



**Multnomah County Oregon**

# **Board of Commissioners & Agenda**

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## **BOARD OF COMMISSIONERS**

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**APRIL 17, 2003**

## **BOARD MEETING**

### **FASTLOOK AGENDA ITEMS OF INTEREST**

Pg 2	9:30 a.m. Opportunity for Public Comment on Non-Agenda Matters
Pg 2	9:30 a.m. Briefing on Multnomah County Submittal to Meet Metro Title 7 Affordable Housing Goals
Pg 2	9:45 a.m. Health Department SARS Update
Pg 2	10:00 a.m. Public Affairs Office 2003 Legislative Update
Pg 2	10:15 a.m. Briefing on Office of School and Community Partnerships Implementation Plan to Implement Recommendations Contained in the School Aged Policy Framework Report
Pg 3	Budget Work Session and Hearing Schedule

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Thursday, April 17, 2003 - 9:30 AM  
Multnomah Building, First Floor Commissioners Boardroom 100  
501 SE Hawthorne Boulevard, Portland

## **REGULAR MEETING**

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

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

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

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

- R-1 Briefing on the Multnomah County Submittal to Meet Metro Title 7 Affordable Housing Goals. Presented by Diane Luther and Susan Muir. 15 MINUTES REQUESTED.
- R-2 Update on Multnomah County Health Department Activities to Respond to the SARS (Severe Acute Respiratory Syndrome) Global Health Problem. Presented by Lillian Shirley and Invited Others. 15 MINUTES REQUESTED.
- R-3 2003 Legislative Update. Presented by Gina Mattioda and Stephanie Soden. 15 -30 MINUTES REQUESTED.

### **OFFICE OF SCHOOL AND COMMUNITY PARTNERSHIPS - 10:15 AM**

- R-4 Briefing on Implementation Plan to Implement the Recommendations Contained in the School Aged Policy Framework Report: Findings and Policy Recommendations per Resolution 03-022 Adopted February 6, 2003. Presented by Lorenzo T. Poe, Jr., Dianne Iverson and Peggy Samolinski. 1 HOUR REQUESTED.

# **MULTNOMAH COUNTY 2003-2004 BUDGET WORK SESSIONS AND HEARINGS**

**(Unless otherwise noted, all sessions will be held in the Multnomah Building  
Commissioners Boardroom 100, 501 SE Hawthorne, Portland)**

Cable coverage of the May 6 through June 11 budget work sessions, hearings and Thursday Board meetings are produced through Multnomah Community Television. Call (503) 491-7636, ext. 332 for further info or log onto <http://www.mctv.org> for the program guide/playback schedule. The sessions, hearings and Board meetings are available via media streaming at [http://www.co.multnomah.or.us/cc/live\\_broadcast.shtml](http://www.co.multnomah.or.us/cc/live_broadcast.shtml). Contact Board Clerk Deb Bogstad (503) 988-3277 for further information.

**Thu, May 1  
9:30 - 12:00 p.m.**

**Chair's 2003-2004 Executive Budget Message  
Public Hearing/Consideration of Resolution  
Approving Executive Budget for Submission to  
Tax Supervising and Conservation Commission**

**Tue, May 6  
9:00 - 12:00 p.m.**

Financial Overview  
Central CBAC Chair Presentation  
Public Safety Service Area

**Tue, May 6  
2:00 - 4:00 p.m.**

Individual Department Briefings:  
MCSO  
DCJ  
DA

**Wed, May 7  
9:00 - 12:00 p.m.**

Health and Human Services Service Area

**Wed, May 7  
2:00 - 4:00 p.m.**

Individual Department Briefings  
Health  
Human Services  
OSCP  
CCFC

**Wed, May 7  
6:00 - 8:00 p.m.**

**Public Hearing on the 2003-2004 Multnomah  
County Budget - Multnomah County East  
Building, Sharron Kelley Conference Room, 600  
NE 8th, Gresham**

# **MULTNOMAH COUNTY 2003-2004 BUDGET WORK SESSIONS AND HEARINGS**

**(Unless otherwise noted, all sessions will be held in the Multnomah Building  
Commissioners Boardroom 100, 501 SE Hawthorne, Portland)**

**Thu, May 8  
9:30 - 12:00 p.m.**

**Public Hearing/Consideration of Approval of the  
2003-2004 Dunthorpe Riverdale Sanitary Service  
District No. 1 Proposed Budget for Submittal to  
Tax Supervising and Conservation Commission  
Public Hearing/Consideration of Approval of the  
2003-2004 Mid County Street Lighting Service  
District No. 14 Proposed Budget for Submittal to  
Tax Supervising and Conservation Commission**

**Tue, May 13  
9:00 - 12:00 p.m.**

**General Government Service Area & Dept Briefings  
Non-Departmental  
Library  
BCS**

**Tue, May 13  
2:00 - 4:00 p.m.**

**Individual Department Briefings  
BCS Facilities & Capital  
Shared Services**

**Wed, May 14  
9:00 - 12:00 p.m.**

**General Follow Up**

**Wed, May 14  
2:30 - 4:00 p.m.**

**Health and Human Services Follow Up**

**Wed, May 14  
6:00 - 8:00 p.m.**

**Public Hearing on the 2003-2004 Multnomah  
County Budget - Portland Community College,  
Cascade Campus, Student Center Building  
Cafeteria, 705 N Killingsworth, Portland**

**Tue, May 20  
9:00 - 12:00 p.m.**

**Legislative Update  
General Government Follow Up**

**Tue, May 20  
2:00 - 4:00 p.m.**

**If Needed General Follow Up**

**Wed, May 21  
9:00 - 12:00 p.m.**

**If Needed General Follow Up**

# **MULTNOMAH COUNTY 2003-2004 BUDGET WORK SESSIONS AND HEARINGS**

**(Unless otherwise noted, all sessions will be held in the Multnomah Building  
Commissioners Boardroom 100, 501 SE Hawthorne, Portland)**

**Wed, May 21  
2:00 - 4:00 p.m.**

If Needed General Follow Up

**Wed, May 21  
6:00 - 8:00 p.m.**

**Public Hearing on the 2003-2004 Multnomah  
County Budget - Multnomah Building,  
Commissioners Boardroom 100, 501 SE  
Hawthorne, Portland**

**Tue, May 27  
9:00 - 12:00 p.m.**

School Policy Framework

**Tue, May 27  
2:00 - 4:00 p.m.**

If Needed Budget Work Session

**Wed, May 28  
9:00 - 12:00 p.m.**

Amendments

**Wed, May 28  
2:00 - 4:00 p.m.**

Amendments

**Tue, June 3  
9:00 - 12:00 p.m.**

Amendments

**Tue, June 3  
2:00 - 4:00 p.m.**

Amendments

**Wed, June 4  
1:00 - 4:00 p.m.**

Question Follow Up

**Thu, June 5  
9:30 - 10:15 a.m.**

**Tax Supervising and Conservation Commission  
Public Hearings on the Multnomah County 2002-  
2003 Supplemental Budget; and the 2003-2004  
Budget - Multnomah Building, Commissioners  
Boardroom 100, 501 SE Hawthorne, Portland**

**Tue, June 10  
9:00 - 12:00 p.m.**

Amendments

**Tue, June 10  
2:00 - 4:00 p.m.**

Amendments

# **MULTNOMAH COUNTY 2003-2004 BUDGET WORK SESSIONS AND HEARINGS**

**(Unless otherwise noted, all sessions will be held in the Multnomah Building  
Commissioners Boardroom 100, 501 SE Hawthorne, Portland)**

**Wed, June 11  
9:00 - 12:00 p.m.**

**Amendments**

**Wed, June 11  
2:30 - 4:00 p.m.**

**Amendments**

**Thu, June 12  
9:30 - 12:00 p.m.**

**Public Hearing and Resolution Adopting the 2003-  
2004 Budget for Multnomah County Pursuant to  
ORS 294**

**Public Hearing and Resolution Adopting the 2003-  
2004 Budget for Dunthorpe Riverdale Sanitary  
Service District No. 1**

**Public Hearing and Resolution Adopting the 2003-  
2004 Budget for Mid County Street Lighting**

**Service District No. 14 and Making Appropriations**

**Public Hearing and Resolution Adopting the 2003-  
2004 Mt. Hood Cable Regulatory Commission  
Budget**

# AGENDA PLACEMENT REQUEST

**BUD MOD #:**

## Board Clerk Use Only:

**Meeting Date:** April 17, 2003

**Agenda Item #:** R-1

**Est. Start Time:** 9:30 AM

**Date Submitted:** 04/09/03

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**Requested Date:** April 17, 2003

**Time Requested:** 15 minutes

**Department:** Non-Departmental

**Division:** District 3

**Contact/s:** Commissioner Lisa Naito

**Phone:** (503) 988-5217

**Ext.:** 85217

**I/O Address:** 503/600

**Presenters:** Diane Luther and Susan Muir

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**Agenda Title:** Board Briefing on the Multnomah County submittal to meet Metro Title 7 Affordable Housing goals.

**NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.**

- 
- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

This is a briefing to present the County's submittal to comply with the Title 7 Ordinance relating to the Regional Affordable Housing Strategy and the Metro Growth Management Functional Plan.

- 2. Please provide sufficient background information for the Board and the public to understand this issue.**

In January of 2001 Metro Council adopted an Ordinance modifying the Regional Framework Plan and the Urban Growth Management Functional Plan and implementing the new Regional Affordable Housing Strategy. The Ordinance requires local jurisdictions to report progress in adopting an Affordable Housing Production Goal, adopting comprehensive plan changes, and considering adoption of affordable housing

tools and strategies. Multnomah County submitted a Functional Plan compliance report to Metro in December 2001 and addressed Title 7 within that compliance report. However, we now understand we did not meet the technical reporting requirements under the Ordinance modifying Title 7. Metro has indicated they would like the Board to consider affordable housing, and the attached letter outlines our many efforts and major initiatives to advance affordable and special needs housing. The attached letter is intended to meet the reporting requirements under the Ordinance modifying Title 7.

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

There is no fiscal impact of this reporting mechanism; however several of the programs outlined in the report do have fiscal impacts. Detailed information regarding financial impacts of the programs reported here is available from the Program Manager.

**NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.**

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain:**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**



❖ **How will the county indirect and departmental overhead costs be covered?**

**4. Explain any legal and/or policy issues.**

Metro is requiring that all local jurisdictions submit three reports (January, 2002; January, 2003 and January, 2004) outlining progress in implementing Affordable Housing goals and strategies.

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

Multnomah County has many partnerships in place to advance our affordable or special needs housing goals including with Metro, City of Portland, private businesses and many others and will continue to build partnerships to increase the strength of the program.

**Required Signatures:**

**Department/Agency Director:**



**Date: 04/09/03**

**Budget Analyst**

**By:**

**Date:**



## **MULTNOMAH COUNTY, OREGON**

### **BOARD OF COUNTY COMMISSIONERS**

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**LISA NAITO, DISTRICT 3**  
**LONNIE ROBERTS, DISTRICT 4**

**DIANE LINN, CHAIR**

April 17, 2003

David Bragdon  
Council President  
600 NE Grand Ave.  
Portland, OR 97232

RE: Urban Growth Management Functional Plan Title 7 Reporting Requirements

Dear Mr. Bragdon:

This letter is intended to meet the reporting requirements under the Title 7 Ordinance as required in January 2002 and January 2003. Multnomah County submitted a Functional Plan compliance report to Metro in December 2001 and addressed Title 7 within that compliance report. Multnomah County fully supports and promotes the affordable housing goals of the Growth Management Functional Plan and the Regional Affordable Housing Strategy. Multnomah County has several aggressive programs committed to achieving our goals in this area.

#### Land Use Planning and Affordable Housing Production Goals

Multnomah County's situation in regard to meeting the Metro Title 7 Affordable Housing goals is different from other jurisdictions. This is because the housing goals only apply within the urban growth boundary and Multnomah County has completed the transfer of urban land use planning responsibilities to the cities of Portland and Troutdale for those unincorporated urban areas. This has been done by intergovernmental agreements with the two cities. As part of those agreements, the County has adopted the Comprehensive Plans, zoning map designations, and Zoning Code of each of the cities. Portland and Troutdale administer these plans and codes for their respective urban planning areas outside of their city limits.

As a result, it is actually the plans and codes of the City of Portland and the City of Troutdale that are in place for the unincorporated urban areas. Therefore, as a practical matter, compliance with Title 7 requirements for the unincorporated County areas is the same as the reports submitted by the two cities. For example, in their letter dated July 1, 2002, the City of Portland addressed their affordable housing production goals, comprehensive plan housing policy and their incentive programs. Those programs would apply to our urban unincorporated areas. Title 7 outlines a five-year housing goal of 134 units which reflects the relatively small amount of land area included in the unincorporated urban areas of Multnomah County.

