

ANNOTATED MINUTES

*Tuesday, July 19, 1994 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BOARD BRIEFINGS

- B-1** *Community Action Commission Mission and Organization, and Report on the State of Poverty in Multnomah County. Presented by Jan Savidge, Commission Chair, Commission Members and Staff.*

**JAN SAVIDGE, BILL MUIR, DEBORAH GRUENFELD,
BONNIE WEBSTER AND BILL THOMAS
PRESENTATION AND RESPONSE TO BOARD
QUESTIONS.**

- B-2** *East Multnomah County Road Transfer Process. Presented by Larry Nicholas.*

**LARRY NICHOLAS PRESENTATION AND RESPONSE
TO BOARD QUESTIONS.**

- B-3** *Multnomah Commission on Children and Families Preliminary Comprehensive Plan Overview. Presented by Helen Richardson, Jim Clay and Carol Wire.*

**HELEN RICHARDSON, JIM CLAY AND CAROL WIRE
PRESENTATION AND RESPONSE TO BOARD
QUESTIONS.**

*Thursday, July 21, 1994 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:30 a.m., with Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present, and Vice-Chair Tanya Collier excused.

CONSENT CALENDAR

**UPON MOTION OF COMMISSIONER KELLEY,
SECONDED BY COMMISSIONER HANSEN, THE
CONSENT CALENDAR (ITEMS C-1 THROUGH C-5) WAS
UNANIMOUSLY APPROVED.**

DEPARTMENT OF HEALTH

- C-1 *Ratification of Intergovernmental Agreement Contract 200435 Between the City of Portland and Multnomah County, Wherein the City Will Reimburse the County for Monitoring and Controlling Rats Within and Originating from the City's Wastewater Collection System, for the Period July 1, 1994 through June 30, 1995*
- C-2 *Ratification of Intergovernmental Agreement Contract 200445 Between Oregon Health Sciences University and Multnomah County, Providing Hospital Services for Multnomah County Corrections System Prisoners, for the Period July 1, 1994 through June 30, 1995*
- C-3 *Ratification of Intergovernmental Agreement Contract 200485 Between Mt. Hood Community College Head Start/Oregon Prekindergarten Program and Multnomah County, Wherein the County Will Provide the Services of a .5 FTE Community Health Nurse to Participate as a Member of the Mt. Hood Community College Head Start Staff, for the Period August 15, 1994 through June 30, 1995*

DEPARTMENT OF COMMUNITY CORRECTIONS

- C-4 *Ratification of Intergovernmental Agreement Contract 900355 Between the City of Portland and Multnomah County, Wherein the City Will Provide Funds to Participate in the Sanctions Treatment Opportunity Progress (STOP) Diversion Program, for the Period July 1, 1994 through June 30, 1995*
- C-5 *Ratification of Intergovernmental Agreement Contract 900365 Between the City of Portland and Multnomah County, Wherein the City Will Provide Funds to Participate in the County's Contract With the Council for Prostitution Alternatives, Inc., for the Period July 1, 1994 through June 30, 1995*

REGULAR AGENDA

COMMUNITY AND FAMILY SERVICES DIVISION

- R-1 *First Reading and Possible Adoption of a Proposed ORDINANCE Repealing Multnomah County Ordinance No. 393, and Establishing the Multnomah County Mental Health Advisory Committee, and Declaring an Emergency*

**PROPOSED ORDINANCE READ BY TITLE ONLY.
COPIES AVAILABLE. COMMISSIONER KELLEY
MOVED AND COMMISSIONER HANSEN SECONDED,
APPROVAL OF FIRST READING AND ADOPTION.
MARYANN STEWART AND LINDA REILLY
EXPLANATION AND RESPONSE TO BOARD
QUESTIONS. ORDINANCE 794 UNANIMOUSLY**

APPROVED.

DEPARTMENT OF HEALTH

- R-2 *Ratification of a Intergovernmental Agreement Contract 200455 Between CareOregon and Yamhill County Health and Human Services, Public Health Division, Wherein the Division Agrees to Provide Specialty Care Services to CareOregon Clients, With Reimbursement on a Fee for Service Basis*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. TOM FRONK EXPLANATION. AGREEMENT UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

- R-3 *Ratification of Intergovernmental Agreement Contract 800275 Between Multnomah County and the Oregon Department of Environmental Quality, Wherein DEQ Will Identify, Store and Dispose of Chemicals Located at an Alleged Illegal Drug Manufacturing Site*

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-3. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.

- R-4 *Ratification of Intergovernmental Agreement Contract 800285 Between Multnomah County and the Metropolitan Service District, Providing a Supervised Inmate Work Crew to Perform General Labor, Including But Not Limited to Grounds Maintenance, Yard and Nursery Work, Light Carpentry, Painting and Debris Removal, at Sites Owned, Operated or Managed by METRO, for the Period July 1, 1994 through June 30, 1995*

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-4. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.

- R-5 *Ratification of Intergovernmental Agreement Contract 800295 Between Multnomah County and the Metropolitan Service District, Providing Certain Law Enforcement Functions at Oxbow Park and Blue Lake Park, for the Period June 25, 1994 through September 6, 1994*

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF

R-5. LARRY AAB EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-6 RESOLUTION in the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families for FY 1995-1997

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-6. MARK ROSENBAUM AND JUDITH ARMATTA PRESENTATION, EXPLANATION AND ACKNOWLEDGEMENT OF EFFORTS OF STAFF HELEN RICHARDSON, CAROL WIRE AND JIM CLAY. BOARD COMMENTS IN SUPPORT OF DRAFT PLAN AND APPRECIATION OF EFFORTS OF COMMISSION MEMBERS AND COUNTY STAFF. DIANE WALTON, BRANDON CLARK, ALLANYA GUENTHER AND MYNDI GIEDT TESTIMONY IN SUPPORT OF PLAN. RESOLUTION 94-135 UNANIMOUSLY APPROVED.

R-7 RESOLUTION in the Matter of Authorizing the Transfer of \$15,000 to be Paid from the Natural Areas Acquisition and Protection Fund to the City of Portland for Acquiring 15.38 Acres of Land to Be Added to Forest Park

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-7. SHARON TIMKO AND NANCY CHASE EXPLANATION. COMMISSIONER SALTZMAN RESPONSE TO QUESTION OF COMMISSIONER KELLEY. PATRICE MANGO AND CHRIS WRENCH TESTIMONY IN SUPPORT OF TRANSFER. BOARD DISCUSSION AND COMMENTS. RESOLUTION 94-136 UNANIMOUSLY APPROVED.

PUBLIC COMMENT

R-8 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

There being no further business, the meeting was adjourned at 10:33 a.m.

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



Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS		
BEVERLY STEIN •	CHAIR	• 248-3308
DAN SALTZMAN •	DISTRICT 1	• 248-5220
GARY HANSEN •	DISTRICT 2	• 248-5219
TANYA COLLIER •	DISTRICT 3	• 248-5217
SHARRON KELLEY •	DISTRICT 4	• 248-5213
CLERK'S OFFICE •	248-3277	• 248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

JULY 18, 1994 - JULY 22, 1994

- Tuesday, July 19, 1994 - 9:30 AM - Board Briefings* Page 2
- Thursday, July 21, 1994 - 9:30 AM - Regular Meeting* Page 2

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen by Paragon Cable subscribers at the following times:

- Thursday, 6:00 PM, Channel 30*
- Friday, 10:00 PM, Channel 30*
- Saturday, 12:30 PM, Channel 30*
- Sunday, 1:00 PM, Channel 30*

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, July 19, 1994 - 9:30 AM

*Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BOARD BRIEFINGS

- B-1 Community Action Commission Mission and Organization, and Report on the State of Poverty in Multnomah County. Presented by Jan Savidge, Commission Chair, Commission Members and Staff. 9:30 AM TIME CERTAIN, ONE HOUR REQUESTED.*
- B-2 East Multnomah County Road Transfer Process. Presented by Larry Nicholas. 10:30 AM TIME CERTAIN, 30 MINUTES REQUESTED.*
- B-3 Multnomah Commission on Children and Families Preliminary Comprehensive Plan Overview. Presented by Helen Richardson, Jim Clay and Carol Wire. 11:00 AM TIME CERTAIN, 30 MINUTES REQUESTED.*
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REGULAR MEETING

CONSENT CALENDAR

DEPARTMENT OF HEALTH

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SHERIFF'S OFFICE

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- R-6 *RESOLUTION in the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families for FY 1995-1997*
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PUBLIC COMMENT

- R-8 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

TANYA COLLIER
Multnomah County Commissioner
District 3



1120 SW Fifth St., Suite 1500
Portland, OR 97204
(503) 248-5217

M E M O R A N D U M

TO: Board Clerks
Chair, Beverly Stein
Commissioner Gary Hansen
Commissioner Sharron Kelley
Commissioner Dan Saltzman

FROM: Commissioner Tanya Collier

DATE: April 14, 1994

SUBJECT: Summer Vacation

This memo is to inform you that I will be out of the office from July 11, 1994 through July 25, 1994. Therefore I will not be attending the July 14 and 21 Board Meetings.

TC:sf

BOARD OF
COUNTY COMMISSIONERS
1994 APR 14 PM 1:59
MULTNOMAH COUNTY
OREGON

MEETING DATE: JUL 21 1994

AGENDA NO: C-1

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of intergovernmental agreement with the City of Portland

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING Date Requested: July 14, 1994

Amount of Time Needed: 5 minutes or less

DEPARTMENT: Health DIVISION: _____

CONTACT: Fronk TELEPHONE #: x4274

BLDG/ROOM #: 160/7

PERSON(S) MAKING PRESENTATION: Fronk

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of renewal of agreement with the City of Portland, Bureau of Environmental Services. City of Portland will reimburse County for monitoring and controlling rats within and originating from the City's wastewater collection system.

7/22/94 ORIGINALS to Herman Brame

BOARD OF
COUNTY COMMISSIONERS
1994 JUL 12 PM 12:49
MULTNOMAH COUNTY
OREGON

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Bill Bergard

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222
5654



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners

FROM: *Belle*
Belle Odegaard

REQUESTED PLACEMENT DATE: 7/14/94

DATE: June 30, 1994

SUBJECT: Intergovernmental Agreement with City of Portland for rodent control in sewers.

- I. Recommendation/Action Requested: The Health Department recommends Board approval of this intergovernmental agreement between the City of Portland and Multnomah County effective July 1, 1994 to and including June 30, 1995.
- II. Background/Analysis: This will be the third agreement making it possible for the County to be reimbursed for providing the City with rodent control services. The initial relationship resulted from the City of Portland's passage of Ordinance No. 126782 on May 9, 1968. The City of Portland continues to require monitoring and control of rats within and originating from the City's wastewater collection system. The County is prepared to respond to complaints regarding rat infestations, and provide advice to property owners regarding maintenance of their plumbing in an effort to eliminate points of rodent ingress and egress to and from the City's wastewater collection system. The City and County agreed to the final particulars of executing the FY 94/95 agreement in June 1994.
- III. Financial Impact: The City will pay the County \$61,637 in quarterly payments of \$15,409.25.
- IV. Legal Issues: None.
- V. Controversial Issues: None.
- VI. Link to Current County Policies: Continuing to cooperate with other governmental

entities in the provision of environmental health services.

VII. Citizens Participation: None.

VIII. Other Government Participation: None.



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

Contract # 200435
Amendment # _____

MULTNOMAH COUNTY OREGON

<p>CLASS I</p> <input type="checkbox"/> Professional Services under \$25,000	<p>CLASS II</p> <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	<p>CLASS III</p> <input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-1</u> DATE <u>7/21/94</u> <u>DEB BOGSTAD</u> BOARD CLERK REVENUE
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Department HEALTH Division _____ Date _____

Contract Originator Brame Phone x2670 Bldg/Room 160/8

Administrative Contact Fronk Phone x4274 Bldg/Room 160/7

Description of Contract County will provide services necessary to control rats in the City's wastewater collection system.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name City of Portland
Bureau of Environmental Services
 Mailing Address 1120 S.W. 5th, Room 400
Portland, Oregon 97204-1972
 Phone 289-6069
 Employer ID# or SS# N/A
 Effective Date July 1, 1994
 Termination Date June 30, 1995
 Original Contract Amount \$ 61,637
 Total Amount of Previous Amendments \$ _____
 Amount of Amendment \$ _____
 Total Amount of Agreement \$ _____

(send billings to room #903)

Remittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt
 Monthly \$ _____ Net 30
 Other \$ 15,409.25 Other _____

Requirements per quarter contract - Requisition required.

Purchase Order No. _____

Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES:-

Department Manager Billi Adgaard

Purchasing Director (Class II Contracts Only) _____

County Counsel _____

County Chair / Sheriff Beverly Olson

Contract Administration (Class I, Class II Contracts Only) _____

Encumber: Yes No

Date 7/1/94

Date _____

Date 11 July 94

Date July 21, 1994

Date _____

VENDOR CODE			VENDOR NAME							TOTAL AMOUNT	\$
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	156	015								\$61,637	
02.											
03.											

* If additional space is needed, attach separate page. Write contract # on top of page.

CITY OF PORTLAND
AND
MULTNOMAH COUNTY

THIS INTERGOVERNMENTAL AGREEMENT is made and entered into this ___ day of _____, _____, by and between the CITY OF PORTLAND, a political subdivision of the State of Oregon (hereinafter referred to as "CITY") and MULTNOMAH COUNTY, a political subdivision of the State of Oregon (hereinafter referred to as "COUNTY"),

WITNESSETH:

WHEREAS, CITY's Bureau of Environmental Services requires services which COUNTY is capable of providing, under terms and conditions hereinafter described, and

WHEREAS, COUNTY is able and prepared to provide such services as CITY does hereinafter require, under those terms and conditions set forth; now, and

IN CONSIDERATION of those mutual promises and the terms and conditions set forth hereafter, the parties agree as follows:

1. Term.

The term of this Agreement shall be from July 1, 1994, to and including June 30, 1995, unless sooner terminated under the provisions hereof.

2. Services.

The COUNTY's services under this agreement shall consist of the following: Monitoring and control of rats within and originating from the CITY's wastewater collection system; Response to complaints regarding rat infestations originating from CITY's wastewater collection system; and provision of advice to property owners regarding maintenance of plumbing on their property to eliminate points of rodent ingress and egress to and from CITY's wastewater collection system.

During the term of this Agreement COUNTY estimates that approximately 1500 phone calls regarding rats associated with the CITY's wastewater collection system will be answered, 1150 visits will be made to residences in response to rodent problems involving the CITY's wastewater collection system, 170 letters will be sent to property owners advising them about repairing broken sewer lines on their property, and 2500 manholes will be baited for control of rats in the CITY's wastewater collection system.

3. Compensation.

A. CITY agrees to pay COUNTY \$61,637 based on the following terms:

1) Payment to be \$15,409.25 per quarter upon submission of invoice by COUNTY.

B. CITY certifies that either federal, state or local funds are available and authorized to finance the costs of this Agreement. In the event that funds cease to be available to CITY in the amounts anticipated, CITY may terminate or reduce Agreement funding accordingly. CITY will notify COUNTY as soon as it receives such notification from funding source. Reduction or termination will not effect payment for accountable expenses prior to the effective date of such action.

C. All final billings affecting Agreement payments must be received 30 days prior to the end of the agreement period. Agreement payments not triggered or billed within this specified time period will be the sole responsibility of the COUNTY.

4. Contractor is an Independent Contractor

A. COUNTY is an independent contractor and is solely responsible for the conduct of its programs. COUNTY, its employees and agents shall not be deemed employees or agents of CITY.

B. COUNTY shall defend, indemnify, and hold and save harmless CITY, its officers, agents, and employees from damages arising out of the tortious acts of COUNTY, or its officers, agents and employees acting within the scope of their employment and duties in performance of this Agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and any applicable provisions of the Oregon Constitution.

C. CITY shall defend, indemnify, and hold and save harmless COUNTY, its officers, agents, and employees from damages arising out of the tortious acts of CITY, or its officers, agents and employees acting within the scope of their employment and duties in performance of this Agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and any applicable provisions of the Oregon Constitution.

5. Workers Compensation

A. COUNTY shall maintain Workers' Compensation insurance coverage for all non-exempt workers, employees, and subcontractors either as a carrier insured employer or a self-insured employer as provided in chapter 656 of Oregon Revised Statutes.

6. Contractor Identification

COUNTY shall furnish to CITY its employer identification number, as designated by the Internal Revenue Service.

7. Subcontracts and Assignments

COUNTY shall neither subcontract with others for any of the work prescribed herein, nor assign any of COUNTY's rights acquired hereunder without obtaining prior written approval from CITY. CITY by this agreement incurs no liability to third persons for payment of any compensation provided herein to COUNTY.

8. Access to Records

COUNTY agrees to permit authorized representatives of CITY to make such review of the records of the COUNTY as CITY may deem necessary to satisfy audit and/or program evaluation purposes. COUNTY shall permit authorized representatives of CITY Bureau of Environmental Services to site visit all programs covered by this Agreement. Agreement costs disallowed as the result of such audits, review or site visits will be the sole responsibility of the COUNTY. If an Agreement cost is disallowed after reimbursement has occurred, COUNTY will make prompt repayment of such costs.

9. Waiver of Default

Waiver of a default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the provisions of this agreement.

10. Adherence to Law

A. COUNTY shall adhere to all applicable laws governing its relationship with its employees, including but not limited to laws, rules, regulations and policies concerning workers' compensation, and minimum and prevailing wage requirements.

B. COUNTY shall not unlawfully discriminate against any individual with respect to hiring, compensation, terms, conditions or privileges of employment, nor shall any person be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity because of such individual's race, color, religion, sex, national origin, age or handicap. In that regard, COUNTY must comply with all applicable provisions of Executive Order Number 11246 as amended by Executive Order Number 11375 of the President of the United States dated September 24, 1965, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and Section 504 of the Rehabilitation Act of 1973 as implemented by 45 C.F.R. 84.4. COUNTY will also comply with all applicable rules, regulations and orders of the Secretary of Labor concerning equal opportunity in employment and the provisions of ORS Chapter 659.

11. Modification

B. Any amendments to the provisions of this Agreement, whether CITY or COUNTY initiated, shall be reduced to writing and signed by both parties.

12. INTEGRATION

This Agreement contains the entire Agreement between the parties and supersedes all prior written or oral discussions or Agreements.

13. EARLY TERMINATION

A. Violation of any of the rules, procedures, attachments, or conditions of the Agreement may, at the option of either party, be cause for termination of the Agreement and, unless and until corrected, of funding support by CITY and services by COUNTY, or be cause for placing conditions on said funding and/or services, which may include withholding of funds. Waiver by either party of any violation of this Agreement shall not prevent said party from invoking the remedies of this paragraph for any succeeding violation of this Agreement.

B. This Agreement may be terminated by either party by sixty (60) days written notice to the other party.

C. Immediate termination or amendment by CITY may occur under any of the following conditions:

1) Upon notice of denial, revocation, suspension or nonrenewal of any license or certificate required by law or regulation to be held by COUNTY to provide a service under this agreement.

2) Upon notice if COUNTY fails to start-up services on the date specified in this Agreement, or if COUNTY fails to continue to provide service for the entire Agreement period.

3) Upon notice to CITY of evidence the COUNTY has endangered or is endangering the health and safety of clients/residents, staff, or the public.

4) Upon evidence of COUNTY's financial instability which CITY deems sufficient to jeopardize customary level and/or quality of service.

D. Payment to COUNTY will include all services provided through the day of termination and shall be in full satisfaction of all claims by COUNTY against CITY under this Agreement.

E. Termination under any provision of this section shall not affect any right, obligation or liability of COUNTY or CITY which accrued prior to such termination.

14. LITIGATION

A. COUNTY shall give CITY immediate notice in writing of any action or suit filed or any claim made against COUNTY or any subcontractor of which COUNTY may be aware of which may result in litigation related in any way to this Agreement.

15. OREGON LAW AND FORUM

This Agreement shall be construed according to the law of the state of Oregon.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly appointed officers the date first written above.

MULTNOMAH COUNTY, OREGON

By *Beverly Stein*
Beverly Stein
Multnomah County Chair

Date July 21, 1994

HEALTH DEPARTMENT

By *Billi Odegaard*
Billi Odegaard, Director

Date 7/1/94

REGULATORY HEALTH

By *Gary Oxman*
Gary Oxman M.D.
Health Officer

Date _____

REVIEWED:

LAURENCE B. KRESSEL, County Counsel
for ~~Multnomah County~~, Oregon

By *H. H. Lazenby, Jr.*
H. H. Lazenby, Jr.

Date 11 July 94

CITY OF PORTLAND, OREGON

By _____
Earl Blumenauer
Commissioner, Bureau of
Environmental Services

Date _____

APPROVED AS TO FORM:

By _____
City Attorney

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-1 DATE 7/21/94
DEB BOGSTAD
BOARD CLERK

MEETING DATE: JUL 21 1994

AGENDA NO: C-2

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of agreement with Oregon Health Sciences University

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING Date Requested: July 14, 1994

Amount of Time Needed: 5 minutes or less

DEPARTMENT: Health DIVISION: _____

CONTACT: Fronk TELEPHONE #: x4274
BLDG/ROOM #: 16077

PERSON(S) MAKING PRESENTATION: Fronk

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of a renewal of an agreement with Oregon Health Sciences University. The agreement provides hospital services for Multnomah County Corrections system prisoners. County payments will remain the same as in FY 93/94.

7/22/94 originals to Herman Beame

BOARD OF
COUNTY MANAGERS
1994 JUL 12 PM 12:49
MULTNOMAH COUNTY
OREGON

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Bill Depard

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222
5654



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners

FROM: *H. Odgaard*

REQUESTED PLACEMENT DATE: *July 14, 1994*

DATE: June 29, 1994

SUBJECT: Ratification of intergovernmental agreement with Oregon Health Sciences University

- I. Recommendation/Action Requested: The Board is requested to approve this renewal of an agreement with Oregon Health Sciences University for the period July 1, 1994 to and including June 30, 1995.
- II. Background/Analysis: County contract #201273 with Oregon Health Sciences University for the provision of emergency and inpatient care including inpatient labor and delivery, tubal ligations and OB related outpatient services expires June 30, 1994. Both Multnomah County and Oregon Health Sciences University desire to continue the contractual services for FY 94/95. The state has forwarded the County an amendment for purposes of continuing the contractual relationship. The County received the contract amendment too late to process as an amendment because the County can not extend an expired contract. For County purposes the amendment document will be processed as a renewal for FY 94/95 and reflects no changes in the prior year's contract.
- III. Financial Impact: The County will continue to pay the State at 80% of Oregon Health Sciences University's most recently published rates for inpatient labor & delivery tubal ligations, and OB related out patient services.
- IV. Legal Issues: None.
- V. Controversial Issues: None.

- VI. Link to Current County Policies: Continuing to cooperate with other governmental entities in the provision of health care.
- VII. Citizens Participation: None.
- VIII. Other Government Participation: None.

5022k



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

Contract # 200445
Amendment # _____

MULTNOMAH COUNTY OREGON

<p>CLASS I</p> <input type="checkbox"/> Professional Services under \$25,000	<p>CLASS II</p> <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	<p>CLASS III</p> <input checked="" type="checkbox"/> Intergovernmental Agreement <p>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # <u>C-2</u> DATE <u>7/21/94</u> <u>DEB BOGSTAD</u> BOARD CLERK</p>
--	--	---

Department HEALTH Division _____ Date _____
 Contract Originator Brame Phone x2670 Bldg/Room 160/8
 Administrative Contact Fronk Phone x4274 Bldg/Room 160/7
 Description of Contract Hospital services for Multnomah County Corrections system prisoners.
(Renewal)

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date Hospital Exemption
 ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name Oregon Health Sciences University
 Mailing Address 3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201-3098
 Phone 494-8548
 Employer ID# or SS# N/A
 Effective Date July 1, 1994
 Termination Date June 30, 1995
 Original Contract Amount \$ Requirements
 Total Amount of Previous Amendments \$ _____
 Amount of Amendment \$ _____
 Total Amount of Agreement \$ _____

Remittance Address _____
 (If Different) _____
 Payment Schedule _____ Terms _____
 Lump Sum \$ _____ Due on receipt
 Monthly \$ _____ Net 30
 Other \$ _____ Other _____
 Requirements contract - Requisition required.
 Purchase Order No. _____
 Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES:
 Department Manager Bill Osgaard
 Purchasing Director [Signature]
 (Class II Contracts Only)
 County Counsel [Signature]
 County Chair / Sheriff [Signature]
 Contract Administration [Signature]
 (Class I, Class II Contracts Only)

Encumber: Yes No
 Date 7/11/94
 Date _____
 Date 11 July 94
 Date July 21, 1994
 Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT \$		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	100	015				6110				Requirements	
02.	164	015				6110				Requirements	
03.											

* If additional space is needed, attach separate page. Write contract # on top of page.

INSTRUCTIONS ON REVERSE SIDE

H-93-010 AM 1

**CONTRACT FOR HOSPITAL SERVICES
FOR
MULTNOMAH COUNTY CORRECTIONS SYSTEM PRISONERS**

This is an Amendment to the agreement between University Hospital and Multnomah County which was effective January 10, 1993 between the State of Oregon acting by and through the State Board of Higher Education for and on behalf of University Hospital of the Oregon Health Sciences University, (hereinafter called "UNIVERSITY HOSPITAL") and Multnomah County (hereinafter called "COUNTY").

WHEREAS, COUNTY and UNIVERSITY HOSPITAL have entered into an agreement for medical care services for prisoners from COUNTY's Corrections System; and

WHEREAS, COUNTY and UNIVERSITY HOSPITAL agree to extend the term of the agreement;

NOW, THEREFORE, it is agreed between the parties as follows;

1. UNIVERSITY HOSPITAL and COUNTY agree that the term of this agreement shall be extended for a period of 1 year. The term therefore, is extended through and including June 30, 1995.
2. This amendment shall be effective July 1, 1994 and shall remain in effect until or unless the Agreement effective January 10, 1993 is terminated. In all other respects, the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto execute this Amendment.

State of Oregon Acting By and Through
the State Board of Higher Education
on behalf of University Hospital of the
Oregon Health Sciences University

Multnomah County Oregon

3181 SW Sam Jackson Park Road
Portland, OR 97201-3098
(503) 494-8548

1120 SW Third, 4th Floor
Portland, OR 97204

for By David C. Bunnell 6/13/94
Thomas G. Fox, PhD Date
Vice President

By Beverly Stein 7/21/94
Beverly Stein Date
Multnomah County Chair

HEALTH DIVISION

By Billi Odgaard 7/1/94
Billi Odgaard, Director Date

By _____
Kathy Page, Date
Program Manager

REVIEWED BY:

By Laurence Kressel 11 July 94
Laurence Kressel, Date
County Counsel, Multnomah County, Oregon



CONTRACT APPROVAL FORM

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 201273

Amendment # _____

<p>CLASS I</p> <p><input type="checkbox"/> Professional Services under \$25,000</p>	<p>CLASS II</p> <p><input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption)</p> <p><input type="checkbox"/> PCRFB Contract</p> <p><input type="checkbox"/> Maintenance Agreement</p> <p><input type="checkbox"/> Licensing Agreement</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Revenue</p>	<p>CLASS III</p> <p><input checked="" type="checkbox"/> Intergovernmental Agreement</p> <p style="text-align: center;">APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # <u>C-5</u> DATE <u>12/22/92</u></p> <p style="text-align: center;">DEB BOGSTAD BOARD CLERK</p>
--	---	---

Department Health Division _____ Date _____

Contract Originator Brame Phone x2670 Bldg/Room 160/2

Administrative Contact Fronk Phone 24274 Bldg/Room 160/7

Description of Contract Hospital services for Multnomah County Corrections system prisoners.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date Hospital Exemption

ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name Oregon Health Sciences University

Mailing Address 3181 S.W. Sam Jackson Park Road

Portland, Oregon 97201-3098

Phone 494-8548

Employer ID# or SS# N/A

Effective Date Upon Execution

Termination Date June 30, 1994

Original Contract Amount \$ _____

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ Requirements

Remittance Address _____ (If Different)

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt

Monthly \$ _____ Net 30

Other \$ _____ Other _____

Requirements contract - Requisition required

Purchase Order No. _____

Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES

Department Manager Belle Odgaard

Purchasing Director _____ (Class II Contracts Only)

County Counsel [Signature]

County Chair / Sheriff [Signature]

Contract Administration _____ (Class I, Class II Contracts Only)

Encumber: Yes No

Date 12/4/92

Date _____

Date 12/14/92

Date 12/22/92

Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT \$		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/DEC IND
01.	100	015	0950			6110				Requirements	
02.	169	015	0975			6110				REQ	
03.											

* If additional space is needed, attach separate page. Write contract # on top of page.



OREGON HEALTH
SCIENCES UNIVERSITY

3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201-3098 (503) 494-8548

University Hospital, Fiscal Services

March 1, 1993

— Kathy Page, RN, MS
Program Manager
Multnomah County Oregon
Health Division, Corrections
1120 SW Third, 4th Floor
Portland, OR 97204

Dear Ms. Page:

Enclosed is a copy of the fully executed contract between Multnomah County Corrections and University Hospital for OB/GYN medical care services for prisoners. This agreement will be effective January 10, 1993 and will continue until June 30, 1994.

If you have any questions, please do not hesitate to call me at (503)494-6164.

Sincerely,

A handwritten signature in cursive script that reads "Laurie I. Ross".

Laurie I. Ross
Contracts Specialist
Fiscal Services

/lr

Enclosure



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

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

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Bill ^{Belle} Odegaard, Director
Health Department

FROM: Tom Fronk, Business Services Manager
Health Department *Tom*

DATE: November 17, 1992

SUBJECT: Contract with Oregon Health Sciences University for Hospital Services

Recommendation: The Health Department recommends County Chair approval and Board ratification of this contract with Oregon Health Sciences University for the period upon execution to and including June 30, 1994.

Analysis: The Multnomah County Corrections system has prisoners in need of emergency and inpatient care including inpatient labor and delivery, tubal ligations, and OB related outpatient services. County will pay based on fee-for-service billings and 80% of the hospital's most recently published rates for inpatient labor and delivery, tubal ligations, and OB related outpatient services.

Background: Contracts for hospital services are exempt from the competitive bid process. The county also has a contract with Portland Adventist Medical Center for Corrections Health.

CONTRACT FOR HOSPITAL SERVICES

FOR

MULTNOMAH COUNTY CORRECTIONS SYSTEM PRISONERS

THIS CONTRACT made and entered into as of January 10, 1993, by and between MULTNOMAH COUNTY, a political subdivision of the State of Oregon, hereinafter referred to as "COUNTY"; and the State of Oregon, acting by and through the State Board of Higher Education, for and on behalf of University Hospital of the Oregon Health Sciences University hereinafter referred to as "HOSPITAL".

WITNESSETH:

WHEREAS, COUNTY wishes to provide for medical care services for prisoners from COUNTY's Corrections System through a contract with HOSPITAL; and

WHEREAS, representatives of COUNTY and HOSPITAL have consulted concerning the objective of COUNTY and it has been determined that HOSPITAL is accredited by the Joint Commission on Accreditation of Hospitals (JCAH) and thereby accepted as qualified to render a high level of care and services in keeping with the objective of COUNTY; and

WHEREAS HOSPITAL has indicated a willingness to undertake care and services of those persons referred by COUNTY, who qualify for care and service on the basis provided for in this Contract, NOW, THEREFORE,

IN CONSIDERATION of THE MUTUAL COVENANTS herein contained, the parties agree as follows:

1. TERM

The term of this contract shall be from date of execution until June 30, 1994, unless sooner terminated under the provisions in section 10.

2. ADMINISTRATION

A. COUNTY will implement and administer the program through Multnomah County Health Department and County Sheriff's Office.

COUNTY will:

- 1) Authorize payment to HOSPITAL for patients admitted under this Contract whom COUNTY determines are eligible for services, as specified in Section 4. ADMISSION of this Contract.
- 2) When possible, notify emergency room physicians and admitting office that patient is being sent to HOSPITAL for possible admission.
- 3) When possible, provide for appropriate transportation to and from HOSPITAL for patients at COUNTY's expense.
- 4) Provide within its capabilities, for security personnel when necessary and appropriate for protection of the public and patients, as specified in Appendix A attached hereto and by this reference incorporated.

5) Assume continued financial responsibility, until discharge, for services rendered by HOSPITAL to patients who are covered by this Contract and are in HOSPITAL as of the expiration of this Contract. Payment to HOSPITAL for services provided to such patients will be made pursuant to this Contract. (Exception - See 7 below).

3. PAYMENT

A. HOSPITAL will be reimbursed by COUNTY for services provided to patients referred to HOSPITAL by COUNTY Sheriff's Office.

B. HOSPITAL will submit to COUNTY a copy of the completed "Request For Medical Services" form for each patient served under this Contract. This form is to provide the basis information necessary for determining eligibility for services provided hereunder.

C. HOSPITAL will submit to COUNTY original fee-for-service billings for inpatient labor & delivery, tubal ligations, and OB related out patient services provided to authorized patients. Professional fees are not included.

D. COUNTY will make payments to HOSPITAL at 80 % of HOSPITAL's most recently published rates for inpatient labor & delivery, tubal ligations, and OB related out patient services.

E. COUNTY will issue payments for care provided to patients under this Contract: (1) through the day of discharge from COUNTY custody, or (2) to a maximum of 72 hours after discharge from COUNTY custody, if hospitalization is still required. (This condition arises when a patient has been admitted to HOSPITAL and is then released from COUNTY custody e.g., personal recognizance, posting of bail.)

F. HOSPITAL will promptly pursue investigation and billing of other available third party reimbursement for each patient admitted under this Contract. HOSPITAL will document billing attempts prior to sending to COUNTY for payment.

G. HOSPITAL will promptly refund to COUNTY any credit balance on an individual account in excess of billed charges resulting from collection of third (3rd) party or personal payments for hospital services rendered in accordance with this Contract.

H. COUNTY will remit payments to HOSPITAL within 60 days from the date that HOSPITAL submits billing to COUNTY.

4. ADMISSION

A. HOSPITAL will accept as patients under this Contract, only patients:

- 1) Who are determined by HOSPITAL's admitting physician to require admission; and
- 2) Referred to HOSPITAL by COUNTY Sheriff's Office.

B. HOSPITAL will submit to COUNTY a copy of the completed "Request For Medical Services" form for each patient served under this Contract. This form is to provide the basic information necessary for determining eligibility for services provided hereunder.

C. In the event that medical facilities are not available or adequate at HOSPITAL, HOSPITAL will assist COUNTY in finding an appropriate facility.

5. SERVICES

A. HOSPITAL will provide such quality of services and facilities to patients referred under this Contract as is consistent with that provided to its general patient population.

B. Upon discharge of a patient for whom services have been provided under this Contract, HOSPITAL will provide COUNTY with clinical information necessary for continued treatment.

C. HOSPITAL will, to the greatest practical extent, assign patients covered by this Contract to adjacent or nearby rooms. When this is not possible, the assignment of patients to bed in different units or on different floors may be directed, if HOSPITAL gives COUNTY advance notice of the need for additional security personnel and COUNTY authorization is given. In on event will such notice be given to COUNTY less than four (4) hours in advance.

D. HOSPITAL will furnish a range of services to patients covered by this Contract equivalent to the range of services provided to the general patient population. The services will include but will not be limited to :

1. Room, board, and associated support services
2. Nursing Care;
3. Ancillary services and supplies;
4. Blood and other transfusion; costs;
5. Medication supply not to exceed three day's requirement at time of discharge for medications not on COUNTY's formulary;
6. Physician and allied professional services;
7. Such additional services as patient may require subject to agreement of the parties.

E. HOSPITAL is not required to deliver, nor is reimbursement allowed for the following types of care and services under this Contract:

1. Treatment of disease classifications for which HOSPITAL has no available facilities or consulting physicians trained to perform such treatment;
2. Rehabilitation care and treatment;
3. Extended care.

6. PATIENT SERVICES EVALUATION

A. HOSPITAL shall provide access to hospital records for concurrent evaluation to the locally designated Professional Standards Review Organization.

B. HOSPITAL shall promptly refund to COUNTY upon COUNTY request, and COUNTY payment which has been made for services determined by an evaluation and recommendation of the Professional Standards Review Organization to have been inappropriate to the patient's medical conditions.

C. Release of medical records is pursuant to COUNTY's agreement with COUNTY subscribers for release of such information and is pursuant to any other additional releases which may be required by State or Federal laws. HOSPITAL will determine which additional releases, if any, are required and COUNTY or HOSPITAL will obtain and provide such releases.

COUNTY warrants that it has obtained the consent of its subscribers to review the medical records. It is the responsibility of COUNTY to preserve the confidentiality of all records which HOSPITAL releases to COUNTY.

COUNTY agrees to defend and indemnify HOSPITAL from any claim or action by a COUNTY subscriber against HOSPITAL relating to HOSPITAL disclosure of the COUNTY subscriber's medical records to COUNTY, provided COUNTY requested such disclosure.

7. LIABILITY

A. HOSPITAL is solely responsible for the provisions of services as provided for under this Contract. As such it is solely responsible for the conduct of its programs HOSPITAL, its employees, and agents shall not be deemed employees or agents of COUNTY. Except for claims arising in whole or in part from the negligence of the COUNTY, its employees or its agents, HOSPITAL agrees to indemnify, hold and save harmless and defend COUNTY, its officers and employees against all suits, actions, or claims of any character arising not of the acts or omissions of HOSPITAL or its officers, agents, and employees in carrying out the terms of this Contract subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the Oregon Constitution, Article I, section 7.

B. HOSPITAL shall provide malpractice and tort liability insurance coverage pursuant to the Oregon Tort Claims Act, ORS 30.260 to 30.300, and subject to the limits of the Act, for all services constituting patient care provided by HOSPITAL personnel acting within the scope of their employment pursuant to this Agreement.

8. OREGON LAW AND FORUM

This Contract shall be construed according to the law of the State of Oregon.

9. WAIVER OF DEFAULT

Waiver of a default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the provisions of this Contract.

10. EARLY TERMINATION

A. This Contract may be terminated prior to the expiration of the agreed-upon term:

1. By mutual written consent of the parties; or
2. By either party upon 90 calendar days' written notice to the other, delivered by certified mail or in person.
3. By COUNTY and effective upon delivery of written notice to HOSPITAL by certified mail or in person, under any of the following conditions:
 - a) Upon notice of denial, revocation, suspension, or nonrenewal of any license or certificate required by law or regulation to be held by HOSPITAL;

b) Upon notice if HOSPITAL fails to deliver services upon the dates specified in this Contract, or if HOSPITAL fails to continue to provide services for the entire CONTRACT period;

c) Upon notice if the COUNTY has evidence that HOSPITAL has endangered or is endangering the health and/or safety of clients, staff, or the public;

d) Upon notice of HOSPITAL financial instability which COUNTY deems sufficient to jeopardize customary level and/or quality of service to COUNTY clients.

B. Payment of HOSPITAL will include all services and referrals requested through the day of termination and will continue until patient is either discharged from COUNTY custody or up to a maximum of 72 hours after release from COUNTY custody, if hospitalization is required and shall be in full satisfaction of all claims by HOSPITAL against COUNTY under this Contract.

C. Termination under any provision of this paragraph shall not affect any right, obligation, or liability of HOSPITAL or COUNTY which accrued prior to such termination.

11. AUDIT OF PAYMENTS

COUNTY either directly or through a designated representative may audit the records of HOSPITAL at any time after providing reasonable notice during the three year period from the date of completion or termination of this Contract. This audit shall only be directed to services provided by HOSPITAL and payments provided by COUNTY under terms of this Contract. If an audit discloses that payments to HOSPITAL were in excess of the amount to which CONTRACTOR was entitled, HOSPITAL shall repay the amount of excess to COUNTY. Repayment shall be made in a manner specified by COUNTY.

12. COMPLIANCE WITH LAW

A. In connection with its activities under this Contract, the parties agree to comply with all applicable federal, state, and local laws including but not limited to law, rules, and regulations concerning equal employment opportunity, nondiscrimination in service delivery, and affirmative action.

B. The parties certify, under penalty of perjury, that the parties, to the best of their knowledge, are not in violation of any tax laws described in ORS 305.280 (4).

13. WORKERS' COMPENSATION INSURANCE

A. The parties shall obtain Workers' Compensation coverage for all their workers and employees, either as a carrier-insured employer or a self-insured employer as provided by ORA Chapter 656, prior to the execution of this Contract. A certificate showing current Workers' Compensation insurance, or a copy thereof, is attached to this Contract and is incorporated herein as a part of this Contract. In the event that one of the parties' Workers' Compensation insurance coverage is due to expire during the term of this Contract, the parties agree to renew such insurance before such expiration and provide each party a certificate of Workers' Compensation insurance coverage upon such renewal.

14. RECORD CONFIDENTIALITY

The Parties agree to keep all client/patient records confidential in accordance with the applicable provision of state law.

15. ASSIGNMENT

1. COUNTY shall not assign or transfer its interest nor delegate its obligation in this Agreement without the express written consent of COUNTY.

2. HOSPITAL shall not assign or transfer its interest nor delegate its obligation in this Agreement without the express written consent of COUNTY.

16. MODIFICATION

Any modification of the provisions of this Contract shall be reduced to writing and signed by the parties.

17. INTEGRATION

This Contract contains the entire Contract between the parties and supersedes all prior written or oral discussion or Contracts.

IN WITNESS THEREOF, the parties have caused this Contract to be executed by their duly authorized offices the day and year first above written.

State of Oregon Acting By and Through
the State Board of Higher Education
on behalf of University Hospital of the
Oregon Health Sciences University

Multnomah County Oregon

3181 SW Sam Jackson Park Road
Portland, Oregon 97201
(503) 494-8548

By *Thomas G. Fox* 1-10-92
Thomas G. Fox, Ph.D. Date
Associate Vice President for
Development and Public Affairs

By *Gladys McCoy* 12/22/92
Gladys McCoy, Date
Multnomah County Chair

HEALTH DIVISION

By _____
Billi Odegaard, Director Date

By *Kathy Page* 11/12/92
Kathy Page, Date
Program Manager

REVIEWED BY:

By *Lawrence Kressel* 12-14-92
Lawrence Kressel, Date
County Council, Multnomah County, Oregon

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-5 DATE 12/22/92
DEB BOGSTAD
BOARD CLERK

APPENDIX A

1. Prisoners treated at Oregon Health Sciences University (HOSPITAL) under the provisions of this Contract, will be accompanied by Multnomah County Sheriff's Office employees and carrying Multnomah County Sheriff's Office employee identification.
2. In the case of prisoners in the custody of COUNTY Sheriff's Office, exceptions to this policy are possible only:
 - A. For prisoners referred from COUNTY Corrections Facilities.
 - B. For prisoners for whom COUNTY has requested and received from HOSPITAL an exception to this policy due to reduced security risks.
3. Requests for exemptions to this policy are to be forwarded from COUNTY Sheriff's Office to COUNTY's Corrections Health Manager and HOSPITAL's representative. Whenever possible, such requests should be made prior to the prisoner's admission to HOSPITAL.
4. Factors to be considered in such a request include, but are not limited to, the following:
 - A. Individual's charge.
 - B. Information in individual's personal and/custody report.
 - C. Observations of individual's behavior and/or conditions.
5. Approvals for exceptions to this policy are to be made by and only by HOSPITAL's Coordinator or supervisors.
6. Guest food trays will be made available to Multnomah County Sheriff's Office employees on a cash basis, and can be delivered to the patient's room.
7. In the event that the Multnomah County Sheriff's Office employee must leave the patient, the Multnomah County Sheriff's Office employee, for the patient's safety, must inform HOSPITAL staff of his/her location.

MEETING DATE: JUL 21 1994

AGENDA NO.: C-3

(Above space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of intergovernmental agreement with Mt. Hood Community College

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: 7/14/94

Amount of Time Needed: 5 minutes or less

DEPARTMENT: Health DIVISION: _____

CONTACT: Fronk TELEPHONE #: x4274
BLDG/ROOM #: 160/7

PERSON(S) MAKING PRESENTATION: Fronk

ACTION REQUESTED:

[] INFORMATIONAL ONLY [] POLICY DIRECTION [x] APPROVAL [] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of intergovernmental agreement with Mt. Hood Community College Head Start/Oregon Prekindergarten Program. This is a renewal of a contract that expired June 30, 1994 in which the County provides the services of a .5 FTE Community Health Nurse to participate as a member of the Mt. Hood Community College Head Start staff by providing services as stated in the description of services. The college will reimburse the County for the services.

7/22/94 ORIGINALS to Herman Brame

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

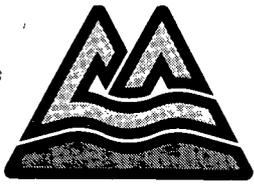
Or

DEPARTMENT MANAGER: Billi Odgaard

(ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES)

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222
5654

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1994 JUL 12 PM 12:48



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners

FROM: *B. Odgaard*
B. Odgaard

REQUESTED PLACEMENT DATE:

DATE: July 5, 1994

SUBJECT: Contract with Mt. Hood Community College Head Start

- I. Recommendation/Action Requested: The Chair is requested to approve this contract with the Mt. Hood Community College Head Start/Oregon Prekindergarten Program for the period August 15, 1994 and ending June 30, 1995.
- II. Background/Analysis: The last agreement with the contractor expired June 30, 1994. The college would like for the County to provide the services of a .5 FTE Community Health Nurse to participate as a member of the Mt. Hood Community College Head Start staff by providing services as stated in the description of services.
- III. Financial Impact: College will pay County an amount not to exceed \$25,000.00.
- IV. Legal Issues: None.
- V. Controversial Issues: None.
- VI. Link to Current County Policies: Continuing to cooperate with other organizations in the provision of health care.
- VII. Citizens Participation: None.
- VIII. Other Government Participation: None.



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

Contract # 200485
Amendment # _____

MULTNOMAH COUNTY OREGON

CLASS I <input type="checkbox"/> Professional Services under \$25,000	CLASS II <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	CLASS III <input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-3</u> DATE <u>7/21/94</u> <u>DEB BOGSTAD</u> BOARD CLERK <u>REVENUE</u>
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Department HEALTH Division _____ Date _____

Contract Originator Brame Phone x2670 Bldg/Room 160/8

Administrative Contact Fronk Phone x4274 Bldg/Room 160/7

Description of Contract Renewal of contract to provide the services of a Community Health Nurse to Mt. Hood Community College Head Start/Oregon Prekindergarten Program.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name Mt. Hood Community College Head Start
 Mailing Address 10100 N.E. Prescott Street
Portland, Oregon 97220
 Phone 256-3436
 Employer ID# or SS# _____
 Effective Date August 15, 1994
 Termination Date June 30, 1995
 Original Contract Amount \$ 25,000
 Total Amount of Previous Amendments \$ _____
 Amount of Amendment \$ _____
 Total Amount of Agreement \$ _____

Remittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt
 Monthly \$ _____ Net 30
 Other \$ INVOICE Other _____
 Requirements contract - Requisition required.
 Purchase Order No. _____
 Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES:

Department Manager Belli Odegaard
 Purchasing Director _____
 County Counsel _____
 County Chair / Sheriff Wesley Blair
 Contract Administration _____
 (Class I, Class II Contracts Only)

Encumber: Yes No
 Date 7/6/94
 Date _____
 Date July 12, 1994
 Date July 21, 1994
 Date _____

VENDOR CODE			VENDOR NAME							TOTAL AMOUNT	\$
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	<u>156</u>	<u>015</u>							<u>Head ST/MHCC</u>	<u>\$25,000</u>	
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

INSTRUCTIONS ON REVERSE SIDE



MT. HOOD COMMUNITY COLLEGE HEAD START

10100 N.E. PRESCOTT STREET • PORTLAND, OREGON 97220 • PHONE (503) 256-3436

COMMUNITY HEALTH NURSING SERVICES CONTRACT

1. This agreement is made between Mt. Hood Community College Head Start/Oregon Prekindergarten Program and Multnomah County Health Department for the provision of health services to Mt. Hood Community College Head Start/Oregon Prekindergarten Program.
2. GENERAL PROVISIONS:

Multnomah County Health Division agrees to provide services described as follows hereto, in accordance with the terms and conditions stipulated in the agreement for Mt. Hood Community College Head Start.

 - A. The Health Division will supervise and evaluate a 0.5 FTE Community Health Nurse with advisement of Mt. Hood Community College Head Start.
 - B. The Community Health Nurse will be out stationed at the Mt. Hood Community College Head Start.
 - C. The Community Health Nurse will participate as a member of the Mt. Hood Community College Head Start staff by providing services as stated in the description of services.
 - D. Multnomah County Health Division agrees to indemnify and hold harmless Mt. Hood Community College for any liability resulting from the activities of their staff while performing services under this agreement.
3. Termination or amendment of this agreement shall be preceded by a 30 day written notice signed and dated by both parties.
4. CONSIDERATION:

As consideration for the services provided by the agency, for the period beginning August 15, 1994 and ending June 30, 1995 Mt. Hood Community College Head Start will pay to the Agency, an amount not to exceed \$25,000.00 to be paid quarterly.
5. DESCRIPTION OF SERVICES:
 - A. Assessment:
 1. Review clients health history and evaluated potential impact on development and learning ability.
 2. Provide/assist with health screenings as needed.

COMMUNITY HEALTH NURSING CONTRACT (page 2)

3. Provide in-home assessments of family health needs and home environment.
4. Observe that health procedures are being followed.
5. Provide telephone triage of adult and pediatric health problems.

B. Planning:

1. Develop a plan with identified families to meet their health needs.
2. Participate in multi-disciplinary team staffings.
3. Establish a schedule to meet with staff at each center to discuss health concerns.

C. Education:

1. Provide health training to staff as requested.
2. Provide parent workshops as requested.
3. Contribute to newsletter about health issues.
4. Participate in Head Start related training.

D. Case Management

1. Provision of medical/health case management to identified at-risk families.
2. Coordinate delivery of service in the home with family visitors.

E. Multnomah County Health Department Liaison

1. Maintain ongoing relationship and participate in appropriate in-service trainings and staff meetings within Multnomah County Health Department Field Services.
2. Liaison with Multnomah County Health Department Communicable Disease Division as needed.

COMMUNITY HEALTH NURSING SERVICES CONTRACT (page 3)

- 3. Provide coordinate and/or refer families to special services provided by Multnomah County Health Department.

IN WITNESS WHEREOF, the parties have caused this Contract to be executed by their duly appointed officers the date first written below.

MT. HOOD COMMUNITY COLLEGE HEAD START

By Susan Brady
 Susan Brady
 Director
 Date 6/22/94

By Dr. Wm. E. Becker
 Dr. Wm. E. Becker
 Dean of Administration
 Date 6/27/94

REVIEWED BY:

Laurence B. Kressel,
County Counsel for Multnomah County
Multnomah County, Oregon

By H. H. Lazenby, Jr.
 H. H. Lazenby, Jr.
 Date July 12, 1994

MULTNOMAH COUNTY, OREGON

By Bev Stein
 Bev Stein
 Multnomah County Chair
 Board of County Commissioners
 Date July 21, 1994

HEALTH DIVISION
 By Billi Odegaard
 Billi Odegaard, Director
 Date 7/6/94

By Jan Sinclair
 Jan Sinclair
 Program Manager
 Date 7-6-94

APPROVED MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # C-3 DATE 7/21/94
DEB BOGSTAD
 BOARD CLERK

MEETING DATE: JUL 21 1994

AGENDA NO: C-4

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of Intergovernmental Agreement with City of Portland

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 21, 1994

Amount of Time Needed: Consent calendar

DEPARTMENT: Community Corrections **DIVISION:** Program Development and Eval.

