develop strategies to resolve them. ■ Keep BCC up-to-date on any unresolved problem areas

IDENTIFIED ISSUES

Insuring the most effective count (cont')

- Determine method for identifying homeless people at bus depots, 24 hour coffee shops, and other sites

Client Assistance

- Provide help in reading and filling out forms for homeless, migrants and other low-income people.

Broader Advocacy Efforts

Meet with members of Oregon Congressional delegation to:

- urge clear qualifiers on census figures stating limitations of those figures.
- support the National Coalition for the Homeless' proposal to
(Continued on next page)

RECOMMENDED ROLES FOR MCA

- Compile lists of shelters, transitional units, and voucher motels for the Census Bureau. Send mailing to social service agencies (Continued on next page) requesting names of sites where homeless people reside. Follow-up by telephone to insure this information is submitted.
- Participate on Census Advisory and Complete Count committees
- Keep MCA Board and CS-CA up-to-date on any unresolved problem areas.

- Work with Census Bureau to coordinate trainings for agency staff. Contact social service agencies to announce trainings.

- Convene meetings with AuCoin's, Wyden's and Hatfield's offices.
- Keep in touch with National Coalition for the Homeless and other national advocacy groups for guidance.

RECOMMENDED ROLES FOR MCA CONTRACTING AGENCIES

- Assist clients in understanding and filling out census forms. Send staff to relevant trainings.

- Participate in meeting with AuCoin, Wyden and Hatfield's offices.

RECOMMENDED ROLES FOR MULTNOMAH COUNTY

- Involve clinics and other programs in setting-up procedures to assist clients in understanding and filling out census forms. Work with Census Bureau to coordinate trainings for clinic staff.

- Participate in meeting with AuCoin, Wyden, and Hatfield's offices.

CENSUS RECOMMENDATIONS

Attachment

IDENTIFIED ISSUES

RECOMMENDED ROLES FOR MCA

RECOMMENDED ROLES FOR MCA
CONTRACTING AGENCIES

RECOMMENDED ROLES FOR
MULTNOMAH COUNTY

- establish a National Citizens Advisory Board, which would:
- review, analyze and interpret the census data collected
- respond to policy misrepresentations of any census numbers released
- The Advisory Board would be established by the House Subcommittee on Population and Census and would be made up of researchers, service providers, advocates and homeless or formerly homeless people.

DATE SUBMITTED 1/22/90

(For Clerk's Use)

Meeting Date 1/30/90
Agenda No. Inf # 2

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Adult Transfer - SB875

Informal Only* 1/30/90
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Aging Services and Social Services

CONTACT Maggie Gareau TELEPHONE 248-3782

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy, Jim McConnell, Gary Smith

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested. DHS is requesting preliminary approval from the BCC on implementation of the Adult Transfer (SB 875). SB 875 transfers Medicaid eligibility determination for the disabled from Adult and Family Services to the State Senior and Disabled Services Division (SDSD), with an option for AAA's to provide these services. The Department is recommending that the County accept the transfer, dividing Medicaid determination between Aging and Social Services Divisions. The BCC's decision on how to implement the Adult Transfer will form the basis for an IGA with the State. DHS will return to the Board on 2/8/90 for final approval.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☒ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 30 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: [Signature]

BUDGET / PERSONNEL /

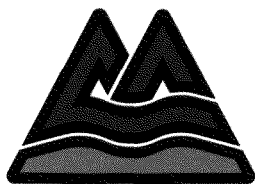
COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____

(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

1990 JAN 23 PM 3:52
CLERK OF
COUNTY COMMISSIONERS
CLERK OF
COUNTY COMMISSIONERS
OREGON



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
7th FLOOR J. K. GILL BUILDING
426 S.W. STARK STREET
PORTLAND, OREGON 97204
(503) 248-3782

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

FROM: Duane Zussy, Director *Duane Zussy*
Department of Human Services

DATE: January 22, 1990

SUBJECT: Adult Transfer - SB875

Attached you will find the department's report on the status of the Adult Transfer, SB875. SB875 transfers Medicaid eligibility determinations for the disabled from the Adult and Family Services Division to the State Senior and Disabled Services Division (SDSD). SB875 also provides local AAA's with two options: 1) to accept the full transfer or, 2) to have SDSD establish local offices.

DHS has considered four options for implementation. The attached report outlines those options and provides the BCC with our recommendation. The department's recommended option divides Medicaid eligibility determinations between two divisions: Aging Services would provide determinations for the elderly, Social and Family Services Division would provide determinations for the physically, developmentally, and mentally disabled.

The transfer must be fully operational on October 1, 1990. Should the BCC adopt our recommendation, extensive planning will need to occur prior to this date. To adequately undertake this planning effort DHS will need two new staff positions. Hence, the department is requesting contingency funds to pay for these staff and begin immediate planning. I have included a copy of our contingency request in the attached material. We will also be negotiating with the State to pay for these positions. If we are successful monies transferred from the State will be used to repay the County General Fund.

[5844A-w]

1. Attachment to Bud Mod No. DHS#33 2. Amount requested from General Fund Contingency: \$ 40,468

3. Summary of request:

If Multnomah County decides to accept the adult transfer of medicaid eligibility for the disabled, it must have the service fully operational by October 1, 1990. Prior to that date a major planning process needs to occur. The Social and Family Services Division (SFSO) will be establishing a new program office, incorporating a totally new type of function, increasing its staff by as many as 65 FTE (a 65% increase), locating four new delivery sites, and coordinating its efforts with Aging Services Division (ASD), consumers, advocates, the state, providers, and with its own internal program offices. SFSO is requesting a program manager position to manage this planning process. The transfer will increase ASD's staff by as many as 15 FTE (a 10% increase), require the incorporation of a new function - the food stamp program, and include coordinating efforts with the state, consumers, advocates, and SFSO, as well as the provision of technical assistance to SFSO. ASD is requesting a program development specialist to assist in these efforts.

4. Has the expenditure for which this transfer is sought been included in any budget request during the past five years? NO If so, when? _____
If so, what were the circumstances of its denial?

5. Why was this expenditure not included in the annual budget process?

SB 875, which establishes the adult transfer, was passed during the last legislative session. This was after the FY 89-90 budget process had been completed.

6. What efforts have been made to identify funds from another source within the Department, to cover this expenditure? Why are no other Departmental sources of funds available?

The adult transfer involves a new area of service and DHS does not believe it is appropriate to take monies designated for other activities to fund it. Nor does the department wish to use monies for direct services to fund medicaid eligibility determinations. Planning for this transfer will be a major effort for which new personnel will be required.

7. Describe any new revenue that this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.

DHS is negotiating with the state to have vacant positions at AFS transferred prior to October 1, 1990. If we are successful, funding for these positions will be used to pay back the contingency fund. Irrespective of these negotiations, ongoing funding of these two positions after October 1, will come from vacant positions transferred from the state.

8. This request is for a (Quarterly X , Emergency) review.

9. FOR EMERGENCY REQUESTS ONLY: Describe in detail on an additional sheet the costs or risks that would be incurred by waiting for the next quarterly review, in justification of the emergency nature of this request.

10. Attach any additional information or comments you feel helpful.

Duane Tussy WPC
Signature of Department Head/Elected Official

1/10/90
Date

BUDGET MODIFICATION NO. DHS#33

(For Clerk's Use) Meeting Date
Agenda No.

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR Jan. 25, 1990
(Date)
DEPARTMENT Human Services DIVISION Aging Services/Social Services
CONTACT Don Keister/Nancy Wilton TELEPHONE 248-3646/248-3691
*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy

SUGGESTED
AGENDA TITLE (to assist in preparing a description for the printed agenda)

Budget Modification DHS # 33 funds Adult Transfer coordination with \$40,468 from the General Fund Contingency.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)
☒ PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

This budget modification funds the following administrative costs to provide coordination of the Adult Transfer:

5 mths Prog Mgr 1 (SSD)	\$22,099
5 mths Prog Dev Spec (ASD)	15,434
Materials and Services to support positions	<u>2,935</u>
Sub-total	\$40,468
Indirect support	<u>2,792</u>
Total	\$43,260

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

Increase Cash Transfer from GF to F/S Fund by \$40,468
Increase Cash Transfer from GF to F/S Fund by \$2,792 (Indirect support)
Increase Svc Reim from F/S Fund to Insurance Fund \$2,895

4. CONTINGENCY STATUS (to be completed by Finance/Budget)
Contingency before this modification (as of _____) \$ _____
(Specify Fund) (Date)
After this modification \$ _____

Originated By	Date	Department Manager	Date
Maggie Gareau	1-9-90	<i>Duane Zussy</i> (DC)	1/10/90
Budget Analyst	Date	Personnel Analyst	Date

Board Approval _____ Date _____

TRANSACTION EB []

GM []

TRANSACTION DATE

ACCOUNTING PERIOD

BUDGET FY

Document Number	Action	Fund	Agency	Organi- zation	Activity	Reporting Category	Object	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1100			5100			16,335		Inc Permanent
		156	010	1100			5500			4,126		Inc Fringe
		156	010	1100			5550			1,638		Inc Insurance
											22,099	Sub-total Personnel
		156	010	1100			6230			600		Inc Supplies
		156	010	1100			6330			700		Inc Local Travel
		156	010	1100			7100			1,641		Inc Indirect (@ 6.9%)
		156	010	1100			7150			385		Inc Telephone
											3,326	Sub-total Mat/Svcs
											25,425	Total Org #1100
		156	010	1715			5100			11,318		Inc Permanent
		156	010	1715			5500			2,859		Inc Fringe
		156	010	1715			5550			1,257		Inc Insurance
											15,434	Sub-total Personnel
		156	010	1715			6230			1,250		Inc Supplies
		156	010	1715			7100			1,151		Inc Indirect Cost
											2,401	Sub-total Mat/Svcs
											17,835	Total Org #1715
		100	010	0104			7608			25,425		Cash Trans to F/S
		100	010	0105			7608			17,835		Cash Trans to F/S
		100	045	9120			7700			(43,260)		G/F Contingency
		400	040	7531			6520			2,895		Inc Insurance Fund
TOTAL EXPENDITURE CHANGE										46,155	TOTAL EXPENDITURE CHANGE	

REVENUE

TRANSACTION RB [] GM [] TRANSACTION DATE _____ ACCOUNTING PERIOD _____ BUDGET FY _____

Document Number	Action	Fund	Agency	Organi- zation	Activity	Reporting Category	Revenue Source	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1100			7601			25,425		Cash Transfer from GF
		156	010	1715			7601			17,835		Cash Transfer from GF
		400	040	7531			6602			2,895		Svc Reim to Ins Fund
////////////////////										46,155		TOTAL REVENUE CHANGE

PERSONNEL DETAIL FOR BUD MOD NO. OHS #33

5. ANNUALIZED PERSONNEL CHANGES (Compute on a full year basis even though this action affects only a part of the fiscal year.)

FTE Increase (Decrease)	POSITION TITLE	A n n u a l i z e d			
		BASE PAY Increase (Decrease)	FRINGE Increase (Decrease)	INSURANCE Increase (Decrease)	TOTAL Increase (Decrease)
1.0	Prog Mgr 1 (SSD)	38,875	9,820	3,899	52,594
1.0	Prog Dev Spec (ASD)	26,936	6,804	3,015	36,755
TOTAL CHANGE (ANNUALIZED)		65,811	16,624	6,914	89,349

6. CURRENT YEAR PERSONNEL DOLLAR CHANGES (calculate costs or savings that will take place within this fiscal year; these should explain the actual dollar amounts being changed by this Bud Mod.)

Full Time Positions, Part-Time, Overtime, or Premium	Explanation of Change	C u r r e n t F Y			
		BASE PAY Increase (Decrease)	FRINGE Increase (Decrease)	INSURANCE Increase (Decrease)	TOTAL Increase (Decrease)
.42 FTE	Prog Mgr 1 (SSD) as of 2/1/90	16,335	4,126	1,638	22,099
.42 FTE	Prog Dev Spec (ASD) as of 2/1/90	11,318	2,859	1,257	15,434

MULTNOMAH COUNTY
DEPARTMENT OF HUMAN SERVICES

Report on Implementation of
SB.875 - Adult Transfer

I. Background

A. History

In 1981, the state Legislature created the state Senior Services Division for the purpose of consolidating delivery of services to the elderly in Oregon. The division was empowered to administer aging programs funded by the federal Older Americans Act (OAA), state Oregon Project Independence (OPI), and federal/state Title XIX (Medicaid).

The Older Americans Act created Area Agencies on Aging, funded planning, program development, advocacy, social services, and nutrition services for elderly 60 years of age and over.

Oregon Project Independence funds supported in-home care and services for elderly at risk of being institutionalized and required co-payment on a sliding-fee basis.

Senior Services Division's share of federal/state Title XIX-(Medicaid) funded long-term care for persons on public assistance who were aged or 18 years and older and disabled. Care could be provided in nursing facilities, or, under a federal waiver, in a community setting. Oregon piloted the home and community-based waiver for the nation. The 1981 legislation also allowed Area Agencies on Aging, which were programs of local government, to elect to administer the Title XIX program in conjunction with OAA and OPI programs at the local level. The underlying values for the state legislation were local control of programs, single entry, easy access to services and service coordination.

In 1984, further consolidation occurred when Senior Services Division assumed responsibility for financial eligibility and food stamp eligibility functions for its own clients, i.e., elderly and younger physically disabled who were on public assistance and needed long-term care. Approximately 33,000 disabled and

elderly persons receiving public assistance, but not long-term care, remained at Adult and Family Services Division.

In 1985, the Portland/Multnomah County Area Agency on Aging assumed local responsibility for the Medicaid program and transferred 88 staff positions from state government to the county. The county added the Adult Housing Licensing Program and the Public Guardian Program to the AAA and created the Aging Services Division (ASD).

B. Current Legislation

In 1989, SB 875, which was sponsored by the governor's Task Force on Disability Services, was passed by the state Legislature. It provides for the following:

1. Combining all elderly and mentally and physically disabled clients receiving financial, medical, food stamp, and case management services within the Senior Services Division and renaming the division the Senior and Disabled Services Division (SDSD).
2. Transferring the following client groups from Adult and Family Services (AFS) to the state SDSD system:
 - a. All disabled adults ages 18 to 64, receiving SSI and Medicaid: Medicaid clients who are physically disabled, MED, and DD. Note: All disabled adults, aged 18 to 64 receiving Medicaid long term care services, are currently in the Senior Services Division system.
 - b. All elderly persons 65+ receiving SSI and Medicaid: Medicaid Old Age Assistance clients.
 - c. All elderly persons 60+ receiving food stamps only: nonassistance food stamp clients (60+).
 - d. All persons receiving state General Assistance: General Assistance clients are persons 18 and older, who because of age, physical disability, MED or DD diagnosis are unemployable and in the process of applying for SSI and Medicaid.
3. Local Area Agencies on Aging (AAAs) have the option to serve all of the transferred clients or to serve elderly clients only. In the latter case, the state SDSD would establish branch offices within the county to serve the disabled population under 65.
4. The AAA must notify SDSD of its decision on this matter by March 1, 1990.

5. The Adult Transfer is to be implemented by October 1, 1990. In effect, all elderly and disabled persons aged 18 and up who are receiving public assistance will be served through the SDSD/AAA system.

C. Implementation Options

Multnomah County, which is already serving the Medicaid long-term care population (as a Type B Transfer AAA) has the following options under SB 875:

OPTION A:

Multnomah County does not accept the full transfer: Persons 65+ would be served by ASD and the state SDSD would establish local offices in Multnomah County to serve the disabled populations age 18-64.

OPTION B:

Multnomah County does accept the full transfer and all clients are served by ASD.

OPTION C:

Multnomah County does accept the full transfer: Elderly and those disabled needing long-term care are served by ASD; other disabled (MED and DD) are served by county Social Services Division.

OPTION D:

Multnomah County does accept the full transfer: Elderly are served by ASD; all disabled clients aged 18-64 are served by county Social Services Division.

	OPTION A		OPTION B		OPTION C		OPTION D	
	ASD	SDSD	ASD	SSD	ASD	SSD	ASD	SSD
CURRENT	3818		3818		3818		3818	
<u>Clients to Transfer:</u>								
Physically Disabled	(1018)	1018					(1018)	1018
Old Age Assistance	1289		1289		1289		1289	
Aid to Blind	14	128	142		142		14	128
Aid to Disabled	391	4698	5089		2036	3053	391	4698
Medically Needy	180	31	211		192	19	180	31
60+ Food Stamps Only	1862		1862		1862		1862	
General Assistance	<u>4</u>	<u>838</u>	<u>842</u>	<u>-</u>	<u>337</u>	<u>505</u>	<u>4</u>	<u>838</u>
TOTALS	6540	6713	13253		9676		6540	
NET CHANGE	2722	6713	9435	0	5858	3577	2722	6713

II. Goals and Objectives

- A. To increase accessibility to services for client populations, i.e., services occur in settings clients are already in, are neighborhood-based, are located within facilities that are disabled accessible, are on bus accessible routes, etc.
- B. To enhance the individuality and independence of each client.
- C. To create a service system that is easily accessible, client oriented, and cost-efficient.

III. Standards/Criteria for the New System

A. Local Criteria

- 1. Accessibility to services for client populations.
- 2. Commitment to the individuality and independence of each client.
- 3. Cost efficient.
- 4. Adequately funded by the state to assure quality.
- 5. Creation of single entry/easy access.
- 6. Consistency of eligibility policies
- 7. Maximize local control to assure consumer and advocate access to policy makers.
- 8. Flexibility in program development and working with individual's needs.
- 9. Consistency with long and short-term goals of the stakeholders.

B. Criteria Developed by the State Policy Committee

- 1. Clearly defined management and service personnel and definable and distinct structures to implement services to all clients. Services to different client groups should only be integrated when they are similar. Services for the elderly and disabled should be separate when appropriate.
- 2. Service delivery offices should be located in proximity to other state-supported human service programs and near bus stops.
- 3. Services should provide continuity. Clients should not have to switch offices or caseworkers any more than is absolutely necessary.
- 4. Clients will be sensitively and properly served.

IV. Recommendation:

That the Board of County Commissioners approve the full transfer as described in Option D, provided that the issues below are resolved to the satisfaction of the county no later than May 1, 1990.

- o There is full and adequate transfer of budgeted staff positions, material and services, support equipment, and management resources to implement a quality program.
- o State SDSD resolves the Type B Transfer administration funding problem to enable the Type B Transfer AAA to continue to manage the Medicaid program at the local level.

OPTION D:

Multnomah County does accept the full transfer and:

1. ASD accepts the transfer of the following clients:
 - a. Medicaid Old Age Assistance Clients (65+)
 - b. General Assistance Clients (65+)
 - c. Nonassistance Food Stamp Clients (60+)
 - d. Medically Needy Clients who are (65+)
2. ASD transfers to Social Services:
 - a. Medicaid Clients (18-64) who are physically disabled and receiving long-term care services.
 - b. General Assistance Clients (18-64) who are physically disabled and receiving long-term care services.
3. Social Services accepts transfer of the following clients:
 - a. Medicaid Clients (18-64) who are physically disabled, MED and DD
 - b. General Assistance Clients (18-64) who are physically disabled, MED and DD
 - c. Medically Needy Clients (18-64) who are physically disabled, MED and DD

Caseload and Staffing:

	<u>ASD CLIENTS</u>	<u>SOCIAL SERVICES CLIENTS</u>
Current	3,818	
Physically Disabled	[1,018]	1,018
Old Age Assistance	1,289	
Aid to Blind	14	128
Aid to Disabled	391	4,698
Medically Needy	180	31
60+ Food Stamps	1,862	
General Assistance	<u>4</u>	<u>838</u>
TOTALS	6,540	6,713
Net Increase	2,722	6,713

Analysis:

The major decision point for Multnomah County is in acceptance of the Medicaid Food Stamp eligibility function for the disabled population aged 18-64. As a Type B Transfer AAA, the county is required to take the elderly being transferred under SB 875.

In general, client groups and others believe that the disabled clients will be better served under a locally controlled, service-oriented system such as currently exists at the county Department of Human Services. In addition, Option D will enhance the single entry system, improve service coordination, and expand the community-based advocacy already built into the DHS programs.

The disabled advocates have stated they want a separate state division established to focus on their respective services. In addition, they have established policy for implementation of SB 875 that a distinct and separate service delivery system and management structure be established within the parameters of the law. Option D clearly meets these criteria. In the event that a state division for the disabled were to be established in a future legislative session, Option D establishes the best management structure to contract for continued local administration.

A consideration against the full transfer option is the increased burden, liability, responsibility, etc. that the county assumes for another client population with typically minimal amount of state resources provided to do a quality job. DHS staff are still weighing the feasibility of getting the job done with the resources made available by the state. An issue that will be problematic is the lack of resources to allow the county to collect its full indirect costs. The funds simply are not there to pay the full amount. If the Board of County Commissioners is willing to waive a portion of the indirect cost amount, the county subsidy can be used as match for the Title XIX funds, thus reducing the total amount of county subsidy.

OPTION D

Pros:

1. Develops/improves control for services to the disabled.
2. Single county system for long-term care service delivery to the disabled.
3. Increases local advocacy and focus for MED, A&D, DD, aging and physically disabled populations.
4. No obvious disadvantages to current clients.

5. Opens home and community-based care waiver to Social Services Division.
6. ASD retains focus of services to the elderly.
7. Social Services brings expertise and advocacy for the mentally ill, developmentally disabled, and chemically dependent populations.

Cons

1. Involves major changes and transition for Department of Human Services, SSD, and ASD.
2. Places nonhomogeneous client groups together, e.g., AIDS, A&D, DD, MED, physically disabled.
3. No branch manager positions are included in the transfer.

ADDENDUM

I. Program Development and Organization

A. Issues/Strategies:

1. Transferring a significant number of persons receiving food stamps and/or Medicaid-only assistance creates a new job function of eligibility determination. ASD needs to evaluate all job functions and determine if client service can be enhanced by developing an eligibility specialist position or by retaining a generic case manager focus, i.e., one case manager performs all functions. An internal work group will recommend working job descriptions for all caseload related positions that will clearly reflect the case management expectations for each position. It appears at this point that SSD will need eligibility specialists at least as an interim step in the transfer.
2. The new population requires increased food stamp, General Assistance, and SSI advocacy expertise. ASD will be responsible for developing and maintaining this expertise.
3. New business service (clerical support) functions will transfer with the new program responsibility. State SDSD indicates that if Multnomah County chooses Option D, SDSD will look to ASD as the contractor and reporting agent for the county.
4. Security needs may increase at office sites because of the new population.
5. Increased training will be necessary with initial focus on the impact of change for significant number of staff (county, DHS philosophy, team building, managing change).
6. Management of adult foster homes, nursing facilities, client employed providers, and other provider relationships will require significant coordination between ASD and SSD.
7. Program monitoring functions will need to be developed.
8. Consistency of policy application between the two program areas will be monitored regarding priorities for service, etc.
9. ASD will maintain current branch operations, integrate the new functions into current operation, and retain emphasis on co-location of ASD branch offices with District Senior Service Centers.
10. SSD will open four new offices.
11. Co-location between ASD and SSD benefits neither the elderly nor the disabled as each group needs its own identity.

12. ASD and SSD will strengthen their administrative component as necessary to work out coordination issues between the programs.
13. ASD and SSD will coordinate long-term care services, probably with ASD maintaining liaison responsibility with LTC providers. SSD will retain liaison with providers specializing in services to A&D, MED, and DD clients.
14. Assessments for long-term care clients will continue to occur at the place of the client as appropriate. Offices will be designed to be accessible to clients.
15. ASD and SSD will organize to focus on the client's ease of access and quality of service.
16. County will develop adequate in-house capability to provide ongoing orientation and training for staff regarding federal and state requirements for eligibility, assessment, services management and case monitoring.

ADDENDUM

II. Funding

1. Known Funding to Date: (9 months)

a. Caseload related positions:

(1) Personal services	
(21,934/position x 74.27)	\$1,629,038
(2) M&S	
(431.77/mo x 9 mo x 74.27)	<u>288,608</u>
TOTAL	\$1,917,646

b. Other positions:

(1) Personal services	
GA/SSI positions	5.11
RNs	1.70
Reg Ofc	.85
Central Ofc	<u>1.30</u>
TOTAL	8.96

(2) M&S	
(431.77/mo x 9 mo x 8.96)	\$ 34,818

2. Local Funding:

a. SSD

(1) Personnel Costs

(a) Positions from SDSD	
(21,984 x 47.13)	\$1,036,106
(b) Positions from ASD	
(23,863 x 17.76)	423,807

(2) M&S

(a) From SDSD	
(431.77/mo x 9 mo x 47.13)	183,144
(b) From ASD	
(377/mo x 9 mo x 17.76)	<u>60,260</u>

TOTAL	\$1,703,317
-------	-------------

b. ASD

(1) Personnel Costs

(a) Positions from SDSD	
(21,984 x 27.15)	596,866
(b) Positions to SSD	
(23,863 x 17.76)	(423,807)

(2) M&S

(a) From SDSD	
(431.77/mo x 9 mo x 27.15)	105,503
(b) To SSD	
(377/mo x 9 mo x 17.76)	<u>(60,260)</u>

TOTAL	\$ 218,302
-------	------------

ADDENDUM

M&S issue is clouded by the supposed agreement that we would make good AFS lease costs through the balance of this biennium which is supposed to total \$215,578 for the 9-month period, leaving us \$73,030 for M&S. This is unacceptable unless SSD would choose to co-locate with AFS through June 30, 1991.