Table 3.07-7, Title 7 Affordable Housing Production Goals for the unincorporated urban areas of Multnomah County has the following breakdown for the years 2001-2006:

<i>Needed new housing units for households earning less than 30% of medium household income</i>	<i>Needed new housing units for households earning 30-50% of medium household income</i>	<i>Total</i>
81	53	134

#### Affordable Housing Programs and Activities

Multnomah County has implemented several initiatives promoting affordable housing, including the following:

#### Affordable Housing Development Program (Tax Foreclosed Property Giveaway)

Created in 1992, this program takes buildable tax foreclosed lots owned by Multnomah County and grants them to nonprofit organizations for purposes of creating affordable housing. The program has transferred 117 properties to nonprofits, totaling more than 400 housing units developed or under development. The AHDP has been a key factor in the revitalization of North and Northeast Portland in particular.

#### County Housing Program

In 2001 Multnomah County developed a new housing program and created a new Housing Director position. The purpose of the program is to coordinate the various County housing efforts and to stimulate the development of affordable housing, particularly special needs housing.

Projects undertaken by the Housing Program include:

- The Strategic Investment Program Community Housing Fund, a small capital fund created when the Strategic Investment Program was implemented for Fujitsu and LSI Logic. The fund is currently being used to support predevelopment activities for special needs housing projects.
- Use of County surplus properties for housing development, including Midland Commons, a 46-unit project for people with mental illnesses to be built on land leased from the County next to the Mid-County Health Clinic.
- Implementation of the City (of Portland)-County Special Needs Pilot Project, where the City has set aside federal funds for special needs projects identified by the County. Midland Commons is the first such project, and others are in pre-development.
- Minority Homeownership – a program of small grants to promote minority homebuying fairs.
- Special Needs Committee – a joint committee appointed by the County Chair and the City Commission to develop new relationships and recommend new strategies to create housing for populations the County serves – people with disabilities, frail elders, and ex-offenders. This Committee plans to submit a report in the next few months and then move to overseeing implementation of strategies.

### Corrections Housing

The County has recently begun actively developing new housing opportunities for the community corrections population. Two examples follow:

#### ***The Medford***

The Department of Community Justice (DCJ) signed a 13-year lease and operational service agreement with Central City Concern to begin July 1, 2002, providing sixty units of housing at the Medford Building to DCJ clients who are currently under community supervision. Clients housed at the Medford Alcohol and Drug Free Community include offenders released from residential drug and alcohol treatment programs as well as indigent, post-prison parolees and probationers in need of housing services to stabilize and reduce escalation of criminal activity.

The lease of the Medford Building provides DCJ the ability to increase the number of transitional beds and alcohol and drug free housing units available to offenders under its supervision. It also provides monetary support for the Danmoore replacement housing, constructed by the Portland Development Commission (PDC) at NW 8<sup>th</sup> and Burnside. The Danmoore replacement building will provide housing for low-income citizens who may be displaced by downtown development efforts. Central City Concern will operate the facility once it is completed.

#### ***Social Security Income Continuum***

In an effort to connect clients to mainstream services and resources, Multnomah County's Department of Community Justice developed, with representatives from federal, state and county agencies, a continuum for re-connecting clients to SSI and Medicaid prior to being released from prison. The continuum will operate as a vehicle to provide a seamless process for re-connecting clients to SSA benefits and Medicaid. The intent of the continuum is to assist eligible offenders in successfully reintegrating into the community and prevent homelessness. The continuum is slated to begin May 1, 2003.

#### ***Community Service Fee Special Needs Housing Fund Post Release Housing Assistance***

In July of 2002 the County set aside \$75,000 annually from Strategic Investment Program funds for the Post Release Housing Assistance Program. It is intended to minimize homelessness by providing low-income mentally ill persons exiting jail and experiencing a loss of their Supplemental Security Income (SSI) or Social Security Disability (SSD) with emergency housing vouchers or rental assistance. Services may be provided for up to 60 days. Funds are intended for use as a last resort after all other avenues for providing housing upon release have been exhausted. Eligible clients may receive up to \$1,200 over a 12-month period.

### Other Housing Programs

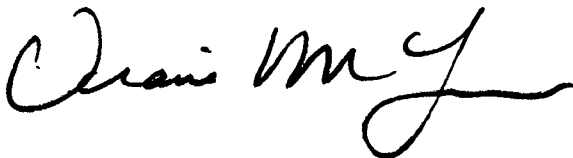
**Library Mixed Use Housing** – Under the leadership of the County Chair, the County's Library system has undertaken two new projects in which libraries have been co-located in housing projects. The projects have been built in Sellwood and Hollywood. The Hollywood Library/Bookmark Apartments include 19 affordable units.

Emergency Rental Assistance – Throughout our systems of serving the County’s most vulnerable citizens, the County has emphasized housing stability by providing emergency funds, using County General Funds as well as State and Federal funds. A variety of funds are used to help homeless disabled singles and families, and those at risk of homelessness, with eviction prevention, rental deposits, etc.

Federal Funds – The County administers small amounts of federal HOME and CDBG funds for use in unincorporated areas. Housing is a high priority for use of CDBG funds. Additionally, the County administers the federal weatherization program that has made energy efficiency repairs for thousands of low-income households.

Multnomah County continues to be a strong supporter of the Urban Growth Management Functional Plan and the regional planning framework. The County recognizes the importance of this compliance work in making this effort successful. We look forward to confirmation that this submittal complies with the requirements in the Ordinance implementing Title 7. Please contact us if you have any questions.

Sincerely,



Diane Linn, Chair  
Multnomah County Board of Commissioners



Lisa Naito  
Multnomah County Commissioner,  
MPAC Representative

cc: Commissioner Maria Rojo de Steffey  
Commissioner Serena Cruz  
Commissioner Lonnie Roberts  
Diane Luther, Housing Director  
Susan Muir, Interim Planning Director



**METRO**

**Local Governments that Submitted Title 7 (Affordable Housing)  
Compliance Report**

Update to MPAC, April 4, 2003

<b>Jurisdiction</b>	<b>2002 First Report  Yes =X</b>	<b>Date Received</b>	<b>2003 Second Report  Yes =X</b>	<b>Date Received</b>
Beaverton	X	Nov 02		
Cornelius				
Durham	X	Jan 03		
Fairview				
Forest Grove			X	Mar 03
Gladstone				
* Gresham	X	Jan 02	X	Jan 03
Happy Valley				
Hillsboro	X	Feb 02		
Johnson City				
King City			X	Jan 03
Lake Oswego				
Maywood Park				
Milwaukie	Requested Extension Jan 03			
Oregon City				
* Portland	X	July 02		
Rivergrove				
Sherwood				
Tigard	X	May 02	X	Feb 03
Troutdale				
Tualatin	X	May 02		
West Linn	X	Feb 03	X	Feb 03
Wilsonville				
* Wood Village	X	Mar 02	X	Jan 03
Clackamas County Uninc.	X	Mar 02		
Multnomah County Uninc.				
Washington County Uninc.	X	Apr 02	X	Jan 03
<b>Total</b>	<b>11</b>		<b>7</b>	

# City of Gresham

## Regional Affordable Housing Implementation

# Two Reports Submitted

- January 2002
  - Reviewed tools that jurisdictions are required to consider
  - Reported progress on other tools and strategies
  - Addressed Production Goal
  - Raised concerns
- January 2003
  - Completed consideration of tools jurisdictions must consider
  - Addressed compliance with three policies
  - Raised additional concerns



# Process Used

- Staff team from Community Revitalization, Development Planning, Transportation Planning and Comprehensive Planning developed draft
- Community Development and Housing Committee review
- Planning Commission review
- Council adoption

# Results: Seven Tools

- Adopted four tools
  - Voluntary inclusionary housing
  - Elderly and persons with disabilities
  - Reductions to local regulatory constraints
  - Parking
- Considered, but did not adopt, three tools
  - Density bonus: not supported by market
  - Transfer of development rights: not supported by market
  - Replacement housing: jobs/housing imbalance

# Results: Regional Affordable Housing Production Goals

- Did NOT adopt proposed 5 year goal
  - 454 units affordable at 0 – 30% MFI
  - 102 units at 30 – 50% MFI
- \$35 million subsidy required
- Other issues
- Referred instead to production goals in Consolidated Plan
  - Achievable, calibrated to available resources, measurable, adopted.
  - Brings together HUD & Metro planning resources

# Gresham's Production Goals

- 30-60 units of new rental housing (likely to be special needs)
- 25 – 45 new lower income, first time homebuyers assisted
- Handicapped accessibility provided to 150 – 200 homes
- 25 – 45 homes received critical home repairs
- 35 – 45 homes connected to sanitary sewer

# Results: Other Voluntary Tools

- Adopted
  - Infill housing
  - Transit oriented tax exemption
  - Housing mix plan
  - Use of federal funds to support affordable housing
  - Regional cooperation
- Adopted, Continued
  - Teacher and Officer Next Door
  - Use of CDBG funds for infrastructure
- Considered but Did NOT Adopt
  - Permit fee subsidies (insufficient general fund resources)

# Results: Three Policies

- Demonstrated how Gresham's Comprehensive Plan policies addresses the three required Affordable Housing Policies
  - Diverse range of housing types
  - Maintain supply and opportunities for dispersed new affordable housing
  - Increase opportunities for households of all income levels to live in affordable housing

# Issues and Concerns

- Communities with large stock of moderately-priced rental housing do not get credit for it.
  - Affordable at 52% MFI (rent =\$591).
  - Same “credit” as housing renting at \$945. (50-80% MFI)
- Does not consider dilemmas faced by communities with jobs/housing imbalance
  - Gresham is 1 to 1.17
  - Average is 1 to 1.7
- Can't achieve goals without major subsidy

**SUMMARY OF PORTLAND RESPONSES  
TO THE REGIONAL AFFORDABLE HOUSING STRATEGY**

Metro Policy Advisory Committee  
April 9, 2003

Following the proposed presentation outline:

- Process
- Challenges
- Successes
- Next Steps

Mike Saba, Senior Planner  
503-823-7838  
[msaba@ci.portland.or.us](mailto:msaba@ci.portland.or.us)



**1) Process used to develop and implement affordable housing tools and strategies, including the city or county expectations (or goals that the jurisdiction intended to accomplish)**

Portland and some of the larger jurisdictions have the funding and organizational and policy capacity to address housing issues and needs on a continual basis. Portland's involvement in low income housing dates at least to 1941 with the establishment of the Housing Authority of Portland (HAP).

**Text of the City of Portland Resolution No. 22081 that created the Housing Authority of Portland:**

The Council finds that there exists in the City of Portland, Oregon, insanitary [sic] and unsafe inhabited dwelling accommodations and that there is a shortage of safe and sanitary dwelling accommodations in said city available to persons of low income at rentals they can afford; no, therefore,

BE IT RESOLVED, that the Council of the City of Portland hereby finds that there is need for a housing authority in said City of Portland, Oregon, as authorized by Chapter 336, Oregon Laws 1941, and the Federal Housing Act of 1937 as amended and such housing authority is hereby created; the Mayor is hereby authorized and directed to appoint five persons as Commissioners of the Housing Authority of Portland, Oregon, as provided by Section 99-2005 O.C.L.A.

Adopted by the Council December 11, 1941.

The major city bureaus charged with housing regulations, policy, and funding are the Bureau of Planning, the Bureau of Housing and Community Development, and the Portland Development Commission. Together these bureaus dedicate over fifty percent of federal CDBG dollars directly to housing activities. Other major funding sources include other federal entitlement and competitive grants, tax increment financing, bonds, tax abatements, development fee and SDC waivers, and general funds. There is also a community infrastructure of over 30 private nonprofit CDCs and community organizations such as the City Club, the Portland Business Alliance, the League of Women Voters, etc. who participate in the community's housing activities.

A Portland housing audit published in June 2002 noted that the city assisted over 11,700 housing units with \$100 million over the period from June 1996 to June 2000. This does not include the housing stock owned or managed by the Housing Authority of Portland (7,100 units and renters assisted plus 2,800 public housing units). The audit found that of these, roughly 760 units received both HAP and city assistance.

The \$100 million of city funding was administered through nine different city bureaus including some unexpected agencies such as the Bureaus of Water, Environmental Services, and Parks. In all, the audit found that during this period 41 percent of all new housing built in the city received some form of city funding assistance.

The audit noted that generally the city was following its adopted housing policies by directing most of its funding to low income households. It noted, however, that it continued to fall slightly

short of its goals for households earning 30 percent or less of the area median income. The city recognizes that its voluntary affordable housing goal of providing 1,791 units to households earning 30 percent of AMI is a formidable challenge but is willing to accept this as an aspirational goal. Although the city believes that its participation in the development of the RAHS indicates acceptance of this goal, we await specific direction on what actions constitute acceptance in the eyes of Metro.

Preceding its active involvement in the Affordable Housing Technical Advisory Committee (HTAC) and following the development of the housing element of the RUGGOs, the city undertook its first complete amendment of its ten year old Comprehensive Plan Housing Goal in 1998. This amended Goal includes all of the directives and most of the suggestions of the RAHS.