CONTACT: Wayne Salvo **TELEPHONE #:** 248-3423
BLDG/ROOM #: 161/600

PERSON(S) MAKING PRESENTATION: Wayne Salvo

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of an intergovernmental agreement with the City of Portland for the provision of funds to help support the STOP Drug Diversion Program. This is a renewal of a previous Intergovernmental Agreement.

7/22/94 ORIGINALS TO TREASURER THE BRIDE

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: M. Tamara Holden

BOARD OF
COUNTY COMMISSIONERS
1994 JUL 12 PM 2:38
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

900355

MULTNOMAH COUNTY OREGON

Contract #

Amendment #

CLASS I CLASS II CLASS III
Professional Services under \$25,000
Professional Services over \$25,000 (RFP, Exemption)
Intergovernmental Agreement
APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 7/21/94
DEB BOGSTAD
BOARD CLERK

Department Community Corrections Division Program Dev. Date 7/7/94

Contract Originator Tichenor McBride Phone 248-3653 Bldg/Room 161/600

Administrative Contact same Phone Bldg/Room

Description of Contract Revenue contract. City of Portland wishes to participate in STOP Diversion Program.

RFP/BID # Date of RFP/BID Exemption Exp. Date

ORS/AR # Contractor is MBE WBE ORF

Contractor Name City of Portland
Mailing Address 808 S.W. 3rd, Suite 600
Portland, OR 97204
Phone 833-2375
Employer ID# or SS#
Effective Date July 1, 1994
Termination Date June 30, 1995
Original Contract Amount \$104,000.00
Total Amount of Previous Amendments \$
Amount of Amendment \$
Total Amount of Agreement \$104,000.00

Remittance Address (If Different)

Payment Schedule Terms
Lump Sum \$ Due on receipt
Monthly \$ upon Net 30
submission of expenditures
Other \$ Other
Requirements contract - Requisition required.
Purchase Order No.
Requirements Not to Exceed \$

REQUIRED SIGNATURES:
Department Manager M. Tamara Hill
Purchasing Director (Class II Contracts Only)
County Counsel
County Chair / Sheriff
Contract Administration (Class I, Class II Contracts Only)

Encumber: Yes No
Date 7-7-94
Date
Date 7-7-94
Date July 21, 1994
Date

Table with columns: VENDOR CODE, VENDOR NAME, TOTAL AMOUNT, LINE NO., FUND, AGENCY, ORGANIZATION, SUB ORG, ACTIVITY, OBJECT/REV SRC, SUB OBJ, REPT CATEG, LGFS DESCRIPTION, AMOUNT, INC/DEC IND. Row 01: 156, 021, 2339, REVENUE, 2773.

INSTRUCTIONS ON REVERSE SIDE WHITE - CONTRACT ADMINISTRATION CANARY - INITIATOR PINK - FINANCE

AGREEMENT NO.

An Agreement between the City of Portland (City) and Multnomah County (County) for \$104,000 to provide Sanctions Treatment Opportunity Progress (STOP) Diversion Program.

RECITALS:

1. The State of Oregon, Criminal Justice Services Division has awarded \$355,000 to Multnomah County, Department of Community Corrections, to provide a Diversion Program.
2. The Sanctions Treatment Opportunity Progress (STOP) Diversion Program has a budget of \$750,000 and needs a match of \$104,000 from the City of Portland General Fund.
3. The City wishes to participate in STOP and City Council has authorized \$104,000 General Fund appropriation in the Bureau of Housing & Community Development's approved 1994-95 budget.
4. The City and Multnomah County desire to enter into an agreement for \$104,000 for match for the State grant.

AGREED:

I. Scope of Services

Multnomah County, Department of Community Corrections, will provide the services described below for the STOP Diversion Program.

- A. The County will contract with a treatment agency to provide at a minimum, the following services:
 1. Upon notification of the County, enroll clients into the STOP Diversion Program who have been interviewed by the Multnomah County Circuit Court, have agreed to Diversion and have signed a Diversion agreement.
 2. Provide acupuncture clinics in the forenoon and afternoon and evenings, and a morning clinic on Saturdays that are barrier free for Diversion participants.
 3. Provide chemical dependency treatment services for each STOP participant.
 - a. Assess, evaluate and develop an individual treatment plan.
 - b. Provide chemical dependency orientation, education, treatment and recovery activities including group counseling sessions.
 - c. Provide an initial and ongoing urinalysis services and report to the Community Corrections staff the results of such tests.
 - d. Provide periodic individual progress reports to the court.
 - e. Monitor participant compliance with client's treatment plan and with program requirements. When participants are non-compliant, recommend to the court termination from the program and revocation of the Diversion agreement.
 - f. Participate in an evaluation of the effectiveness of the program.

- B. The County will work with the treatment agency to provide a data base for the program that meets program operation and evaluation needs.
- C. The County will be responsible for managing the State grant, for implementing the agreement with the treatment agency, for providing quality assurance and for coordinating management for the STOP program.
- D. Evaluate program goals on an on-going basis issuing reports to County Circuit Court, State Criminal Justices Services Division and the Bureau of Housing & Community Development.
- E. Any changes in the scope of services or grant period must be requested in writing by Contractor and approved in writing by the Bureau of Housing & Community Development.

II. Compensation and Method of Payment

Multnomah County will be compensated for the above described services by the City of Portland through the Bureau of Housing & Community Development General Fund.

- A. Payments to the County will be made monthly upon submission of a statement of expenditures to the City. The County will retain vendor receipts for materials and services and evidence of payment for personnel costs. It is agreed that total compensation under this agreement shall not exceed ONE HUNDRED FOUR THOUSAND DOLLARS (\$104,000).

III. Project Manager

- A. The City Project Manager shall be Barbara Madigan, or such other person as shall be designated in writing by the Director of the Bureau of Housing & Community Development.
- B. The Project Manager is authorized to approve work and billings hereunder, to give notices referred to herein, to terminate this agreement, as provided herein, and to carry out all other city actions referred to herein.

IV. Reporting Requirements

- A. The contractor will prepare and submit the following reports to the Bureau of Housing & Community Development:
 1. Copies of all reports, monthly, quarterly and/or annual which are submitted to the State and to the County Circuit Court.
 2. Copies of any evaluations which are conducted on the program throughout the fiscal year.
 3. A final report, including the cumulative results of the total grant and an analysis of the effectiveness of the program.

V. Schedule and Performance Measures

Workload Indicators:

# of clients served	700
# UA's client minimum/month	2

Performance Measures:

65% of enrollees will complete the program

75% of those who complete diversion will not be arrested for any crimes for up to one year

90% of program graduates will not be convicted of a felony crime during a one-year period.

VI. General Contract Provisions

- A. **TERMINATION FOR CAUSE.** If, through any cause, the County shall fail to fulfill in timely and proper manner his/her obligations under this Contract, or if the County shall violate any of the covenants, agreements, or stipulations of this Contract, the City shall have the right to terminate this Contract by giving written notice to the County of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the County under this Contract shall, at the option of the City, become the property of the City and the County shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

Notwithstanding the above, the County shall not be relieved of liability to the City for damages sustained by the City by virtue of any breach of the Contract by the County, and the City may withhold any payments to the County for the purpose of setoff until such time as the exact amount of damages due the City from the County is determined.

- B. **TERMINATION FOR CONVENIENCE.** The City and County may terminate this Contract at any time by mutual written agreement. If the Contract is terminated by the City as provided herein, the County will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the County covered by this Contract less payments of compensation previously made.

The City, on thirty (30) days written notice to the County, may terminate this Agreement for any reason deemed appropriate at its sole discretion.

- C. **REMEDIES.** In the event of termination under Section A hereof by the City due to a breach by the County, then the City may complete the work either itself or by agreement with another contractor, or by a combination thereof. In the event the cost of completing the work exceeds the amount actually paid to the County hereunder plus the remaining unpaid balance of the compensation provided herein, then the County shall pay to the City the amount of excess.

The remedies provided to the City under sections A and C hereof for a breach by the County shall not be exclusive. The City also shall be entitled to any other equitable and legal remedies that are available.

In the event of breach of this contract by the City, then the County's remedy shall be limited to termination of the contract and receipt of payment as provided in section B hereof.

In the event of termination under Section A, the City shall provide the County an opportunity for an administrative appeal.

- D. **CHANGES.** The City or Contractor may, from time to time, request changes in writing in the scope of services or terms and conditions hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, shall be incorporated in written amendments to this contract. Minor changes to the scope of work, budget line items, timing, reporting, or performance measures may be approved by the Project Manager.

Significant changes to the scope of work, performance measures, or compensation, unless the total contract after amendment is less than \$10,000, must be approved by ordinance of the City Council. Compensation changes in which the total contract is less than \$10,000 may be approved by the Bureau Director.

- E. **NON-DISCRIMINATION.** In carrying out activities under this contract, the County shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, handicap, familial status or national origin. The County shall take affirmative actions to insure that applicants for employment are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, age, handicap, familial status or national origin. Such action shall include but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The County shall post in conspicuous places, available to employees and applicants for employment, notices provided by the City setting for the provisions of this nondiscrimination clause. The County shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin. The County shall incorporate the foregoing requirements of this paragraph in all of its contracts for work funded under this contract, except contracts governed by Section 104 of Executive Order 11246.

- F. **ACCESS TO RECORDS.** The City, or their duly authorized representatives, shall have access to any books, general organizational and administrative information, documents, papers, and records of the County which are directly pertinent to this contract, for the purpose of making audit examination, excerpts, and transcriptions. All required records must be maintained by the County for three years after the City makes final payment and all other pending matters are closed.

- G. **MAINTENANCE OF RECORDS.** The County shall maintain records on a current basis to support its billings to the City. The City or its authorized representative shall have the authority to inspect, audit, and copy on reasonable notice and from time to time any records of the County regarding its billings or its work hereunder. The County shall retain these records for inspection, audit, and copying for 3 years from the date of completion or termination of this contract.

H. **AUDIT OF PAYMENTS.** The City, either directly or through a designated representative, may audit the records of the County at any time during the 3 year period established by Section G above.

If an audit discloses that payments to the County were in excess of the amount to which the County was entitled, then the County shall repay the amount of the excess to the City.

I. **INDEMNIFICATION.** The County shall hold harmless, defend, and indemnify the City and the City's officers, agents, and employees against all claims, demands, actions, and suits (including all attorney fees and costs) brought against any of them arising from the County's work or any subcontractor's work under this contract.

J. **WORKERS' COMPENSATION INSURANCE.**

1. The County, its subcontractors, if any, and all employers working under this Agreement, are subject employers under the Oregon Workers' Compensation law and shall comply with ORS 656.017, which requires them to provide workers' compensation coverage for all their subject workers. A certificate of insurance, or copy thereof, shall be attached to this Agreement as Exhibit A, if applicable, and shall be incorporated herein and made a term and part of this Agreement. The County further agrees to maintain workers' compensation insurance coverage for the duration of this Agreement.

2. In the event the County's workers' compensation insurance coverage is due to expire during the term of this Agreement, the County agrees to timely renew its insurance, either as a carrier-insured employer or a self-insured employer as provided by Chapter 656 of the Oregon Revised Statutes, before its expiration, and the County agrees to provide the City of Portland such further certification of workers' compensation insurance a renewals of said insurance occur.

3. The County agrees to accurately complete the City of Portland's Questionnaire for Workers' Compensation Insurance and Qualification as an Independent County prior to commencing work under this Agreement. Questionnaire is attached to this Agreement as Exhibit B and shall remain attached to this Agreement and become a part thereof as if fully copied herein. Any misrepresentation of information on the Questionnaire by the County shall constitute a breach pursuant to this subsection, City may terminate this Agreement immediately and the notice requirement contained in the subsection entitled, **TERMINATION FOR CAUSE**, hereof shall not apply.

K. **LIABILITY INSURANCE.** The County is self-insured as provided by Oregon law.

L. **SUBCONTRACTING AND ASSIGNMENT.** The County shall not subcontract its work under this contact, in whole or in part, without the written approval of the

City. The County shall require any approved subcontractor to agree, as to the portion subcontracted, to fulfill all obligations of the Contract as specified in this contract. Notwithstanding City approval of a subcontractor, the County shall remain obligated for full performance hereunder, and the City shall incur no obligation other than its obligations to the County hereunder. The County agrees that if subcontractors are employed in the performance of this contract, the County and its subcontractors are subject to the requirements and sanctions of ORS Chapter 656, Workers' Compensation. The County shall not assign this contract in whole or in part or any right or obligation hereunder, without prior written approval of the City. Subcontractors shall be responsible for adhering to all regulations cited within this contract.

- M. **INDEPENDENT CONTRACTOR STATUS.** The County is engaged as an independent contractor and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder.

The County and its subcontractors and employees are not employees of the City and are not eligible for any benefits through the City, including without limitation, federal social security, health benefits, workers' compensation, unemployment compensation, and retirement benefits.

- N. **REPORTING REQUIREMENTS.** The County shall report on its activities in a format and by such times as prescribed by the City.

- O. **CONFLICTS OF INTEREST.** No City officer or employee, during his or her tenure or for one year thereafter, shall have any interest, direct or indirect, in this contract or the proceeds thereof.

No City officer or employees who participated in the award of this contract shall be employed by the County during the period of the contract.

- P. **OREGON LAW AND FORUM.** This contract shall be construed according to the law of the State of Oregon.

Any litigation between the City and the County arising under this contract or out of work performed under this contract shall occur, if in the state courts, in the Multnomah County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.

- Q. **COMPLIANCE WITH LAWS.** In connection with its activities under this contract, the County shall comply with all applicable federal, state, and local laws and regulations.

In the event that the County provides goods or services to the City in the aggregate in excess of \$2,500.00 per fiscal year, the County agrees it has certified with the City's Equal Employment Opportunity certification process.

- R. **BUSINESS LICENSE.** County shall obtain a City of Portland business license as required by PCC 7.06.010 prior to beginning work under this Agreement. County shall provide a business license number in the space provided at the end of this

Agreement.

S. MONITORING. The City through the Bureau of Community Development shall monitor at least once each year that portion of the County's project funded with the City's General Funds. Such monitoring shall ensure that the operation of the project conforms to the provisions of this contract.

VII. Period of Agreement

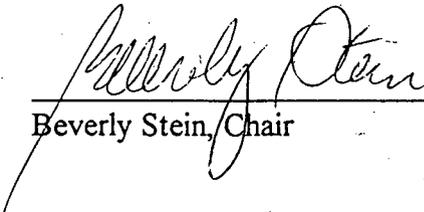
The terms of this Agreement shall be effective as of July 1, 1994 and shall remain in effect during any period the County has control over Federal funds, including program income. The Agreement shall terminate as of June 30, 1995.

Dated this _____ day of _____, 1994.

CITY OF PORTLAND

MULTNOMAH COUNTY

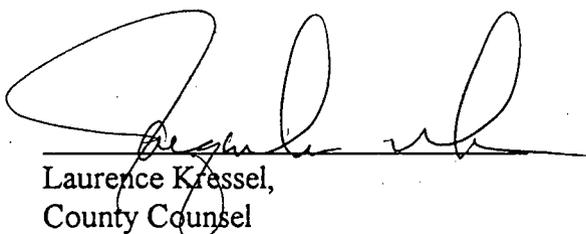
Commissioner Gretchen Kafoury



Beverly Stein, Chair

APPROVED AS TO FORM:

Jeffrey L. Rogers,
City Attorney



Laurence Kressel,
County Counsel

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 7/21/94
DEB BOGSTAD

BOARD CLERK



M. TAMARA HOLDEN,
DCC DIRECTOR



MULTNOMAH COUNTY OREGON

BEVERLY STEIN
COUNTY CHAIR

EMPLOYEE SERVICES
FINANCE
LABOR RELATIONS
PLANNING & BUDGET
RISK MANAGEMENT

(503) 248-5015
(503) 248-3312
(503) 248-5135
(503) 248-3883
(503) 248-3797

(503) 248-5170 TDD

PORTLAND BUILDING
1120 S.W. FIFTH, 14TH FLOOR
P.O. BOX 14700
PORTLAND, OREGON 97214

PURCHASING, CONTRACTS
& CENTRAL STORES

(503) 248-5111

2505 S.E. 11TH, 1ST FLOOR
PORTLAND, OREGON 97202

May 16, 1994

Cilla Murray
Community and Family Services Division
Multnomah County
Bldg. 161/2nd Floor

Dear Ms. Murray:

The purpose of this letter is to inform you of Multnomah County's insurance program. Multnomah County does not carry liability or worker's compensation insurance. The County is self-insured in accordance with the provisions of ORS 30.270 (Tort Claims Act) and ORS 656.403 (Worker's Compensation). The County maintains an insurance fund from which to pay all costs and expenses relating to claims for which they are self-insured. The County's exposure for liability is limited by statute to \$50,000 property damage, \$100,000 personal injury per person, and \$500,000 total damages per occurrence.

Please let me know if you have any additional questions. My number is 248-3797.

Sincerely,

Jean M. Miley
Risk Manager

N:\DATA\WP\CENTER\RISK\JM\RISK1

cc: Howard Cutler

MEETING DATE: JUL 21 1994

AGENDA NO: C-5

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of Intergovernmental Agreement with City of Portland

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 21, 1994

Amount of Time Needed: Consent calendar

DEPARTMENT: Community Corrections **DIVISION:** Program Development and Eval.

CONTACT: Wayne Salvo **TELEPHONE #:** 248-3423
BLDG/ROOM #: 161/600

PERSON(S) MAKING PRESENTATION: Wayne Salvo

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of an intergovernmental agreement with the City of Portland for the provision of funds to help support the services provided by the Council for Prostitution Alternatives.

7/22/94 ORIGINALS TO TRICIA OR THE BRIDE

BOARD OF
COUNTY COMMISSIONERS
1994 JUL 12 PM 2:38
MULTNOMAH COUNTY
OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: M. Tamara Holder

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

Contract # 900365
Amendment #

MULTNOMAH COUNTY OREGON

<p>CLASS I</p> <input type="checkbox"/> Professional Services under \$25,000	<p>CLASS II</p> <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input checked="" type="checkbox"/> Revenue	<p>CLASS III</p> <input type="checkbox"/> Intergovernmental Agreement <p>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # C-5 DATE 7/21/94</p> <p>DEB BOGSTAD</p> <p>BOARD CLERK</p>
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Department Community Corrections Division Program Dev. Date 7/7/94

Contract Originator Tichenor McBride Phone 248-3653 Bldg/Room 161/600

Administrative Contact Same Phone _____ Bldg/Room _____

Description of Contract REVENUE CONTRACT. Contractor to provide \$104,032.00 in order to participate in County Contract with the Council for Prostitution Alternatives, Inc. for services for women leaving prostitution.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name City of Portland
 Mailing Address 808 S.W. 3rd, #600
Portland, OR 97204
 Phone _____
 Employer ID# or SS# _____
 Effective Date July 1, 1994
 Termination Date June 30, 1995
 Original Contract Amount \$ \$104,032.00
 Total Amount of Previous Amendments \$ _____
 Amount of Amendment \$ _____
 Total Amount of Agreement \$ _____

Remittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt

Monthly \$ XXXX Net 30

Other \$ _____ As invoice Other _____

Requirements contract - Requisition required.

Purchase Order No. _____

Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES:

Department Manager M. Tamara Hilde

Purchasing Director _____
(Class II Contracts Only)

County Counsel _____

County Chair / Sheriff _____

Contract Administration _____
(Class I, Class II Contracts Only)

Encumber: Yes No

Date 7-7-94

Date _____

Date 7-7-94

Date July 21, 1994

Date _____

VENDOR CODE			VENDOR NAME							TOTAL AMOUNT \$	
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/DEC IND
01.	156	021	2308			REVENUE 2773					
02.											
03.											

* If additional space is needed, attach separate page. Write contract # on top of page.

AGREEMENT NO.

An agreement between the City of Portland (City) and Multnomah County (County) to provide services for women leaving prostitution.

RECITALS:

1. There is a need to provide services to women leaving prostitution.
2. The City and County have been working together to provide these services to this population.
3. Multnomah County has been designated as the public agency to provide community correction services in the Portland area.
4. The Council for Prostitution Alternatives has been selected as the agency to provide services to women leaving prostitution through the County's bidding process.
5. The City has committed in the FY 94-95 approved General Fund budget \$104,032 in the Bureau of Community Development for these services.
6. The City and the County now desire to enter into a formal agreement to provide these services.

AGREED:

1. Scope of Services

The County will provide the services described for women leaving prostitution.

- A. The County will enter into an agreement with the Council for Prostitution Alternatives as the successful bidder on the program to provide services for women leaving prostitution.
- B. The County will be responsible for implementing the contract and for coordinating contract management.
- C. The contract between the County and the Council for Prostitution Alternatives will include at a minimum the following.
 1. Drop In Services, which includes telephone and face to face contacts where individuals requiring services will be referred to a variety of treatment and services agencies. A weekly Drop-In group will focus on education on such issues as prostitution, substance abuse and problem solving skills. Face to face drop-in appointments offering crisis intervention and referral to emergency services will be available.

2. Case management services will be provided to participants for up to one year. These services will provide the following.
 - a. Open enrollment and intake procedures including assessment of client history, problems and needs and a case plan based on assessment.
 - b. Participants will be encouraged to complete the drop-in group curriculum.
 - c. Referral to mental health, health services, substance abuse, community support groups and other services as needed. Mental health services will include referral for post traumatic stress disorder.
 - d. Participants will attend weekly a recovery support group. This group will address such issues as post traumatic stress disorder, recovery from substance abuse, living skills (including communication skills) and parenting.
 - e. Participants will meet at least weekly with a Case Manager through the first 270 days of services.
 - f. The Contractor will have monthly contact with probation officers of participants who are currently under probation and parole supervision in Multnomah County.
 - g. Assistance with financial needs and referral including transportation, housing, food, child care, medical/dental, utilities, and education and training.
3. Child care will be provided by the Contractor during group services. The Contractor will arrange for child care when lack of child care would interfere with a participant's successful participation in services.
4. Support for all clients who are substance abusers including:
 - a. Staff will be familiar with the Community's substance abuse treatment services and with self help groups in order to make informed referrals.
 - b. Staff will assist clients who are active substance abusers (or who are at risk of relapsing) with enrollment into a substance abuse treatment program.
 - c. Upon enrollment in substance abuse program staff will teach client, work cooperatively with staff in abuse program and request and receive information.

II. Compensation and Method of Payment

The County will be compensated for the above described services by the City through the General Fund. Payments to the County will be made quarterly upon submission of a request for payment.

The City's funds can be used for staffing costs, rent, supplies, client services and any other costs directly related to providing the units of service described above. Total compensation under this agreement shall not exceed ONE HUNDRED FOUR THOUSAND AND THIRTY TWO DOLLARS (\$104,032).

III. City Project Manager

- A. The City Project Manager shall be Barbara Madigan or such other person as shall be designated in writing by the Director of the Bureau of Housing & Community Development.
- B. The Project Manager is authorized to approve work and billings hereunder, to give notes referred to herein, to terminate this Agreement as provided herein, and to carry out any other City actions referred to herein.

IV. Reporting Requirements

The County will submit the following reports to the Project Manager.

- A. Copies of the monthly contract status report submitted to the County by the Council for Prostitution Alternatives.
- B. Provide reports on quality assurance.
- C. A quarterly report summarizing the contract status for the quarter including statistical information on the client population and a brief narrative on the services which have been provided including the status of the performance measurements. Statistical information should be cumulative from July 1, 1994. Quarterly reports are due 30 days after completion of the quarter.
- D. The fourth quarter report will be a final annual report including cumulative statistics for the client population for the year, a narrative on the program and the results of the program.

V. Schedule and Performance Measurements

The County will include the following in the contract with the Council for Prostitution Alternatives and will require that CPA track and report on the progress.

- A. Provide case management for approximately 60 women with a minimum of 50 service slots for participants with 33 slots filled by participants referred through the criminal justice system.
- B. Provide drop in services for an additional 25 participants in 8 drop in group sessions during a continuous three month period.
- c. Serve an additional 60 participants in 2-8 drop in group sessions per year.

	<u>Quarter</u>			
	1	2	3	4
#Active Case Mgmt	50	50	50	50
Drop-in Services (cumulative)	20	40	60	85
% referred to substance abuse treatment/ active substance abusers or risk relapsing	100%	100%	100%	100%
Total participants successfully completing case management svcs	50%	50%	50%	50%
No new arrests after 90 days	50%	50%	50%	50%

It is a goal of this program to decrease the domestic/sexual/physical violence in the lives of successfully completing participants. Frequency of incidents of domestic/sexual/physical violence will show a decrease of occurrence in the majority of those successfully completing the program.

VI. General Contract Provisions

- A. **TERMINATION FOR CAUSE.** If, through any cause, the County shall fail to fulfill in timely and proper manner its obligations under this Contract, or if the County shall violate any of the covenants, agreements, or stipulations of this Contract, the City shall have the right to terminate this Contract by giving written notice to the County of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the County under this Contract shall, at the option of the City, become the property of the City and the County shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

Notwithstanding the above, the County shall not be relieved of liability to the City for damages sustained by the City by virtue of any breach of the Contract by the County, and the City may withhold any payments to the County for the purpose of setoff until such time as the exact amount of damages due the City from the County is determined.

- B. **TERMINATION FOR CONVENIENCE.** The City and County may terminate this Contract at any time by mutual written agreement. If the Contract is terminated by the City as provided herein, the County will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the County covered by this Contract less payments of compensation previously made.

The City, on thirty (30) days written notice to the County, may terminate this Agreement for any reason deemed appropriate at its sole discretion.

- C. **REMEDIES.** In the event of termination under Section A hereof by the City due to a breach by the County, then the City may complete the work either itself or by agreement with another contractor, or by a combination thereof. In the event the cost of completing the work exceeds the amount actually paid to the County hereunder plus the remaining unpaid balance of the compensation provided herein, then the County shall pay to the City the amount of excess.

The remedies provided to the City and County under sections A and C hereof for a breach shall not be exclusive. The City and County also shall be entitled to any other equitable and legal remedies that are available.

In the event of termination under Section A, the City shall provide the County an opportunity for an administrative appeal.

- D. **CHANGES.** The City or County may request changes in the scope of the services or terms and conditions hereunder. Such changes, including any increase or decrease in the amount of the County's compensation, shall be incorporated in written amendments to this Contract executed by the City and County. Any change that increases the amount of compensation payable to the County must be approved by ordinance of the City Council. Other changes may be approved by the Director of the Bureau of Housing & Community Development.
- E. **NON-DISCRIMINATION.** In carrying out activities under this contract, the County shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, handicap, familial status or national origin. The County shall take affirmative actions to insure that applicants for employment are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, age, handicap, familial status or national origin. Such action shall include but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The County shall post in conspicuous places, available to employees and applicants for employment, notices provided by the City setting for the provisions of this nondiscrimination clause. The County shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin. The County shall incorporate the foregoing requirements of this paragraph in all of its contracts for work funded under this contract, except contracts governed by Section 104 of Executive Order 11246.
- F. **ACCESS TO RECORDS.** The City, or their duly authorized representatives, shall have access to any books, general organizational and administrative information, documents, papers, and records of the County which are directly pertinent to this contract, for the purpose of making audit examination, excerpts, and transcriptions. All required records must be maintained by the County for three years after the City makes final payment and all other pending matters are closed.

- G. **MAINTENANCE OF RECORDS.** The County shall maintain records on a current basis to support its billings to the City. The City or its authorized representative shall have the authority to inspect, audit, and copy on reasonable notice and from time to time any records of the County regarding its billings or its work hereunder. The County shall retain these records for inspection, audit, and copying for 3 years from the date of completion or termination of this contract.
- H. **AUDIT OF PAYMENTS.** The City, either directly or through a designated representative, may audit the records of the County at any time during the 3 year period established by Section G above.

If an audit discloses that payments to the County were in excess of the amount to which the County was entitled, then the County shall repay the amount of the excess to the City.

- I. **INDEMNIFICATION.** To the extent permitted by the Oregon Tort Claim Act and the Oregon Constitution, Multnomah County shall hold harmless, defend, and indemnify the City and the City's officers, agents, and employees against all claims, demands, actions, and suits (including all attorney fees and costs) brought against any of them arising from the County's work or any subcontractor's work under this contract.

J. **WORKERS' COMPENSATION INSURANCE.**

1. Multnomah County, its subcontractors, if any, and all employers working under this Agreement, are subject employers under the Oregon Workers' Compensation law and shall comply with ORS 656.017, which requires them to provide workers' compensation coverage for all their subject workers. A certificate of insurance, or copy thereof, shall be attached to this Agreement as Exhibit A, if applicable, and shall be incorporated herein and made a term and part of this Agreement. The County further agrees to maintain workers' compensation insurance coverage for the duration of this Agreement. If a current certificate is on file with the City in compliance with previous a contract, a duplicate is not necessary. In compliance with this paragraph, the County is self-insured for Workers' Compensation.
2. In the event the County's workers' compensation insurance coverage is due to expire during the term of this Agreement, the County agrees to timely renew its insurance, either as a carrier-insured employer or a self-insured employer as provided by Chapter 656 of the Oregon Revised Statutes, before its expiration, and the County agrees to provide the City of Portland such further certification of workers' compensation insurance a renewals of said insurance occur.
3. The County agrees to accurately complete the City of Portland's Questionnaire for Workers' Compensation Insurance and Qualification as an Independent Contractor prior to commencing work under this Agreement. Any misrepresentation of information on the Questionnaire by

the County shall constitute a breach pursuant to this subsection, City may terminate this Agreement immediately and the notice requirement contained in the subsection entitled, TERMINATION FOR CAUSE, hereof shall not apply.

- K. **LIABILITY INSURANCE.** Multnomah County is self-insured as provided by Oregon law.
- L. **SUBCONTRACTING AND ASSIGNMENT.** The County shall not subcontract its work under this contract, in whole or in part, without the written approval of the City. The County shall require any approved subcontractor to agree, as to the portion subcontracted, to fulfill all obligations of the Contract as specified in this contract. Notwithstanding City approval of a subcontractor, the County shall remain obligated for full performance hereunder, and the City shall incur no obligation other than its obligations to the County hereunder. The County agrees that if subcontractors are employed in the performance of this contract, the County and its subcontractors are subject to the requirements and sanctions of ORS Chapter 656, Workers' Compensation. The County shall not assign this contract in whole or in part or any right or obligation hereunder, without prior written approval of the City. Subcontractors shall be responsible for adhering to all regulations cited within this contract.
- M. **INDEPENDENT CONTRACTOR STATUS.** The County is engaged as an independent contractor and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder.

The County and its subcontractors and employees are not employees of the City and are not eligible for any benefits through the City, including without limitation, federal social security, health benefits, workers' compensation, unemployment compensation, and retirement benefits.

- N. **REPORTING REQUIREMENTS.** The County shall report on its activities in a format and by such times as prescribed by the City.
- O. **CONFLICTS OF INTEREST.** No City officer or employee, during his or her tenure or for one year thereafter, shall have any interest, direct or indirect, in this contract or the proceeds thereof.

No City officer or employees who participated in the award of this contract shall be employed by Multnomah County during the period of the contract.

- P. **OREGON LAW AND FORUM.** This contract shall be construed according to the law of the State of Oregon.

Any litigation between the City and the County arising under this contract or out of work performed under this contract shall occur, if in the state courts, in the the County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.

Q. **COMPLIANCE WITH LAWS.** In connection with its activities under this contract, the County shall comply with all applicable federal, state, and local laws and regulations.

In the event that the County provides goods or services to the City in the aggregate in excess of \$2,500.00 per fiscal year, the County agrees it has certified with the City's Equal Employment Opportunity certification process.

R. **MONITORING.** The City, through the Bureau of Housing & Community Development shall monitor at least once each year that portion of the County's project funded with the City's General Funds. Such monitoring shall ensure that the operation of the project conforms to the provisions of this contract.

VII. Period of Agreement

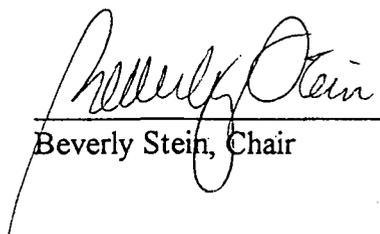
The terms of this Agreement shall be effective as of July 1, 1994 and shall remain in effect during any period the Contractor has control over City funds, including program income. The Agreement shall terminate as of June 30, 1995.

Dated this _____ day of _____, 1994.

CITY OF PORTLAND

MULTNOMAH COUNTY

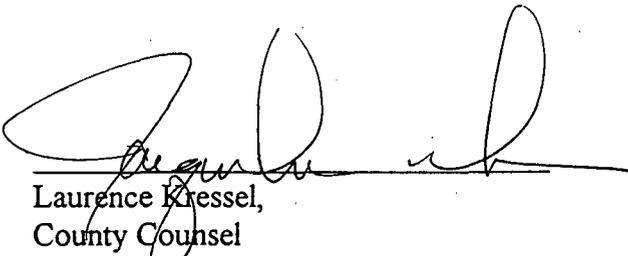
Commissioner Gretchen Kafoury



Beverly Stein, Chair

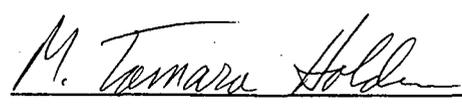
APPROVED AS TO FORM:

Jeffrey L. Rogers,
City Attorney



Laurence Kressel,
County Counsel

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-5 DATE 7/21/94
DEB BOGSTAD
BOARD CLERK



M. TAMARA HOLDEN,
DCC DIRECTOR



MULTNOMAH COUNTY OREGON

BEVERLY STEIN
COUNTY CHAIR

EMPLOYEE SERVICES
FINANCE
LABOR RELATIONS
PLANNING & BUDGET
RISK MANAGEMENT

(503) 248-5015
(503) 248-3312
(503) 248-5135
(503) 248-3883
(503) 248-3797

(503) 248-5170 TDD

PORTLAND BUILDING
1120 S.W. FIFTH, 14TH FLOOR
P.O. BOX 14700
PORTLAND, OREGON 97214

PURCHASING, CONTRACTS
& CENTRAL STORES

(503) 248-5111

2505 S.E. 11TH, 1ST FLOOR
PORTLAND, OREGON 97202

May 16, 1994

Cilla Murray
Community and Family Services Division
Multnomah County
Bldg. 161/2nd Floor

Dear Ms. Murray:

The purpose of this letter is to inform you of Multnomah County's insurance program. Multnomah County does not carry liability or worker's compensation insurance. The County is self-insured in accordance with the provisions of ORS 30.270 (Tort Claims Act) and ORS 656.403 (Worker's Compensation). The County maintains an insurance fund from which to pay all costs and expenses relating to claims for which they are self-insured. The County's exposure for liability is limited by statute to \$50,000 property damage, \$100,000 personal injury per person, and \$500,000 total damages per occurrence.

Please let me know if you have any additional questions. My number is 248-3797.

Sincerely,

Jean M. Miley
Risk Manager

N:\DATA\WP\CENTER\RISK\JM\RISK1

cc: Howard Cutler

MEETING DATE: JUL 21 1994

AGENDA NO: R-1

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: ADOPTION OF ORDINANCE NO.

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 14, 1994

Amount of Time Needed: 5 Minutes

DEPARTMENT: Social Services DIVISION: Community & Family Services

CONTACT: MaryAnn Stewart TELEPHONE #: Ext. 6343

BLDG/ROOM #: 161/2nd

PERSON(S) MAKING PRESENTATION: Linda Reilly and MaryAnn Stewart

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

An Ordinance repealing Multnomah County Ordinance No. 393 and establishing the Multnomah County Mental Health Advisory Committee in accordance with its Bylaws as amended and approved July 1, 1994.

7/22/94 copies to MaryAnn Stewart & Ordinance Distribution List & Delma Farrell

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: *Lolenz Pae*

BOARD OF COUNTY COMMISSIONERS
1994 JUL - 6 AM 11:31
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63



MULTNOMAH COUNTY OREGON

COMMUNITY AND FAMILY SERVICES DIVISION
ADMINISTRATIVE OFFICES
421 S.W. FIFTH AVENUE, 2ND FLOOR
PORTLAND, OREGON 97204
(503) 248-3691 / FAX (503) 248-3379
TDD (503) 248-3598

BOARD OF COUNTY COMMISSIONERS
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DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners

FROM: MaryAnn Stewart *MAS*

DATE: July 7, 1994

SUBJECT: Adoption of Mental Health Advisory Committee Ordinance

I. Recommendation/Action Requested:

Adoption of an Ordinance repealing Multnomah County Ordinance No. 393 and establishing the Multnomah County Mental Health Advisory Committee in accordance with its Bylaws as amended and approved July 1, 1994.

II. Background/Analysis:

The Multnomah County Mental Health Advisory Committee (MHAC) has been in the process of reorganizing and changing its structure for the past year. The impetus for this reconfiguration is based on the following present conditions:

- The four program area advisory committees represented on the MHAC (Developmental Disabilities Council, Multnomah Council on Chemical Dependency, Mental and Emotional Disabilities Advisory Council, and Child and Adolescent Mental Health Program Advisory Committee) are already addressing the four action areas referred to in the following MHAC mission Statement:

The mission of the Multnomah County Mental Health Advisory Committee is to assure that mental health services for the chemically dependent, developmentally disabled and mentally ill citizens of Multnomah County are delivered equitably, efficiently and effectively by:

Identifying needs
Coordinating planning
Promoting public awareness
Advocating for all necessary resources

- MHAC members cannot realistically or competently revisit the work done by each of the program area advisory councils, nor do they feel that such review is necessary.
- The Central Advisory Board (CAB) appears to be addressing cross-program issues such as prioritization, budget allocations, performance measurements, and strategic planning.

After months of extensive deliberation, a motion was unanimously passed on January 12, 1994 to redefine the MHAC as a four branch committee vesting its responsibilities in the existing four program area advisory councils. Citizen members were dispersed to one of the four program area councils as befit the member's interests and capacity of the group. With this proposed reconfiguration, the four program specific advisory councils would continue to advise Program Managers, the Division Director and staff, the Central Advisory Board, and the Board of County Commissioners as to the needs and priorities of the special population they represent. At the request of the Mental Health Authority, or any of the four program area advisory council Chairs, an ad hoc meeting of the Chairs may be convened to consider such business as might concern cross-program issues or to serve as the single contact point to fulfill State ORS and OAR requirements.

With approval of this proposed ordinance, the following information will be contained in the listing of the County's Boards and Commissions:

Mental Health Advisory Committee (Oregon Revised Statutes 430.630(8) and Oregon Administrative Rules 309-14-000, County Ordinance _____

Purpose: Advise the local mental health authority and the community mental health program director on community needs and priorities for services and assist in planning and the review and evaluation of services; serve in an advisory capacity to Multnomah County Community and Family Services Division; and participate with other agencies, groups and interested persons in the promotion of community awareness of mental health needs and services.

Members: The Committee is comprised of the membership of the four Community and Family Services Division mental health advisory committees/councils:

- (a) The Mental and Emotional Disabilities Advisory Council (20 Members);
- (b) The Multnomah Council on Chemical Dependency (20 Members);
- (c) The Developmental Disabilities Council (21 Members); and
- (d) The Child and Adolescent Mental Health Program Advisory Committee (20 Members).

III. Financial Impact:

None.

IV. Legal Issues:

Fulfills the requirements of ORS 430.630(8) and OAR 309-14-000 which state that each community mental health program shall have a mental health advisory committee appointed by the local mental health authority. The membership of each of the four branch committees also meet the composition requirements of the above cited statute and administrative rule.

V. Controversial Issues:

None.

VI. Line to Current County Policies:

Not applicable.

VII. Citizen Participation:

The MHAC has involved all four Division mental health advisory councils in the process, as well as interested community representatives that have attended planning meetings.

VIII. Other Government Participation:

Not applicable.

EXHIBIT E
ORDINANCE FACT SHEET

Ordinance Title:

MULTNOMAH COUNTY MENTAL HEALTH ADVISORY COMMITTEE

Give a brief statement of the purpose of the ordinance including rationale for adoption, description of persons benefited, alternatives explored:

An Ordinance repealing Multnomah County Ordinance No. 393 and establishing the Multnomah County Mental Health Advisory Committee in accordance with its Bylaws as amended and approved July 1, 1994.

What other local jurisdictions have enacted similar legislation?

Not Applicable

What has been the experience in other areas with this type of legislation?

Not Applicable

What is the fiscal impact, if any?

None

(Please use other side if you need more space)

SIGNATURES

Person Filling out form *Mary Ann Steward*

Planning & Budget (if fiscal impact) *[Signature]*

Department Manager/Elected Official *Walter T. Poe*

1 BEFORE THE BOARD OF COUNTY COMMISSIONERS
2 FOR MULTNOMAH COUNTY, OREGON

3
4 ORDINANCE NO. 794

5 An ordinance repealing Multnomah County Ordinance No. 393, and establishing the
6 Multnomah County Mental Health Advisory Committee, and declaring an emergency.

7 Multnomah County ordains as follows:

8 Section I. Title

9 This Ordinance shall be known as the Multnomah County Mental Health Advisory Committee
10 Ordinance.

11 Section II. Definition

12 As used in this Ordinance, unless the context requires otherwise, "Committee" means the
13 Multnomah County Mental Health Advisory Committee.

14 Section III. Purpose

15 In order to comply with the requirements of ORS 430.630(8), Multnomah County Ordinance
16 No. 393 is repealed, and there is hereby formally established a Multnomah County Mental Health
17 Advisory Committee. The Committee shall:

18 (A) Advise the local mental health authority and the community mental health program
19 director on community needs and priorities for services and shall assist in planning and the review and
20 evaluation of services.

21 (B) Serve in an advisory capacity to Multnomah County Community and Family Services
22 Division.

1 (C) Participate with other agencies, groups and interested persons in the promotion of
2 community awareness of mental health needs and services.

3 Section IV. Membership:

4 (A) Members. The Committee shall be comprised of the membership of the four
5 Multnomah County Community and Family Services Division program area advisory
6 committees/councils:

- 7 (1) The Mental and Emotional Disabilities Advisory Council;
- 8 (2) The Multnomah Council on Chemical Dependency;
- 9 (3) The Developmental Disabilities Council; and
- 10 (4) The Child and Adolescent Mental Health Program Advisory Committee.

11 All members of the above advisory committees/councils shall reside or work in Multnomah County.

12 (B) Terms. Terms of members will be determined in accordance with the Bylaws of each
13 program area advisory group for the members of that group.

14 (C) Compensation. Members shall receive no compensation for serving on the Committee.

15 (D) Resignation. The procedure for resignations will be determined in accordance with
16 the Bylaws of each program area advisory group for the members of that group.

17 (E) Vacancies. Nominations to fill vacancies on the four Division advisory
18 committees/councils shall be submitted from the four program area groups in accordance with their
19 Bylaws for appointment by the County Chair with approval of the Board of County Commissioners.

20 Section V. Meetings

21 (A) Regular Meetings. Regular meetings of each of the four program area advisory
22 committees/councils comprising the Mental Health Advisory Committee shall be held at least
23 quarterly.

1 (B) Special Meetings. At the request of the Mental Health Authority, or any of the four
2 program area advisory committee/council Chairs, an ad hoc meeting of the Chairs may be convened
3 to consider such business as might concern cross-program issues or to serve as the single contact
4 point to fulfill State ORS and OAR requirements.

5 (C) Communications. All four Chairs will receive all minutes and communications from
6 the other Division advisory groups comprising the Mental Health Advisory Committee. The
7 Community and Family Services Division will notify each subsequent Chair who takes office of their
8 group's identification as part of the Multnomah County Mental Health Advisory Committee and their
9 ad hoc responsibilities with the other Division advisory group Chairs.

10 (D) Quorum. Requirements for a quorum will be determined in accordance with the
11 Bylaws of each program area advisory group.

12 (E) Conduct of Meetings. The current edition of Roberts Rules of Order shall govern the
13 conduct of all regular and special meetings of the Committee and its standing and/or special
14 committees, insofar as the Rules are not inconsistent with the provisions of each program area
15 advisory groups' Bylaws.

16 (F) Notice. Notice of all public meetings of the Committee will be provided as required
17 by law.

18 Section VI. Officers

19 The officers of the four program area advisory groups shall be selected in accordance with
20 each committee/councils' Bylaws.

21 Section VII. Conflicts of Interest

22 Any member of the Committee who has special interest in any matter before the Committee

1 shall so inform the Committee and refrain from voting on the matter. However, the interested
2 member may participate in any discussion by the Committee of such matter.

3 Section VIII. Adoption

4 This ordinance, being necessary for the health, safety, and general welfare of the people of
5 Multnomah County, an emergency is declared and the ordinance shall take effect upon its execution
6 by the County Chair, pursuant to Section 5.50 of the Charter of Multnomah County.

7 ADOPTED this 21st day of July, 1994.



8 MULTNOMAH COUNTY, OREGON

9
10 By Beverly Stein
11 Beverly Stein

12 Multnomah County Chair

13 REVIEWED:

14 LAURENCE KRESSEL, COUNTY COUNSEL

15 for MULTNOMAH COUNTY, OREGON

16
17 By H. H. Lazenby, Jr.
18 H. H. Lazenby, Jr.

MEETING DATE: JUL 21 1994

AGENDA NO: R-2

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of agreement with Yamhill County Public Health Division

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 21, 1994

Amount of Time Needed: less than 5 minutes

DEPARTMENT: Health **DIVISION:** _____

CONTACT: Tom Fronk **TELEPHONE #:** 4274
BLDG/ROOM #: 160/7

PERSON(S) MAKING PRESENTATION: Tom Fronk or Mary Lou Hennrich

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Yamhill County Public Health Division agrees to provide specialty care services under CareOregon and agrees to accept reimbursement on a fee for service basis.

7/22/94 originals to Herman Beame

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1994 JUL 12 PM 12:48

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Bill Bergard

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS
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GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Beverly Stein, Multnomah County Chair

FROM: *B. Odgaard* Bill Odgaard, Health Department Director

REQUESTED PLACEMENT DATE: July 21, 1994

DATE: July 1, 1994

SUBJECT: Intergovernmental agreement with Yamhill County Public Health Division on behalf of CareOregon

I. Recommendation/Action: The Health Department recommends approval of this intergovernmental agreement with Yamhill County Public Health Division for the period upon execution with termination after 30 days written notice..

II. Background/Analysis: The Public Health Division agrees to provide speciality care services to CareOregon clients and agrees to accept reimbursement on a fee for service basis.

III. Financial Impact: The expenditures in this agreement are reimbursed to CareOregon through its agreement with the Office of Medical Assistance Programs which is operating the Oregon Health Plan.

IV. Legal Issues: none.

V. Controversial Issues: none.

VI. Link to Current County Policies: This agreement is in direct support of CareOregon. The County Board passed a supporting resolution in December, 1993.

VII. Citizen Participation: none.

VIII. Other Government Participation: Oregon Department of Human Resources, OHSU, and Clackamas County Public Health are participating in CareOregon.



CONTRACT APPROVAL FORM

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 200 455

Amendment # _____

<p style="text-align: center;">CLASS I</p> <input type="checkbox"/> Professional Services under \$25,000	<p style="text-align: center;">CLASS II</p> <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	<p style="text-align: center;">CLASS III</p> <input checked="" type="checkbox"/> Intergovernmental Agreement <p style="text-align: center;">APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # <u>R-2</u> DATE <u>7/21/94</u> <u>DEB BOGSTAD</u> BOARD CLERK</p>
--	--	--

Department Health Division _____ Date 1 JULY 94

Contract Originator Jim Kennedy Phone 6747 Bldg/Room 160/7

Administrative Contact Tom Fronk Phone 4274 Bldg/Room 160/8

Description of Contract Yamhill County Public Health Division agrees to provide speciality care services under CareOregon and agrees to accept reimbursement on a fee for service basis.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name Yamhill Co. Health & Human Services

Mailing Address 412 N. Ford
McMinnville, Or 97128

Phone 502 434-7525

Employer ID# or SS# 93-6002318

Effective Date upon execution

Termination Date 30 days written notice

Original Contract Amount \$ requirements

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ requirements

Remittance Address _____ (If Different)

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt

Monthly \$ _____ Net 30

Other \$ _____ Other _____

Requirements contract - Requisition required.

Purchase Order No. _____

Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES:

Department Manager Belle Odegaard

Purchasing Director (Class II Contracts Only) _____

County Counsel _____

County Chair / Sheriff _____

Contract Administration (Class I, Class II Contracts Only) _____

Encumber: Yes No

Date 7/1/94

Date _____

Date 11 July 94

Date July 21, 1994

Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT		\$
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/DEC IND
01.	390	015	0650			6110			OMAP	requirements	
02.											
03.											

* If additional space is needed, attach separate page. Write contract # on top of page.

INSTRUCTIONS ON REVERSE SIDE

WHITE - CONTRACT ADMINISTRATION CANARY - INITIATION PINK - FINANCE

RECEIVED

MAR 22 1994

YAMHILL COUNTY HEALTH DEPT

SPECIALTY CARE SERVICES AGREEMENT

Between

CareOregon

and

YAMHILL COUNTY HEALTH & HUMAN SERVICES
PUBLIC HEALTH DIVISION

(Provider)

94-364

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1.2 "CareOregon Policies" means the policies, procedures, protocols, forms and guidelines (including but not limited to grievance procedures, quality assurance protocols, utilization management protocols, and credentialing procedures) adopted from time to time by CareOregon.

1.3 "Compensation" means the amount CareOregon pays to Provider in accordance with Sections 4 and 5, as is listed in the fe-for-service reate schedule set forth in Exhibit A.

1.4 "Covered Services" means those Medically Appropriate services and supplies specified in OAR 410-141-480, Oregon Health Plan Benefit Package of Covered Services, together with the optional services CareOregon has undertaken to provide under the OMAP Agreement. The term "Covered Services" may be expanded, limited or otherwise changed pursuant to the OMAP Agreement and OMAP Rules.

1.5 "Emergency Services" means Covered Services that are needed immediatly or appear to be needed immediatly because of an injury or sudden illness. Covered Services provided by an appropriate source other than a Participating Provider are considered Emergency Services if the time required to reach a Participating Provider would have meant risk of permanent damage to the Member's health. These services are considered to be Emergency Services as long as transfer of the Member to a Participating Provider is precluded because of risk to the Member's health or because transfer would be unreasonable, given the distance involved in the transfer and the nature of the medical condition. If the definition of "Emergency Services" in OAR-141-000(17) is amended, the foregoing definition shall be amended accordingly.

1.6 "Fee-For-Service Payment" means a fee-for-service payment based on the CareOregon fee-for-service rate schedule set forth in Exhibit A for any Covered Services that are provided to a Member.

1.7 "Medical Director" means the physician licensed by the Oregon Board of Medical Examiners (BME) who serves as the medical director of CareOregon, or his or her so licensed designee.

1.8 "Medically Appropriate" means services and medical supplies which are required for prevention, diagnosis or treatment for sickness or injury and which are:

1.8.1 Consistent with the symptoms of a medical condition or treatment of a medical condition;

1.8.2 Appropriate with regard to standards of good medical practice and generally recognized by the medical scientific community as effective;

1.8.3 Not solely for the convenience of the Member or a provider of the service or medical supplies; and

1.8.4 The most cost effective of the alternative levels of service or medical supplies which can be safely provided the Member in Provider's judgment.

1.9 "Medical Card" means the identification card issued by OMAP upon determination of eligibility, specifying the managed care plan or practitioner with which the recipient is enrolled.

1.10 "Member" means an individual who is found eligible by an Oregon Department of Human Resources Division to receive services under one or more of the medical assistance programs administered by OMAP and who is enrolled with CareOregon.

1.11 "Non-Emergency Services" means those Covered Services which are not Emergency Services.

1.12 "OMAP" means the State of Oregon, acting by and through its Department of Human Resources, Office of Medical Assistance Programs.