CURRENT ORGANIZATION

CLIENT GROUPS	ASD	SSD	AFS
<u>ELDERLY</u>			
Case Management	X		
Fin. and Med. Services	X		X
Food Stamps Only			X
<u>DISABLED</u>			
<u>PHYSICALLY</u>			
Case Management	X		
Fin. and Med. Services	X		X
<u>MENTALLY/EMOTIONALLY</u>			
Case Management		X	
Fin. and Med. Services			X
<u>DEVELOPMENTALLY</u>			
Case Management		X	
Fin. and Med. Services			X

MULTNOMAH COUNTY
DOES NOT ACCEPT TRANSFER
OPTION A

CLIENT GROUPS	ASD	SSD	SDSD
<u>ELDERLY</u>			
Case Management	X		
Fin. and Med. Services	X		
Food Stamps Only	X		
<u>DISABLED</u>			
<u>PHYSICALLY</u>			
Case Management			X
Fin. and Med. Services			X
<u>MENTALLY/EMOTIONALLY</u>			
Case Management		X	
Fin. and Med. Services			X
<u>DEVELOPMENTALLY</u>			
Case Management		X	
Fin. and Med. Services			X

MULTNOMAH COUNTY
DOES ACCEPT TRANSFER
OPTION B

CLIENT GROUPS	ASD	SSD
<u>ELDERLY</u>		
Case Management	X	
Fin. and Med. Services	X	
Food Stamps Only	X	
<u>DISABLED</u>		
<u>PHYSICALLY</u>		
Case Management	X	
Fin. and Med. Services	X	
<u>MENTALLY/EMOTIONALLY</u>		
Case Management		X
Fin. and Med. Services	X	
<u>DEVELOPMENTALLY</u>		
Case Management		X
Fin. and Med. Services	X	

MULTNOMAH COUNTY
DOES ACCEPT THE TRANSFER
OPTION C

CLIENT GROUPS	ASD	SSD
<u>ELDERLY</u>		
Case Management	X	
Fin. and Med. Services	X	
Food Stamps Only	X	
<u>DISABLED</u>		
<u>PHYSICALLY</u>		
Case Management	X	
Fin. and Med. Services	X	
<u>MENTALLY/EMOTIONALLY</u>		
Case Management		X
Fin. and Med. Services		X
<u>DEVELOPMENTALLY</u>		
Case Management		X
Fin. and Med. Services		X

MULTNOMAH COUNTY
DOES ACCEPT THE TRANSFER
OPTION D

CLIENT GROUPS	ASD	SSD
<u>ELDERLY</u>		
Case Management	X	
Fin. and Med. Services	X	
Food Stamps Only	X	
<u>DISABLED</u>		
<u>PHYSICALLY</u>		
Case Management		X
Fin. and Med. Services		X
<u>MENTALLY/EMOTIONALLY</u>		
Case Management		X
Fin. and Med. Services		X
<u>DEVELOPMENTALLY</u>		
Case Management		X
Fin. and Med. Services		X

ADULT TRANSFER DEFINITIONS

o AFS:

Adult and Family Services Division of the state's
Department of Human Resources.

o ASD:

Aging Services Division of Multnomah County's Department of
Human Services.

o CASE MANAGEMENT:

A service available to the frail elderly and disabled
adults to assess their functional level and assist the
client in developing a service plan that meets their care
needs.

o DISABLED:

Persons who are disabled due to a primary diagnosis linked
to a physical disability, a mental or emotional disability
(MED) or a developmental disability (DD).

o ELDERLY:

Persons who are 65 years of age and over.

o FINANCIAL AND MEDICAL SERVICES:

The function of determining a person's eligibility to
receive financial and medical assistance and to assure
authorization of medical services.

o SDSD:

Senior and Disabled Services Division of the state's
Department of Human Resources.

o SSD:

Social Services Division of Multnomah County's Department
of Human Services.

DATE SUBMITTED 1/23/90

(For Clerk's Use)

Meeting Date 1/30/90
Agenda No. Inf #3

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: DUII ANALYSIS

Informal Only* 1/30/90
(Date)

Formal Only _____
(Date)

DEPARTMENT DJS DIVISION Probation Services

CONTACT Grant Nelson/Wayne Salvo TELEPHONE 248-3701/248-3810

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Grant Nelson/Wayne Salvo

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Presentation of analysis of DUII Criminal Justice System funded by Oregon Traffic Safety Commission and results of OTSC/County DUII Probation Project.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 12 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ - General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Grisham Kefauver

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

1990 JAN 23 PM 4:23
CLERK OF COUNTY
OREGON

The vehicle was traveling at 60 m.p.h. in a 35 m.p.h. zone. Subject struck the curb 300 feet from the intersection, causing damage to the vehicle. Both occupants were injured. Suspect was arrested and cited for DUI.

DUII Analysis Project

***Funded by the
Oregon Traffic Safety Commission
Grant number: 89 AL 10 61***

**Administered by the Multnomah County
Department of Justice Services**

**Database and statistics - John Ellis
Research and text - Diana Clark
Administration - Wayne C. Salvo**

**Multnomah County, Oregon
September, 1989**

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I. ACKNOWLEDGEMENTS

This report concludes five years of extensive, multi-faceted study and DUII countermeasure programs in Multnomah County, made possible in large part by grant funding and assistance from the Oregon Traffic Safety Commission. Included is the 1983-87 DUII Analysis Study, which compares the current DUII control system with the 1983-84 system, allowing an analysis of how the system is functioning now and of the possible impacts of the major 1984 legislation, Senate Bill 710. The report includes the viewpoints of DUII system professionals and concerned citizens, as well as state and national research findings, which can help to guide further decision-making locally.

The project staff appreciate the assistance received from DUII Advisory Board members and all others who contributed to the report. Due to the complexity of the DUII problem, the report does not represent a consensus of the full DUII Board on every issue. When data interpretation was contested by those in the field, it was re-examined and qualified accordingly.

The community must decide how it wants to allocate limited resources, confronted with serious and pressing concerns about gangs, drugs, and intoxicated driving. To function effectively, it is of primary importance for the system to remain in balance. Yet this study of DUII public awareness and education, enforcement, prosecution, adjudication, and sanctioning in Multnomah County indicates that the system is overstressed in some areas, inconsistent in others. It is hoped that the comprehensive set of recommendations presented here can help Multnomah County decision makers bring the major public health hazard of DUII under control, and eliminate intoxicated driving as a leading cause of death among minors.

II. DUII ANALYSIS PROJECT

A. HIGHLIGHTS

Clearly the last five years have heightened public awareness of the problems and costs of DUII. The Justice System, through SB 710, has routinized its criminal justice processing of DUII offenders. Preliminary data suggests that processing time of offenders has not changed with the change to statutory sanctions, as was anticipated. The conviction rate remained about the same in the two year sample, showing little improvement, and the amount of jail time assigned appeared to have decreased since 1983. One system expert offered the explanation that those with multiple offenses are serving the same amount of time, but those with fewer convictions serve less time. The District Attorney cannot induce a defendant to plead guilty, so offenders are still likely to hold out for their case to be dismissed due to witness or officer unavailability. DUII confronts the community with the problem of limited resources, and public safety priorities: who is in jail, and who are we letting out?

Statewide, the miles traveled have increased since 1984, as did the number of traffic crashes; however, DUII arrests have held steady for three years. Fewer people refuse to take the breath test now, a desired result of the licensing sanction. In 1983, Diversion was used by only half of Oregon's courts; by 1987, requiring Diversion for all first offenders has contributed to faster overall processing time, since Diversion takes less judicial time than a plea/trial. Sentencing trends in Multnomah County indicate this new emphasis on Diversion/treatment for first-time offenders.

The demographics of the DUII Analysis Study offered few surprises. The average age of a DUII offender is approximately 35, the same as in 1983. There is little change in the ratio of men to women arrested for DUII (86% men, 14% women in 1987.) There was not adequate racial information recorded in 1983 for a comparison study with the 1987 data provided.

The consistent pattern for increased arrests on weekend evenings confirms that the DUII patrols are vigilant at those high-risk times. The arrests were lowest in the month of December both years, though the police agencies denied any change in staffing patterns at that season. It is possible that increased public awareness activities in December, such as Holiday Cab, designated driver recognition and public service announcements, contributed to the decrease in drinking drivers. There was a major shift in law enforcement responsibility between 1983 and 1987, so that the Portland Police Bureau now accounts for 70% of arrests in the County.

The goal of enforcement is deterrence; an increase in the volume of DUII arrestees affects all other components of the DUII control system, notably the courts, corrections and DMV. Specially trained DUII enforcement teams need to be continued and expanded if possible. The consequences of the Portland Police Bureau withdrawing specialized DUII enforcement in 1986-88 influenced all aspects of the system, most alarmingly the sudden increase in alcohol-involved traffic deaths and injuries that had been on the decline statewide since 1984.

Portland Police Bureau's move to using motorcycles for DUII enforcement has not reduced the need to involve two officers with each arrest, since another officer must be summoned to transport. The average blood alcohol content (BAC) of those apprehended is also an indicator of levels of enforcement: with diminished DUII patrols, the average level of intoxication climbed, and more DUII arrests were associated with traffic crashes. All officers should be trained in the use of horizontal gaze nystagmus, a method of identifying impaired drivers often missed in field sobriety tests.

Persons found guilty of DUII in 1987 stayed in the Court system one-third less time than in 1983, a positive indication of faster trial times. Those "not guilty" stay in the system even longer than those found guilty, the study indicated. In the two-year sample, Diversion cases were closed (final entry made) 38 days sooner in 1987 than in 1983. This data contradicted the observations of a defense attorney experienced with the DUII system, and such an anomaly may be attributed to human error in record-keeping.

The length of treatment for all offenders averaged 208.3 days, including all levels of treatment. The average age (mid-30s) of those arrested correlates with the average age of those assigned to treatment. Those who refuse the breath test take longer in treatment.

Not surprisingly, those who cooperated with the breath test were more likely to qualify for Diversion; 31% of all offenders found guilty had refused to take the test. In 1987, BACs were not collected for 113 offenders, which accounted for all but three of the cases dismissed. There was a significant decrease in the number of offenders with prior DUII arrests in 1987; 90% were first time offenders. We saw a reduction in recidivism in 1987, but a major and disturbing increase in Driving While Suspended (DWS.)

Currently the County is releasing approximately 80 to 100 pre- and post-sentenced inmates weekly due to jail overcrowding. Eleven of the current 61 sentenced inmates on pass due to overcrowding have DUII charges. Many system professionals interviewed stated that additional jail space is only a solution if new space can be prioritized for DUII offenders, so that this sanction can be used as a last resort after community supervision fails. Other alternatives to incarceration need to be explored, such as intensive probationary supervision, use of electronic monitoring for house arrest and curfew, and more alcohol treatment beds with custodial supervision. The Court system needs to reallocate resources to meet current demands, as the decrease in DUII arrests in 1986-88 impacted the entire control system, and the trend reverses, processing needs to be improved and streamlined. The decrease in DUII arrests in 1986-88 impacted the entire DUII control system. The County needs to look at the entire criminal justice system and prioritize: where do we want to be tough?

The Oregon Traffic Safety Commission contracted INTERCEPT Research Corporation to conduct an annual attitudes survey on DUII and related issues (see pages 78-82). The responses of a sample of Multnomah County residents to the four questions that follow indicate that public awareness of DUII deterrence efforts have eroded since 1986:

1. On a scale of one to five, how important a problem do you consider driving under the influence of intoxicants, or drunk driving, to be in your community?

Multnomah County residents	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>
responding "very important"	71%	69%	71%	69%

2. On a scale of one to five, how satisfied are you with your community's current efforts to combat drunk driving?

Multnomah County residents	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>
responding "very satisfied"	21%	13%	12%	12%

3. Do you agree or disagree with the following statement: drinking and driving is accepted social behavior.

Multnomah County residents	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>
responding "disagree"	85%	84%	85%	78%

4. Are you aware of Oregon's laws regarding driving under the influence of intoxicants?

Multnomah County residents	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>
responding "yes"	89%	82%	71%	67%

Education is of primary importance in eliminating DUII. Continual community awareness about the severity and seriousness of DUII must be the responsibility of all individuals who wish to protect themselves, their property, and their lives from serious injury or death.

B. BACKGROUND

Of Oregon counties, Multnomah County is the smallest in size and the largest in population. More than 65% of the citizens of Multnomah County live within the city of Portland. There are eight law enforcement agencies within the County: Portland Police Bureau, Multnomah County Sheriff's Office, Gresham Police Department, Port of Portland Police, Transit District Police, Troutdale Police Department, Oregon State Police, and Oregon Liquor Control Commission. With approximately one-fifth of the state's population, the County has nearly one-third of the state's night-time fatal and injury crashes. Over the past five years, Portland shows a 40% increase in fatalities over the average of the previous four years. The Portland Police five-officer DUII Enforcement Team accounted for over 40% of DUII arrests until the Team was disbanded in May 1987, and since its reinstatement in September 1988, the Team is again responsible for the majority of DUII arrests in the County.

On July 1, 1984, new strict DUII laws (Senate Bill 710) became effective in Oregon. Among the changes were provisions for mandatory minimum sentences of 48 hours in jail or 80 hours in an alternative community service program for persons convicted of a DUII offense, and immediate administrative suspension of the driver's license under certain circumstances. National research studies prior to the passage of SB 710 provided the Oregon Traffic Safety Commission (OTSC) with the information that effective intervention strategies with DUII include:

- increased enforcement to detect and apprehend
- stricter laws to increase the certainty, swiftness and severity of DUII sanctions
- sustained, increased levels of public awareness and education to inform about the law and educate the public.

OTSC encouraged counties to assess DUII control system problems, and to develop innovative projects to combat DUII, and with the concentrated population and traffic in the Portland metropolitan area, Multnomah County was a logical place to begin.

C. HISTORY AND IMPACT OF 1984 PROJECT

Operating under a grant from the Oregon Traffic Safety Commission in fiscal year 1983-84, the Multnomah County/Portland Intoxicated Driver Project, through a system assessment, identified a number of problems existent in the County's DUII control system, and made recommendations to address them. Administered by the Department of Justice Services, a 40-member Task Force was assembled, and an assessment of the DUII control system was completed which evaluated the effectiveness of the system as a whole, and included proposals for change.

In keeping with the first recommendation of the Task Force report, the DUII Community Program was implemented in 1984-85. A DUII Advisory Board was appointed and staff were hired to work with agencies and groups involved with the DUII control system in order to prepare and implement an Action Plan for the County, and to develop a coordinated tracking system for sentenced DUII offenders in order to provide courts and treatment programs with information regarding individual offender sanctions, sentencing options and their availability.

It proved to be very difficult for the Community Program to administer a District Court data system, and this part of the grant did not meet the satisfaction of the Board. However, with the Advisory Board, an Action Plan, and a tracking system useful to the District Court Evaluation Program and local treatment providers in place, continuation grants were awarded in 1985-86 and 1986-88, with objectives concentrated in public information/education and DUII control system monitoring and improvements.

County Projects Funded by OTSC

Department of Human Services - DUII Community Program, 1984-1988.

District Attorney's Office - DUII Pre-Trial Notification Team, pre-trial, pre-screening and improved litigation of DUII cases, 1984-1987;

DUII Repeat Offender Project, early identification and rapid arrest to trial time for DUII repeat offender cases, 1987-1988.

Justice Services - Intoxicated Driver Project Task Force, 1983-1984;

Intensive Probation Supervision of DUII Offenders, 1987-1989.

Oregon Corrections Department - Traffic Offender Project Supervision, evaluation of effectiveness of supervision methods and probation conditions in reducing recidivism of traffic offenders, 1987-1989.

Portland Police Bureau - Computerized Accident Reduction System (C.A.R.S.) and Accident Investigation Van, 1984-85;

DUII Enforcement Team, 1988; DUII enforcement team enhancement, 1989.

Sheriff's Office - Traffic Grant, enforcement and education with teenage drivers, 1987-88;

DUII Project, DUII enforcement team enhancement, 1989.

D. GOALS AND RATIONALE FOR 1989 PROJECT

Since 1984, the average drinking public have become more aware of the problems of driving under the influence, and are more likely to use alternative methods for getting home after drinking too much. Both state and county public information efforts have had an impact on social drinkers, but the repeat offender (with at least one prior DUII and/or DWS) is usually a problem drinker or an alcoholic and only tougher sanctions consistently enforced seem to deter continuing offenses.

Five years after the initial study and the implementation of Senate Bill 710, the Department of Justice Services undertook the DUII Analysis Project, funded by OTSC, for the following reasons:

1. To identify current offender variables and DUII sanction system activities, and to statistically relate variables to locate determinant variables.
2. To compare the current DUII sanction system with the 1983-84 system and to analyze the possible impacts of Senate Bill 710.
3. To provide local decision makers with a historical trend analysis, statistically valid database, and possible areas of improvement in the DUII sanction system.
4. To provide OTSC and NHTSA with a DUII system assessment as a baseline for future Multnomah County projects.

The just-published Surgeon General's Report on Drunk Driving recommends just such an analysis: "Develop a precise database on the incidence and prevalence of driving under the influence in different population groups," defining specific demographic identifiers.(p. 80)

The results of this extensive analysis are presented in the following section.

III. DUII CONTROL SYSTEM DIAGRAM AND REQUIREMENTS

Administrative license suspension process

- Police take Oregon license
- Police issue temporary 12 hour license
- Police issue notice of license within 30 days
- DMV hearing and decision within 30 days

Minimum suspension periods (after 10/03/89)

Refusal of breath test:

- 1st DUII - 1 year suspension, no occupational license for 30 days.
- 2nd DUII - 3 year suspension, no occupational license for 1 year.

Breath test results over .08 blood alcohol

- 1st DUII - 90 days suspension, apply for occupational license in 30 days.
- 2nd DUII - 1 year suspension, no occupational license

Diversion

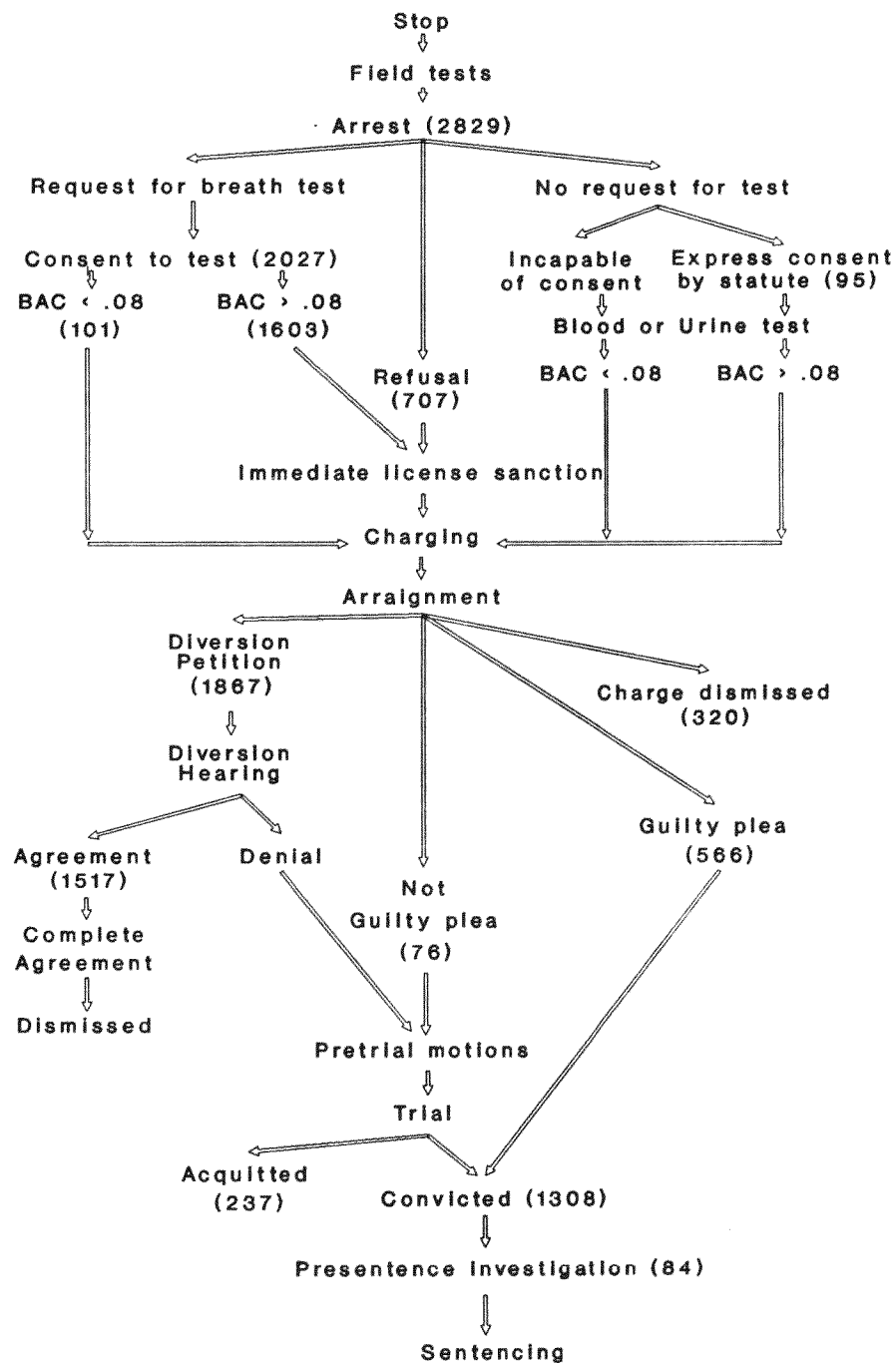
- Pre-diversion agreement entered on driving record
- Evaluation and treatment required
- Required payments:
 - \$40 victim's fund
 - \$90 for alcohol evaluation
 - \$12 fee for Board on Police Standards
 - \$100 fee for Intoxicated Driver Program fund
 - \$100 court costs
 - \$25 for ignition interlock device

Sentence requirements for convicted DUII offenders

- Court suspends license for 1-3 years
- BPST fee based on fine
- \$40 victim's fund
- \$175 conviction fee
- Serve 48 hours in jail or 80-250 hours of alternative community service
- Complete alcohol evaluation
- Complete prescribed alcohol treatment at own cost, unless indigent
- Possible fine
- Possible jail sentence not to exceed 1 year
- Possible period of probation supervision

DUI System diagram with population estimates

[Based on 1987 Analysis sample]



Introduction to the 1983-87 Analysis Study

The data in the following section was retrieved from hard copy citations, located in the Multnomah County Court House and from the State of Oregon LEDS computer system. In order to ensure the integrity of the study, 700 random records were selected for each of the control groups, 1983 and 1987. A data sheet was made in order to standardize all data responses. All of the data gathers were experienced court employees.

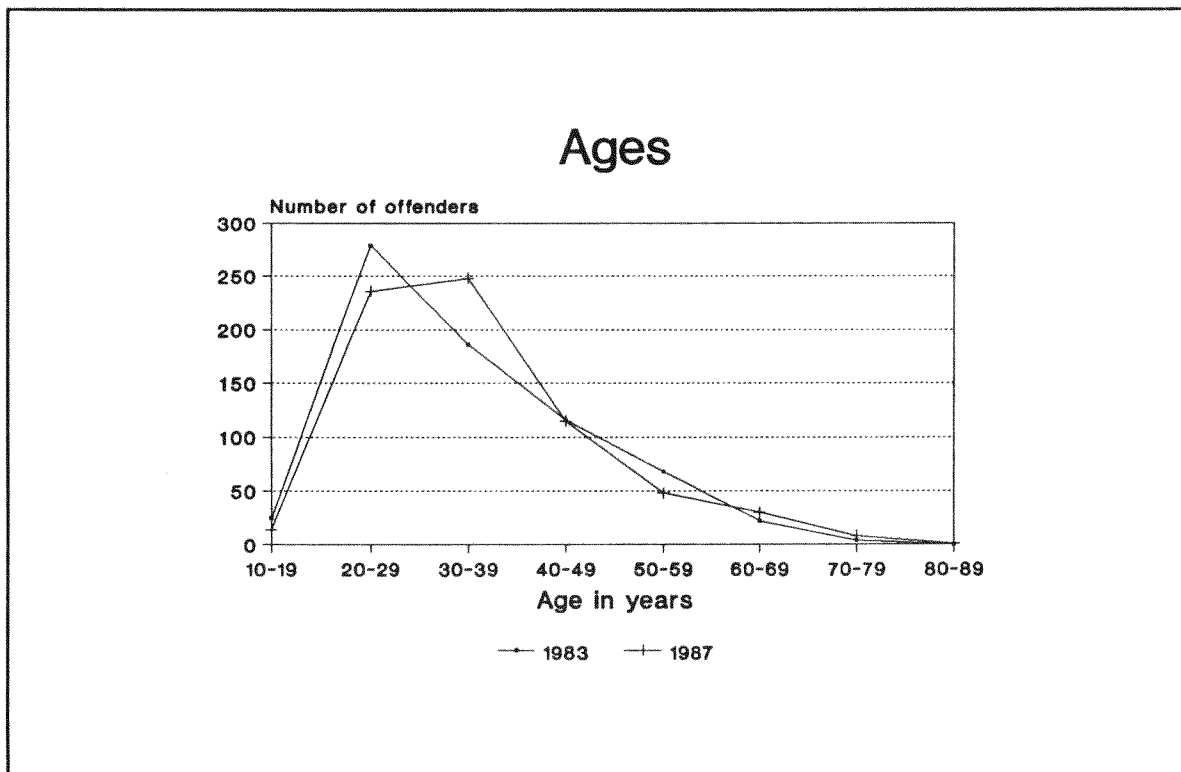
The database was specifically designed for this project. This aspect allowed the programmer to place automatic error checking devices on all fields which contained free-form inputting. The remaining fields were preprogrammed to only accept exact-match equivalents. The relational component of the database allowed for cross-tab statistical analysis with 100% integrity. After the statistical reports were generated the DUII Analysis Project staff looked for various trends and patterns. It should be pointed out over two thousand different reports were run in order to identify variables in the data.

DEMOGRAPHICS

Age

Although the following graph indicates a minor fluctuation between the 20-29 and the 30-39 age groups, the overall standard deviation is nearly the same between the two sample years. In 1983 the average age was 34.40 with a standard deviation of 11.93. In 1987 the average age was 35.30 with a standard deviation of 11.73.

<u>Ages</u>	<u>1983</u>	<u>1987</u>
10-19	25	14
20-29	279	236
30-39	186	248
40-49	116	115
50-59	68	48
60-69	22	30
70-79	4	8
80-89	0	1



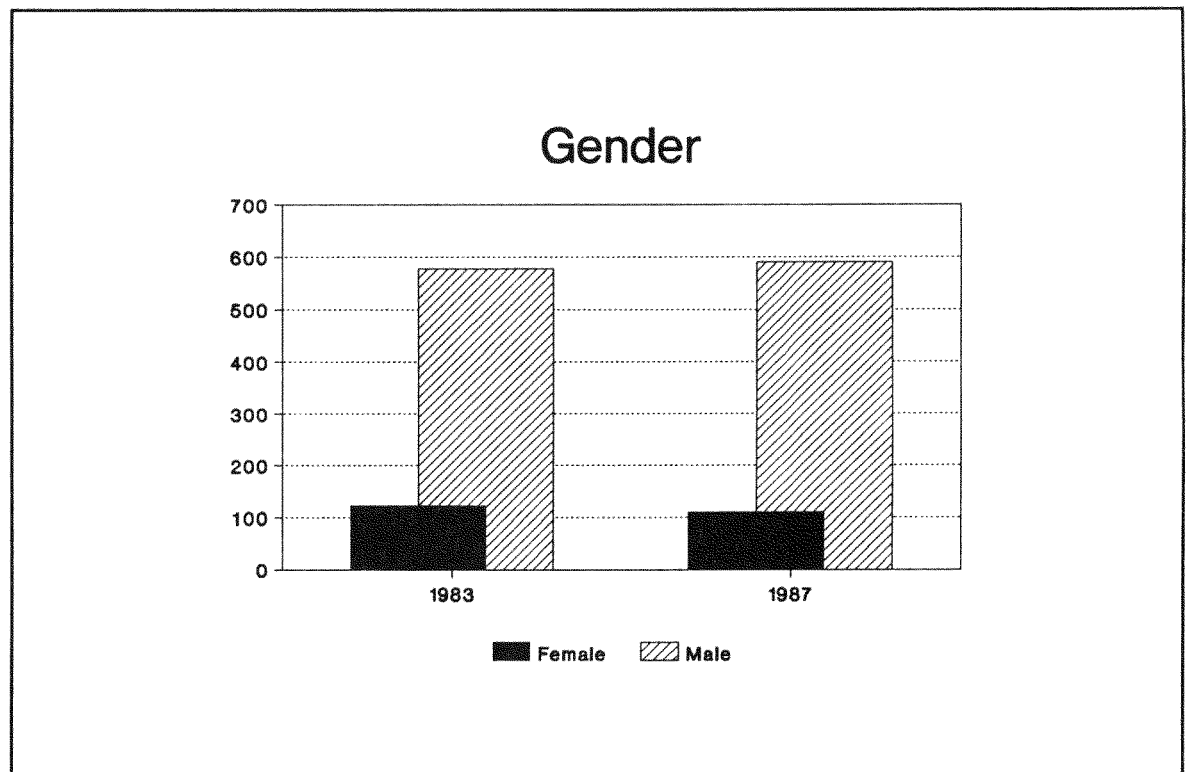
Gender

There is very little difference between the sample years in regard to gender. The 1983 sample shows that 83% of the offenders were male; while in 1987, 86% of the offenders were male.