The city initiatives undertaken since the adoption of the RAHS include:

- New Zoning Code bonuses in the Central City with the adoption of the West End and South Waterfront Plans,
- A No Net Loss policy and funding strategy for the Central City,
- Housing Implementation Strategies for the South Waterfront and Convention Center urban renewal areas which establish affordable housing goals for TIF funded units,
- Development of the Housing Connection web site,
- A new Homelessness Initiative,
- An increase in the affordable housing goals by PDC for the year 2011,
- Expansion of the Transit Oriented Development tax exemption program in the NW District Plan,
- Introduction of legislation for a low income housing preservation tax exemption program.
- New City Lights bond program,
- Establishment of Homeowners Advisory and Special Needs committees of the Housing and Community Development Commission

## **2) Challenges in carrying out the Regional Strategy**

From Portland's perspective the challenges are many and include:

- Achieving real progress given the varying resources and political will among local jurisdictions.
- Addressing uneven follow through among the jurisdictions with differing interpretations of acceptable performance.
- Avoiding a double standard for jurisdictions that have a history of activity beyond what would otherwise be expected. E.g., By 1998 Portland assisted 60 percent of the region's affordable rental stock while containing only 30 percent of the region population. Should this proportion hold forever?
- Facing a scarcer resource environment. The year's 1996 through 2000 were relatively flush years for housing subsidy programs. E.g., Portland had general fund surpluses that allowed the use of \$30 million of property tax revenue to be dedicated to direct housing assistance. This will not likely happen again in the near future. Public needs such as health care and public safety will compete with housing funding.

- Setting goals for lowest income households which means fewer units given the higher per unit construction and operational costs these units require.

### **3) Successes demonstrated by the RAHS process and local performance**

- The primary success of the RAHS was bringing together everyone around the same table and sharing the costs and benefits of a variety of housing assistance tools.
- The city have been asked to advise other jurisdiction on the use of various tools (tax abatements, urban renewal, fee waivers, etc) and is willing to continue in this role.
- The reporting requirements, in the absence of a re-established HTAC, provides one way of tracking local and Metro performance.

### **4) Next steps envisioned for the RAHS process:**

After the completion of the required local reporting, the city is interested in the analysis of the 2000 Census to document the progress made in increasing each jurisdiction's share of affordable housing by examining both assisted and market produced units. This process would be aided by Metro's direct participation and perhaps an ad hoc reconvening of all or some of the prior HTAC.

**Relevant Exhibits  
(Available on Request)**

Table of Programs, Funding, and Target Populations from 2002 City Housing Audit

Summary of City Wide Property Tax Exemption Programs

Central City No Net Loss—PDC Progress Report

Portland's First Round RAHS Report

Portland Testimony in Support of HB 2379 and HB 2380

Supplement to  
SUMMARY OF PORTLAND RESPONSES  
TO THE REGIONAL AFFORDABLE HOUSING STRATEGY  
Metro Policy Advisory Committee  
April 9, 2003

Mike Saba, Senior Planner  
503-823-7838  
[msaba@ci.portland.or.us](mailto:msaba@ci.portland.or.us)

**Figure 6 City housing programs, financial assistance, and target populations:  
FY 1996-97 to FY 1999-00**

BUREAU (administering bureau)	Programs	Financial assistance (millions)	Home- less	Low-income		Middle- income rentals & owners
				Rentals/ renters	Owners	
<b>PDC</b>	• Housing Development Finance (loans and grants for new construction, refinance or rehab of multi-family housing)	\$64.5	✓	✓	✓	✓
	• Neighborhood Housing Program (loans and grants for single-family home purchases and rehabilitation)	\$13.5		✓	✓	
	• PDC/BHCD Shelter funding (shelters for homeless and transitional people)	\$4.4	✓			
	• Portland Housing Center loans (funds to PHC for homebuyer loan programs)	\$1.8			✓	
	• Sewer-on-site loans (0% interest deferred loan for sanitary sewer hook-up)	\$0.3			✓	
	• Local improvement district (LID) grants (grant for homeowners to pay LID fee)	\$0.1			✓	
<b>BHCD</b>	• Manages contract for federal housing funds distributed to PDC's Housing Department		see PDC programs above			
	• Housing for People with AIDS (HOPWA)	\$2.3		✓		
	• HOME Special Needs Housing	\$1.9		✓		
	• Home repair training program	\$1.4			✓	
	• Homeowner repair programs (3 programs)	\$0.3			✓	
<b>Bureau of Planning</b> (PDC - 5 of 6 programs)	• Property tax exemptions ranging from non-profit housing to owner rehabs (6 programs)	\$5.9		✓	✓	✓
<b>OPDR (PDC)</b>	• Development Fee Waiver	\$1.2	✓	✓	✓	
<b>Office of Transportation (PDC)</b>	• Transportation System Development Charge (SDC) Exemption	\$0.7		✓	✓	
<b>Parks &amp; Recreation (PDC)</b>	• SDC Credit	\$0.5		✓	✓	✓
	• Park SDC Exemption	\$0.2		✓	✓	
<b>Auditor's Office</b>	• Lien waivers on property transfers to community development corporations	\$0.6		✓	✓	
<b>Environmental Services (PDC)</b>	• Sewer SDC Exemption	\$0.3	✓	✓	✓	
<b>Water Bureau (PDC)</b>	• Water SDC Exemption	\$0.1	✓	✓	✓	
<b>TOTAL</b>		<b>\$100 million</b>				

### Summary of City-Wide Property Tax Exemption Programs

	Non-Profit (3.101)	Rental Rehab (3.102)	Owner-Occupied Rehab (3.102)	New SFH Construction (3.102)	Transit Oriented Development (3.103)	New MFH / Central City (3.104)
<b>Program Goal</b>	Promote housing for very low-income renters	Promote rehabilitation of rental housing	Promote rehabilitation of housing in "Homebuyer Opportunity Areas" as designated by the Planning Commission	Promote new single family housing in "Homebuyer Opportunity Areas" as designated by the Planning Commission	Promote residential and mixed use development in transit oriented areas.	Promote new multiple unit housing in the Central City area
<b>Household Incomes Served</b>	Earn less than 60% of Median Area Income	High/moderate/low income	Mostly low and moderate income	Household income no greater than 100% MFI for a household size up to four. Adjusted upward for a household of more than four persons. Applies to subsequent ownership.	All income levels with some affordability component	All income levels
<b>Applicant/ Project Eligibility</b>	Non-profit housing developer certified by IRS as 501(c)(3) or (4) organization	For structures built before 1961, improvements at time of application must be worth more than 10% of assessed value; if built after 1961, improvements must be worth more than 50% of assessed value	For structures built before 1961, improvements at time of application must be worth more than 10% of assessed value; if built after 1961, improvements must be worth more than 50% of assessed value	Houses which meet geographic and value criteria may qualify.	For-profit or non-profit housing developer of 8 or more rental or for-sale multiple dwelling units.	For-profit or non-profit housing developer of 10 or more rental or for-sale multiple dwelling units.
<b>Restrictions</b>	Resident income must be at or below 60% of median area income	Owner signs "Affordability Agreement," keeping 20% of the units affordable to incomes of 60% or less of median area income	Only houses in "Homebuyer Opportunity Areas" are eligible	City Council sets yearly maximum sales or appraisal price, as recommended by the Planning Bureau, for new homes in "Homebuyer Opportunity Areas"	Owner must provide one or more public benefits listed in code. May include rent and sales price limits.	Owner must provide one or more public benefits listed in code. May include rent limits
<b>Geographic limitations</b>	Applicable within City of Portland	Applicable within City of Portland	City neighborhoods designated as "Homebuyer Opportunity Areas"	City neighborhoods designated as "Homebuyer Opportunity Areas"	Areas within 1/4 mile of existing light rail lines and other transit oriented areas shown on maps.	Central City Plan District boundary or any urban renewal or redevelopment area
<b>Project Review &amp; Approval</b>	Planning Bureau (staff only)	Portland Development Commission (staff only)	Portland Development Commission (staff only)	Portland Development Commission (staff only)	Portland Development Commission and City Council	Portland Development Commission, Planning Commission and City Council
<b>Length of Abatement</b>	One year with annual renewals	Maximum ten years with annual review.	Ten years	Maximum ten years. With review of owner occupancy and income if sold.	Up to 10 successive years.	Up to 10 successive years.
<b>Taxable Status</b>	Ineligible (e.g., commercial) land/improvements	Assessed Value before rehabilitation, and any incremental increase allowed under Measure 50	Assessed Value before rehabilitation, and any incremental increase allowed under Measure 50	Land taxed but not improvements. Partial improvement value added if County appraisal exceeds current year maximum value.	Land taxed but not improvements. Nor any improvement not part of the multiple-unit housing except for those improvement(s) deemed a public benefit.	Land but not improvements. Nor any improvement not part of the multiple-unit housing except for those improvement(s) deemed a public benefit.
<b>Application Fee</b>	\$250 new, \$50 renewals	\$300 plus \$5 for every unit over two and \$75 appraisal fee	\$300 plus \$75 appraisal fee	\$300 plus \$75 appraisal fee	\$5,000	\$5,000

Revised 1/13/03

**CENTRAL CITY NO NET LOSS  
PDC Progress Report  
March 2003**

**Background**

In August 2001, City Council adopted a No Net Loss policy for affordable housing in the Central City which states that either through preservation or replacement; the Central City will retain at least the current number of housing units affordable to households at or below 60% AMI. Additionally, City Council directed Portland Development Commission and the Bureau of Housing and Community Development to develop a No Net Loss Funding Plan for the preservation, replacement or new construction of at least 1,200 low-income units in the Central City by 2006.

This initiative impacts the five Central City urban renewal areas, South Park Blocks URA, Downtown Waterfront URA, River District URA, Central Eastside URA, Oregon Convention Center URA, as well as much of the Goose Hollow neighborhood.

**No Net Loss Projects—Meeting Broader Objectives**

PDC has completed a number of projects that support the broader objectives of the No Net Loss policy. While these projects do not count toward the 1,200 unit goal because they were already in progress (i.e. the goal was above and beyond current projects), they do greatly impact the ability of the city to achieve the broader goal. These projects include:

- Disposition of Fountain Place Apartment to Housing Authority of Portland (preservation of 80 affordable units)
- PDC Acquisition of the Jefferson West Apartments (preservation of 80 affordable units)
- PDC Acquisition of Fairfield Apartments (preservation of 82 affordable units)
- Completion of the St. Francis Apartments (132 total units which includes replacement of 106 affordable units)
- Construction of Museum Place South (140 total units which includes replacement of 28 affordable units)

In addition, the financing for the Danmoore is nearing completion. This project replaces 120 from the former Danmoore and contains an additional 60 units.

**No Net Loss Projects—Meeting 1,200 Unit Goal**

The Housing Authority of Portland's purchase of the University Place Apartments was the first project to contribute toward the 1,200 NNL preservation or replacement unit goal. University Place Apartments include 28 total units, of which 20 units are below 60% MFI.

PDC currently has a number of projects that will support the NNL policy. These projects are in various stages ranging from initial due diligence, options to purchase, preparing RFP for new development.

#### New Development Projects:

- Third & Oak Redevelopment—PDC currently owns the property and is preparing a request for proposals for development of approximately 175–200 units of which an estimated 85–100 will satisfy NNL replacement housing objectives. Units within this project may range from 30–150% MFI. [Downtown Waterfront URA]
- 84 NE Weidler/Bee Rental—PDC currently owns the property and is preparing a request for proposals for development of approximately 150–200 units of which approximately 80% of the units would be at or below 60% MFI. The result would be 120–160 NNL replacement housing units. [Oregon Convention Center URA]

If both projects move forward, approximately 295–360 new units would be developed in support of the NNL policy and the 1,200 unit goal.

Additional NNL projects anticipated in the next year include:

- HAP Trio Replacement—HAP is currently negotiating a purchase of a site for the development of 200 mixed-income rental units ranging from 50–100% MFI. A more detailed unit mix has not been established. PDC may negotiate including some 30% or 40% units in the project as part of a commitment of urban renewal funds to the project. [South Park Blocks URA]
- PDC is pursuing the acquisition and site assembly of a quarter-block in the West End for an affordable housing development. It is anticipated the site could accommodate 80–100 units. [South Park Blocks URA]

These projects could provide an additional 150–200 NNL “replacement” housing units.

#### Preservation Projects

The following project has potential preservation of 99 units.

- Jack London/Century Plaza—PDC has executed a Letter of Intent with a developer to purchase and rehabilitate 99 SRO units. These units are currently renting at weekly and daily rates that compute to approximately 60% MFI. It is intended these units would become monthly rentals at 30% MFI resulting in a more stabilized resident population, increased affordability, and improved property management. [Downtown Waterfront URA]

If PDC is able to complete all of the projects listed above, the city will have achieved 545–660 units toward the overall 1,200 units preservation or replaced by 2006.