1.13 "OMAP Agreement" means the Provider Services Agreement dated _____, 1993 between OMAP and CareOregon, as amended from time to time.

1.14 "OMAP Rules" means the administrative rules duly promulgated by OMAP under OAR Chapter 410.

1.15 "Participating Provider" means a health care professional, facility or supplier who has contracted with CareOregon to provide specified Covered Services to Members. Provider is a Participating Provider so long as this Agreement is in effect.

1.16 "PCP" means a primary care practitioner who is licensed, and who has contracted with CareOregon to provide Primary Care Services.

1.17 "Provider" is defined in the heading.

1.18 "Provider Manual" means the manual described in Section 4.2 that is provided by CareOregon to participating providers.

1.19 "Referring Provider" means the primary care provider referring a CareOregon Member for specialty care services.

1.20 "Specialist" means an individual who is licensed to provide specialty care services and who is employed by, a partner in, or under contract to Provider.

2. Engagement

2.1 Specialty Care Services. CareOregon hereby engages Provider as an independent contractor to provide specialty care services to Members within the scope of Provider's license and training.

2.2 Limitation on Third Party Beneficiaries. This Agreement shall in no way be construed to provide any rights directly to Members or other persons who are not parties, except that Members may assert Section 8.1 hereof.

2.3 Superseding Requirements. This Agreement and the relationship between CareOregon and Provider is subject to the OMAP Agreement and OMAP Rules. If there is a conflict between the terms of this Agreement and the OMAP Agreement or OMAP Rules, the terms of the OMAP Agreement or OMAP Rules shall control.

3. Duties of Provider

3.1 Specialty Care Services. Provider shall accept all Members referred by Referring Provider for diagnosis and treatment. Members shall be treated without discrimination of any kind.

3.2 Referrals. Provision of Non-Emergency Services shall be preauthorized by a referral in accordance with CareOregon Policies. The Covered Services to be rendered, the number and frequency of treatments, and the period during which services may be rendered shall all be as limited by the referral. Except with the written consent of the Medical Director, or as permitted by the CareOregon Policies, referrals are only permitted to Participating Providers.

3.3 Eligibility. Before providing Covered specialty care services (other than Emergency Services) to a Member, Provider shall determine that the Member possesses a facially valid and current Medical Card and supporting identification.

3.4 Standards. Provider shall:

3.4.1 Provide specialty care services in a manner which assures continuity and coordination of the health care services provided to each Member;

3.4.2 Conduct its practice and treat all Members using that degree of care, skill, and diligence which is used by ordinarily careful providers in the same or similar circumstances in the Provider's community or a similar community (see ORS 677.095);

3.4.3 Obtain and maintain, and require its employees, partners, agents and subcontractors rendering services under this Agreement to obtain and maintain, any and all required licenses, certificates or qualifications, and give CareOregon immediate notice of the lapse, termination, cancellation, limitation, qualification or suspension of the same; and

3.4.4 Comply with all OMAP Rules and CareOregon Policies and with other applicable state and federal laws and regulations.

3.5 Name Provider shall allow its name to be used in connection with CareOregon's communication with Members and potential Members.

3.6 Utilization Management and Quality Review. Provider shall cooperate with, and participate in, CareOregon's Utilization Management and Quality Review Program.

3.7 Miscellaneous Federal Laws. Provider shall comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857(h), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 C.F.R. Part 15), which prohibit the use of facilities included on the EPA List of Violating Facilities. Provider shall report any violations to OMAP, to the department of Health and Human Services, and to the U.S. EPA Assistant Administrator for Enforcement (EN-329). Provider shall comply with other applicable federal law.

3.8 Energy Efficiency. Provider shall comply with any applicable mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with Energy Policy and Conservation Act (Title III, Part C, Pub. L. 94-165).

3.9 Equal Opportunity. To the extent applicable, Provider shall comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 C.F.R. Part 60).

3.10 Advance Directives. Provider shall comply with the requirements of Oregon Revised Statutes, Chapter 127, as amended by the Oregon Legislative Assembly 1993, pertaining to advance directives.

3.11 Lobbying. Provider acknowledges that no federal appropriated funds have been paid or shall be paid, by or on behalf of Provider, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of federal contract, grant, loan or cooperative agreement. Provider agrees that if any funds other than federal appropriated funds have been paid or shall be paid

to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee or a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Provider shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.

3.12 Independent Contractors. Provider and its subcontractors, employees, and agents are performing the work under this Agreement as independent contractors and not as officers, employees, or agents of the state or Multnomah County as those terms are used in ORS 30.265.

4. Duties of CareOregon

4.1 General. CareOregon shall perform all administrative, accounting, member communication, enrollment and other functions necessary or appropriate for the administration of this Agreement.

4.2 Provider Manual. CareOregon shall supply Provider with a copy of the "Provider Manual" and periodic additions and changes thereto. The "Provider Manual" shall include copies of the CareOregon Policies, relevant provision of the OMAP Rules and the OMAP Agreement, a list of Participating providers, and any other documents necessary to guide Provider. Services provided under this Agreement are subject to CareOregon Policies regarding specialty care.

4.3 Enrollment. CareOregon shall process all Member data and shall help members select, or shall assign members to a PCP.

4.4 Identification and Eligibility. CareOregon shall supply Members with a CareOregon identification card. CareOregon shall make available information regarding the current enrollment and form of benefit plans of Members.

4.5 Responsiveness. CareOregon shall maintain adequate personnel and facilities to provide timely telephone and written response, during normal business hours, to inquiries regarding eligibility, Covered Services, PCP assignment to Members, and prior authorization of written referrals.

4.6 Participating Providers. CareOregon shall contract with a panel of primary care, specialty, ancillary, inpatient and tertiary providers that is adequate to service the Member population. CareOregon shall publish and maintain a list of Participating Providers. Provider shall be listed as a specialty care provider of CareOregon.

4.7 Credentialing. CareOregon shall adopt Provider Credentialing Guidelines, shall include them in the Provider Manual, and shall credential each Specialist under those Guidelines. Any adverse credentialing action shall be taken only pursuant to those Guidelines.

4.8 Names. CareOregon shall assure that any registration necessary or desirable for the use of CAREOREGON and any other names or logos CareOregon uses (the "Names") as an assumed business name and service mark is filed and maintained and that CareOregon has rights to use the Names for managed care services in Oregon. Provider may use the Names in connection with communication with Members and potential Members.

5. Provider Compensation

5.1 Fee-for-Service Payments. Provider shall submit Fee-For-Service bills to CareOregon within 90 days of the provision of the specialty care services being billed. Provider shall submit Fee-For-Service bills in the form and manner specified in the CareOregon Policies. CareOregon shall pay to Provider, by the 60th day after a clean claim is received, Fee-For-Service Payments for specialty care services that are provided to a Member. Billing and payment for all fee-for-service claims shall be pursuant to Care Oregon Policies.

5.2 Conditions for Payment. CareOregon shall have no obligation to make Fee-For-Service Payments to Provider relating to an individual if:

5.2.1 Provider fails to obtain a valid written referral to provide specialty care services in accordance with CareOregon Policies; or

5.2.2 Information provided to CareOregon by Provider is materially inaccurate, and CareOregon should later determine either that the individual was not eligible or the services were not specialty care services; or

5.2.3 The delivered services do not comply with this Agreement or with the quality of care and utilization standards adopted in the CareOregon Utilization Management and Quality Review Program; or

5.2.4 Provider fails to submit Fee-For-Service bills within 90 days of the day on which the Specialty Care Service being billed was provided to the Member.

5.3 Overpayments. Any payments received by Provider in breach of section 5.2, and any other payments received by Provider from CareOregon to which Provider is not entitled under the terms of this Agreement, shall be considered an overpayment and shall be recovered from Provider as an offset against future payments due, in accordance with OAR 410-120-740, or as otherwise provided by law.

5.4 Coordination of Benefits. CareOregon reserves the right to coordinate benefits with other health plans, insurance carriers, government agencies and CareOregon. CareOregon may release medical information to such other parties as necessary to accomplish the coordination of benefits in conformity with applicable confidentiality laws. Coordination of benefits shall not result in compensation in excess of the amount determined by this Agreement, except where state laws or regulations require the contrary. If Provider has knowledge that a

Member has third party health insurance or health benefits or that either Member or Provider is entitled to payment by a third party, Provider shall immediately so advise CareOregon. CareOregon shall be entitled to a credit or refund for the exact amount of duplicate payment received by Provider. Provider shall follow CareOregon Policies, including referrals only to Participating Providers, even when other coverage is available to Member.

5.5 Effect of Payment; Non-Covered Services. The payments to Provider by CareOregon under this Section 5 shall compensate Provider and all persons providing specialty care services under or through Provider, including Provider's subcontractors, for the provision of specialty care services to Members. Services, supplies or equipment which are not Covered Services may be the responsibility of the Member, and Provider may bill and collect separately for those which are lawfully the responsibility of the Member. Payment by CareOregon shall not constitute a waiver of defenses.

5.6 Encounter Data. Provider shall submit to CareOregon encounter data for each contact with a Member, in accordance with CareOregon Policies. Provider acknowledges that CareOregon is subject to additional costs and administrative fees for failure to submit encounter data in compliance with OMAP Rules. Provider shall indemnify CareOregon for any such costs or fees caused by Provider's failure to promptly deliver encounter data after reasonable notice of such failure.

5.7 Surcharges. Provider shall not charge, bill or attempt to collect from CareOregon or the Member for any charges incurred in connection with specialty care services, except for any copayment, deductible, or other surcharge allowed by the OMAP Rules ("Permitted Surcharge"). The agreement of a Member to the contrary shall not bind CareOregon. In no event, including, but not limited to nonpayment by CareOregon, CareOregon's insolvency or breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, copayment, deductible, remuneration or reimbursement (other than a Permitted Surcharge) from, or have any recourse against OMAP, a Member or other person, other than CareOregon, for specialty care services. This provision shall not prohibit collection for non-Covered Services, which have not otherwise been paid by a primary or secondary carrier in accordance with regulatory standards for coordination of benefits. In the event of CareOregon's insolvency, Provider shall continue to provide specialty care services to Members for the duration of the period for which CareOregon was paid a capitation payment by OMAP on behalf of the Member or until the Member's discharge from inpatient facilities, whichever is later.

6. Indemnity and Insurance

6.1 Indemnity.

6.1.1 Provider shall defend, indemnify, save and hold harmless CareOregon and OMAP, and each of their respective officers, agents and employees, from all damages, costs and liabilities, including attorney fees, arising out of all actions, suits or claims or whatsoever nature resulting from or arising out of the activities or omissions of Provider or its subcontractors, agents or employees, subject to the limitations of Oregon or federal law.

6.1.2 CareOregon shall defend, indemnify, save and hold harmless Provider, and its officers, partners, shareholders, agents and employees, from all damages, costs and liabilities, including attorney fees, arising out of all actions, suits or claims or whatsoever nature resulting from or arising out of the activities or omissions of CareOregon or any of its subcontractors, agents or employees, other than Provider or persons acting through Provider, subject to the limitations of Oregon law.

6.2 Liability Insurance. Provider shall obtain and keep in effect during the term of this Agreement professional liability insurance which provides coverage for direct and vicarious liability relating to any damages caused by any error, omission or negligent act of Provider (or any of its partners, shareholders, officers and employees) in an amount not less than ~~\$1,000,000~~ ~~per person per incident and \$3,000,000~~ in the aggregate. Such insurance shall be upon terms and with insurance carriers reasonably acceptable to CareOregon. Provider shall attach proof of insurance coverage to this Agreement as Exhibit B. Provider shall provide proof of continued insurance coverage at least annually and upon request of CareOregon. CareOregon may accept Provider's self insurance or tort claims act protection in lieu of insurance on a case-by-case basis upon terms satisfactory to CareOregon.

6/15/94
\$500,000 jmg
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7-11-94

6.3 Legal Claims.

6.3.1 Each party shall furnish, and shall require any person under contract with it to furnish, notice to any affected parties promptly after receipt of any claim or any threatened claim which might give rise to an obligation of indemnity under this Section 6.

6.3.2 Each party shall cooperate with the other parties and their respective insurance carriers in order to handle such claims as economically as possible.

6.4 Workers' Compensation. Provider shall maintain Workers' Compensation Insurance coverage for all nonexempt workers, employees, and subcontractors either as a carrier-insured employer or a self-insured employer as Defined in ORS Chapter 656. Out-of-state employers or subcontractors shall provide Oregon Worker's Compensation coverage for their workers who work at a single location within Oregon for more than thirty (30) days in a calendar year. Contractors or subcontractors who perform work for Provider without the assistance or labor of any employee may file a statement with provider indicating this status.

A certificate showing current Worker's Compensation Insurance is attached to this Agreement as Exhibit B and incorporated as a part of this Agreement.

7. Records and Confidentiality of Records

7.1 Maintenance. Provider shall maintain financial, medical and other records pertinent to this Agreement. All records other than medical records shall be retained by Provider for at least three years after final payment is made under this Agreement and all pending matters are closed. Additionally, if an audit, litigation or other action involving the records is started before the end of the three-year period, the records shall be retained until all issues arising out of the action are resolved. Provider shall maintain certain medical records for at least four years after the date of service or for such longer length of time as may be dictated by generally accepted standards for record keeping, in accordance with OAR 410-141-180.

7.2 Access. At all reasonable times, Provider shall provide CareOregon, OMAP, the Health Care Financing Administration, the Comptroller General of the United States, the Oregon Secretary of State, and all of their duly authorized representatives the right of access to its facilities and to its financial and medical records which are directly pertinent to this Agreement. These records will be made available for the purpose of making audit, examination, excerpts and transcriptions, for purposes and in accordance with the processes authorized by law. Provider shall, upon request, provide a reasonably available, suitable work area and (for a mutually agreeable charge) copying capabilities to facilitate such an audit or review.

7.3 Confidentiality. Subject to the requirements of applicable law, including 42 CFR Part 431, Subpart F; Provider and CareOregon shall not use, release or disclose any information concerning a member for any purpose not directly connected with the administration of this Agreement, except with the written consent of the Member, the Member's attorney or, if appropriate, the Member's parent or guardian. Provider shall maintain the confidentiality of medical records in accordance with applicable law, including ORS 433.045(3) with respect to HIV test information. Provider and CareOregon shall ensure that their agents, employees, officers and subcontractors with access to the Member's records understand and comply with this confidentiality provision.

7.4 Survival. All of this Article 7 shall survive termination of this Agreement for a period of five years.

8. Grievance Procedures

8.1 Members. CareOregon shall maintain and publish procedures for hearing and responding to the grievances of Members and Participating providers. Provider shall cooperate with such grievance procedures.

8.2 Sanctions. CareOregon may impose sanctions upon Provider for failing to comply with the terms of this Agreement in accordance with the CareOregon Policies. Such sanctions may include additional costs or administrative fees and temporary suspension of participation by Provider or one of its employees, partners, officers, or subcontractors.

9. Term and Termination

9.1 Effective Date and Term. This Agreement will be in effect on the date of execution. The initial term shall be the same as the term of the OMAP Agreement. This Agreement shall thereafter be automatically renewed for the renewal term of the OMAP Agreement.

9.2 Termination Without Cause. Either party may terminate this Agreement without cause by giving the other party written notice of termination of at least 90 days prior to the effective termination date, which may be the last day of any month designated in the notice.

9.3 Termination by CareOregon with Cause. Following notice to Provider setting forth the specific grounds for termination or suspension, CareOregon may terminate or suspend this Agreement with immediate effect upon the occurrence of :

9.3.1 The lapse, relinquishment, suspension, expiration, cancellation or termination of any required license, certification or qualification of Provider or the lapse, relinquishment, suspension, expiration, cancellation or termination of Provider's insurance as required in Section 6.3;

9.3.2 The termination, suspension or expiration of the OMAP Agreement;

9.3.3 Provider's filing for protection under the U.S. Bankruptcy Code, the appointment of a receiver to manage Provider's affairs, or the judicial declaration that Provider is insolvent;

9.3.4 The discovery by CareOregon that the representations and warranties of Provider under Section 2.1 are materially inaccurate or the violation by Provider of any material provision of this Agreement or the CareOregon Policies, if the same is not cured within 30 days after notice of the misrepresentation or violation; or

9.3.5 A danger posed by Provider to the health or safety of Members in the sole discretion of CareOregon.

Following any such suspension or termination, CareOregon's grievance or credentialing process will be available to resolve any dispute about the grounds for termination or suspension.

9.4 Termination by Provider With Cause. Following notice to CareOregon setting forth the specific ground for termination or suspension, Provider may terminate or suspend this Agreement with immediate effect upon the occurrence of:

9.4.1 The failure of CareOregon to make any payment required under this Agreement within 30 days after a notice from Provider that it is past due; or

9.4.2 The discovery by Provider that the representations and warranties of CareOregon in Section 2.1 are materially inaccurate or the violation by CareOregon of any material provision of this Agreement or the CareOregon Policies (other than the failure to make a payment), if the same is not cured within 30 days after notice of the misrepresentation or violation.

9.5 Transition. The parties shall continue to perform all of their duties and obligations with respect to Members then under the care of Provider to the date of termination. Provider shall be eligible for reimbursement under the terms of this Agreement during such period. Provider is entitled to receive all earned compensation to the date of termination.

9.6 Duties After Termination. Upon termination of this Agreement:

9.6.1 Provider shall ensure the orderly and reasonable transfer of Member care in progress;

9.6.2 If Provider continues to provide specialty care services after the date of termination, CareOregon shall make Fee-For-Service Payments if the former Member is an OMAP recipient and CareOregon qualifies for such payments from OMAP; and

9.6.3 There shall be a final accounting of payments due to or refunds payable by Provider.

9.7 Survival. The following provisions of this Agreement shall survive its termination: Sections 1, 3.5, 6.1, 6.3, 7, 8, 9.6 and 10.3 to 10.7. Section 5 shall survive termination with respect to compensation for periods prior to termination.

10. Miscellaneous

10.1 Amendments. This Agreement and the CareOregon Policies may be amended in writing by CareOregon, and such amendment shall automatically become effective 31 days after written notice to Provider, unless specifically rejected by Provider in writing within 30 days of such written notice. Any other amendment requires written consent of Provider.

10.2 Assignment. Provider may not assign this Agreement or any of its obligations or rights hereunder without the written consent of CareOregon. CareOregon may assign this Agreement or any of its obligations or rights hereunder without the consent of Provider. In the event of merger, consolidation or acquisition of either party, this Agreement shall be binding on the parties and any successors of the parties.

10.3 Integration. This agreement, including all Exhibits, constitutes the entire agreement between the parties pertaining to its subject matter, and supersedes all prior agreements and understandings of the parties.

10.4 Notices. All notices shall be in writing and shall be deemed delivered if personally delivered or dispatched by express, certified or registered mail, return receipt requested, addressed to the parties as set forth opposite their respective names below:

CareOregon CareOregon
1500 SW First Avenue, Suite 250
Portland, OR 97201-5831
Attention: Plan Administrator

Provider: Yamhill County Health and Human Services
Public Health Division
535 E 5th St McMinnville OR 97128
Attention: Nancy Nunley

Notice shall be deemed given on the date it is personally delivered, or one day after the date it is dispatched by express, or three days after the date it is deposited in the U.S. Mail in accordance with the foregoing. Telefax notice shall be deemed delivered if receipt is acknowledged in writing. Either party may at any time change its address for notification purposes by mailing a notice as required above stating the change and setting forth the new address. The new address shall be effective on the date specified in such notice or if no date is specified, on the fifth (5th) day following the date such notice is received.

10.5 Severability. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, except in those instances where removal or elimination of such invalid, illegal or unenforceable provision or provisions would result in a failure of consideration under this Agreement, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

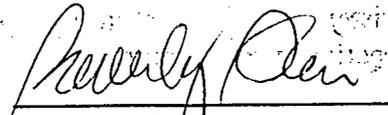
10.6 Availability of Funds. CareOregon's liability under this Agreement is subject to the limitations and conditions of Oregon Constitution Article XI, Sections 9 (pertaining to limitations on powers of county to assist corporations) and 10 (pertaining to county debt limitation).

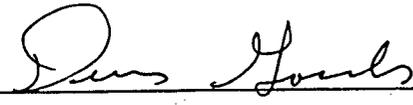
10.7 Governing Law. This Agreement shall be governed by the laws of the State of Oregon. The parties stipulate to jurisdiction and venue in the Oregon Circuit Court for the County of Multnomah for any actions under this Agreement.

IN WITNESS WHEREOF, the parties have executed this agreement to be effective as of the _____ day of _____, 199__.

Multnomah County, Oregon
doing business as CareOregon

Yamhill County
(Provider)

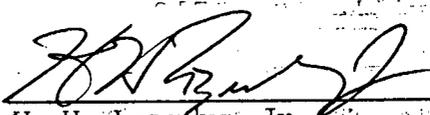
By 
Beverly Stein
Title Multnomah County Chair

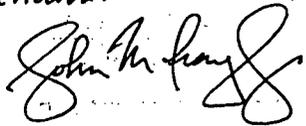
By 
Title Chair - BOC

Reviewed:

Multnomah County Counsel

Yamhill County Health & Human Services
Public Health Division
412 N. Ford
McMinnville OR 97128

By 
H. H. Lazenby, Jr.
Title Deputy County Counsel

Reviewed:
 6/15/94

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-2 DATE 7/21/94
DEB BOGSTAD
BOARD CLERK

EXHIBIT A

Fee-For-Service Rate Schedule

CareOregon will compensate Provider on a Fee-For-Service basis according to the rate schedule in effect on the dates of service.

Effective February 1, 1994, CareOregon will use Medicare's Resource Based Relative Value Scale (RBRVS) to establish its fee schedule for specialty care services. CareOregon will use the Relative Value Unit (RVU) for providers' work, overhead costs, and professional liability insurance costs. Medicare's Geographic Adjustment Factor and Volume Performance Standard will not be used.

CareOregon's conversion factors for February 1, 1994 to June 30, 1994 are:

Code	Conversion Factor
All procedures except OB	\$23.75 per unit
OB codes	\$27.00 per unit



1212 Court Street NE
 P.O. Box 3020
 Salem, OR 97302
 (503) 585-1121

CERTIFICATE OF COVERAGE

Covered Entity:	YAMHILL COUNTY
Agent:	SEDGWICK JAMES OF OREGON

This is to certify that coverage is provided to the designated entity as noted below. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the terms, exclusions and conditions of such coverage are not amended by this certificate.

TYPE OF COVERAGE	Effective Date	Expiration Date	Limit of Liability
<input checked="" type="checkbox"/> Comprehensive Liability (Including Owned and Nonowned Auto)	07/01/93	06/30/94	\$ 500,000 Combined Single Limit
<input type="checkbox"/> Auto Physical Damage (If Specified Vehicles Only, See Notes Below) Deductible: Collision \$ _____ Comprehensive \$ _____			ACV
<input type="checkbox"/> Property (Replacement Cost Except as Noted Below) Deductible: Property \$ _____ Inland Marine \$ _____			\$ Per Filed Values
<input type="checkbox"/> Worker's Compensation			Statutory
<input type="checkbox"/> Employer's Liability			\$500,000

Certificate Holder CARE- OREGON 1500 S. W. FIRTH AVENUE, SUITE 250 PORTLAND, OREGON 97201	Should any of the above described coverage be canceled before the expiration date thereof, City/County Insurance Services will endeavor to provide 30 days written notice to the certificate holder named herein, but failure to provide such notice shall impose no obligation or liability of any kind upon CIS, its agents, or representatives.			
	<table> <tr> <td>Signature</td> <td>Issue Date</td> </tr> <tr> <td><i>Richard Egan</i></td> <td>4/20/94</td> </tr> </table>	Signature	Issue Date	<i>Richard Egan</i>
Signature	Issue Date			
<i>Richard Egan</i>	4/20/94			

NOTES: The following vehicles are covered for Auto Physical Damage: _____

The following property is covered for value other than replacement cost: _____

EXHIBIT B

Proof of Provider's Insurance

CareOregon

Count on us to care

1500 S.W. First Avenue, Suite 250
Portland, Oregon 97201-5831
(503) 494-4000
FAX (503) 494-4013

Sponsoring Organizations

Multnomah County Health Department
Oregon Health Sciences University
Oregon Primary Care Association
Clackamas County Health Department
University Medical Group - OHSU

Dear Provider:

Thank you for signing the attached contract to participate in CareOregon. In order to facilitate payments and occasional pharmacy billings, we need to verify some information. Please type in your:

Name: Yamhill County Health & Human Services

Public Health

Address: 412 N. Ford

McMinnville OR 97128

Phone: (503) 434-7525

Fax: 472-9731

Social Security or Federal Tax I.D. #: 93-600-2318

Drug Enforcement Agency #: AY5462584

Thank you, again, for your participation.

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: IGA between Dept of Environmental Quality (DEQ) and the Sheriff's Office

BOARD BRIEFING: Date Requested:

Amount of Time Needed:

REGULAR MEETING: Date Requested: July 14, 1994 (July 14th)

Amount of Time Needed: 5 - 10 minutes

DEPARTMENT: Sheriff's Office DIVISION: Enforcement

CONTACT: Larry Aab TELEPHONE #: 251-2489 BLDG/ROOM #: 313/231

PERSON(S) MAKING PRESENTATION: Bob Skipper, Sheriff

ACTION REQUESTED:

[] INFORMATIONAL ONLY [] POLICY DIRECTION [X] APPROVAL [] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Intergovernmental Agreement between Department of Environmental Quality (DEQ) and the Sheriff's Office to identify, store and dispose of chemicals located at an alleged illegal drug manufacturing site.

7/22/94 ORIGINALS TO LARRY AAB

REGULAR

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Bob Skipper

OR

DEPARTMENT MANAGER:

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/5222

1994 JUL 12 PM 12:42
MULTNOMAH COUNTY
OREGON
BOARD OF
COUNTY COMMISSIONERS

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM BRIEFING
STAFF REPORT SUPPLEMENT**

TO: BOARD OF COUNTY COMMISSIONERS

FROM: BOB SKIPPER, *Bob Skipper*
SHERIFF

TODAY'S DATE: March 11, 1994

REQUESTED PLACEMENT DATE: MARCH 24, 1994

RE: BUDGET MODIFICATION REQUESTING CONTINGENCY TRANSFER FOR
DRUG LAB CLEAN-UP

I. Recommendation/Action Requested:

Request approval of a budget modification appropriating \$8,042 from general fund contingency to the Sheriff's Office budget in order to pay for a methamphetamine drug lab clean up located at 8114 SE Market St. and shut down by the Sheriff's Special Investigations Unit on March 8, 1994.

II. Background/Analysis:

As a part of the State of Oregon budget cutting process, the Department of Environmental Quality (DEQ) will no longer guarantee the costs of cleaning up a hazardous material spill or a drug lab. This burden now falls to the local jurisdiction. Prior to this policy, the DEQ assumed the responsibility of hazardous cleanups and then sought reimbursement from the offending party. Current DEQ policy establishes a clean up fund which must have a floor of \$25,000. When revenues exceed this amount DEQ will bear the cost of clean-ups until the fund drops to \$25,000. At that time clean-up costs become the burden of the local jurisdiction. Anticipated costs are completely unpredictable and are primarily dependant upon the probability of a hazardous spill.

This particular request is for a drug lab clean-up which occurred on March 8, 1994, and was performed by Foss Environmental Services. The cost of the clean-up was \$8,042. Since DEQ has not reached their \$25,000 floor, it is the responsibility of Multnomah County to assume the cost of the clean-up. Recommendations from the Budget Office are that these types of events be treated as contingency issues, They are unexpected, unanticipated events and the cost of cleaning them up is unknown

until the size of the event is evaluated. To try to budget for this would be very difficult.

III. Financial Impact:

This budget modification would reduce the general fund contingency by \$8,042.

IV. Legal Issues:

Legislative effort to require DEQ to resume responsibility for hazardous material incidents and drug lab cleanups.

- County Counsel expertise in cost recovery in the event of a spill or cleanup.

V. Controversial Issues:

None known

VI. Link to Current County Policies:

None known

VII. Citizen Participation:

N/A

VIII. Other Government Participation:

N/A



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

Contract # 800275
Amendment # _____

MULTNOMAH COUNTY OREGON

CLASS I <input type="checkbox"/> Professional Services under \$25,000	CLASS II <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	CLASS III <input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>R-3</u> DATE <u>7/21/94</u> <u>DEB BOGSTAD</u> BOARD CLERK
---	---	---

Department Sheriff's Office Division Enforcement Date June 15, 1994
 Contract Originator Capt. F.L. "Bud" Johnson Phone 251-2425 Bldg/Room 313/
 Administrative Contact Larry Aab Phone 251-2489 Bldg/Room 313/231
 Description of Contract To identify, store and dispose of chemicals located at an alleged illegal drug manufacturing site.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____
 ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name Oregon DEQ
 Mailing Address 811 SW 6th Ave
Portland, OR 97204-1390
 Phone _____ Attn: Mark Wahl
 Employer ID# or SS# _____
 Effective Date upon completion
 Termination Date N/A
 Original Contract Amount \$ _____
 Total Amount of Previous Amendments \$ _____
 Amount of Amendment \$ _____
 Total Amount of Agreement \$ _____

Remittance Address _____
 (If Different) _____
 Payment Schedule _____ Terms _____
 Lump Sum \$ _____ Due on receipt
 Monthly \$ _____ Net 30
 Other \$ _____ Other _____
 Requirements contract - Requisition required.
 Purchase Order No. _____
 Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES
 Department Manager [Signature]
 Purchasing Director _____
 (Class II Contracts Only)
 County Counsel [Signature]
 County Chair / Sheriff [Signature]
 Contract Administration _____
 (Class I, Class II Contracts Only)

Encumber: Yes No
 Date June 15, 1994
 Date _____
 Date 7-5-94
 Date July 21, 1994
 Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT		\$
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	100	025	3120			6110					
02.											
03.											

ORIGINAL

Contract No. 800275

INTERGOVERNMENTAL AGREEMENT

1
2
3 THIS AGREEMENT is made and entered into pursuant to the
4 authority found in ORS 190.010 et seq. and ORS 206.345 between
5 the Multnomah County Sheriff's Office ("MCSO"), jointly with and
6 on behalf of Multnomah County ("COUNTY"), and the State of
7 Oregon, by and through its Department of Environmental Quality
8 (DEQ). As used in this Agreement, MCSO, COUNTY and DEQ will be
9 referred to collectively as the "parties."

RECITALS

10
11
12 WHEREAS, Multnomah County is a political subdivision of the
13 State of Oregon and is a unit of local government authorized to
14 enter into intergovernmental agreements pursuant to the
15 provisions of ORS 190.010, et seq.; and

16 WHEREAS, the Multnomah County Sheriff is authorized to enter
17 into intergovernmental agreements jointly with and on behalf of
18 the County, pursuant to the provisions of ORS 206.345; and

19 WHEREAS, the Department of Environmental Quality (DEQ) is a
20 state agency of this state; and ORS 190.110 permits a unit of
21 local government and a state agency to enter into an
22 intergovernmental agreement; and

23 WHEREAS, MCSO is a law enforcement agency; and ORS 475.415
24 provides that upon request of a law enforcement agency, DEQ may
25 identify, store and dispose of chemicals located at an alleged
26 illegal drug manufacturing site; and

1 WHEREAS, ORS 475.495 establishes the Illegal Drug Cleanup
2 Fund, separate and distinct from the state's General Fund; and

3 WHEREAS, ORS 475.495 provides for funding of the Illegal
4 Drug Cleanup Fund through various sources, including forfeiture
5 proceeds that are paid into the Illegal Drug Cleanup Fund by
6 political subdivisions under the provisions of section 10,
7 chapter 791, Oregon Laws 1989; and

8 WHEREAS, for the 1993-95 biennium the Legislative Assembly
9 did not provide general fund moneys for DEQ to clean up chemicals
10 located at an alleged illegal drug manufacturing site; and

11 WHEREAS, DEQ has announced that the agency will not assist
12 local jurisdictions in cleanup action at an alleged illegal drug
13 manufacturing site unless and until DEQ has received \$25,000 in
14 forfeiture proceeds; but DEQ will assist local jurisdictions in
15 cleanup action at an alleged illegal drug manufacturing site
16 through an intergovernmental agreement for such services; and

17 WHEREAS, the County and MCSO desire to enter into an
18 intergovernmental agreement with DEQ whereby, at the request of
19 MCSO, DEQ will carry out cleanup action at an alleged illegal
20 drug manufacturing site.

21 THEREFORE, IN CONSIDERATION of those mutual promises and
22 terms and conditions set forth hereafter, and pursuant to the
23 provisions of ORS chapter 190, the parties agree to be bound as
24 follows:

25 //

26 /

1 DEFINITIONS

2 1. As used in this agreement, "chemical," "cleanup," "cleanup
3 costs," department," and "site" shall have that meaning
4 given those terms in ORS 475.405 and as used in ORS 475.405
5 to 475.495.

6 DESCRIPTION OF SERVICES

- 7 2. At the request of MCSO, DEQ agrees to respond to a site to:
- 8 A. Sample, inspect, examine and investigate the site;
 - 9 B. Examine and copy records and other information at the
10 site; or
 - 11 C. Carry out cleanup action at the site, including but not
12 limited to identifying, storing and disposing chemicals
13 located at the site.
- 14 3. The parties agree that DEQ may contract with an emergency
15 response company to act on behalf of DEQ to provide any or
16 all of the services listed in section 2 of this agreement.
- 17 4. DEQ agrees that the department or a person acting on behalf
18 of the department shall be considered the generator of
19 hazardous waste that must be transported to a Treatment,
20 Storage and Disposal Facility (TSDF). DEQ further agrees
21 that the department or a person acting on behalf of the
22 department shall be responsible for obtaining any required
23 Treatment, Storage and Disposal (TSD) waste management
24 profiles, transfer manifests, or other required documents
25 related to the transportation, treatment, storage or
26 disposal of chemicals at a site.

1 5. The parties agree that if any chemicals at a site are
2 identified as evidence, MCSO will label such chemicals as
3 evidence. If such evidence must be stored prior to
4 disposal, DEQ agrees to provide or arrange for such storage
5 in accordance with the provisions of state and federal law
6 and the terms of this agreement. When such chemicals are no
7 longer needed as evidence, DEQ will provide or arrange for
8 disposal of such chemicals in accordance with the provisions
9 of state and federal law and the terms of this agreement.

10 COMPENSATION

11 6. The County agrees to compensate DEQ for services rendered
12 under this agreement at the rate of \$72.00 per hour. This
13 rate is calculated to include DEQ's direct personnel costs
14 and indirect costs.

15 7. In addition to the compensation provided in section 6 of
16 this agreement, the County agrees to pay or reimburse DEQ
17 for all direct cleanup costs, including but not limited to
18 contractor costs, incurred in cleaning up a site.

19 8. The County agrees to pay DEQ within 45 days from the date of
20 DEQ's invoice.

21 9. DEQ agrees that prior to billing the County for costs
22 incurred in cleaning up a site, DEQ will first attempt to
23 pay for cleanup of a site from the Illegal Drug Cleanup
24 Fund. The parties agree that moneys in the fund may be
25 insufficient to cover the costs of a site cleanup and are
26 available on a first come, first served basis.

1 INDEMNIFICATION AND LIABILITY

2 11. Notwithstanding the provisions of ORS 475.405 to 475.495,
3 and subject to the limitations of the Oregon Torts Claims
4 Act and the Oregon Constitution, MCSO and the COUNTY shall
5 indemnify, defend and hold harmless DEQ, its officers,
6 employees and agents from all claims, suits, actions or
7 expenses of any nature resulting from or arising out of the
8 acts, errors or omissions of MCSO personnel acting pursuant
9 to the terms of this Agreement.

10 12. Notwithstanding the provisions of ORS 475.405 to 475.495,
11 and subject to the limitations of the Oregon Torts Claims
12 Act and the Oregon Constitution, DEQ and the State of Oregon
13 shall indemnify, defend and hold harmless COUNTY and MCSO,
14 their officers, employees and agents from all claims, suits,
15 actions or expenses of any nature resulting from or arising
16 out of the acts, errors or omissions of MHCC personnel
17 acting pursuant to the terms of this Agreement.

18 13. The parties shall maintain worker's compensation
19 insurance coverage for all its personnel, either as a
20 carrier or self-insured employer as provided in Chapter
21 656 of Oregon Revised Statutes.

22
23 CONTRACT MODIFICATION AND TERMINATION

24 14. This Agreement shall be effective when signed by all parties
25 and shall remain in effect until terminated by the parties
26 in accordance with this agreement.

- 1 15. Any party may terminate this agreement by written notice of
2 default if another party fails to provide any part of the
3 services described herein.
- 4 16. This contract may be terminated by mutual consent of the
5 parties, or by any party upon thirty (30) days notice, in
6 writing, and delivered by certified mail or in person.
- 7 17. Termination under any provision of this paragraph shall not
8 affect any right, obligation or liability of any party which
9 accrued prior to termination.
- 10 18. The parties agree that this agreement may be modified or
11 amended by mutual agreement of the parties. Any
12 modification to this agreement shall be effective only when
13 incorporated herein by written amendments and signed by both
14 DEQ and the Multnomah County Sheriff, and approved by the
15 Multnomah County Board of County Commissioners.

16 DISPUTE RESOLUTION

- 17 19. While the parties have attempted to make an Agreement
18 anticipating and addressing their concerns, MCSO, COUNTY and
19 DEQ acknowledge the possibility that a claim, controversy or
20 dispute may arise out of this Agreement. MCSO, COUNTY and
21 DEQ agree that each party has an obligation and affirmative
22 duty to make a good faith effort to resolve any claim,
23 controversy or dispute, including the giving of timely,
24 written notification thereof to the other party.
- 25 20. MCSO, COUNTY and DEQ agree that all claims, controversies or
26 disputes which arise out of this agreement, and which have
27

1 not been resolved through good faith efforts of the parties,
2 shall be resolved by arbitration in accordance with the then
3 effective arbitration rules of the Arbitration Service of
4 Portland or the American Arbitration Association, whichever
5 organization is selected by the party who first initiates
6 arbitration by filing a claim in accordance with the rules
7 of the organization selected, and any judgment upon the
8 award rendered pursuant to such arbitration may be entered
9 in any court having jurisdiction thereof.

10 CONTRACT ADMINISTRATION

11 21. The Multnomah County Sheriff designates Captain F.L. Johnson
12 to represent MCSO in all matters pertaining to
13 administration of this Agreement.

14 22. DEQ designates Mary Wahl, Administrator, Waste Management
15 and Cleanup Division, to represent DEQ in all matters
16 pertaining to administration of this Agreement.

17 23. Any notice or notices provided for by this Agreement or by
18 law to be given or served upon either party shall be given
19 or served by certified letter, deposited in the U.S. mail,
20 postage prepaid, and addressed to:

21
22 Bob Skipper
23 Multnomah County Sheriff
12240 NE Glisan Street
Portland, OR 97230

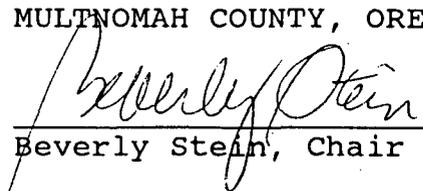
Mary Wahl
Oregon DEQ
811 SW Sixth Ave.
Portland, OR 97204-1390

1 IN WITNESS WHEREOF, the parties have caused this Agreement
2 to be executed by their duly appointed officers on the date
3 written below.

4 DEPT. OF ENVIRONMENTAL QUALITY

MULTNOMAH COUNTY, OREGON

5
6 _____
Mary Wahl, Administrator

5
6 
Beverly Stein, Chair

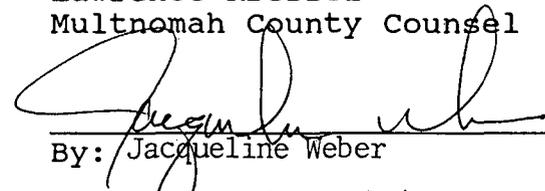
7 DATE: _____

7 DATE: July 21, 1994

8
9
10 _____
Bob Skipper, Sheriff

11 DATE: _____

12
13 REVIEWED:
14 Lawrence Kressel
15 Multnomah County Counsel

16 
By: Jacqueline Weber

17 DATE: 7-5-94

18
19 APPROVED MULTNOMAH COUNTY
20 BOARD OF COMMISSIONERS
AGENDA # R-3 DATE 7/21/94
21 DEB BOGSTAD
BOARD CLERK

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: IGA between Metro and the Sheriff's Office

BOARD BRIEFING: Date Requested:

Amount of Time Needed:

REGULAR MEETING: Date Requested: July 21, 1994

Amount of Time Needed: 5 - 10 minutes

DEPARTMENT: Sheriff's Office DIVISION: Corrections

CONTACT: Larry Aab TELEPHONE #: 251-2489

BLDG/ROOM #: 313/231

PERSON(S) MAKING PRESENTATION: Bob Skipper, Sheriff

ACTION REQUESTED:

[] INFORMATIONAL ONLY [] POLICY DIRECTION [X] APPROVAL [] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Intergovernmental Agreement between Metro and the Sheriff's Office to provide a supervised inmate work crew to perform general labor such as ground maintenance, yard and nursery work, light carpentry, and painting, to name a few.

7/22/94 ORIGINALS to LARRY AAB

REGULAR

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Bob Skipper

OR

DEPARTMENT MANAGER:

CLERK OF COUNTY BOARD OF COMMISSIONERS 1994 JUL 12 PM 12:40 MULTNOMAH COUNTY OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/5222

BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM BRIEFING
STAFF REPORT SUPPLEMENT

TO: BOARD OF COUNTY COMMISSIONERS

FROM: LARRY AAB, FISCAL MANAGER

TODAY'S DATE: July 1, 1994

REQUESTED PLACEMENT DATE: July 21, 1994

RE: IGA Between MCSO and METRO to Provide Inmate Work Crews

I. Recommendation/Action Requested:

Request commitment from the Board to approve this IGA.

II. Background/Analysis:

Under this IGA, MCSO will provide supervised inmate work crews services (e.g., general labor, grounds maintenance, yard and nursery work, light carpentry and painting), at various METRO facilities, including METRO's solid waste transfer stations and the EXPO center.

III. Financial Impact:

MCSO will bill METRO for services provided at a per diem rate of 145.00/day for all work performed at EXPO; and 191.00/day for all work performed elsewhere. [Rates differ due to preexisting agreement with EXPO management.]

IV. Legal Issues:

Standard IGA indemnification issues regarding liability of employees acting within the scope of their employment.

V. Controversial Issues:

None noted.

VI. Link to Current County Policies:

Fosters intergovernmental cooperation.

VII. Citizen Participation:

None.

VIII. Other Government Participation:

Metropolitan Service District (METRO).



CONTRACT APPROVAL FORM
(See Administrative Procedure #2106)

Contract # 800285

Amendment # _____

MULTNOMAH COUNTY OREGON

<p>CLASS I</p> <p><input type="checkbox"/> Professional Services under \$25,000</p>	<p>CLASS II</p> <p><input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption)</p> <p><input type="checkbox"/> PCRB Contract</p> <p><input type="checkbox"/> Maintenance Agreement</p> <p><input type="checkbox"/> Licensing Agreement</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Revenue</p>	<p>CLASS III</p> <p><input checked="" type="checkbox"/> Intergovernmental Agreement</p> <p>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # <u>R-4</u> DATE <u>7/21/94</u></p> <p><u>DEB BOGSTAD</u></p> <p>BOARD CLERK</p>
---	---	---

Department Sheriff's Office Division Corrections Date June 23, 1994

Contract Originator Sgt. David Keith Phone 248-5060 Bldg/Room 314/MCIJ

Administrative Contact Larry Aab Phone 251-2489 Bldg/Room 313/231

Description of Contract To provide a supervised inmate work crew to perform general labor such as ground maintenance, yard and nursery work, light carpentry, and painting, to name a few.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is MBE WBE ORF

Contractor Name METRO

Mailing Address 600 NE Grand Ave
Portland, OR 97232-2736

Phone _____

Employer ID# or SS# _____

Effective Date July 1, 1994

Termination Date June 30, 1995

Original Contract Amount \$ _____

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ _____

Remittance Address _____
(If Different)

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt

Monthly \$ _____ Net 30

Other \$ _____ Other _____

Requirements contract - Requisition required.

Purchase Order No. _____

Requirements Not to Exceed \$ _____

Encumber: Yes No

Date June 23, 1994

Date _____

Date 7-9-94

Date July 21, 1994

Date _____

REQUIRED SIGNATURES:

Department Manager [Signature]

Purchasing Director (Class II Contracts Only) [Signature]

County Counsel [Signature]

County Chair / Sheriff [Signature]

Contract Administration (Class I, Class II Contracts Only) _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT		\$
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/DEC IND
01.	169	025	3961			2780					
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

INSTRUCTIONS ON REVERSE SIDE

WHITE - CONTRACT ADMINISTRATION CANARY - INITIATOR PINK - FINANCE

INTERGOVERNMENTAL AGREEMENT

1
2 THIS AGREEMENT is made and entered into pursuant to the
3 authority found in ORS 190.010 et seq. and ORS 206.345 between
4 the Multnomah County Sheriff's Office ("MCSO"), jointly with and
5 on behalf of Multnomah County ("COUNTY"), and the Metropolitan
6 Service District ("METRO"). MCSO, COUNTY and METRO will be
7 referred to collectively as the "parties."

8 WHEREAS, Multnomah County is a political subdivision of the
9 State of Oregon and is a unit of local government authorized to
10 enter into intergovernmental agreements pursuant to the
11 provisions of ORS 190.010, et seq.; and

12 WHEREAS, the Multnomah County Sheriff is authorized to enter
13 into intergovernmental agreements jointly with and on behalf of
14 the County, pursuant to the provisions of ORS 206.345; and

15 WHEREAS, METRO is a municipal corporation formed and
16 operating under the laws of the State of Oregon and the 1992
17 METRO Charter, and is a unit of local government authorized to
18 enter into intergovernmental agreements pursuant to the
19 provisions of ORS 190.010, et seq.; and

20 WHEREAS, METRO desires to contract with the COUNTY for the
21 performance of certain functions related to METRO's purpose and
22 authority, to be performed by the COUNTY through the Multnomah
23 County Sheriff's Office; and

24 WHEREAS, the COUNTY through MCSO is able and prepared to
25 provide the services required by METRO under those terms and
26 conditions set forth; therefore,

1 IN CONSIDERATION of those mutual promises and the terms and
2 conditions set forth hereafter, and pursuant to the provisions of
3 ORS chapter 190, the parties agree to be bound as follows:

4 **INMATE WORK CREWS**

- 5 1. MCSO agrees to provide, at METRO's request, a supervised
6 inmate work crew to perform general labor, including but not
7 limited to grounds maintenance, yard and nursery work, light
8 carpentry, painting, and debris removal, at sites owned,
9 operated or managed by METRO.
- 10 2. MCSO agrees that each inmate work crew provided under this
11 agreement will be supervised by one or more corrections
12 officers trained and experienced in managing inmate work
13 crews.
- 14 3. MCSO agrees that each inmate work crew provided under this
15 agreement will be comprised of sentenced, local inmates
16 eligible for outside public works and who pose a minimal
17 threat to the public;
- 18 4. MCSO agrees that each work crew vehicle will be radio-
19 equipped, self-contained, and furnished with hand and power
20 tools appropriate for each job. The parties further agree
21 that if the work crew does not have in its own inventory the
22 tools or equipment required to perform the job requested by
23 METRO, then MCSO may lease the equipment required and
24 include the costs of such equipment rental in its bill to
25 METRO.

1 5. METRO agrees to provide all materials, including but not
2 limited to paint, nursery stock, lumber and similar building
3 materials, required for the work performed or services
4 provided under this agreement.

5 **HAZARDOUS MATERIALS EXCEPTION**

6 6. The parties agree that:

7 (a) Clean-up of dump sites containing known or suspected
8 hazardous materials is beyond the scope, skill, training and
9 experience of an inmate work crew;

10 (b) No inmate work crew provided under this agreement shall
11 be required to clean-up any dump site where known or
12 suspected hazardous materials are present; and

13 (c) In the event the inmate work crew discovers known or
14 suspected hazardous materials at a dump site, the work crew
15 supervisor shall immediately cease the clean-up activity
16 until such time as the site is inspected and declared or
17 made safe by the appropriate hazardous materials authority.

18
19 **COMPENSATION**

20 7. METRO agrees to pay to MCSO for services rendered under this
21 agreement at the following rate:

22 (a) For all work performed or services rendered at the
23 Metro Exposition Center, the rate shall be \$145.00 per day.

24 (b) For all work performed or services rendered at any
25 other site, including but not limited to any solid waste
26 center, the rate shall be \$191.00 per day.

1 8. MCSO agrees to bill METRO on the last working day of each
2 calendar month. METRO agrees to pay MCSO within 30 days of
3 receipt of MCSO's monthly invoice.

4 **PERSONNEL MATTERS**

5 9. The parties agree that the corrections officers provided
6 hereunder by MCSO (hereinafter, "ASSIGNED PERSONNEL") shall
7 be and remain employees of the COUNTY. All ASSIGNED
8 PERSONNEL shall be supervised by MCSO and shall perform
9 their duties in accordance with the administrative and
10 operational procedures of MCSO.

11 10. The parties agree that METRO does not assume any liability
12 for the direct payment of any wages, salaries or other
13 compensation to ASSIGNED PERSONNEL performing services
14 pursuant to the terms of this agreement or for any other
15 liability not provided for in this agreement.

16 11. The COUNTY agrees to maintain workers' compensation
17 insurance coverage for its ASSIGNED PERSONNEL, either as a
18 carrier insured employer or a self-insured employer as
19 provided in ORS chapter 656.

20 12. The parties agree that matters concerning direct or indirect
21 monetary benefits, hours, vacations, sick leave, grievance
22 procedures and other conditions of employment regarding
23 ASSIGNED PERSONNEL under this agreement shall be governed by
24 the provisions of existing collective bargaining agreements
25 between the ASSIGNED PERSONNEL's bargaining unit and their
26 public employer.

1 13. The parties agree that all labor disputes arising out of
2 this agreement shall be governed by the provisions of
3 applicable collective bargaining agreements in effect during
4 this agreement, and the personnel rules of the COUNTY.

5 **INDEMNIFICATION AND LIABILITY**

6 14. Subject to the limitations of the Oregon Torts Claims Act
7 and the Oregon Constitution, MCSO and the COUNTY shall
8 indemnify, defend and hold harmless METRO, its officers,
9 employees and agents from all claims, suits, actions or
10 expenses of any nature resulting from or arising out of the
11 acts, errors or omissions of MCSO personnel acting pursuant
12 to the terms of this agreement.

13 15. Subject to the limitations of the Oregon Torts Claims Act
14 and the Oregon Constitution, METRO shall indemnify, defend
15 and hold harmless COUNTY and MCSO, their officers, employees
16 and agents from all claims, suits, actions or expenses of
17 any nature resulting from or arising out of the acts, errors
18 or omissions of METRO personnel acting pursuant to the terms
19 of this agreement.

20 **DISPUTE RESOLUTION**

21 16. Any dispute arising from this agreement shall be resolved in
22 the manner provided by Section 5 of the intergovernmental
23 agreement (Multnomah County Contract No. 301174), entered
24 into by and between METRO and Multnomah County relating to
25 the transfer of operation and management of County parks to
26 METRO.

1 **CONTRACT ADMINISTRATION**

2 17. MCSO designates Sergeant David Keith, Work Crew Supervisor,
3 to represent MCSO in all matters pertaining to
4 administration of this agreement.

5 18. METRO designates Penny Erickson, Senior Site Manager, to
6 represent METRO in all matters pertaining to administration
7 of this agreement.