	<u>1983</u>	<u>1987</u>
Female	578	590
Male	122	110

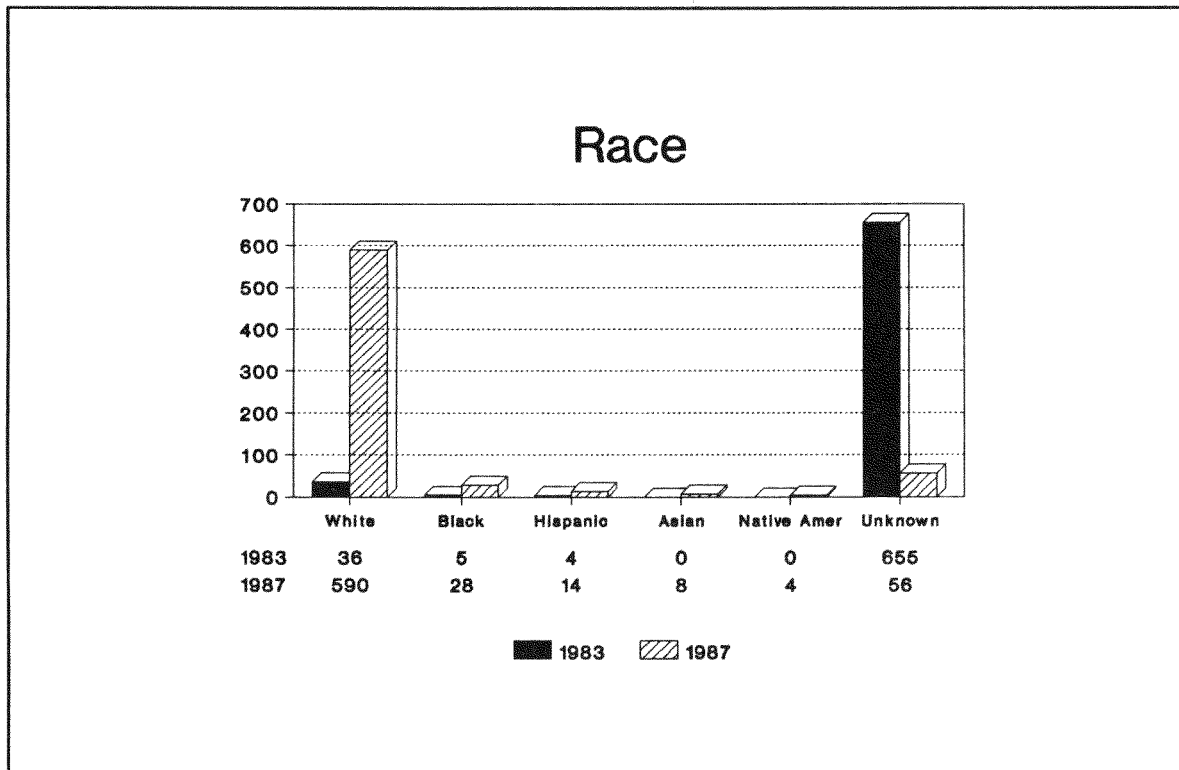
Gender does not appear to have any relationship in skewing the age of the offender.

	<u>1983</u>	<u>1987</u>
Female	32.88 Ave 11.84 StDev	34.37 Ave 11.13 StDev
Male	34.72 Ave 11.94 StDev	35.47 Ave 11.89 StDev



Race

Racial information was rarely indicated on the citations of the 1983 offenders. Only 6% of this sample group had racial information. In contrast, 92% of the 1987 group had valid racial information.

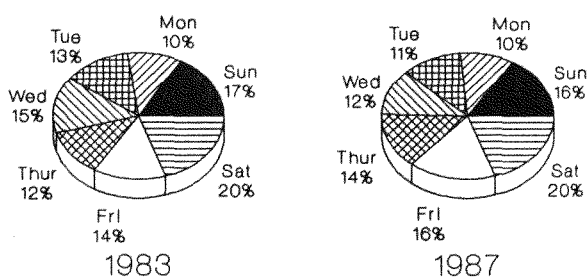


ARREST INFORMATION

The differences in weekday arrests between the two sample years are very small. The overall pattern is remarkably consistent. The time of day information which follows may suggest that many of the Sunday arrests are products of drinking which begins on Saturday night.

	<u>1983</u>	<u>1987</u>
Sun	118	115
Mon	72	70
Tue	89	80
Wed	102	82
Thur	83	99
Fri	96	115
Sat	140	139

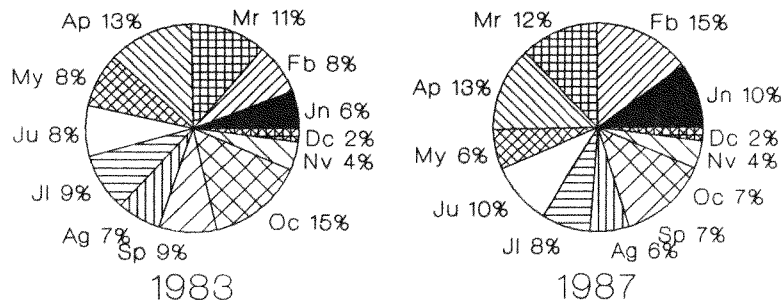
Weekday Arrests



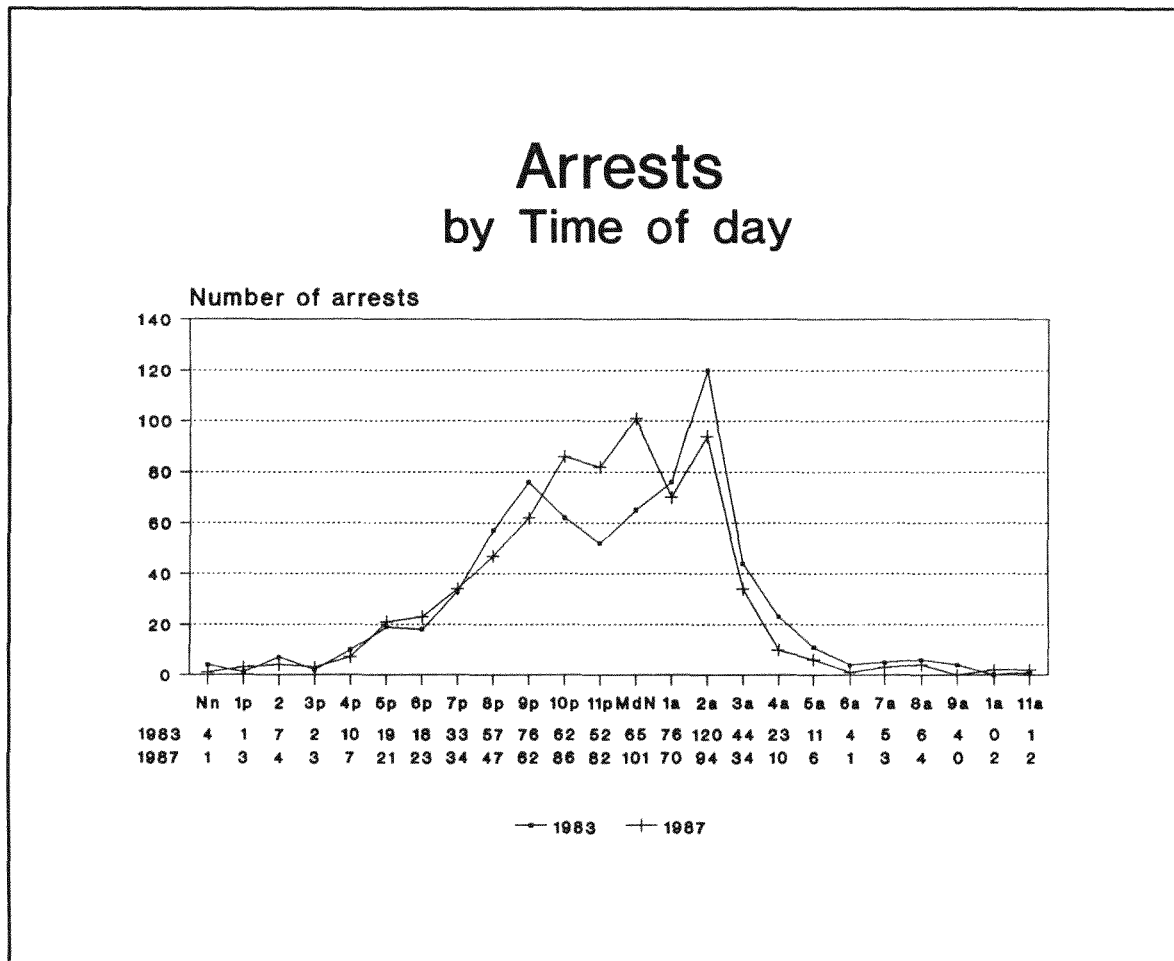
The pattern of arrests made throughout the year seems to be inconsistent. Arrests/citations are a direct product of officer availability for DUII traffic patrol.

	<u>1983</u>	<u>1987</u>
Jan	41	70
Feb	56	106
Mar	81	85
Apr	91	91
May	59	44
Jun	56	67
Jul	63	54
Aug	46	42
Sep	61	50
Oct	105	46
Nov	31	30
Dec	10	15

Arrests by Month



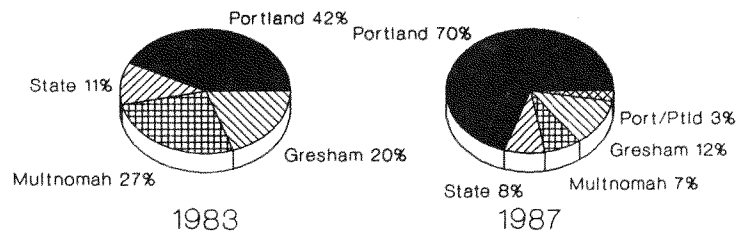
The time of day/night is fairly consistent between the two sample groups. The prime arrest period during 1987 is about two hours earlier than those arrests being made during 1983.



The number of arrests made by the various law enforcement agencies is widely divergent. Between 1983 and 1987 over ninety sheriffs deputies were transferred to the Portland Police Bureau and the city assumed responsibility for road patrol in many unincorporated areas.

Arresting Agency	<u>1983</u>	<u>1987</u>
Portland Police	297	489
State Police	78	55
Mult. Co. S.D.	186	52
Gresham P.D.	139	84
Port of Ptld Police	0	20

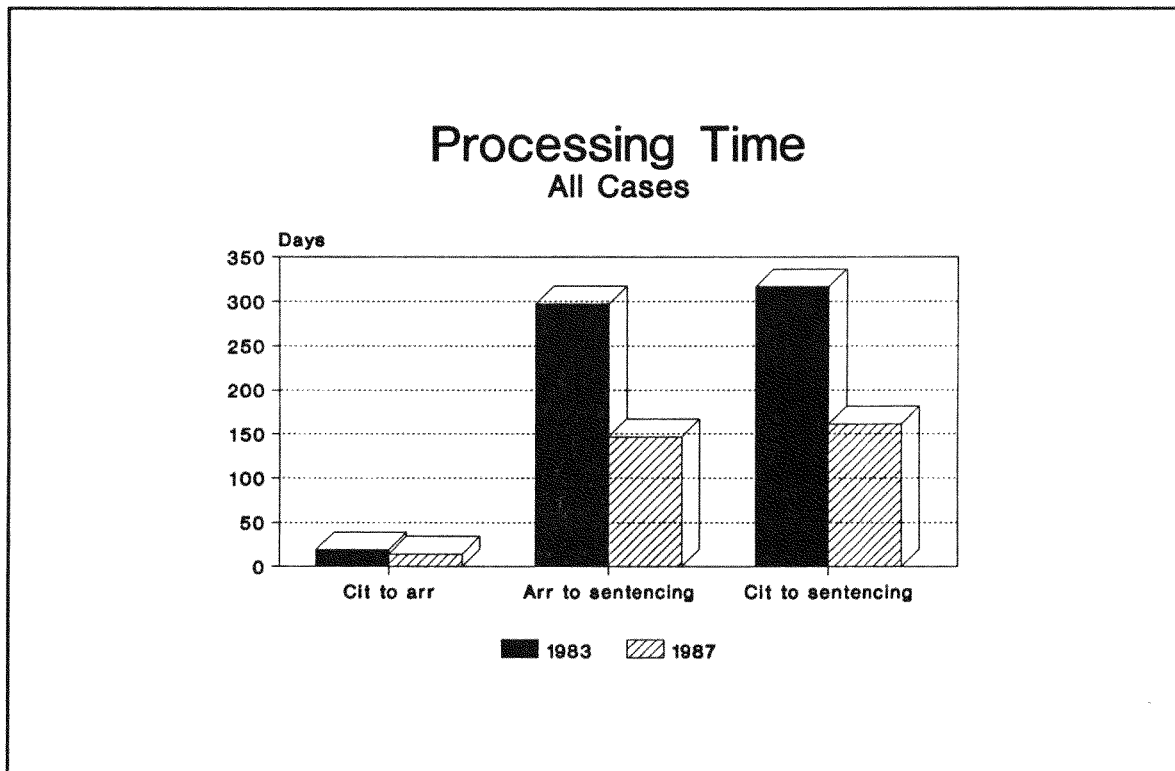
Arresting Agency



PROCESSING TIME

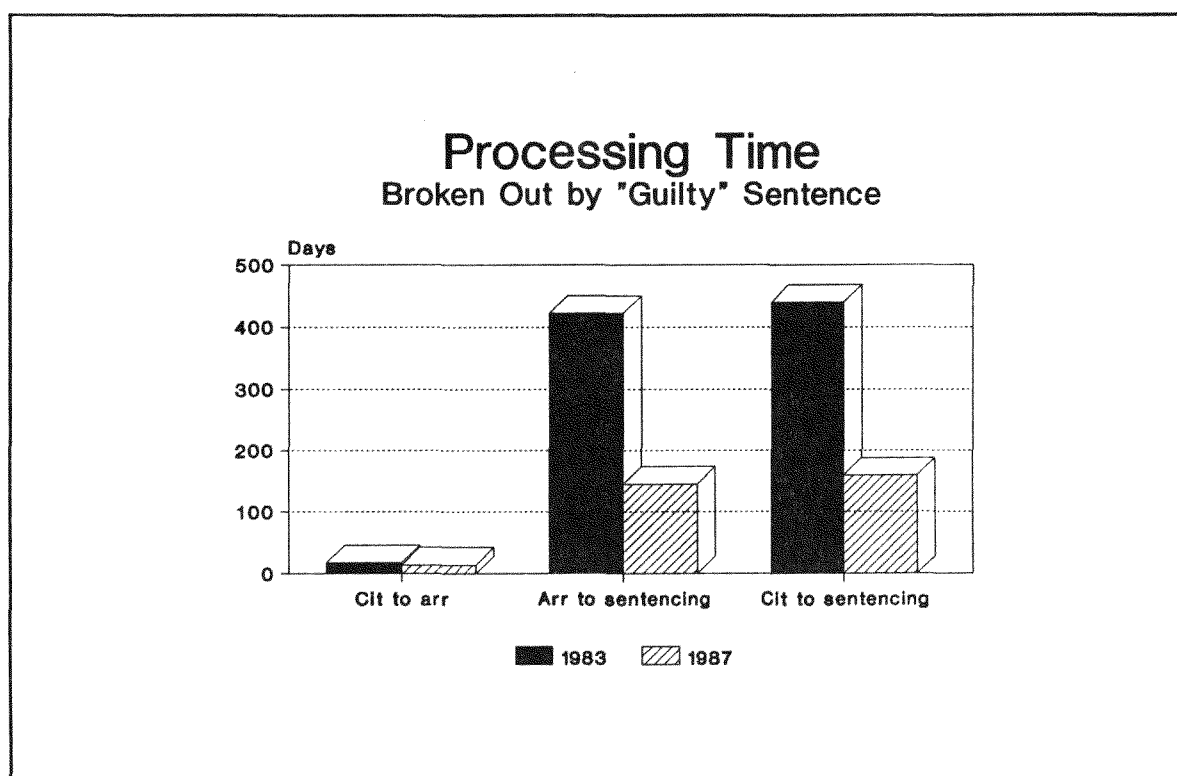
The amount of time it takes a person to be processed through the judicial system is noticeably different between the two sample years. In 1983, Diversion was an option used by approximately half of the sentencing courts. By 1987, Diversion was required/permissible for all "first offenders." The diversion process requires less judicial time than plea/trial. The end result is a faster overall processing time in 1987.

	<u>1983</u>	<u>1987</u>
Date of citation until arraignment (average in days)	19.32	14.33
Date of arraignment until sentencing (average in days)	297.35	146.95
Date of citation until sentencing (average in days)	316.67	161.28



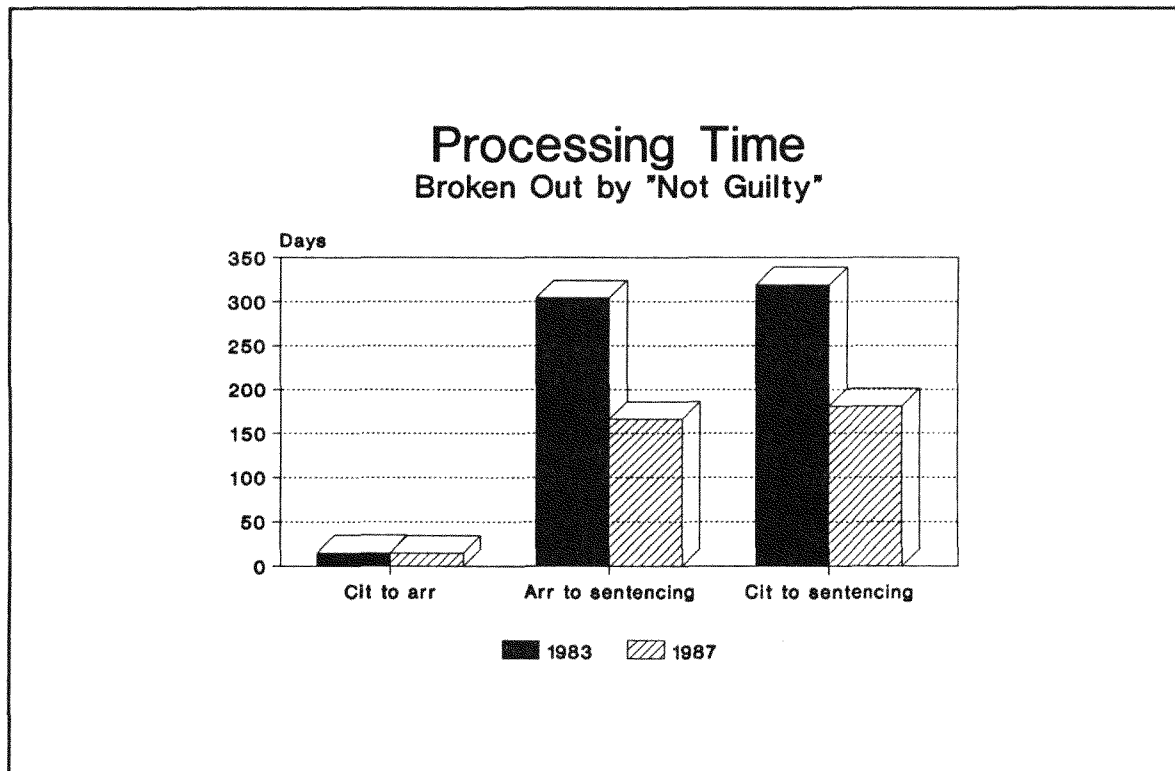
However, when one examines the time it takes to process the offenders based upon their plea/status, the amount of time the offender remains in the system has changed dramatically for those persons who are found guilty. The nearly 3 to 1 ratio change from 1983 to 1987 is significant.

	<u>1983</u>	<u>1987</u>
Total offenders guilty	274	143
Date of citation until arraignment (average in days)	17.65	14.21
Date of arraignment until sentencing (average in days)	421.99	145.11
Date of citation until sentencing (average in days)	439.64	159.32



When a person is not found guilty, their average length of time within the system is very close to the overall average of all offenders.

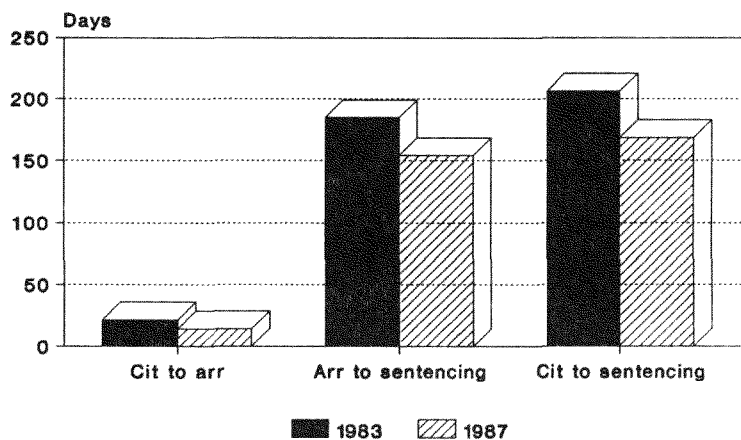
	<u>1983</u>	<u>1987</u>
Total offenders not guilty	38	34
Date of citation until arraignment (average in days)	15.11	14.87
Date of arraignment until sentencing (average in days)	304.18	166.21
Date of citation until sentencing (average in days)	319.29	181.08



The processing time span for those persons who have been sent to diversion in 1987, a significant decrease from the overall average time is noticeable.

	<u>1983</u>	<u>1987</u>
Total offenders assigned diversion	336	462
Date of citation until arraignment (average in days)	21.64	14.32
Date of arraignment until close of case (average in days)	184.73	154.10
Date of citation until close of case (average in days)	206.36	168.43

Processing Time Broken Out by "Diversion"



Each judicial action or court process is recorded on the traffic citation. However, not all scheduled actions or processes are implemented; and, some actions may be re-scheduled several times.

The number of court appearances and/or judicial activities which an offender requires are of concern. Obviously each defendant has a requisite appearance at an arraignment; so each sample group will have a total of 700 mandatory initial appearances. It is the subsequent appearances which bear some analysis. The total subsequent appearances in 1983 were 2866; and in 1987, 2006 subsequent appearances were required. Of particular interest is the large difference in the number of requests for jury trials between the two sample years. This noticeable difference is probably explained by the judges' ability to assign diversion at the initial arraignment during 1987; whereas, this was not practiced in 1983.

Number of court appearances beyond the initial arraignment for all cases.

	<u>1983</u>		<u>1987</u>	
Set Over	46	1.6%	1	0.1%
Further Proceedings	172	6.0%	92	4.6%
Court Appointed Att	101	3.5%	76	3.8%
To Hire Att	88	3.1%	87	4.3%
Jury Trial	871	30.4%	448	22.4%
Court Trial	2	0.1%	0	0.0%
Diversion	626	21.8%	371	18.5%
Contest Petition Hearing	67	2.3%	87	4.3%
Order to Show Cause	256	8.9%	350	17.4%
Probation Violation Warrant	64	2.2%	24	1.2%
Fail to Appear Warrant	197	6.9%	141	7.0%
Plea	43	1.5%	87	4.3%
Sentence	134	3.8%	25	1.2%
Dismiss	43	1.5%	67	3.3%
Arraignment	108	3.8%	103	5.1%
Motion	6	0.2%	22	1.1%
Pre-Trial Conference	5	0.2%	14	0.7%
Pre-Sentence Investigation	5	0.2%	0	0.0%
Objection	32	1.1%	0	0.0%
Court Proceedings	0	0.0%	8	0.4%
No Contest	0	0.0%	3	0.2%
	====		====	
	2866		2006	

Number of court appearances beyond
the initial arraignment for all cases judged "guilty."

	<u>1983</u>		<u>1987</u>	
Set Over	27	1.8%	0	0.0%
Further Proceedings	116	7.6%	43	7.4%
Court Appointed Att	65	4.3%	36	6.2%
To Hire Att	57	3.7%	39	6.7%
Jury Trial	582	38.1%	185	31.9%
Court Trial	2	0.1%	0	0.0%
Diversion	179	11.8%	27	4.7%
Contest Petition Hearing	36	2.4%	12	2.1%
Order to Show Cause	58	3.8%	17	2.9%
Probation Violation Warrant	61	4.0%	23	4.0%
Failure to Appear Warrant	107	7.0%	41	7.1%
Plea	32	2.1%	86	14.8%
Sentence	121	7.9%	25	4.3%
Dismiss	0	0.0%	0	0.0%
Arraignment	61	4.0%	29	5.0%
Motion	5	0.3%	4	0.7%
Pre-Trial Conference	2	0.1%	10	1.7%
Pre-Sentence Investigation	5	0.3%	0	0.0%
Ojection	11	0.7%	0	0.0%
Court Proceedings	0	0.0%	3	0.5%
No Contest	0	0.0%	0	0.0%
	====		====	
	1527		580	

In 1983, the 274 persons who were found to be guilty averaged 5.57 hearings.

In 1987, the 143 persons who were found to be guilty averaged 4.05 hearings.

Number of court appearances beyond the
initial arraignment for cases judged as "not guilty."

	<u>1983</u>		<u>1987</u>	
Set Over	5	3.2%	0	0.0%
Further Proceedings	3	0.2%	6	4.6%
Court Appointed Att	6	3.8%	6	4.6%
To Hire Att	5	3.2%	5	3.8%
Jury Trial	102	65.0%	82	63.1%
Court Trial	0	0.0%	0	0.0%
Diversion	17	10.8%	12	9.2%
Contest Petition Hearing	5	3.2%	3	2.3%
Order to Show Cause	1	0.6%	1	0.8%
Probation Violation Warrant	0	0.0%	0	0.0%
Fail to Appear Warrant	9	5.7%	7	5.3%
Plea	1	0.6%	0	0.0%
Sentence	0	0.0%	0	0.0%
Dismiss	0	0.0%	0	0.0%
Arraignment	1	0.6%	4	3.1%
Motion	0	0.0%	0	0.0%
Pre-Trial Conference	0	0.0%	0	0.0%
Pre-Sentence Investigation	0	0.0%	0	0.0%
Objection	2	1.3%	0	0.0%
Court Proceedings	0	0.0%	4	3.1%
No Contest	0	0.0%	0	0.0%
	=====		=====	
	157		580	

In 1983, the 38 persons who were found to be not guilty averaged 4.13 hearings.