#### Continued Efforts

PDC continues to seek opportunities to achieve the No Net Loss policy and larger revitalization objectives. Other No Net Loss projects under investigation include:

- Acquisition and preservation of a project with 80 units in the Central Eastside
- Blanchet House special needs housing replacement (30 units)





CITY OF

# PORTLAND, OREGON

COMMISSIONER ERIK STEN

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**Metro Growth Mgmt.**

**JUL - 9 2002**

July 1, 2002

Mike Burton, Executive Officer  
Metro  
600 NE Grand Avenue  
Portland, OR 97232

Dear Mike:

On behalf of the City of Portland, I am pleased to submit the enclosed first year status report on the City's compliance efforts with the adopted Regional Affordable Housing Strategy and the associated elements of the Regional Functional Plan.

Although this first year reporting requirement consists primarily of voluntary activities and the obligation to consider the adoption of certain strategies, I hope you will agree that the City of Portland has taken its affordable housing obligations seriously. This is indicated by the breadth of policy, strategy, and funding commitments the City has made over the years. I trust our brief report illustrates this commitment.

We look forward to continuing the good work you and your staff have initiated in bringing the affordable housing issue to the entire region and we restate our willingness to share ideas with our regional partners in extending broader housing opportunities to all of our citizens.

Sincerely,

Erik Sten, Commissioner  
City of Portland

cc: Mayor Katz and Members of the Portland City Council

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## First Year RAHS Report to Metro

On January 18, 2001, the Metro Council adopted Ordinance No. 00-882C, amending the Regional Framework Plan and Urban Growth Management Functional Plan. The adoption of this Plan initiated a series of reporting requirements by local jurisdictions on their progress in achieving the goals of the Regional Affordable Housing Strategy (RAHS). On January 14, 2002, Metro's Executive Officer, Mike Burton notified area jurisdictions of their first year reporting obligations under Title 7, Affordable Housing, of the Urban Growth Management Functional Plan. The following is the City of Portland's response to the specific directives of the Functional Plan.

### Affordable Housing Goals

#### **3.07.720 Voluntary Affordable Housing Production Goals**

*Each city and county within the Metro region should adopt the Affordable Housing Production Goal indicated in Table 3.07-7 for their city or county as a guide to measure progress toward meeting the affordable housing needs of households with incomes between 0% and 50% median household income in their jurisdiction.*

#### ***City of Portland Response***

The 2001-2006 goal established for Portland is 1,791 new housing units affordable to households earning less than 30 percent of median income and 0 units affordable to households earning 30-50 percent of median income. The City recognizes that these goals were derived from a formula based on a future assignment of income equilibrium among all Metro jurisdictions and wishes to clarify that our housing efforts focus on the full range of low to moderate income housing needs as well as all households who wish to live in the City regardless of income. However, the City intends to document to the best of our ability our performance relative to the Affordable Housing Production Goals and to direct federal and other public housing funds to those with the highest needs as established in the Portland-Gresham-Multnomah County Consolidated Plan.

### Comprehensive Plan Housing Policy

#### **3.07.730 Requirement for Comprehensive Plan and Implementing Ordinance Changes**

- A. Cities and counties within the Metro region shall ensure that their comprehensive plans and implementing ordinances:*
- 1. Include strategies to ensure a diverse range of housing types within their jurisdictional boundaries.*
  - 2. Include in their plans actions and implementation measures designed to maintain the existing supply of affordable housing as well as increase the opportunities for new dispersed affordable housing within their boundaries.*
  - 3. Include plan policies, action, and implementation measures aimed at increasing opportunities for households of all income levels to live within their individual jurisdictions in affordable housing.*

### ***City of Portland Response***

An update of the Housing Goal 4 of the Portland Comprehensive Plan was completed in late 1998. The development of these adopted Policies and associated Objectives was heavily influenced by concurrent discussions of regional housing issues. Although evidence of Plan compliance is not required until the second round of reporting in January 2003, we feel it is important to note that our current Plan meets the requirements of the Functional Plan. In particular, the following Policies, Objectives and Strategies speak specifically to issues of regional concern.

### **Goal 4 Housing**

Enhance Portland's vitality as a community at the center of the region's housing market by providing housing of different types, tenures, density, sizes, costs, and locations that accommodate the needs, preferences, and financial capabilities of current and future households.

**Policy 4.1 Housing Availability, Objective A.** Designate sufficient buildable land for residential development to accommodate Portland's share of regional household growth to reduce the need for urban growth boundary expansions.

**Policy 4.2 Sustainable Housing, Objective A.** Place new residential developments at locations that increase potential ridership on the regional transit system and support the Central City as the region's employment and cultural center.

**Objective B.** Establish development patterns that combine residential with other compatible uses in mixed-use areas such as the Central City, Gateway Regional Center, Station Communities, Town Centers, Main Streets, and Corridors.

**Objective C.** Encourage the development of housing at transit-supportive densities near transit streets, especially where parks or schools are present, to ensure that the benefits of the public's investment in those facilities are available to as many households as possible.

**Policy 4.7 Balanced Communities, Objective A.** Achieve a distribution of household incomes similar to the distribution of household incomes found citywide, in the Central City, Gateway Regional Center, in town centers, and in large redevelopment projects.

**Objective G.** Encourage the development and preservation of housing that serves a range of household income levels at locations near public transit and employment opportunities.

**Objective I.** Expand homeownership opportunities for existing residents in neighborhoods with homeownership rates lower than the regional average.

**Objective J.** Expand multi-dwelling and rental housing opportunities in neighborhoods with homeownership rates higher than the regional average.

**Policy 4.8 Regional Housing Opportunities.** Ensure opportunities for economic and racial integration throughout the region by advocating for the development of a range of housing options affordable to all income levels throughout the region.

**Objective A.** Advocate for the development of a regional “fair share” strategy for meeting the housing needs of low, moderate, and higher-income households and people in protected classes in cities and counties throughout the region.

**Objective B.** Support regulations and incentives that encourage the production and preservation of housing that is affordable at all income levels throughout the region.

**Objective C.** Work with Metro and other jurisdictions to secure greater regional participation in addressing the housing needs of people who are homeless, low-income or members of protected classes.

In addition to this Policy, several existing strategies undertaken by the City were noted in the adopted Housing Goal of the Comprehensive Plan. These include:

1. Provide technical support to Metro’s Affordable Housing Technical Advisory Committee (Bureau of Planning)
2. Participate in development and implementation of new regional strategies. (BOP)
3. Advocate for adoption of regionally consistent regulations and incentives that have been proven effective through local implementation. (BOP)
4. Pursue regional models of permanent affordability and retention/recapture of public subsidy in homeownership programs (Bureau of Housing and Community Development/BOP)
5. Evaluate impacts of proposed regulatory tools such as replacement ordinance, and inclusionary zoning in regional context. (BOP)

**Policy 4.9 Fair Housing, Objective A.** Support programs that increase opportunities for minorities, low-income people, and people in protected classes to gain access to housing throughout the region.

Note that the above policies and objectives directly speak to the regional context. A document containing the full range of policies is enclosed with this response.

#### **Zoning and Other Regulatory Incentives**

##### **3.07.730 Requirement for Comprehensive Plan and Implementing Ordinance Changes**

- A. *Cities and counties within the Metro region shall consider amendment of their comprehensive plans and implementing ordinances with the following affordable housing land use tools and strategies identified below. Compliance with this subsection is achieved when a city or county undertakes and completes its consideration of the plan or ordinance amendment.***
- 1. *Density Bonus (full text for each of these tools and strategies is found in the Metro Regional Functional Plan)***
  - 2. *Replacement Housing***
  - 3. *Inclusionary Housing***
  - 4. *Transfer of Development Rights***

5. *Elderly and People with Disabilities*
6. *Local Regulatory Constraints; Discrepancies in Planning and Zoning Codes; Local Permitting or Approval Process*
7. *Parking*

***City of Portland Response***

Beyond a mere statement of Comprehensive Plan policies, the City of Portland engages fully in regulatory strategies and incentives as well as an array of funding mechanisms to carry out our affordable housing goals. The following list of regulatory incentives have been in place for several years. Most of these incentives address the strategies above and are found in the City's Zoning code (Title 33).

- Accessory Rental Units in Single Family Houses (Chapter 33.205)
- Density Bonuses for Housing for the Elderly and Handicapped (33.229)
- Manufactured Housing in Single Family Zones (33.251)
- Liberalized Substandard Residential Lot Regulations (33.291)
- Alternative Development Options in Single Family Zones (33.110.240)
  - Attached Housing (Two Units in R20 through R5 Zones)
  - Cluster Development and PUDs
  - Duplex Conversion of Existing SFR in R2.5 Zone
  - Duplexes and Rowhouses on Corners in Single Family Zones
  - Higher Density on Transitional Lots
  - Zero Lot Line Development
- Amenity Bonuses in R3, R2, and R1 Zones (33.120.265)
  - Outdoor Recreation Facilities      Crime Prevention
  - Children's Play Areas              Energy-Efficiency
  - Three Bedroom Units              Solar Water Heating
  - Storage Areas                      Larger Outdoor Areas
  - Sound Insulation
- Minimum Density Requirements in Multi-Family Zones (33.120.205)
- SRO Housing as Permitted Structure Type in R1, RH, and RX Zones (33.120.200)
- Minimum Density Requirements in Single Family Land Divisions (Title 34)
- Mixed-Use Opportunities in Several Zones (Esp. the CM zone) with Additional FAR for Residential Component (33.130.250)
- Required Residential Development Areas in the Central City (33.510.230)
- The R2.5 Attached Single Family Housing (Rowhouse) Zone (33.110)
- Metropolitan Housing Rule for Minimum Densities and SF/MF Split (OAR)
- Income-to-Rent Ratio Policy (PDC)

Strategies addressing housing preservation include:

- No Net Loss Housing Policy for Comprehensive Plan Amendments (33.810.050)
- Transfer of Development Rights for Existing SROs in Central City (33.510.200 F)
- Residential Demolition Delay (24.55.700)
- FAR bonuses, broader TDRs, Affordable Housing Fund in the Central City (33.510 adopted with the West End Plan)

- No Net Loss Housing Strategy for the Central City (funding and regulatory strategy adopted during West End Plan consideration)
- Housing Preservation Program (Chapter 30.01 Affordable Housing Preservation)
- Sixty year affordability goal for housing assistance provided by local discretionary funding (Consolidated Plan Principle III)

In addition to the above tools in place, the City has considered and adopted several strategies such as:

*Replacement Housing:* The City's current policy for replacement of housing lost through Plan Map amendments addresses lost housing potential when a residential to nonresidential amendment is requested. This has in effect decreased the demand for such amendments and has helped to preserve housing units that would have been lost through such quasi-judicial requests. Otherwise, replacement housing tools consists primarily of funding incentives.

*Inclusionary Housing:* The City implements a voluntary inclusionary housing strategy that is consistent with State law by requiring established percentages of low and moderate income housing through programs such as the River District Housing Implementation Strategy, the Hoyt Street Development Agreement, and several Urban Renewal Housing Implementation Strategies associated with the Downtown, Lloyd District, and North Interstate Urban Renewal Districts. Components of these Strategies include rental and sales prices as well as density and unit size in the River District.

*Residential Parking Regulations:* The City's required parking ratios do not exceed one space per housing unit and are very flexible for projects within the Central City and in transit oriented areas.

*Review of Regulatory Impacts:* The City periodically reviews its land use regulations for consistency and currency through the Code Maintenance Program. In addition, the City has increased the efficiency of its permit review process by co-locating all development review functions in a central location and has implemented TRACS, an inclusive permit and land use review software system. In recent weeks, the City Council has renewed its commitment to identifying further efficiencies in the permitting processes.

### **3.07.760 Recommendations to Implement Other Affordable Housing Strategies**

***A. Local jurisdictions are encouraged to consider implementation of the following affordable housing land use tools to increase the inventory of affordable housing throughout the region. Additional information on these strategies and other land use strategies that could be considered by local jurisdictions are described in Chapter Four of the Regional Affordable Housing Strategy and its Appendixes.***

#### ***1. Replacement Housing***

***Consider policies to prevent the loss of affordable housing through demolition in urban renewal areas by implementing a replacement housing ordinance specific to urban renewal zones***

## **2. Inclusionary Housing**

*When creating urban renewal districts that include housing, include voluntary inclusionary housing requirement where appropriate*

- A. Local jurisdictions are encouraged to analyze, adopt and apply locally-appropriate non-land use tools, including fee waivers or funding incentives as a means to make progress toward the Affordable Housing Production goal. Non-land use tools and strategies that could be considered by local jurisdictions are described in Chapter Four of the Regional Affordable Housing Strategy and its Appendixes. Cities and Counties are also encouraged to report on the analysis, adoption and application of non-land use tools at the same intervals that they are reporting on land-use tools (in section 3.07.740)**
- B. Local jurisdictions are also encouraged to continue their efforts to promote housing affordable to other households with incomes 50% to 80% and 80% to 120% of the regional median household income.**
- C. Local jurisdictions are encouraged to consider joint coordination or action to meet their combined affordable housing production goals.**

### ***City of Portland Response***

For evidence of compliance with Section A, above, please see the prior discussion of Replacement Housing and Inclusionary Housing in this report.