8 19. Any notice or notices provided for by this agreement or by
9 law to be given or served upon either party shall be given
10 or served by certified letter, deposited in the U.S. mail,
11 postage prepaid, and addressed to:

12 Bob Skipper
13 Multnomah County Sheriff
14 12240 NE Glisan Street
Portland, OR 97230

Penny Erickson
Senior Site Manager, METRO
600 N.E. Grand Avenue
Portland, OR 97232-2736

15 **CONTRACT MODIFICATION AND TERMINATION**

16 20. This agreement shall be effective from the 1st day of July,
17 1994, and shall run through the 30th day of June, 1995.

18 21. The parties agree that in the event the parties to this
19 agreement desire to renew this contract after the expiration
20 thereof, they shall notify the other parties within 90 days
21 prior to its expiration.

22 22. The parties agree that any party to this agreement may
23 terminate said Agreement by giving the other party(s) not
24 less than 90 days written notice.

25 //

26 /

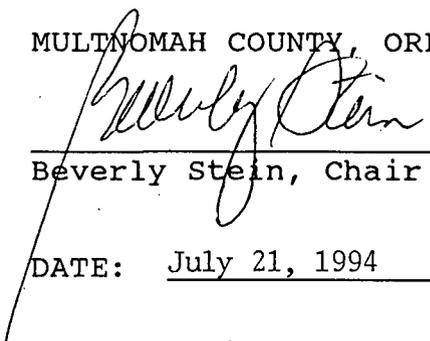
23. The parties agree that this agreement may be modified or amended by mutual agreement of the parties. Any modification to this agreement shall be effective only when incorporated herein by written amendments and signed by both METRO and the Multnomah County Sheriff, and approved by the Multnomah County Board of Commissioners.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by their duly appointed officers on the date written below.

METRO

MULTNOMAH COUNTY, OREGON

Rena Cusma, Executive Officer



Beverly Stein, Chair

DATE: _____

DATE: July 21, 1994

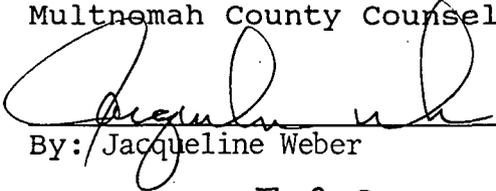
Bob Skipper, Sheriff

DATE: _____

APPROVED AS TO FORM:

REVIEWED:
Lawrence Kressel
Multnomah County Counsel

METRO General Counsel



By: Jacqueline Weber

DATE: _____

DATE: 7-9-94

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-4 DATE 7/21/94
DEB BOGSTAD
BOARD CLERK

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: IGA between Metro and the Sheriff's Office

BOARD BRIEFING: Date Requested:

Amount of Time Needed:

REGULAR MEETING: Date Requested: July 14, 1994

Amount of Time Needed: 5 - 10 minutes

DEPARTMENT: Sheriff's Office DIVISION: Enforcement

CONTACT: Larry Aab TELEPHONE #: 251-2489

BLDG/ROOM #: 313/231

PERSON(S) MAKING PRESENTATION: Bob Skipper, Sheriff

ACTION REQUESTED:

[] INFORMATIONAL ONLY [] POLICY DIRECTION [X] APPROVAL [] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Intergovernmental Agreement between Metro and the Sheriff's Office to provide law enforcement services at Oxbow Park and Blue Lake Park.

7/22/94 ORIGINALS TO LARRY AAB

REGULAR

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Bob Skipper

OR

DEPARTMENT MANAGER:

BOARD OF COUNTY COMMISSIONERS
1994 JUL 12 PM 12:48
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/5222

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM BRIEFING
STAFF REPORT SUPPLEMENT**

TO: BOARD OF COUNTY COMMISSIONERS

FROM: LARRY AAB, FISCAL MANAGER

TODAY'S DATE: June 27, 1994

REQUESTED PLACEMENT DATE: July 14, 1994

RE: IGA Between MCSO and METRO to Provide Parks Law Enforcement

I. Recommendation/Action Requested:

Request commitment from the Board to approve this IGA.

II. Background/Analysis:

Under this IGA, MCSO will provide law enforcement services at Blue Lake Park and Oxbow Park from 1:00 p.m. to 9:00 p.m., Saturdays and Sundays only, from June 25, 1994 through September 6, 1994. Pursuant to an IGA entered into between the County and METRO, effective January 1, 1994, METRO now operates and manages both Blue Lake Park and Oxbow Park. This IGA expressly does not modify any of the terms or conditions of the existing METRO/County parks IGA.

III. Financial Impact:

MCSO will not charge METRO for this law enforcement service because the Board has in earlier years provided a partial FTE deputy sheriff for County parks law enforcement.

IV. Legal Issues:

Standard IGA indemnification issues regarding liability of employees acting within the scope of their employment.

V. Controversial Issues:

None noted.

VI. Link to Current County Policies:

Fosters intergovernmental cooperation.

VII. Citizen Participation: None.

VIII. Other Government Participation:

Metropolitan Service District (METRO).



CONTRACT APPROVAL FORM

(See Administrative Procedure #2106)

Contract # 800295

Amendment # _____

MULTNOMAH COUNTY OREGON

<p>CLASS I</p> <p><input type="checkbox"/> Professional Services under \$25,000</p>	<p>CLASS II</p> <p><input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption)</p> <p><input type="checkbox"/> PCRB Contract</p> <p><input type="checkbox"/> Maintenance Agreement</p> <p><input type="checkbox"/> Licensing Agreement</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Revenue</p>	<p>CLASS III</p> <p><input checked="" type="checkbox"/> Intergovernmental Agreement</p> <p>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # <u>R-5</u> DATE <u>7/21/94</u></p> <p>DEB BOGSTAD</p> <p>BOARD CLERK</p>
--	--	---

Department Sheriff's Office Division Enforcement Date June 23, 1994

Contract Originator Captain F.L. "Bud" Johnson Phone 251-2425 Bldg/Room 313/

Administrative Contact Larry Aab Phone 251-2489 Bldg/Room 313/231

Description of Contract To provide law enforcement services at Oxbow Park and Blue Lake Park.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is MBE WBE QRF

Contractor Name Metro

Mailing Address 600 NE Grand Ave

Portland, OR 97232-2736

Phone _____

Employer ID# or SS# _____

Effective Date June 25, 1994

Termination Date September 6, 1994

Original Contract Amount \$ N/A

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ _____

Remittance Address _____ (If Different)

Payment Schedule _____ Terms _____

Lump Sum \$ _____ Due on receipt

Monthly \$ _____ Net 30

Other \$ _____ Other _____

Requirements contract - Requisition required.

Purchase Order No. _____

Requirements Not to Exceed \$ _____

REQUIRED SIGNATURES:

Department Manager [Signature]

Purchasing Director (Class II Contracts Only) [Signature]

County Counsel [Signature]

County Chair / Sheriff [Signature]

Contract Administration (Class I, Class II Contracts Only) _____

Encumber: Yes No

Date June 23, 1994

Date _____

Date 7-5-94

Date July 21, 1994

Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT \$		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.		Not applicable									
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

INSTRUCTIONS ON REVERSE SIDE

INTERGOVERNMENTAL AGREEMENT

1
2
3 THIS AGREEMENT is made and entered into pursuant to the
4 authority found in ORS 190.010 et seq. and ORS 206.345 between
5 the Multnomah County Sheriff's Office ("MCSO"), jointly with and
6 on behalf of Multnomah County ("COUNTY"), and the Metropolitan
7 Service District ("METRO"). MCSO, COUNTY and METRO will be
8 referred to collectively as the "parties."

9 WHEREAS, Multnomah County is a political subdivision of the
10 State of Oregon and is a unit of local government authorized to
11 enter into intergovernmental agreements pursuant to the
12 provisions of ORS 190.010, et seq.; and

13 WHEREAS, the Multnomah County Sheriff is authorized to enter
14 into intergovernmental agreements jointly with and on behalf of
15 the County, pursuant to the provisions of ORS 206.345; and

16 WHEREAS, METRO is a municipal corporation formed and
17 operating under the laws of the State of Oregon and the 1992
18 METRO Charter, and is a unit of local government authorized to
19 enter into intergovernmental agreements pursuant to the
20 provisions of ORS 190.010, et seq.; and

21 WHEREAS, METRO and the COUNTY entered into an
22 intergovernmental agreement, effective January 1, 1994, whereby
23 the COUNTY transferred to METRO the operation and management of
24 certain COUNTY parks, including but not limited to Oxbow Park and
25 Blue Lake Park; and
26
27

1 WHEREAS, METRO desires to contract with the COUNTY for the
2 performance of certain law enforcement functions, to be performed
3 by the COUNTY through the Multnomah County Sheriff's Office, at
4 parks operated and managed by METRO, including but not limited to
5 Oxbow Park and Blue Lake Park; and

6 WHEREAS, the COUNTY through MCSO is able and prepared to
7 provide the law enforcement services required by METRO under
8 those terms and conditions set forth; therefore,

9 IN CONSIDERATION of those mutual promises and the terms and
10 conditions set forth hereafter, and pursuant to the provisions of
11 ORS chapter 190, the parties agree to be bound as follows:

12 **METRO PARKS LAW ENFORCEMENT**

- 13 1. MCSO agrees to provide law enforcement services from 1:00
14 p.m. to 9:00 p.m., Saturdays and Sundays only, at Oxbow Park
15 and Blue Lake Park. "Law enforcement services" includes,
16 but is not limited to, patrolling the parks and enforcing
17 state and local law, including Multnomah County ordinances
18 relating to parks.
- 19 2. MCSO agrees to assign one uniformed MCSO deputy sheriff each
20 to Oxbow Park and Blue Lake Park, respectively. MCSO
21 further agrees that a deputy sheriff assigned to each park
22 shall be provided a marked, radio-equipped patrol vehicle.
- 23 3. METRO agrees that in the event METRO does not anticipate the
24 need for a deputy sheriff for a given week-end, METRO shall
25 notify MCSO not later than the Thursday preceding the
26 affected week-end.
- 27

1 **COMPENSATION**

2 4. MCSO agrees to provide the law enforcement services under
3 this agreement at no cost to METRO.

4 **PERSONNEL MATTERS**

5 5. The parties agree that the law enforcement officers provided
6 hereunder by MCSO (hereinafter, "ASSIGNED PERSONNEL") shall
7 be and remain employees of the COUNTY. All ASSIGNED
8 PERSONNEL shall be supervised by MCSO and shall perform
9 their duties in accordance with the administrative and
10 operational procedures of MCSO.

11 6. The parties agree that METRO does not assume any liability
12 for the direct payment of any wages, salaries or other
13 compensation to ASSIGNED PERSONNEL performing services
14 pursuant to the terms of this agreement or for any other
15 liability not provided for in this agreement.

16 7. The COUNTY agrees to maintain workers' compensation
17 insurance coverage for its ASSIGNED PERSONNEL, either as a
18 carrier insured employer or a self-insured employer as
19 provided in ORS chapter 656.

20 8. The parties agree that matters concerning direct or indirect
21 monetary benefits, hours, vacations, sick leave, grievance
22 procedures and other conditions of employment regarding
23 ASSIGNED PERSONNEL under this agreement shall be governed by
24 the provisions of existing collective bargaining agreements
25 between the ASSIGNED PERSONNEL's bargaining unit and their
26 public employer.

1 9. The parties agree that all labor disputes arising out of
2 this agreement shall be governed by the provisions of
3 applicable collective bargaining agreements in effect during
4 this agreement, and the personnel rules of the COUNTY.

5 **INDEMNIFICATION AND LIABILITY**

6 10. Subject to the limitations of the Oregon Torts Claims Act
7 and the Oregon Constitution, MCSO and the COUNTY shall
8 indemnify, defend and hold harmless METRO, its officers,
9 employees and agents from all claims, suits, actions or
10 expenses of any nature resulting from or arising out of the
11 acts, errors or omissions of MCSO personnel acting pursuant
12 to the terms of this agreement.

13 11. Subject to the limitations of the Oregon Torts Claims Act
14 and the Oregon Constitution, METRO shall indemnify, defend
15 and hold harmless COUNTY and MCSO, their officers, employees
16 and agents from all claims, suits, actions or expenses of
17 any nature resulting from or arising out of the acts, errors
18 or omissions of METRO personnel acting pursuant to the terms
19 of this agreement.

20 **DISPUTE RESOLUTION**

21 12. Any dispute arising from this agreement shall be resolved in
22 the manner provided by Section 5 of the intergovernmental
23 agreement (Multnomah County Contract No. 301174), entered
24 into by and between METRO and Multnomah County relating to
25 the transfer of operation and management of County parks to
26 METRO.
27

1 **CONTRACT ADMINISTRATION**

2 13. MCSO designates Captain F.L. "Bud" Johnson, Enforcement
3 Operations Commander, to represent MCSO in all matters
4 pertaining to administration of this agreement.

5 14. METRO designates _____,
6 to represent METRO in all matters pertaining to
7 administration of this agreement.

8 15. Any notice or notices provided for by this agreement or by
9 law to be given or served upon either party shall be given
10 or served by certified letter, deposited in the U.S. mail,
11 postage prepaid, and addressed to:

12	Bob Skipper	Executive Officer
13	Multnomah County Sheriff	METRO
14	12240 NE Glisan Street	600 N.E. Grand Avenue
	Portland, OR 97230	Portland, OR 97232-2736

15 **CONTRACT MODIFICATION AND TERMINATION**

16 16. This agreement shall be effective the 25th day of June,
17 1994, and shall run through 6th day of September, 1994.

18 17. The parties agree that any party to this agreement may
19 terminate said Agreement by giving the other party(s) not
20 less than 30 days written notice.

21 18. The parties agree that this agreement may be modified or
22 amended by mutual agreement of the parties. Any
23 modification to this agreement shall be effective only when
24 incorporated herein by written amendments and signed by both
25 METRO and the Multnomah County Sheriff, and approved by the
26 Multnomah County Board of Commissioners.

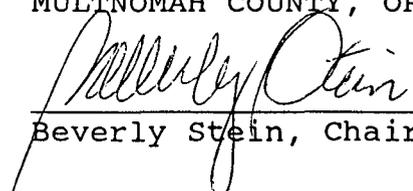
19. The parties agree that nothing in this agreement shall be construed as a modification of the intergovernmental agreement (Multnomah County Contract No. 301174), entered into by and between METRO and Multnomah County relating to the transfer of operation and management of County parks to METRO.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by their duly appointed officers on the date written below.

METRO

MULTNOMAH COUNTY, OREGON

Rena Cusma, Executive Officer



Beverly Stein, Chair

DATE: _____

DATE: July 21, 1994

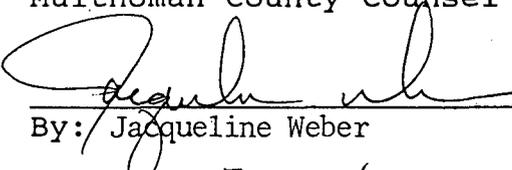
Bob Skipper, Sheriff

DATE: _____

APPROVED AS TO FORM:

REVIEWED:
Lawrence Kressel
Multnomah County Counsel

METRO General Counsel



By: Jacqueline Weber

DATE: _____

DATE: 7-5-94

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-5 DATE 7/21/94
DEB BOGSTAD
BOARD CLERK

#1

PLEASE PRINT LEGIBLY!

MEETING DATE 7-21-94

NAME Diane Walton

ADDRESS 800 IVE DREAM

STREET PORTLAND

CITY ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R-6

SUPPORT OPPOSE
SUBMIT TO BOARD CLERK

#2
PLEASE PRINT LEGIBLY!

MEETING DATE

7/21/94

NAME

BRANDON CLARK

ADDRESS

909 NE BRAZEE #10

STREET

CITY

PORTLAND

ZIP CODE

97212

I WISH TO SPEAK ON AGENDA ITEM #

2-6

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#3

PLEASE PRINT LEGIBLY!

MEETING DATE

7/21/94

NAME

ALLANNA GUENTHER

ADDRESS

PHOENIX RISING

STREET

620 SW 5th Suite 710

CITY

PHX 97204

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

CFSC

SUPPORT

✓

OPPOSE

SUBMIT TO BOARD CLERK

R-6

#4

PLEASE PRINT LEGIBLY!

MEETING DATE

7/21/94

NAME

MYNDI GREAT (GEET)

ADDRESS

PHOENIX Rising

STREET

620 SW 5th #710 97204

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

CFSC
R-6

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

Meeting Date: JUL 21 1994

Agenda No.: R-6

(Above Space for Board Clerk's Use *ONLY*)

AGENDA PLACEMENT FORM

SUBJECT: In the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families

BOARD BRIEFING: Date Requested: _____
Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 21, 1994
Amount of Time Needed: 15 minutes

DEPARTMENT: Nondepartmental DIVISION:

CONTACT: Helen Richardson TELEPHONE: 248-3982
BLDG/ROOM: 106/1410

PERSON(S) MAKING PRESENTATION: Mark Rosenbaum, Muriel Goldman of the Multnomah Commission on Children and Families

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if available):

n/a

7/22/94 copies to Helen Richardson and Jim Clay

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1994 JUL 14 AM 11:44

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein
OR
DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions? Call the Office of the Board Clerk at 248-3277 or 248-5222.

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Helen Richardson

TODAY'S DATE: July 11, 1994

REQUESTED PLACEMENT DATE: July 21, 1994

RE: Resolution in the Matter of Approving the Comprehensive Plan of the Multnomah Commission on Children and Families

This memo is submitted in compliance with the requirement for agenda item briefing/staff report supplement.

I. Recommendation/Action Requested:

Adopt Resolution

II. Background/Analysis:

The text of the Resolution provides background and the Comprehensive Plan contains the analysis.

III. Financial Impact: This is a preliminary document that contains a broad, initial estimate of the percent of Oregon State Commission on Children and Families that will be allocated to chosen benchmarks. More specific identification of expenditures as well as exact amount of funds will be available next year.

IV. Legal Issues: None identified.

V. Controversial Issues: None identified as of the date of this memo.

VI. Link to Current County Policies: The Comprehensive Plan establishes benchmarks for Multnomah County's children and families that are consistent with County Benchmarks and Oregon Commission on Children and Families Benchmarks.

VII. Citizen Participation: The MCCF is made up entirely of citizens. Please see the "Community Involvement" section of the attached Plan for a detailed description of community participation.

VIII. Other Government Participation: N/A

Creating a Chosen Future

*A Stage One Comprehensive Plan of the
Multnomah Commission on Children and Families*

July, 1994

DRAFT

*This DRAFT version contains only the main text.
It does not contain all the supplements referenced.
Supplements will be included with the final version.*

SEND YOUR COMMENTS
(preferably on disk)

to: Jim Clay
MCCF

1120 SW 5th Ave., Room 1410
Portland, OR 97204

OR

voice mail 248-3981

Creating a Chosen Future

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WHAT WE BELIEVE IN (wellness, necessary conditions, core values)	2
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COMMUNITY STRENGTHS & NEEDS (a celebration of community strengths, what we already knew)	4
RESOURCES/SERVICES TRANSFER (strengthening families, purchased treatment services, foster care, technical assistance)	5
CASA & YCC	5
TECHNICAL NOTES (monitoring & evaluation, a word to plan reviewers)	6
COMMUNITY INVOLVEMENT	7
DIVERSITY	8
SERVICE SYSTEM	9
BENCHMARK SPREAD SHEETS	chart 1 - 15

INTRODUCTION

When Governor Roberts signed *House Bill 2004* into law on August 18, 1993, the State of Oregon committed itself to an entirely new approach to meeting the needs of children, youth and their families. Newly established local Commissions on Children and Families were charged with planning for the implementation of a new wellness model with an emphasis on early childhood development, primary prevention for children and youth, and strengthening and supporting families while providing for comprehensive treatment services.

Based on the mandate of *HB 2004*, the Board of Multnomah County Commissioners passed the *Multnomah Commission on Children and Families Ordinance* on December 16, 1993, establishing the new commission and setting a new course.

A NEW APPROACH

These new laws reverse the historical policy that assured services only when serious problems developed, often by a young person's posing a threat to public safety. The Multnomah Commission on Children and Families (MCCF) is directed to assure wellness, to promote growth and development, and to prevent problems *before* they happen. We on the MCCF are making ourselves more accountable to taxpayers and other investors by establishing directives for measurable outcomes, including the Oregon and local benchmarks.

This new approach called upon those of us on the MCCF to begin a three part task: creating a vision, then preparing a plan, and finally taking action.

The MCCF, and other Multnomah County policy makers, funders, and community members charged with, *or charged-up about* creating a chosen future for children, youth and their families have created our vision of the future and developed values and standards (see attachments) that will guide us all. And we have begun the creation of a planning document, found on the pages that follow.

WE'RE JUST GETTING STARTED

Balancing the enthusiasm and urgency we all feel for supporting children, youth and their families in a new commitment to growth and development, we have the reality that it will take time to unite our community around a shared vision. Creating and implementing a plan of this scope is an ambitious undertaking, one that may take five or more years. *House Bill 2004*, however, mandates that a comprehensive plan for children, youth and their families be developed by the Multnomah Commission on Children and Families, reviewed by all interested community members, approved by the Board of County Commissioners, and submitted to the State Commission on Children and Families for approval consideration by July 31, 1994.

Meeting the mandate of *HB 2004* can best be understood to be a developmental process spanning several years with a few time limited milestones, the very first of which is presented on the pages that follow. MCCF members know that this is a work-in-progress, and seek the involvement of all members of the community as we further develop our community's plan.

We also seek support, encouragement, advice, constructive criticism and, where appropriate, appreciation as we work to fulfill our six key responsibilities:

- Establish policies in support of wellness, to guide and assist all community initiatives in Multnomah County which support children, youth and their families.
- Conduct a comprehensive, inclusive planning process for children, youth and their families in Multnomah County, guided by a specified set of core values.
- Make application for State of Oregon funds, and conduct an open purchasing process for services purchased with those funds in pursuit of the goals of the comprehensive plan.
- Oversee the planning and implementation of efforts designed to achieve specific state and county urgent benchmarks.
- Review and comment on all planning initiatives that affect children, youth and their families in Multnomah County; and call for planning in areas of unmet need.
- Advocate in the legislature, in local governments, in the media and through public education on behalf of children, youth and their families in Multnomah County.

If all this seems a bit overwhelming, we can simplify our understanding of the task by referring to a more concise statement of the Commission's responsibility, expressed in *HB 2004*: "The main purpose of the local commission is to promote wellness for the children and families in the county."

This "Stage One" version of the 1994 Multnomah Commission on Children and Families' Comprehensive Plan is where we begin to meet our responsibilities.

WHAT WE BELIEVE IN

Through the dedicated and principled efforts of an MCCF ad hoc committee, we have become clear on who we are, what we believe in and what we stand for. Since we had been called together to seek wellness for local children and families the committee deemed it fitting to first explore what we meant by the term.

WELLNESS

After a lot of discussion we adopted the definition of the Oregon Children's Care Team:

"Wellness is defined as the preservation of each child's potential for physical, social, emotional and cognitive and cultural development."

It follows from this definition that a wellness delivery system must have a strong prevention component as its base, as well as provision for comprehensive treatment services. Such a model needs to be based on an understanding of the stages of child development, and with an emphasis on promoting early childhood development and developmental competencies across the entire age spectrum of childhood. We expect the result of this to be children who become responsible adults and productive citizens contributing to their community.

This MCCF has further developed this definition of wellness and described what wellness looks like at each stage of development for the child, the family, the neighborhood and the community. We also have developed a narrative depicting our image of wellness and a graph representing a functional supportive community system of care (see attachments).

NECESSARY CONDITIONS

To build and maintain wellness, several things must be present for the child, the family, the neighborhood and the community at every developmental stage.

A child flourishes when he or she has a loving, competent adult in his or her life; food, clothing and stable housing; optimal physical, dental and mental health; and appropriate opportunities to develop at each stage.

The family is its best in every stage when it has access to effective and culturally appropriate systems of health and mental care, housing, child care, public safety, transportation, education, employment, recreation and social development.

The neighborhood is a supportive environment for everyone when neighbors know each other, play together, and have a sense of pride and ownership in their neighborhood; and when they respect and enrich each other by sharing cultural traditions and valuing safety and security.

The community establishes systems which support the wellness of all children and families, and encourage the development of a safe and healthy environment. It supports and recognizes the responsibility of both parents *and* the community for achieving wellness.

CORE VALUES

The core values of the MCCF include an appreciation for strong families; diverse, thriving communities; and a coordinated system of services and supports promoting optimum growth and development for every child. Each value has a corresponding standard (see attachments).

- We value children, and their right to achieve their dreams.
- We value the safety and security of every child and every youth.
- We value the family unit and consider it every child's first source for growth and support.
- We value loving, skillful parenting.
- We value the community as every family's primary source for support and nurturance.
- We value the healthy growth and development of children and youth, as they progress through developmental stages in their own way and time.
- We value the inherent strengths, skills and capacities of every child, youth and family, and recognize these strengths as vital community resources.
- We value the perspectives and opinions of young people.
- We value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all.
- We value equal opportunity, equal access, social justice and support for individual freedom.
- We value a community support system that encourages coordination and collaboration, makes best use of available resources, identifies and develops new resources, and values its workers.
- We value results. We value efficiency, accountability and the ability to get the task done.
- We value community opinions and an open and accessible process.
- We value all people and recognize that among individual children, youth and families there exist varying capabilities at different times and at different developmental stages.

WHERE WE'RE GOING

The Multnomah Commission on Children and Families is clear in its conviction that our community can choose its preferred future. We worked hard to develop an in-depth understanding of this preferred future to guide us in conducting the detail oriented work ahead, and it seemed useful to also craft a very short, easily understandable statement of what it is that we're all working so hard to achieve. We want to give everyone the opportunity of investing in this same future. With that in mind the MCCF developed and approved the following statement:

OUR VISION

Our vision for this community is a county in which each child realizes and reaches full potential with the support of a family, neighborhood and community which protects, values, nurtures and encourages the child through adulthood.

As we considered this vision we became more and more aware that behind all the philosophy, and after all the dreaming, we would discover a lot of old fashioned hard work. No one missed the realization that the financial and other costs involved would be enormous. And worth it.

In the final analysis it was clear that an investment of this magnitude can only be made within the construct of a well developed and widely accepted and coordinated plan. This led us to asking ourselves "what is our role in all this? who else needs to be involved? and how will we begin to accomplish all that needs to be done?" As part of the answer to these questions we established our mission statement.

OUR MISSION

The mission of the Multnomah Commission on Children and Families is to create and oversee the implementation of a plan which supports the development of each child and his or her family through each stage of life. The Commission through its plan:

- Establishes policies and sets values which support the healthy growth and development and sustenance of all children, youth and their families in the county.
- Identifies and prioritizes specific goals; establishes the means to achieve those goals; and ensures efficient use of resources through evaluation of results.
- Enhances resources already available and advocates for additional resources, both public and private, in cooperative efforts to reach set goals.

Our primary goal is wellness and we envision that as being composed of four subordinate goals, each one interrelated to the others, and each one an integral part of community wellness.

OUR GOALS & BENCHMARKS

GOAL #1: Our goal is to have families and communities supporting the healthy growth and development of every child from the earliest possible opportunity.

GOAL #2: Our goal is to have families and communities supporting the principle that every child deserves a family ready to parent her or him.

GOAL #3: Our goal is to have families and communities committed to the right of every child and family to develop free from harm in a safe environment.

GOAL #4: Our goal is to have an increasing number of capable, caring and stable adults within our families and communities.

To reach these goals the MCCF has set 15 objectives, most of which are tied to local and Oregon Benchmarks. (Numbers in parentheses index objectives to the goals.)

The MCCF commits itself:

1. To meet specific developmental standards by kindergarten (1, 2, 3)
2. To reduce the incidence of teen pregnancy (1, 2)
3. To reduce the incidence of child abuse/neglect (1, 2, 3, 4)
4. To reduce the incidence of domestic violence (1, 3, 4)
5. To increase the incidence of adequate prenatal care (1, 3)
6. To reduce the incidence of drug affected babies (1, 2)
7. To increase the number of child care providers meeting quality standards (1, 3)
8. To increase the number of families living above the poverty line (1, 2, 3, 4)
9. To increase the number of families who are able to care for their own children (1, 2, 3, 4)
10. To increase the number of families living in safe, stable housing (1, 2, 3)
11. To reduce over-representation of minority youth in juvenile justice/child welfare systems (3)
12. To increase the number of youth graduating from high school (2, 4)
13. To reduce the incidence of violence by and against children and youth (3)
14. To reduce the incidence of juvenile crime (3)
15. To reduce the incidence of adolescents using tobacco, alcohol and other drugs (3)

COMMUNITY STRENGTHS & NEEDS

Given the MCCF's declared value of building on community strengths, and given the importance of focusing resources on the highest priority needs it made sense to assess community conditions before proposing any changes. We wanted to know what supports already existed and which critical needs required additional attention. To inform ourselves in these areas we have pursued two processes to date (July, 1994) and propose to continue our assessment work over the next several months.

CELEBRATION OF COMMUNITY STRENGTHS

"Front porches." "The bicycle shop owner who always has room for one more kid." "The businessman who hired a Russian speaking clerk because Russian was the native tongue of his newest customers." These are some of the neighborhood resources that were identified in the six *Celebration of Community Strengths* meetings held throughout Multnomah County in April 1994. Sponsored by the Multnomah Commission on Children and Families (MCCF), the Board of County Commissioners, and County Chair Beverly Stein, these meetings took a different approach to the concept of needs assessments.

Inspired by the community capacity building work of John Kretzmann and John McKnight, MCCF members invited residents to come out and talk about their communities' strengths. Multnomah County is divided into six service districts, or Family Support Network areas, making one meeting per district a logical strategy.

A steering committee of MCCF members and staff, Portland Educational Network (PEN) of Portland State University staff, and city and county volunteers designed and implemented the meetings, and developed and coordinated resources. Fred Meyer and Starbucks donated refreshments and Children First, a statewide advocacy group, arranged for child care services.

Community organizations, including the Leaders Roundtable, Ecumenical Ministries of Oregon and the Rainbow Coalition, co-sponsored and promoted the event and provided over 60 volunteers to help facilitate the small groups. PEN donated the technology and personnel to create maps of each district on which to place the resources identified.

Some of the identified community strengths, of course, were well respected local human service provider agencies, many of which were well known to MCCF members and staff. Some of them, on the other hand, were less familiar although highly regarded. The organizations identified have been tabulated and staff is working to complete the list from internal data bases.

MCCF members, however, know that many resources exist in every community – resources that daily sustain and support the people who live and work there. The strengths that usually remain unreported in a more traditional needs assessments were, to some, of the greatest interest: access to transportation, an architectural legacy, cultural identity, older home neighborhoods with a sense of history, ethnic and cultural diversity, high volunteer involvement, pedestrian-friendly shopping, bridges, parks, public art, street musicians, and value driven social service programs are a few examples.

MCCF members have expressed interest in further developing our findings. (For a more extensive listing of the community strengths identified in these sessions, see attachments).

Approximately 400 people attended the meetings (from 50 to 125 at each), generating over 3,000 community strengths. PEN staff is compiling this information and designing the product that will illustrate the community strengths identified. Further use of the process will recognize that some populations were not fully represented at the meetings. Additional *Community Strengths* meetings with culturally specific communities are being considered.

WHAT WE ALREADY KNEW

Dozens of plans with comprehensive needs assessments already exist in Multnomah County dealing with child care, alcohol and other drug abuse, out-of-home care, delinquency, youth employment, diversion, and the needs of homeless youth, gay and lesbian youth, young African American male youth, south-east Asian youth, girls, infants and toddlers, and youth who are at risk for being abused or neglected. These are only a few examples.

MCCF staff have been gathering and reviewing all these data and will be providing them to planning teams that will be convened around each of the benchmarks (or benchmark clusters) in August - October.

RESOURCES/SERVICES TRANSFER

The Multnomah Commission on Children and Families recognizes that the primary responsibility for promoting and supporting healthy children and families lies at the local level. With that in mind, the Commission is interested in exploring the transfer of several of the following state services to the local level.

STRENGTHENING FAMILIES

Because strengthening all families in the county is a prime objective of the Commission, local planning and implementation for these services, currently provided by Children's Services Division (CSD) is concordant with the Commission's charge. The Commission, through its Resource Development Committee, will investigate parent training, counseling, child care and other family support services currently provided by CSD for possible development through local delivery systems.

PURCHASED TREATMENT SERVICES

CSD currently purchases treatment services, including sex abuse treatment, alcohol and drug abuse treatment, services for developmentally delayed youth, shelter and evaluation services and intensive treatment for emotionally disturbed youth. The Commission is interested in exploring local planning and implementation of these services for children with significant treatment needs.

FOSTER CARE

Multnomah County houses a great deal of expertise in foster care due to the number of agencies currently providing the service in the county. The local Commission is interested in exploring a pilot project to offer foster care for children birth through 3 years through the county. The Commission will convene a foster care study group to work with the Resource Development Committee to determine the feasibility of this pilot project.

TECHNICAL ASSISTANCE

The Multnomah Commission requests that the State Commission and its staff work in concert with local efforts to assure the best possible outcome for transfer of resources and/or services. Assistance with gathering data, reconciling local CSD expenditures with federal funding and assuring no loss to the community in resources would promote Commission work in this arena. This county also requests acknowledgment and real understanding, on the part of the State Commission and its staff, of the depth and breadth of services needed in this urban county and the complexity of planning for and providing those services.

CASA & YCC

The Multnomah County Court Appointed Special Advocates (CASA) program plays a leadership role in the area of providing technical advocacy for young people who have been neglected or abused. CASA's staff and extensive volunteer base is a major community strength, both in terms of the direct service provided, and the intrinsic value of having a pool of people knowledgeable about and committed to working with children who are abused and neglected. Retaining CASA services in Multnomah County is a significant support for the child abuse prevention benchmark.

The Youth Conservation Core program, although quite small in scale, provides employment and pre-employment support for youth at risk of juvenile crime, alcohol and other drug abuse, poverty and other social problems. Providing employment support is a known protective factor, and so we consider the YCC to be part of our overall benchmark strategy.

TECHNICAL NOTES

MONITORING & EVALUATION

Assuring a rigorous technical evaluation of social service programming is the essence of what distinguishes benchmark driven programming from most others. The Multnomah Commission on Children and Families' core values call for the best use of available resources, efficiency, accountability and the ability to get the task done. The most concise statement of this is the value which declares "We value results."

It's impossible to view our results, if any, if we don't apply technically and socially appropriate evaluation procedures. With this in mind we propose an evaluation framework that will allow results to be viewed and considered not only by technical program staff, but by MCCF members and general community members as well. The proposed framework is composed of four stages, each one progressively becoming more technical, more costly and more pioneering.

STAGE ONE: Compliance review

This is a simple comparison of contract requirements with contractor *performance*. In brief, did the contractor provide the services that the contract called for? This is assessed on a routine basis through data collection (client tracking reports), monthly or other required periodic reports submitted by the contractor, and through annual fiscal audits. When a potential problem is detected this level of review is conducted by means of specially required or more frequent reports and by site visits and phone interviews.

Compliance evaluation is the absolutely "bare-bones" approach to evaluation.

STAGE TWO: Process Evaluation

This assesses the *quality* of the program and the services it provides. It involves program attributes such as accessibility, philosophy/methodology, and staffing. Other areas include assessment of population(s) served, conditions under which services are offered, and the nature of proposed service effects. This is assessed through structured, formal site reviews, peer reviews, client satisfaction surveys, and client tracking data.

This level of evaluation, combined with compliance review, provides basic accountability.

STAGE THREE: Client Impact Evaluation

This is an advanced and technically difficult process, measuring the impact, if any, that the services a client received had on the client or his/her family and community. It deals with program or service *effectiveness* in achieving their pre-identified goals. Essentially we seek to answer the question "now that we know that a service of a known quality and quantity has been delivered, what difference has it made in the lives of the people served, and was that difference worth the cost of the service?"

Part of what makes this a technically difficult process is that it must involve developing all aspects of the program from preliminary design to evaluation analysis.

STAGE FOUR: Social Change Evaluation

This is the most advanced, most costly and most infrequently applied technology. It's possibly the most urgent. It seeks to measure community-wide *social change* within a given issue, like the proliferation of hand guns and related violence, or a reduction in institutional racism. It measures the cumulative impact of social programs, political and economic changes, and all other influences on the issue.

This is benchmark level evaluation. Keep your checkbook handy.

TO THE PLAN REVIEWERS

- A. The MCCF's core benchmarks are listed on page 3 of this document. All OCCF benchmarks have been chosen; no waivers are requested.
- B. All MCCF decisions related to defining wellness; creating the vision, values, and goals; selecting core benchmarks; and establishing a preliminary macro budget have followed the same process:
 1. MCCF prepares background and support information and brings it to the Planning Committee
 2. Planning Committee reviews staff prepared information, deliberates on the issues, forms a recommendation and brings it to the MCCF at a general meeting
 3. MCCF members receive and discuss the recommendation at a general meeting, revise as needed and vote to accept.

COMMUNITY INVOLVEMENT

To date the Multnomah Commission on Children and Families has involved the community in its planning in three ways:

1. The appointment of diverse commissioners who each represent their own community.
2. A series of Community Strengths meetings (described in greater detail on page 4).
3. A community meeting/strategy building session held on June 17.

Having adopted definitive goals and objectives for the next biennium the MCCF started to develop concrete strategies for implementing our vision in this community meeting/strategy building session.

The four objectives for the session were:

- To review the goals and objectives of the Multnomah Commission on Children and Families.
- To identify preliminary strategies for reaching those goals and objectives.
- To connect MCCF members with other community members committed to wellness.
- To identify other key players that the commission needs to connect with.

To accomplish this we provided a well facilitated and fast paced process whereby people meet in large group to begin with, and later broke into smaller group focused on the cluster of benchmarks related to an individual goal.

Three hours of conversation and deliberation among informed and impassioned community members resulted in a wide variety of creative and meaningful program ideas for achieving the benchmarks.

Information compiled was distributed to MCCF members, and specifically considered by Planning Committee members.

People who couldn't attend were offered the opportunity to contribute their support in other ways.

- They were asked to pass this invitation on to someone else who could represent their interest in specific populations or issues.
- They were encouraged to submit their ideas to MCCF staff in writing or via voice mail.
- They were encouraged to identify specific objectives which interest them and to seek to be part of the more thorough planning process scheduled for the next several months.

The Planning Committee has recently held a discussion centered on ways to increase community participation in the future, and some of the ideas are presented here:

- Establish MCCF liaisons to each district
- Identify other organizations to work with as partners
- Establish a youth advisory body for the MCCF
- Work with community health aides in outreach
- "Go to them"
- TV/radio/video access/PSAs
- Engage with the District Coordinating teams (DCTs)
- Engage with the local neighborhood organizations
- Conduct polling/surveys

DIVERSITY

Multnomah County Chair Beverly Stein appointed a broadly diverse group of people to the Multnomah Commission on Children and Families, including representatives, advocates and members of ethnic, cultural, sexual and linguistic minorities.

In addition the MCCF has selected core values which support diversity and multi-culturalism. The MCCF has declared that "we value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all," and "we value equal opportunity, equal access, social justice and support for individual freedom."

In June the MCCF Planning Committee considered the need to involve more cultural and ethnic minority people in the planning process, and charged staff with polling MCCF members with an expressed interest in cultural and ethnic minority children and families, and who might have suggestions for increasing the cultural competency of the MCCF. The following ideas were offered during a staff conducted telephone poll of several MCCF members, all people of color.

1. Develop a "People of Color and Friends Caucus" to the MCCF to advocate for inclusion of the specific consideration of the needs of young people of color and their families.
2. Provide staff support to the caucus for one meeting (some respondents suggested an on-going caucus)
3. Charge the caucus with developing a list of concerns and suggestions to be presented to the MCCF at its next regularly scheduled meeting.
4. At the first meeting of the caucus only invite MCCF members, to form the agenda, set the purpose and goals, and to begin the process (the group might want later to expand to include community members after starting the process).
5. Provide a better orientation to the MCCF so that members who want to advocate for "frequently forgotten populations" can understand how they can fulfill their interest.
6. The MCCF can take leadership in assisting community-based service organizations to develop appropriate outreach to culturally diverse communities.
7. The MCCF needs to improve its own outreach to culturally diverse communities when inviting them to public hearings, strengths meetings and similar events.
8. The MCCF can advocate for the provision of technical support and the implementation of an RFP process and that is more supportive and more inclusive of younger community-based organizations that have difficulty competing for public funds.
9. The MCCF can advocate for the delivery of cultural competency training (some respondents said that this is often not effective).
10. MCCF members could become involved in mentoring youth from culturally diverse communities, exposing both the youth and the MCCF member to new cultural experiences.
11. A program could be developed allowing youth of color to intern with the MCCF.
12. MCCF could encourage its members to volunteer in diverse communities.
13. MCCF could compile a needs assessment for each diverse community.
14. MCCF could revise the family support network concept to include culturally specific centers staffed by people of the culture of the people served, providing culturally appropriate and sensitive services. (People will not go into their neighborhood district center if they feel cultural insensitivity).
15. MCCF could establish a United Nations-type facility where issues that deal with families and children could be discussed, and where members of the non-English speaking community may attend and get simultaneous translations of various languages.
16. MCCF must make extra efforts to reach the non-English speaking population by going to their community meetings; by going to the natural community centers (church, restaurant, school, etc...) where people feel comfortable in their natural environment, for activities like community mapping, etc. If translation is needed, it is likely to be naturally present.
17. Reach members of the non-English speaking community at natural touch points ESL (English as 2nd language) Departments at the various school districts.
18. Address the concern that linguistic diversity will lead to the disuniting of America.
19. Avoid academic/didactic trainings and hire local consultants to develop small groups to go to a variety of interactive cultural experiences (pow-wow, festival, meal, concert)

SERVICE SYSTEM

As the critical issues affecting children and families in Multnomah County are explored, benchmarks are chosen and desired strategies for making desired changes are deliberated on, an over-arching concern comes to the fore - the system that supports both the philosophy and delivery of services and supports.

The county contains a bewildering array of programs and services with complex eligibility requirements and daunting entry procedures, usually with little help for overcoming barriers and providing appropriate referrals. Having gained access to one service, the customer is likely to find that not only must they repeat the same struggles elsewhere, but now they also must arrange their lives so that they can get to multiple locations for various offerings from different service providers who may or may not be in active communication with each other. The family with 4 or 5 case workers ranging from "welfare workers through addiction treatment to behavior management difficulties in school, none of whom provide help in obtaining child care, is all too common. If the family does not identify with the dominant culture, there is little assurance that they will receive assistance that is sensitive to and consistent with their culture.

In Multnomah County, as in many large urban areas, the evolution of services for children and families and the systems through which they are delivered has been driven by emerging needs, changing priorities and variations in funding. While unique and laudable efforts have been made to coordinate and collaborate on services to specific populations, the broader system has remained difficult for children and families to use, especially for those with multiple issues. As noted in The Report of the Children and Youth Work Group (2-1-91), "The County's services delivery system for children and youth is fragmented, resulting in barriers to services, inefficient administrative procedures, lack of coordinated planning and program development, and inadequate collaboration among programs."

The MCCF joins County Chair Stein in advocating for a wellness-focused system of non-stigmatized services and supports that are community-based, culturally appropriate, and easy to access. Multnomah County has begun building this system by dividing the county into six service districts, each containing a range of county and non-county services for children from 0 to 18 years and their families that will be connected with each other as a **Family Support Network**. The Network is an affiliation of individuals and organizations based on the MCCF's values of wellness and respect for individuals and families. Members will subscribe to a set of standards, also based on the MCCF's values, that include celebrating diversity, supporting strengths and working collaboratively. An **outreach** component that will support the Network's movement toward proactive, user-friendly interactions with customers is under development via a cooperative effort by County Departments and Divisions.

Each district has in it three county-funded centers that are related with having a distinct focus - Aging, Community Action, and Family. Each **Family Center** is operated by a not-for-profit agency that delivers an array of services and supports to children and their families including family counseling, alcohol and drug, employment, mentorship, recreation, law-related, health and access to the entire Family Support Network. **Parent Child Development Centers** linked to each Family Center provide community-based, family-focused, developmentally appropriate supports for families with young children. These supports include development of both child and parent, promotion of both health and mental health, and access to other services.

Within each district, a District Coordinating Team (DCT) is already working toward realizing the goal of system-wide coordination including but not limited to children and families issues. Represented on each Team are a broadening range of county-funded (community action, family centers, library branches, aging programs, health, juvenile justice, etc.), schools, public safety, and other service organizations. Representatives of each DCT meet monthly as an **Integrated Services Team** for over-all systems communication and coordination. Identified policy issues will be referred to the MCCF which will coordinate quarterly with other county advisory bodies such as the Community Action Commission, Multnomah Commission on Chemical Dependency, Portland Multnomah Commission on Aging, etc.

The MCCF reviews all county planning efforts for children and families. To assist in communicating the MCCF's values and standards and enhancing coordination among county departments and divisions, a Youth Services Management Team composed of the county department and division heads will be chaired by the MCCF director. Both policy and advocacy issues that are identified will be forwarded to the MCCF for deliberation and action.

An important step in the development of a fully integrated system is the coordination of funding. The MCCF will bring funders together to support the Comprehensive Plan and use it to guide their decisions about and distribution of funds for children and families.

ISSUE: Early care and education

LEAD OBJECTIVE: To meet specific developmental standards by kindergarten

BENCHMARK: By (date), x % or fewer of all children entering kindergarten in Multnomah County will fail to meet specific developmental standards for their age, as it relates to cognitive development, physical well being, social and emotional development, and language and literacy

INDICATOR:

EARLY CHILDHOOD EDUCATION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Early care and education (readiness to learn) is emerging as a national priority under the Clinton administration, as a state priority under the leadership of the state Commission on Children and Families, and as a local priority under the leadership of Beverly Stein. It is the first of six national educational goals. As our communities seek root causes for youth violence, an ill prepared workforce and family dysfunction, research clearly points to the earliest years as critically formative and predictive of success.</p> <p>There is agreement, and substantive evaluation, on effective systems which support children and families from the earliest age. The Carnegie Foundation Report "Ready to Learn" by Ernest Boyer cites seven conditions necessary for children to be ready to enter school:</p> <ol style="list-style-type: none"> 1. A healthy start 2. A language rich environment with caring, empowered parents 3. Quality early care and education, including preschools and child care 4. A responsive, family-friendly workplace for parents 5. Responsible, nonviolent and educational TV programming on all major networks 6. Safe, supportive neighborhoods where learning can take place 7. A society where there is a web of supports for families and greater intergenerational connections. <p>Compelling research on the long term benefits of early care and education and family support, new targeted federal monies, and the statewide reallocation of social services block grant offer rationale for prioritizing this field of service.</p>	<ol style="list-style-type: none"> 1. Consider parents to be teachers; develop a system of family support and education which includes universal home visits prenatally through transition into Kindergarten; assure high quality through proven training and evaluation. 2. Support expanded parent training and parent education at every possible community touchpoint, utilizing and valuing hands-on, parent child interaction. 3. Support expanded A&OD screenings for parents 4. Support developmental screening and follow-up services for all children starting at birth 5. Build on current infrastructure to develop a system of services to support young children and their families, including: <ol style="list-style-type: none"> a. Expand Head Start to become prenatal to 5 years, including families up to 133% poverty; coordinate with child care system and schools. b. Expand number of PCDC's; expand PCDC's to serve children through age 5; explore possibility of child care centers as possible PCDC's. c. Integrate expanded community health nurse services with home visits from parent educators and the services available at PCDC's. d. Maintain a child-focused tracking system, providing connections & coordinating services. e. Develop a means for families to transition between systems (ie. child care and school). f. Assure that schools are ready for children, have a developmentally appropriate curriculum and reach out to parents' involvement. g. Increase compensation for people working with young children. h. Increase family literacy i. Expand social & support networks for parents. j. Decrease young children's exposure to violence. k. Increase number of trained child care providers. l. Increase awareness among businesses of the value of a family friendly workplace. 	<ol style="list-style-type: none"> 4. Contract with local agencies to provide direct services 5. Research national models of well evaluated parent education/home visiting programs; work with PCDC's, child care centers, to implement. 6. Develop and implement a policy calling for universal screening at birth and throughout early childhood 7. Develop and implement a transition plan for children as they move from home to child care to preschool to school; assure developmentally appropriate practices at each stage. <ol style="list-style-type: none"> a. Contract for transition specialists to work with children and parents b. Conduct community education about what kids need for school c. Work with schools to assure they are prepared to receive children 8. Establish an Early Care and Education Council to advise the Commission 9. Establish an office of Early Care and Education within the County 10. Expand the Child Care Resource Teams to one for each two districts; include a transition specialist on each team. 11. Advocate for better regulation and high requirements for child care providers 12. Focus on the role of fathers. Conduct fathers groups at PCDC's. 13. Conduct positive public communications campaign with the Oregonian Family Section and other media avenues 14. Host a conference on Early Care and Education 15. Set standards to assure that PCDC's remain neighborhood focused 16. Advocate for full county funding of the six current PCDC's 17. Maintain/expand N'hood Child Care Networks 18. Collaborate with Head Start as it expands 19. Conduct a community education campaign about the effects of violence on young children 	<ol style="list-style-type: none"> 1. School districts (K-3 reps, ECE reps) 2. Metro Child Care Resource and Referral 3. PCDC's 4. Oregon Association for the Education of Young Children 5. Head Start 6. Region X Administration for Children, Youth and Families 7. Dell Ford, State Dept. of Ed. 8. Community Colleges 9. Multnomah Education Service District 10. Portland State U. 11. Warner Pacific College 12. United Way 13. Child Care Providers 14. Community Health Nurses/Health Dept. 15. Hospitals 16. Parent Cooperative Preschools of Oregon 	<ol style="list-style-type: none"> 1. 12 % of MCCF funds 2. Also, funding and other resources come from the following partners, in amounts yet to be identified: <ol style="list-style-type: none"> 1. Multnomah County 2. Head Start 3. Federal Family Support and Preservation Program 4. School Dists 5. ODE 6. United Way 7. Catholic Community Services 8. Jewish Federation of Women 9. Portland State University 12. Child Care Devel'mt Block Grant 13. Private foundations incl. OCF 	<p>Local notable programs include:</p> <ol style="list-style-type: none"> 1. Parents as Teachers program at Eastwind 2. Parent-Child Services (Head Start 0-3) 3. Event Start (Mount Hood Community College) 4. Child Care Resource & Referral Team 5. Child Care Neighborhood Networks 6. the concept of the Parent-Child Development Centers <p>Local issues include:</p> <ol style="list-style-type: none"> 1. How will current funding for Parent-Child Development Centers (PCDCs) be used to impact a child's ability to be prepared for kindergarten? 2. Should the PCDC's embrace a well evaluated model of parent education such as Parents as Teachers? 3. How can this community make high quality early care and education a norm? <p>Strong local advocacy will be needed to fully tap substantial federal resources that are available</p> <p>"Human Beings learn along a logarithmic curve. And, it is estimated that one half of all our knowledge, our life's knowledge, is locked in during the first year."</p> <p>—Foster Kline, <i>Understanding and Treating the Severely Disturbed Child</i>, 1979.</p>

TEEN PREGNANCY BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

ISSUE: Teen pregnancy

LEAD OBJECTIVE: To reduce the incidence of teen pregnancy in Multnomah County

BENCHMARK: By (date), x % or fewer of all girls ages 10 - 17 in Multnomah County will become pregnant.