In 1987, the 34 persons who were found to be not guilty averaged 17.0 hearings.

Number of court appearances beyond
the initial arraignment for all cases where the
offender was sent to "diversion."

	<u>1983</u>		<u>1987</u>	
Set Over	10	1.2%	1	0.1%
Further Proceedings	39	4.5%	31	3.1%
Court Appointed Att	12	1.4%	24	2.4%
To Hire Att	14	1.6%	34	3.4%
Jury Trial	66	7.7%	71	7.0%
Court Trial	0	0.0%	0	0.0%
Diversion	393	45.8%	314	31.1%
Contest Petition Hearing	20	2.3%	63	6.2%
Order to Show Cause	181	21.1%	332	32.9%
Probation Violation Warrant	2	0.2%	1	0.1%
FTA/warrant	58	6.8%	70	6.9%
Plea	1	0.1%	1	0.1%
Sentence	1	0.1%	0	0.0%
Dismiss	8	0.9%	2	0.2%
Arraignment	35	4.1%	43	4.3%
Motion	1	0.1%	18	1.8%
Pre-Trial Conference	1	0.1%	3	0.3%
Pre-Sentence Investigation	0	0.1%	0	0.0%
Objection	16	1.9%	0	0.0%
Court Proceedings	0	0.0%	1	0.1%
No Contest	0	0.0%	0	0.0%
	====		====	
	858		1009	

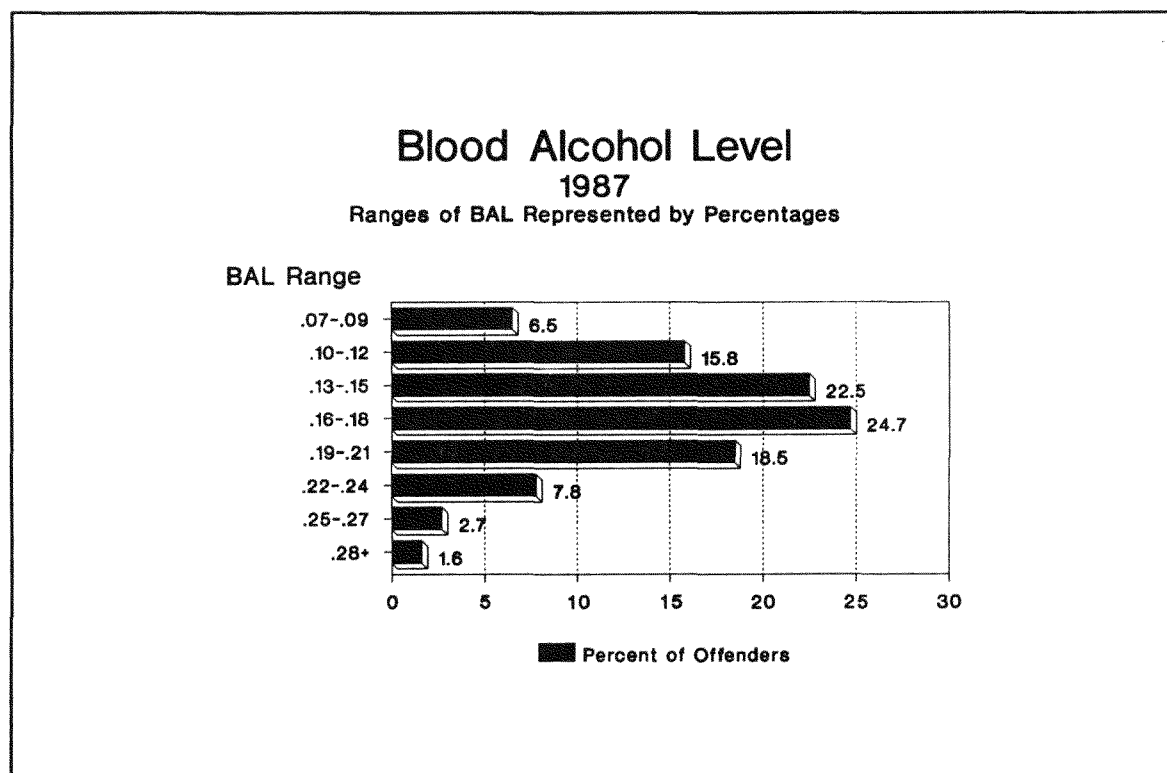
In 1983, the 336 persons who were sent to diversion averaged 2.55 hearings.

In 1987, the 462 persons who were sent to diversion averaged 2.18 hearings.

Blood alcohol content were available for only 17 persons during 1983. With such a small sample, the integrity of statistical data is not possible. The following information is drawn only from the 1987 group. Although a person is arrestable at the .08 level, the average blood alcohol level was .16, with a standard deviation of only .05.

Blood alcohol level and number of persons:

.07-.09	29
.10-.12	71
.13-.15	101
.16-.18	111
.19-.21	83
.22-.24	35
.25-.27	12
.28+	7

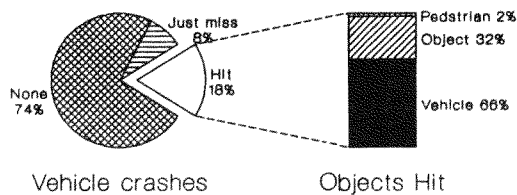


In addition, 138 persons refused to take the breath test. And, blood alcohol levels were not recorded for 113 offenders in 1987.

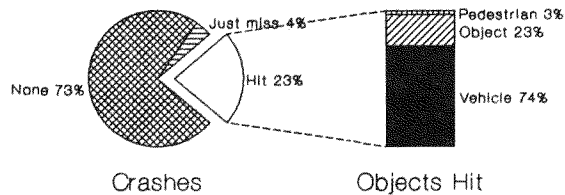
Although most persons were not involved with traffic crashes, it is surprising to see the evenness of the two sample groups...184 total crashes in 1983 vs. 186 in 1987.

	<u>1983</u>	<u>1987</u>
DUI's involved with vehicle crashes		
Hit	126	158
Just miss	58	28
Objects hit		
Pedestrian	3	5
Vehicle	83	117
Object	40	36

Accidents - 1983



Accidents - 1987



SENTENCING

Some differences in the statistics derived from sentencing are a result of new laws and the new emphasis on the diversion/treatment program for first-time offenders. The "level" refers to an assessment of the offenders alcohol abuse pattern, with level 1 being the lowest level of concern. Each level has a requirement for alcohol education/treatment. Level 1 requires 12 hours of education/treatment; level 2 requires 24 hours of education/treatment; and, level 2+ requires 36+ hours of education/treatment.

	<u>1983</u>	<u>1987</u>	
Guilty	274 39%	143 20%	(Level 1 23) (Level 2 1) (Level 2+ 119)
Not Guilty	38 5%	24 3%	
Diversion	336 48%	462 66%	(Level 1 111) (Level 2 138) (Level 2+ 213)
Number of persons assessed fines (all persons)	184 67%	86 60%	
Total assessments	\$57,334	\$27,264	
Average fine	\$312	\$326	
Number of persons assessed fees (all persons)	76 28%	75 52%	
Total assessments	\$5461	\$6973	
Average fee	\$72	\$93	

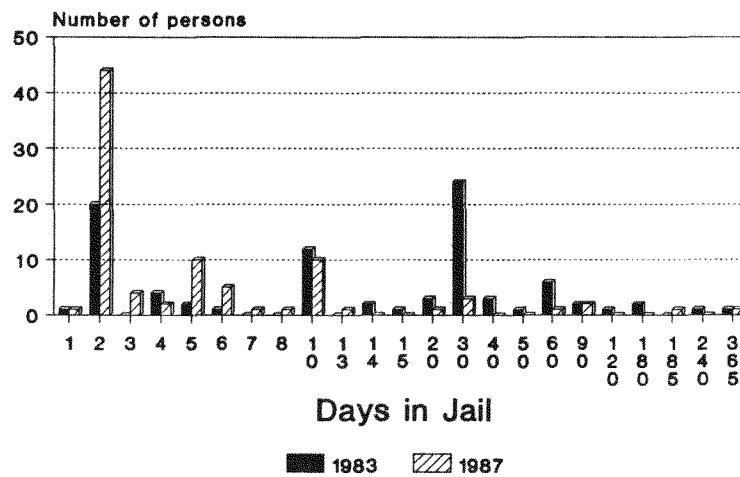
Number of persons - community service	76 27%	57 39%
Total hours assigned	5316	5165
Average hours	68	91
Number of persons on probation		
Formal probation	51	38
Bench probation	201	135
	===	===
	252	135
Average period (years)	92% 2.71	94% 2.28
Ordered to AA (all persons)		
	32	5
Ordered to Traffic School (all persons)	2	0
Ordered to Alcohol School (all persons)	133 48%	110 77%
Ordered to Alcohol Treatment (all persons)	23	592
Suspended license (guilty offenders)	141	130
Length of suspension (months)	17.5	18.7

The length of time an offender spent in jail is quite different between the two sample years. Although the number of persons sent to jail is exactly the same during the two sample years, nearly a 3-1 ratio exists in the amount of sentencing time. The very large number of two-day sentences (44) in 1987 skews the standard deviation of time served to 44.92 days (vs. the standard deviation of 64.20 in 1983). In fact, over half of the persons were ordered to jail in 1987 were given sentences of two days. The total number of sentencing days (involving 274 offenders) was 3176 in 1983; 1217 days (involving 143 offenders) were ordered in 1987.

<u>Days Served</u>	Number of persons serving in each of the Days Served Category	
	<u>1983</u>	<u>1987</u>
1	1	1
2	20	44
3	0	4
4	4	2
5	2	10
6	1	5
7	0	1
8	0	1
10	12	10
13	0	1
14	2	0
15	1	0
20	3	0
30	24	3
40	3	0
50	1	0
60	6	1
90	2	2
120	1	0
180	2	0
185	0	1
240	1	0
365	2	1

Number of persons sent to jail	<u>1983</u> 88	<u>1987</u> 88
Average length jail sentence (days)	36.09	13.83

Distribution of Jail Days

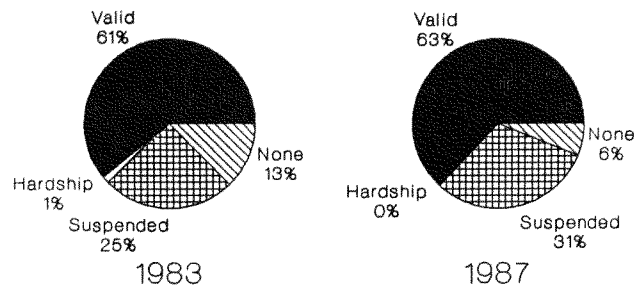


It is somewhat interesting to note the large number of persons in 1983 who still have suspended or partially suspended licenses as of April, 1989. With the passage of more than five years, more than 26% of the 1983 sample had a restricted driving status. The category of "NONE" in the following chart is made up from persons who have moved out of the state or who have been completely removed from the ODL system.

Status of ODL as of 4/89

	<u>1983</u>	<u>1987</u>
Valid	426	440
Suspended	176	216
Hardship	9	1
None	89	43

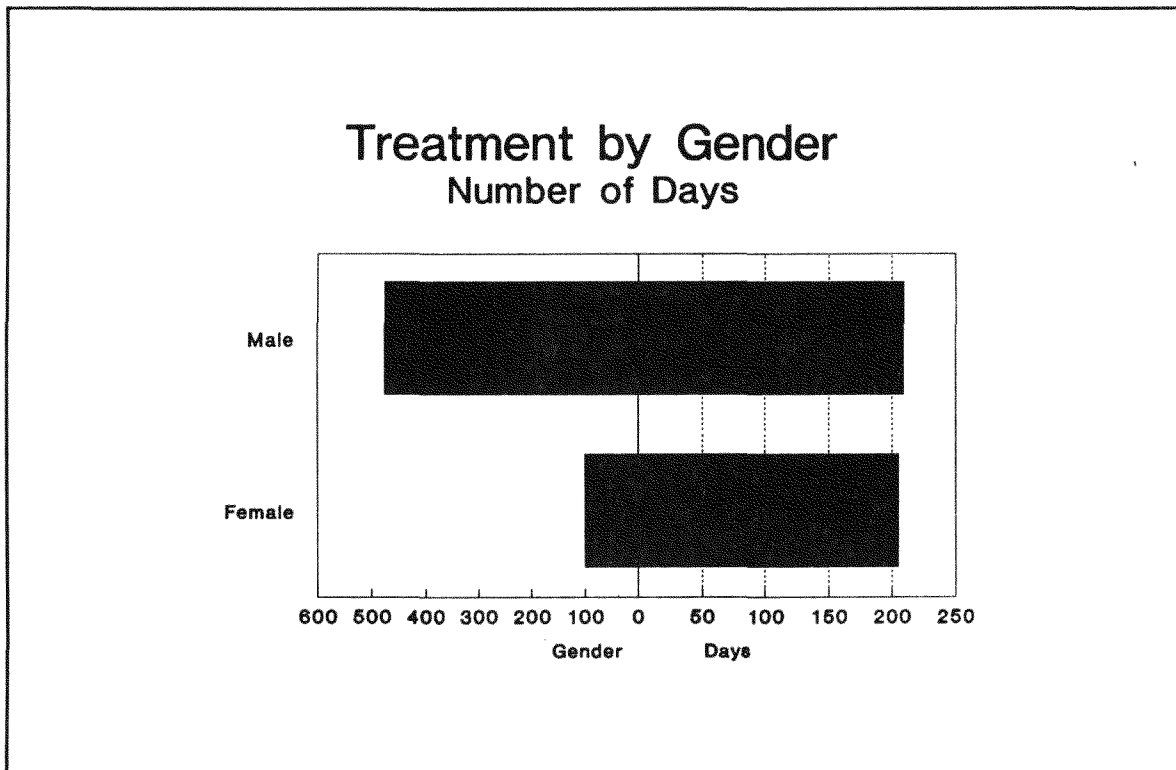
Status of ODL as of 4/89



TREATMENT - (1987 only)

The length of treatment for all offenders averages 208.3 days. With the exception of age, outside influences show little effect upon the amount of time it takes for an individual to complete the treatment program. This average includes all levels of treatment.

	<u>Persons</u>	<u>Days</u>
Male	476	208.99
Female	99	205.02



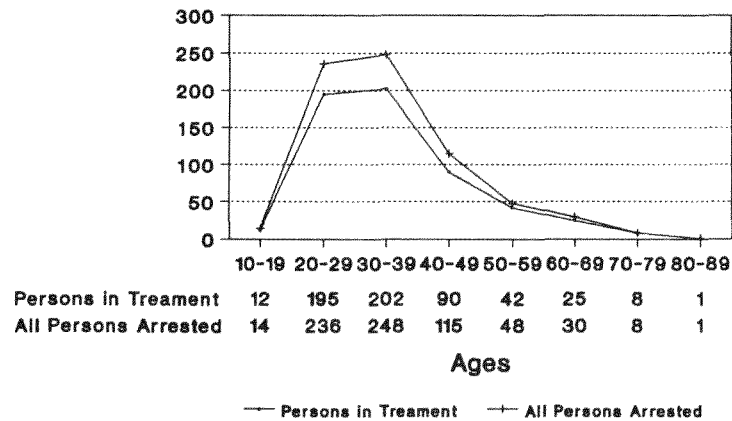
The length of treatment time, as related to race, does appear to have some significance. However, the small number of minorities in the program makes a positive conclusion impossible.

White	494	205.12
Black	24	224.25
Asian/Pac Islander	7	220.86
Hispanic	13	219.15
Native American	2	273.00
Unknown	35	232.03

The persons being assigned to treatment is in direct correlation of the overall population of the total offenders.

Ages:	10-19	12	227.42
	20-29	195	217.18
	30-39	202	212.42
	40-49	90	202.91
	50-59	42	181.07
	60-69	25	173.56
	70-79	8	194.50
	80-89	1	25.00

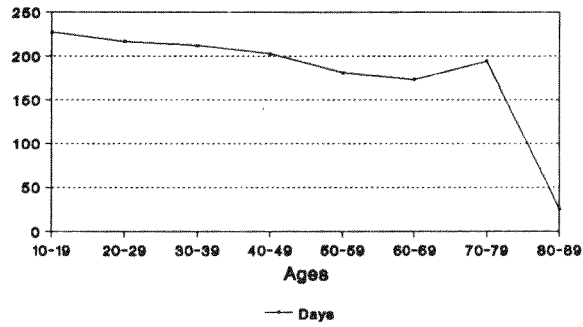
Treatment by Ages 1987



However, a definite trend in the amount of time is noticeable depending upon the age of the offender. Older persons complete the program earlier.

	Ages							
	<u>10+</u>	<u>20+</u>	<u>30+</u>	<u>40+</u>	<u>50+</u>	<u>60+</u>	<u>70+</u>	<u>80+</u>
Guilty-1								
Persons	0	1	3	0	1	0	0	0
Days-ave	0	204	242	0	0	92	0	0
Guilty-2								
Persons	0	1	0	0	0	0	0	0
Days-ave	0	98	0	0	0	0	0	0
Guilty-2+								
Persons	2	31	42	16	11	3	5	0
Days-ave	205	267	230	258	252	77	236	0
Diversion-1								
Persons	3	47	33	14	6	5	0	1
Days-ave	120	144	101	104	57	150	0	25
Diversion-2								
Persons	2	51	43	22	12	7	1	0
Days-ave	352	217	175	164	114	200	70	0
Diversion2+								
Persons	5	64	81	38	12	10	1	0
Days-ave	251	249	267	239	252	196	97	0
Overall totals								
Persons	12	195	202	90	42	25	8	1
Days-ave	227	217	212	203	181	174	195	25

Treatment Time by Ages (days) 1987



There also seems to be a direct correlation in the length of treatment time as related to whether the offender cooperated with the breath test procedure.

Refused to take breath test	134	221.43
Did not refuse breath test	441	204.32

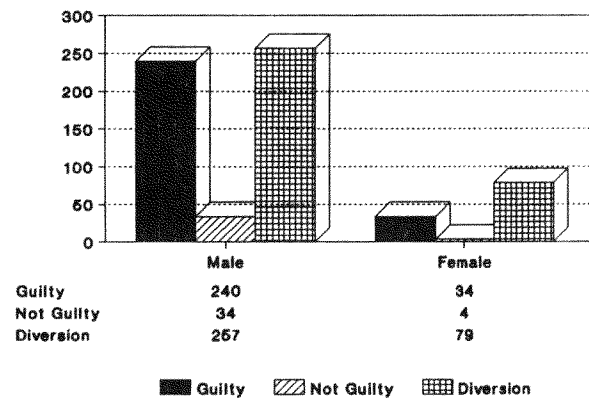
There does not appear to be any correlation in the length of time it takes to go through the treatment program, based upon the blood-alcohol-content. The statistics in the following chart are based upon all persons who went through the treatment program.

		<u>Persons</u>	<u>Days</u>
BAC:	.07	3	212.33
	.08	10	225.70
	.09	15	87.33
	.10	16	213.94
	.11	30	236.67
	.12	24	148.33
	.13	28	168.54
	.14	38	207.16
	.15	33	211.88
	.16	38	198.34
	.17	37	189.16
	.18	33	187.45
	.19	31	217.52
	.20	32	235.59
	.21	17	222.53
	.22	13	173.54
	.23	11	252.73
	.24	11	265.45
	.25	4	256.50
	.26	5	256.20
	.27	2	214.50
	.28	2	440.50
	.29	1	293.00
	.30	2	210.00
	.31	2	238.50
	Unknown	137	221.56

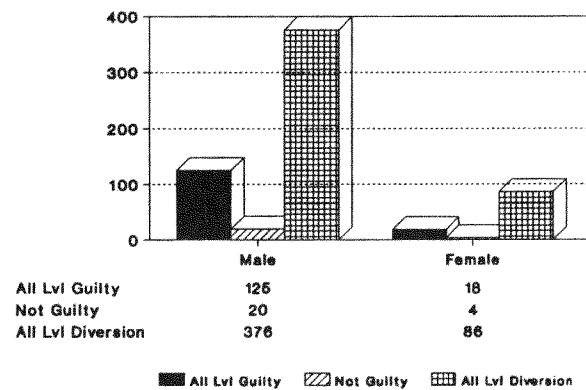
The average length in the treatment program was 208.30.

SENTENCING

Sentencing by Gender - 1983

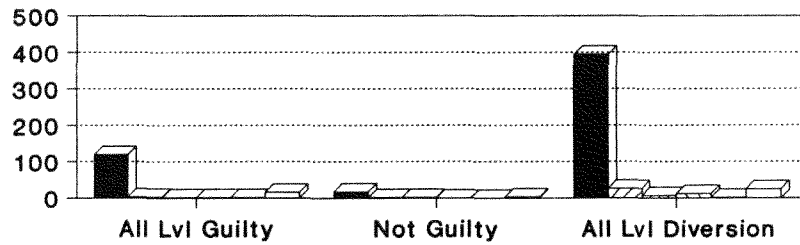


Sentencing by Gender - 1987



Sentencing by Race - 1987

Sentencing by Race - 1987



White	120	18	396
Black	4	2	26
Hispanic	1	1	7
Asian/PacIs	1	0	12
Nat Amer	1	0	2
Unknown	16	3	25

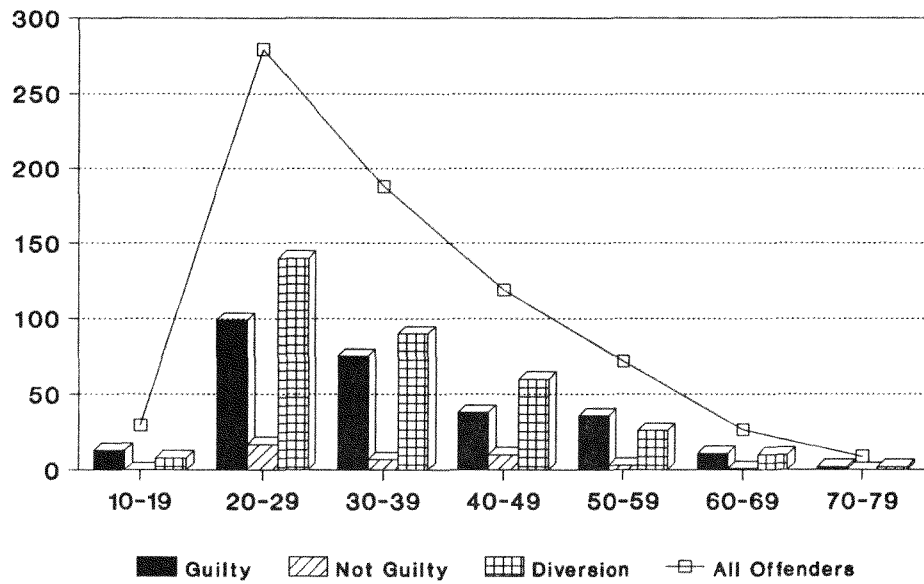
White
 Black
 Hispanic

Asian/PacIs
 Nat Amer
 Unknown

Sentencing by Age - 1983

<u>Ages</u>	<u>Guilty</u>	<u>Not Guilty</u>	<u>Diversion</u>
10-19	13	0	8
20-29	99	17	140
30-39	75	7	90
40-49	38	10	60
50-59	36	3	26
60-69	11	1	10
70-79	2	0	2

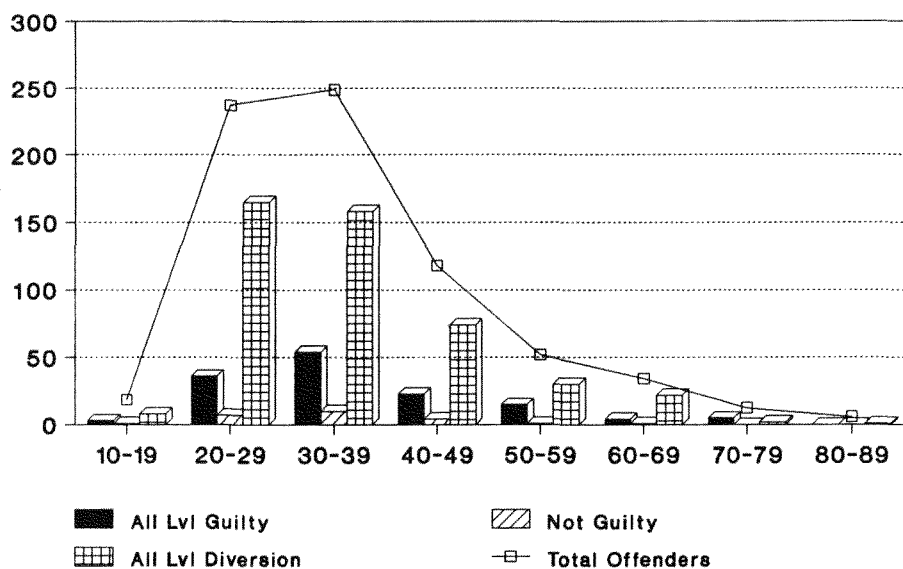
Sentencing by AGE - 1983



Sentencing by Age - 1987

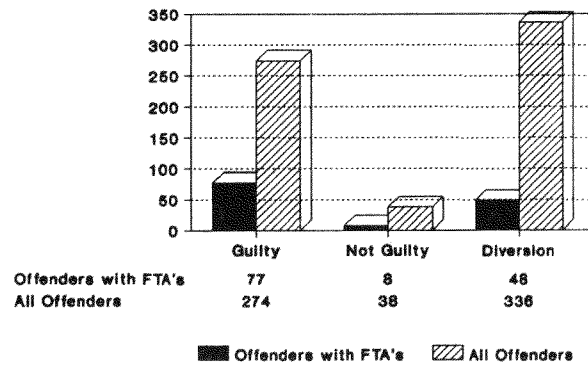
<u>Ages</u>	<u>Guilty Level</u>				<u>Diversion Level</u>		
	<u>G1</u>	<u>G2</u>	<u>G2+</u>	<u>NG</u>	<u>Dv1</u>	<u>Dv2</u>	<u>Dv2+</u>
10-19	0	0	3	1	2	5	1
20-29	5	1	33	7	49	51	65
30-39	9	0	45	10	33	43	82
40-49	5	0	18	4	14	22	38
50-59	4	0	11	1	6	12	12
60-69	0	0	4	1	5	7	10
70-79	0	0	5	0	0	1	1
80-89	0	0	0	0	1	0	0