The City implements a program of development fee and systems development charge (SDC) waivers for both for profit and nonprofit developers of affordable rental and owner housing. These waivers are backed by an allocation of the General Fund-supported Housing Investment Fund and are administered on a first-come basis.

As noted above, the City promotes at least 60 years of continued affordability for units assisted with public funds.

The City administers several programs offering limited property tax exemption for new renter and owner-occupied housing construction in the Central City, Urban Renewal, and Transit Oriented Areas; new single family housing in Distressed Areas (to be renamed Homebuyer Opportunity Areas); renter and owner-occupied housing rehabilitation; and low-income rental housing owned or managed by nonprofit community development corporations.

The City continues to assist local nonprofit development corporations in accessing tax foreclosed properties offered by Multnomah County. A limited amount of land banking is conducted in urban renewal areas targeted for housing development. The Portland Community Land Trust was developed with the support of the City's Bureau of Housing and Community Development. Off site improvements funded by the City have been essential for the successful development of areas such as the River District and, in the future, the North Macadam Area.

Other non-land use strategies recently undertaken by the City include the following:

- Staffing and funding support for the web based Housing Connections site that will provide a single regional information source of low-income housing and service availability
- Funding support for the Portland Housing Center
- Funding support for African-American, Latino, and Asian-American Homebuyer Fairs

- Policy and funding assistance for the HOPE VI project undertaken by the Housing Authority of Portland
- Extensive use of annual Community Development Block Grant funds for direct and indirect housing activities
- Leadership for the HOME consortium and the Housing for Persons with AIDS consortium
- Ongoing coordination with Multnomah County jurisdictions in the development of the countywide Consolidated Plan and staff support for the Housing and Community Development Commission
- Continued support for the creation of a Regional Housing Trust Fund

Strategies considered but not adopted by the City include:

*Commercial Linkage Fee for Affordable Housing.* This strategy which would impose a fee per square foot of commercial or other nonresidential development in the Central City for a dedicated housing fund was considered as part of the Central City No Net Loss Housing Policy. It was determined that the funds generated by this strategy would not be sufficient to overcome legal and political barriers.

*Condominium Conversion Restrictions.* The City currently requires relocation assistance for low-income tenants of properties converted to condominiums. Further regulations were also considered as part of the Central City No Net Loss Policy. It was decided to forego further action since most condominium conversion activity occurs outside the boundaries of the Central City and such conversions provide additional homebuying opportunities in inner-city neighborhoods.

#### **Portland's Financial Contribution to Housing Affordability**

The Office of the City Auditor has documented the direct financial assistance the City has provided for housing development, rehabilitation, and preservation during the four year period from FY 1996-97 to FY 1999-00. In total, the Auditor has determined that \$100 million of City resources have assisted over 11,700 housing units. The unit count represents an unduplicated number in which many units had received funding assistance from more than one source. The report concludes that "City housing programs supported in some way about 41 percent of all new housing units constructed [in the city during this four year period]." The following table shows the bureau and program source of this funding.



**City Housing Programs and Financial Assistance: FY 1996-97 to FY 1999-00\***

<b>Bureau</b>	<b>Programs</b>	<b>Financial Assistance (millions)</b>
<b>Portland Development Commission</b>	<ul style="list-style-type: none"> <li>Housing Development Finance (loans and grants for new construction, refinance or rehab of multi-family housing)</li> </ul>	\$64.5
	<ul style="list-style-type: none"> <li>Neighborhood Housing Program (loans and grants for single-family home purchases and rehabilitation)</li> </ul>	\$13.6
	<ul style="list-style-type: none"> <li>PDC/BHCD Shelter Funding (shelters for homeless and transitional housing)</li> </ul>	\$4.4
	<ul style="list-style-type: none"> <li>Portland Housing Center Loans (funds to PHC for homebuyer loan programs)</li> </ul>	\$1.8
	<ul style="list-style-type: none"> <li>Sewer-on-Site Loans (0% interest loans for sanitary sewer hood-up)</li> </ul>	\$0.3
	<ul style="list-style-type: none"> <li>Local Improvement District (LID) Grants (grants for homeowners to pay LID fees)</li> </ul>	\$0.1
<b>Bureau of Housing and Community Development</b>	<ul style="list-style-type: none"> <li>Manages contracts for, and distributes to PDC, federal housing grant funds</li> </ul>	See PDC Programs Above
	<ul style="list-style-type: none"> <li>Housing for People with AIDS (HOPWA)</li> </ul>	\$2.3
	<ul style="list-style-type: none"> <li>HOME Special Needs Housing</li> </ul>	\$1.9
	<ul style="list-style-type: none"> <li>Home Repair Training Program</li> </ul>	\$1.4
	<ul style="list-style-type: none"> <li>Homeowner Repair Programs (3 programs)</li> </ul>	\$0.3
<b>Bureau of Planning</b>	<ul style="list-style-type: none"> <li>Property Tax Exemptions (6 programs)</li> </ul>	\$5.9
<b>Office of Planning and Development Review</b>	<ul style="list-style-type: none"> <li>Development Fee Waivers</li> </ul>	\$1.2
<b>Office of Transportation</b>	<ul style="list-style-type: none"> <li>Transportation System Development Charge (SDC) Exemption</li> </ul>	\$0.7
<b>Parks and Recreation</b>	<ul style="list-style-type: none"> <li>SDC Credit</li> </ul>	\$0.5
	<ul style="list-style-type: none"> <li>Parks SDC Exemption</li> </ul>	\$0.2
<b>Auditor's Office</b>	<ul style="list-style-type: none"> <li>Lien Waivers (on property transfers to community development corporations)</li> </ul>	\$0.6
<b>Environmental Services</b>	<ul style="list-style-type: none"> <li>Sewer SDC Exemption</li> </ul>	\$0.3
<b>TOTAL</b>		\$100 Million

\*Adapted from Figure 6, *A Review of the Efforts and Accomplishments of City Housing Programs: 1996-2000*, May 2002 Working Draft, Office of the City Auditor, Portland, Oregon

Please call Mike Saba at 503-823-7838 or Rich Rodgers at 503-823-3607 for questions or comments.



# CITY OF PORTLAND, OREGON BUREAU OF PLANNING

VERA KATZ, MAYOR  
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## TESTIMONY

### HOUSE COMMITTEE ON REVENUE

BY

CITY OF PORTLAND  
BUREAU OF PLANNING

FEBRUARY 17, 2003

### HB 2379

Chair Shetterly and members of the Committee. Thank you for the opportunity to appear before you today regarding HB 2379. I am Mike Saba, Senior Planner for the City of Portland Planning Bureau. I would like to speak before your Committee in support of this bill.

HB 2379 amends portions of the statute allowing localities to adopt a property tax incentive for the construction and purchase of single unit housing in designated areas of the city (called "distressed areas" in the statute). The incentive is a ten year abatement of the taxes that would be collected on the improvement value of a newly constructed housing unit. This benefit goes directly to a buyer of the house who continues to pay taxes on the land value.

Specifically, HB 2379 does three things: 1) It extends the sunset date of a very useful housing assistance program to the year 2014. 2) It clarifies the intent to allow condominiums as a permitted housing type under this program. And 3) it removes the penalties against condominiums in this statute as well as in ORS 307.600 (the program for multiple unit property tax exemption).

The program to grant property tax incentives for the construction of homes in distressed areas stems from the City's efforts to promote infill development on vacant or abandoned properties in several of our neighborhoods. The enabling statute was passed during the 1989 Legislative

Session. This program, in conjunction with other public assistance and a strong housing market, has during the last decade transformed economically distressed and crime ridden neighborhoods into attractive and healthy communities. The neighborhoods which have benefited from this program stretch from inner North and Northeast Portland to Outer Southeast neighborhoods.

As a result of this program, adopted by Portland in 1991, nearly 1,800 houses have been built by for profit and nonprofit developers and 1,800 households have been able to purchase homes in our revitalizing city neighborhoods. The program establishes a price cap (currently \$160,500) on an eligible house, making this incentive particularly attractive to low and moderate income home buyers. In addition, recent amendments to our local program now impose a maximum income limit on potential home buyers (100 percent of the HUD Annual Area Median Income; currently \$57,200) and require that they live in the house to continue to enjoy the tax exemption.

During the tax year 2001-2002, the cost to the City and taxing jurisdictions in Multnomah County amounted to \$1,996,662 in foregone property tax revenue. At an average subsidy of \$1,100 per unit, this program has become a popular and cost effective means of assisting not only in neighborhood revitalization but also in leveraging greater homebuying opportunities for those families of modest means wanting to buy a house in Portland.

In conclusion, we urge your support of this bill. Our continued use of this tool will support low and moderate income homebuyers in the market for single family or condominium housing to realize their dreams and contribute to our investment in established city neighborhoods.



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## TESTIMONY

### HOUSE COMMITTEE ON REVENUE

BY

CITY OF PORTLAND  
BUREAU OF PLANNING

FEBRUARY 17, 2003

### HB 2380

Chair Shetterly and members of the Committee. Thank you for the opportunity to appear before you today regarding HB 2380, which would amend an existing property tax exemption statute to assist local communities to preserve privately owned, non-subsidized low-income housing.

For the record, I am Mike Saba, a Senior Planner with the City of Portland Planning Bureau, and am here today to explain the purpose of this bill as well as express the City's support for its passage for the following reasons.

HB 2380 would amend an existing State Statute (ORS 307.600-.691) which now allows local communities to adopt a limited property tax exemption program to promote new multiple unit dwellings in core areas, such as Portland's Central City or Gresham's Civic Center Neighborhood, or in transit supportive areas as designated by the local government.

The City of Portland has used this program with a great deal of success for over twenty five years. The use of limited tax exemptions for housing development has proved to be an efficient and cost effective means of providing a limited subsidy that has, more often than not, helped make a pioneering housing project economically feasible. The evidence of the program's success is the currently active residential life in Portland's downtown that is the envy of many cities throughout the country. We are also seeing the results of this program in areas near transit centers outside the downtown area since amendments to this legislation were passed during the 1995 Session.

AN EQUAL OPPORTUNITY EMPLOYER  
CITY GOVERNMENT INFORMATION TDD (FOR HEARING AND SPEECH IMPAIRED): (503) 823-6868  
[www.ci.portland.or.us](http://www.ci.portland.or.us)

**The bill under consideration today would expand the purpose of the Statute to allow local communities to use the tax exemption incentive as a means to encourage the owners of non-subsidized low-income housing to preserve affordability by entering into a low income housing assistance contract with a federal, state, or local government agency. As currently defined in ORS 307.605 (3), a "low income housing assistance contract" means an agreement between a public agency and a property owner that results in the production, rehabilitation or preservation of housing affordable to those with a defined level of household income."**

As you probably know, housing in Portland and other parts of the state have seen price increases during most of the 1990s. These price increases have occurred at all levels of housing, but especially affect privately owned non-subsidized housing that has historically been the most affordable for lower income citizens.

In many cases, this housing is among the oldest in a community and often requires repair or maintenance to extend its useful life. The opportunity for a local community to offer a tax exemption as an inducement for the owners to enter into a low income housing assistance contract may offer a means to keep this housing stock affordable and in a safe and decent condition.

By supporting this bill, we are under no illusion that it offers a panacea for the preservation and maintenance of existing low income housing. But we do feel that the opportunity to use limited property tax exemption will, in a few specific circumstances, provide a inducement to keep this housing affordable and adequately maintained over a longer period of time.

We also wish to stress that the following fundamental elements of the statute *are not affected* by this bill: 1) the emphasis on local option; 2) the requirements for local program adoption which include the need for findings, public hearings, and clear approval criteria; and 3) statutory

provisions that apply to the existing activities allowed under the statute. HB 2380 simply builds on the utility of this property tax incentive by furthering its purpose to promote low-income housing preservation in ways that are consistent with local policy and fiscal capacity.

We urge that you pass HB 2380 for consideration by the Legislative Assembly. Thank you for your consideration. I am available for any questions you have about this proposal.

# AGENDA PLACEMENT REQUEST

**BUD MOD #:**

## Board Clerk Use Only:

**Meeting Date:** April 17, 2003

**Agenda Item #:** R-2

**Est. Start Time:** 9:45 AM

**Date Submitted:** 04/08/03

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**Requested Date:** April 17, 2003

**Time Requested:** 15 minutes

**Department:** Non-Departmental

**Division:** District 3

**Contact/s:** Terri Naito or Lillian Shirley

**Phone:** 503 988-5217

**Ext.:** TN: 84105 or LS: 22686

**I/O Address:** 503/6

**Presenters:** Lillian Shirley, Health Department Director; and invited others.

---

**Agenda Title:** BRIEFING: SARS (Severe Acute Respiratory Syndrome) and the Health Department's activities to respond to this global health problem.

**NOTE:** If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.

- 
1. **What action are you requesting from the Board? What is the department/agency recommendation?** None. Briefing only.
  2. **Please provide sufficient background information for the Board and the public to understand this issue.** The U.S. Centers for Disease Prevention and Control has alerted Multnomah County's health authorities to increasing numbers of an atypical pneumonia, dubbed SARS. SARS is a severe and apparently new illness featuring fever and respiratory symptoms. Since receiving the initial alert from the CDC, Multnomah County's Health Department has been working closely with their partners to protect the community.
  3. **Explain the fiscal impact (current year and ongoing).** None.

**NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.**

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain:**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

**4. Explain any legal and/or policy issues.      None.**

**5. Explain any citizen and/or other government participation that has or will take place.** The Health Department is working with PDX Airport officials to identify and investigate any suspected cases arriving through the airport or other Port of Portland facilities; and the Health Department has sent SARS alerts to all metro-area ambulance providers, fire departments, and hospital emergency departments.

**Required Signatures:**

**Department/Agency Director:**



**Date:** April 8, 2003



## SARS UPDATE FOR THE BOARD OF COUNTY COMMISSIONERS

### INTRODUCTION

#### *Purposes*

- 1) Update you about SARS (Severe Acute Respiratory Syndrome) situation
- 2) Inform you re: the Health Department's response to this global health problem. Dealing with new diseases like SARS is an extension of our normal day-to-day disease prevention and control activities.

#### *Perspective*

- Important to maintain perspective
- Millions of respiratory illnesses are caused by hundreds of different respiratory viruses each year
- 3,293 probable SARS cases with 159 deaths reported *worldwide* since the World Health Organization began tracking cases in November 2002
- While any deaths from SARS are tragic, also important to remember:
  - Many other infectious diseases cause more death and suffering
  - *In the US alone*, 20,000 people a year die from influenza, 14,000 from AIDS, 5,000 from hepatitis, and 750 from TB
- So SARS is something we need to be prepared for, but not something to panic about.

### BACKGROUND – SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

- SARS is a severe and apparently new illness
- Unique coronavirus confirmed as cause of SARS. This virus will be called "SARS virus"
- Features fever and respiratory symptoms (e.g. cough, difficulty breathing, or abnormal chest x-ray)
- SARS is fatal in ~4% of reported cases.
- Occurs most commonly in:
  - People living in parts of Asia (especially People's Republic of China, Hong Kong, Singapore, Vietnam)
  - People exposed to another person with SARS
    - Through travel to a high-risk area, **OR**
    - Through close contact with another person with SARS
- As of April 16, 2003:
  - Worldwide: 3,293 *probable* cases and 159 deaths
  - United States: 193 *suspect* cases and *no* deaths.

NOTE: Majority of these *suspect* cases in US will **not** turn out to be SARS

This is because people are initially labeled as having SARS because of recent travel, but actually are sick from another cause

- Affected areas with local disease spread: China (Guangdong, Shanxi, Beijing), Hong Kong, Singapore, Viet Nam, and Canada (Toronto)

Please share with your constituents as needed.

- Canadian transmission limited to specific settings – households, hospitals, and specific community settings – *not* general community spread
- Low-level transmission in US, UK, Taiwan – details of transmission in US unclear at this time

## **LOCAL SITUATION AND ACTIONS**

- Success in controlling SARS or any other disease depends on:
  - Integrated approach
  - Enhancing what is already working on a day-to day basis

NOTE:  
We know people and institutions do best in handling new situations when they can use approaches like the ones they use every day  
MCHD's approach is to help our community adapt normal day-to-day approaches so that they also work for SARS
- Important Tools
  - Surveillance – i.e., case finding and investigation
  - Isolation and treatment
  - Informing the impacted individuals, institutions, and the general public

### **Reported Cases**

- As of April 16, MCHD has received two reports of suspected SARS in Multnomah County residents.
- Our investigation suggests that at least one will probably turn out not to be SARS

### **MCHD Actions**

#### **Surveillance**

- Normally, we are on the lookout for reportable diseases
- Additional for SARS:
  - Educating staff and creating protocols for health providers – hospitals, physicians Emergency Departments, public and private EMS providers – to recognize and report ASAP suspected SARS cases
  - Creating enhanced protocols and educating staff at PDX International Airport to
    - Recognize and report suspected SARS cases to MCHD ASAP
    - Seek consultation with MCHD for any unusual health situations involving the airport
    - Weaving MCHD response into relevant state and federal (FAA and USPHS) response systems

#### **Isolation and Treatment**

- Normally, individual and institutional health care providers have general protocols for preventing spread of illness in health care settings
- Additional for SARS:

Please share with your constituents as needed.

- Working with state health and health care providers create and implement specific infection control protocols needed to safely care for SARS patients – includes EMS and PDX International Airport medical system
- Ensuring that patient referral pathways are in place so that SARS patients are treated in places that can care for them safely (integrated effort involving hospitals, MD offices, EMS, MCHD)

### Community Information

- Informing and educating individuals and institutions is a part of the steps above
- In addition, we are:
  - Partnering with state health around mass media approaches to informing the general public
  - Directly handling individual calls from the general public
  - Working with community-base organizations to reach populations that have special concerns
  - Example:
    - Will hold forums with Asian Health and Services Center to inform members of the local Chinese Community
    - This community has members
      - 1) Who travel to China and need to know about the situation and appropriate precautions
      - 2) Who have family and social contact with people who have recently come from high-risk areas, and need to know how to recognize SARS and seek appropriate care and public health support
- MESD

### CONCLUSIONS

- SARS is a new and concerning disease, but fortunately one that is rare in our community
- The key to managing SARS successfully is preparedness
- Through our usual CD prevention and control activities, and through the lessons we've learned through our BT efforts, MCHD is well-prepared to meet this challenge

### QUESTION AND ANSWERS

Please share with your constituents as needed.

ORIGINAL ARTICLE

## Identification of Severe Acute Respiratory Syndrome in Canada

Susan M. Poutanen, M.D., M.P.H., Donald E. Low, M.D., Bonnie Henry, M.D., Sandy Finkelstein, M.D., David Rose, M.D., Karen Green, R.N., Raymond Tellier, M.D., Ryan Draker, B.Sc., Dena Adachi, M.Sc., Melissa Ayers, B.Sc., Adrienne K. Chan, M.D., Danuta M. Skowronski, M.D., M.H.Sc., Irving Salit, M.D., Andrew E. Simor, M.D., Arthur S. Slutsky, M.D., Patrick W. Doyle, M.D., Mel Krajden, M.D., Martin Petric, M.D., Robert C. Brunham, M.D., M.H.Sc., and Allison J. McGeer, M.D., for the National Medical Laboratory, Canada, and the Canadian SARS Study Team\*

### ABSTRACT

#### BACKGROUND

Severe acute respiratory syndrome (SARS) is a condition of unknown cause that has recently been recognized in patients in Asia, North America, and Europe. This report summarizes the initial epidemiologic findings, clinical description, and diagnostic findings that followed the identification of SARS in Canada.

#### METHODS

SARS was first identified in Canada in early March 2003. We collected epidemiologic, clinical, and diagnostic data from each of the first 10 cases prospectively as they were identified. Specimens from all cases were sent to local, provincial, national, and international laboratories for studies to identify an etiologic agent.

#### RESULTS

The patients ranged from 24 to 78 years old; 60 percent were men. Transmission occurred only after close contact. The most common presenting symptoms were fever (in 100 percent of cases) and malaise (in 70 percent), followed by nonproductive cough (in 100 percent) and dyspnea (in 80 percent) associated with infiltrates on chest radiography (in 100 percent). Lymphopenia (in 89 percent of those for whom data were available), elevated lactate dehydrogenase levels (in 80 percent), elevated aspartate aminotransferase levels (in 78 percent), and elevated creatinine kinase levels (in 56 percent) were common. Empirical therapy most commonly included antibiotics, oseltamivir, and intravenous ribavirin. Mechanical ventilation was required in five patients. Three patients died, and five have had clinical improvement. The results of laboratory investigations were negative or not clinically significant except for the amplification of human metapneumovirus from respiratory specimens from five of six patients and from one asymptomatic contact of a patient with SARS. A novel coronavirus was isolated and amplified from respiratory specimens from five of six patients. In four cases both pathogens were isolated.

#### CONCLUSIONS

SARS is a condition associated with substantial morbidity and mortality. It appears to be of viral origin, with patterns suggesting droplet or contact transmission. The role of human metapneumovirus, a novel coronavirus, or both requires further investigation.

From the Toronto Medical Laboratories and Mount Sinai Hospital Department of Microbiology, Toronto (S.M.P., D.E.L., K.G., A.J.M.); the Department of Laboratory Medicine and Pathobiology (S.M.P., D.E.L., R.T., A.E.S., A.J.M.), Department of Medicine Division of Infectious Diseases (D.E.L., A.K.C., I.S., A.E.S., A.J.M.), and Department of Medicine and Interdepartmental Division of Critical Care (A.S.S.), University of Toronto, Toronto; the City of Toronto Public Health Department (B.H.); Scarborough Hospital, Toronto (S.F., D.R.); the Hospital for Sick Children, Toronto (R.T., R.D., D.A., M.A.); University Health Network, Toronto (I.S.); Sunnybrook and Women's College Health Sciences Centre, Toronto (A.E.S.); St. Michael's Hospital, Toronto (A.S.S.); Epidemiology Services (D.M.S.) and Laboratory Services (M.K., M.P.), British Columbia Centre for Disease Control, Vancouver; the Department of Pathology and Laboratory Medicine, Vancouver Hospital and Health Sciences Centre and University of British Columbia, Vancouver (P.W.D.); and the University of British Columbia Centre for Disease Control, Vancouver (R.C.B.) — all in Canada. Address reprint request to Dr. McGeer at the Toronto Medical Laboratories and Mount Sinai Hospital, Department of Microbiology, 600 University Ave., Rm. 1460, Toronto, ON M5G 1X5, Canada.

\*Members of the National Medical Library, Canada, and Canadian SARS (Severe Acute Respiratory Syndrome) Study Team groups are listed in the Appendix.

This article was published at [www.nejm.org](http://www.nejm.org) on March 31, 2003.

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**S**EVERE ACUTE RESPIRATORY SYNDROME (SARS) is a condition of unknown cause that has recently been recognized in patients in Asia, North America, and Europe. As defined by the World Health Organization (WHO), a suspected case is disease in a person with a documented fever (temperature,  $>38^{\circ}\text{C}$ ), lower respiratory tract symptoms, and contact with a person believed to have had SARS or a history of travel to a geographic area where there has been documented transmission of the illness. A suspected case that involves chest radiographic findings of pneumonia, acute respiratory distress syndrome, or an unexplained respiratory illness resulting in death with autopsy results demonstrating the pathology of acute respiratory distress syndrome without an identifiable cause is considered a probable case.<sup>1</sup>

This report summarizes the initial epidemiologic findings, clinical description, and diagnostic findings that followed the identification of SARS in Canada.

## METHODS AND RESULTS

### DESCRIPTION OF THE OUTBREAK

#### Toronto

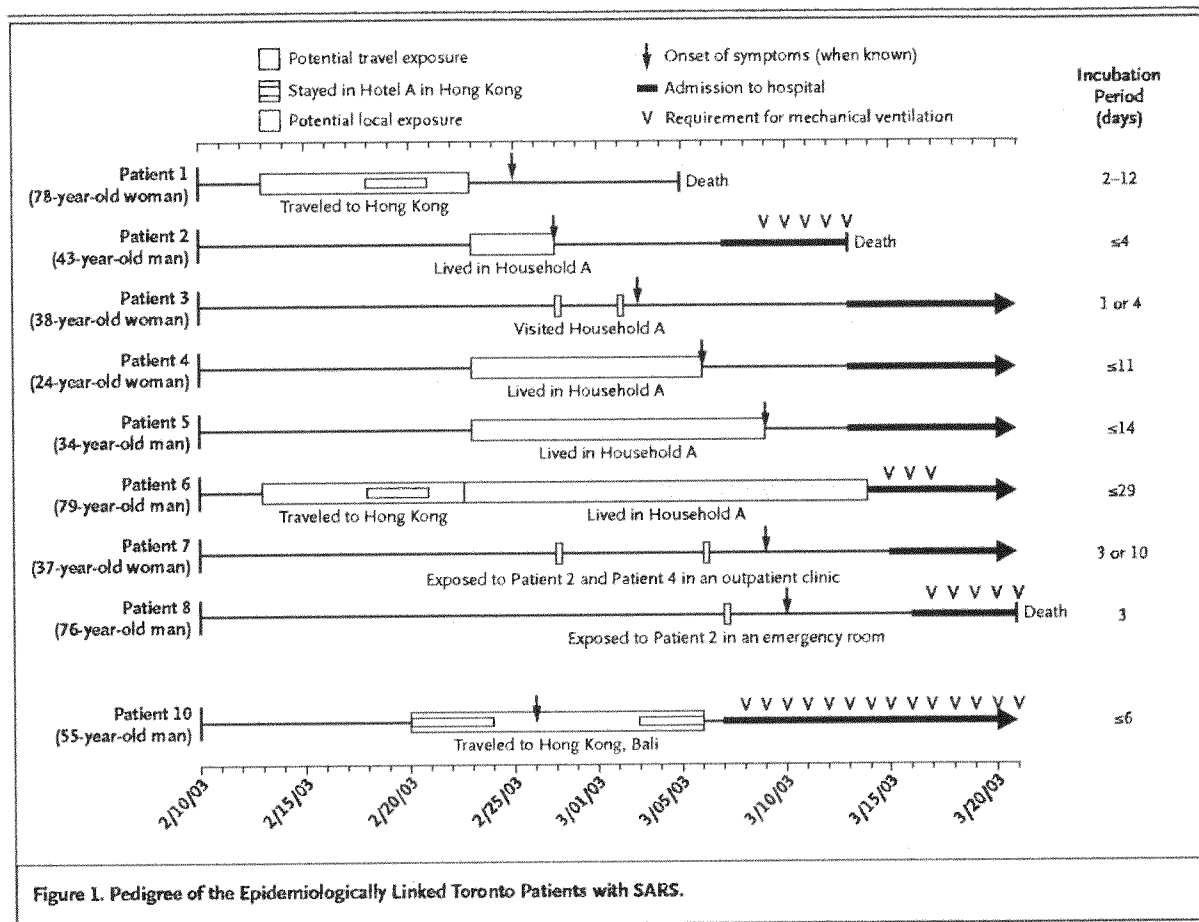
The first cases in Toronto were linked to members of a multigenerational family of Hong Kong descent who live in Toronto (Fig. 1 and 2). The Toronto index case (Patient 1) and her husband traveled to Hong Kong to visit relatives from February 13 through February 23, 2003. While in Hong Kong visiting their son, Patient 1 and her husband stayed at Hotel A from February 18 through February 21. Another hotel guest, who eventually was identified as the source patient for SARS in Hong Kong, also stayed on the same floor at Hotel A.<sup>2</sup> Patient 1 and her husband stayed in the hotel only at night, spending the days visiting their son. They returned to their apartment in Toronto, which they shared with two sons, a daughter-in-law, and a five-month-old grandson (Household A), on February 23, 2003.