INDICATOR: Multnomah County Health Department birth records

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>During the last decade the rate of teen pregnancy in Multnomah County has both risen and fallen, only moderately, from a high of 32.5 pregnancies per 1,000 females aged 10-17 to a low of 26.8. In any event this is far from the statewide benchmark of 9.8 per 1,000.</p> <p>Multnomah County's teen pregnancy rate is among the highest of 36 other counties in the state.</p> <p>Among current scientific literature on the subject, there is an extensive study by Deborah Boyer, Ph.D., University of Washington, correlating teen pregnancy with child abuse. In her research Dr. Boyer determined that 62% of a sample of 535 pregnant teens had been sexually molested or raped prior to the pregnancy.</p> <p>The developmental delays and significant skills deficits experienced by most abused young people place young females at an increased risk for becoming pregnant at a time that they are unprepared to care for a child (or even for themselves).</p> <p>Traditional pregnancy prevention strategies (abstinence promotion and/or contraceptive services) is particularly unhelpful to developmentally delayed young women (and perhaps young men).</p> <p>Some young women get pregnant intentionally to provide themselves an exit from an abusive home, since pregnancy makes them eligible for public assistance in establishing independent living.</p> <p>Many pregnant teens were impregnated by males much older than 20 years.</p> <p>Most pregnancy prevention activities are developed by and for females, with males playing an extremely limited role.</p>	<ol style="list-style-type: none"> 1. Develop a demonstration project in selected, targeted populations, coupled with rigorous evaluation 2. Conduct public education and social marketing 3. Expand the options available to young women seeking to escape victimization 4. Prevent victimization in girls and young women 5. Increase peer education/primary prevention activities in both school, non-school settings 6. Conduct resource development/community development & coordination activities 7. Establish a small programs support pool 8. Expand system coordination and interagency collaboration 9. Increase structured, no-cost/low-cost, social opportunities for teens/young adults 10. Educate men and boys, and girls and young women, on social responsibility, sexuality, parenting, and relationships 11. Develop adolescent mentors in the community (peer to peer programs) 12. Support implementation of the Denmark model (build community self sufficiency; validate families; organize to accommodate families) 13. Expand child abuse intervention, including early ID of victims, provision of mental health and other services 14. Provide occupational therapy support for remedial developmental growth 15. Provide community service and/or employment opportunities for girls and young women who have first hand experience with the issue 15. Provide pre-employment/employment skill-building programs for girls and young women and young men and boys 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services and in-depth program design & evaluation 2. Promote the belief that parenting is both a joy and a responsibility, requiring preparation and commitment (parent readiness) through public education and social marketing 3. Promote the norm that parenting is both a joy and a responsibility shared equally by two parents 4. Conduct community conversation around the need to distinguish between strategies which have been proven to be effective, strategies which have been proven to be ineffective, and strategies which have not been evaluated 5. Conduct community conversation around the need to begin talking openly and constructively about sensitive and/or controversial issues, like youth sexual activity, incest, contraception, values and morality, and parent's rights 6. Advocate for increased economic and legal responsibility for males who impregnate 7. Advocate for more employment and other opportunities for girls and young women, as an alternative to "pregnancy as a way out" 8. Conduct community education on the related issues of child abuse, domestic violence, and alcohol and other drug abuse 9. Conduct community discussion on the role of men as parents 10. Work with shopping malls to find collaborative opportunities for young adults to socialize 11. Promote the use the Carrera model 	<ol style="list-style-type: none"> 1. Shopping malls 2. Schools 3. Teen moms, and teens who have made other choices 4. MC Network on Teen Pregnancy and Young Parenting (including the prevention committee and the young parent caucus) 5. County Commissioner Dan Saltzman 6. Oregonian; culturally specific newspapers 7. Portland Parks & Recreation 8. Multnomah County Health Department 9. Ore. Teen Pregnancy Task Force 10. School-based health clinics 11. HIV prevention outreach services 12. Tri-county Youth Services Consortium 13. Planned Parenthood 14. Boys and Girls Clubs 15. Salvation Army 16. Self Enhancement 17. Employment programs (PIC, Steps to Success, Job Corps) 18. Child Care Council 19. Gang related community-based organizations 20. GIFT program 	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah Co. Health Department and other divisions & departments 2. United Way 3. Private foundations 4. Oregon Health Division 	<p>In 1993, before the founding of the Multnomah Commission on Children and Families, the Multnomah County Children and Youth Services Commission selected teen pregnancy prevention as one of its lead benchmarks.</p> <p>The Multnomah County Health Department is involved significantly in reducing teen pregnancy, with both social and medical services provision.</p> <p>A few local peer-to-peer programs communicate through youth-culturally appropriate venues, including Planned Parenthood's "Teens & Company," Youth Unlimited's various video productions, and Project Action's social marketing campaign around using condoms and their teen-to-teen skills building workshops for diverse cultures.</p> <p>Confusion predictably arises within programs without a clear mission and the ability to answer the question: "What are we trying to accomplish?"</p> <p>Prevent young women from becoming pregnant? Prevent young women from having babies? Prevent young people from having sex? Prevent young women from having abortions? Supply young people with birth control? Promote religious values, or community values? Create new values?</p>

ISSUE: Child abuse and neglect

LEAD OBJECTIVE: To reduce the incidence of child abuse/neglect

BENCHMARK: By (date), x % or fewer of all young people under 18 years in Multnomah County will be abused or neglected

INDICATOR:

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Child abuse in Multnomah County has both risen and fallen slightly in the last 6 years from a high of 14.3 to a low of 12.4 abused children per 1,000 young persons under 18 years. For 1993 it was 13.3.</p> <p>Abuse statistics only reflect incidents reported to Children's Services Division (CSD); under-reporting probably skews both gross numbers and demographics.</p> <p>Indicators point to more severe stress in families and a correspondingly increased vulnerability to abuse for children in those families. A recent CSD report found alcohol and other drug problems to be pervasive in families where children have been removed due to abuse.</p> <p>Infants comprise the largest single age class of victims, reflecting several factors:</p> <ol style="list-style-type: none"> 1. More babies are born drug affected 2. The age group is inherently vulnerable 3. Family stress is high at time of birth <p>Females represent 57% of Oregon's victims of sexual abuse, mental injury, and threat of harm. Parents are the perpetrators in 59% of all abuse; familial abusers constitute 85% of all cases.</p> <p>Abuse has primary linkages to early, single parenting; alcohol and other drug abuse; unemployment; parental criminal involvement; major child care responsibilities; a parent having been abused as a child; and domestic violence.</p> <p>Many abused girls and boys experience developmental delays, since they have learned to "shut down" their emotions as a way of coping with the ever present threat of harm. Occupational therapy has been suggested as a potential discipline for remediating developmental deficits.</p>	<ol style="list-style-type: none"> 1. Expand community-based, in-school programming, such as Community Advocates, that teach children about how they can safely respond to unwanted touching 2. Develop respite care ("time-outs") for parents under high stress 3. Develop a "safe haven" in every school where a young person can go to confide in a trustworthy, non-judgmental adult 4. Support the development of extended families, including foster grand parent programs 5. Provide home visits by Community Health Nurses (CHN) to all newborns 6. Increase access to stable, quality child care 7. Develop programs to support young people's self-esteem, particularly supporting them in asking for what they want ("I need a meal; I need a safe place to live; I need some shoes") 8. Support parent screening for AODA 9. Expand developmental screening, starting at birth, for all children; offer follow-up services 10. Support continuing, developmental parent education from prenatal on, that relies on and values hands-on, parent-child interaction, including Parent Child Development Centers 12. Expand Head Start to become prenatal to 5 years including people under 133% poverty 13. Support the development of transition teams - helping families bridge the change from a child being "at home" to being "in school" 14. Expand PCDCs; explore feasibility of child care centers as potential PCDC sites (with HS \$) 15. Support the beginning of PCDC dad's group 16. Expand services of CHNs & outreach workers 17. Expand home visiting to a universal practice 18. Expand social & support networks for parents 19. Expand therapeutic nurseries 20. Support screening and assessment with kindergarten teachers (check with Oregon Association for the Education of Young Children) 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Promote Parent-Child Development Centers as services with a local neighborhood focus 3. Conduct community conversations/education on "what is child abuse and neglect?" and advocate for a broad, community-wide understanding of the terms, using both the formal CSD definition, and a more comprehensive social definition 4. Conduct community education on the statutory reporting responsibilities of youth and family serving professionals 5. Train community providers to better recognize and respond to risk and protective factors, and symptoms of abuse/neglect 6. Advocate/conduct community education for a community-wide norm: "We value children" 7. Advocate for children valuing each other 8. Conduct positive public communications through the Oregonian Family Section 9. Collaborate with Head Start/Child Care system 10. Advocate for kindergartens to be developmentally appropriate 11. Advocate for a child focused tracking system, connecting and coordinating people & services 12. Advocate for thinking of parents as teachers 13. Develop policy of universal hospitals' screening 14. Advocate within school districts for the kindergarten transition to be developmentally appropriate 15. Conduct community education about what kids need for school 16. Provide meaningful recognition to media, other businesses that support children & families. 17. Define the circumstance of a child living in a home experiencing domestic violence as being child abuse 18. Define chronic developmental neglect as a form of child abuse 19. Institute a system of parent education with training & eval; review national models 	<ol style="list-style-type: none"> 1. School districts (K-3 reps, ECE reps) 2. Child Care providers 3. Oregon Association for the Education of Young Children (OAEYC) 4. OSU Extension Service 5. CASA (Court Appointed Special Advocates) 6. Community Advocates 7. Children First for Oregon 8. Association for Portland Progress 9. Schools 10. Pam Patton 11. Dr. Sudge Budden 12. Housing Authority of Portland Drug Elimination Team 13. Jan Bays, Emanuel CARES Program 14. Mental Health providers, public & private 15. CSD 16. Multi-disciplinary Teams 	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County (Health Dept., Mental Health Programs, Community & Family Services Division) 2. Child Protective Services of the Oregon Children's Services Division 3. Multi-disciplinary teams 	<p>Extensive research points to a strong relationship between parent education and support and a reduction of child abuse. Parents as Teachers and Healthy Start are 2 programs that have been thoroughly evaluated.</p> <p>Research indicates that parents' psychological maturity is associated with their emotional well being and more sensitive parenting.</p> <p>Positive parent-child bonding, essential to a child's well being, takes place when parents are sensitive to infants and provide responsive and affectionate caregiving. Abusive parents tend to lack effective child management techniques and are more harsh and negative when interacting with infants.</p> <p>Local programs which are providing quality parent education and training include:</p> <ol style="list-style-type: none"> 1. VOA's Therapeutic Nursery 2. Eastwind's "Parents as Teachers" at their PCDC 3. Community Advocates "Kids Can" program <p>Quality secondary prevention services for local children and families affected by child abuse and neglect are provided by CASA (Court Appointed Special Advocates) which is a model for utilizing highly trained and screened community volunteers to deliver social services.</p>

ISSUE: Domestic violence

LEAD OBJECTIVE: To reduce the incidence of domestic violence against spouses or domestic partners and children

BENCHMARK: By (date), x % or fewer of all families in Multnomah County will experience domestic violence

INDICATOR:

DOMESTIC VIOLENCE BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Mothers are up to eight times more likely to physically abuse a child when they are in a violent relationship.</p> <p>At least 3.3 million children in the US. between 3 and 17 years are annually at risk of exposure to parental violence.</p> <p>In homes where domestic violence occurs, children are abused at a rate 1,500% higher than the national average.</p> <p>45% - 75% of men who batter women also batter their children. The presence of spouse abuse is the single risk factor most identifiably predicting child abuse.</p> <p>More babies are born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all diseases for which we immunize pregnant women.</p> <p>At least 8% of pregnant women are battered during pregnancy; are 2 times as likely to miscarry; and 4 times as likely to have low birth weight infants who are 40% more likely to die in the first year.</p> <p>In Oregon, 41% of child fatalities and critical injuries from abuse/neglect occur in families with adult domestic violence.</p> <p>In one study, 85% of children from violent homes admitted to a drinking problem starting as early as age 11. Over 50% of them had used methamphetamines or marijuana, and 10% were habitual users.</p> <p>Witnessing parental violence is a greater predictor of perpetrating or being the victim of wife abuse than being abused as a child.</p> <p>Youth reporting spousal violence between their parents have a higher rate of violence in their dating relationships.</p>	<ol style="list-style-type: none"> Expand the availability of early intervention through well-trained medical, religious and other outreach personnel. Create a system of routine cross-assessment by child abuse and domestic violence professionals. Expand knowledge of DV issues among school counselors and teachers, alcohol and drug counselors, public health personnel, the religious and business communities and the general public. Expand conflict resolution skills trainings and sex/partnership education which addresses sexism through school curricula and within the activities of religious youth groups. Expand group treatment services designed for children and youth in violent homes (see Hawaii model). Ensure access to relevant services for every racial and ethnic community and to people with special needs. Expand the availability of safe shelter, transitional housing and victim services commensurate with the need. Foster the development of more safe places throughout the community. Reduce family stress by connecting people to family centers (food, housing, employment) Make community members more informed about resources, through a community resource book or other methods Provide social and support networks for parents to reduce isolation Increase availability of A&D screening and treatment Support qualified violence diversion programs and sexual abuse treatment programs 	<ol style="list-style-type: none"> Contract with local agencies to provide direct services Support a public educational campaign about causes, detection, effects and potential solutions to DV. Create a community norm of violence free relationships. Provide routine safety planning by all points of community contact. Provide information about DV and resources at all prenatal & OB/GYN visits. Provide neighborhood educational forums on domestic violence and how to stop it. Coordinate the with the work of other violence prevention activities, including those lead by County Commissioner Sharron Kelley. Advocate for media presenting images of healthy male-female relationships; open/honest discussions of domestic violence; women portrayed as more than sexual objects; and an understanding of the dynamics of power Conduct community education on dynamics of domestic violence, sexism, A&D, rape Develop policies (laws) putting teeth into restraining orders, protecting women who are stalked. Support mandatory arrest laws Train providers to treat domestic violence as real, not as a mythical, distant issue; and to recognize/target risk and protective factors. Support policies of removing the abuser, not the abused, from the home Identify sexism as one cause of violence against women Conduct community education on the cycle: violence at home leads to youth fleeing home, becoming victims and/or perpetrators 	<ol style="list-style-type: none"> Bradley Angle House Raphael House West Women & Children's Shelter Women's Resource Center YWCA Portland Women's Crisis Line Community Advocates for Safety & Self Reliance Children First Multnomah County Legal Aid Multnomah Bar Association Young Lawyers & Volunteer Lawyers Projects Oregon Coalition Against Domestic & Sexual Violence Multnomah Co. Family Violence Intervention Steering Committee OHSU Nursing Schools Child Abuse Unit Mult. Co. Health Dept. Physicians for Social Responsibility Domestic Violence Reduction Unit, PPB United Way Portland Rotary Ecumenical Ministries Lesbian Community Project International Refugee Center SOAR Urban League Coalition of Black Men 	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> Multnomah County Health Department, Community Action Program Office, others. Oregon Medical Association City of Portland United Way Physicians for Social Responsibility 	<p>Children are victimized by domestic violence in 3 ways:</p> <ol style="list-style-type: none"> They are invisible victims: Witnessing one parent beat another causes immediate and long term trauma. They are accidental victims: They are often hit trying to protect a parent or when they simply get in the way. They are intentional victims: Battering husbands also batter children; mothers in a violent relationship are far more likely to abuse a child. <p>Existing Services:</p> <ol style="list-style-type: none"> Services for children from violent homes are virtually nonexistent. Community Advocates for Safety & Self-Reliance has piloted a puppet show in the elementary grades, followed by a 6 to 8 week curriculum on domestic violence. Grassroots DV programs have developed middle/high school curricula addressing DV & teen dating violence. <p>Other notable activities are by the OMA, Portland Rotary, the DA & Portland Police, PHNs, Mult. Co. Family Violence Intervention Steering Comm., Ore. Multi-disciplinary Council.</p> <p>Victim services are chronically underfunded. Locally 90% of women and children seeking shelter are turned away; ethnic and racial minorities particularly.</p>

ISSUE: Prenatal care

LEAD OBJECTIVE: To increase the incidence of adequate prenatal care

BENCHMARK: By (date), x % or fewer of all babies in Multnomah County will be born to a mother who has not received adequate prenatal care

INDICATOR:

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Approximately one fourth of all pregnant women in Multnomah County in the last several years have not received adequate prenatal care. This has remained consistent over time.</p> <p>Multnomah County's infant mortality rate averaged 10.3 per 1,000 for the ten year period 1981-91. For 1991 it was 10.9</p> <p>The issue is not one of needing more services. Within the full range of professional/paraprofessional providers (OBs, midwives, lay mid-wives, etc.) there exists an ample service capacity. Instead the issue is access. Multnomah Co. Health Dept. has identified 2 main factors limiting access to adequate prenatal care:</p> <p>1. Limited financial access Although the ability of women to access care has improved somewhat in the last 3 years due to Medicaid changes (allowing eligibility to women at 133% of federal poverty limits) and the Oregon Health Plan, there is still a gap in economic access for low income women who are "not poor enough" to be on welfare, but who don't earn enough to be able to purchase adequate service.</p> <p>2. Not understanding the importance Many people don't realize how important quality prenatal care is, and why, and how and where to get it. Additionally, people affected by alcohol and other drugs may be uncomfortable seeking care at the very time it's most important.</p> <p>The Campbell Institute for Children has cited several studies which set the cost of adequate prenatal care at \$400 per woman, while a conservative cost for medical response to a low birth-weight baby is more than \$30,000 per infant.</p>	<ol style="list-style-type: none"> Increase the capacity of family centers to be prepared to help young women access prenatal care which is adequate to their needs and culturally relevant to their lives Expand outreach efforts to help pregnant women and their support systems know about the availability of care, and how that care is important to their health and to the health of their baby. Increase cultural competence among service providers and referring sources, so that more African-American women will feel encouraged to seek care. Develop stronger ties, both within the system of care and within the viewpoints of pregnant women and their support system, between quality prenatal care and treatment for issues related to alcohol and other drugs Expand the availability of different models of prenatal care, including patient education, drop-in care, alternatives to physician's care Create more family-friendly environments in care settings, by ensuring that technical language is "translated" to patients' experiential language Advance the concept of every family needing a "health home" 	<ol style="list-style-type: none"> Coordinate efforts with the County Health Department Advocate for reducing barriers to access: transportation, availability, culturally appropriate services, language, etc. Conduct community education to help people understand the importance of prenatal care Conduct outreach on where to find clinics and how to go to and use the services of a clinic. Advocate for clinic environment to be user friendly, fun, comfortable, child-friendly Promote the integration of services related to alcohol and other drugs with prenatal care services 	<ol style="list-style-type: none"> School-based Health Clinics March of Dimes Pregnant women who use prenatal care Hospital systems Outside In prenatal care services NE Neighborhood Health Clinic. Midwives MaryAnn Curry, OHSU Community based organizations Mariah Taylor Community agents in specific populations 	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> Multnomah County WIC program (Federal \$) 	<p>The need for African-American women to gain access to prenatal care is far higher than for all other populations, as measured by every birth outcome measure and related indicator tracked by the Health Department.</p> <p>Percent of no prenatal care is more than 3 times higher for NE African-American women than countywide. They also have higher teen birth weights, a greater proportion of all births occurring to teens, and a higher percentage of births to unmarried mothers.</p> <p>The urgent need for increased prenatal care services among NE African-American women is particularly acute given the demographic characteristics of the population (1 in every 3 African-American woman is under the age of 15 and moving toward child bearing years).</p>

ISSUE: Drug affected babies

LEAD OBJECTIVE: To reduce the incidence of drug affected babies

BENCHMARK: By (date), x % or fewer of all babies in Multnomah County will be born drug affected

INDICATOR:

DRUG AFFECTED BABIES BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Drug-affected babies result from pregnancy of an alcohol and/or drug abusing or addicted woman. Reduction of drug-affected babies is, therefore, tied to reduction of chemical abuse among women of child-bearing age.</p> <p>Within the past 8 years, educational campaigns have increased public awareness of the dangers of drug use during pregnancy. Also, advocacy for the special addiction treatment issues pertaining to pregnant women, and women with children, has resulted in increased availability of specialized treatment services.</p> <p>Some child-care programs have been made available to women in treatment, with some targeted outreach to ethnic and cultural populations at increased risk.</p> <p>Treatment on demand is not available.</p> <p>Universal testing research indicates the incidence of drug-affected babies to be 10% - 11% of pregnancies. Most normal reporting systems under-identify. A new study is under way in Oregon.</p> <p>A high percent of chemically dependent women were sexually abused as children.</p>	<ol style="list-style-type: none"> 1. Increase the availability of earliest identification and referral by health care workers and others 2. Increase the availability of thorough assessments and referrals to intervention (both residential and day-treatment) services by chemical dependency specialists 3. Increase community knowledge, at lay and professional levels, about the efficacy and cost-effectiveness of chemical dependency treatment 4. Expand child care and other parent support services for women and families receiving or in need of treatment 5. Expand the services of parent training and education to include a more in-depth consideration of the impact of prenatal use of alcohol and other drugs on fetal and early child development 6. Expand drug-testing to include alcohol so that women from lower socio-economic and certain ethnic groups may be more fully assessed. 7. Increase availability of holistic treatment services that treat the whole family, as opposed to services which view either the baby or the mother as the client. 8. Expand social and employment support, and alcohol/other drug treatment services, within the women's corrections system to include all women, since some evidence indicates that women inmates are aware that often the only way to get help is to get pregnant. 9. Expand prenatal screening services 10. Expand programs to include longer term follow-up and after care 11. Build on existing mentorship programs for young people 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Develop policy relating to universal testing of pregnant women (a controversial concept) 3. Conduct community education on a variety of topics concerning risk factors and resource availability 4. Integrate earliest possible assessment and referrals into system-wide protocols 5. Conduct cross disciplinary training on risk factors, needs assessments and referrals 6. Advocate for media to discourage alcohol advertising 7. Advocate for positive role models for young women in the media 8. Assure that all services are culturally appropriate and that all service staff are culturally competent and sensitive to the needs of a multicultural clientele 9. Support drug-free housing/zones/schools 10. Develop policies supporting longer time for rehab services 	<ol style="list-style-type: none"> 1. A&D Program Office: Target Cities program (provides treatment for pregnant mothers and women of child-bearing age.) 2. Parent Child Development Centers (PCDC) as early identification & intervention sites 3. School-based Health Clinics as an early identification & intervention sites 4. Multnomah County Health Department including HIV programs, A&D Program Office 5. Cascade AIDS Project 6. Outside In 7. Lettie Owens House (EMO residential addiction treatment program for pregnant women) 8. VOA treatment for women with children 9. CODA treatment for women with children 10. Jean Sobie (per Wanda Silverman) 11. Project Network 12. OHSU 13. ADAPT 14. Schools (especially the A&D staff) 15. March of Dimes 16. Gang related community-based organizations 	<p>7 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Ecumenical Ministries of Oregon (EMO) 	<p>START in the County Health Department refers women receiving prenatal care who are identified as needing chemical dependency treatment to Community Health Nurses who get them into treatment and do follow up case management post treatment.</p> <p>ADAPT is a corrections program that provides intervention and treatment in jail with post release follow up services.</p>

ISSUE: Quality child care

LEAD OBJECTIVE: To increase the number of child care providers meeting quality standards

BENCHMARK: By (date), x % or fewer child care slots in Multnomah County will be delivered by providers not certified as meeting minimum qualifications

INDICATOR:

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Developmentally appropriate child care is the number one goal of the nation's education system.</p> <p>Child care is impacted by 3 core issues:</p> <ol style="list-style-type: none"> 1. Accessibility 2. Affordability 3. Quality <p>Since this benchmark seeks to increase the number of child care providers meeting quality standards, it is significant to note that quality is impacted by:</p> <ol style="list-style-type: none"> 1. The setting of high and consistent standards 2. Provider training and technical assistance 3. Implementation of developmentally appropriate practices 4. Provider compensation 5. A system of monitoring compliance with established standards <p>Child care workers are often a child's first teacher out of the home, and play a vital role in a child's early development and education. Their capacity for providing healthy, developmentally appropriate and safe care is essential.</p> <p>Child care workers are among the lowest paid workers in the chronically underpaid field of human services. Many child care workers live below the poverty line and qualify for public assistance.</p> <p>Only recently (7/93) in-home child care became subject to licensing requirements. 80% of child care in Oregon is provided in-home.</p> <p>Child care resources for parents in treatment is not adequately developed.</p>	<ol style="list-style-type: none"> 1. Implement and expand the many projects already developed in the Child Care Development Block Grant Plan 2. Expand the Resource Fund 3. Expand for the Loan Fund 4. Increase the supply of school age child care 5. Support and expand the local Child Care Resource & Referral system 6. Maintain & expand the Child Care Network 7. Maintain & expand the Resource Team 8. Increase the overall worker's compensation within the child care service system for services meeting quality standards 9. Develop and implement a regulatory system to maintain high and consistent standards for services 10. Integrate State training plan into Multnomah County 11. Increase community awareness of child care as an economic development issue, affecting the quality and availability of the workforce in the area 12. Expand awareness of developmentally appropriate practices among parents and providers 13. Expand parents abilities to locate and evaluate quality child care services, and their appreciation for such services 14. Increase providers abilities to meet quality standards and to conduct their services in a businesslike and profitable manner 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Coordinate services and resources through expansion of existing mechanisms 3. Advocate in the legislature for system funding and development, including support for resource and referral organizations, and for higher licensing standards 4. Call for planning and community consideration for the need for school age child care services 5. Advocate for high and consistent standards and for services regulation 6. Coordinate with welfare reform (moms getting off ADC might become child care providers) 7. Explore structured recreation as a school age child care service 8. Evaluate market rates in this county 9. Establish a financing subcommittee of bankers, business and economic development interests, City, County, etc. to address full cost of care 10. Advocate for industry and government to develop a child care development fund 11. Examine models in other communities 12. Conduct community education on the important role of care providers in childrens' development 13. Develop policies supporting child care as being an integral part of the social service system 14. Develop policy recognizing and calling for the development of a child care system coordinator position, supported within a child care-specific county work unit, similar to the state) 15. Establish a PCDC relationship w/child care; for example explore the possibility of a voucher from a PCDC for drop-in care at local child care center 	<ol style="list-style-type: none"> 1. Association for Portland Progress 2. Portland Parks and Recreation 3. Mount Hood Community College 4. PCC 5. PSU 6. Oregon Child Care Commission 7. Oregon Office of Child Care 8. Business: Hanna Anderson, Powells Books 9. OAEYC 10. Child Care Network 11. Child Care Resource & Referral system 12. Oregon Association of Child Care Center Directors 13. Provider Resource Organization (PRO) 	<p>3 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. General Corporate citizens 3. Banks, other lending institutions 	<p>The Metro Child Care Resource & Referral system provides the infrastructure for child care in the Tri-County area, providing technical assistance, referral, training, advocacy and resources for both providers and parents.</p> <p>Peninsula Child Care Center and Volunteers of America (VOA), Helen Gordon Child Development Center, and Fruit and Flower provide models of quality care.</p> <p>Priority needs in Multnomah County include:</p> <ol style="list-style-type: none"> 1. Increased coordination 2. More infant & toddler care 3. Respite care 4. Provider resources 5. Technical assistance 6. Business/employer support and involvement <p>As family wages jobs decrease there is an increasing number of unsupervised school aged children</p>

ISSUE: Poverty

LEAD OBJECTIVE: To increase the number of families living above the poverty line

BENCHMARK: By (date), x % or fewer of families in Multnomah County will live below 100% of the federal poverty line

INDICATOR:

POVERTY BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Of all the underlying causes of social distress, poverty is possibly the most pervasive cause, the most frequently addressed cause in social service programs, and the matter of greatest political focus.</p> <p>Entire program systems, on both national and international levels have sought to remediate and eliminate poverty, with varying degrees of effectiveness.</p> <p>Within each county in Oregon there is an appointed citizens body called the Community Action Commission, which has the primary charge in that county to counteract the root causes of poverty and to provide services to individuals and families affected by it.</p> <p>The Multnomah Community Action Commission has an entire system of service centers and other programs to meet its goals.</p> <p>Multnomah County has an extensive homeless population, among which are many multi-need people.</p> <p>An estimated 10,184 families were living in poverty in Multnomah County in 1990 according to the Oregon Progress Board. This was approximately 15% of all families.</p>	<ol style="list-style-type: none"> 1. Expand employment training at community colleges for jobs that pay family wage jobs 2. Expand availability of affordable housing of adequate size 3. Develop PDC-type, low income loan programs 4. Increase the number of smaller units of housing 5. Increase the number of young people completing high school or equivalency programs 6. Expand the utilization of Extension Service to encourage home gardening and canning 7. Develop ways to integrate more manufactured homes into appropriate sites in communities 8. Increase the availability of affordable, quality child care 	<ol style="list-style-type: none"> 1. Coordinate with the Community Action Commission 2. Advocate in the legislature and locally for better pay for key services like child care 3. Review policies regarding permits, zoning, etc. which might be barriers to affordable housing 4. Review policies in home financing regarding sweat equity as a contribution towards down payments, monthly payments 5. Develop new policies concerning nontraditional living arrangements (for example, 2 families together) 6. Advocate for large, common, recreational spaces to support people who live in limited space housing 7. Advocate for an increase in the minimum wage 8. Advocate for progressive welfare reform 9. Advocate for universal health care coverage 	<ol style="list-style-type: none"> 1. Community Action Commission 2. PIVOT program 3. Job Corps 4. Alternative Schools 5. School Districts, including Superintendents, alternative education staff, and special education staff 6. Private Schools (Alternative Schools) 7. Private Industry Council (PIC) 8. Other private schools 9. Emergency Room Nurses 10. Trauma room personnel 11. Legacy/Emanuel (anti-gun program) 12. Oregon Peace Institute 13. Jan Bayse, Emanuel Hospital CARES program 14. Raphael House 15. West Women's & Children's Shelter 16. Boys & Girls Aid Society 17. EMO 18. Hispanic population 19. Asian Acculturation Center 20. United Way - Don Ballinger 21. Camp Fire 22. Scouts - Explorers 	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Community Action Commission 	<p>Among the poorest of the poor people in Multnomah County are those who are homeless. In planning for the needs of children and families it is urgent to not lose sight of the estimated 2,000 young people in the county each year who are without a home, without a family, and except for publicly provided health and social service supports, have absolutely no means for providing for their most basic urgent day to day needs of food, clothing, shelter, emergency health care, and safety.</p> <p>Since homeless, single youth (ages 12 to 18) are not traditionally, nor appropriately considered as part of the Oregon workforce, it is easy to miss them if we measure poverty on the basis of annual income.</p> <p>Since homeless, single youth can only survive by relying on public programming, or involvement in illegal, dangerous and developmentally damaging activities (like petty theft, working in prostitution and dealing in drugs) its important to see that supporting their continuing development into adulthood will allow them to become productive, wage earning adults.</p>

ISSUE: Capable families

LEAD OBJECTIVE: To increase the number of families who are able to care for their own children

BENCHMARK: By (date), x % or fewer of all families in Multnomah County will not provide care for their children and will release them into substitute care

INDICATOR:

CAPABLE FAMILIES BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Most people in Multnomah County hold a strong conviction that it is usually in the best interests of children to live with their families. In those limited number of cases when this is not possible or not advised, other arrangements must be made. One of these arrangements is foster care.</p> <p>Foster care here is defined as "the formal out-of-home placement of children in alternative residential settings."</p> <p>In 1993 2,342 families in Multnomah County received placements of children aged birth - 17 years from the Oregon Children Services Division (CSD).</p> <p>From a 1993 child population (birth - 17) of over 143,000, Multnomah County placed children in foster care at a rate of 16.29 per 1,000 children; the second highest among 36 Oregon counties.</p> <p>Some of the reasons why children are removed from their homes and placed in foster care include:</p> <ol style="list-style-type: none"> 1. Neglect 2. Caregiver absent or incapacitated 3. Physical abuse 4. Sexual abuse 5. Legal offense <p>By far the majority of substitute care placements are made to foster family homes, selected and supported by CSD. Other living arrangements include group homes, shelters, and nonfinalized adoptive homes.</p> <p>Family crisis intervention (including needs assessment, family mediation, family and individual counseling, case management, and respite care) are some of the services that might help some families before "the breaking point."</p>	<ol style="list-style-type: none"> 1. Expand family crisis intervention services to provide support and options for families near the "breaking point" 2. Expand parent education and support services 3. Increase respite care for families with children with special needs, teen parents, families needing or involved in treatment for alcohol/other drug abuse, and families at risk for abuse 4. Decrease domestic violence (see strategies for that benchmark) 5. Decrease child abuse (see strategies for that benchmark) 6. Decrease alcohol/other drug abuse (see strategies for that benchmark) 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Coordinate all activities with those under the other related benchmarks 3. Support the development of a diverse foster care/substitute care study group to study the current foster care system, and to seek opportunities to increase kinship placement 	<ol style="list-style-type: none"> 1. Oregon Commission on Children and Families and its related task groups 2. Other county commissions on children and families 3. Oregon Children Services Division (CSD) 4. Janus Youth Programs' Harry's Mother Program 5. Tri-county Youth Services Consortium 	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 	<p>Major restructuring by the legislature of Oregon's children's services delivery system changes the way that substitute care placements will be developed and delivered in every county in the state, and presents local commissions with one of the most complex and immediate issues in recent time.</p> <p>Foster care services has been the responsibility of Children's Services Division (CSD) for over 20 years and now an entirely new system may need to be created.</p> <p>But in addition to looking at ways to reduce the number of foster care placements (by increasing the number of families who are able to care for their own children) other families need consideration as well. Among them are families with children with special needs such as those with developmental disabilities.</p> <p>For these families, reliable respite care may give them the support they need to continue to care for their child or children at home, avoiding institutional placement.</p>

ISSUE: Safe, stable housing for families

LEAD OBJECTIVE: To increase the number of families with children living in safe, stable housing

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County will be without safe, stable housing

INDICATOR:

HOUSING BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>In 1991 the participating jurisdictions of the Cities of Portland and Gresham, and Multnomah County, with the help of over 100 citizens, developed the first county-wide Comprehensive Housing Affordability Strategy or CHAS. Developing a CHAS document was then a federal requirement for any community seeking federal funds for housing purposes.</p> <p>An outcome of this efforts was the creation of the Housing and Community Development Commission (HCDC), an appointed, volunteer housing policy body for Multnomah County. The Multnomah Commission on Children and Families will want to develop a regular, meaningful connection with the HCDC as it pursues this benchmark.</p> <p>The CHAS document developed in 1991 was further refined in 1993, before the planning process was "retired" when the new Clinton administration streamlined federal mandates and no longer made the CHAS a required document.</p> <p>Still it provides some strong directions for supporting the existence of safe, stable housing.</p> <p>The 1991 CHAS established 3 primary principles regarding housing policy:</p> <ol style="list-style-type: none"> 1. Priorities should focus on providing housing for those with the greatest needs. 2. Both public and private funds are required to meet community needs. 3. There should be a direct relationship between the amount of public subsidy and the length of time that a housing resource remains affordable. 	<ol style="list-style-type: none"> 1. Increase the involvement of the Multnomah Commission on Children and Families in the activities of other organizations that are charged with developing policy and supports for housing 2. Increase the inclusion of developmental growth supports in all services for homeless youth so that as they move into independent living they can become stable adults 3. Support parent education and training 4. Support the development of family networks as a way to support families experiencing difficulty before they actually have a crisis 5. Support activities related to domestic violence 	<ol style="list-style-type: none"> 1. Develop a relationship and a coordination agreement with the Multnomah County Housing and Community Development Commission 2. Develop a relationship and a coordination agreement with the Multnomah Community Action Commission 3. Advocate for homeless youth services that are developmentally appropriate and growth oriented 4. Coordinate activities under this benchmark with those related to foster care services, since foster homes can lead to longer term stable housing 	<ol style="list-style-type: none"> 1. Multnomah County Housing and Community Development Commission 2. Multnomah Community Action Commission 3. Community Action Program Office 4. City of Portland Bureau of Community Development 5. City Council member Gretchen Kafoury 6. Tri-county Youth Services Consortium 	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Housing Authority of Portland 3. City of Portland 4. Housing and Community Developm't Commission (HCDC) 	<p>The activities involved in approaching this benchmark are huge in scale and scope, and an enormous amount of private and public money is involved.</p> <p>When focusing on the housing needs of children and families, it's important to recall that within each county in Oregon there is an appointed citizens body called the Community Action Commission (CAC), which has the primary charge in that county to counteract the root causes of poverty and to provide services to individuals and families affected by it.</p> <p>The Multnomah CAC has an entire system of service centers and other programs to meet its goals, and providing housing supports is one of its primary concerns.</p> <p>The Multnomah Commission on Children and Families will want to develop a regular, meaningful connection with the Multnomah CAC as it pursues this benchmark.</p>

MINORITY YOUTH OVER-REPRESENTATION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

ISSUES: Social justice for minority youth

LEAD OBJECTIVE: To reduce the over-representation of minority youth within the juvenile justice and child welfare systems

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County who are involved with the juvenile justice and child welfare systems will be minority youth

INDICATOR:

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>This objective is in reference to 2 large and different systems: the juvenile justice system and child welfare system. Most planning to date has involved juvenile justice, and so most of this page deals with that. The Multnomah Commission on Children and Families is committed to a similar effort in coming months related to child welfare.</p> <p>The over-representation of minority youth and their differential treatment within the juvenile justice system have become a major concern of policy makers and child advocates in recent years.</p> <p>As part of Oregon's phase 1 efforts under a pilot program, the Oregon Community Children & Youth Services Commission conducted research to make an overall determination of the current status of minority youth in the juvenile justice systems in 3 pilot counties, including Multnomah. This local project is outlined in House Bill 3438, and is the basis for the recommendations on this page.</p> <p>It was structured around 3 main goals:</p> <ol style="list-style-type: none"> 1. To protect the community by providing better service delivery to students in the first 3 months they are in the community 2. To increase the use of Multnomah County Youth and Group Care beds and youth care programs by Multnomah County Parole youth. 3. The Multnomah County Juvenile Justice Division will be a leader among youth care systems in the county and will advocate for the best possible solutions for Multnomah County youth 	<p>FOR GOAL 1:</p> <ol style="list-style-type: none"> 1. Develop written transition plans well in advance of a student's release from the training school; ensure all applications and paperwork are completed prior to release; and involve Cottage counselors and parents in the plan's development 2. Implement the transition plan immediately upon the student's re-entry into the community and ensure a reliable 30-day follow-up in every case. 3. Support coordination of all activities and records among all involved agencies, parole officers and the family <p>FOR GOAL #2:</p> <ol style="list-style-type: none"> 1. Develop revised "success standards" as currently set by the Oregon Children Services Division (CSD) 2. Increase opportunities for local parole youth by better expanding dialogue between parole staff and other youth care providers 3. Develop back-up detention services for parole youth in youth care centers a top priority <p>FOR GOAL #3:</p> <ol style="list-style-type: none"> 1. Increase the efficiency and effectiveness of the Multnomah County Juvenile Justice Division 2. Increase coalitions and consortia of youth serving agencies through the resources of the Multnomah County Juvenile Justice Division 	<ol style="list-style-type: none"> 1. Coordinate services on a broader scale, involving state, county, school and community-based organizations. 2. Advocate for an increased level of mental health services for parole youth 3. Advocate for changes with the CSD system as related to the 3 goals 	<ol style="list-style-type: none"> 1. Multnomah County: Juvenile Justice Div., Adolescent Mental Health, Community & Family Services Div., Health Dept., Alcohol & Drug Office, others. 2. Portland Youth Redirection 3. House of Umoja 4. MYCAP 5. Oregon Outreach 6. GIFT Program 7. Yuan 8. Willamette Bridge, other Janus Youth Programs 9. Christian Women Against Crime 10. POIC, Open Meadow, and AYOS alternative schools 11. McCoy Academy 12. Madison High School FOCUS program 13. Mainstream Youth Programs 14. Depaul Treatment Ctr. 15. Garlington Center 16. Youth Gang Outreach 17. Nan Waller, Mary Li, Muriel Goldman, Lonnie Nettles, others 	<p>5 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Oregon Children Services Division (CSD) 	<p>Although it is phrased more generally, this initiative deals nearly entirely with young, African American males.</p> <p>Over-representation for young African American males becomes more acute as system penetration increases from early warnings, to diversion, to early detention, to commitment to state training schools, to remand to the adult system.</p> <p>While the nature of reasons for over-representation are not fully addressed, the research to date indicates a need for further and more refined analysis of the system data, controlling for the influence of the number of prior referrals, crime severity, and selection factors. All of these can affect the accumulation of cases at certain decision points in juvenile justice processing.</p> <p>Qualitative data analysis suggest the need for additional research on the availability of client resources and services.</p>

ISSUE: High school completion

LEAD OBJECTIVE: To increase the number of youth graduating from high school

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County will leave high school before graduation

INDICATOR:

HIGH SCHOOL COMPLETION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Increasing the percentage of youth graduating from high school and its inverse - decreasing the percentage of students dropping out - is a popular issue the present time. The Portland School Board adopted it as one of its major goals 1990. PPS staff responded by creating a wide variety of "dropout retrieval programs." PPS staff also initiated the "Dropout Monitoring Study" which tracks the Class of 1994 from the end of 8th grade through the senior year. By the end of year 3 (grade 11), 31.5% of all students in the study had dropped out and not reentered another PPS school or program.</p> <p>Starting with the 1988-89 school year, the Oregon Department of Education (ODE) began requiring regular dropout reports from every school district in the state. This was the first time a uniform reporting system had been required. The ODE's analysis provides annual, one-year, statistics as well as a synthetic four-year rate. For 1992-93, the dropout rate statewide was 5.7% and the four-year rate was calculated to be 21.4%.</p> <p>Implementation of the Katz Plan will require new ways of analyzing graduation/dropout rates as well as an increase in "relevancy" in the curriculum.</p>	<ol style="list-style-type: none"> Promote family residential stability Reduce the teen pregnancy rate Assist disrupted/dysfunctional families Reduce the rate of drug and alcohol abuse among students (and their families) Reduce the number of students requiring suspensions and expulsions Reduce the number of students involved with gangs Promote school programs successful at helping students with poor achievement to do well Promote respect for students and education in general Redirect the Oregon legislature's directive to count GED recipients as dropouts. Increase programs aimed at LEP populations with high dropout rates Provide meaningful work opportunities for low-income students Develop a safer school environment by reducing physical and emotional violence based on cultural and ethnic minority status, gender and any other bias Develop a safer school environment by reducing the number of guns and other weapons in school settings 	<ol style="list-style-type: none"> Continue support of Teen Health Clinics located in high schools Continue support of integrated service centers located in schools Support Dropout Retrieval Programs sponsored by PPS and other districts Support "service learning/community-based teaching" component of the Urban Svcs Grant (The PEN) Support "Counteract," a drug and alcohol program initiated by PPS Carry out a public education campaign aimed at promoting residential stability for families with school-age children Support the county's efforts at violence abatement in the schools and community Support school-to-work transition activities in public and private sectors Support and expand Emanuel Hospital's "Save Our Youth" program Advocate for a program similar to Los Angeles SD's Project Ten to address risk factors affecting drop-out rates among sexual minority youth Coordinate with many of the other benchmark planning teams, since dropping out of school is directly related to most of them 	<ol style="list-style-type: none"> Multnomah Education Svc. District (MESD) Portland Public Schools (PPS) Barlow/Gresham Schools Bonneville School District (SD) Centennial SD Corbet SD David Douglas SD Gresham Grade SD Orient SD Parkrose SD Reynolds SD Riverdale SD Sauvie Island SD Portland Leaders Roundtable Caring Communities Youth Gang Task Force The PEN (Portland Educational Network) Mult. Co. Health Dept. Committed Partners for Youth PSU Project PLUS PPS Teen Parent Program Private Industry Council Pacific Univ & PSU Upward Bound Prog. Portland Impact RWO Council Job Corps Business Youth Exchange (C of C) business and industry (OBC, AOI, org. labor) 	<p>3 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> Multnomah County Business Youth Exchange Public Schools I Have a Dream Foundation Mott Foundation Neil Goldschmidt Foundation 	<ol style="list-style-type: none"> Research points out the following reasons for students' dropping out of school: Lack of self-respect and respect from family and the community Language & cultural issues (acc. to ODE stats, Hispanic students drop out at more than twice the average rate statewide) Mobility (acc. to ODE stats a high proportion of drop-outs were enrolled in the school district 1 yr or less; mobility also cited in PPS "Dropout Monitoring Study") Teen pregnancy, parenting, independent living burdens Disrupted/dysfunctional nuclear families Alcohol/other drug abuse Discipline problems Gang involvement Poor achievement Homelessness Inability to adapt to school setting (acc. to ODE stats students in large schools are more likely to drop out) Inability of the school to provide a program leading to success for that student

ISSUE: Child and youth related violence

LEAD OBJECTIVE: To reduce the incidence of violence by and against children and youth

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County will be involved in a violent incident

INDICATOR: Not yet established; possibly this will be a composite of several indicators

VIOLENCE PREVENTION BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Many people believe that violence by and against children and youth is caused by several social factors, including:</p> <ol style="list-style-type: none"> 1. A steady rise in general environmental violence, such as neighborhood violence and in films, music and TV 2. Changes in family environments, including poor family bonding, repeated exposure to domestic violence, and a decrease in inter-generational contact 3. Economic and demographic shifts limiting young people's ability to hope for a productive and secure future 4. Low sense of self worth (self esteem) 5. The limitations imposed by institutional racism and other forms of class devaluation 6. The rise in alcohol and other drug use 7. The proliferation and use of handguns to commit crimes and to settle disputes <p>A strong and expanding Child and Family Mediation program of the Tri-County Youth Services Consortium is a substantial community resource.</p> <p>Several community organizations dealing with gang related issues include local experts on street level violence.</p> <p>Outside In sponsors a program seeking to assist young men to find alternative to the violence associated with prostitution.</p> <p>The Coalition of Black Men is a local resource committed to this issue.</p> <p>Peer mediation programs exist at local schools, and could be expanded</p> <p>The Metropolitan Human Rights Commission is conducting a campaign to reduce hate directed violence and bias.</p>	<ol style="list-style-type: none"> 1. Expand peer delivered mediation services in every school; also in community organizations representing specific cultural populations. 2. Reduce the proliferation and use of handguns 3. Expand conflict resolution skills trainings through school curricula and within the activities of religious youth groups. 4. Support classroom and community instruction to young people about the history of conflict and various attempts to resolve it. 5. Expand early childhood education and parent training on how to avoid violent situations and what to do when involved in one. 6. Provide treatment services to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle; we must break the cycle) 7. Provide the mentorship of safe, stable and culturally appropriate adults for youth with high risk factors. 8. Provide school/public forums for youth to speak in their own voices about concerns and solutions to violence 9. Expand structured social settings for young people of different cultures to safely learn each other's cultures (like Camp Odyssey and Project TREC) 10. Expand A&D treatment programs 11. Provide counseling and other supports for people who have, other than violence, limited coping skills 12. Reduce depictions of violence presented for entertainment value on TV, in movies, in music and videos, and video games 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Convene an urgent community conversation about guns and other weapons 3. Develop policy declaring a need to reduce violence in all its forms: physical violence; emotional violence; sexual and dating violence; self-directed violence; and hate, bias and prejudice. 4. Develop policy declaring that within program planning violence is defined broadly to include racism, sexism, heterosexism, ableism and other forms of bias, when a person and/or the community is likely to be harmed by the bias. 5. Create a cultural value declaring young people to be a critical and valued community asset, worthy of protecting at any reasonable cost. 6. Develop civil rights protections/legal recourse for youth who are victims of hate/bias, particularly in school settings which may not be subject to local statutes/ordinances. 7. Coordinate efforts with County Commissioner Sharron Kelley who is taking leadership on the issues of youth, violence and schools, and violence as a Public Health issue 8. Train community providers to better recognize and target risk and protective factors 9. Advocate for the broad system of youth serving agencies becoming more diverse and respectful of people who are "different" 10. Create meaningful public recognition for exemplary efforts in reducing violence 11. Create public awareness of ways to get things done without fighting (seems like we always want to be fighting gangs, fighting drugs, fighting AIDS, fighting whatever) 	<ol style="list-style-type: none"> 1. Urban League (Public Health & violence) 2. Physicians for Social Responsibility (PSR) 3. TCYSC Family Mediation Program 4. Dr. Gary Oxman, Mult. Co. Health Dept. 5. Law enforcement 6. Children First 7. Oregon Peace Inst. 8. County Commissioner Sharron Kelley 9. Phoenix Rising 10. Youth Service Centers 11. Public/private Schools 12. OSMYN 13. OMEGA/Boy's & Girls Club in N. Portland 14. Student Unions 15. Youth organizations 16. Oregon Coalition Against Sexual & Domestic Violence 17. House of Umoja 18. Coalition of Black Men 19. Legal community 20. Governor's Task Force on Gay/les Youth 21. A&D service providers 22. Ecumenical Ministries of Oregon (EMO) 23. Service organizations 24. Citizen's Crime Commission 25. Public Safety Council 26. PFLAG 27. People of Faith Against Bigotry 28. United Way and their related programs 	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County, through new initiatives included in the 94/95 budget 2. City of Portland 3. Physicians for Social Responsibility 4. Public Schools 	<p>There is a large body of support for addressing violence by and against children and youth, including support from the grass roots, the spiritual community, social service providers, people in education and health, and from elected officials.</p> <p>Although the topic is framed in many ways, public safety is reported as one of the highest, if not the highest priority issue in most community polling. There is the potential for vast community support (including funding) if a strong leadership unites all the partners around a common agenda.</p> <p>The proliferation and use of guns and other weapons among young people are among the most specific and urgent community concerns</p> <p>The objectives dealing with domestic violence, juvenile crime, alcohol and other drugs, and others are directly related to this objective</p> <p>This community has a substantial peace and justice movement which can play a major role in planning and implementing this objective.</p> <p>Many people want a quick, single method fix, but nearly everyone working in the field agrees that we waste time seeking this mythical remedy.</p>

ISSUE: Juvenile crime

LEAD OBJECTIVE: To reduce the incidence of juvenile crime

BENCHMARK: By (date), x % or fewer of all juveniles in Multnomah County will be arrested

INDICATOR:

JUVENILE CRIME BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>The increase in violent crime by juveniles, including the increased use of weapons is a serious problem in Multnomah County. The rates have increased far in excess of population growth.</p> <p>Increase in violent crime continues to put great pressure on the number of available close custody beds to Multnomah County.</p> <p>The county has experienced growth in referrals for sexually assaulted behavior by juveniles, and a greater number of adjudicated juvenile sex offenders.</p> <p>Citizens are frightened and are demanding "quick fixes."</p> <p>The gang phenomenon is not going away. Attention has been focused on North/Northeast Portland, but serious problems in Southeast Portland and East County have not been addressed.</p> <p>We are seeing an increase in multi-cultural gangs, Hispanic gangs, skinheads, SE Asian youth, involvement of girls in gangs.</p>	<ol style="list-style-type: none"> 1. Increase treatment services and supports to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle; we must break the cycle) 2. Provide the mentorship of a safe, stable adult for every youth with high risk factors. 3. Provide school/public forums for youth to speak in their own voices about concerns and solutions to violence 4. Provide peer delivered mediation services in every school; also in community organizations representing specific cultural populations. 5. Expand A&D treatment programs for youth and their families 6. Provide diversion programs 7. Provide structured recreation activities for youth at high risk of criminal behavior 8. Expand social support programs for gang involved youth, requiring specific, measurable outcomes and rigorous evaluation 9. Provide basic needs and developmental opportunities for street youth/other youth without the support of a family 10. Provide prostitution diversion programs which offer youth safe, legal options for self-support 11. Support meaningful pre-employment services and employment support for youth 12. Increase culturally/gender appropriate services to serve adjudicated youth, incl. A & D, mental health 13. Provide resources to intervene at the first offense, including diversion 14. Increase alternatives to detention 15. Develop enhanced response to sexual offenders. 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Train community providers to better recognize and target risk and protective factors 3. Support Community Policing 4. Support Neighborhood Watch 5. Advocate for community involvement in mentorship programs 6. Advocate for close collaboration among state and community agencies, neighborhoods, families, and the Juvenile Justice Division. 7. Advocate for a strong community commitment and responsibility to its youth. 8. Support expansion of mental health services for youth in the juvenile justice system, including screening and diagnosis at intake. 	<ol style="list-style-type: none"> 1. Juvenile Court - Nan Waller 2. Youth Service Center Diversion Programs 3. Young Gang Task Force - John Canda 4. Mall Security businesses 5. African American Churches 6. Crime prevention units of neighborhood Associations 7. Law enforcement: Portland Police, Multnomah County Sheriff, Oregon State Police 8. "Off the Street" program at Outside In 9. Judi McGavin - Harry's Mother 10. A&D prevention programs 11. Juvenile Justice Div. 12. YEEP 13. Morrison Center 14. Tri County Youth Services Consortium 15. Asian Acculturation Center 16. Hispanic Youth Programs 17. Community & Family Services Division. 	<p>7 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Annie B. Casey Foundation 3. Federal \$ 	<p>There is a tremendous push for "quick fix" methods, including ballot measures that would remand all youth who commit felonies to adult court and to be served in the adult system.</p> <p>A strong commitment is needed in this county to both assist in and advocate for adequate services at all levels in the juvenile system, and to educate the public as to what is being done and can be done to reduce juvenile crime without putting all of our resources into an adult prison system that is too expensive and is not working.</p>

ISSUE: Adolescent drug use

LEAD OBJECTIVE: To reduce the incidence of adolescents using tobacco, alcohol and other drugs

BENCHMARKS: By (date), x % or fewer of 8th grade students in Multnomah County will have used tobacco, alcohol and other drugs in the past month
By (date), x % or fewer of 11th grade students in Multnomah County will have used tobacco, alcohol and other drugs in the past month

INDICATOR:

ADOLESCENT DRUG USE BENCHMARK

Multnomah Commission on Children and Families

July 11, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>In a 1992 research project among middle and high school students, Seattle-based Comprehensive Health Education Foundation in determined that "the issue of greatest reported personal significance to students was drugs" although there was "only limited recognition that alcohol products and cigarettes are drugs, with some students reporting that to be 'a drug' a substance must be illegal."</p> <p>Students explained their concerns by identifying how drugs affected "nearly all aspects of their lives: sex, sexually transmitted diseases, violence (and sexual violence in particular), safety, abuse, fitness and exercise, communication, personal relationships with family and friends, entertainment and news media, peer pressure, law enforcement personnel, and their plans for the future."</p> <p>In Oregon statistics are kept only for students, although use of alcohol and other drugs (and injection drugs in particular) is believed highest among out-of-school youth, a substantial population.</p> <p>Portland 11th graders who were asked in 1992 if they had "used" alcohol and/or other drugs in the preceding month reported 23% illegal drug use, 43% alcohol use, and 22% tobacco use; 8th graders reported slightly lower usage.</p> <p>Multnomah Co. Alcohol & Drug Program estimates 10% of Multnomah County's 23,000 high school students have "serious problems with alcohol and/or other drugs." Middle school students are also deeply affected but no "serious problems" estimate is available.</p>	<ol style="list-style-type: none"> 1. Provide programs specifically targeting known risk and protective factors 2. Provide culturally specific direct services, within the framework of cultural traditions, values and celebrations 3. Incorporate A&D prevention strategies within other preventive disciplines (AIDS prevention, pregnancy prevention, violence prevention, etc.) 4. Provide services at locations where youth gather (parks, malls, concerts, etc.) 5. Provide skills-focused self esteem building programs in schools 6. Provide sexual minority youth safe, non-sexualized places to socialize before they reach "bar age" (21 years) 7. Provide family services including family education, co-dependency treatment counseling, and family treatment at Youth Service Centers 8. Develop in-school and in-community, culturally specific traditions serving as rites of passage, whereby young people are assisted into adulthood and learn of available opportunities and responsibilities 9. Support peer-to-peer programs where young people support each other in making safe and responsible choices around alcohol and other drugs. 10. Support recreation programs for young people: visual and performing arts, sports, community service work, etc. 	<ol style="list-style-type: none"> 1. Train community providers to better recognize and target risk and protective factors 2. Advocate with news and entertainment media for images that encourage responsible behavior, and down play images that portray alcohol as central to having fun. 3. Advocate for more youth oriented recreation activities at times and locations that will support non-use, while capturing young people's interest 4. Convene a youth caucus to deliberate on ways to include youth views in prevention programming 5. Advocate for the Oregonian to reconsider their current (and substantial) donated anti-drug message from Partnership for a Drug Free America to include messages developed by local youth 6. Give meaningful recognition to young people who are contributing time and talent to effective drug prevention activities. 7. Develop collaborative activities with the County Health Department's anti-smoking program. 	<ol style="list-style-type: none"> 1. MADD 2. Youth and adult A&D providers 3. HIV prevention services providers 4. law enforcement 5. DARE (some disagreed) 6. State and federal A&D organizations 7. Outside In 8. Teens & Company (Planned Parenthood) 9. Kaiser 10. School-based health clinics 11. Public schools, esp. prevention specialists 12. School counselors 13. The American Cancer Society 14. RDI 	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Public Schools 3. Federal \$ 4. RDI 	<p>A focus group of teens created these suggestions for creating effective in-school alcohol/other drug prevention strategies:</p> <ol style="list-style-type: none"> 1. Create an open environment by assuring confidentiality. Teachers must be trusted to be effective 2. Avoid a fixed agenda; allow students to establish some of the discussion topics 3. Avoid lecture format; create small facilitated discussion groups 4. Use games and interactive exercises, cross word puzzles, or video games 5. Give more information on the effects that drugs have on one's mind and body 6. Create peer education models using educators the same age as the students. (Peer pressure can be an asset as well as a risk) 7. Begin drug education at a much earlier age 8. Present all available choices and the consequences for each, rather than promoting "just say no" approaches 9. Teach skills for real life, like how to turn down a close friend who offers you drugs; saying "no" to a stranger is what's taught, but it's not a very common occurrence 10. Teach students how to help friends and family members that use or abuse

AMENDED
DRAFT &
ATTACHMENTS
Submitted 7/21/94

Creating a Chosen Future

*A Stage One Comprehensive Plan of the
Multnomah Commission on Children and Families*

July, 1994

*This document contains the material approved by
the Multnomah Commission on Children and
Families on July 20, 1994.*

*Attachments include, among other things, written
comments on the plan that will be incorporated into
it as it is further developed.*

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Creating a Chosen Future

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INTRODUCTION

When Governor Roberts signed *House Bill 2004* into law on August 18, 1993, the State of Oregon committed itself to an entirely new approach to meeting the needs of children, youth and their families. Newly established local Commissions on Children and Families were charged with planning for the implementation of a new wellness model with an emphasis on early childhood development, primary prevention for children and youth, and strengthening and supporting families while providing for comprehensive treatment services.