Sentencing by Age - 1987

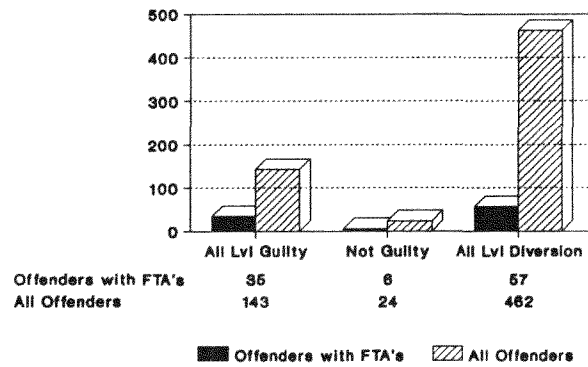


Persons who have been charged with "Failure to Appear" before the court

Judgements for Individuals with FTA's
1983



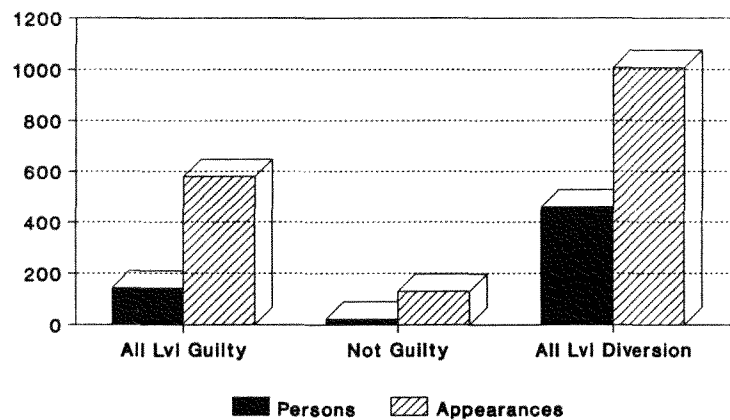
Judgements for Individuals with FTA's
1987



Number of appearances beyond the initial arraignment

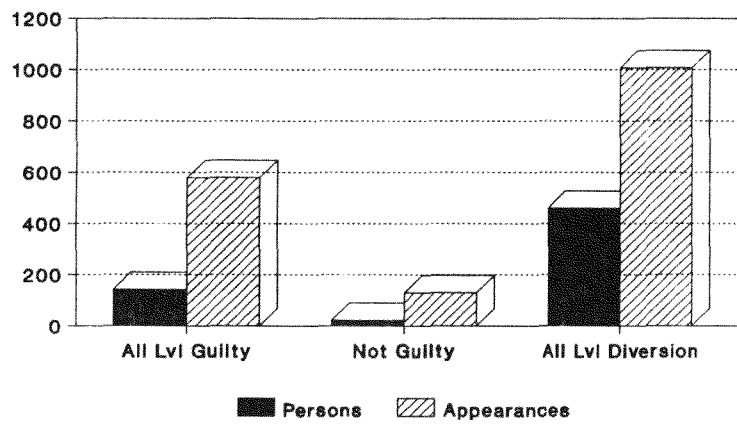
1983	<u>Guilty</u>	<u>Not Guilty</u>	<u>Diversion</u>
Persons	274	38	336
Appearances	1527 53%	157 5%	858 30%

Number of Appearances
Beyond Initial Arraignment
1987

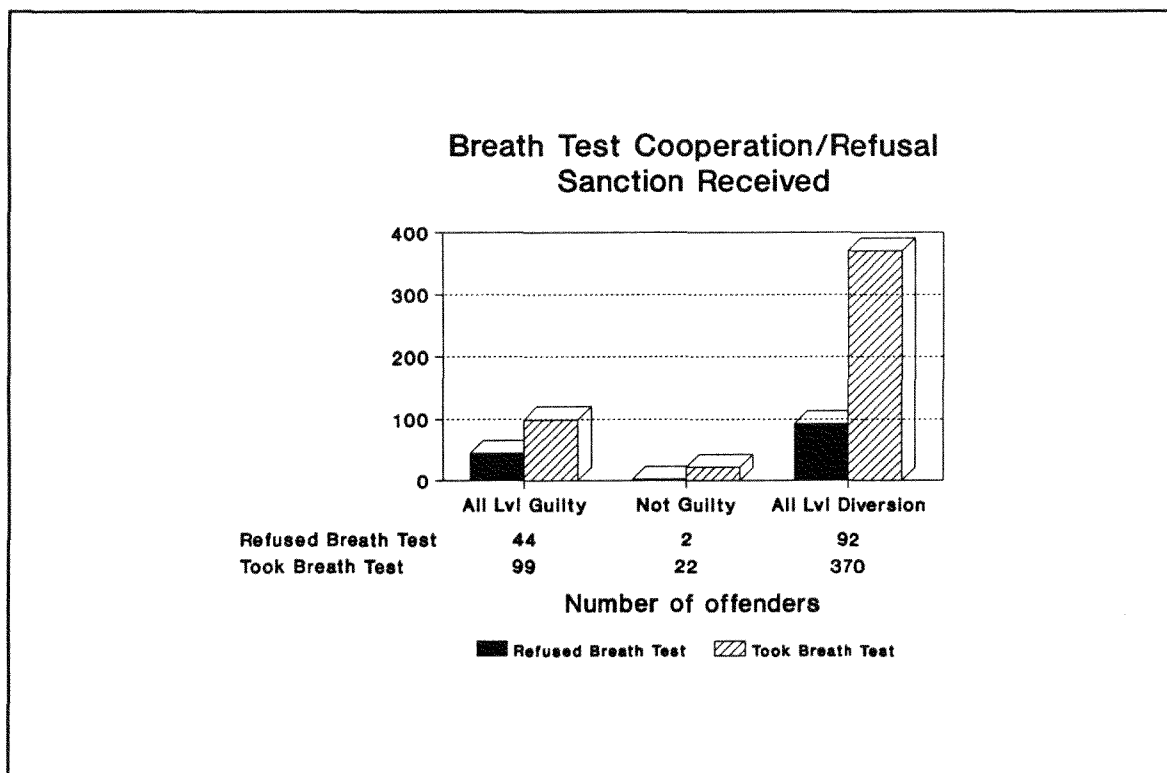


1987	<u>Guilty</u>	<u>Not Guilty</u>	<u>Diversion</u>
Persons	143	119	462
Appearances	580 29%	130 6%	1009 50%

Number of Appearances
Beyond Initial Arraignment
1983



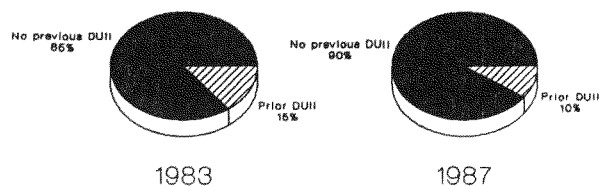
There does seem to be a correlation between the type of sanction received and the persons cooperation/refusal to take the breath test. It is found that 31% of all offenders determined as guilty refused to take the breath test. Only 20% of the persons assigned to diversion refused the breath test.



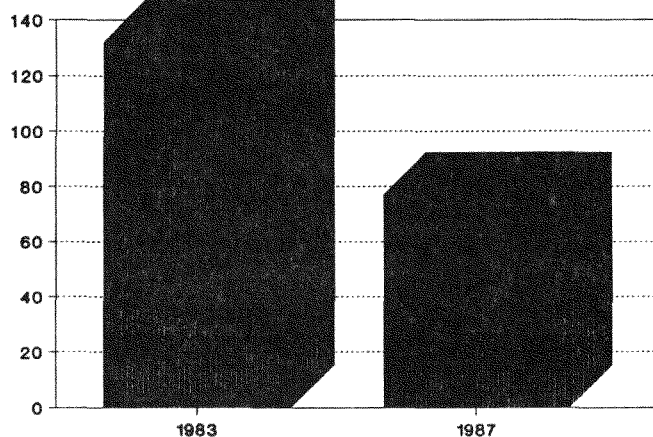
In 1987, blood alcohol content levels were not collected for 113 of the offenders. 64 out of the 67 offenders who were granted dismissals were in this category.

The two sample groups show a curiosity in regards to the number of prior DUII offenses. In 1983, 102 of the offenders had a total of 132 prior DUII's during the previous two and a half years. During a similar time span, only 60 of the 1987 offenders committed a total of 70 DUII violations.

Persons with Prior DUII



Number of Previous DUII's



The number of offenders who had subsequent arrests is relatively the same. 105 person from the 1983 sample committed a total of 149 subsequent violations within eighteen months of their original offense. The 1987 sample group shows 109 persons committing a 153 violations. In 1983 most of the subsequent violations were for driving under the influence. In 1987, the recidivism for DUI's was relatively small; but, the violation of driving while suspended shows up as being a real problem.

IV. DUII CONTROL SYSTEM COMPONENTS AND RESOURCES

Multnomah County has dedicated resources to combat DUII through the Department of Human Services (DUII Community Program and Alcohol and Drug Programs), District Court (including Evaluations Program), Department of Justice Services (Probation Services and Alternative Community Services), District Attorney's Office (including Victims' Assistance), and six law enforcement agencies. As noted, the Oregon Traffic Safety Commission has provided grant funds for innovative projects to most of these agencies at some time during the past five years.

A. COORDINATION

Multnomah County DUII Community Program

Due to an increasing awareness about DUII, the Oregon Traffic Safety Commission funded the Intoxicated Driver Project Task Force in 1983, for Multnomah County to study the existing DUII system and make recommendations for improvement. The Task Force report prioritized the need for community and system-wide coordination, so the Department of Human Services applied to OTSC to fund a DUII Community Program, which has received grants from OTSC matched by the County since 1984. The DUII Program has supported a staff and an advisory board representing all city and county agencies in the DUII control system, and the public and private organizations involved with DUII issues.

The Multnomah County DUII Advisory Board, active since September 1984, currently consists of a minimum of 26 members who meet at least twice a month, totalling at least 1200 volunteer hours annually. The program staff and Board members have worked aggressively to improve the DUII control system and to raise public awareness of the dangers of drinking and driving.

In 1987-88, the DUII Advisory Board was a prime force in winning the reinstatement of the special DUII Enforcement Team of the Portland Police Bureau. With the Team back in action, alcohol-related traffic deaths have decreased (50%) and DUII arrests have increased (30%). To accomplish this, the staff and Advisory Board lobbied city officials throughout the police budget review process. At the same time, they broadcast their concerns in strategic media events with MADD and the Portland Organizing Project. These efforts persuaded the city commissioners to override the police chief's decision and put the DUII Team back in the budget.

The communication of the program staff with city and county officials, OTSC, and the media has set a positive environment for the Board to influence public policy. The recent passage of a highly controversial vehicle forfeiture ordinance might not have happened without the strong support of the Board. At their urging, the city commissioners voted unanimously in favor the requirement for repeat DUII offenders caught driving while suspended to forfeit their vehicles. The Board has worked with the Legislature either to pass a vehicle forfeiture statute or to pass the law needed to implement the ordinance in Portland.

Since July of 1988, the Board has coordinated the DUII Victims Panel, attended by at least 200 - 300 DUII offenders and guests each month. Other communities have found that the panel is a most effective way to reduce DUII recidivism, and helps to break down the denial of those in treatment. At the panel, offenders face the stark reality of driving under the influence as they listen to victims describe how their lives have been changed. The Community Information Technician recruits and trains the victims for the panel and the volunteers who register the attendees, in addition to organizing the monthly panel. The staff coordinated the development of a videotape about the Victims Panel, and distributed copies of the 15-minute tape to

schools, colleges, and agencies throughout the state. The videotape, which generated national interest in the victims panel concept, has enlarged the audiences learning from the panel's experience.

The program has been instrumental in making free cab rides available during the holidays, a service that has kept thousands of people from driving after drinking too much. In 1988 donations were secured to fund the Holiday Cab for the next two years.

The special problems of youth and alcohol have been a program priority. Some members of the Advisory Board identified problems in the system dealing with minors in possession of alcohol or other drugs. They worked closely with Juvenile Court, Juvenile Services, and treatment providers to clarify objectives and increase diversion referrals. The result has been increased attendance in MIP Diversion, from 50% in 1987 to 74% in 1988.

MULTNOMAH COUNTY DUII COMMUNITY PROGRAM Advisory Board Membership

Portland Police Bureau	Gresham Police
Sheriff's Office	District Attorney's Office
District Court	Juvenile Court
Corrections	Treatment Providers
Probation Services	Oregon Health Sciences Trauma and Emergency Services
Portland Public Schools	Multnomah Educational Services District
Oregon Liquor Control Commission	Multnomah Defenders, Inc.
Department of Motor Vehicles	Convenience Store Industry
City of Portland Commissioners	Hospitality Industry
Television Public Affairs	Insurance Industry
MADD	Legislator
County Alcohol & Drug Programs	Citizen
Student	

B. ENFORCEMENT

There were 8 non-supervisory uniformed officers dedicated to DUII enforcement in Multnomah County in 1987, increasing to 9 in 1988.

The total number of DUII arrests per calendar year was 2,829 in 1987, decreasing to 2,721 in 1988.

The percentage of licensed drivers arrested for DUII in 1987 was 6%, decreasing to 5% in 1988.

The percentage of DUII arrests that were crash-related in 1987 was 36%, increasing to 44% in 1988.

The number of DUII arrests where BACs were determined:

BAC	<u>1987</u>	<u>1988</u>
.08 -	65	50
.08 - .14	647	607
.15 - .20	789	790
over .20	516	461
refused test	761	813

The average BAC level per arrest where BAC was determined:

	<u>1987</u>	<u>1988</u>
Gresham Police	.16	.16
Portland Police	.16	.16
Sheriff's Office	.186	.187

Multnomah County does have 24-hour chemical testing available. The officers surveyed stated that the average distance the arresting officer needs to travel to bring offenders to a chemical test facility is 5 miles.

In 1987, 42% of arrests in Multnomah County were crash-related; in 1988, there was a five per cent increase, to 47%.

The average time to process a DUII is universal for all reporting agencies at approximately 90 minutes, but this does not include reporting time or court time.

	<u>1987</u>	<u>1988</u>
Days of arrests		
Mon. through Thurs.	21.5	22.0
Fri. through Sun. (weekend)	22.84	21.5

All agencies have been using the State Uniform citation since 1984.

The Bureau of Police Standards and Training (BPST) provides a 4-hour overview of DUII enforcement as part of basic training for all police officers. The instruction includes DUII detection and testing, recognizing driving patterns and other cues of intoxicated driving, and divided attention testing to pick out impaired drivers.

More extensive DUII training is the NHTSA improved sobriety testing 16-hour class, covering horizontal gaze nystagmus. Officers who complete the class and perform 35 test cases are then certified by BPST.

Multnomah County Sheriff's Office

In 1987, 380,798 passenger vehicles were registered in Multnomah County. This number is compounded by out of area tourists traveling to such popular sites as Multnomah Falls, the State's most visited tourist attraction, and by local and long-distance trucks engaged in commercial transportation. Multnomah County reports thirty per cent of the total of injury crashes in Oregon.

The Multnomah County Sheriff's Office is a full service police agency of 125 sworn officers. The agency provides a variety of county-wide law enforcement services such as marine enforcement and motor carrier (commercial vehicles) enforcement as well as general patrol, traffic, and investigative services to the unincorporated county and two small East County cities, Maywood and Wood Village.

During the 1980s, law enforcement agencies in Multnomah County have generally found an increased demand for services conflicting with substantially smaller budgets and workforces. A re-evaluation of priorities has taken away resources from DUII traffic enforcement. The dramatic drop in arrests between 1983-87, during which time over ninety sheriff's deputies were transferred to the Portland Police Bureau and the City assumed responsibility for road patrol in many unincorporated areas is apparent in the following statistics:

YEAR	SHERIFF'S OFFICE	MULTNOMAH COUNTY
1983	839	4,748
1984	601	5,316
1985	188	4,223
1986	195	3,511
1987	209	2,829
5 year average	406	4,125
3 year average (see p. 14,74)	197	3,521

Fortunately for the citizens of Multnomah County, alcohol-related traffic injuries and fatalities did not increase proportionately to the decrease in DUII arrests, as is evident in the 5 year fatal injury data.

Portland Police Bureau

Between 1983 and 1987, over 90 sheriff's deputies were transferred to the Portland Police Bureau, and the City assumed responsibility for road patrol in extensive unincorporated areas. (see p. xx). The Portland Police Bureau has 8 officers and one sergeant dedicated to DUII enforcement. They provide 8 vehicles (3 cars and 5 motorcycles), at a cost of approximately \$297,647.

Annexations, gang activity and drug houses caused the Bureau to de-emphasize traffic enforcement in 1987-1988. As a result, DUII enforcement suffered. January to June 1988 averaged 134 DUII arrests monthly, compared to 286 monthly arrests with the full compliment of traffic officers prior to May 1987. Alcohol-related fatals for 1987 increased 30% over 1986. During the time Portland was without a DUII Team, the number of DUII-related crashes increased, as well. It appeared that more than half of the DUII arrests were made at the scene of a crash.

Reinstating the five officer DUII team in September 1988 brought DUII arrests to just over 200 during the first month of concentrated DUII patrol. This is 30% short of previous DUII activity and still unacceptable, calling for heavier DUII patrols. Non-crash-related DUII arrests increased immediately with deployment of the five officer DUII motorcycle unit. The Police Bureau applied to OTSC for a grant that would allow the DUII Team to operate more effectively and economically with a match in cars for transport and increased proficiency in the arrest and sworn reports procedure.

C. PROSECUTION

Multnomah County District Attorney's Office

The District Attorney's Office is responsible for the reviewing, trial preparation, and prosecution of all felony crimes, misdemeanor crimes and violations that take place in the jurisdiction of the City of Portland, the City of Gresham, the Port of Portland, as well as Multnomah County.

Currently, six law enforcement agencies present criminal arrests to the DA's office for prosecution consideration. These law enforcement agencies also file traffic citations with District Court which are

screened and enter the District Attorney's prosecution system. The DA's Office is presently staffed by 77 attorneys, 69 office and clerical personnel, 16 technicians and 10 administrators. Staff is divided among District Court, Circuit Court, Family Justice Division and Victims Services.

The equivalent of 3 FTEs are handling DUII cases in the DA's Office: one deputy District Attorney does all the screening of DUII/DWS/vehicular cases; two deputy District Attorneys are responsible for processing DUII cases. Fifteen District Court deputies are all trained to handle DUII cases, and one FTE is required for management and court coordination. There is a Unit of seven support staff processing DUII and Traffic cases.

According to data collected by the District Attorney's Office in 1987-88, 78% of cases were DUII convictions (6% convicted at trial), 2% were acquitted, and 20% were dismissed. The average BAC from the 1987 study was 0.16 per DUII conviction.

According to the 1987-88 study, 9% of the DUII cases involved jury trials, and the DUII conviction rate was approximately 66%. DUII charges cannot be reduced as part of plea negotiations.

According to the DA's office, felony and misdemeanor crimes have increased by 29% since 1985, without comparable increases in the judiciary, deputy District Attorneys, and support staff to handle the increased number of scheduled trials. The Courts have set-over many traffic cases at the time of trial that were otherwise ready for trial. This has increased the time of arrest to trial time from an average of 99-120 days to an average of 160-190 days. Additionally, the number of pending DUII jury trials was 301 in January 1989, backlogged to 430 in May 1989.

In 1986-87, the non-conviction rate for traffic crimes (acquittals/dismissals) was 22%.

The prosecutor does have access to the traffic record system, and utilizes this information provided by the Court system (JE00).

The District Attorney's Victims Assistance Unit provides support for victims of DUII fatalities and serious injuries. The Unit is a resource to:

1. provide information concerning the case to the victim and to witnesses involved in prosecution, keeping the victim up-to-date at each stage of the case;
2. act in an advocate role, either accompanying or referring the victim to community resources and agencies which can help with the short-term crisis or provide long-term assistance if necessary;
3. monitor and expedite property release upon completion of the trial;
4. assist with court-related problems, such as scheduling of the case, and in emergencies, baby-sitting and transportation arrangements;
5. in some instances, involve the victim in the decision-making process regarding the defendant's release on his/her own recognizance or bond, and the recommendation the Victims Assistance Unit will make on sentencing, should the defendant be convicted.

Another Victims Program, started in 1976, Project Repay, attempts to put the cost of crime on the defendant. Losses incurred by crime victims are documented by the staff and presented to the court in an effort to have the court order the defendant to reimburse his/her victim for the losses. The Program does not have any money to disburse, but the staff have effectively helped victims of crime to receive needed services from the community resources available, ranging from medical help to transportation. The staff also assist crime victims to apply for the state crime victim compensation program that does aid with medical expenses and for loss of wages.

Currently victims are eligible for only \$2000 in funeral expenses; as of the last legislative session, victims are now eligible for up to \$10,000 in counseling services.

During its first nine and a half years of operation, the Victims Assistance Unit has helped more than 40,040 victims; DUIIS and traffic-related deaths and serious injuries account for half of the victims, their friends and families served by the Unit. The staff communicate with every family effected by a vehicular homicide. At least 75% of one FTE victim advocate's time is dedicated to DUII crime.

D. ADJUDICATION

In 1981, ORS 484.445-.480 established the Diversion Program option for persons arrested for DUII. An individual can be diverted out of the criminal justice system if the offender meets the established criteria: no prior DUII arrests in 10 years, no similar diversion in 10 years, no felony convictions resulting from operation a motor vehicle within 10 years, and no injury crash associated with the DUII arrest.

If the criteria are met, and the District Attorney's Office does not object to the petition within 15 days, the judge reviews the driving history and arrest record for final approval of the petition. Then the offender is evaluated by an Alcohol and Drug Evaluation Specialist. Although Evaluations have been managed by Multnomah County District Court, the state Mental Health Division is responsible for:

- (a) maintenance of standardized procedures for diagnostic assessment;
- (b) certification and training of evaluators, and
- (c) certification of education/treatment programs under the authority of State Administrative Rules and Oregon Revised Statutes.

In 1983, Diversion was used by half the Courts; by 1987, most "first-time offenders" were utilizing the Diversion option. The Diversion process requires less judicial time than plea/trial, resulting in faster overall processing time. In 1987, the significant decrease in requests for jury trials can be ascribed to the increased assignment of Diversion.

In Multnomah County, the District Court Evaluations Program provided the screening/referral system for DUIIs, the only Court in Oregon with in-house evaluators. As of July 1, 1989, the three FTE evaluators are no longer located within the Court Administrator's Office, and they now provide their services as free agents. Although it is most desirable to conduct evaluations in-house, the need for additional operations staff took precedence. Plans are underway to locate the evaluators with the Social Services Division by November 1, 1989.

Evaluation is part of the post-sentencing investigation. One hundred percent of those convicted of DUII are referred to Evaluations. By State requirements, the Evaluators use the Mortimer-Filkens test instrument. A copy of the standard intake form and the DUII Diversion Agreement form is on Page 76.

The categories used are:

- Level I - social drinker
- Level II - beginning problem drinker
- Level II+ - alcoholic or problem drinker

The average time for the client interview is 30 to 45 minutes, with an additional 30-60 minutes for the client to complete the paperwork.

The evaluators are certified by the State Mental Health Division, under the Oregon statute/administrative regulation 813.260.

The evaluators monitor each case throughout treatment. The treatment agency notifies the evaluator if the client fails to comply; the evaluator informs the Judge and the defendant is brought back to Court. The case is terminated upon successful completion of treatment or violation of Diversion agreement.

DUII Diversion participants are responsible for paying \$367.00 to the Court, and whatever fees are incurred at the treatment agency.

Failure to pay fees is a violation of the Diversion agreement.

As of July 1988, all DUII Diversion participants are required to attend the monthly Victims Impact Panel, and to pay the \$5.00 fee at the time of attendance.

Senate Bill 131 has authorized OTSC to evaluate Diversion Programs this year, requesting that 408 funds be utilized to fund the study.

District Court judges adjudicate all DUII cases in Multnomah County, except in the rare instance when a DUII case with a felony DWS is heard in Circuit Court.

According to the DUII Analysis study, the average time from citation to disposition was 316.67 days; in 1987, that average had decreased to 161.28 days. The increase in utilization of Diversion is likely to account for the faster processing time in 1987. However, since the enhanced law enforcement efforts increased arrests in 1988-89, the average time from citation to disposition has climbed to 185 days. (see pp. 15-18)

The sentencing patterns of DUII offenders is presented in the DUII Analysis study, pages 18-21. Diversion was assigned for 66% of offenders in 1987, an 18% increase from 1983, accounting for a decrease in guilty pleas. Assessment of fees nearly doubled between the two sample years, and utilization of Alternative Community Services increased 12%. Sentencing placed 94% of convicted offenders on Probation (including bench and formal) in 1987, a 2% increase from 1983, and the average period of Probation assigned decreased by approximately 5 months.

In 1987, the Oregon Traffic Safety Commission studied the sentencing of Repeat DUII offenders, which revealed that Multnomah County District Court was in compliance with SB 710 requirements on 95.92% of 134 repeat offender cases (16 served an average of 119.88 hours in community service, and 118 served an average of 414.71 hours in jail.) (see p. 75) For the purposes of the study, a repeat offender was identified as a second DUII conviction within 5 years, excluding Diversion.

Referring again to the DUII Analysis study, in 1983 85% of those arrested had no prior DUIIs. In 1987, 90% of DUII offenders were first-timers. (see p. 44)

The prosecution and the defense have the same rights of appeal, on different grounds. Prosecution can appeal a case pre-trial, and the defense can appeal anything during the trial or post-trial.

The sentencing guidelines that go into effect on November 1 are intended to make more local jail space available, but the effect they will have is unknown. Proponents say that the guidelines will "free up" local jail beds; jail management stated that local District Attorney charging decisions, probation violators, and current unsupervised recognizance releases will fill any jail beds that become available.

The innovative Project Awareness at Burnside Projects meets the statutory requirements of the mandatory 48-hour jail sentence, confronting the offenders with the realities of end-stage alcoholism as they spend a weekend working and learning at the project's "Skid Row" hotel. The concept of this program began as a pilot project in October 1985, and has seen some content changes since then to reflect current operations. In Fiscal Year 1985/86 153 persons successfully completed the program; in FY 1986-87, 117 completed satisfactorily. Evaluations of the weekend experience by participants have been very positive, noting an increased understanding of the consequences of alcohol abuse and DUII. However, referrals to this program

have declined each year. According to Evaluations staff, payment of the \$80 fee is a deterrent to adequate utilization of this sanction.

Since July 1988, mandatory attendance at the Victims Impact Panel is part of the Diversion agreement, and often a condition of bench and formal probation. This program more than pays for itself, thanks to the commitment of the victims who volunteer to speak on the panel, and concerned citizens and professionals who help to staff the monthly program.

The Court does make use of the traffic record system, to attain prior offenses before sentencing. Multnomah County District Court does provide a record of all convictions to the DMV central record system.

In the past two years there has been a significant decrease in the number of judges hearing DUII cases because of the tremendous felony backlog (up 75% in two years.) The cases increased from 3500 felonies a year to 6500 cases, with no increase in staff.

In late 1987, Circuit and District Courts were combined in an effort to deal with the backlog, so that District Court judges could be assigned to the more serious Circuit Court cases. From 1984-87, there were usually six or seven judges available to hear DUII cases; since the merger, only three or four judges are hearing DUIIs. The increase in DUII arrests is likely to create a backlog, and it will be necessary to free up more District Court judges for DUII cases, dependent upon the DA's charging decisions.

E. SANCTIONS

Driver Licensing Activity

The Oregon Division of Motor Vehicles provided the following information about licensing activity for Multnomah County drivers:

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Total # licensed drivers in Oregon	1,997,520	2,008,715	1,931,371
Total # fatal crashes in Multnomah Co.	86	82	106

Total Driving While Suspended (DWS) convictions in Multnomah County in 1987 were 1308:

1st conviction - 851
2nd re-offend - 332
3rd re-offend - 125

In Oregon, 100% of convicted DUII offenders receive the mandated license suspension. The license is usually seized at the time of arrest. The implied consent suspension for refusal or failure of the breath test becomes effective 30 days after the day of arrest. The date the DUII suspension becomes effective varies, based upon the date of conviction provided by the Court.