Patient 1, a 78-year-old woman with a history of type 2 diabetes and coronary heart disease, had fever, anorexia, myalgias, a sore throat, and mild nonproductive cough two days after returning home. Three days later, her family physician noted pharyngeal erythema but no other abnormalities on physical examination. An oral antibiotic was prescribed, and she was sent home. Two days later,

she noted the development of increasing cough with dyspnea. She died three days later, on March 5, at home, nine days after the onset of her illness. An autopsy was not performed.

The index patient's 43-year-old son (Patient 2), who had an underlying history of type 2 diabetes and hypertension, had fever and diaphoresis on February 27, two days after his mother first noted symptoms. Within approximately five days he became afebrile, but concurrently, a nonproductive cough, chest pain, and dyspnea developed. A chest radiograph revealed moderate air-space disease in the right middle and lower lobes, for which he received antibiotics. Because of persistent symptoms, he was assessed at a hospital and noted to have a fever (temperature,  $39.8^{\circ}\text{C}$ ) and an oxygen saturation of 82 percent while breathing room air. A chest radiograph revealed bibasilar air-space disease. He was admitted to the hospital with a presumptive diagnosis of tuberculosis and was supported with noninvasive ventilation and treated with broad-spectrum antibiotics and antituberculous medications. By day 2 of his admission, his respiratory status had deteriorated, and he was intubated and received mechanical ventilation. Despite intensive physiological support, multiorgan dysfunction syndrome developed, and he died on March 13, 2003, 6 days after admission, and 15 days after becoming ill. All routine investigations for etiologic agents were negative. At autopsy, the lung tissue revealed diffuse alveolar damage consistent with pathologic manifestations of acute respiratory distress syndrome. Intraalveolar and interstitial mononuclear cells suggesting a possible viral cause were also noted, but no viral cytopathic effect was seen. Examination of the liver revealed microvesicular fatty change, focal hemorrhages, and hepatocyte necrosis with scattered acidophilic bodies, but no viral inclusions were seen. The spleen showed large areas of probable ischemic necrosis and some atypical lymphocytes in periarteriolar sheaths. Further information on the evaluation for specific pathogens is given below.

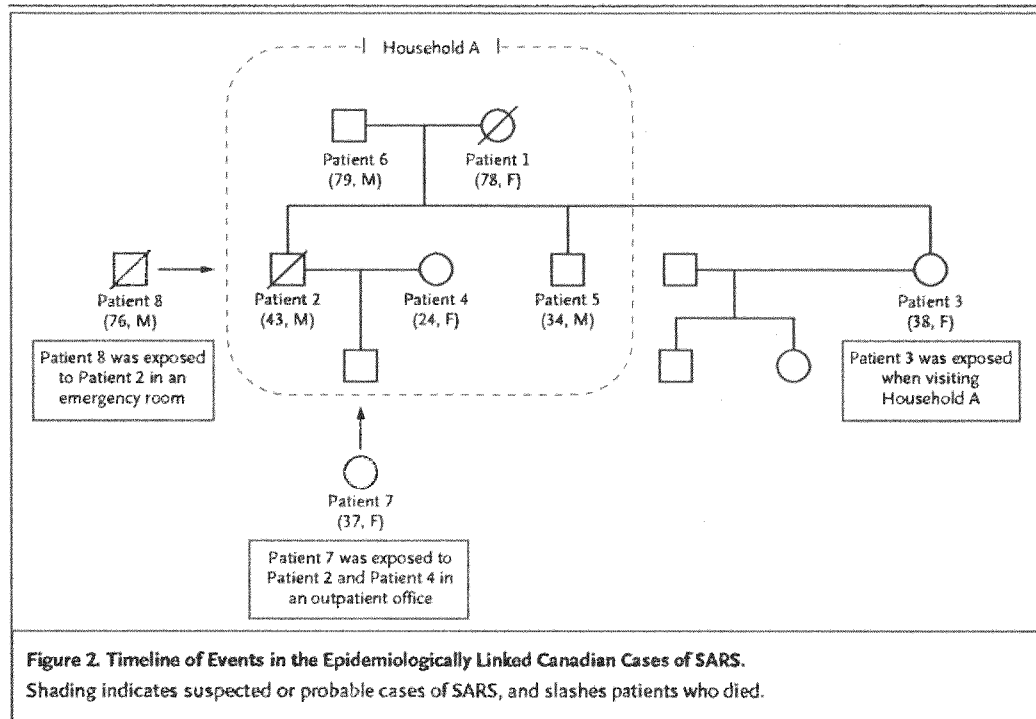
On March 8 and 9, because of concern about possible tuberculosis in the family, the remaining five adult family members and their three children (5 months old, 9 years old, and 17 years old) underwent screening chest radiography. All had been exposed to the index patient; fever, respiratory symptoms, or both had developed in all eight, and all had abnormal chest radiographs, except for the three children and the husband of Patient 3, who



were and continue to be asymptomatic with normal chest radiographs. SARS was considered to be a possible explanation for these abnormalities and for the deaths of Patient 1 and Patient 2, who in retrospect met the criteria for probable SARS. (Patient 1 met almost all of the criteria, although an autopsy and microbiologic investigations were not completed to rule out identifiable causes.) In the light of this possible explanation, each of the symptomatic adults was reassessed on March 13. One met the criteria for suspected SARS (Patient 4), and three met the criteria for probable SARS (Patient 3, Patient 5, and Patient 6). All four were admitted to the hospital, three of them to intensive care units; one patient required mechanical ventilation. All four were treated with broad-spectrum antibiotics,

oseltamivir, and intravenous ribavirin and have recovered fully, although two have mild dyspnea on exertion approximately three weeks after the onset of their illness.

As a result of media attention, three additional cases of SARS were identified. The first case was in a previously healthy 37-year-old female family physician of Asian descent (Patient 7) who saw Patient 2 and his wife (Patient 4) on March 6, when they were both symptomatic. Patient 7 had a severe headache on March 9, followed by fevers (temperatures of up to 40°C), myalgias, and malaise. Four days later, a nonproductive cough developed, and she was noted to have fever (temperature, 38.5°C) and tachypnea with an oxygen saturation of 100 percent on room air. Chest radiography revealed a



subtle left basilar infiltrate. She was admitted to a medical ward with a diagnosis of suspected SARS and has subsequently recovered, coincident with receiving broad-spectrum antibiotics, oseltamivir, and intravenous ribavirin.

The second additional identified case was in a 76-year-old man of non-Asian descent (Patient 8) who had a history of type 2 diabetes, coronary heart disease, and hypertension and who was evaluated at the hospital to which Patient 2 was admitted. Patient 8 was assessed in the emergency department on March 7 for atrial fibrillation and observed overnight on a gurney separated by a cotton curtain 1 to 2 m from Patient 2, who was being held overnight awaiting an inpatient hospital bed. Patient 8 was discharged home on March 8, and two days later he had fever (temperatures of up to 40°C), diaphoresis, and fatigue. A chest radiograph revealed right-upper-lobe and bibasilar interstitial infiltrates; despite antibiotic treatment, a nonproductive cough and worsening dyspnea subsequently developed, along with hypothermia (temperature, 36.6°C) and an oxygen saturation of 70 percent on room air. He was admitted to the intensive care unit with a diagnosis of probable SARS and required intubation and ventilation. Despite receiving broad-spectrum

antibiotics, oseltamivir, intravenous ribavirin, and intensive support, he died on March 21, 5 days after admission and 12 days after the onset of his illness. An autopsy was performed, the results of which are currently pending.

The third additional case (in Patient 9) was unrelated to this family cluster. He is a 62-year-old man of non-Asian descent with a history of atrial fibrillation who had chest pain, sore throat, and lightheadedness, followed by cough, dyspnea, and fever, while traveling in Southeast Asia in early March. On his return to Toronto on March 14, he was admitted to the hospital with a diagnosis of probable SARS and was treated with broad-spectrum antibiotics, oseltamivir, and intravenous ribavirin. Two days after admission, his respiratory status worsened and he required intubation and ventilation. His condition has since stabilized and is slowly improving, but he continues to require ventilatory support 16 days after the onset of his illness.

#### Vancouver

The only case in Vancouver was in Patient 10, a 55-year-old, previously healthy man who traveled with his wife to Hong Kong and Bali from February 20 through March 6, 2003. While visiting Hong Kong

from February 20 to February 24, Patient 10 and his wife also stayed in Hotel A, but on a different floor from Patient 1, Patient 6, and the hotel guest who was eventually identified as the source patient for SARS in Hong Kong. When in the hotel, Patient 10 and his wife did not eat at a common dining facility, nor did they entertain or visit other guests in the hotel. While traveling, two days after leaving Hong Kong, Patient 10 had malaise, fever (temperature, 39.4°C), chills, and headache followed by progressive dyspnea and a nonproductive cough. After returning to Vancouver on March 7, he was assessed and found to have a temperature of 38.5°C, an oxygen saturation of 45 percent on room air, and mixed air-space and reticular opacification diffusely on chest radiography. He was admitted to the intensive care unit, and within 24 hours he required intubation and ventilation to maintain adequate oxygenation. He was soon recognized as having probable SARS and has been treated with broad-spectrum antibiotics. He remains in intensive care on ventilatory support 30 days after the onset of his illness.

#### SUMMARY OF CLINICAL FEATURES AND INITIAL INVESTIGATIONS

A summary of the clinical features and initial investigations of the first 10 cases of SARS identified in Canada (8 probable and 2 suspected) is given in Table 1. All of the patients were adults, ranging from 24 to 78 years of age. Six of the 10 were men. Eight of the 10 were of Asian descent. Three had a diagnosis of type 2 diabetes mellitus (Patient 1, Patient 2, and Patient 8); two had underlying pulmonary disease (asthma in Patient 3 and chronic cough of unclear cause in Patient 6); and four had a history of smoking (Patient 2, Patient 6, Patient 8, and Patient 9) although none still smoked. Given the patients who had a defined exposure time (Patient 3, Patient 7, and Patient 8), the incubation period can be estimated to range from 3 to 10 days. However, we are unable to exclude the possibility of a one-day incubation period in Patient 3.

The presenting symptoms included fever in all cases and nonspecific symptoms such as malaise (7 of 10 cases) and myalgias (2 of 10 cases). Three of the 10 patients had chest pain, 3 had sore throat, and 3 had headache as part of their initial presentation. Although a nonproductive cough (in all 10 cases) and dyspnea (8 of 10 cases) were common, these respiratory symptoms were not the presenting symptoms in 5 cases. In three patients the fe-

Table 1. Clinical Features of the Canadian Patients with SARS at Presentation.