Based on the mandate of *HB 2004*, the Board of Multnomah County Commissioners passed the *Multnomah Commission on Children and Families Ordinance* on December 16, 1993, establishing the new commission and setting a new course.

A NEW APPROACH

These new laws reverse the historical policy that assured services only when serious problems developed, often by a young person's posing a threat to public safety. The Multnomah Commission on Children and Families (MCCF) is directed to assure wellness, to promote growth and development, and to prevent problems *before* they happen. We on the MCCF are making ourselves more accountable to taxpayers and other investors by establishing directives for measurable outcomes, including the Oregon and local benchmarks.

This new approach called upon those of us on the MCCF to begin a three part task: creating a vision, then preparing a plan, and finally taking action.

The MCCF, and other Multnomah County policy makers, funders, and community members charged with, *or charged-up about* creating a chosen future for children, youth and their families have created our vision of the future and developed values and standards (see attachments) that will guide us all. And we have begun the creation of a planning document, found on the pages that follow.

WE'RE JUST GETTING STARTED

Balancing the enthusiasm and urgency we all feel for supporting children, youth and their families in a new commitment to growth and development, we have the reality that it will take time to unite our community around a shared vision. Creating and implementing a plan of this scope is an ambitious undertaking, one that may take five or more years. *House Bill 2004*, however, mandates that a comprehensive plan for children, youth and their families be developed by the Multnomah Commission on Children and Families, reviewed by all interested community members, approved by the Board of County Commissioners, and submitted to the State Commission on Children and Families for approval consideration by July 31, 1994.

Meeting the mandate of *HB 2004* can best be understood to be a developmental process spanning several years with a few time limited milestones, the very first of which is presented on the pages that follow. MCCF members know that this is a work-in-progress, and seek the involvement of all members of the community as we further develop our community's plan.

We also seek support, encouragement, advice, constructive criticism and, where appropriate, appreciation as we work to fulfill our six key responsibilities:

- Establish policies in support of wellness, to guide and assist all community initiatives in Multnomah County which support children, youth and their families.
- Conduct a comprehensive, inclusive planning process for children, youth and their families in Multnomah County, guided by a specified set of core values.
- Make application for State of Oregon funds, and conduct an open purchasing process for services purchased with those funds in pursuit of the goals of the comprehensive plan.
- Oversee the planning and implementation of efforts designed to achieve specific state and county urgent benchmarks.
- Review and comment on all planning initiatives that affect children, youth and their families in Multnomah County; and call for planning in areas of unmet need.
- Advocate in the legislature, in local governments, in the media and through public education on behalf of children, youth and their families in Multnomah County.

If all this seems a bit overwhelming, we can simplify our understanding of the task by referring to a more concise statement of the Commission's responsibility, expressed in *HB 2004*: "The main purpose of the local commission is to promote wellness for the children and families in the county."

This "Stage One" version of the 1994 Multnomah Commission on Children and Families' Comprehensive Plan is where we begin to meet our responsibilities.

WHAT WE BELIEVE IN

Through the dedicated and principled efforts of an MCCF ad hoc committee, we have become clear on who we are, what we believe in and what we stand for. Since we had been called together to seek wellness for local children and families the committee deemed it fitting to first explore what we meant by the term.

WELLNESS

After a lot of discussion we adopted the definition of the Oregon Children's Care Team:

"Wellness is defined as the preservation of each child's potential for physical, social, emotional and cognitive and cultural development."

It follows from this definition that a wellness delivery system must have a strong prevention component as its base, as well as provision for comprehensive treatment services. Such a model needs to be based on an understanding of the stages of child development, and with an emphasis on promoting early childhood development and developmental competencies across the entire age spectrum of childhood. We expect the result of this to be children who become responsible adults and productive citizens contributing to their community.

This MCCF has further developed this definition of wellness and described what wellness looks like at each stage of development for the child, the family, the neighborhood and the community. We also have developed a narrative depicting our image of wellness and a graph representing a functional supportive community system of care (see attachments).

NECESSARY CONDITIONS

To build and maintain wellness, several things must be present for the child, the family, the neighborhood and the community at every developmental stage.

A child flourishes when he or she has a loving, competent adult in his or her life; food, clothing and stable housing; optimal physical, dental and mental health; and appropriate opportunities to develop at each stage.

The family is its best in every stage when it has access to effective and culturally appropriate systems of health and mental care, housing, child care, public safety, transportation, education, employment, recreation and social development.

The neighborhood is a supportive environment for everyone when neighbors know each other, play together, and have a sense of pride and ownership in their neighborhood; and when they respect and enrich each other by sharing cultural traditions and valuing safety and security.

The community establishes systems which support the wellness of all children and families, and encourage the development of a safe and healthy environment. It supports and recognizes the responsibility of both parents *and* the community for achieving wellness.

CORE VALUES

The core values of the MCCF include an appreciation for strong families; diverse, thriving communities; and a coordinated system of services and supports promoting optimum growth and development for every child. Each value has a corresponding standard (see attachments).

- We value children, and their right to achieve their dreams.
- We value the safety and security of every child and every youth.
- We value the family unit and consider it every child's first source for growth and support.
- We value loving, skillful parenting.
- We value the community as every family's primary source for support and nurturance.
- We value the healthy growth and development of children and youth, as they progress through developmental stages in their own way and time.
- We value the inherent strengths, skills and capacities of every child, youth and family, and recognize these strengths as vital community resources.
- We value the perspectives and opinions of young people.
- We value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all.
- We value equal opportunity, equal access, social justice and support for individual freedom.
- We value a community support system that encourages coordination and collaboration, makes best use of available resources, identifies and develops new resources, and values its workers.
- We value results. We value efficiency, accountability and the ability to get the task done.
- We value community opinions and an open and accessible process.
- We value all people and recognize that among individual children, youth and families there exist varying capabilities at different times and at different developmental stages.

WHERE WE'RE GOING

The Multnomah Commission on Children and Families is clear in its conviction that our community can choose its preferred future. We worked hard to develop an in-depth understanding of this preferred future to guide us in conducting the detail oriented work ahead, and it seemed useful to also craft a very short, easily understandable statement of what it is that we're all working so hard to achieve. We want to give everyone the opportunity of investing in this same future. With that in mind the MCCF developed and approved the following statement:

OUR VISION

Our vision for this community is a county in which each child realizes and reaches full potential with the support of a family, neighborhood and community which protects, values, nurtures and encourages the child through adulthood.

As we considered this vision we became more and more aware that behind all the philosophy, and after all the dreaming, we would discover a lot of old fashioned hard work. No one missed the realization that the financial and other costs involved would be enormous. And worth it.

In the final analysis it was clear that an investment of this magnitude can only be made within the construct of a well developed and widely accepted and coordinated plan. This led us to asking ourselves "what is our role in all this? who else needs to be involved? and how will we begin to accomplish all that needs to be done?" As part of the answer to these questions we established our mission statement.

OUR MISSION

The mission of the Multnomah Commission on Children and Families is to create and oversee the implementation of a plan which supports the development of each child and his or her family through each stage of life. The Commission through its plan:

- Establishes policies and sets values which support the healthy growth and development and sustenance of all children, youth and their families in the county.
- Identifies and prioritizes specific goals; establishes the means to achieve those goals; and ensures efficient use of resources through evaluation of results.
- Enhances resources already available and advocates for additional resources, both public and private, in cooperative efforts to reach set goals.

Our primary goal is wellness and we envision that as being composed of four subordinate goals, each one interrelated to the others, and each one an integral part of community wellness.

OUR GOALS & BENCHMARKS

GOAL #1: Our goal is to have families and communities supporting the healthy growth and development of every child from the earliest possible opportunity.

GOAL #2: Our goal is to have families and communities supporting the principle that every child deserves a family ready to parent her or him.

GOAL #3: Our goal is to have families and communities committed to the right of every child and family to develop free from harm in a safe environment.

GOAL #4: Our goal is to have an increasing number of capable, caring and stable adults within our families and communities.

To reach these goals the MCCF has set 15 objectives, most of which are tied to local and Oregon Benchmarks. (Numbers in parentheses index objectives to the goals.)

The MCCF commits itself:

1. To meet specific developmental standards by kindergarten (1, 2, 3)
2. To reduce the incidence of teen pregnancy (1, 2)
3. To reduce the incidence of child abuse/neglect (1, 2, 3, 4)
4. To reduce the incidence of domestic violence (1, 3, 4)
5. To increase the incidence of adequate prenatal care (1, 3)
6. To reduce the incidence of drug affected babies (1, 2)
7. To increase the number of child care providers meeting quality standards (1, 3)
8. To increase the number of families living above the poverty line (1, 2, 3, 4)
9. To increase the number of families who are able to care for their own children (1, 2, 3, 4)
10. To increase the number of families living in safe, stable housing (1, 2, 3)
11. To reduce over-representation of minority youth in juvenile justice/child welfare systems (3)
12. To increase the number of youth graduating from high school (2, 4)
13. To reduce the incidence of violence by and against children and youth (3)
14. To reduce the incidence of juvenile crime (3)
15. To reduce the incidence of adolescents using tobacco, alcohol and other drugs (3)

COMMUNITY STRENGTHS & NEEDS

Given the MCCF's declared value of building on community strengths, and given the importance of focusing resources on the highest priority needs it made sense to assess community conditions before proposing any changes. We wanted to know what supports already existed and which critical needs required additional attention. To inform ourselves in these areas we have pursued two processes to date (July, 1994) and propose to continue our assessment work over the next several months.

CELEBRATION OF COMMUNITY STRENGTHS

"Front porches." "The bicycle shop owner who always has room for one more kid." "The businessman who hired a Russian speaking clerk because Russian was the native tongue of his newest customers." These are some of the neighborhood resources that were identified in the six *Celebration of Community Strengths* meetings held throughout Multnomah County in April 1994. Sponsored by the Multnomah Commission on Children and Families (MCCF), the Board of County Commissioners, and County Chair Beverly Stein, these meetings took a different approach to the concept of needs assessments.

Inspired by the community capacity building work of John Kretzmann and John McKnight, MCCF members invited residents to come out and talk about their communities' strengths. Multnomah County is divided into six service districts, or Family Support Network areas, making one meeting per district a logical strategy.

A steering committee of MCCF members and staff, Portland Educational Network (PEN) of Portland State University staff, and city and county volunteers designed and implemented the meetings, and developed and coordinated resources. Fred Meyer and Starbucks donated refreshments and Children First, a statewide advocacy group, arranged for child care services.

Community organizations, including the Leaders Roundtable, Ecumenical Ministries of Oregon and the Rainbow Coalition, co-sponsored and promoted the event and provided over 60 volunteers to help facilitate the small groups. PEN donated the technology and personnel to create maps of each district on which to place the resources identified.

Some of the identified community strengths, of course, were well respected local human service provider agencies, many of which were well known to MCCF members and staff. Some of them, on the other hand, were less familiar although highly regarded. The organizations identified have been tabulated and staff is working to complete the list from internal data bases.

MCCF members, however, know that many resources exist in every community – resources that daily sustain and support the people who live and work there. The strengths that usually remain unreported in a more traditional needs assessments were, to some, of the greatest interest: access to transportation, an architectural legacy, cultural identity, older home neighborhoods with a sense of history, ethnic and cultural diversity, high volunteer involvement, pedestrian-friendly shopping, bridges, parks, public art, street musicians, and value driven social service programs are a few examples.

MCCF members have expressed interest in further developing our findings. (For a more extensive listing of the community strengths identified in these sessions, see attachments).

Approximately 400 people attended the meetings (from 50 to 125 at each), generating over 3,000 community strengths. PEN staff is compiling this information and designing the product that will illustrate the community strengths identified. Further use of the process will recognize that some populations were not fully represented at the meetings. Additional *Community Strengths* meetings with culturally specific communities are being considered.

WHAT WE ALREADY KNEW

Dozens of plans with comprehensive needs assessments already exist in Multnomah County dealing with child care, alcohol and other drug abuse, out-of-home care, delinquency, youth employment, diversion, and the needs of homeless youth, gay and lesbian youth, young African American male youth, south-east Asian youth, girls, infants and toddlers, and youth who are at risk for being abused or neglected. These are only a few examples.

MCCF staff have been gathering and reviewing all these data and will be providing them to planning teams that will be convened around each of the benchmarks (or benchmark clusters) in August - October.

RESOURCES/SERVICES TRANSFER

The Multnomah Commission on Children and Families recognizes that the primary responsibility for promoting and supporting healthy children and families lies at the local level. With that in mind, the Commission is interested in exploring the transfer of several of the following state services to the local level.

STRENGTHENING FAMILIES

Because strengthening all families in the county is a prime objective of the Commission, local planning and implementation for these services, currently provided by Children's Services Division (CSD) is concordant with the Commission's charge. The Commission, through its Resource Development Committee, will investigate parent training, counseling, child care and other family support services currently provided by CSD for possible development through local delivery systems.

PURCHASED TREATMENT SERVICES

The MCCF is interested in exploring local planning and implementation of purchased treatment services for children with significant treatment needs, within the constraints of House Bill 2004.

FOSTER CARE

Multnomah County houses a great deal of expertise in foster care due to the number of agencies currently providing the service in the county. ~~The local Commission is interested in exploring a pilot project to offer foster care for children birth through 3 years through the county.~~ The Commission will convene a foster care study group to work with the Resource Development Committee to determine the feasibility of this pilot project.

TECHNICAL ASSISTANCE

The Multnomah Commission requests that the State Commission and its staff work in concert with local efforts to assure the best possible outcome for transfer of resources and/or services. Assistance with gathering data, reconciling local CSD expenditures with federal funding and assuring no loss to the community in resources would promote Commission work in this arena. This county also requests acknowledgment and real understanding, on the part of the State Commission and its staff, of the depth and breadth of services needed in this urban county and the complexity of planning for and providing those services.

CASA & YCC

The Multnomah County Court Appointed Special Advocates (CASA) program plays a leadership role in the area of providing technical advocacy for young people who have been neglected or abused. CASA's staff and extensive volunteer base is a major community strength, both in terms of the direct service provided, and the intrinsic value of having a pool of people knowledgeable about and committed to working with children who are abused and neglected. Retaining CASA services in Multnomah County is a significant support for the child abuse prevention benchmark.

The Youth Conservation Core program, although quite small in scale, provides employment and pre-employment support for youth at risk of juvenile crime, alcohol and other drug abuse, poverty and other social problems. Providing employment support is a known protective factor, and so we consider the YCC to be part of our overall benchmark strategy.

TECHNICAL NOTES

MONITORING & EVALUATION

Assuring a rigorous technical evaluation of social service programming is the essence of what distinguishes benchmark driven programming from most others. The Multnomah Commission on Children and Families' core values call for the best use of available resources, efficiency, accountability and the ability to get the task done. The most concise statement of this is the value which declares "We value results."

It's impossible to view our results, if any, if we don't apply technically and socially appropriate evaluation procedures. With this in mind we propose an evaluation framework that will allow results to be viewed and considered not only by technical program staff, but by MCCF members and general community members as well. The proposed framework is composed of four stages, each one progressively becoming more technical, more costly and more pioneering.

STAGE ONE: Compliance review

This is a simple comparison of contract requirements with contractor *performance*. In brief, did the contractor provide the services that the contract called for? This is assessed on a routine basis through data collection (client tracking reports), monthly or other required periodic reports submitted by the contractor, and through annual fiscal audits. When a potential problem is detected this level of review is conducted by means of specially required or more frequent reports and by site visits and phone interviews.

Compliance evaluation is the absolutely "bare-bones" approach to evaluation.

STAGE TWO: Process Evaluation

This assesses the *quality* of the program and the services it provides. It involves program attributes such as accessibility, philosophy/methodology, and staffing. Other areas include assessment of population(s) served, conditions under which services are offered, and the nature of proposed service effects. This is assessed through structured, formal site reviews, peer reviews, client satisfaction surveys, and client tracking data.

This level of evaluation, combined with compliance review, provides basic accountability.

STAGE THREE: Client Impact Evaluation

This is an advanced and technically difficult process, measuring the impact, if any, that the services a client received had on the client or his/her family and community. It deals with program or service *effectiveness* in achieving their pre-identified goals. Essentially we seek to answer the question "now that we know that a service of a known quality and quantity has been delivered, what difference has it made in the lives of the people served, and was that difference worth the cost of the service?"

Part of what makes this a technically difficult process is that it must involve developing all aspects of the program from preliminary design to evaluation analysis.

STAGE FOUR: Social Change Evaluation

This is the most advanced, most costly and most infrequently applied technology. It's possibly the most urgent. It seeks to measure community-wide *social change* within a given issue, like the proliferation of hand guns and related violence, or a reduction in institutional racism. It measures the cumulative impact of social programs, political and economic changes, and all other influences on the issue.

This is benchmark level evaluation. Keep your checkbook handy.

TO THE PLAN REVIEWERS

- A. The MCCF's core benchmarks are listed on page 3 of this document. All OCCF benchmarks have been chosen; no waivers are requested.
- B. All MCCF decisions related to defining wellness; creating the vision, values, and goals; selecting core benchmarks; and establishing a preliminary macro budget have followed the same process:
 1. MCCF prepares background and support information and brings it to the Planning Committee
 2. Planning Committee reviews staff prepared information, deliberates on the issues, forms a recommendation and brings it to the MCCF at a general meeting
 3. MCCF members receive and discuss the recommendation at a general meeting, revise as needed and vote to accept.

COMMUNITY INVOLVEMENT

To date the Multnomah Commission on Children and Families has involved the community in its planning in three ways:

1. The appointment of diverse commissioners who each represent their own community.
2. A series of Community Strengths meetings (described in greater detail on page 4).
3. A community meeting/strategy building session held on June 17.

Having adopted definitive goals and objectives for the next biennium the MCCF started to develop concrete strategies for implementing our vision in this community meeting/strategy building session.

The four objectives for the session were:

- To review the goals and objectives of the Multnomah Commission on Children and Families.
- To identify preliminary strategies for reaching those goals and objectives.
- To connect MCCF members with other community members committed to wellness.
- To identify other key players that the commission needs to connect with.

To accomplish this we provided a well facilitated and fast paced process whereby people meet in large group to begin with, and later broke into smaller group focused on the cluster of benchmarks related to an individual goal.

Three hours of conversation and deliberation among informed and impassioned community members resulted in a wide variety of creative and meaningful program ideas for achieving the benchmarks.

Information compiled was distributed to MCCF members, and specifically considered by Planning Committee members.

People who couldn't attend were offered the opportunity to contribute their support in other ways.

- They were asked to pass this invitation on to someone else who could represent their interest in specific populations or issues.
- They were encouraged to submit their ideas to MCCF staff in writing or via voice mail.
- They were encouraged to identify specific objectives which interest them and to seek to be part of the more thorough planning process scheduled for the next several months.

The Planning Committee has recently held a discussion centered on ways to increase community participation in the future, and some of the ideas are presented here:

- Establish MCCF liaisons to each district
- Identify other organizations to work with as partners
- Establish a youth advisory body for the MCCF
- Work with community health aides in outreach
- "Go to them"
- TV/radio/video access/PSAs
- Engage with the District Coordinating teams (DCTs)
- Engage with the local neighborhood organizations
- Conduct polling/surveys

DIVERSITY

Multnomah County Chair Beverly Stein appointed a broadly diverse group of people to the Multnomah Commission on Children and Families, including representatives, advocates and members of ethnic, cultural, sexual and linguistic minorities.

In addition the MCCF has selected core values which support diversity and multi-culturalism. The MCCF has declared that "we value and embrace the diversity of the children, youth and families in our community, and the cultural wealth that enriches us all," and "we value equal opportunity, equal access, social justice and support for individual freedom."

In June the MCCF Planning Committee considered the need to involve more cultural and ethnic minority people in the planning process, and charged staff with polling MCCF members with an expressed interest in cultural and ethnic minority children and families, and who might have suggestions for increasing the cultural competency of the MCCF. A number of ideas were generated ranging from providing more training for MCCF Commissioners, to developing a caucus addressing the needs of young people of color and their families, to having the MCCF take leadership in addressing linguistic diversity. The question of to whom the term "diversity" applies was raised; MCCF members are considering a relying on language from a Portland Public Schools policy statement that refers to "actual or perceived race, national origin, cultural heritage, familial status, age, gender, sexual orientation, religion, disability or socio-economic status."

These thoughts will form the basis for serious discussions regarding the MCCF's approach to and beliefs regarding diversity as they apply both to the MCCF and its processes, including community involvement, and to system and service recommendations.

SERVICE SYSTEM

As the critical issues affecting children and families in Multnomah County are explored, benchmarks are chosen and desired strategies for making desired changes are deliberated on, an over-arching concern comes to the fore - the system that supports both the philosophy and delivery of services and supports.

In Multnomah County, as in many large urban areas, the evolution of services for children and families and the systems through which they are delivered has been driven by emerging needs, changing priorities and variations in funding. While unique and laudable efforts have been made to coordinate and collaborate on services to specific populations, the broader system has remained difficult for children and families to use, especially for those with multiple issues. As noted in The Report of the Children and Youth Work Group (2-1-91), "The County's services delivery system for children and youth is fragmented, resulting in barriers to services, inefficient administrative procedures, lack of coordinated planning and program development, and inadequate collaboration among programs."

The MCCF joins County Chair Stein in advocating for a wellness-focused system of non-stigmatized services and supports that are community-based, culturally appropriate, and easy to access. Multnomah County has begun building this system by dividing the county into six service districts, each containing a range of county and non-county services for children from 0 to 18 years and their families that will be connected with each other as a **Family Support Network**. The Network is an affiliation of individuals and organizations based on the MCCF's values of wellness and respect for individuals and families. Members will subscribe to a set of standards, also based on the MCCF's values, that include celebrating diversity, supporting strengths and working collaboratively. An outreach component that will support the Network's movement toward proactive, user-friendly interactions with customers is under development via a cooperative effort by County Departments and Divisions.

Every district has in it three county-funded centers that are related, each having a distinct focus: Aging, Community Action, and Family. Each **Family Center** is operated by a not-for-profit agency that delivers an array of services and supports to children and their families including family counseling, alcohol and drug, employment, mentorship, recreation, law-related, health and access to the entire Family Support Network. Juvenile offenders are served by a system-wide partnership that provides accountability and support. Juvenile Department staff join with diversion specialists at each Family Center to ensure that first time diverted juvenile offenders attend and make good use of restitution, counseling, alcohol/drug, anger management and other diversion opportunities or face swift and sure consequences. The intent is to intervene before young people get deeply involved in criminal behavior. **Parent Child Development Centers** linked to each Family Center provide community-based, family-focused, developmentally appropriate supports for families with young children. These supports include development of both child and parent, promotion of both health and mental health, and access to other services.

Within each district, a District Coordinating Team (DCT) is already working toward realizing the goal of system-wide coordination including but not limited to children and families issues. Represented on each Team are a broadening range of county programs (community action, family centers, library branches, aging programs, health, juvenile justice, etc.), schools, public safety, and other service organizations. Representatives of each DCT meet monthly as an Integrated Services Team for over-all systems communication and coordination. Identified policy issues will be referred to the MCCF which will coordinate quarterly with other county advisory bodies such as the Community Action Commission, Multnomah Commission on Chemical Dependency, Portland Multnomah Commission on Aging, etc.

The MCCF reviews all county planning efforts for children and families. To assist in communicating the MCCF's values and standards and enhancing coordination among county departments and divisions, a Youth Services Management Team composed of the county department and division heads will be chaired by the MCCF director. Both policy and advocacy issues that are identified will be forwarded to the MCCF for deliberation and action.

An important step in the development of a fully integrated system is the coordination of funding. The MCCF will bring funders together to support the Comprehensive Plan and use it to guide their decisions about and distribution of funds for children and families.

ISSUE: Early care and education

LEAD OBJECTIVE: To meet specific developmental standards by kindergarten

BENCHMARK: By (date), x % or fewer of all children entering kindergarten in Multnomah County will fail to meet specific developmental standards for their age, as it relates to cognitive development, physical well being, social and emotional development, and language and literacy

INDICATOR:

EARLY CHILDHOOD EDUCATION BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Early care and education (readiness to learn) is emerging as a national priority under the Clinton administration, as a state priority under the leadership of the state Commission on Children and Families, and as a local priority under the leadership of Beverly Stein. It is the first of six national educational goals. As our communities seek root causes for youth violence, an ill prepared workforce and family dysfunction, research clearly points to the earliest years as critically formative and predictive of success.</p> <p>There is agreement, and substantive evaluation, on effective systems which support children and families from the earliest age. The Carnegie Foundation Report "Ready to Learn" by Ernest Boyer cites seven conditions necessary for children to be ready to enter school:</p> <ol style="list-style-type: none"> 1. A healthy start 2. A language rich environment with caring, empowered parents 3. Quality early care and education, including preschools and child care 4. A responsive, family-friendly workplace for parents 5. Responsible, nonviolent and educational TV programming on all major networks 6. Safe, supportive neighborhoods where learning can take place 7. A society where there is a web of supports for families and greater intergenerational connections. <p>Compelling research on the long term benefits of early care and education and family support, new targeted federal moneys, and the statewide reallocation of social services block grant offer rationale for prioritizing this field of service.</p>	<ol style="list-style-type: none"> 1. Consider parents to be teachers; develop a system of family support and education which includes universal home visits prenatally through transition into Kindergarten; assure high quality through proven training and evaluation. 2. Support expanded parent training and parent education at every possible community touch point, utilizing and valuing hands-on, parent child interaction. 3. Support expanded A&OD screenings for parents 4. Support developmental screening and follow-up services for all children starting at birth 5. Build on current infrastructure to develop a system of services to support young children and their families, including: <ol style="list-style-type: none"> a. Expand Head Start to become prenatal to 5 years, including families up to 133% poverty; coordinate with child care system and schools. b. Expand number of PCDC's; expand PCDC's to serve children through age 5; explore possibility of child care centers as possible PCDC's. c. Integrate expanded community health nurse services with home visits from parent educators and the services available at PCDC's. d. Maintain a child-focused tracking system, providing connections & coordinating services. e. Develop a means for families to transition between systems (ie. child care and school). f. Assure that schools are ready for children, have a developmentally appropriate curriculum and reach out to parents' involvement. g. Increase compensation for people working with young children. h. Increase family literacy i. Expand social & support networks for parents. j. Decrease young children's exposure to violence. k. Increase number of trained child care providers. l. Increase awareness among businesses of the value of a family friendly workplace. 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Research national models of well evaluated parent education/home visiting programs; work with PCDC's, child care centers, to implement. 3. Develop and implement a policy calling for universal screening at birth and throughout early childhood, ex. Healthy Start 4. Develop and implement a transition plan for children as they move from home to child care to preschool to school; assure developmentally appropriate practices at each stage. <ol style="list-style-type: none"> a. Contract for transition specialists to work with children and parents b. Conduct community education about what kids need for school c. Work with schools to assure they are prepared to receive children 5. Establish an Early Care and Education Council to advise the Commission 6. Establish an office of Early Care and Education within the County 7. Expand the Child Care Resource Teams to one for each two districts; include a transition specialist on each team. 8. Advocate for better regulation and high requirements for child care providers 9. Focus on the role of fathers. Conduct fathers groups at PCDC's. 10. Conduct positive public communications campaign with the Oregonian Family Section and other media avenues 11. Host a conference on Early Care and Education 12. Set standards to assure that PCDC's remain neighborhood focused 13. Advocate for full county funding of the six current PCDC's 14. Maintain/expand N'hood Child Care Networks 15. Collaborate with Head Start as it expands 16. Conduct a community education campaign about the effects of violence on young children 	<ol style="list-style-type: none"> 1. School districts (K-3 reps, ECE reps) 2. Metro Child Care Resource and Referral 3. PCDC's 4. Oregon Association for the Education of Young Children 5. Head Start 6. Region X Administration for Children, Youth and Families 7. Dell Ford, State Dept. of Ed. 8. Community Colleges 9. Multnomah Education Service District 10. Portland State U. 11. Warner Pacific College 12. United Way 13. Child Care Providers 14. Community Health Nurses/Health Dept. 15. Hospitals 16. Parent Cooperative Preschools of Oregon 	<ol style="list-style-type: none"> 1. 12 % of MCCF funds 2. Also, funding and other resources come from the following partners, in amounts yet to be identified: <ol style="list-style-type: none"> 1. Multnomah County 2. Head Start 3. Federal Family Support and Preservation Program 4. School Dists 5. ODE 6. United Way 7. Catholic Community Services 8. Port. Sect., Nat'l Council of Jewish Women 9. Portland State University 12. Child Care Devel'mt Block Grant 13. foundations incl. OCF 	<p>Local notable programs include:</p> <ol style="list-style-type: none"> 1. Parents as Teachers program at Eastwind 2. Parent-Child Services (Head Start 0-3) 3. Even Start (Mount Hood Community College) 4. Child Care Resource & Referral Team 5. Child Care Neighborhood Networks 6. the concept of the Parent-Child Development Centers <p>Local issues include:</p> <ol style="list-style-type: none"> 1. How will current funding for Parent-Child Development Centers (PCDCs) be used to impact a child's ability to be prepared for kindergarten? 2. Should the PCDC's embrace a well evaluated model of parent education such as Parents as Teachers? 3. How can this community make high quality early care and education a norm? <p>Strong local advocacy will be needed to fully tap substantial federal resources that are available</p> <p>"Human Beings learn along a logarithmic curve. And, it is estimated that one half of all our knowledge, our life's knowledge, is locked in during the first year."</p> <p>-Foster Kline, Understanding and Treating the Severely Disturbed Child, 1979.</p>

ISSUE: Teen pregnancy

LEAD OBJECTIVE: To reduce the incidence of teen pregnancy in Multnomah County

BENCHMARK: By (date), x % or fewer of all girls ages 10 - 17 in Multnomah County will become pregnant.

INDICATOR: Multnomah County Health Department birth records

TEEN PREGNANCY BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>During the last decade the rate of teen pregnancy in Multnomah County has both risen and fallen, only moderately, from a high of 32.5 pregnancies per 1,000 females aged 10-17 to a low of 26.8. In any event this is far from the statewide benchmark of 9.8 per 1,000.</p> <p>Multnomah County's teen pregnancy rate is among the highest of 36 other counties in the state.</p> <p>Among current scientific literature on the subject, there is an extensive study by Deborah Boyer, Ph.D., University of Washington, correlating teen pregnancy with child abuse. In her research Dr. Boyer determined that 62% of a sample of 535 pregnant teens had been sexually molested or raped prior to the pregnancy.</p> <p>The developmental delays and significant skills deficits experienced by most abused young people place young females at an increased risk for becoming pregnant at a time that they are unprepared to care for a child (or even for themselves).</p> <p>Traditional pregnancy prevention strategies (abstinence promotion and/or contraceptive services) is particularly unhelpful to developmentally delayed young women (and perhaps young men).</p> <p>Some young women get pregnant intentionally to provide themselves an exit from an abusive home, since pregnancy makes them eligible for public assistance in establishing independent living.</p> <p>Many pregnant teens were impregnated by males much older than 20 years.</p> <p>Most pregnancy prevention activities are developed by and for females, with males playing an extremely limited role.</p>	<ol style="list-style-type: none"> Develop a demonstration project in selected, targeted populations, coupled with rigorous evaluation Conduct public education and social marketing Expand the options available to young women seeking to escape victimization Prevent victimization in girls and young women Increase peer education/primary prevention activities in both school, non-school settings Conduct resource development/community development & coordination activities Establish a small programs support pool Expand system coordination and interagency collaboration Increase structured, no-cost/low-cost, social opportunities for teens/young adults Educate men and boys, and girls and young women, on social responsibility, sexuality, parenting, and relationships Develop adolescent mentors in the community (peer to peer programs) Support implementation of the Denmark model (build community self sufficiency; validate families; organize to accommodate families) Expand child abuse intervention, including early ID of victims, provision of mental health and other services Provide occupational therapy support for remedial developmental growth Provide community service and/or employment opportunities for girls and young women who have first hand experience with the issue Provide pre-employment/employment skill-building programs for girls and young women and young men and boys 	<ol style="list-style-type: none"> Contract with local agencies to provide direct services and in-depth program design & evaluation Promote the belief that parenting is both a joy and a responsibility, requiring preparation and commitment (parent readiness) through public education and social marketing Promote the norm that parenting is both a joy and a responsibility shared equally by two parents Conduct community conversation around the need to distinguish between strategies which have been proven to be effective, strategies which have been proven to be ineffective, and strategies which have not been evaluated Conduct community conversation around the need to begin talking openly and constructively about sensitive and/or controversial issues, like youth sexual activity, incest, contraception, values and morality, and parent's rights Advocate for increased economic and legal responsibility for males who impregnate Advocate for more employment and other opportunities for girls and young women, as an alternative to "pregnancy as a way out" Conduct community education on the related issues of child abuse, domestic violence, and alcohol and other drug abuse Advocate for men to be responsible fathers and to emotionally connect with their children. Conduct community discussion on the role of men as parents Work with shopping malls to find collaborative opportunities for young adults to socialize Promote the use the Carrera model 	<ol style="list-style-type: none"> Shopping malls Schools Teen moms, and teens who have made other choices MC Network on Teen Pregnancy and Young Parenting (including the prevention committee and the young parent caucus) County Commissioner Dan Saltzman Oregonian; culturally specific newspapers Portland Parks & Recreation Multnomah County Health Department Ore. Teen Pregnancy Task Force School-based health clinics HIV prevention outreach services Tri-county Youth Services Consortium Planned Parenthood Boys and Girls Clubs Salvation Army Self Enhancement Employment programs (PIC, Steps to Success, Job Corps) Child Care Council Gang related community-based organizations GIFT program Boys & Girls Aid Society 	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> Multnomah Co. Health Department and other divisions & departments United Way Private foundations Oregon Health Division 	<p>In 1993, before the founding of the Multnomah Commission on Children and Families, the Multnomah County Children and Youth Services Commission selected teen pregnancy prevention as one of its lead benchmarks.</p> <p>The Multnomah County Health Department is involved significantly in reducing teen pregnancy, with both social and medical services provision.</p> <p>A few local peer-to-peer programs communicate through youth-culturally appropriate venues, including Planned Parenthood's "Teens & Company," Youth Unlimited's various video productions, and Project Action's social marketing campaign around using condoms and their teen-to-teen skills building workshops for diverse cultures.</p> <p>Confusion predictably arises within programs without a clear mission and the ability to answer the question: "What are we trying to accomplish?" Prevent young women from becoming pregnant? Prevent young women from having babies? Prevent young people from having sex? Prevent young women from having abortions? Supply young people with birth control? Promote religious values, or community values? Create new values?</p>

ISSUE: Child abuse and neglect

LEAD OBJECTIVE: To reduce the incidence of child abuse/neglect

BENCHMARK: By (date), x % or fewer of all young people under 18 years in Multnomah County will be abused or neglected

INDICATOR:

CHILD ABUSE/NEGLECT BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Child abuse in Multnomah County has both risen and fallen slightly in the last 6 years from a high of 14.3 to a low of 12.4 abused children per 1,000 young persons under 18 years. For 1993 it was 13.3.</p> <p>Abuse statistics only reflect incidents reported to Children's Services Division (CSD); under-reporting probably skews both gross numbers and demographics.</p> <p>Indicators point to more severe stress in families and a correspondingly increased vulnerability to abuse for children in those families. A recent CSD report found alcohol and other drug problems to be pervasive in families where children have been removed due to abuse.</p> <p>Infants comprise the largest single age class of victims, reflecting several factors:</p> <ol style="list-style-type: none"> 1. More babies are born drug affected 2. The age group is inherently vulnerable 3. Family stress is high at time of birth <p>Females represent 57% of Oregon's victims of sexual abuse, mental injury, and threat of harm. Parents are the perpetrators in 59% of all abuse; familial abusers constitute 85% of all cases.</p> <p>Abuse has primary linkages to early, single parenting; alcohol and other drug abuse; unemployment; parental criminal involvement; major child care responsibilities; a parent having been abused as a child; and domestic violence.</p> <p>Many abused girls and boys experience developmental delays, since they have learned to "shut down" their emotions as a way of coping with the ever present threat of harm. Occupational therapy has been suggested as a potential discipline for remediating developmental deficits.</p>	<ol style="list-style-type: none"> 1. Expand community-based, in-school programming, such as Community Advocates, that teach children about how they can safely respond to unwanted touching 2. Develop respite care ("time -outs") for parents under high stress 3. Develop a "safe haven" in every school where a young person can go to confide in a trustworthy, non-judgmental adult 4. Support the development of extended families, including foster grand parent programs 5. Ensure provision of home visits to all newborns 6. Increase access to stable, quality child care 7. Develop programs to support young people's self-esteem, particularly supporting them in asking for what they want ("I need a meal; I need a safe place to live; I need some shoes") 8. Support parent screening for AODA 9. Expand availability of developmental screening, starting at birth, for all children; offer follow-up services 10. Support continuing, developmental parent education from prenatal on, that relies on and values hands-on, parent-child interaction, including Parent Child Development Centers 12. Expand Head Start to become prenatal to 5 years including people under 133% poverty 13. Support the development of transition teams - helping families bridge the change from a child being "at home" to being "in school" 14. Expand PCDCs; explore feasibility of child care centers as potential PCDC sites (with HS \$) 15. Support the beginning of PCDC dad's group 16. Expand services of CHNs & outreach workers 17. Support and expand Level 7 Plan 18. Expand social & support networks for parents 19. Expand therapeutic nurseries 20. Support screening and assessment with kindergarten teachers (check with Oregon Ass'n for the Education of Young Children) 21. Support and expand Level 7 plan 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Promote Parent-Child Development Centers as services with a local neighborhood focus 3. Conduct community conversations/education on "what is child abuse and neglect?" and advocate for a broad, community-wide understanding of the terms, using both the formal CSD definition, and a more comprehensive social definition 4. Conduct community education on the statutory reporting responsibilities of youth and family serving professionals 5. Train community providers to better recognize and respond to risk and protective factors, and symptoms of abuse/neglect 6. Advocate/conduct community education for a community-wide norm: "We value children" 7. Advocate for children valuing each other 8. Conduct positive public communications through the Oregonian Family Section 9. Collaborate with Head Start/Child Care system 10. Advocate for kindergartens to be developmentally appropriate 11. Advocate for a child focused tracking system, connecting and coordinating people & services 12. Advocate for thinking of parents as teachers 13. Develop policy of universal hospitals' screening 14. Advocate within school districts for the kindergarten transition to be developmentally appropriate 15. Conduct community education about what kids need for school 16. Provide meaningful recognition to media, other businesses that support children & families. 17. Define the circumstance of a child living in a home experiencing domestic violence as being child abuse 18. Define chronic developmental neglect as a form of child abuse 19. Institute a system of parent education with training & eval; review national models 	<ol style="list-style-type: none"> 1. School districts (K-3 reps, ECE reps) 2. Child Care providers 3. Oregon Association for the Education of Young Children (OAEYC) 4. OSU Extension Service 5. CASA (Court Appointed Special Advocates) 6. Community Advocates 7. Children First for Oregon 8. Association for Portland Progress 9. Schools 10. Morrison Center 11. Dr. Sudge Budden 12. Housing Authority of Portland Drug Elimination Team 13. Jan Bays, Emanuel CARES Program 14. Mental Health providers, public & private 15. CSD 16. Child abuse teams 17. County Commissioner Dan Saltzman 18. Junior League of Portland 	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County (Health Dept., Mental Health programs, Community & Family Services Division) 2. Child Protective Services of the Oregon Children's Services Division 3. Child Abuse teams 4. Level 7 funding 	<p>Extensive research points to a strong relationship between parent education and support and a reduction of child abuse. Parents as Teachers and Healthy Start are 2 programs that have been thoroughly evaluated.</p> <p>Research indicates that parents' psychological maturity is associated with their emotional well being and more sensitive parenting.</p> <p>Positive parent-child bonding, essential to a child's well being, takes place when parents are sensitive to infants and provide responsive and affectionate caregiving. Abusive parents tend to lack effective child management techniques and are more harsh and negative when interacting with infants.</p> <p>Local programs which are providing quality parent education and training include:</p> <ol style="list-style-type: none"> 1. VOA's Therapeutic Nursery 2. Eastwind's "Parents as Teachers" at their PCDC 3. Community Advocates "Kids Can" program <p>Quality secondary prevention services for local children and families affected by child abuse and neglect are provided by CASA (Court Appointed Special Advocates) which is a model for utilizing highly trained and screened community volunteers to deliver social services.</p>

ISSUE: Domestic violence

LEAD OBJECTIVE: To reduce the incidence of domestic violence against spouses or domestic partners and children

BENCHMARK: By (date), x % or fewer of all families in Multnomah County will experience domestic violence

INDICATOR:

DOMESTIC VIOLENCE BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Mothers are up to eight times more likely to physically abuse a child when they are in a violent relationship.</p> <p>At least 3.3 million children in the US between 3 and 17 years are annually at risk of exposure to parental violence.</p> <p>In homes where domestic violence occurs, children are abused at a rate 1,500% higher than the national average.</p> <p>45% - 75% of men who batter women also batter their children. The presence of spouse abuse is the single risk factor most identifiably predicting child abuse.</p> <p>More babies are born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all diseases for which we immunize pregnant women.</p> <p>At least 8% of pregnant women are battered during pregnancy; are 2 times as likely to miscarry; and 4 times as likely to have low birth weight infants who are 40% more likely to die in the first year.</p> <p>In Oregon, 41% of child fatalities and critical injuries from abuse/neglect occur in families with adult domestic violence.</p> <p>In one study, 85% of children from violent homes admitted to a drinking problem starting as early as age 11. Over 50% of them had used methamphetamines or marijuana, and 10% were habitual users.</p> <p>Witnessing parental violence is a greater predictor of perpetrating or being the victim of wife abuse than being abused as a child.</p> <p>Youth reporting spousal violence between their parents have a higher rate of violence in their dating relationships.</p>	<ol style="list-style-type: none"> Expand the availability of early intervention through well-trained medical, religious and other outreach personnel. Create a system of routine cross-assessment by child abuse and domestic violence professionals. Expand knowledge of DV issues among school counselors and teachers, alcohol and drug counselors, public health personnel, the religious and business communities and the general public. Expand conflict resolution skills trainings and sex/partnership education which addresses sexism through school curricula and within the activities of religious youth groups. Expand group treatment services designed for children and youth in violent homes (see Hawaii model). Ensure access to relevant services for every racial and ethnic community and to people with special needs. Expand the availability of safe shelter, transitional housing and victim services commensurate with the need. Foster the development of more safe places throughout the community. Reduce family stress by connecting people to family centers (food, housing, employment) Make community members more informed about resources, through a community resource book or other methods Provide social and support networks for parents to reduce isolation Increase availability of A&D screening and treatment Support qualified violence diversion programs and sexual abuse treatment programs 	<ol style="list-style-type: none"> Contract with local agencies to provide direct services Support a public educational campaign about causes, detection, effects and potential solutions to DV. Create a community norm of violence free relationships. Provide routine safety planning by all points of community contact. Provide information about DV and resources at all prenatal & OB/GYN visits. Provide neighborhood educational forums on domestic violence and how to stop it. Coordinate the with the work of other violence prevention activities, including those lead by County Commissioner Sharron Kelley. Advocate for media presenting images of healthy male-female relationships; open/honest discussions of domestic violence; women portrayed as more than sexual objects; and an understanding of the dynamics of power Conduct community education on dynamics of domestic violence, sexism, A&D, rape Develop policies (laws) putting teeth into restraining orders, protecting women who are stalked. Support mandatory arrest laws Train providers to treat domestic violence as real, not as a mythical, distant issue; and to recognize/target risk and protective factors. Support policies of removing the abuser, not the abused, from the home Identify sexism as one cause of violence against women Conduct community education on the cycle: violence at home leads to youth fleeing home, becoming victims and/or perpetrators 	<ol style="list-style-type: none"> Bradley Angle House Raphael House West Women & Children's Shelter Women's Resource Center YWCA Portland Women's Crisis Line Community Advocates for Safety & Self Reliance Children First Multnomah County Legal Aid Multnomah Bar Association Young Lawyers & Volunteer Lawyers Projects Oregon Coalition Against Domestic & Sexual Violence Multnomah Co. Family Violence Intervention Steering Committee OHSU Nursing Schools Child Abuse Unit Mult. Co. Health Dept. Physicians for Social Responsibility Domestic Violence Reduction Unit, PPB United Way Portland Rotary Ecumenical Ministries Lesbian Community Project International Refugee Center SOAR Urban League Coalition of Black Men 	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> Multnomah County Health Department, Community Action Program Office, others. Oregon Medical Association City of Portland United Way Physicians for Social Responsibility 	<p>Children are victimized by domestic violence in 3 ways:</p> <ol style="list-style-type: none"> They are invisible victims: Witnessing one parent beat another causes immediate and long term trauma. They are accidental victims: They are often hit trying to protect a parent or when they simply get in the way. They are intentional victims: Battering husbands also batter children; mothers in a violent relationship are far more likely to abuse a child. <p>Existing Services:</p> <ol style="list-style-type: none"> Services for children from violent homes are virtually nonexistent. Community Advocates for Safety & Self-Reliance has piloted a puppet show in the elementary grades, followed by a 6 to 8 week curriculum on domestic violence. Grassroots DV programs have developed middle/high school curricula addressing DV & teen dating violence. <p>Other notable activities are by the OMA, Portland Rotary, the DA & Portland Police, PHNs, Mult. Co. Family Violence Intervention Steering Comm., Ore. Multi-disciplinary Council.</p> <p>Victim services are chronically underfunded. Locally 90% of women and children seeking shelter are turned away; ethnic and racial minorities particularly.</p>