The ignition interlock device is now a condition of license reinstatement for convicted DUII offenders in Multnomah County and 10 other pilot counties. For arrests on or after January 1988, all convicted DUII offenders are required to present a certificate of completion from an approved alcohol treatment program before the license can be reinstated.

In 1988, the first year that ignition interlock device became a condition for the hardship license, there was a significant decrease in hardship or probationary applications. The statistics suggest that a number of people with suspended licenses are choosing to drive illegally, to avoid the expense and inconvenience of

the device, but there may be other contributing factors, such as the legislative changes in the BAC wait time and in the Mental Health recommendation requirements.

There were 69 requests for a DMV hearing on DUII cases in 1987 (not including implied consent.) In 1988, the requests declined to 47.

The number of hardship licenses issued is not available by county. DMV has the authority to revoke hardship permits or deny license reinstatement for non-compliance with conditions of the permit.

Probation

Probation may be assigned by the Court to itself (bench probation), Multnomah County Probation Services (formal probation), or the Oregon Corrections Division (formal probation). Most DUII formal probations are assigned to Probation Services in this County.

The current study shows an assignment rate of 5.6% no probation, 67.8% bench probation, and 26.6% formal probation.

Sanctions for bench probation are by necessity limited to single sanctions plus financial penalties which can be tracked by computer. Court staff simply do not have the time to monitor complex conditions. Generally bench probation is ordered to ensure completion of community service work or attendance at AA or alcohol treatment. Formal probation allows for tracking and post-sentence intervention with a number of conditions. Typical formal probation conditions include: fines, fees, alcohol treatment, AA, antabuse, and other special conditions, plus the ability of the probation officer to surveil the offender's place of residence or work. Sanctions are assigned by the Court. Each judge responds to the offender's past behavior and testimony incidental to trial. There is no required sanction "package" outside of sanctions provided by statute, i.e., levels of required treatment, jail, community service work, and license suspensions. Statutory sanctions are based on the number of prior DUIIs an offender may have had.

Probation is generally used in conjunction with treatment. This is a highly productive relationship. Most offenders need the coercive power of probation to continue in treatment beyond "denial." Probation also acts as a buffer for the Courts, intervening as needed to reduce difficulties between offenders and treatment agencies and reducing the need for constant demands on judicial time.

Most DUII offenders referred to Probation are monitored by a "DUII team" that employs extensive use of criminal information networks, mail and telephone contacts. DUII offenders viewed as significant community risks are assigned to criminal caseloads with attendant increases in supervision and surveillance.

In 1984, the DUII caseload was "swept," reducing the old caseload down to 600 by early termination and warrants, and shifting to a computer-generated caseload system. However, the system is still not working smoothly. Court referrals are not consistent or timely in getting to Probation, and illegible/inappropriate information delays sanctioning. The Courts are stretched to the limit. There can be delays of six weeks getting information back from the Justice Center. Warrants are frequently issued in error, and all too often get lost between the judges' chambers and the Sheriff's office. In 1985-86, the Courts reduced the flow of DUII referrals to Probation Services, more appropriately utilizing bench probation and Alternative Community Service.

Local Courts may order PSIs for DUII offenders. Multnomah County Probation Services provides most of the investigations to District Court. On some occasions the Oregon Corrections Division will provide a PSI to Circuit Courts when the DUII is part of a felony prosecution. PSIs are allowed by statute at the misdemeanor level and required by statute at the felony level unless waived by the State and defendant.

In most cases a PSI covers basic demographics, prior record, summaries of information provided by persons or agencies that know the offender or provided treatment, and a recommendation for sentencing.

Multnomah County Probation Services completed approximately 200 PSIs and special reports in 1988. The Oregon Corrections Division completed approximately 50 DUII and DUII-related PSIs. No specific "instrument" or tool is used by the Presentence Investigator, but most written reports follow a standardized format.

The average time from Court order to delivery of the written report is 28 days, allowing a 30-day set-over by the Court.

Multnomah County currently assigns PSIs to all available probation officers. Previously a single officer did all investigations. The State has a Diagnostic Center which is dedicated to PSI activities. The Diagnostic Center has 10 probation officer/investigators.

PSI staff have the same qualifications as other probation officers. Most agencies try to employ their better writers in this capacity.

Recommendations for Multnomah County Probation Services are based on the investigator's opinion and experience. Generally recommendations balance public safety with the potential for the impact of treatment and the probable need for supervision. The State PSIs will be controlled by sentencing guidelines for all offenses committed after November 1, 1989.

Alternative Community Service

Alternative Community Service can be a constructive, viable sentence option when used for appropriate offenders and managed in a responsible manner. This option provides the opportunity for an offender to make a positive, constructive contribution to the community and might therefore deter the offender from repeat criminal activity.

All offenders referred for community service are interviewed to determine suitability for placement in the community. Those individuals who represent a potential risk to the program due to present/prior offenses, attitude, emotional/mental disabilities and/or performance will have limited placement options or will be returned to the Court for an alternative.

The program offers individual and group placement for appropriate offenders. These placements may use the client's skills (construction, clerical, legal, medical, etc.), be of specific interest to the offender, be located close to their residence or work, or offer the offender a flexibility in scheduling. Each appropriate offender will be given the placement address, phone and name of the supervisor, and a due date for completion, including the minimum number of hours to work each month.

Those offenders that are unable to report regularly to their placement site or to conduct themselves responsibly while performing community service will be referred back to the sentencing court and will not be accepted back into the program on the same matter.

The goals of the ACS program are as follows:

- to assist the courts in understanding the community's needs and capabilities so that appropriate client screening criteria can be established and followed;
- to assess and catalog the community's needs so that the matching of the offender's skills with the placement agency's needs can occur and the potential for a "positive" relationship between the offender and the agency can result.
- to develop within the program some "options" that enhance flexible opportunities for appropriate referrals;
- to work with criminal justice personnel on developing suitable and implementable sanctions for individuals not appropriate for ACS.

Approximately 300 offenders are referred to the Multnomah County ACS program each month. Of those 300, 48% are for traffic offenses (including 25% for DUII), 35% for property felonies and misdemeanors, 3% for sexual or assaultive offenses, 4% drug and alcohol offenses (excluding DUII), and 10% for miscellaneous offenses including prostitution, disorderly conduct, resisting arrest, and harassment.

DUIIs assigned to ACS, 1984-88, are as follows:

1984 - 419
1985 - 857
1986 - 823
1987 - 678
1988 - 644

In 1987-88, there was a decrease in DUII referrals, as a direct consequence of the withdrawal of the 5-officer DUII Team in Portland. In the past two years there was been a decrease in the severity of offenses referred to ACS, a positive sign that more jail sentences are being ordered instead of inappropriate ACS referrals.

Better linkage is needed between Probation, ACS and treatment providers in managing DUII offenders. ACS is not currently used as a probation violation sanction, and in some cases it could be considered as a viable alternative to jail. Set standards are needed for alcohol treatment. An intermediate custodial sanction, such as the Restitution Center, is needed in Multnomah County, where alcoholism can be addressed, but the monitoring of DUII offenders can be minimal.

F. TREATMENT SERVICES

County Alcohol and Drug Programs Office

The Alcohol and Drug Programs office, within the Multnomah County Department of Human Services, is responsible for managing contracts with twenty-four community agencies in the County for the provision of publicly-funded alcohol and drug treatment services, including residential outpatient, detoxification and DUII Diversion services.

The Alcohol and Drug Programs office is supervised by a program manager who is responsible for overall coordination of alcohol and drug treatment services county-wide. Three program development specialists are responsible for performing contract monitoring and technical assistance with assigned contract agencies.

In addition, the staff perform planning, public education and coordination activities involving providers, advocates, and citizen advisory groups to increase community awareness of the problems and resources related to alcohol and drug abuse/addiction. The Multnomah County Council on Chemical Dependency, a twenty-member citizen group, performs an advisory function by reviewing departmental activities and policies. The DUII Community Program, supported by the Oregon Traffic Safety Commission and matching County resources from September 1984 to December 1988, was consistent with departmental responsibilities and involvement with alcohol-related community education and prevention efforts.

According to the "Leading Causes of Mortality, 1978 - 1986" study conducted by the Oregon Health Division, the years of potential life lost index and age-adjusted death rate of alcoholism are about twice as high in Multnomah County, compared to the state's values. Surprisingly, the two other counties in the Portland metropolitan area, Clackamas and Washington, have significantly low values. The expected total deaths due to alcoholism by age-group and residence area in Multnomah County, 1978 - 1986, was 681, while the actual death toll was 1259.

For the high percentage of DUII offenders with chronic alcohol/drug problems, mandated treatment for DUII is a critical component in getting addicted people to confront the behavior and begin recovery. DUII services account for fully 50% of the treatment clients served through Multnomah County's publicly funded alcohol/drug system.

There were 5,174 DUII offenders who received DUII treatment services in the County in FY 1986-87, while the number fell to 4,455 in 1987-88.*

<u>Received DUII treatment services</u>	<u>1987</u>	<u>1988</u>
1st time offenders (Diversion)	73%	70%
re-offenders (convicted)	27%	30%
1st time offenders (Diversion)	82%	83%
assessed as problem drinker/alcoholic		
re-offenders (convicted) assessed		
as problem drinker/alcoholic	99.2%	99.8%

Of those DUII offenders receiving treatment services who were assessed as problem drinkers/alcoholics, the following percentages completed treatment:

	<u>1987</u>	<u>1988</u>
1st time offenders (Diversion)	78.6%	80%
re-offenders (convicted)	67.2%	69%

Of those DUII offenders receiving treatment services who were assessed as problem drinkers/alcoholics, the following percentages were alcohol/drug-free at the termination of treatment:

	<u>1987</u>	<u>1988</u>
1st time offenders (Diversion)	70.4%	72%
re-offenders	64%	70%

Of those DUII offenders receiving treatment services who were assessed as problem drinkers/alcoholics, the following percentages had reduced their alcohol and drug use at the time of treatment termination:

	<u>1987</u>	<u>1988</u>
1st time offenders (Diversion)	79%	79%
re-offenders (convicted)	70%	70%

Age, race and sex of all DUII offenders receiving treatment services:

<u>Sex</u>	<u>1987</u>	<u>1988</u>
Male	4,242 (82%)	3,664 (82%)
Female	932 (18%)	791 (18%)
<u>Race</u>	<u>1987</u>	<u>1988</u>
White	4,764 (92%)	4,023 (90%)
African American	147 (3%)	139 (3%)
Native American	69 (1%)	93 (2%)
Asian	74 (1%)	55 (1%)
Hispanic	138 (3%)	145 (3%)
<u>Age</u>	<u>1987</u>	<u>1988</u>
13 - 17	25 (.5%)	17 (.4%)
18	47 (.9%)	40 (.9%)
19 - 25	1,233 (24%)	1,084 (24%)
26 - 39	2,573 (50%)	2,200 (49%)
40 - 64	1,202 (23%)	1,048 (24%)
65 & over	93 (2%)	66 (1%)

*All data presented here is from Client Process Monitoring System (CPMS)

G. LEGISLATION

In addition to the current State laws regarding implied consent, blood alcohol concentrations, preliminary breath testing, rehabilitation programs, treatment programs, etc. the City of Portland has approved the attached Nuisance Ordinance dealing with the vehicle forfeiture of the driver who is driving while suspended. District Court Judge William Keys submitted a bill (HB3371) to the Legislature requiring vehicle forfeiture for felony DWS, supported by the DUII Advisory Board but not adopted this session. (see pp 77-79)

H. NATIONAL GUIDELINES

From NHTSA Fatal Accident Reporting System (FARS) data, it appears that, contrary to the expectations of most safety experts, high BAC (problem drinkers) were deterred by the totality of anti-DUII program activity occurring from 1982 through 1986, bolstered by the fact that similar reductions were seen among the proportions of drivers killed who had very high BACs (i.e., greater than .20%).

From 1982 through 1986 there were significant decreases in all alcohol-related crashes, while there were much greater increases in non-alcohol-related crashes over the same period. This suggests that some factor or combination of factors (e.g., fear of arrest and punishment) was having a significant impact on alcohol-related crashes.

Nationally, more than half of all fatal crashes continue to be alcohol-related. More than 80% of these alcohol-related fatal crashes involve a legally intoxicated driver (BAC > .10). More than half of all fatal crashes involving youth continue to be alcohol-related, and approximately 70% of these alcohol-related fatal crashes involve an intoxicated driver. Three primary objectives for reducing drunk driving, outlined by the Surgeon General in December 1988, can serve as guidelines for Multnomah County:

- deter drinking drivers who have not been caught, but who will contribute to approximately 75% of alcohol-related fatal crashes in the future
- reduce the impaired driving recidivism of drivers who have already been arrested and processed through our criminal justice and/or administrative sanctioning and rehabilitation processes
- prevent drinking and driving by such means as public information, education, more responsible serving and hosting practices, intervention by friends, designated driver programs, safe ride programs, and preventing the sale of alcoholic beverages to minors

The experience in Multnomah County with the limited success of short-range projects to impact the complex, societal problem of impaired driving is confirmed by the Surgeon General's 1988 Consensus Report on Impaired Driving:

"During the past 10 years, a criminal justice/deterrence approach has been employed to try to reduce alcohol-related crashes. This approach combines strict enforcement of drinking and driving with swift sanctions for an offense, coupled with publicity that this will occur....Deterrence was found to be effective in reducing alcohol-related crashes in the short-term. However, based upon a thorough evaluation of these programs, it has become apparent that deterrence measures must be inextricably linked with prevention efforts for a long-term effect. Prevention efforts are needed to create a climate that fosters behaviors to reduce alcohol-impaired driving. Prevention efforts such as education, regulation and environmental protection can be instrumental in altering social norms, creating a protective environment and changing behavior." (p. 3)

The Consensus Report concludes that "any serious program to reduce alcohol-related crashes must seek to accomplish two objectives: (a) reduce the recidivism of apprehended offenders by deterring, incapacitating or rehabilitating them and (b) deter the general population of drivers from DUII." General deterrence is much more important, since the majority of alcohol-related fatal and serious injury crashes involve drinking drivers who have not been previously apprehended for DUII. The County needs to give more emphasis to deterring undetected DUIIs, as well as deterrence of those who are caught.

A significant body of research supports the role of legal sanctions in reducing DUII recidivism, and treatment should be offered in combination with licensing penalties and other sanctions proven to be

effective. Treatment is an important component of a comprehensive traffic safety program, but it should not be offered in lieu of other known, effective sanctions. There is no single effective treatment of any type (medical, legal, or punitive.)

According to researchers James Nichols and H. Laurence Ross, "sanctions will be effective in modifying behavior to the extent that they are perceived as being certain, swiftly applied and severe...the major hope for reducing alcohol-related fatal crashes lies in such policies which affect the total driving population." (in any given year, it is estimated that fewer than 5% of alcohol-related fatal crashes involve a driver who was apprehended for DUII the previous year.)

V. DUII ADVISORY BOARD PRIORITY ISSUES

The information and recommendations in Sections V and VI were provided to project staff either verbally or in writing by DUII system professionals and concerned citizens. Some items represent conjecture or opinion, and in some cases there are contradictions in the proposals for change. It is the project staff's opinion that these "possibilities" should be discussed and prioritized by the DUII Advisory Board to form a conceptual framework for further activities, which can be made available to the public. When the DUII Board is supported locally instead of funded by an OTSC grant, the Board's relationship to state, county and local political bodies must be clearly defined.

Education and Public Information

All DUII system professionals and community leaders interviewed for this report recommended that the County fund support staff for the **DUII Advisory Board**, a powerful body of experts and concerned citizens representing and monitoring all aspects of the DUII system, to continue their work without interruption when OTSC grant funding ends on October 1. Paid staff is essential to coordinate an effective Board, and to manage the monthly DUII Victims Panel (a source of revenue for a part of the Coordinator's salary) and ongoing public awareness campaigns. Since the Board members are appointed by the Board of County Commissioners, it is appropriate that County government rely on the Board for policy recommendations and monitoring of the DUII control system. As a schools representative who has served on the Board for three years observed, at its best, "the Board functions as a cohesive group with a common concern, not defensively, setting specific goals for accomplishment and working cooperatively toward implementation."

DUII is a part of the County's overall responsibility for public health. More aggressive **inter-agency coordination** at the County level is needed. All County/City functions should be alcohol- and drug-free, to model the behavior desired in the community.

Sustain high visibility **public information** efforts about issues related to drinking and driving (victims panel, alcohol awareness week, DUII specialized enforcement), and encourage private sector involvement.

Enforcement

Most interviewed recommended that the County **enhance DUII enforcement** at all law enforcement agencies. The visibility of enforcement increases its deterrent effect, providing an environmental control factor.

Prosecution, Adjudication and Sanctioning

Unless **improvements in prosecution and sanctioning** also follow, enhanced enforcement simply teaches more offenders that the system is broken and that they can "beat" it. Unquestionably enhanced DUII enforcement stresses the rest of the system. Court overload and backlogs have presented continued obstacles to effective and efficient prosecution and adjudication of DUII offenders, as required by law. The analysis indicates that file to trial times need to be reduced.

VI. ADDITIONAL INFORMATION FROM LOCAL PROFESSIONALS/NATIONAL RESEARCH AND RECOMMENDATIONS

(By System Components, non-prioritized)

Legislation

Support state legislation to lower the BAC to .04, a level at which a person is still able to make a decision about safe driving. At a legal limit of .08, the average BAC for DUII arrests in Multnomah County is twice as much, at .16. Nationally, the average BAC of a fatally injured driver involved in an alcohol-related, fatal crash is .16%. This is down from .20% in 1980, but it is still very high. If a person were a 160 pound male and has drunk for 4 hours, he would have to consume approximately 12 drinks to have a BAC of .16%. (This national proposal is not supported by the hospitality industry.)

Vehicle impoundment, one of the most controversial sanctions under consideration locally and by the Legislature, has tremendous potential as a concept but runs the risk of being bureaucratized to death. Since any community has a limited number of dollars it will use to combat illegal behavior, vehicle impoundment could be a zero cost sanction, but with the number of hearings now built in, it will be very costly to operate. Therefore more of the "DUII combat dollars" will be sent into this program. (Several system experts do not support lobbying for impoundment; it should not even be necessary, since judicial authority to confiscate vehicles is already legal.)

Support legislation that would repeal use of DUII offender fees and fines for DMV hearings, which should not be necessary if the State upholds that driving is a privilege, not a right. These resources can be rededicated for improved evaluations.

There is strong support for passage of a mandatory safety belt use law for all ages.

Research evidence shows that an increase in the excise tax on alcoholic beverages could have the largest long-term effect on alcohol-impaired driving of all policy and program options available. The Federal excise tax rates by ethanol (pure alcohol) content across all beverages can be equalized by raising rates for beer and wine to that of distilled spirits. Organizations and citizens concerned about alcohol-impaired driving, other alcohol problems, and the Nation's economic and social well-being should urge the President and our congressional representatives to support higher alcohol taxes, and index it for inflation. Treatment providers recommend that the tax revenues be dedicated to additional prevention efforts, treatment (including family treatment), and expanding DUII sanctions.

A tax on alcoholic beverages could be utilized for the cost of treatment for convicted DUIIs (single income of \$8000 or less) a minimum of six months, monitored by a non-involved (governmental) agency. A comprehensive assessment of total costs to Multnomah County taxpayers for each DUII arrest/injury/fatality in enforcement, Courts, District Attorney, medical care, treatment, property damage and insurance would present a compelling case for taxation.

Support state legislation to eliminate tax deductions for alcohol advertising and promotion aside from price and product advertising.

Legislation should be enacted at state and local levels which creates a dedicated funding source including offender fines and fees for increased efforts in the enforcement, adjudication sanctioning, education and treatment of DUII offenders.

Law Enforcement

Most support the return of well-advertised sobriety checkpoints, which are currently ruled unconstitutional by the Oregon Supreme Court. The Surgeon General's report recommended that all states be required to comply with the constitutionality of sobriety checkpoints. In the interim, high saturation DUII patrols at high-risk times and places should be regularly scheduled and highly publicized in Multnomah County.

Portland Police Bureau Traffic Division representatives stressed the need for state and local agencies to work together more efficiently, to avoid duplication of projects and resources, and consider the DUII Advisory Board an appropriate forum for this in Multnomah County. DUII Team officers enthusiastically support the DA's proposal for a DUII-only courtroom. They recommend that the three major law enforcement agencies in the County maintain a certain percentage of officers dedicated 100% to traffic enforcement.

The detection of intoxicated drivers by law enforcement officers is primarily a very subjective process which results in more than 50% of intoxicated drivers stopped on the street not being arrested, according to the Multnomah County Sheriff's Office. Some DUII enforcement officers strongly recommend legalization of a pre-screening test (a hand-held intoxilyzer) that can be used on the street when an officer detects alcohol or behavior which indicates intoxication. The District Attorney cautions that their use in the courtroom will be dictated by established rules of evidence or constitutional principles. New machines are being used in Clackamas County, and will be "tested" there in court.

Apply innovative techniques of DUII enforcement such as passive sensors, preliminary breath testing (PBT) devices, BATmobiles (mobile breath alcohol testing units), drug recognition experts, and horizontal gaze nystagmus. Adopt appropriate enabling legislation where needed and train field officers and court personnel in appropriate evidentiary use and interpretation of these techniques.

Maximize public perception of the risk of arrest and punishment for DUII through interagency law enforcement public information and education efforts, essential to the deterrent effectiveness of DUII enforcement.

Adjudication

At present Multnomah County does not have a special DUII court. The DA's Office, the Portland Police Bureau, and the Court Administrator have cooperatively drafted a proposal for a DUII-only courtroom, which has been approved in concept by the DUII Advisory Board. The "DUII Court Sanction Control Project" is a response to the 59% increase in DUII arrests from January to May 1989, resulting from enhanced DUII enforcement teams at the Portland Police Bureau, the Sheriff's Office, and Gresham Police Department, and to the increased time to trial and backlog which is evident in the DUII Analysis statistics.

Increase emphasis on DWS due to DUII or other alcohol-related charges, with enforcement of sanctions such as:

- license plate confiscation or issuance of special plates*
- incarceration
- impoundment of the vehicle used in the violation

*HB 2744, requiring that the vehicle of a person driving DWS be marked with a sticker, was passed in 1989 and will go into effect on January 1, 1990.

Access funding for police, prosecutors, judges and other related justice system personnel should participate in entry level and annual in-service training programs established to improve the detection, prosecution, and adjudication of DUII offenders.

Develop self-sufficient systems and programs for prosecution, adjudication, sanctioning and treatment of alcohol-related driving offenders, using fines, fees, and alcohol consumption taxes.

Use existing special programs and further devise others for juvenile drinking drivers, using both education and comprehensive actions of the court centered on their driving privilege (MIP.)

"Tough laws are meaningless if they are not enforced and implemented by the courts, prosecutors, administrative hearing officers and law enforcement agencies." (Surgeon General's Report, p. 50)

Victims

Expand attendance at the monthly Victims Impact Panel to include state and county probationers, and Drivers Education students. Set up a long-term study of effectiveness of the Victims Panel, measured by re-arrest rates of DUII offenders who attended the Panel, with all other variables being equal. When Program staff first researched the Panels already in operation, there was only conjecture, no data available on reduced recidivism rates among those who attend the presentation. The Panel is a unique learning experience for offenders, and it may be difficult to quantify the impact.

Victims Assistance professionals advocate designating new jailbeds for DUII repeat offenders, pressuring judges to utilize accordingly; emphasizing the criminal context of driving under the influence, as a potential act of murder, and institutionalizing the importance of these cases. At the State level, the social costs of alcohol abuse need to be confronted, examining who bears the costs and who is profiting, and bring home to the public the cost of each DUII in terms of victims, police, medical care, insurance (including losses due to uninsured motorists), etc.

Sanctions

With the proven effectiveness of the intensive supervision model in Probation Services, continue to monitor this caseload for an additional three years, and increase the parole officer staff so that this function can continue beyond the grant period.

What happens to those arrested provides the basis for deterring the much greater number of offenders who have not been caught.

Several researchers have concluded that for repeat offenders and persons who continue to drive after their license has been revoked, consideration should be given to removal of license plates and/or vehicle confiscation.

Ignition interlock is regarded by many observers as system for the rich and that will make felony drivers out of the poor. There was an immediate reduction in people asking for hardship permits when ignition interlock became mandatory, resulting in more people driving illegally. The high cost of the equipment has priced out its effectiveness in the occupational drivers license market. As there is no information save anecdotal casework stories, the real impact of this system will never be known.

In order to make license actions more effective, greater emphasis would be placed on keeping suspended and revoked drivers from driving during their license withdrawal period. Repeat offenders now receive mandatory minimum "hard" license suspensions of one year. If these actions fail, emphasis should shift to vehicle confiscation and confinement. More extensive use of license plate confiscation for persons found DWS would make such violations more visible and thus more enforceable.

The so-called 710 laws are de facto guidelines for DUII offenders. In theory the state-wide guidelines to be implemented in November 1989 will provide for more local jail cell availability over a period of years. This could ensure that mandatory jail sentences are actually served. An increased likelihood of serving jailtime has an impact on offender attitudes, and can reduce illegal behavior. One empty jailbed can transform a resistant client into an amenable one, observed one probation officer.

As extra state and county jail facilities are built, some Board members would like assurance that there will always be a jail bed available for a DUII offender, as an effective deterrent. Others consider dedicated jail beds for DUII offenders unrealistic in view of public perception that drunk drivers are not serious criminals, and stress the importance of developing alternatives to incarceration that impact the substance abuse problem.

More local jail beds could improve the sanctions process. It is entirely unclear who occupies the current jail beds. Therefore, additional beds may not be available for DUII offenders.

In Washington state, Salzberg and Paulsruide (1983) evaluated a 1980 law which mandated jail sentences for both first and repeat offenders convicted of DUII. They reported that individuals convicted under the new law had higher subsequent crash and DUII offense rates than individuals convicted under the previous law and that the mandatory jail sentence failed to deter subsequent acts of drunk driving. Five other studies on the effect of confinement on recidivism rates reported no reductions in recidivism.

The National Institute of Justice reviewed the jail sentencing practices in several U.S. jurisdictions in 1984, and concluded that following implementation of mandatory jail sentences, DUII arrests are likely to increase; court workloads are likely to increase; defendants are more likely to challenge, postpone or avoid compliance with court procedures and decisions; effects on subsequent recidivism rates are likely to vary from one site to another; incarceration rates are likely to increase; strains are likely to be placed on the correctional system; a variety of special programs and facilities is likely to be required and traffic fatalities may decline as a result of the actions taken. These findings suggest to some that although jail should not be eliminated as a sanction, fines and license actions should receive greater emphasis; others consider jail time as crucial to an effective DUII control system.

According to one DUII control system professional, an endpoint has been reached as far as increasing sanctions, given current criminal justice system limitations, without first assuring that the system can comply. In our local jails we have a limited capacity to meet the current two-day jail option. Unless capacity in the system is increased, further "paper sanctions" are not only worthless but teach the offender that potential sanctions will not be or cannot be imposed. Several research projects have clearly shown that the speed and assurance that a sanction will be imposed is a greater deterrent than more severe sanctions that are imposed intermittently. It is hoped that any future sanctions require the cooperation of all the players in the criminal justice system. Perhaps then we will have better communication and better design of sanctions.

Other researchers recommend that incarceration be used primarily for the most extreme offenders. They support using special facilities that would include in-house efforts to assess and refer offenders to residential treatment programs, with long term out-patient aftercare and support. Driving privileges would not be restored to such offenders without evidence that their drinking problems have been effectively addressed. Focus of public information efforts should be directed toward keeping the public aware of these sanctioning efforts and of the certainty of their application.

Baseline data on system processing times and outcomes should be collected routinely. Beyond the basal information, research into why some DUII offenders become repeat offenders and why others did not would be most valuable. Some members of the Board dispute overemphasis on statistical analysis, especially when statistics have been contradicted by experts in the field.

Treatment

One DUII system professional recommended that the County open a 40-bed residential treatment facility, with dedicated DUII beds.

The minimum stay would be 30 days, keeping a DUII offender off the streets for significantly longer than a jail sentence, but the cost of \$45 a day for treatment (often covered by insurance) would be a savings compared to \$75 a day for jail incarceration. People could be allowed to go to and from work, following

a model of treatment with a curfew. Such an intermediate residential facility would provide more local custody units, under the new sentencing guidelines.

Most DUII offenders are assessed as Level II or II+, indicating a chronic problem with alcohol. A DUII arrest frequently provides the best opportunity for intervention. County treatment providers are frustrated by the minimum hours for treatment set by the state, which the DUII offender must pay for. At the end of 36 hours the offender has completed the requirement but rarely is treatment successfully completed on such a short time line. Indigent clients should be able to move into a publicly funded treatment slot if needed. Policy changes are needed in this area. With the highly resistant DUII clients the effectiveness of treatment often depends on consistently enforced sanctions for non-compliance. As one provider said, "any consequences would help." Providers would like to see more levels of sanctioning to support treatment compliance, such as house arrest, ignition interlock, vehicle impoundment or Denver booting of cars, and a custodial sanction, like the restitution center, is needed for DUIIs.

The main approach to eliminating alcohol/drug-related injuries or fatalities must be focused on prevention, aimed at eliminating the behavior of driving while under the influence.

The traditional short-term, low-intensity educational programs that are broadly applied have been of limited effectiveness, and more intensive, longer term treatment options may be more beneficial (albeit more costly) and perhaps applicable to a selected population of offenders.

A systematic approach to treating offenders, using qualified personnel, appropriate standards, with oversight and quality assurance controls and without conflict of interest, is necessary to assess those persons who may benefit from one or a combination of treatment approaches. Such a systematic approach also needs ongoing evaluation to develop answers to relevant questions and enhance cost-effectiveness.

The cost of treatment should be borne as much as possible by the individuals convicted of DUII, based on their ability to pay. If the individual is unable to pay, the individual's high-risk group (those convicted on DUII) should bear the cost.

Treatment providers stated that evaluation is needed on the effectiveness of sanctions, and of treatment.

Focus increased attention on the issue of alcoholic or codependent denial and its insidious influence on those who are charged with the public responsibility of addressing and dealing effectively with impaired driver issues at all levels. This includes impaired or addicted individuals in education, the criminal justice system, the medical care system, and private citizens whose own illness may negatively impact their ability to behave in an appropriate and lawful manner.

Education and Public Awareness

Programs which impact only those drivers who are arrested can never significantly reduce the DUII problem, since nearly as many new DUIIs will enter the driving population each year as are caught.

DUII is the leading cause of death among young people. Educational efforts should be designed to help overcome DUII social acceptability, and to reduce myths surrounding DUII.

The information needs to be factual and current, in order to help the public, professionals, and decision-makers understand what they can do to help change DUII policy and practices. Educational interventions are needed within worksites, the family and community, health care agencies, and schools.

DUII education should be integrated into all health promotion/risk reduction programs. Education should be directed at not only decreasing the frequency of drinking and driving, but also to decrease the frequency of riding with drinking drivers, and to promote social norms that do not tolerate drinking and driving, promoting personal responsibility for discouraging driving under the influence among friends and acquaintances.

Continuing public awareness is essential to build on gains made. Interest in the DUII problem tends to wane, so it is imperative to keep the issue in the public conscience.

On a local level, work on eliminating happy hour promotions. Ban alcohol advertising on billboards and at fairs, and post warning labels where alcohol beverages are sold.

The most effective programs to date are "legal/general deterrence" programs involving high perceived risk of arrest, swift and sure license actions and, where appropriate, jail sentences. Media attention to such efforts has also been a necessary component.

Encourage comprehensive news reporting of alcohol-related problems in general, and crashes in particular where alcohol was involved.

Have parents educate and encourage other parents to teach their children not to drink and drive, as well as inform decision-makers about the important role parents can play. Many parents are not aware that they are held responsible for the behavior of their minor children who drink and drive until age 18.

Training should be provided to local public authorities to implement long-term public information and education plans aimed at preventing DUII.

Health Care

Public health professionals should work more closely with professionals in medical settings at the local, county and city levels, particularly in combining resources for education professionals. Public health professionals should play a leading role in developing and implementing impaired driving prevention programs.

Medical professionals should coordinate an inter-disciplinary approach to case identification and play a stronger role in treatment and counseling. Doctors should receive standardized education and information about DUII in annual training for certification, introducing curricula that would facilitate and improve an understanding of impaired driving prevention techniques and intervention approaches to medical and nursing school curricula; incorporate DUII information in the certification/examination process to ensure that it is actively used and updated. Also, they can help in promoting public education strategies in community-based settings.

Local health care professionals have observed that citations are issued inconsistently when police are investigating accidents involving patients brought to the hospital for emergency care. They support requiring BAC testing of all age-appropriate trauma victims of traffic-related injuries as a component of their medical care and management, and reporting of suspected DUII offenders to the proper authorities.

Alcoholic Beverages

Institutional policies are needed stating that drinking alcoholic beverages is not acceptable behavior in the schools and worksites.

Local as well as state government should not adopt policies that result in increased availability of alcoholic beverages without careful analysis, study and public debate about the potential effects on alcohol-impaired driving (esp. bars, restaurants and other public facilities.)

Support mandatory server training program, and expand to include alcohol sellers; training appropriate to the type of facility should be made available to all managers and servers of alcoholic beverages. Educate the public through an ad campaign, funded by the alcohol beverage industry, about responsibilities of servers and that it is against the law to serve a visibly intoxicated person in Oregon. Publicize the number of servers already trained:

Aug 88 - July 89 12,847 statewide completed server training
Aug 87 - July 88 12,090 statewide completed server training

Aug 88 - July 89 3,893 Multnomah County servers trained
Aug 87 - July 88 3,684 Multnomah County servers trained

Support notification program of problem licensed premises police/OLCC; adequate records of the site of the last drink should be kept in all cases of all officially reported alcohol-related incidents.

Written policies must be posted and made available to all employees, which are part of the alcohol service training.

Food should be offered and available during all hours of operation.

Alcohol-free beverages of all types should be promoted, offered, and made available where alcoholic beverages are sold.

Alternative transportation options must be made available wherever and whenever alcoholic beverages are served.

Designated driver programs have come under fire because of the possible danger that this approach may encourage drinking and risk exacerbating other alcohol problems; in no way should these programs lessen efforts to prevent alcohol abuse. Servers and social hosts must not allow guests or patrons to become intoxicated and thus become a danger to themselves and others, not only through drinking-driving but in other dangerous situations as well. It is understood that the designated driver does not drink any alcoholic beverages, and establishments or social hosts are expected to provide easy access to food and non-alcoholic beverages.

Safe rides, such as "Holiday Cab" during the Christmas season, need to be available year-round, supported by establishments that serve alcohol and the alcoholic beverage industry.

As a condition of obtaining a license to serve alcohol, including "one day" or special permits, an organization or social host must develop and implement a specific plan to provide transportation for individuals who are impaired.

Support compliance with existing requirements through public awareness in on-premises facilities.

Locally enact regulations that are more restrictive than Oregon Liquor Control Commission laws, such as prohibiting "happy hours" and other reduced-price promotions, and restricting or prohibiting alcohol sales by time and place at sporting, music and other public events.

Support Surgeon General's request that the alcohol industry cease advertising and promotion efforts on all college campuses in Multnomah County, by writing to each University president recommending disallowal of advertising and promotion of alcohol, and providing guidelines and training sessions to the colleges.

Locally eliminate alcohol advertising, and promotion and sponsorship of public events (such as musical concerts and athletic events) where the majority of the anticipated audience is under the legal drinking age.

Eliminate official sponsorship of athletic events by the alcohol beverage industry, to cease portrayal of activities that can be harmful when combined with alcohol use, or impose a hefty surtax on advertising/promotion of alcoholic beverages to aid prevention/intervention efforts.

Encourage the creative community to more fully and accurately portray the dangers associated with drinking and driving, and to provide highly visible role models for prevention.

Youth

According to a national study, alcohol-fatality involvement of youthful drivers (and passengers) from 1982-86 showed greater reductions than any other group. This is significant, since youthful drinking drivers, like heavy drinking drivers, have always been considered to be less deterrable than other (less problematic) groups. Nationwide, there is evidence that alcohol-related fatal crashes among youth can be (and have been) reduced by legal deterrence programs combined with "policy" elements such as the minimum legal drinking age of 21 for possession and purchase of alcohol. Most safety experts feel that a significantly greater impact can be achieved with such laws via both police and OLCC efforts.

The community needs input from young people, such as their participation on the DUII Advisory Board, so that they can see that they have an impact. Part of goal-setting for adults involves careful listening to the young, and empowering them to take responsibility for their generation.

Although state-wide public education campaigns directed at youth are well-crafted and keep attention on the problem, the increase (or discovery) of serious teenage alcoholism suggests DUII will continue to be a social problem. Public service messages should clearly state "If you are going to drink, don't drive," and "the safest BAC is 0.00," instead of the confusing message, "Know your limit," and any legal information used must be scrupulously correct.

Encourage civil liability for intentionally providing, directly or indirectly, alcohol to minors.

Institute night driving curfews for beginning drivers under 18 years of age.

Encourage insurance rebates for drivers who take an approved driving risk-reduction course and have a clean driving record.

Include a mandatory component on alcohol use and impaired driving in driver education classes.

Discourage and/or limit beverage advertising and promotion that is directed at youth and minorities; send out an alert for citizen response to write or call offending companies.

In the Summary of Overall and Teenage Fatality Trends (1982-86), it is apparent that high BAC (heavy drinker) drivers and young drivers have been affected to the greatest extent. This is extremely fortunate since such groups are the primary contributors to the alcohol fatality problem. Any program that works with such populations has a much greater potential for solving the alcohol-related crash problem than one that does not.

"Social" or "peer group" deterrence of DUII needs to be developed to supplement "legal" deterrence efforts. Only when an attitude of intolerance for DUII has been developed in this County, state and country will long-term, significant reduction in the problem be realized.

Citizen Advocacy

Only continued community awareness can bring about the type of behavioral and attitudinal changes necessary to ensure the safety of Multnomah County highways from impaired drivers.

The citizen advocate is able to represent the perspectives and issues that cut across jurisdictional lines; represent victim viewpoints; challenge inaccuracies and inconsistencies in the law, its enforcement, and disposition; and speak out as a conscience for necessary action.

Of all the activities in which advocates are involved, the major efforts should be directed toward four primary activities that are not emphasized by any other group:

- court monitoring
- victims assistance
- influencing public policy and legislation
- ongoing awareness and public education

In 1988, program staff and board members monitored two DUII trials. This work sets the foundation for future court monitoring projects which will ensure consistent and appropriate prosecution and sentencing of DUII offenders in the County.

It is important for advocacy groups to keep their volunteers happy and productive. Volunteers require training in order to be well prepared and comfortable with their tasks. A variety of activities should exist that challenge and utilize the broad range of volunteer skills and talents that the individual members bring with their commitment.

Advocacy groups must continually seek a variety of resources within their communities to support their activities, including help from corporations, foundations, individuals, and governmental entities.

Advocates should seek opportunities to recognize and reward those individuals whose behavior and actions are necessary and appropriate to the task of preventing impaired drivers from getting behind the wheel. Appropriate behavior should be reinforced and recognized, whether through the services of volunteers or from administrators, law enforcement officers, judges, probation officers, legislators or other professionals.

Advocates must be on the alert to identify the unaddressed potential situations in their communities that create a climate for excessive alcohol consumption (such as sporting events and festivals). Advocates can encourage individuals responsible for planning public events to seek ways to reduce and control the ready availability of alcohol and to actively discourage DUII while promoting alternatives.

VII. APPENDIX

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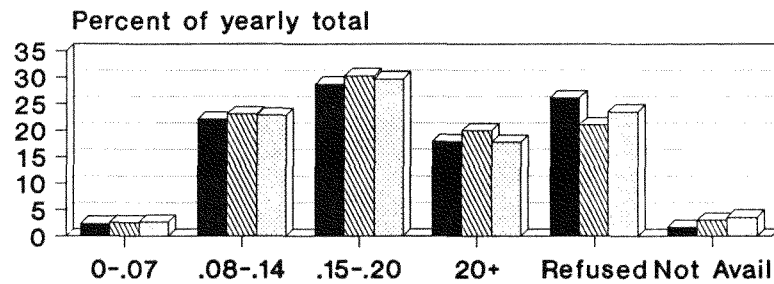
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Multnomah County DUII by BAC



1984 percentages	2.4	22.1	28.7	17.9	26.1	1.7
1985 percentages	2.6	23.1	30.3	19.9	21	3.1
1986 percentages	2.7	22.8	29.7	17.7	23.5	3.6

% of persons in each category



DUII ENFORCEMENT/FATALITY STATISTICS, 1984-86
(Major Jurisdictions)

MULTNOMAH COUNTY TOTALS

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Number of Accidents	<u>15,402</u>	<u>15,318</u>	<u>16,542</u>
Number of Fatalities	<u>86</u>	<u>82</u>	<u>106</u>
Number of Alcohol-involved Fatalities	<u>45</u>	<u>37</u>	<u>58</u>

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	<u>PORTLAND POLICE</u>			<u>GRESHAM P. D.</u>			<u>SHERIFF'S OFFICE</u>		
	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
Number of Accidents	<u>10,001</u>	<u>10,142</u>	<u>9,565</u>	<u>473</u>	<u>580</u>	<u>619</u>	<u>699</u>	<u>298</u>	<u>371</u>
Number of Fatalities	<u>50</u>	<u>63</u>	<u>79</u>	<u>3</u>	<u>4</u>	<u>3</u>	<u>28</u>	<u>8</u>	<u>17</u>
Number of Alcohol-involved Fatalities	<u>24</u>	<u>34</u>	<u>29</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Average Number of Dedicated or DUII Officers	<u>5</u>	<u>5</u>	<u>5</u>	<u>3.83</u>	<u>2.75</u>	<u>1.91</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Number of Above Receiving Special Training	<u>5</u>	<u>5</u>	<u>5</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Average BAC	<u>15.33</u>	<u>15.66</u>	<u>15.75</u>	<u>.16</u>	<u>.17</u>	<u>.17</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Number of weekday DUII arrests per week (Mon-Thurs)	<u>* --</u>	<u>** 133</u>	<u>** 125</u>	<u>2.52</u>	<u>1.48</u>	<u>1.29</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Average number of weekend arrests per week (Fri-Sun)	<u>* --</u>	<u>** 116</u>	<u>113</u>	<u>3.83</u>	<u>1.80</u>	<u>1.58</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

* No daily count during that period.
 ** Number of DUII arrests per month.
 NA Not Available

Exhibit A: Sentencing of Repeat DUI Offenders, Convicted 1986

	COOS CO DISTRICT CT	KLAMATH CO DISTRICT CT	LINN CO DISTRICT CT	MULTNOMAH CO DISTRICT CT	SPRINGFIELD MUNICIPAL CT	WASHINGTON DISTRICT CT	YAMHILL CO DISTRICT CT	TOTAL
Population Base of County	57,500	56,700	86,050	566,200	40,550	273,300	57,100	1,137,400
Second Offenders	48	14	38	86	22	58	39	305
Third Offenders *	5	6	11	48	2	21	11	104
Total Offenders	53	20	49	134	24	79	50	409
Community Service								
Sentenced	1	8	24	16	5	9	13	76
Range in hours	80	80-150	80-160	48-200	80-81	50-200	80-230	48-230
Average in hours	80.00	97.00	92.08	119.88	80.20	94.44	110.77	100.99
Eighty or more hours	1	8	24	14	5	8	13	73
Percent in compliance	100.00%	100.00%	100.00%	87.50%	100.00%	88.89%	100.00%	96.05%
Jail *								
Sentenced	52	12	25	118	19	70	37	333
Sentence range in hours	2-8760	48-1440	48-7440	48-8760	48-8760	0-8760	48-8760	0-8760
Sentence average in hours	1280.40	476.00	1142.40	1468.89	1749.47	1240.00	963.89	1214.87
Served range in hours	0-4272	0-1080	0-4200	0-6480	0-1296	0-4320	0-4320	0-6480
Served average in hours	351.18	296.00	621.12	414.71	341.05	900.00	642.81	531.10
Forty-eight consecutive hours	49	10	23	114	17	65	36	314
Percent in compliance	94.23%	83.33%	92.00%	96.61%	89.47%	92.86%	97.30%	94.29%
Sentenced to neither Community Service or Jail	0	0	0	0	0	0	0	0
Total In Compliance	50	18	47	128	22	73	49	387
Percent In Compliance	94.34%	90.00%	95.92%	95.52%	91.67%	92.41%	98.00%	94.62%

In some cases, a person was sentenced to both jail and community service. These cases are shown under the jail category.

*This category includes jail, in-patient treatment, and electronic monitoring.

DISTRICT COURT OF THE STATE OF OREGON
for MULTNOMAH COUNTY
1021 SOUTHWEST FOURTH AVENUE
PORTLAND, OREGON 97204

**AGREEMENT OF DUII
DIVERSION PARTICIPANTS**

- A. I agree to be responsible for two fees involved in this program, in compliance with my original agreement and waiver.
- 1) \$322.00 to the Court. I will direct all Court Fee Payments to the following address:
District Court, Attention Diversion, Room 104, P.O. Box 114, Portland, Oregon 97207.

I will indicate the citation number on my check (for questions regarding the payments schedule, call 248-3263).
 - 2) The second fee is a separate and distinct fee determined by the Service Provider (education/treatment agency) and paid to that Agency. If I am currently a food-stamp participant, I will present a copy of a 200U form or 351A eligibility card from my food stamp office to the agency to which I am referred for the DUII Diversion classes. This will entitle me to a waiver of a portion of the treatment fees.
- B. Other agreements are:
- 1) I agree to attend a diagnostic assessment to determine the possible existence of an alcohol or drug abuse problem and to follow whatever course of treatment is deemed necessary from that evaluation. I also understand that I am subject to re-evaluation by the agency where I am assigned for treatment and that I may be required, at the discretion of the Court, to participate in additional treatment as a result of this evaluation.
 - 2) I agree to keep the Diversion Office advised at all times of my current address and telephone number for the entire time I am a Diversion participant and until my case is closed. I can call the following telephone number to report changes of address and/or phone number: (503) 248-3456.
 - 3) I agree to have all Diversion treatment completed and all treatment agency and court fees paid by my Diversion expiration date. I further agree not to use any intoxicant within eight hours prior to operating a motor vehicle or during operation of a motor vehicle or to carry unsealed containers of intoxicants in a motor vehicle for the total period of time I am a Diversion participant and until my case is closed. I understand that if I comply with these conditions, the pending DUII charge will be dismissed and no further court appearances will be required. A copy of the court order dismissing this charge will be sent to my residence.
 - 4) I agree to attend the Victim Impact Program at the time and place scheduled by the Court and to pay a fee of \$5.00 to the Victim Impact Program at the time of attendance.

I HAVE READ AND FULLY UNDERSTAND THE AGREEMENT AND WAIVER I SUBMITTED TO THE COURT AND THE ABOVE INFORMATION PROVIDED FOR THE PURPOSE OF HELPING ME TO REMEMBER AND TO COMPLY WITH THE DISTRICT COURT DUII DIVERSION PROGRAM.

Signature of Client

Date

Signature of Evaluator

Date

Declaring a vehicle operated by a person charged with driving with a suspended or revoked operator's license where the license suspension or revocation resulted from a conviction for driving under the influence of intoxicants, to be a nuisance; and authorizing legal action to forfeit the vehicle.

The City of Portland ordains:

Section 1. The Council finds:

1. The prevalence of persons operating vehicles on the City's streets where the operator's license has been suspended or revoked as a result of a conviction of driving under the influence of intoxicants results in a danger to persons and property which constitutes a nuisance.
2. This ordinance provides a means by which the nuisance resulting from the presence of these vehicles on the City's streets may be abated.

NOW, THEREFORE, the Council directs:

Title 16, Vehicles and Traffic, Chapter 16.12 Reckless Driving -- Driving under the Influence of Liquor or Drugs, is hereby amended by adding sections 16.12.120, 16.12.130, 16.12.140, 16.12.150 and 16.12.160, which shall read as follows:

16.12.120 Certain Vehicles as Nuisances

A vehicle operated by a person arrested or cited for driving a vehicle while suspended or revoked, where the suspension or revocation resulted from a conviction for driving under the influence of intoxicants, may be impounded at the time of the arrest or issuance of the citation and be subject to forfeiture as a nuisance as provided in § 16.12.120 to 16.12.160.

16.12.130 Proceedings to Forfeit the Vehicle

Within 45 days after the impoundment, the City Attorney may institute appropriate legal proceedings to forfeit the vehicle to the City.

16.12.140 Return of the Vehicle

If, within 45 days of impoundment, the City Attorney does not institute legal proceedings to forfeit the vehicle, the vehicle shall be released to the registered owner on payment to the City of all costs of

ORDINANCE No.

towing and storing the vehicle and any other costs of impoundment.

16.12.150 Rights of Security Interest Holder

The authority to forfeit a vehicle under sections 16.12.120 to 16.12.160 is subject to the rights of the holder of a security interest in the vehicle, executed before impoundment. A vehicle shall be released pursuant to the security agreement if:

- (a) A written request for the release is made by the security interest holder;
- (b) The security interest holder pays all costs of towing and storing the vehicle and all other costs of impoundment; and
- (c) The security interest holder agrees in writing that any money realized from the sale or disposition of the vehicle in excess of the amount necessary to satisfy the security interest will be paid to the City.

16.12.160 Sale of Vehicle and Disposition of Proceeds

A vehicle forfeited to the City pursuant to City Code sections 16.12.120 to 16.12.160 shall be sold in the manner provided in § 5.36.010(c). The proceeds of such sales shall be applied to court-ordered treatment programs for driving under the influence of intoxicants offenders and for the Police Bureau's Driving Under the Influence of Intoxicants Program.

Passed by the Council,

Commissioner Earl Blumenauer
TRWilliams:mc/ppb\ord\forfeit.eb
September 15, 1988

BARBARA CLARK
Auditor of the City of Portland
By

Deputy

A BILL FOR AN ACT

Relating to vehicles.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Notwithstanding the provisions of ORS 161.605, 161.625, and 809.700, a city or county may provide for impoundment and forfeiture of a vehicle operated by a person arrested or cited for driving a vehicle while suspended or revoked, where the suspension or revocation resulted from a conviction for driving under the influence of intoxicants. The vehicle may be impounded at the time of the arrest or issuance of the citation.

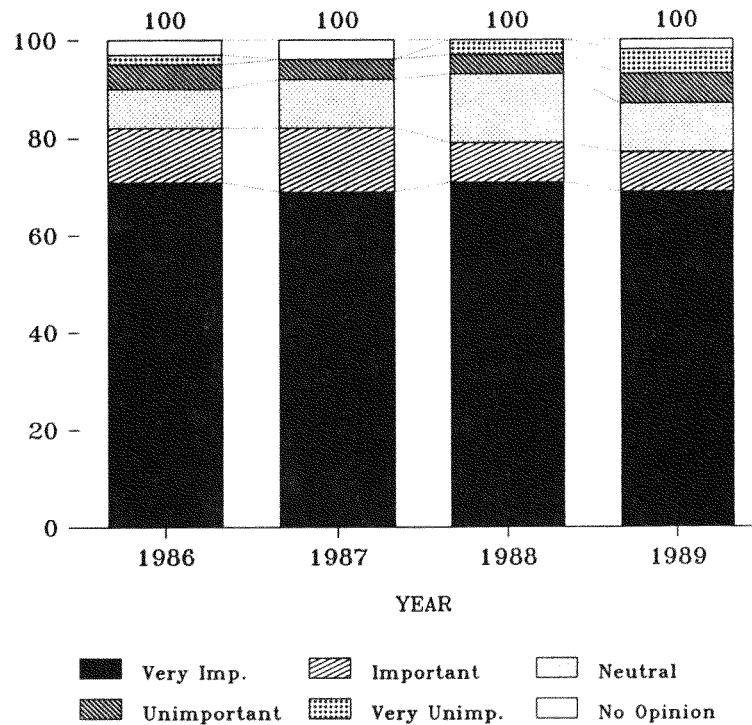
SECTION 2. The authority to impound and forfeit a vehicle under Section 1 is subject to the rights of a security interest holder under a security agreement executed before an arrest or the issuance of a citation for violation of an offense described in the preceding sections. A vehicle shall be released for the purpose of satisfying a security interest if:

- (a) Request in writing is made to do so;
- (b) The security interest holder pays all costs of towing, storing and impounding the vehicle; and
- (c) The security interest holder agrees in writing that any money realized from the sale or disposition of the vehicle in excess of the amount necessary to satisfy the security interest will be paid to the City or County.

misc/DUII.bil

Multnomah County 4-year Opinion Survey
 How Important A Problem Do You Consider
 DUI To Be In Your Community?