ISSUE: Prenatal care

LEAD OBJECTIVE: To increase the incidence of adequate prenatal care

BENCHMARK: By (date), x % or fewer of all babies in Multnomah County will be born to a mother who has not received adequate prenatal care

INDICATOR:

PRENATAL CARE BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Approximately one fourth of all pregnant women in Multnomah County in the last several years have not received adequate prenatal care. This has remained consistent over time.</p> <p>Multnomah County's infant mortality rate averaged 10.3 per 1,000 for the ten year period 1981-91. For 1991 it was 10.9</p> <p>The issue is not one of needing more services. Within the full range of professional/paraprofessional providers (OBs, midwives, lay mid-wives, etc.) there exists an ample service capacity. Instead the issue is access. Multnomah Co. Health Dept. has identified 2 main factors limiting access to adequate prenatal care:</p> <p>1. Limited financial access Although the ability of women to access care has improved somewhat in the last 3 years due to Medicaid changes (allowing eligibility to women at 133% of federal poverty limits) and the Oregon Health Plan, there is still a gap in economic access for low income women who are "not poor enough" to be on welfare, but who don't earn enough to be able to purchase adequate service.</p> <p>2. Not understanding the importance Many people don't realize how important quality prenatal care is, and why, and how and where to get it. Additionally, people affected by alcohol and other drugs may be uncomfortable seeking care at the very time it's most important.</p> <p>The Campbell Institute for Children has cited several studies which set the cost of adequate prenatal care at \$400 per woman, while a conservative cost for medical response to a low birth-weight baby is more than \$30,000 per infant.</p>	<ol style="list-style-type: none"> Increase the capacity of family centers to be prepared to help young women access prenatal care which is adequate to their needs and culturally relevant to their lives Expand outreach efforts to help pregnant women and their support systems know about the availability of care, and how that care is important to their health and to the health of their baby. Increase cultural competence among service providers and referring sources, so that more African-American women will feel encouraged to seek care. Develop stronger ties, both within the system of care and within the viewpoints of pregnant women and their support system, between quality prenatal care and treatment for issues related to alcohol and other drugs Expand the availability of different models of prenatal care, including patient education, drop-in care, alternatives to physician's care Create more family-friendly environments in care settings, by ensuring that technical language is "translated" to patients' experiential language Advance the concept of every family needing a "health home" 	<ol style="list-style-type: none"> Coordinate efforts with the County Health Department Advocate for reducing barriers to access: transportation, availability, culturally appropriate services, language, etc. Conduct community education to help people understand the importance of prenatal care Conduct outreach on where to find clinics and how to go to and use the services of a clinic. Advocate for clinic environment to be user friendly, fun, comfortable, child-friendly Promote the integration of services related to alcohol and other drugs with prenatal care services 	<ol style="list-style-type: none"> School-based Health Clinics March of Dimes Pregnant women who use prenatal care Hospital systems Outside In prenatal care services NE Neighborhood Health Clinic. Midwives MaryAnn Curry, OHSU Community based organizations Community agents in specific populations 	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> Multnomah County WIC program (Federal \$) Healthy Start funding 	<p>The need for African-American women to gain access to prenatal care is far higher than for all other populations, as measured by every birth outcome measure and related indicator tracked by the Health Department.</p> <p>Percent of no prenatal care is more than 3 times higher for NE African-American women than countywide. They also have higher teen birth rates, a greater proportion of all births occurring to teens, and a higher percentage of births to unmarried mothers.</p> <p>The urgent need for increased prenatal care services among NE African-American women is particularly acute given the demographic characteristics of the population (1 in every 3 African-American woman is under the age of 15 and moving toward child bearing years).</p>

ISSUE: Drug affected babies

LEAD OBJECTIVE: To reduce the incidence of drug affected babies

BENCHMARK: By (date), x % or fewer of all babies in Multnomah County will be born drug affected

INDICATOR:

DRUG AFFECTED BABIES BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (goals)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Drug-affected babies result from pregnancy of an alcohol and/or drug abusing or addicted woman. Reduction of drug-affected babies is, therefore, tied to reduction of chemical abuse among women of child-bearing age.</p> <p>Within the past 8 years, educational campaigns have increased public awareness of the dangers of drug use during pregnancy. Also, advocacy for the special addiction treatment issues pertaining to pregnant women, and women with children, has resulted in increased availability of specialized treatment services.</p> <p>Some child-care programs have been made available to women in treatment, with some targeted outreach to ethnic and cultural populations at increased risk.</p> <p>Treatment on demand is not available.</p> <p>Universal testing research indicates the incidence of drug-affected babies to be 10% - 11% of pregnancies. Most normal reporting systems under-identify. A new study is under way in Oregon.</p> <p>A high percent of chemically dependent women were sexually abused as children.</p>	<ol style="list-style-type: none"> 1. Increase the availability of earliest identification and referral by health care workers and others 2. Increase the availability of thorough assessments and referrals to intervention (both residential and day-treatment) services by chemical dependency specialists 3. Increase community knowledge, at lay and professional levels, about the efficacy and cost-effectiveness of chemical dependency treatment 4. Expand child care and other parent support services for women and families receiving or in need of treatment 5. Expand the services of parent training and education to include a more in-depth consideration of the impact of prenatal use of alcohol and other drugs on fetal and early child development 6. Expand drug-testing to include alcohol so that women from lower socio-economic and certain ethnic groups may be more fully assessed. 7. Increase availability of holistic treatment services that treat the whole family, as opposed to services which view either the baby or the mother as the client. 8. Expand social and employment support, and alcohol/other drug treatment services, within the women's corrections system to include all women, since some evidence indicates that women inmates are aware that often the only way to get help is to get pregnant. 9. Expand prenatal screening services 10. Expand programs to include longer term follow-up and after care 11. Build on existing mentorship programs for young people 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Develop policy relating to universal testing of pregnant women (a controversial concept) 3. Conduct community education on a variety of topics concerning risk factors and resource availability 4. Integrate earliest possible assessment and referrals into system-wide protocols 5. Conduct cross disciplinary training on risk factors, needs assessments and referrals 6. Advocate for media to discourage alcohol advertising 7. Advocate for positive role models for young women in the media 8. Assure that all services are culturally appropriate and that all service staff are culturally competent and sensitive to the needs of a multicultural clientele 9. Support drug-free housing/zones/schools 10. Develop policies supporting longer time for rehab services 	<ol style="list-style-type: none"> 1. A&D Program Office: Target Cities program (provides treatment for pregnant mothers and women of child-bearing age.) 2. Parent Child Development Centers (PCDC) as early identification & intervention sites 3. School-based Health Clinics as an early identification & intervention sites 4. Multnomah County Health Department including HIV programs, A&D Program Office 5. Cascade AIDS Project 6. Outside In 7. Lettie Owens House (EMO residential addiction treatment program for pregnant women) 8. VOA treatment for women with children 9. CODA treatment for women with children 10. Jean Sobie (per Wanda Silverman) 11. Project Network 12. OHSU 13. ADAPT 14. Schools (especially the A&D staff) 15. March of Dimes 16. Gang related community-based organizations 	<p>7 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Ecumenical Ministries of Oregon (EMO) 	<p>START in the County Health Department refers women receiving prenatal care who are identified as needing chemical dependency treatment to Community Health Nurses who get them into treatment and do follow up case management post treatment.</p> <p>ADAPT is a corrections program that provides intervention and treatment in jail with post release follow up services.</p>

ISSUE: Quality child care

LEAD OBJECTIVE: To increase the number of child care providers meeting quality standards

BENCHMARK: By (date), x % or fewer child care slots in Multnomah County will be delivered by providers not certified as meeting minimum qualifications

INDICATOR:

CHILD CARE BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Developmentally appropriate child care is an economic development issue as well as a family issue.</p> <p>Child care is impacted by 3 concerns:</p> <ol style="list-style-type: none"> 1. Accessibility 2. Affordability 3. Quality <p>Since this benchmark seeks to increase the number of child care providers meeting quality standards, it is significant to note that quality is impacted by:</p> <ol style="list-style-type: none"> 1. The setting of high and consistent standards 2. Provider training and technical assistance 3. Implementation of developmentally appropriate practices 4. Provider compensation 5. A system of monitoring compliance with established standards <p>Child care workers are often a child's first teacher out of the home, and play a vital role in a child's early development and education. Their capacity for providing healthy, developmentally appropriate and safe care is essential.</p> <p>Child care workers are among the lowest paid workers in the chronically underpaid field of human services. Many child care workers live below the poverty line and qualify for public assistance.</p> <p>Only recently (7/94) in-home child care became subject to licensing requirements. 80% of child care in Oregon is provided in-home.</p> <p>Child care resources for parents in treatment are not adequately developed.</p>	<ol style="list-style-type: none"> 1. Implement and expand the many projects already developed in the Child Care Development Block Grant Plan 2. Expand the Resource Fund 3. Expand for the Loan Fund 4. Increase the supply of school age child care 5. Support and expand the local Child Care Resource & Referral system 6. Maintain & expand the Child Care Network 7. Maintain & expand the Resource Team 8. Increase the overall worker's compensation within the child care service system for services meeting quality standards 9. Develop and implement a regulatory system to maintain high and consistent standards for services 10. Integrate State training plan into Multnomah County 11. Increase community awareness of child care as an economic development issue, affecting the quality and availability of the workforce in the area 12. Expand awareness of developmentally appropriate practices among parents and providers 13. Expand parents abilities to locate and evaluate quality child care services, and their appreciation for such services 14. Increase providers abilities to meet quality standards and to conduct their services in a businesslike and profitable manner 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Coordinate services and resources through expansion of existing mechanisms 3. Advocate in the legislature for system funding and development, including support for resource and referral organizations, and for higher licensing standards 4. Call for planning and community consideration for the need for school age child care services 5. Advocate for high and consistent standards and for services regulation 6. Coordinate with welfare reform (moms getting off ADC might become child care providers) 7. Explore structured recreation as a school age child care service 8. Evaluate market rates in this county 9. Establish a financing subcommittee of bankers, business and economic development interests, City, County, etc. to address full cost of care 10. Advocate for industry and government to develop a child care development fund 11. Examine models in other communities 12. Conduct community education on the important role of care providers in childrens' development 13. Develop policies supporting child care as being an integral part of the social service system 14. Develop policy recognizing and calling for the development of a child care system coordinator position, supported within a child care-specific county work unit, similar to the state) 15. Establish a PCDC relationship w/child care; for example explore the possibility of a voucher from a PCDC for drop-in care at local child care center 	<ol style="list-style-type: none"> 1. Association for Portland Progress 2. Portland Parks and Recreation 3. Mount Hood Community College 4. PCC 5. PSU 6. Oregon Child Care Commission 7. Oregon Office of Child Care 8. Business: Hanna Anderson, Powells Books 9. OAEYC 10. Child Care Network 11. Child Care Resource & Referral system 12. Oregon Association of Child Care Center Directors 13. Provider Resource Organization (PRO) 14. Organizations involved in transportation planning 15. Multnomah County Libraries 	<p>3 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. General Corporate citizens 3. Banks, other lending institutions 	<p>The Metro Child Care Resource & Referral system provides the infrastructure for child care in the Tri-County area, providing technical assistance, referral, training, advocacy and resources for both providers and parents.</p> <p>Peninsula Child Care Center and Volunteers of America (VOA), Helen Gordon Child Development Center, and Fruit and Flower provide models of quality care.</p> <p>Priority needs in Multnomah County include:</p> <ol style="list-style-type: none"> 1. Increased coordination 2. More infant & toddler care 3. Respite care 4. Provider resources 5. Technical assistance 6. Business/employer support and involvement <p>As family-wage jobs decrease there is an increasing number of unsupervised school aged children</p>

ISSUE: Poverty

LEAD OBJECTIVE: To increase the number of families living above the poverty line

BENCHMARK: By (date), x % or fewer of families in Multnomah County will live below 100% of the federal poverty line

INDICATOR:

POVERTY BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Of all the underlying causes of social distress, poverty is possibly the most pervasive cause, the most frequently addressed cause in social service programs, and the matter of greatest political focus.</p> <p>Entire program systems, on both national and international levels have sought to remediate and eliminate poverty, with varying degrees of effectiveness.</p> <p>Within each county in Oregon there is an appointed citizens body called the Community Action Commission, which has the primary charge in that county to counteract the root causes of poverty and to provide services to individuals and families affected by it.</p> <p>The Multnomah Community Action Commission has an entire system of service centers and other programs to meet its goals.</p> <p>Multnomah County has an extensive homeless population, among which are many multi-need people.</p> <p>An estimated 10,184 families were living in poverty in Multnomah County in 1990 according to the Oregon Progress Board. This was approximately 15% of all families.</p>	<ol style="list-style-type: none"> 1. Expand employment training at community colleges for jobs that pay family wage jobs 2. Expand availability of affordable housing of adequate size 3. Develop PDC-type, low income loan programs 4. Increase the number of smaller units of housing 5. Increase the number of young people completing high school or equivalency programs 6. Expand the utilization of Extension Service to encourage home gardening and canning 7. Develop ways to integrate more manufactured homes into appropriate sites in communities 8. Increase the availability of affordable, quality child care 	<ol style="list-style-type: none"> 1. Coordinate with the Community Action Commission 2. Advocate in the legislature and locally for better pay for key services like child care 3. Review policies regarding permits, zoning, etc. which might be barriers to affordable housing 4. Review policies in home financing regarding sweat equity as a contribution towards down payments, monthly payments 5. Develop new policies concerning nontraditional living arrangements (for example, 2 families together) 6. Advocate for large, common, recreational spaces to support people who live in limited space housing 7. Advocate for an increase in the minimum wage 8. Advocate for progressive welfare reform 9. Advocate for universal health care coverage 	<ol style="list-style-type: none"> 1. Community Action Commission 2. PIVOT program 3. Job Corps 4. Alternative Schools 5. School Districts, including Superintendents, alternative education staff, and special education staff 6. Private Schools (Alternative Schools) 7. Private Industry Council (PIC) 8. Other private schools 9. Emergency Room Nurses 10. Trauma room personnel 11. Legacy/Emanuel (anti-gun program) 12. Oregon Peace Institute 13. Jan Bayse, Emanuel Hospital CARES program 14. Raphael House 15. West Women's & Children's Shelter 16. Boys & Girls Aid Society 17. EMO 18. Hispanic population 19. Asian Acculturation Center 20. United Way 21. Camp Fire 22. Scouts - Explorers 23. Junior League of Portland 	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Community Action Commission 	<p>Among the poorest of the poor people in Multnomah County are those who are homeless. In planning for the needs of children and families it is urgent to not lose sight of the estimated 2,000 young people in the county each year who are without a home, without a family, and except for publicly provided health and social service supports, have absolutely no means for providing for their most basic urgent day to day needs of food, clothing, shelter, emergency health care, and safety.</p> <p>Since homeless, single youth (ages 12 to 18) are not traditionally, nor appropriately considered as part of the Oregon workforce, it is easy to miss them if we measure poverty on the basis of annual income.</p> <p>Since homeless, single youth can only survive by relying on public programming, or involvement in illegal, dangerous and developmentally damaging activities (like petty theft, working in prostitution and dealing in drugs) its important to see that supporting their continuing development into adulthood will allow them to become productive, wage earning adults.</p>

ISSUE: Capable families

LEAD OBJECTIVE: To increase the number of families who are able to care for their own children

BENCHMARK: By (date), x % or fewer of all families in Multnomah County will not provide care for their children and will release them into substitute care

INDICATOR:

CAPABLE FAMILIES BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Most people in Multnomah County hold a strong conviction that it is usually in the best interests of children to live with their families. In those limited number of cases when this is not possible or not advised, other arrangements must be made. One of these arrangements is foster care.</p> <p>Foster care here is defined as "the formal out-of-home placement of children in alternative residential settings."</p> <p>In 1993 2,342 families in Multnomah County received placements of children aged birth - 17 years from the Oregon Children Services Division (CSD).</p> <p>From a 1993 child population (birth - 17) of over 143,000, Multnomah County placed children in foster care at a rate of 16.29 per 1,000 children; the second highest among 36 Oregon counties.</p> <p>Some of the reasons why children are removed from their homes and placed in foster care include:</p> <ol style="list-style-type: none"> 1. Neglect 2. Caregiver absent or incapacitated 3. Physical abuse 4. Sexual abuse 5. Legal offense <p>By far the majority of substitute care placements are made to foster family homes, selected and supported by CSD. Other living arrangements include group homes, shelters, and nonfinalized adoptive homes.</p> <p>Family crisis intervention (including needs assessment, family mediation, family and individual counseling, case management, and respite care) are some of the services that might help some families before "the breaking point."</p>	<ol style="list-style-type: none"> 1. Expand family crisis intervention services to provide support and options for families near the "breaking point" 2. Expand parent education and support services 3. Increase respite care for families with children with special needs, teen parents, families needing or involved in treatment for alcohol/other drug abuse, and families at risk for abuse 4. Decrease domestic violence (see strategies for that benchmark) 5. Decrease child abuse (see strategies for that benchmark) 6. Decrease alcohol/other drug abuse (see strategies for that benchmark) 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Coordinate all activities with those under the other related benchmarks 3. Support the development of a diverse foster care/substitute care study group to study the current foster care system, and to seek opportunities to increase kinship placement 	<ol style="list-style-type: none"> 1. Oregon Commission on Children and Families and its related task groups 2. Other county commissions on children and families 3. Oregon Children Services Division (CSD) 4. Janus Youth Programs' Harry's Mother Program 5. Tri-county Youth Services Consortium 6. Parents & Friends of Lesbians and Gays (PFLAG) 	<p>12 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Level 7 funding 	<p>Major restructuring by the legislature of Oregon's children's services delivery system changes the way that substitute care placements will be developed and delivered in every county in the state, and presents local commissions with one of the most complex and immediate issues in recent time.</p> <p>Foster care services has been the responsibility of Children's Services Division (CSD) for over 20 years and now an entirely new system may need to be created.</p> <p>But in addition to looking at ways to reduce the number of foster care placements (by increasing the number of families who are able to care for their own children) other families need consideration as well. Among them are families with children with special needs such as those with developmental disabilities.</p> <p>For these families, reliable respite care may give them the support they need to continue to care for their child or children at home, avoiding institutional placement.</p>

ISSUE: Safe, stable housing for families

LEAD OBJECTIVE: To increase the number of families with children living in safe, stable housing

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County will be without safe, stable housing

INDICATOR:

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>In 1991 the participating jurisdictions of the Cities of Portland and Gresham, and Multnomah County, with the help of over 100 citizens, developed the first county-wide Comprehensive Housing Affordability Strategy or CHAS. Developing a CHAS document was then a federal requirement for any community seeking federal funds for housing purposes.</p> <p>An outcome of this efforts was the creation of the Housing and Community Development Commission (HCDC), an appointed, volunteer housing policy body for Multnomah County. The Multnomah Commission on Children and Families will want to develop a regular, meaningful connection with the HCDC as it pursues this benchmark.</p> <p>The CHAS document developed in 1991 was further refined in 1993, before the planning process was "retired" when the new Clinton administration streamlined federal mandates and no longer made the CHAS a required document.</p> <p>Still it provides some strong directions for supporting the existence of safe, stable housing.</p> <p>The 1991 CHAS established 3 primary principles regarding housing policy:</p> <ol style="list-style-type: none"> 1. Priorities should focus on providing housing for those with the greatest needs. 2. Both public and private funds are required to meet community needs. 3. There should be a direct relationship between the amount of public subsidy and the length of time that a housing resource remains affordable. 	<ol style="list-style-type: none"> 1. Increase the involvement of the Multnomah Commission on Children and Families in the activities of other organizations that are charged with developing policy and supports for housing 2. Increase the inclusion of developmental growth supports in all services for homeless youth so that as they move into independent living they can become stable adults 3. Support parent education and training 4. Support the development of family networks as a way to support families experiencing difficulty before they actually have a crisis 5. Support activities related to domestic violence 	<ol style="list-style-type: none"> 1. Develop a relationship and a coordination agreement with the Multnomah County Housing and Community Development Commission 2. Develop a relationship and a coordination agreement with the Multnomah Community Action Commission 3. Advocate for homeless youth services that are developmentally appropriate and growth oriented 4. Coordinate activities under this benchmark with those related to foster care services, since foster homes can lead to longer term stable housing 	<ol style="list-style-type: none"> 1. Multnomah County Housing and Community Development Commission 2. Multnomah Community Action Commission 3. Community Action Program Office 4. City of Portland Bureau of Community Development 5. City Council member Gretchen Kafoury 6. Tri-county Youth Services Consortium 7. Junior League of Portland 	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Housing Authority of Portland 3. City of Portland 4. Housing and Community Developm't Commission (HCDC) 5. Level 7 funding 	<p>The activities involved in approaching this benchmark are huge in scale and scope, and an enormous amount of private and public money is involved.</p> <p>When focusing on the housing needs of children and families, it's important to recall that within each county in Oregon there is an appointed citizens body called the Community Action Commission (CAC), which has the primary charge in that county to counteract the root causes of poverty and to provide services to individuals and families affected by it.</p> <p>The Multnomah CAC has an entire system of service centers and other programs to meet its goals, and providing housing supports is one of its primary concerns.</p> <p>The Multnomah Commission on Children and Families will want to develop a regular, meaningful connection with the Multnomah CAC as it pursues this benchmark.</p>

ISSUES: Social justice for minority youth

LEAD OBJECTIVE: To reduce the over-representation of minority youth within the juvenile justice and child welfare systems

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County who are involved with the juvenile justice and child welfare systems will be minority youth

INDICATOR:

MINORITY YOUTH OVER-REPRESENTATION BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>This objective is in reference to 2 large and different systems: the juvenile justice system and child welfare system. Most planning to date has involved juvenile justice, and so most of this page deals with that. The Multnomah Commission on Children and Families is committed to a similar effort in coming months related to child welfare.</p> <p>The over-representation of minority youth and their differential treatment within the juvenile justice system have become a major concern of policy makers and child advocates in recent years.</p> <p>As part of Oregon's phase 1 efforts under a pilot program, the Oregon Community Children & Youth Services Commission conducted research to make an overall determination of the current status of minority youth in the juvenile justice systems in 3 pilot counties, including Multnomah. This local project is outlined in House Bill 3438, and is the basis for the recommendations on this page.</p> <p>It was structured around 3 main goals:</p> <ol style="list-style-type: none"> 1. To protect the community by providing better service delivery to students in the first 3 months they are in the community 2. To increase the use of Multnomah County Youth and Group Care beds and youth care programs by Multnomah County Parole youth. 3. The Multnomah County Juvenile Justice Division will be a leader among youth care systems in the county and will advocate for the best possible solutions for Multnomah County youth 	<p>FOR GOAL 1:</p> <ol style="list-style-type: none"> 1. Develop written transition plans well in advance of a student's release from the training school; ensure all applications and paperwork are completed prior to release; and involve Cottage counselors and parents in the plan's development 2. Implement the transition plan immediately upon the student's re-entry into the community and ensure a reliable 30-day follow-up in every case. 3. Support coordination of all activities and records among all involved agencies, parole officers and the family <p>FOR GOAL #2:</p> <ol style="list-style-type: none"> 1. Develop revised "success standards" as currently set by the Oregon Children Services Division (CSD) 2. Increase opportunities for local parole youth by better expanding dialogue between parole staff and other youth care providers 3. Develop back-up detention services for parole youth in youth care centers a top priority <p>FOR GOAL #3:</p> <ol style="list-style-type: none"> 1. Increase the efficiency and effectiveness of the Multnomah County Juvenile Justice Division 2. Increase coalitions and consortia of youth serving agencies through the resources of the Multnomah County Juvenile Justice Division 	<ol style="list-style-type: none"> 1. Coordinate services on a broader scale, involving state, county, school and community-based organizations. 2. Advocate for an increased level of mental health services for parole youth 3. Advocate for changes with the CSD system as related to the 3 goals <p style="text-align: center;">please note:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>THE TEXT ON THIS PAGE HAS BEEN REVISED. PLEASE SEE ATTACHMENTS FOR REPLACEMENT LANGUAGE.</p> </div>	<ol style="list-style-type: none"> 1. Multnomah County: Juvenile Justice Div., Adolescent Mental Health, Community & Family Services Div., Health Dept., Alcohol & Drug Office, others. 2. Portland Youth Redirection 3. House of Umoja 4. MYCAP 5. Oregon Outreach 6. GIFT Program 7. Yuan 8. Willamette Bridge, other Janus Youth Programs 9. Christian Women Against Crime 10. POIC, Open Meadow, and AYOS alternative schools 11. McCoy Academy 12. Madison High School FOCUS program 13. Mainstream Youth Programs 14. Depaul Treatment Ctr. 15. Garlington Center 16. Youth Gang Outreach 17. Nan Waller, Mary Li, Muriel Goldman, Lonnie Nettles, others 18. Detention Reform Committee 	<p>5 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Oregon Children Services Division (CSD) 	<p>Although it is phrased more generally, this initiative deals nearly entirely with young, African American males.</p> <p>Over-representation for young African American males becomes more acute as system penetration increases from early warnings, to diversion, to early detention, to commitment to state training schools, to remand to the adult system.</p> <p>While the nature of reasons for over-representation are not fully addressed, the research to date indicates a need for further and more refined analysis of the system data, controlling for the influence of the number of prior referrals, crime severity, and selection factors. All of these can affect the accumulation of cases at certain decision points in juvenile justice processing.</p> <p>Qualitative data analysis suggest the need for additional research on the availability of client resources and services.</p>

ISSUE: High school completion
LEAD OBJECTIVE: To increase the number of youth graduating from high school.
BENCHMARK: High School Graduation Rate
INDICATOR:

HIGH SCHOOL COMPLETION BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIM BUDGET %	OTHER COMMENTS
<p>Increasing the percentage of youth graduating from high school and its inverse - decreasing the percentage of students dropping out - is a popular issue at the present time. Starting with the 1988-89 school year, the Oregon Department of Education (ODE) began requiring regular dropout reports from every school district in the state. This was the first time a uniform reporting system had been required. The ODE's analysis provides annual, one-year statistics as well as a synthetic four-year rate. For 1992-93, the dropout rate statewide was 5.7% and the four-year rate was calculated to be 21.4%.</p> <p>The Portland School Board adopted it as one of its major goals in 1990. PPS staff responded by creating a wide variety of "dropout retrieval programs." PPS staff also initiated the "Dropout Monitoring Study" which tracks the Class of 1994 from the end of 8th grade through the senior year. By the end of year 3) (grade 11) 31.5% of all students in the study had dropped out and not reentered another PPS school or program.</p> <p>Implementation of the Katz Plan will require new ways of analyzing graduation & dropout rates as well as an increase in "relevancy" in the curriculum. It also requires alternative learning centers for dropouts and those at risk for failure.</p>	<ol style="list-style-type: none"> 1. Promote residential stability among families with school-age children 2. Assist FAMILIES EXPERIENCING DISRUPTION 3. Promote parental involvement with schools 4. Support and cooperate with community efforts to reduce the teen pregnancy rate, reduce the number of students involved with gangs, and reduce the rate of drug & alcohol abuse among students (and their families) 5. Promote the idea of an "individual learning plan" for every student at risk; recognize the ability of some students to graduate from high school in spite of many barriers (i.e. some pregnant teens, gang members, and drug abusers manage to graduate from high school) 6. Request the Oregon legislature to count GED recipients as graduates, not dropouts 7. Reduce the number of students requiring disciplinary action 8. Develop a safer school environment by reducing physical and emotional violence based on cultural and ethnic minority status, gender, and any other bias 9. Develop a safer school environment by reducing the number of weapons in schools 10. Promote respect for students and education in general 11. Promote staff development to increase multicultural awareness and implement curriculum already developed 12. Increase programs aimed at LEP populations with high dropout rates 13. Support meaningful work opportunities for low-income students 14. Promote involvement with students by the business community 15. Promote school programs shown to be successful at helping students with poor achievement to do well; promote objective evaluation of experimental programs 	<ol style="list-style-type: none"> 1. Carry out a public education campaign aimed at promoting residential stability for families with school-age children 2. Continue support of integrated service centers located in school buildings 3. Continue support of Teen Health Clinics located in high schools 4. Support "Counteract," a drug and alcohol program initiated by PPS 5. Support and expand Emanuel Hospital's "Save Our Youth" program. 6. Support Dropout Retrieval Programs and alternative programs sponsored by school districts 7. Support "service learning/community-based teaching" component of the Urban Svcs Grant (The PEN) 8. Support the county's efforts at violence abatement in the schools and community 9. Advocate for a program to address risk factors affecting dropout rates among sexual minority youth 10. Support school-to-work transition activities in public and private sectors. 11. Increase the number of public/private partnerships 12. Coordinate with many of the other benchmark planning teams, since dropping out of school is directly related to most of them 	<ol style="list-style-type: none"> 1. Multnomah Education Service District (MESD) 2. Portland Public Schools (PPS) 3. Barlow/Gresham Schools 4. Bonneville School District (SD) 5. Centennial SD 6. Corbet SD 7. David Douglas SD 8. Gresham Grade SD 9. Orient SD 10. Parkrose SD 11. Reynolds SD 12. Riverdale SD 13. Sauvie Island SD 14. Ptld Leaders Roundtable Caring Communities 15. Youth Gang Task Force 16. The PEN (Portland Educational Network) 17. Multnomah Cty Health Dept 18. Committed Partners for Youth 19. PSU Project PLUS 20. PPS Teen Parent Program 21. Private Industry Council 22. Pacific Univ & PSU Upward Bound Programs 23. Portland Impact 24. RWQC Council 25. Job Corps 26. Business Youth Exchange (Chamber of Commerce) 27. business and industry e.g. OBC, AOI, organized labor, business associations 	<p>3% of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Business Youth Exchange 3. Public Schools 4. I Have a Dream Foundation 5. Mott Foundation 6. Neil Goldschmidt Foundation 	<p>Research points out the following reasons for students dropping out of school:</p> <ol style="list-style-type: none"> 1. Lack of self-respect, respect from family & community 2. Language and cultural issues; inability to adapt to mainstream culture and maintain first culture at the same time (ODE stats say Hispanic students drop out at more than twice the average rate statewide; Amlnd students are close behind) 3. Mobility (ODE stats say a high proportion of dropouts were enrolled in the school district 1 yr or less; mobility was also cited in PPS "Dropout Monitoring Study" 4. Teen pregnancy, parenting, independent living burdens 5. Disrupted/dysfunctional & nuclear families 6. Alcohol/other drug abuse 7. Discipline problems 8. Gang involvement 9. Poor achievement 10. Homelessness 11. Inability to adapt to school setting (ODE stats say students in large schools are more likely to drop out) 12. Inability of the school to provide a program leading to success for that student 13. Limited ability of schools to provide a bilingual program to meet the needs of non-English speaking students

ISSUE: Child and youth related violence

LEAD OBJECTIVE: To reduce the incidence of violence by and against children and youth

BENCHMARK: By (date), x % or fewer of all young people in Multnomah County will be involved in a violent incident

INDICATOR: Not yet established; possibly this will be a composite of several indicators

VIOLENCE PREVENTION BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>Many people believe that violence by and against children and youth is caused by several social factors, including:</p> <ol style="list-style-type: none"> 1. A steady rise in general environmental violence, such as neighborhood violence and in films, music and TV 2. Changes in family environments, including poor family bonding, repeated exposure to domestic violence, and a decrease in inter-generational contact 3. Economic and demographic shifts limiting young people's ability to hope for a productive and secure future 4. Low sense of self worth (self esteem) 5. The limitations imposed by institutional racism and other forms of class devaluation 6. The rise in alcohol and other drug use 7. The proliferation and use of handguns to commit crimes and to settle disputes <p>A strong and expanding Child and Family Mediation program of the Tri-County Youth Services Consortium is a substantial community resource.</p> <p>Several community organizations dealing with gang related issues include local experts on street level violence.</p> <p>Outside In sponsors a program seeking to assist young men to find alternative to the violence associated with prostitution.</p> <p>The Coalition of Black Men is a local resource committed to this issue.</p> <p>Peer mediation programs exist at local schools, and could be expanded</p> <p>The Metropolitan Human Rights Commission is conducting a campaign to reduce hate directed violence and bias.</p>	<ol style="list-style-type: none"> 1. Expand peer delivered mediation services in every school; also in community organizations representing specific cultural populations. 2. Reduce the proliferation and use of handguns 3. Expand conflict resolution skills trainings through school curricula and within the activities of religious youth groups. 4. Support classroom and community instruction to young people about the history of conflict and various attempts to resolve it. 5. Expand early childhood education and parent training on how to avoid violent situations and what to do when involved in one. 6. Provide treatment services to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle; we must break the cycle) 7. Provide the mentorship of safe, stable and culturally appropriate adults for youth with high risk factors. 8. Provide school/public forums for youth to speak in their own voices about concerns and solutions to violence 9. Expand structured social settings for young people of different cultures to safely learn each other's cultures (like Camp Odyssey and Project TREC) 10. Expand A&D treatment programs 11. Provide counseling and other supports for people who have, other than violence, limited coping skills 12. Reduce depictions of violence presented for entertainment value on TV, in movies, in music and videos, and video games 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Convene an urgent community conversation about guns and other weapons 3. Develop policy declaring a need to reduce violence in all its forms: physical violence; emotional violence; sexual and dating violence; self-directed violence; and hate, bias and prejudice. 4. Develop policy declaring that within program planning violence is defined broadly to include racism, sexism, heterosexism, ableism and other forms of bias, when a person and/or the community is likely to be harmed by the bias. 5. Create a cultural value declaring young people to be a critical and valued community asset, worthy of protecting at any reasonable cost. 6. Develop civil rights protections/legal recourse for youth who are victims of hate/bias, particularly in school settings which may not be subject to local statutes/ordinances. 7. Coordinate efforts with County Commissioner Sharron Kelley who is taking leadership on the issues of youth, violence and schools, and violence as a Public Health issue 8. Train community providers to better recognize, and target risk and protective factors 9. Advocate for the broad system of youth serving agencies becoming more diverse and respectful of people who are "different" 10. Create meaningful public recognition for exemplary efforts in reducing violence 11. Create public awareness of ways to get things done without fighting (seems like we always want to be fighting gangs, fighting drugs, fighting AIDS, fighting whatever) 	<ol style="list-style-type: none"> 1. Urban League (Public Health & violence) 2. Physicians for Social Responsibility (PSR) 3. TCYSC Family Mediation Program 4. Dr. Gary Oxman, Mult. Co. Health Dept. 5. Law enforcement 6. Children First 7. Oregon Peace Inst. 8. County Commissioner Sharron Kelley 9. Phoenix Rising 10. Youth Service Centers 11. Public/private Schools 12. OSMYN 13. OMEGA/Boy's & Girls Club in N. Portland 14. Student Unions 15. Youth organizations 16. Oregon Coalition Against Sexual & Domestic Violence 17. House of Umoja 18. Coalition of Black Men 19. Legal community 20. Governor's Task Force on Gay/les Youth 21. A&D service providers 22. Ecumenical Ministries of Oregon (EMO) 23. Service organizations 24. Citizen's Crime Commission 25. Public Safety Council 26. PFLAG 27. People of Faith Against Bigotry 28. United Way and their related programs 	<p>9 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County, through new initiatives included in the 94/95 budget 2. City of Portland 3. Physicians for Social Responsibility 4. Public Schools 	<p>There is a large body of support for addressing violence by and against children and youth, including support from the grass roots, the spiritual community, social service providers, people in education and health, and from elected officials.</p> <p>Although the topic is framed in many ways, public safety is reported as one of the highest, if not the highest priority issue in most community polling. There is the potential for vast community support (including funding) if a strong leadership unites all the partners around a common agenda.</p> <p>The proliferation and use of guns and other weapons among young people are among the most specific and urgent community concerns</p> <p>The objectives dealing with domestic violence, juvenile crime, alcohol and other drugs, and others are directly related to this objective</p> <p>This community has a substantial peace and justice movement which can play a major role in planning and implementing this objective.</p> <p>Many people want a quick, single method fix, but nearly everyone working in the field agrees that we waste time seeking this mythical remedy.</p>

ISSUE: Juvenile crime

LEAD OBJECTIVE: To reduce the incidence of juvenile crime

BENCHMARK: By (date), x % or fewer of all juveniles in Multnomah County will be arrested

INDICATOR:

JUVENILE CRIME BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>The increase in violent crime by juveniles, including the increased use of weapons is a serious problem in Multnomah County. The rates have increased far in excess of population growth.</p> <p>Increase in violent crime continues to put great pressure on the number of available close custody beds to Multnomah County.</p> <p>The county has experienced growth in referrals for sexually assaulted behavior by juveniles, and a greater number of adjudicated juvenile sex offenders.</p> <p>Citizens are frightened and are demanding "quick fixes."</p> <p>The gang phenomenon is not going away. Attention has been focused on North/Northeast Portland, but serious problems in Southeast Portland and East County have not been addressed.</p> <p>We are seeing an increase in multi-cultural gangs, Hispanic gangs, skinheads, SE Asian youth, involvement of girls in gangs.</p>	<ol style="list-style-type: none"> 1. Increase treatment services and supports to youth facing loss, grief, and post traumatic stress, since these are often the precursors to violent acts. (violence is a cycle; we must break the cycle) 2. Provide the mentorship of a safe, stable adult for every youth with high risk factors. 3. Provide school/public forums for youth to speak in their own voices about concerns and solutions to violence 4. Provide peer delivered mediation services in every school; also in community organizations representing specific cultural populations. 5. Expand A&D treatment programs for youth and their families 6. Provide diversion programs 7. Provide structured recreation activities for youth at high risk of criminal behavior 8. Expand social support programs for gang involved youth, requiring specific, measurable outcomes and rigorous evaluation 9. Provide basic needs and developmental opportunities for street youth/other youth without the support of a family 10. Provide prostitution diversion programs which offer youth safe, legal options for self-support 11. Support meaningful pre-employment services and employment support for youth 12. Increase culturally/gender appropriate services to serve adjudicated youth, incl. A & D, mental health 13. Provide resources to intervene at the first offense, including diversion 14. Increase alternatives to detention 15. Develop enhanced response to sexual offenders. 	<ol style="list-style-type: none"> 1. Contract with local agencies to provide direct services 2. Train community providers to better recognize and target risk and protective factors 3. Support Community Policing 4. Support Neighborhood Watch 5. Advocate for community involvement in mentorship programs 6. Advocate for close collaboration among state and community agencies, neighborhoods, families, and the Juvenile Justice Division. 7. Advocate for a strong community commitment and responsibility to its youth. 8. Support expansion of mental health services for youth in the juvenile justice system, including screening and diagnosis at intake. 	<ol style="list-style-type: none"> 1. Juvenile Court - Nan Waller 2. Youth Service Center Diversion Programs 3. Young Gang Task Force - John Canda 4. Mall Security businesses 5. African American Churches 6. Crime prevention units of neighborhood Associations 7. Law enforcement: Portland Police, Multnomah County Sheriff, Oregon State Police 8. "Off the Street" program at Outside In 9. Judi McGavin - Harry's Mother 10. A&D prevention programs 11. Juvenile Justice Div. 12. YEEP 13. Morrison Center 14. Tri County Youth Services Consortium 15. Asian Acculturation Center 16. Hispanic Youth Programs 17. Community & Family Services Division. 	<p>7 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Annie B. Casey Foundation 3. Federal \$ 	<p>There is a tremendous push for "quick fix" methods, including ballot measures that would remand all youth who commit felonies to adult court and to be served in the adult system.</p> <p>A strong commitment is needed in this county to both assist in and advocate for adequate services at all levels in the juvenile system, and to educate the public as to what is being done and can be done to reduce juvenile crime without putting all of our resources into an adult prison system that is too expensive and is not working.</p>

ISSUE: Adolescent drug use

LEAD OBJECTIVE: To reduce the incidence of adolescents using tobacco, alcohol and other drugs

BENCHMARKS: By (date), x % or fewer of 8th grade students in Multnomah County will have used tobacco, alcohol and other drugs in the past month
By (date), x % or fewer of 11th grade students in Multnomah County will have used tobacco, alcohol and other drugs in the past month

INDICATOR:

ADOLESCENT DRUG USE BENCHMARK

Multnomah Commission on Children and Families

July 20, 1994

SITUATION ANALYSIS	OBJECTIVES (directions)	ACTIVITIES (tools)	POTENTIAL PARTNERS	PRELIMINARY BUDGET %	OTHER COMMENTS
<p>In a 1992 research project among middle and high school students, Seattle-based Comprehensive Health Education Foundation in determined that "the issue of greatest reported personal significance to students was drugs" although there was "only limited recognition that alcohol products and cigarettes are drugs, with some students reporting that to be 'a drug' a substance must be illegal."</p> <p>Students explained their concerns by identifying how drugs affected "nearly all aspects of their lives: sex, sexually transmitted diseases, violence (and sexual violence in particular), safety, abuse, fitness and exercise, communication, personal relationships with family and friends, entertainment and news media, peer pressure, law enforcement personnel, and their plans for the future."</p> <p>In Oregon statistics are kept only for students, although use of alcohol and other drugs (and injection drugs in particular) is believed highest among out-of-school youth, a substantial population.</p> <p>Portland 11th graders who were asked in 1992 if they had "used" alcohol and/or other drugs in the preceding month reported 23% illegal drug use, 43% alcohol use, and 22% tobacco use; 8th graders reported slightly lower usage.</p> <p>Multnomah Co. Alcohol & Drug Program estimates 10% of Multnomah County's 23,000 high school students have "serious problems with alcohol and/or other drugs." Middle school students are also deeply affected but no "serious problems" estimate is available.</p>	<ol style="list-style-type: none"> 1. Provide programs specifically targeting known risk and protective factors 2. Provide culturally specific direct services, within the framework of cultural traditions, values and celebrations 3. Incorporate A&D prevention strategies within other preventive disciplines (AIDS prevention, pregnancy prevention, violence prevention, etc.) 4. Provide services at locations where youth gather (parks, malls, concerts, etc.) 5. Provide skills-focused self esteem building programs in schools 6. Provide sexual minority youth safe, non-sexualized places to socialize before they reach "bar age" (21 years) 7. Provide family services including family education, co-dependency treatment counseling, and family treatment at Youth Service Centers 8. Develop in-school and in-community, culturally specific traditions serving as rites of passage, whereby young people are assisted into adulthood and learn of available opportunities and responsibilities 9. Support peer-to-peer programs where young people support each other in making safe and responsible choices around alcohol and other drugs. 10. Support recreation programs for young people: visual and performing arts, sports, community service work, etc. 	<ol style="list-style-type: none"> 1. Train community providers to better recognize and target risk and protective factors 2. Advocate with news and entertainment media for images that encourage responsible behavior, and down play images that portray alcohol as central to having fun. 3. Advocate for more youth oriented recreation activities at times and locations that will support non-use, while capturing young people's interest 4. Convene a youth caucus to deliberate on ways to include youth views in prevention programming 5. Advocate for the Oregonian to reconsider their current (and substantial) donated anti-drug message from Partnership for a Drug Free America to include messages developed by local youth 6. Give meaningful recognition to young people who are contributing time and talent to effective drug prevention activities. 7. Develop collaborative activities with the County Health Department's anti-smoking program. 	<ol style="list-style-type: none"> 1. MADD 2. Youth and adult A&D providers 3. HIV prevention services providers 4. law enforcement 5. DARE (some disagreed) 6. State and federal A&D organizations 7. Outside In 8. Teens & Company (Planned Parenthood) 9. Kaiser 10. School-based health clinics 11. Public schools, esp. prevention specialists 12. School counselors 13. The American Cancer Society 14. RDI 	<p>0 % of MCCF funds</p> <p>Also, funding and other resources come from the following partners, in amounts yet to be identified:</p> <ol style="list-style-type: none"> 1. Multnomah County 2. Public Schools 3. Federal \$ 4. RDI 	<p>A focus group of teens created these suggestions for creating effective in-school alcohol/other drug prevention strategies:</p> <ol style="list-style-type: none"> 1. Create an open environment by assuring confidentiality. Teachers must be trusted to be effective 2. Avoid a fixed agenda; allow students to establish some of the discussion topics 3. Avoid lecture format; create small facilitated discussion groups 4. Use games and interactive exercises, cross word puzzles, or video games 5. Give more information on the effects that drugs have on one's mind and body 6. Create peer education models using educators the same age as the students. (Peer pressure can be an asset as well as a risk) 7. Begin drug education at a much earlier age 8. Present all available choices and the consequences for each, rather than promoting "just say no" approaches 9. Teach skills for real life, like how to turn down a close friend who offers you drugs; saying "no" to a stranger is what's taught, but it's not a very common occurrence 10. Teach students how to help friends and family members that use or abuse



DAN SALTZMAN, Multnomah County Commissioner, District One

1120 S.W. Fifth Avenue, Suite 1500 • Portland, Oregon 97204 • (503) 248-5220 • FAX (503) 248-5440

July 16, 1994

TO: Helen Richardson

FROM: Dan Saltzman *Dan*

RE: QUESTIONS AND AMENDMENTS TO DRAFT STAGE ONE PLAN

I have reviewed the draft Stage One plan and, on balance, find it to be a constructive plan. Some of the suggestions are a little vague, others a little ambitious. As it is a draft, I assume more precision and clear statements of intent will be forthcoming.

Below are my comments and possible amendments for the Stage One Plan.

DIVERSITY (p. 8)

Does acceptance of Stage One report imply support for 19 diversity objectives on page 8?

Text states that these 19 objectives were supplied by a telephone poll of MCCF members of color only. If that is the case, then what is their meaning and context for the county and for MCCF?

I have particular problems with Goal 15 which calls for the county to establish a "United Nations-type facility where issues that deal with families and children could be discussed...and get simultaneous translations of various languages". Is this a serious proposal?

TEEN PREGNANCY BENCHMARK (p.2)

Add to Activity 9 new language so it reads as follows:

"Advocate for men to be responsible fathers and to emotionally connect with their children. Conduct community discussion on the role of men as parents.

July 20, 1004

TO: Jim Clay
FROM: Muriel Goldman & Nan Waller
RE: CATEGORY "D" EDITING - ADDITIONS TO JUVENILE
JUSTICE RELATED BENCHMARKS

Page 11. Social Justice for minority youth

We have rewritten most of the material under Situation Analysis, Objectives and Activities, and have made some changes in the other categories.

SITUATION ANALYSIS:

Social justice for minority youth is an issue for both the juvenile justice and the child welfare systems. The Multnomah County Juvenile Justice Division has concentrated on reducing over-representation of minority youth, primarily African-American youth, in the juvenile justice system through a variety of programs funded with state, federal and county money. Most planning in the county to date has involved juvenile justice. The MCCF is committed to on-going efforts in the juvenile system and similar efforts in coming months related to child welfare.

The former county Children and Youth Services Commission funded pilot programs aimed at the commitment rate of minority youth to the state training schools. Among these is the currently funded Youth Redirections Program. The Commission also funded a study of the needs of S.E. Asian youth.

For many years, the Juvenile Justice System has been the focus of research on the perception of bias toward minority youth. Most recent studies of Multnomah County include the ongoing Office of Juvenile Justice & Delinquency Prevention study, begun in 1992 by the State Commission on Children and Families, (Multnomah being one of four counties in the study) and the more recently completed research by the Oregon Supreme Court Task Force on Racial/Ethnic Issues in the Judicial System. No similar research of the child welfare system has been undertaken since 1982, when the Portland Section of the National Council of Jewish Women conducted a citizens' monitoring study of both delinquency and dependency proceedings.

The Supreme Court Task Force's major findings include the lack of a statewide comprehensive plan to reduce minority over-representation and disproportionate confinement in the juvenile justice system, the lack of skilled interpreters to assist non-English speaking parents and care-givers, and the need for trained, culturally-sensitive experts to be made available to juvenile court staff and practitioners.

OBJECTIVES:

(based on recommendations of the Supreme Court Task Force)

1. Increase the availability of a sufficient array of community-based services that are ethnically appropriate and that are available throughout the system from first contact to post-commitment placement.
2. Increase the availability and improve the quality of diversion programs.
3. Explore alternatives to secure confinement for minority youth.
4. Provide support for after-care programs designed to facilitate reintegration of minority youth from state and county facilities back to their home communities.
5. Support cross-cultural diversity training and education for juvenile justice personnel, practitioners, elected officials, the general public and the at-risk populations.
6. Develop a systematic ongoing monitoring procedure to determine at regular intervals the percent of minority youth being processed through each state of the juvenile justice system, in order to target more specifically the decision points at which major disparities occur.
7. Make available as needed interpreters for non-English-speaking children, parents and care-givers in all juvenile proceedings, including informal proceedings.

ACTIVITIES:

1. Continue to cooperate and collaborate with the state Commission on Children and Families, the JJD, and CSD, on the pilot study of over-representation of minority youth in the juvenile justice system.
2. Cooperate and collaborate with both local, state and federal efforts to identify and address the problems of over-representation and develop community-based alternatives.
3. Coordinate services on a broader scale, involving state, county, school and community-based organizations.
4. Advocate for a system of cross-cultural training of juvenile justice personnel and other care-givers and of monitoring the percent of minority being processed through each stage of the juvenile justice system.
5. Advocate with state CSD for residential placements that are accessible and available to minority youth.

6. Advocate for continued funding of community-based alternatives to secure confinement.

7. Continue to advocate for and fund post-commitment transitional and community-based placement for minority youth.

8. Encourage further study of over-representation of minority youth in the child welfare system.

9. Advocate for an increased level of mental health services.

POTENTIAL PARTNERS:

Delete double spaces between partners' numbers so there is more room to list partners.

Change #17. Suggest you not list individual names. Instead, say: "Intervention Committee of former county CYSC."

Add: 18. CSD child welfare & juv. corrections
19. OR CCF
20. city, county & state law enforcement
21. Detention Reform Committee

PRELIMINARY BUDGETS:

We are recommending a change in allocation from 5% to 12%. Over-representation in the juvenile justice and child welfare systems is such a critical issue for Multnomah County.

Add: Other funding sources

Federal
Foundation grants

13. Child and youth related violence:

SITUATION ANALYSIS:

#2. Expand to read: "Changes in family environments, including poor family bonding, repeated exposure to domestic violence, physical and sexual abuse, and a decrease in inter-generational contact."

OBJECTIVES:

#10. Change to read: "Expand A & D and mental health programs."

Add #13. Expand treatment for male and female youth who have been sexually or physically abused or who have been exposed to domestic violence and are showing signs of becoming abusers."

POTENTIAL PARTNERS:

#4. Omit name of person, so it just reads: Mult. Col Health Dept. and add: JJD.

#21. Add so it reads: "A & D and MH service providers"

Add #29. Morrison Center

Add #30. SE Asian Acculturation Center; IRCO

PRELIMINARY BUDGET:

We are recommending a change in allocation from 9% to 5%. Our recommendation is based on the already large allocations of funds under benchmarks 1, 3, and 4 related to child abuse prevention and treatment and violence prevention.