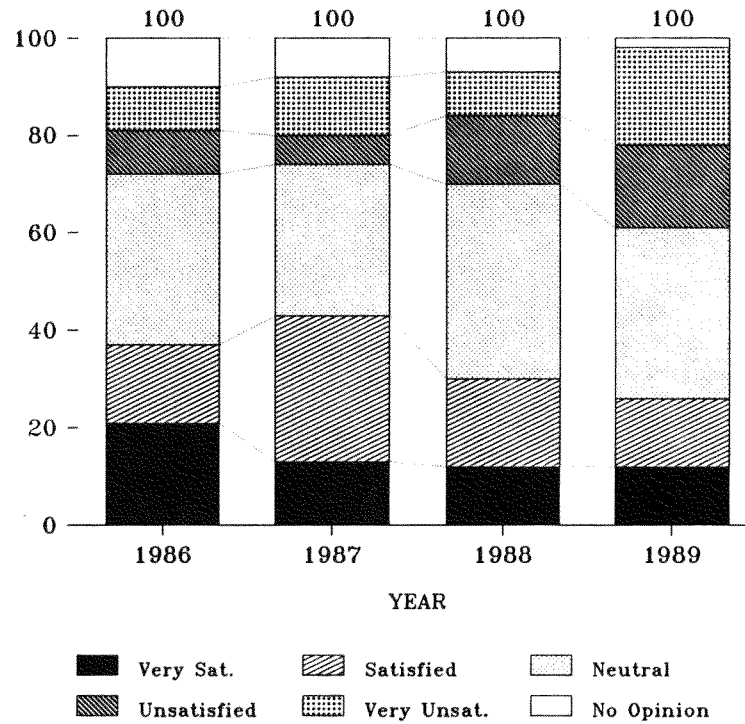
PERCENT RESPONDING



OTSC data gathered by Intercept Research

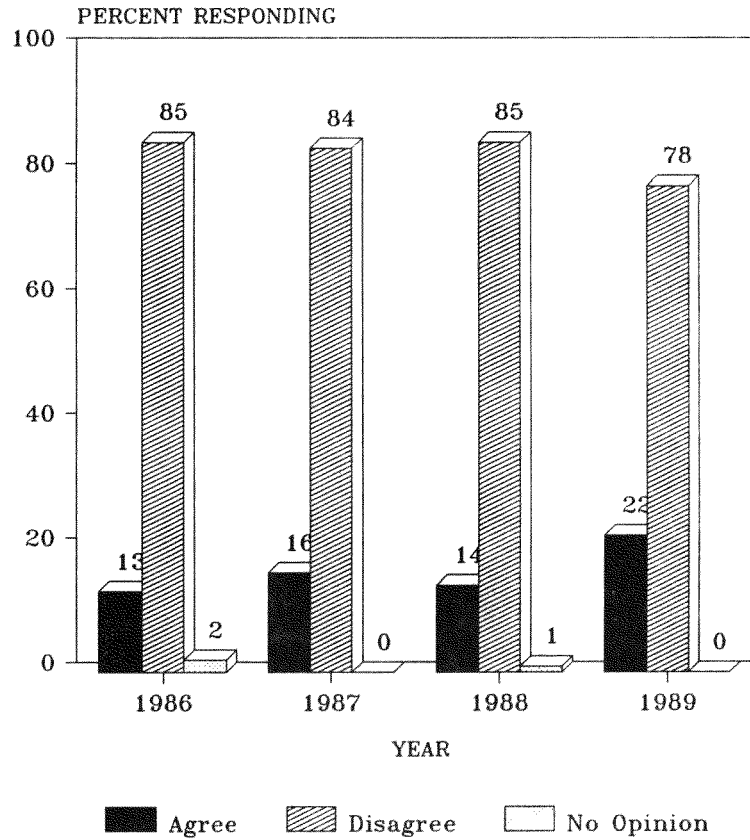
Multnomah County 4 year Opinion Survey
 How Satisfied Are You With Your
 Community's Efforts to Combat DUI?

PERCENT RESPONDING



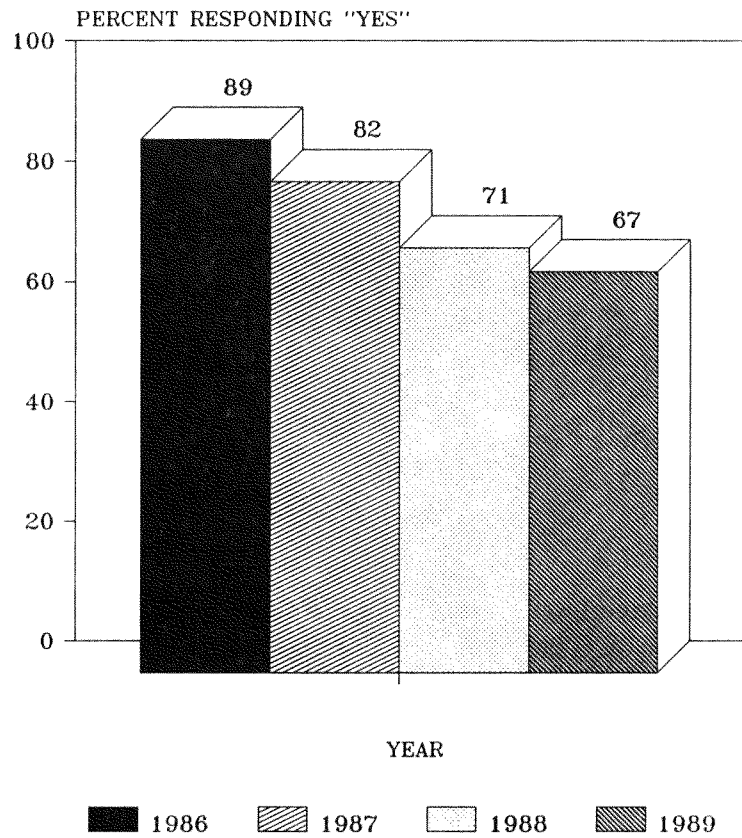
OTSC data gathered by Intercept Research

Multnomah County 4 year Opinion Survey
Is Drinking and Driving Accepted Social
Behavior?



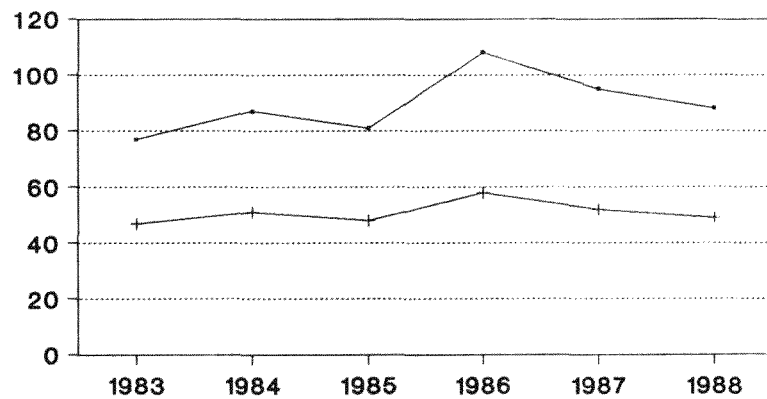
OTSC data gathered by Intercept Research

Multnomah County 4 year Opinion Survey
Are You Aware of Oregon's Laws
regarding Driving Under the Influence?



OTSC data gathered by Intercept Research

Alcohol Related Traffic Fatalities Multnomah County



Total Fatalities	77	87	81	108	95	88
Alcohol Related	47	51	48	58	52	49

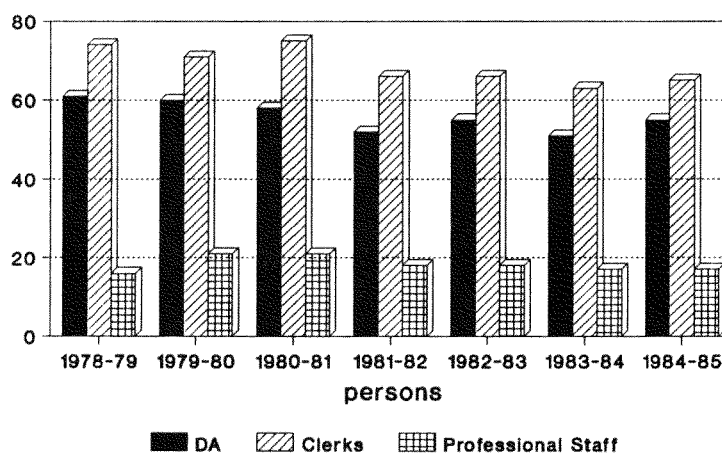
—•— Total Fatalities —+— Alcohol Related

Multnomah County District Attorney's Staffing Levels

	<u>DA</u>	<u>Clerks</u>	<u>Other*</u>
1978-79	61	74	16
1979-80	60	71	21
1980-81	58	75	21
1981-82	52	66	18
1982-83	55	66	18
1983-84	51	63	17
1984-85	55	65	17

*includes administration/non-legal professionals

Multnomah County District Attorney's Staffing Levels



Multnomah County DUII Prosecution Summary - District Court

	<u>Pre 84</u>	<u>84-85</u>	<u>85-86</u>	<u>86-87</u>	<u>87-88</u>
Cases Pending	1829	0	615	390	267
Cases Filed	4800	5168	3930	3451	2643
DUII Related					
<i>accidents</i>			520		
<i>fatalities</i>			42	53	12
<i>injury</i>			100	35	
<i>property damage</i>			378		
Cases Disposed	2022	1916	1788	1517	1223
Diversion enrollment		1375	1178	505	
Diversion petitions		1981	1916	1238	
Diversion objections (by State)		606	538	733	
New Diversion Cases	2161	1967	1469	1307	
<i>Pre-trial guilty plea</i>	1100	1189	779	117	
<i>Guilty (includes plea on day of trial)</i>	526	360	373	888	
<i>Not Guilty</i>	149	155	98	91	
<i>Dismissed</i>	320	263	219	209	
	46	<5%	<3%	2%	
Set Over rate *	50%	45%	41%	39%	
% cases of time from arraignment to trial less than 90 days	26%	58%	66%	52% (within 45 days)	

Data Source: OTSC and DMV documents.

* Based on total cases

Summary results of DUI Analysis

Project goals:

establish current DUI sanction system functioning
in order to measure future changes,
review impacts of changes in DUI laws,
identify characteristics of DUI offenders.

Findings:

- increased sanctions for DUI offenders did not "slow down" the justice system because a larger number of offenders qualified for diversion. The use of diversion with other classes of offenders should be examined.
- DUI arrests drop in December, despite an increase in liquor sales. December is also the month with the greatest number of public service messages about DUI awareness. Policing remains constant or increases during the holidays. It appears that public "education" has a much greater impact than previously estimated.
- 23 percent of all DUIs involve accidents.
- there has been an increase in re-arrests for driving while suspended, (DWS). This data based on 1984 and 1988, (before current public concern on this issue). The increased sanctions for DUI included an increase in the use of license suspensions and greater control of re-licensing. Such linkages underscore the need to view the justice system as a "whole", with all parts inter-related.

Preliminary results: The DUII
Intensive Probation Project

Jointly funded by Multnomah County
and the Oregon Traffic Safety Commission

Multnomah County Department of Justice Services
Probation Services Division

January 30, 1990

This project was initiated to test the value of intensive probation for DUII offenders. "Success" was defined as a reduction in the rate of re-arrest. Offenders were randomly assigned to the intensive DUII Field Unit, (DFU), or the Casebank which provides limited offender contact.

The intensive unit, (DFU), emphasized frequent contact with the offender and the offender's family and treatment program. DFU assigned offenders were required to attend classes that provided information on how to function without vehicles and the impacts of alcohol abuse. Surveillance of the offender's home and vehicles was used as needed in the DFU. To further define probation variables a third sample group was drawn, comprised of offenders sentenced to jail for DUII without formal probation.

Each sample group consists of 100 offenders. For each offender the prior arrest record and any subsequent new arrests within one year were tabulated. Despite efforts to make random selections the three groups were not totally homogeneous.

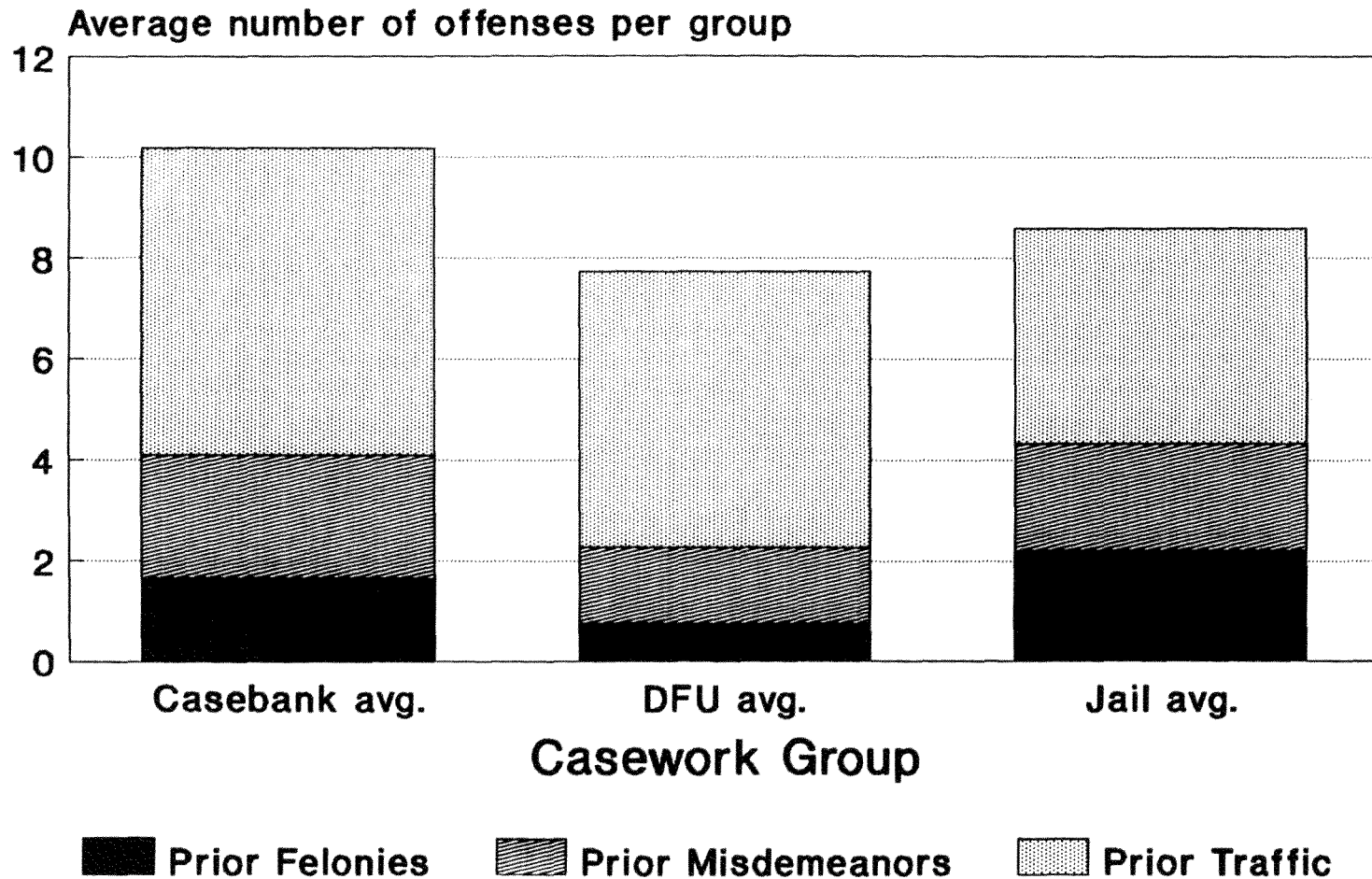
- The average age varied by group:

Casebank average:	37.6 years of age
DFU average:	39.4 years of age
Jail average:	37.1 years of age
- The total number of prior arrests, criminal and traffic, also varied by group:

Casebank average:	10.18 prior arrests
DFU average:	7.73 prior arrests
Jail average:	8.59 prior arrests

The average prior arrest pattern is shown on the following page.

Average prior arrests per offender, by casework group, each group = 100



- The average prior arrest record by offense group was:

	Average Prior Felony arrests	Average Prior Misdmnr. arrests	Average Prior Traffic arrests
Casebank:	1.66	2.44	6.08
DFU:	.76	1.52	5.45
Jail:	2.22	2.11	4.26

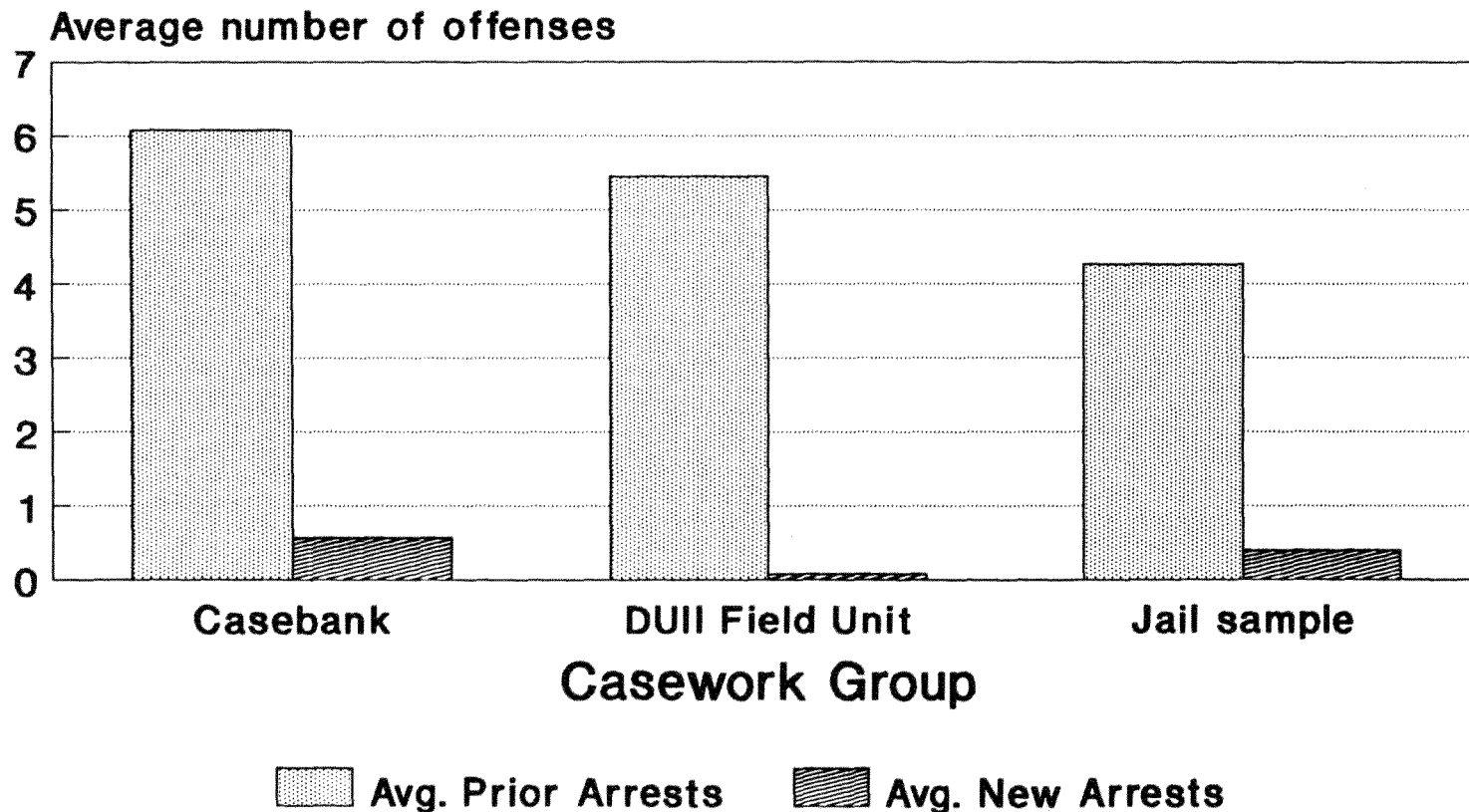
The jail sample has more prior criminal offenses, although in aggregate the Casebank caseload had the "worst" prior record.

The following two graphics show the number of offenders re-arrested from each offender group. The first graphic displays only offenses related to driving motor vehicles. As may be seen the DFU (intensive probation) had the greatest impact in reducing new traffic offenses.

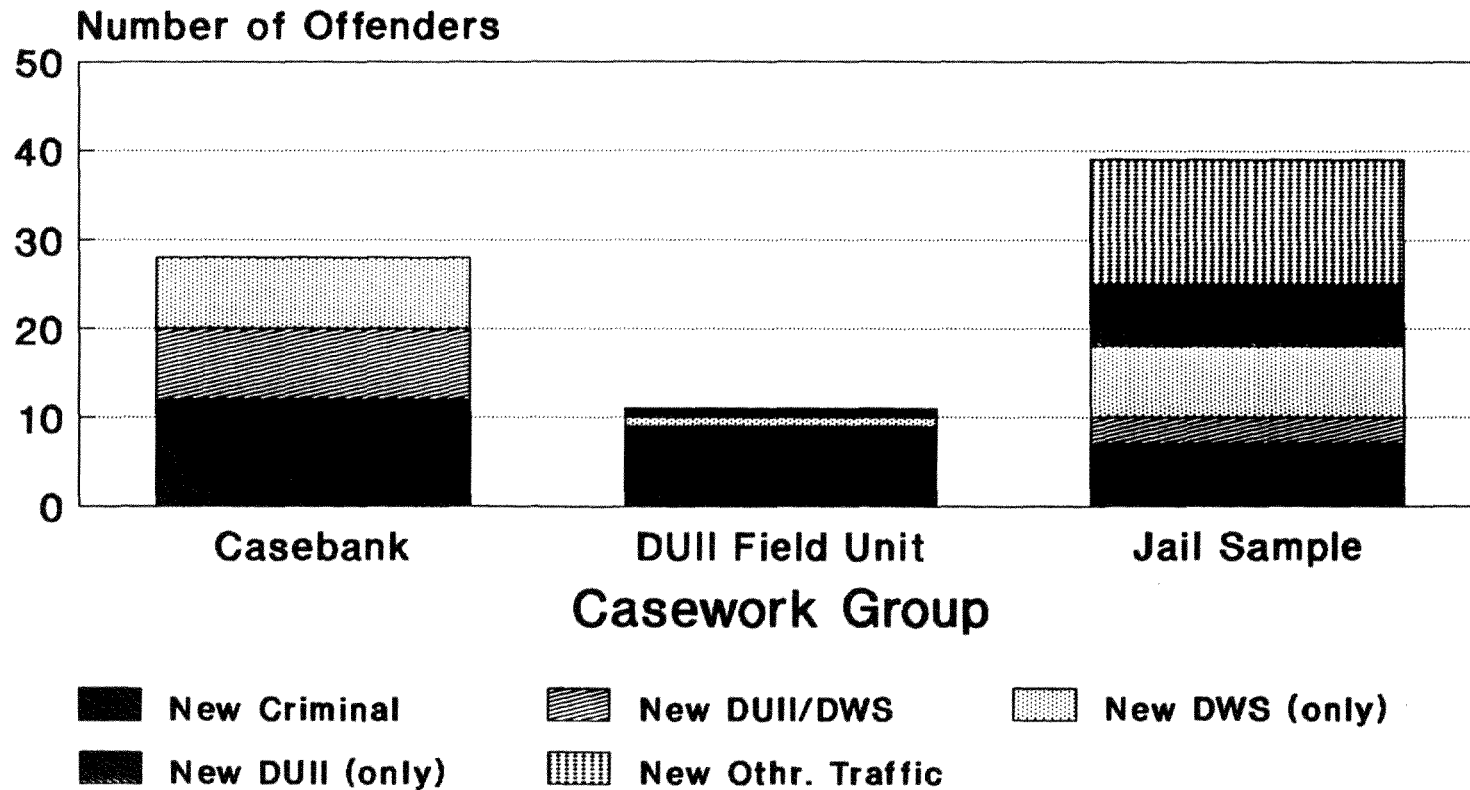
The second graphic shows all types of new arrests by offender group. Once again it is very clear that the DFU had a much lower rate of recidivism compared to the other two sentencing sanctions.

- DUII offenders are re-arrested for a significant number of criminal offenses, largely attributable to alcohol abuse.
- Of 100 offenders sentenced to jail for DUII, 39 were re-arrested within one year.
- Of 100 offenders placed on Casebank probation, 28 were re-arrested within one year.
- Of 100 offenders placed on intensive probation, 10 were re-arrested within one year.

**Average number of vehicle* arrests prior
to program entry and average number of
vehicle* re-arrests within one year**



Number of offenders re-arrested in One year by Offense and Group (100 Offenders in each group)



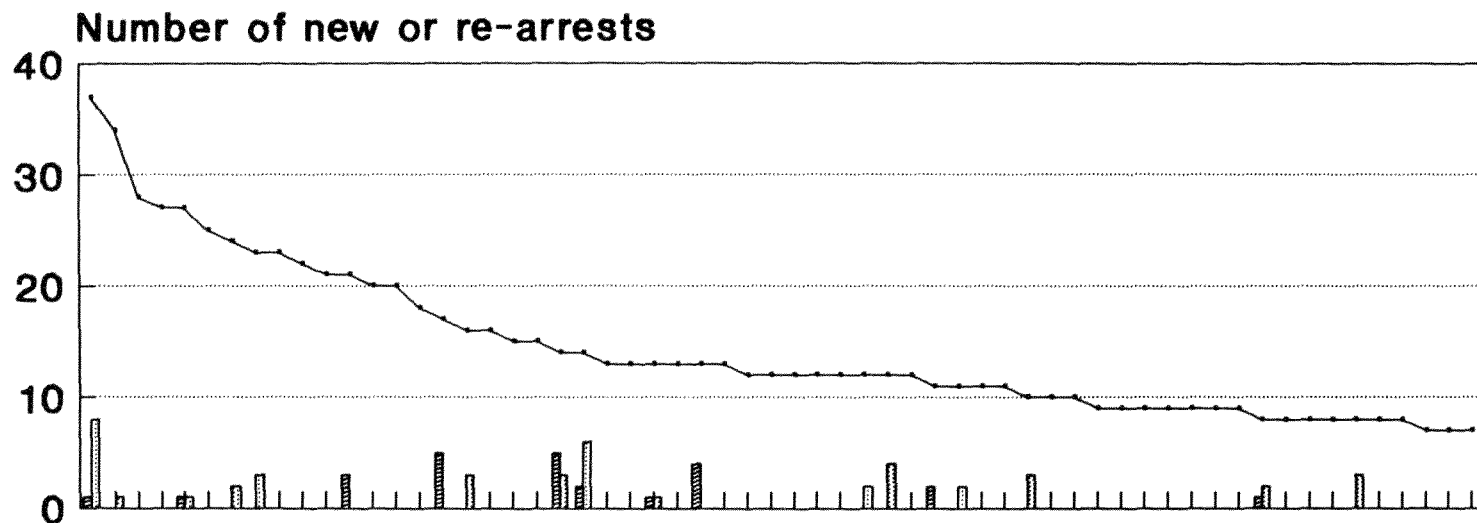
Criminal justice theory promotes the belief that the offender's prior record is the best index of re-arrest. Some of the information presented here seems to support such theories; the offender groups with the "worst" prior records had the greatest re-arrest rate. But as the last two graphics show, prior arrests are not predictive for this group of offenders during the one year time span.

On the following page offenders with the "worst" prior records are displayed with their new arrests. If the prior record influenced new arrests the expectation is that most of the new arrests would be attributed to offenders on the left side of the chart--instead the distribution is nearly random.

The final chart is sorted by those offenders with the greatest number of re-arrests displayed with their prior records. Again the pattern is not the parallel line pattern that links prior arrests with re-arrests.

- If the offender's prior arrest record is not the primary determinant of subsequent re-arrests for this offender sample, and given the marked differences in re-arrests rates between casework groups, it seems clear that the intensive probation model is superior to either jail or casebank probation for reducing re-arrest rates.

Comparison sort of worst prior record* by re-arrests within one year, all casework groups



60 "worst prior record" offenders

—●— Total Prior Arrests
 ▨ New Criminal Arrests
 ▤ New Traffic Arrests

Comparison sort of offenders with highest number of re-arrests by prior arrests, all casework groups