Page 14. JUVENILE CRIME

POTENTIAL PARTNERS:

#1. Omit - Nan has asked that her name not be listed.

PRELIMINARY BUDGET:

We are recommending a change in allocation from 7% to 9%.

Also, Add under other fund contributors: CSD Level 7 \$; CSD Juvenile Corrections \$

ISSUES RELATED TO RECOMMENDED CHANGES IN ALLOCATION FOR BENCHMARKS 11, 13 AND 14.

The total changes for these three benchmarks leaves 4% in allocation adjustments that have to be made from among the other benchmarks. If the full commission supports our recommendations, then they should decide how the 4% should be adjusted among the remaining benchmarks.

July 20, 1994

We, the undersigned Commissioners, find the MCCF Plan, as it represents a tremendous amount of cooperation and planning, to be a significant and important document for our County and its communities. Since we also bear the responsibility of representation of families of color, we also find that while the plan in its present form, has our support, there are issues and concerns that must be addressed in the immediate next phase and prior to its approval in November 1994. The most pressing needs are for:

- 1) a review of the present state of service delivery for families of color (defined as African-American, Asian-American, Latino, Native American and those with combinations of different ethnic/racial cultural heritages) so that we can make informed and intelligent decisions about the needs and prioritization of issues about, and for these families, as part of our policy function,
- 2) more, and specific, data about where families of color impact all County and MCCF benchmarks,
- 3) a critical priority in the hiring of MCCF staff of color, with their responsibility to include addressing issues of outreach, service delivery evaluation and culturally appropriate working for youth in our wellness model,
- 4) the design of an evaluation process for determining the inclusion of service delivery success for families of color, by each of the benchmarks,
- 5) a prioritization of benchmarks by impact on families of color,
- 6) a plan document (or addendum) that traces sources of dollars, both historically and for families of color,
- 7) planning for outreach to each of our communities for each of the MCCF significant steps and activities in the plan-- planning that accounts for the critical time commitments needed for just deliberation and discussion, and
- 8) planning to demonstrate the sensitivity of the service delivery provider certification process to families of color focusing on inclusive service delivery.

Samuel D. Henry
David Jordan
Thach Nguyen
Cornetta Smith
Joseph Tam
Maria Tenorio

To: Jim Clay
From: Jonna Schuder
Re: MCCF Comprehensive Plan--Comments
Date: July 15, 1994

I have not finished reading the entire draft, but I want to give you some comments regarding page 8 on diversity.

I consider a glaring omission the failure to include persons with disabilities in the diversity discussion. The fact that the planning committee did not even consider persons with disabilities is, in itself, an indication of how excluded and ignored this population is.

I suggest some changes in this page to give at least some token recognition to the disability issues:

1. In the second paragraph, add "and the inclusion of persons with disabilities" after multi-culturalism.

2. In the second paragraph in which the core values are listed, add the last core value: "We value all people and recognize that among individual children, youth and families there exist varying capabilities at different times and different developmental stages."

3. Add "persons with disabilities" or "youth or children with disabilities" in those listed items where such inclusion would fit: #6, #7, #10, #11, #12, #13, #15

4. Add some additional ideas:

Hire inclusion specialists for the Family Centers and Parent Child Development Centers. The inclusion specialists would assure that persons with disabilities could participate in programs.

Make all documents produced by the MCCF available in alternative formats (eg cassette, large type).

Provide disability awareness and sensitivity training. Such training would discuss issues regarding developmental disabilities, mental illnesses and physical disabilities.

Assure that all meetings, including subcommittee meetings, occur in accessible locations and provide accommodations necessary to allow full participation (eg sign language interpreters etc.).

 DELAUNAY
FAMILY OF SERVICES

NORTH PORTLAND YOUTH & FAMILY CENTER
7704 N. Hereford
Portland, Oregon 97203
(503) 285-0627
Fax: (503) 286-8389

July 20, 1994

TO: Members of the Multnomah Commission on Children & Families
Pauline Anderson, Chair
Helen Richardson, Jim Clay, MCCF Staff

FROM: Diane M. Feldt, Director *DMF*
North Portland Youth & Family Center

RE: Creating a Chosen Future
Editing, comments, additions

CATAGORY "B" EDITING

Page 9, Paragraph 5, 2nd sentence

This sentence is misleading, not all centers provide the full array of services listed due to inadequate funding.

COMMENT:

The document at various points refers to Family Centers, Family Support Centers and Youth Service Centers. This last no-longer exist. Please somewhere sometime, define who and what the Family Centers are, pick one name and be consistant.

BENCHMARKS:

Early Childhood Education

Any decision to use one model over another for PCDC's should involve current providers.

Local programs: Include TOGETHER...A Great Start for Families

Also, review programs in how they address violence.

Teen Pregnancy

Potential Partners - add PIVOT

Child Abuse & Neglect

Potential Partners: add Parent Child Development Centers

2.

Other comments: add Delaunay Family of Services/TOGETHER ... A Great Start for Families

Domestic Violence

Potential Partners: Add Columbia Villa Service Project, Sara Smith, there is a project on-going addressing this.

Comment: Objective 9...Family Centers do not necessarily provide food, housing, employment.

Drug Affected Babies

Please define gang related community based organizations under potential partners .

Quality Child Care

Potential Partners: Add PCDC's or Family Support Centers, current directors have discussed in the future referring to PCDC's as parent child development services rather than centers.

Poverty

Potential Partners: add State Employment, Family Centers, Portland Community College.

Capable Families

Potential Partners: Add Family Centers, i.e. Level 7

Safe, stable housing for families

Potential Partners: add Family Centers, teen parent program providers

Social Justice for minority youth

Potential Partners: Add Diversion, GIFT

High School Completion

Activities: Add advocates for youth and their parents with schools.

Potential Partners: Add North Portland Youth & Family Center/Delaunay Family of Services (including clinic services).

Child and youth related violence

Potential Partners: change youth service centers to Family Support Centers, add Boys & Girls Clubs, community policing efforts, neighborhood associations.

Juvenile Crime

Potential Partners: Please note #2. Youth Service Centers are no-longer, add GIFT

#.

Adolescent Drug Use

Objectives: # 7 change youth service centers

Partners: Add Family Centers, Family Unity Model

TO: Jim Clay

FROM: Muriel Goldman, 636-2283

RE: Suggested Changes in Comprehensive Plan, *Creating a Chosen Future*

Included are some of previous suggested changes. Nan Waller and I are meeting on Tuesday at Noon to go over the juvenile justice, violence and overrepresentation stuff. It will come as an addendum, as I understand you need to get this to the printers before Tuesday. Also in the addendum will be suggested changes in percentage allocation.

Page 3: Resources/Services Transfer - delete paragraph 3 - PURCHASED TREATMENT SERVICES

Page 6: TO THE PLAN REVIEWERS:
 Item B. 1. - add word "staff" after MCCF, so it reads: "MCCF staff prepares background," etc.

Page 7: Add another bullet - "Engage with county department/division advisory committees"

BENCHMARK SECTION

Page 1: Issue: Early Care and education

Under Objectives:

#3. Change to read: "Support expanded A & D and mental health screenings for parents."

#4. Change to read: " Support developmental screening, including emotional development, and follow-up services for all children starting at birth."

Under Activities:

#6. Change to read: "Develop and implement a policy calling for universal screening at birth and throughout early childhood and access to necessary treatment."

Under Potential Partners:

Add: "National Council of Jewish Women, Portland Section"

Under Preliminary Budget:

#8. Wrong name - change to "Nat. Council of Jewish Women"

Other Comments: I think you have a typo in #3. Shouldn't "Event" be "Even"?

Page 2: Teen Pregnancy

Under Situation Analysis:

Paragraph 1: At end of sentence, add the following: "The most recent rate for African-American females ages 10-17 is 48.7." If you're worried about room on the page, if you delete item identified in 6th paragraph, you will be able to get this in.

Paragraph 5: delete parentheses from (and perhaps young men) and delete the word "perhaps", so it reads "young women and young men." There is no reason to believe that developmentally delayed young men would have a greater understanding of the consequences than would developmentally young women.

Paragraph 6: End the sentence after abusive home. It perpetuates a stereotype that they do it to get welfare. Even if some do it for this reason, unless you list all the other reasons why young women get pregnant, it makes this reason stand out as the paramount one.

Under Objectives: #11 - if you can squeeze it in, add to end of sentence, "for male and female youth."

Under Potential Partners:

Add: Neighborhood networks
Children First's Girls Equal Access Committee

Page 3: Child Abuse and Neglect

Under Situation Analysis:

Change 5th Paragraph to read: "Females represent 57% of Oregon's victims of sexual abuse, mental injury, and threat of harm; 78% of all sexual abuse victims." Keep the rest of the paragraph. Maybe you can squeeze it in by saying something else in fewer words.

Under Objectives: #8: Change to read: "Support parent screening for A & D and MH."

Delete stuff in parentheses under #20, as it appears under Potential Partners.

Add a new #21: Expand mental health access for children, parents, other family members.

Under Potential Partners: Add Juvenile Justice Division/Juvenile Court; OR Coalition Against Domestic & Sexual Violence; Child Dev. Specialists - PPS. You can save space by eliminating stuff in parentheses in #3 and #5.

Under Preliminary Budget: Add State Office of Mental Health Services and Office of Medical Assistance Programs

Under Multnomah County, add Juvenile Justice Division.

Also add: PCDCs; foundations; Children's Trust Fund.

Can you squeeze in the new programs or enhanced programs funded by the county for the 1994-95 fiscal year, by saying the other stuff in fewer words:

These new programs include: Family Centers' Child abuse prevention groups, domestic violence supports for school-based prevention/education; respite care for family support/domestic abuse prevention.

Page 4: Domestic Violence

Under Objectives:

#12: Change to read: "Increase availability of A & D and Mental Health screening and treatment."

Page 5: Prenatal care

Under Activities:

Add another activity - #8. "Provide outreach to families who otherwise will not use a clinic, including in-home care or other community settings where recipients will feel comfortable."

Under Potential Partners:

Add: Multnomah County Health Department; PCDCs

Under Preliminary Budget: Change Multnomah County to Multnomah County Health Department; add Oregon Health Division

Page 6: Drug Affected babies:

Under Objectives:

Under #7, add the following after the word "client" - "including the availability of residential care and treatment slots housing both young mothers and their child(ren)."

Under Activities:

#8 - add "gender appropriate" so it reads: "Assure that all services are culturally and gender appropriate," etc.

Under Prelim. Budget add: Mult. Co. Office of A & D; state Office of Alcohol & Drugs; foundations

Page 8. Poverty: Add the following paragraph under Situation Analysis: "1989 statewide ethnicity data on children living in poverty show 36.3% were African-American children; 32.3% were Hispanic; 33.8% were Native American; 19.2% were Asian; 14.2% were White.

Under Activities: Add - "Advocate for job skills training, retraining, jobs placement.

Under Potential Partners: Add - YEEP; Leaders' Roundtable; OR Business Alliance

Page 9. Capable families: This section needs more attention.

Under Activities: Some of same activities described under activities for Poverty, Domestic Violence and Child Abuse would also fall under this.

Page 10. Safe, stable housing: Need more time to work on this category. Some of the same stuff under Poverty applies here.

Page 11. Social justice for minority youth: Nan Waller and I will get some information to you by tomorrow (Tuesday) I have also asked for statistics from Mult. Co. Juvenile Justice Division and from state Juvenile Corrections.

Under Situation Analysis: This deals only with parole youth. A section is needed on probation and diverted youth. There is a lack of a sufficient array of community-based services that are ethnically appropriate and that enable authorities to intervene early.

Other information to include: Overrepresentation of African-American youth in the juvenile justice system, although high, has declined (need to get figures), but the number of Hispanics has increased (need to get figures).

Page 13. Child and youth related violence:

Under Situational Analysis:

Add #8 or expand #2: "Repeated exposure to physical and sexual abuse."

Under Objectives: Add #13: Expand treatment for youth (male and female) who have been sexually abused and are showing signs of becoming abusers.

Under Potential Partners:

Add: Juvenile Justice Division; Morrison Center

Page 14. Juvenile Crime:

Under Preliminary Budget:

Add: CSD - Level 7 \$; CSD Juvenile Corrections

July 15, 1994

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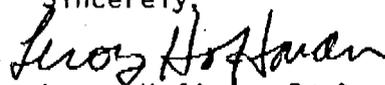
Jim Clay
Multnomah Commission on Children and Families
1120 SW 5th Avenue, Room 1410
Portland, Oregon 97204

Dear Mr. Clay:

On review of the MCCF Comprehensive Plan, Waverly can participate as a potential partner on the following objectives as listed on page 3 of the plan:

1. To meet specific developmental standards by kindergarden (Goal 1,2,3)
3. To reduce the incidence of child abuse/neglect (Goal 1,2,3,4)
4. To reduce the incidence of domestic violence (Goal 1,3,4)
6. To reduce the incidence of drug affected babies (Goal 1,2)
7. To increase the number of child care providers meeting quality standards (Goal 2,3)
9. To increase the number of families who are able to care for their own children (Goal 1,2,3,4)
13. To reduce the incidence of violence by and against children and youth (Goal 3)

Thank you for your consideration. Please contact me for more information planning purposes.

Sincerely,

Leroy Hoffman, Ed.D.

LH: vew



Richard Nitti
VOA Oregon
Children and Family Services Division

I would like to commend the Commission on the fine job it did in developing this draft on the Comprehensive Plan.

I am particularly pleased with the importance given to the Early Childhood Benchmark and the objective to build on the current infrastructure to develop a system of services for young children and their families.

I would like to particularly reference several activities that I feel deserve emphasis in the Commission's planning process:

8. Establish an Early Care and Education Council to advise the Commission
9. Establish an Office of Early Care and Education within the County
11. Advocate for better regulation and high requirements for child care providers

Young children and their families need a strong voice. Leadership from the Commission can facilitate the development of that voice.

I also would like to commend the Commission for the importance it places on child abuse and neglect. Improvement and expansion of the PCDC network creates a valuable weapon

in providing ^{front line} support and prevention ^{activities} at
the neighborhood level. ~~The~~ I believe the
plan while heavy in prevention is light in
addressing concerns of families where abuse/neglect
of high risk of A/N has occurred. The state
of Oregon is fortunate to have developed a
program model directed towards that population,
The Relief Nurses. The Relief Nurses Model
is presently in operation in three communities
Linn County, Umatilla Falls and here in Multnomah.
~~that~~ I would urge the Commission to place
a higher priority on expanding the Nurses model
by recognizing it as an ^{important} tool ~~within the~~ in
combating abuse/neglect. The Relief Nurses model
provides intensive parent training, respite care and a
Therapeutic Nurses all mentioned in the objectives
within this benchmark.

Thank you for providing me this opportunity
to comment and I would like to conclude
by inviting the Commission members and staff
to visit and tour the VOA Family Nurse
Program and to include the VOA
Volunteers of America as a partner in the
Child Abuse, ECE and Child Care Benchmarks



PHOENIX RISING FOUNDATION

July 20, 1994

Helen Richardson, Executive Director and
Mult. Co. Commission on Children and Families
1120 SW 5th Ave, Room 1410
Portland, OR 97204

Dear Helen and Commission Members,

I have reviewed the document, "Creating a Chosen Future" which is a draft blueprint for services to children, youth and their families over the next several years.

I am very impressed by the breadth and depth of this document, and want to especially thank you for your awareness and support of sexual minority issues. It is encouraging that a minority population which has been forced into invisibility for centuries is finally being spoken about in a supportive way.

I am particularly pleased that this report explicitly addresses sexual minorities in some benchmarks (ie, the issue of high school completion acknowledges sexual minority youth have unique risk factors in dropping out of school; the child and youth related violence issue mentions the bias of heterosexism and the adolescent drug issue identifies a need for safe, nonsexualized meeting places for sexual minority youth). It was also gratifying to see that Chair Stein included representation from the sexual minorities communities on the commission.

However, in general the concerns of sexual minorities remain hidden within the mainstream of service needs and thus the legitimacy of their special needs remains "closeted," an experience all too common to sexual minorities. While I can hope that these concerns are implicit in the Commission's plans, I would prefer that they be made more explicit.

As I have just recently assumed leadership of Phoenix Rising, I did not have the opportunity to participate in previous meetings and input to this plan and do not know the extent of my predecessor's involvement, so I apologize in advance if the following issues and comments have already been made during the development of this plan.

1. I would like to see an explicit definition of "family" as used in the document to include single parent, couples without children, extended families and families headed by lesbians, gays, bisexuals, transvestites or transexuals.

2. I suggest adding "sexual minorities communities" to wherever the phrase "culturally diverse communities" is used in the plan.
3. Participation of sexual minorities service providers would be helpful on the District Coordinating Teams.

Regarding specific issues and benchmarks:

1. Child abuse and neglect:
 - a. Include data on how many youth flee home, commit suicide or turn to drugs and alcohol after being emotionally, physically or sexually abused due to their sexual orientation.
 - b. Hold a standard that the "safe havens" to be developed in schools shall include services for sexual minority youth.
 - c. Include anti-homophobia trainings in schools in order to support sexual minority youth's self-esteem.
 - d. Include training for professionals on identifying risk factors for sexual minority youth in regards to abuse and neglect.
 - e. Include anti-homophobia are a part of parent training curriculum.
2. Domestic violence:
 - a. Add anti-homophobia curriculum to conflict resolution trainings in schools and with religious youth groups.
 - b. Expand the availability of safe shelter to sexual minority youth, which comprise 10-30% of street youth and acknowledge their special needs.
 - c. Advocate for media presenting positive images of sexual minority couples and families.
 - d. Identify homophobia as a major cause of violence against youth and sexual minorities in general.

- e. Include homophobia as part of the cycle of violence: why kids flee home; the realities of battering within the sexual minority communities; the "permission" our society has given to "gay bashing"
 - f. Include sexual minorities as "intentional victims."
3. Poverty:
- a. Include data on sexual minorities who are homeless.
 - b. Acknowledge that sexual minority youth have unique barriers to completing high school.
 - c. Include sexual minority families in developing--and supporting-- nontraditional living arrangements. Advocate for sexual minority foster parents.
 - d. Include in "comments" the 400-800 sexual minority displaced youth without a home, family or basic care, and acknowledge their exploitation in the sex and drug industries.
4. Capable families:
- a. Acknowledge the sexual exploitation of sexual minority youth.
 - b. Include sexual minority youth in respite care.
 - c. Recognize the high incidence of drug and alcohol abuse as a coping mechanism among sexual minority youth.

The preliminary budgets set aside for each issue are also of some concern. First, the amount of funding allocated presently to sexual minority concerns is miniscule and in terms of the county's total human services budget, barely measurable.

Secondly funding of sexual minority services such as youth support groups is also very recent and unprecedented; I encourage building upon this start.

Third, a major issue not only of sexual minority youth, but all youth, adolescent drug and alcohol abuse, is not allocated any funding.

Finally, in our present culture, no other minority population has to fight to gain recognition as a minority as well as fight to not have basic civil rights denied to them. The Commission is in a unique position to take a stand for basic human rights through "naming the unnameable," ie, making the inclusion of sexual minorities in this development plan explicit rather than implicit.

Therefore, I request that in the preliminary budget categories, the percent of funds to be designated for support of sexual minority children and family issues be identified, and further, that this percentage not be less than 10% of the percent set aside for each issue.

In closing, I want to thank the Commission and it's staff for the tremendous effort, visionary goals and thoughtful action plans in this document, and for the opportunity to provide feedback. If I can be of any assistance in implementing the changes I have suggested, please do not hesitate to call me.

Sincerely,



Allanya Guenther
Executive Director

CC: Bev Stein, Chair, County Commissioners

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of Approving the)
Comprehensive Plan of the Multnomah)
Commission on Children and Families)
for FY 1995-1997)

RESOLUTION
94-135

WHEREAS, the 1993 Oregon Legislature passed House Bill 2004 creating local Commissions on Children and Families that are required to do comprehensive local planning for services to children and families, and

WHEREAS, the Board of County Commissioners for Multnomah County passed Ordinance No. 780 in December of 1993 creating the Multnomah Commission on Children and Families (MCCF) with the principle mission of conducting a comprehensive, inclusive planning process for the children and families of Multnomah County, and

WHEREAS, the MCCF has developed and approved a comprehensive plan for the children and families of Multnomah County, and

WHEREAS, the State of Oregon Commission on Children and Families will review for approval the Multnomah Commission of Children and Families Comprehensive Plan on July 31, 1994, and

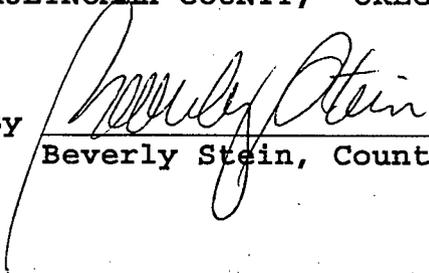
NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of Multnomah County hereby approves the Comprehensive Plan for the Period of July 1, 1995 to June 30, 1997 and authorizes its official submission by the County Chair.

ADOPTED this 21st day of July, 1994.



MULTNOMAH COUNTY, OREGON

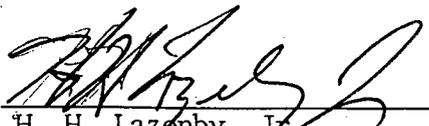
By


Beverly Stein, County Chair

REVIEWED:

LAURENCE KRESSEL, COUNTY COUNSEL
for Multnomah County, Oregon

By


H. H. Lazenby, Jr.

#1

PLEASE PRINT LEGIBLY!

MEETING DATE 7/21/94

NAME PATRICE MANGO

ADDRESS ENVIRONMENTAL SERVICES, CITY OF PORTLAND
1120 SW 5TH AVE, RM 400

STREET
PORTLAND OR 97219

CITY ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R7

SUPPORT ✓ OPPOSE _____
SUBMIT TO BOARD CLERK

#2

PLEASE PRINT LEGIBLY!

MEETING DATE 7/21/94

NAME CHRIS WRENCH

ADDRESS 3103 NW Wilson

STREET Portland OR 97260

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # R-7

SUPPORT X **OPPOSE** _____
SUBMIT TO BOARD CLERK

Meeting Date: JUL 21 1994

Agenda No.: R-7

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Authorize the transfer of \$15,000 to be paid from the Natural Areas Acquisition and Protection Fund to the City of Portland for acquiring 15.38 acres of land to be added to Forest Park.

BOARD BRIEFING: Date Requested:
Amount of Time Needed:

REGULAR MEETING: Date Requested: July 21, 1994
Amount of Time Needed: 15-20 minutes

DEPARTMENT: Chair's Office

DIVISION:

CONTACT: Sharon Timko

TELEPHONE: 248-3960

BLDG/ROOM: 106/1410

PERSON(S) MAKING PRESENTATION: Sharon Timko and Nancy Chase

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if available):

See staff report.

7/22/94 copies to Sharon Timko & JEAN UZELAC, PATRICIA NAJGO, NANCY CHASE & CHRIS WRENCH, Betsy Williams

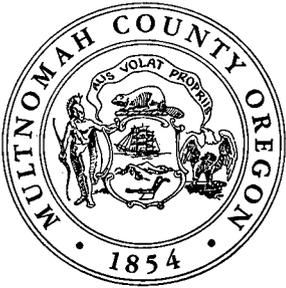
1994 JUL 13 PM 3:37
MULTNOMAH COUNTY
OREGON
CLERK OF COUNTY COMMISSIONERS

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein
OR
DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions? Call the Office of the Board Clerk at 248-3277 or 248-5222.



Beverly Stein, Multnomah County Chair

Room 1410, Portland Building
1120 S.W. Fifth Avenue
P.O. Box 14700
Portland, Oregon 97204
(503) 248-3308

TO: BOARD OF COUNTY COMMISSIONERS

FROM: SHARON TIMKO, STAFF ASSISTANT *Sharon*

DATE: JULY 13, 1994

PLACEMENT

DATE: JULY 21, 1994

RE: REQUEST TO TRANSFER FUNDS FROM THE NATURAL AREA ACQUISITION AND PROTECTION FUND

I. Recommendation/Action Requested

Authorize the transfer of \$15,000 to be paid from the Natural Areas Acquisition and Protection Fund to the City of Portland for acquiring 15.38 acres of land to be added to Forest Park.

II. Background/Analysis

The Portland Audubon Society is selling 23 acres at the northeast ridge top of Balch Canyon outside the City of Portland in unincorporated Multnomah County. The Audubon property is surrounded on 2.5 sides by Forest Park. Friends of Forest Park have worked out an agreement with the Portland Audubon Society to purchase two of four parcels now (parcels I and IV) and the remaining two property in four years (parcels II and III). Friends of Forest Park approached the City of Portland and Multnomah County for financial support for acquisition of 15.38 acres (parcels I and IV) of the 23 acres.

Multnomah County has been requested to contribute \$15,000 from the Natural Areas Acquisition and Protection Fund towards the purchase of parcels I and IV. The City of Portland is contributing \$37,500 and Friends of Forest Park is contributing \$5,000. The City of Portland has agreed to be responsible for the acquisition of parcels I and IV.

The City of Portland will be the owner and manager of the property as part of



Forest Park. Multnomah County has requested the City of Portland dedicate the acquired property for park use in perpetuity.

III. Financial Impact

If approved, Multnomah County's contribution will come from the Natural Areas Acquisition and Protection Fund. The fund was established for the purpose of acquiring, protecting, and managing natural areas identified in the Natural Area Plan. The balance of the fund is \$589,279.

IV. Legal Issue

None that I am aware of.

V. Controversial Issues:

The Portland Audubon Society is the property owner. The Audubon Society had considered selling a portion of the property for development to cover current expenses. There might an appearance that government is funding a non-profit group.

VI. Link to Current County Policies:

In 1990, the Multnomah County Board of Commissioners created the Natural Areas Acquisition and Protection Fund for the purpose of acquiring, protecting, and managing natural areas included in the Natural Areas Plan. This proposal is in agreement with the intent and purpose of the Natural Areas Acquisition and Protection Fund.

VII. Citizen Participation:

Friends of Forest Park have requested that Multnomah County and the City of Portland provide financial support to acquire a portion of the property. Friends of Forest Park will complete the acquisition project by acquiring the remaining property for \$30,000 in the next four years and ultimately donate the property to the City of Portland for park purposes (see attached letter).

VIII. Other Government Participation

The City of Portland has agreed to contribute \$37,500 towards the acquisition and has agreed to handle the transaction. (Please see attached letter from the City of Portland.) The City of Portland will be the owner and manager of the property.



CITY OF PORTLAND ENVIRONMENTAL SERVICES



1120 S.W. Fifth Ave., Room 400, Portland, Oregon 97204-1972
(503) 823-7740, FAX (503) 823-6995

RECEIVED

JUN 27 1994

BEVERLY STEIN
MULTNOMAH COUNTY CHAIR

June 23, 1994

Bev Stein, Chair
Multnomah County Board
1120 S.W. 5th Avenue
Portland, Oregon 97204

Dear Ms. Stein:

We are very pleased to have an opportunity to participate with you in the acquisition of land in the Balch Creek watershed. The proposed 23 acre acquisition will provide substantial water quality benefits for the watershed and will preserve the high quality of adjacent wildlife habitat areas. In addition, the low cost and the private contributions provide local governments with outstanding value for public investment.

Next week we will ask City Council for final approval of our joint commitment of \$37,500 toward the purchase of two of the four parcels offered for sale. A private donor is contributing an additional \$5,000. **Needed to complete this portion of the acquisition is a contribution of \$15,000 from the Multnomah County Natural Areas Fund.** (With reference to attachment: Parcels I and IV, 15.38 acres for \$57,500.)

The Friends of Forest Park will complete the acquisition project by acquiring the two remaining parcels over a four year period. (Parcels II and III, 7.52 acres for \$30,000.)

We recognize that Portland Audubon Society, the current owner, does not generally constitute a threat to develop. At this time, however, Portland Audubon Society is seriously considering development of a portion of the property to cover current expenses. The asking price is the assessed value which appears to be less than 50% of market value. In addition, the public benefit is multiplied through substantial private contributions to the project. We believe that these factors will outweigh any possible criticism of this acquisition.

To assure all parties that the land would be used for park purposes in perpetuity, we are very willing to accept the property with an appropriate deed restriction.

Bev Stein, Chair
Multnomah County Board
June 23, 1994

This project is a great opportunity for local governments to work together and in combination with private contributors. We ask for your participation and your financial assistance. Because time is of the essence, we would appreciate your earliest possible reply.

Sincerely,



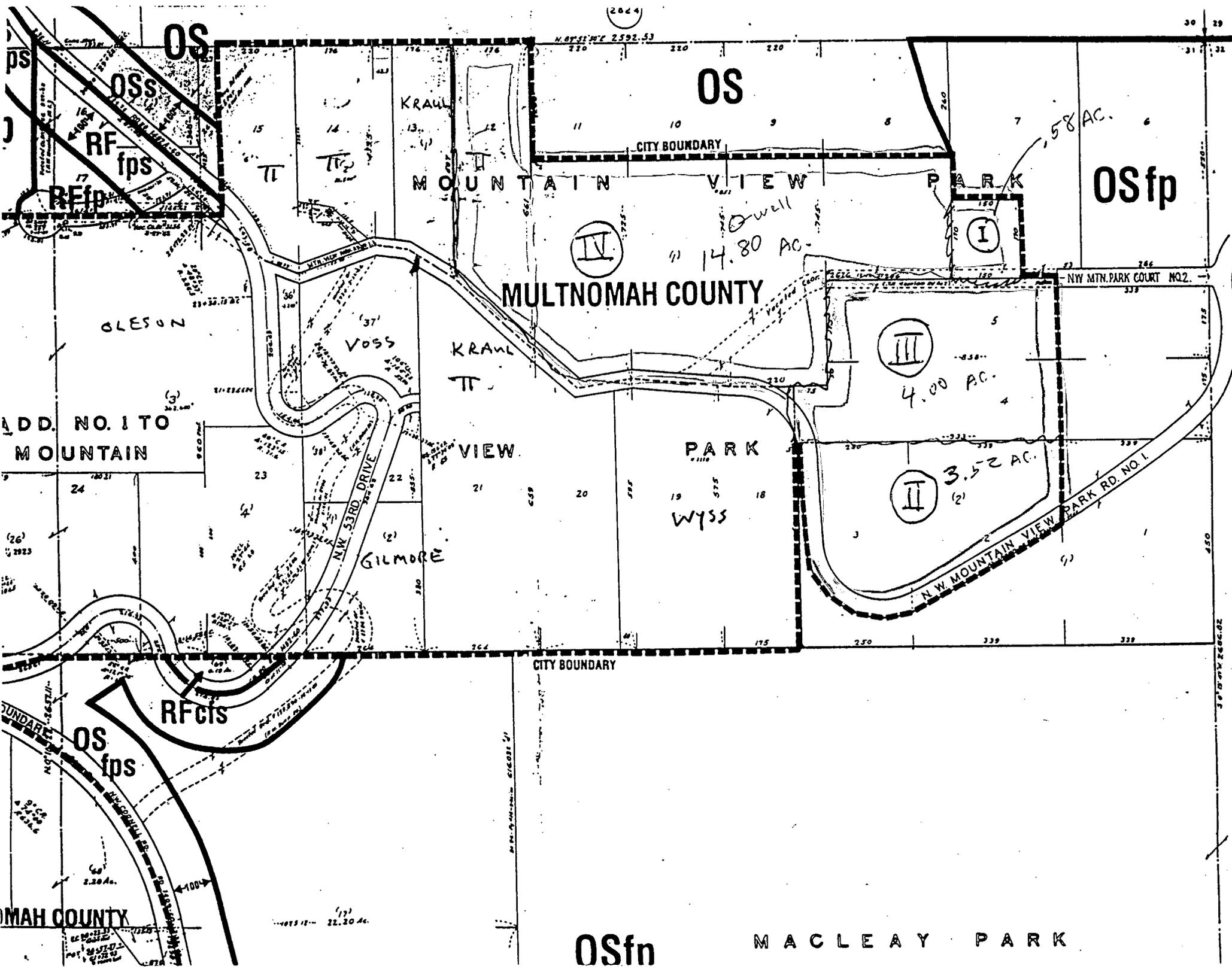
Dean Marriott
Director
Environmental Services



David Judd
Deputy Director
Parks and Recreation

attachments (maps)

c: Commissioner Dan Saltzman



MULTNOMAH COUNTY

MOUNTAIN VIEW PARK

MACLEAY PARK

CITY BOUNDARY

CITY BOUNDARY

OSfn

MACLEAY PARK

ADD. NO. 1 TO MOUNTAIN

MULTNOMAH COUNTY

RFCIS

OS

OS

OSfp

III

4.00 AC.

II

3.52 AC.

IV

Dwell
14.80 AC.

I

58 AC.

NW Mtn. Park Court No. 2

N.W. 53RD DRIVE

N.W. MOUNTAIN VIEW PARK RD. NO. 1

KRAUL

KRAUL

VIEW

PARK

WYSS

GILMORE

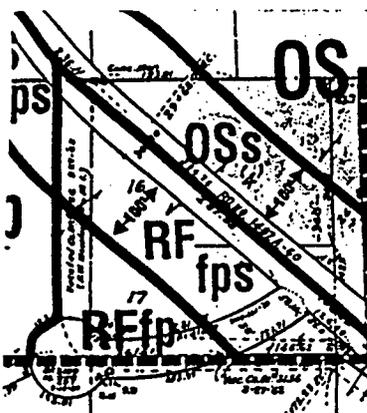
GLESON

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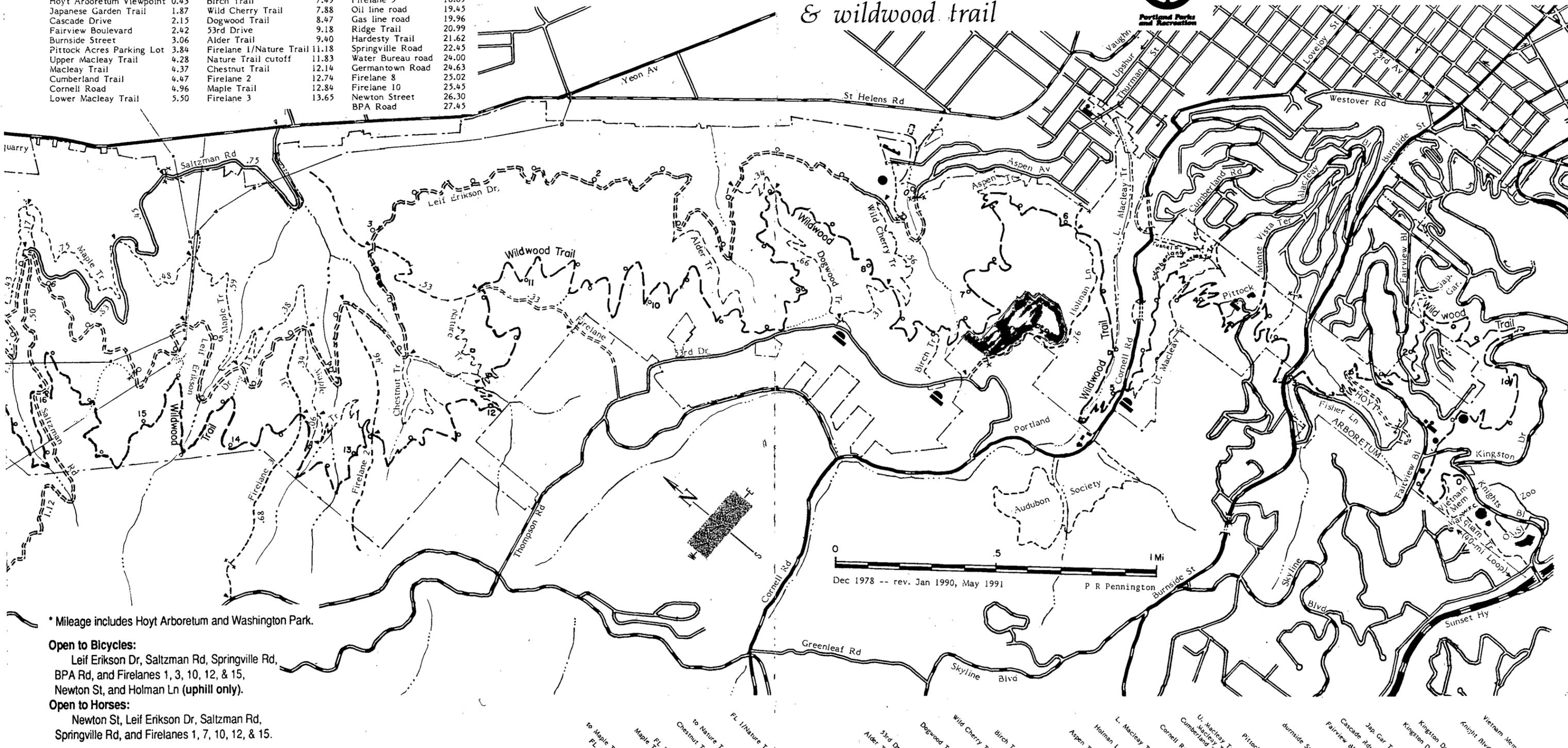


WILDWOOD TRAIL LOG*

Vietnam Memorial	0.00	Holman Lane	5.93	Tie to Maple Trail	13.47
Marquam Trail (40-mi loop)	0.11	Aspen Trail	6.36	Saltzman Road	16.01
Hoyt Arboretum Viewpoint	0.43	Birch Trail	7.49	Firelane 5	16.69
Japanese Garden Trail	1.87	Wild Cherry Trail	7.88	Oil line road	19.45
Cascade Drive	2.15	Dogwood Trail	8.47	Gas line road	19.96
Fairview Boulevard	2.42	53rd Drive	9.18	Ridge Trail	20.99
Burnside Street	3.06	Alder Trail	9.40	Hardesty Trail	21.62
Pittock Acres Parking Lot	3.84	Firelane 1/Nature Trail	11.18	Springville Road	22.45
Upper Macleay Trail	4.28	Nature Trail cutoff	11.83	Water Bureau road	24.00
Macleay Trail	4.37	Chestnut Trail	12.14	Germantown Road	24.63
Cumberland Trail	4.47	Firelane 2	12.74	Firelane 8	25.02
Cornell Road	4.96	Maple Trail	12.84	Firelane 10	25.45
Lower Macleay Trail	5.50	Firelane 3	13.65	Newton Street	26.30
				BPA Road	27.45

FOREST PARK

& wildwood trail



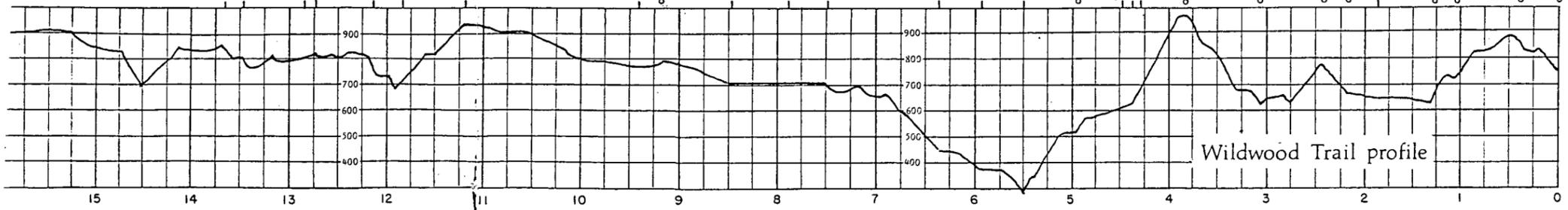
* Mileage includes Hoyt Arboretum and Washington Park.

Open to Bicycles:
Leif Erikson Dr, Saltzman Rd, Springville Rd, BPA Rd, and Firelanes 1, 3, 10, 12, & 15, Newton St, and Holman Ln (uphill only).

Open to Horses:
Newton St, Leif Erikson Dr, Saltzman Rd, Springville Rd, and Firelanes 1, 7, 10, 12, & 15.

LEGEND

- WILDWOOD TRAIL
- - - Connecting Routes
- ==== SERVICE ROADS
- MAINTAINED TRAIL
- INFORMAL ROUTE
- Roads & Streets: major --- to --- minor unpaved
- x-x LOCKED GATE
- o/26 MILE MARKER-Wildwood Tr
- o/0 MILE POST-Leif Erikson Dr
- mileage between marks
- ~~~ STREAM
- PARK BOUNDARY
- P OUTLYING PARKING
- P PARKS BUR RESTROOM



* Mileage includes Hoyt Arboretum and Washington Park.

Open to Bicycles:

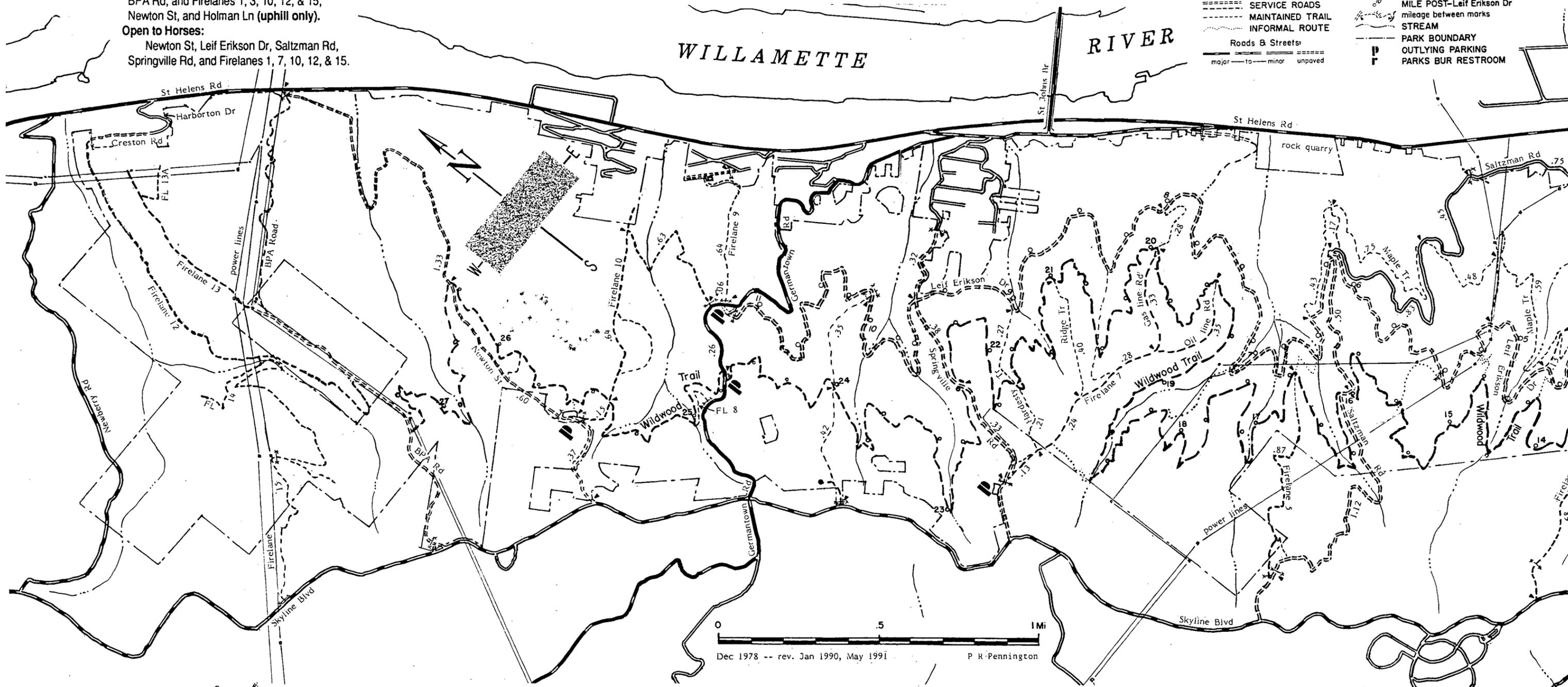
Leif Erikson Dr, Saltzman Rd, Springville Rd,
BPA Rd, and Firelanes 1, 3, 10, 12, & 15,
Newton St, and Holman Ln (uphill only).

Open to Horses:

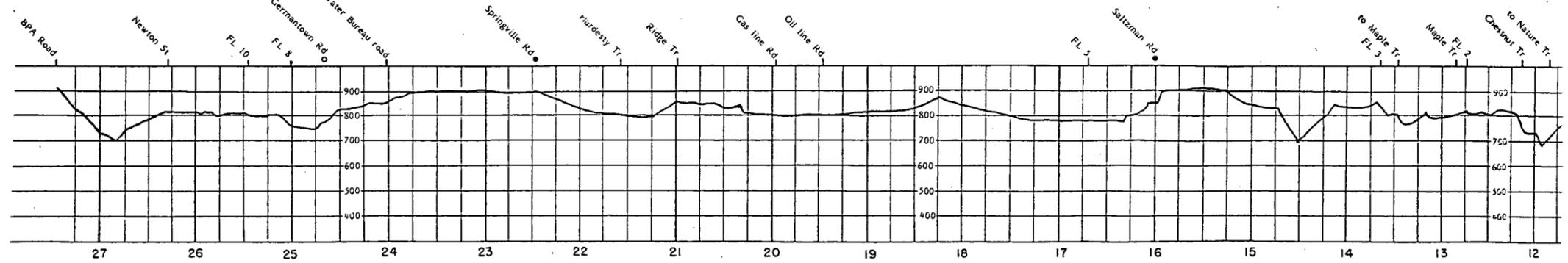
Newton St, Leif Erikson Dr, Saltzman Rd,
Springville Rd, and Firelanes 1, 7, 10, 12, & 15.

LEGEND

- WILDWOOD TRAIL
- - - Connecting Routes
- ==== SERVICE ROADS
- MAINTAINED TRAIL
- INFORMAL ROUTE
- Roads & Streets:
 - major — to — minor
 - unpaved
- ⊗ LOCKED GATE
- MILE MARKER—Wildwood Tr
- MILE POST—Leif Erikson Dr
- mile/mile between marks
- ~ STREAM
- PARK BOUNDARY
- P OUTLYING PARKING
- ⊠ PARKS BUR RESTROOM



Dec 1978 -- rev. Jan 1990, May 1991 P R Pennington



Side trail lengths:

Alder Trail	0.84	Lower Macleay Trail	0.86
Aspen Trail	0.23	Maple Trail	3.48
Birch Trail	0.22	Nature Trail	1.00
BPA Road	1.80	Ridge Trail	0.40
Chestnut Trail	0.49	Saltzman Road	2.90
Cumberland Trail	0.41	Tunnel Trail	0.17
Dogwood Trail	1.00	Upper Macleay Trail	0.81
Hardesty Trail	0.48	Wild Cherry Trail	0.87
Holman Lane	0.80	Firelane 12	1.51
Leif Erikson Drive	11.22	Firelane 15	1.35



Friends of Forest Park

P. O. Box 2413
Portland, OR. 97208

Dedicated to protecting and enhancing Portland's Forest Park

COPY

June 23, 1994

Commissioner Tanya Collier
Multnomah County
1120 SW Fifth
Portland, Oregon 97204

Dear Commissioner Collier:

Friends of Forest Park is fortunate enough to have a rare opportunity of adding crucial acreage to the Park. We need just a little bit of help from the County. The piece of property is in the Balch Creek watershed, just north of Macleay Park, and all together, is 23 acres. The seller is offering this fully developable property to Friends of Forest Park for the unbelievably low price of \$87,500. To swing this financially we and the seller have agreed to handle it in two pieces - half to be paid for out of designated funds now and transferred immediately to the City of Portland, to be added irrevocably to Forest Park, and half to be paid for over four years and added to the Park at the end of that time. *The part that we are asking for Multnomah County's help to buy is the part that would be added irrevocably to Forest Park right now.* It would never pass through the Friends' hands at all. The City of Portland is contributing \$37,500. My husband and I are contributing \$5,000. Multnomah County is being asked to contribute \$15,000. Over the next four years Friends of Forest Park would raise \$30,00 for the other half.

This acreage has been coveted for many years. It will substantially widen a very narrow portion of the Park. That is important for wildlife habitat. It is also a ridgetop, making it doubly important for wildlife. Friends of Trees will assist in clearing ivy from the site and replanting the conifer cover. The property can be accessed from NW 53rd Drive via Holman Lane, and also from the Wildwood Trail at Holman Meadow, via Holman Lane. On the enclosed map, the area to be transferred to Forest Park immediately is colored in pink, and is designated parcels I and IV. The area to be purchased over four years is outlined in pink, designated parcels II and III.

Multnomah County has a fund designated for acquisition of key natural areas, and the \$15,000 that is what we are requesting would come from that. The allocation thus would not be competing with social services or law enforcement, because it would come from a dedicated source. It was very far-sighted of the County to set up this fund, and it would be most advantageous for natural area preservation to spend some of it on this. The property is known for short-hand purposes as the Stenzel Purchase. We have consulted with Chair Stein's office about this and Sharon Timco may already have brought the matter to your attention. If there are any further questions or concerns please do not hesitate to have your staff call me, at any time. My number is 227-4671. Thank you for your kind consideration.

Sincerely,

A handwritten signature in cursive script that reads "Chris Wrench". The signature is written in dark ink and is positioned above the typed name.

Chris Wrench, President, Friends of Forest Park

BEFORE THE BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

In the Matter of Authorizing the Transfer of \$15,000)
to be Paid from the Natural Areas Acquisition)
and Protection Fund to the City of Portland for) RESOLUTION NO. 94-136
Acquiring 15.38 acres of Land to be Added to)
Forest Park.)

WHEREAS, the Portland Audubon Society is selling 23 acres at the northeast ridge top of Balch Canyon outside the City of Portland in unincorporated Multnomah County.

WHEREAS, the Audubon property is surrounded on 2.5 sides by Forest Park and located in the Balch Creek watershed. The property will provide substantial water quality benefits and preserve the high quality of adjacent wildlife habitat areas.

WHEREAS, the Friends of Forest Park have requested Multnomah County and the City of Portland's financial support for the acquisition of the Audubon property.

WHEREAS, the 23 acre is available for \$87,500, the assessed value of the property.

WHEREAS, the Friends of Forest Park have worked out an agreement with the Portland Audubon Society to purchase two of the four parcels now and the remaining property in four years.

WHEREAS, the City of Portland is contributing \$37,500 for the acquisition of parcels I and IV. Friends of Forest Park is contributing \$5,000.

WHEREAS, Friends of Forest Park have requested Multnomah County contribute \$15,000 from the Natural Areas Acquisition and Protection Fund towards the purchase of parcels I and IV.

WHEREAS, in 1990, the Multnomah County Board of Commissioners created the Natural Areas Acquisition and Protection Fund for the purpose of acquiring, protecting, and managing natural areas included in the Natural Areas Plan.

WHEREAS, the Audubon property is located in the Tualatin Mt. Corridor which is an area identified in the Natural Area Plan for acquisition and protection.

WHEREAS, the Friends of Forest Park will complete the acquisition project by acquiring parcels for II and III for \$30,000 in the next four years and will ultimately donate the property to the City of Portland for park purposes.

WHEREAS, the City of Portland will be the owner and manager of the property as part of Forest Park.

THEREFORE, BE IT RESOLVED, the Board of County Commissioners authorizes the transfer of \$15,000 to be paid from the Natural Areas Acquisition and Protection Fund to be paid to the City of Portland for the purchase of 15.38 acres to be added to Forest Park.

THEREFORE, BE IT FURTHER RESOLVED, the Board of County Commissioners requests the City of Portland dedicate the acquired property for park use in perpetuity.



ADOPTED this 21st day of July, 19 94.

By Beverly Stein
Beverly Stein, Chair
MULTNOMAH COUNTY, OREGON

Laurence Kressel
Laurence Kressel, County Counsel
of Multnomah County, Oregon