Variable	Value
	no./ no. with results (%)
<b>Symptoms</b>	
Fever	10/10 (100)*
Nonproductive cough	10/10 (100)
Dyspnea	8/10 (80)
Malaise	7/10 (70)
Diarrhea	5/10 (50)
Chest pain	3/10 (30)
Headache	3/10 (30)
Sore throat	3/10 (30)
Myalgias	2/10 (20)
Vomiting	1/10 (10)
<b>Investigations</b>	
Infiltrate on chest radiography	9/9 (100)
Oxygen saturation on room air < 95%	7/9 (78)
Leukopenia (cell count < 4 × 10 <sup>9</sup> /liter)	2/9 (22)
Lymphopenia (cell count < 1.5 × 10 <sup>9</sup> /liter)	8/9 (89)
Thrombocytopenia (cell count < 130 × 10 <sup>9</sup> /liter)	3/9 (33)
Lactate dehydrogenase (above upper limit of normal)	4/5 (80)
Aspartate aminotransferase (> 1.5 × upper limit of normal)	7/9 (78)
Alanine aminotransferase (> 1.5 × upper limit of normal)	5/9 (56)
Creatine kinase (above upper limit of normal)	5/9 (56)

\* Although all 10 patients had a history of fever at presentation to the hospital, on examination only 5 of 9 were febrile (temperature, 38.4 to 40°C); 1 had a low-grade fever (temperature, 37.9°C), and 3 had hypothermia (temperature, 35.5 to 36.5°C).

vers had improved by the time respiratory symptoms occurred. Five of the 10 patients had diarrhea, and 1 had vomiting although 4 of these patients were also taking medications frequently associated with gastrointestinal side effects. No patient had a rash.

On presentation to the hospital, five of nine pa-



tients were febrile (temperature, 38.4 to 40°C), one had a low-grade fever (temperature, 37.9°C), and three had hypothermia (temperature, 35.5 to 36.5°C). Tachycardia (in 5 of 9 cases), tachypnea (in 7 of 9), and borderline low blood pressure (in 5 of 9) were common. Oxygen saturation while breathing room air was less than 95 percent in seven of eight patients. Physical examination was normal in all patients outside the respiratory system. Crackles were noted at the bases symmetrically (in 4 of 8 patients) or asymmetrically (in 1 of 8), with bronchial breath sounds or egophony in two. Chest radiographs revealed abnormalities in all of the nine patients who underwent radiography. In all but three patients, changes were bilateral and predominantly in the basal lung zones. Abnormalities were subtle at first in five of the nine patients, primarily involving a reticular interstitial pattern. For two of these patients, subsequent chest radiographs were read as normal. All other patients had progressive symmetric involvement of predominantly air-space disease on subsequent radiographs. Pleural effusions were not seen. A representative series of chest radiographs is shown in Figure 3.

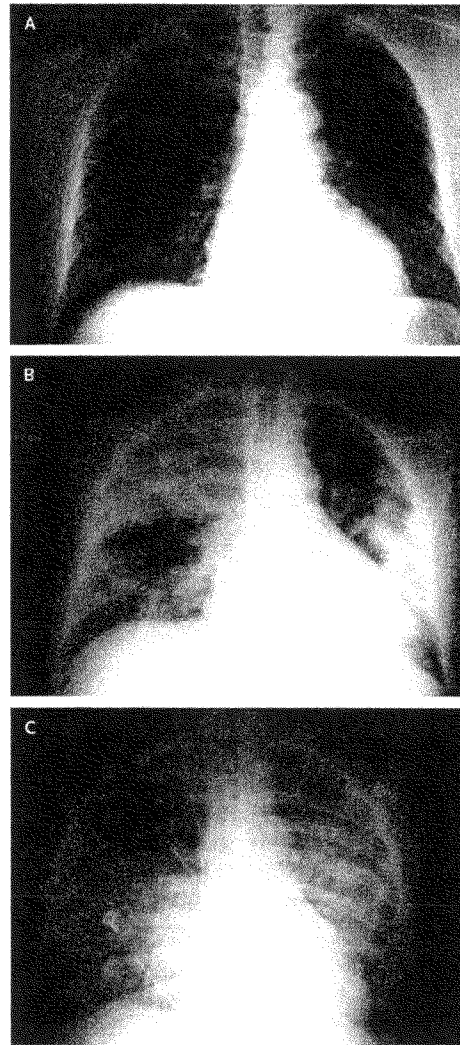
The most common laboratory abnormalities noted included lymphopenia, elevated lactate dehydrogenase levels, elevated aspartate aminotransferase levels, and elevated creatine kinase levels. Other less common abnormalities included mild thrombocytopenia and mild leukopenia.

#### CASE MANAGEMENT

All seven patients who presented to the hospital in Toronto and were recognized as having suspected or probable SARS were treated empirically with recommended doses of oral oseltamivir and broad-spectrum antibiotics, as well as intravenous ribavirin in the dosing schedule recommended for the treatment of viral hemorrhagic fever (a loading dose of 2 g, followed by 1 g every six hours for four days, then 500 mg every eight hours for another four to six days).<sup>3</sup> The three other patients were treated with empirical broad-spectrum antibiotics alone. All cases were managed with use of respiratory and contact precautions as soon as the diagnosis of suspected or probable SARS had been considered.

#### CLINICAL COURSE

Five of the patients with SARS required mechanical ventilation for worsening respiratory failure at one point in their illness, and two of these patients have



**Figure 3. The Course of Disease in Patient 8.**

A 76-year-old man (Patient 8), who was exposed to Patient 2 on March 7, had fever (temperatures of up to 40°C), diaphoresis, and fatigue three days later on March 10. A chest radiograph was obtained on March 14, revealing right-upper-lobe and bibasilar interstitial infiltrates (Panel A). He subsequently noted a nonproductive cough and increasing dyspnea and was admitted to the hospital on March 16, demonstrating bilateral patchy air-space disease with relative sparing of the right lung base and left upper lobe (Panel B). He was admitted to the intensive care unit and was intubated and received mechanical ventilation because of respiratory distress. Progressive respiratory failure and worsening of the findings on chest radiography occurred (Panel C), and the patient died on March 21.

died (Patient 2 and Patient 8). Patient 2 initially received noninvasive ventilation and was then intubated and received mechanical ventilation until his death four days later. Tidal volumes were 500 to 700 ml, and minute ventilation largely ranged between 10 and 15 liters per minute. Peak inspiratory pressures ranged from 17 to 42 cm of water but were generally less than 35 cm of water, with positive end-expiratory pressure levels of 5 to 15 cm of water. The ratio of the partial pressure of oxygen ( $\text{PaO}_2$ ) to the fraction of inspired oxygen ( $\text{FiO}_2$ ) in the first 96 hours was generally more than 150, but it decreased thereafter to between 100 and 150; the  $\text{PaO}_2$  never dropped below 71 mm Hg. Patient 8 was intubated and received ventilation with tidal volumes of 500 to 750 ml. The  $\text{FiO}_2$  ranged from 0.9 to 1.0, with  $\text{PaO}_2$ : $\text{FiO}_2$  ratios of 56 to 85 despite positive end-expiratory pressure levels of 14 cm of water. Peak inspiratory pressures generally ranged from 24 to 38 cm of water, and the partial pressure of carbon dioxide increased from about 25 to about 50 mm Hg over a period of four days despite increases in minute ventilation from about 15 to 20 liters per minute. Although both patients had markedly abnormal  $\text{PaO}_2$ : $\text{FiO}_2$  ratios, they were never extremely hypoxemic and probably did not die of severe hypoxemia.

Patient 1 also died at home, increasing the total number of deaths to 3 among the 10 patients. All of the deaths occurred in patients who had an underlying immunocompromised state (type 2 diabetes).

Of the three patients who were treated with broad-spectrum antibiotics alone, two died and one remains in intensive care requiring mechanical ventilation. Of the seven patients who were treated with intravenous ribavirin and oral oseltamivir in addition to broad-spectrum antibacterial therapy, one died and one remains in intensive care requiring mechanical ventilation but with signs of clinical improvement. The other five, including one who had required mechanical ventilation, showed improvement within the first five days of treatment. They have all since recovered fully, although two remain mildly dyspneic on exertion approximately three weeks after the onset of their illness.

#### LABORATORY INVESTIGATIONS

Histopathological and microbiologic investigations of specimens received were conducted at local, national, and international laboratories. Histopathological testing was completed on autopsy tissue from Patient 2. Routine and specialized mi-

crobiologic investigations were completed on all specimens received in 9 of the 10 cases. (No specimens were sent from Patient 1, who died before being recognized as having SARS and in whom an autopsy was not performed.)

#### HISTOPATHOLOGICAL INVESTIGATIONS

Autopsy tissue from Patient 2 was subjected to immunohistochemical tests for influenzavirus A and B, respiratory syncytial virus, adenovirus, hendra and nipah viruses, hantavirus, measles virus, enterovirus, flaviviruses, old world arenavirus, typhus and spotted fever rickettsia, coxiella species, *Yersinia pestis*, *Mycoplasma pneumoniae*, and *Chlamydia pneumoniae*. All were negative.

#### MICROBIOLOGIC INVESTIGATIONS

##### *Bacterial and Fungal Examination*

Routine bacterial and fungal examination was completed on all blood, respiratory, and urine specimens from 9 of the 10 patients, yielding negative results. Specifically, cultures as well as direct examination (where appropriate) were completed on all blood, respiratory, and urine specimens received, yielding negative results. In addition, cultures for legionella species, direct fluorescent antibody testing against legionella species on all respiratory specimens received, and testing for the presence of *L. pneumophila* serogroup 1 antigen in urine specimens received have been negative.

To date, bacterial molecular testing has been completed on all respiratory specimens received from 6 of the 10 patients, yielding negative results. Specifically, DNA was extracted, and polymerase-chain-reaction (PCR) detection for targets specific for *L. pneumophila*, *M. pneumoniae*, *C. pneumoniae*, *C. psittaci*, *Chlamydia* at the genus level, *Y. pestis*, *Bacillus anthracis*, and 16S rRNA was negative.

##### *Virologic Examination*

Routine direct virologic examination of all respiratory and stool specimens received from 9 of the 10 patients was completed, yielding negative results. This included negative electron-microscopical examination and negative direct fluorescent antibody testing against influenzavirus A and B, parainfluenzaviruses 1, 2, and 3, adenovirus, and respiratory syncytial virus in all specimens, with the exception of one subsequently unconfirmed positive direct fluorescent antibody result for influenzavirus B in a specimen from Patient 10.

Viral molecular testing has been completed on all respiratory and blood specimens received from 9 of the 10 patients, yielding mostly negative results. Specifically, DNA was extracted and PCR was completed for targets specific to various DNA viruses, yielding negative results for adenoviruses, parvoviruses, circoviruses, herpesviruses, and orthopoxviruses. In addition, RNA was extracted and reverse-transcriptase-PCR (RT-PCR) was completed for targets specific to various RNA viruses, including influenza virus A and B, respiratory syncytial virus, parainfluenza virus subtypes 1, 2, 3, and 4, human metapneumovirus, filoviruses (Ebola and Marburg viruses), arenaviruses, measles virus, mumps virus, hantaviruses, and Crimean-Congo hemorrhagic fever virus, yielding negative results.

Further studies were completed on all respiratory specimens received from 9 of the 10 patients. These included viral cultures (including inoculation onto cell culture and into embryonated hen eggs and intracerebral inoculation of suckling mice), immune electron microscopy of nasopharyngeal swabs and bronchoalveolar fluids with serum obtained during the convalescent phase from Patient 10, RT-PCR for conserved portions of the polymerase gene of RNA viruses, and genus-specific degenerative primers for paramyxoviruses and bunyaviruses with use of nested RT-PCR. Results for all of these tests have been negative, with two exceptions. Human metapneumovirus was amplified by nested PCR from bronchoalveolar-lavage fluid and nasopharyngeal swabs from five of nine patients with SARS and from a nasopharyngeal swab from an asymptomatic contact of one of the patients in Toronto (Patient 3) with use of the following primers: 5'-CTTTGGACTTAATGACAGATG3' and 5'-GTCTTCCTGTGCTAACTTTG3'.<sup>4</sup> For confirmation of these positive findings, the amplicons were sequenced and found to be unique, ruling out the possibility of cross-contamination in the laboratory.

In addition, a novel coronavirus was isolated from Vero cell cultures inoculated with respiratory specimens from five of nine patients with SARS. Four of these patients had specimens from which metapneumovirus was also identified. A cytopathic effect on the Vero cell cultures was noted on day 6 of incubation. On the basis of collaboration with investigators in Hong Kong and at the Centers for Disease Control and Prevention in Atlanta, who reported isolating a novel coronavirus from patients with SARS in other areas of the world, RT-PCR and

nested PCR were completed targeting conserved regions of the coronavirus polymerase gene using the following primer pairs: 5'-CAGAGCCATGCCAATCATG3' and 5'-AATGTTTACGCAGGTAAGCG3'; and 5'-TGTTAAACCAGGTGGAAC3' and 5'-CCTGTGTTGTAGATTGCG3'. A novel coronavirus identical to that reported by the Centers for Disease Control and Prevention<sup>2</sup> was amplified from all five cultures.

At a different laboratory, a coronavirus was also identified independently by amplification directly from bronchoalveolar-lavage fluid from two of four patients tested. Both of these patients had coronavirus isolated from cell culture and amplification as described above. Reverse transcription was completed using the primer 5'-GCATAGGCAGTAGTTGCATC3', followed by PCR targeting a highly conserved region of the coronavirus polymerase gene with use of the paired primers 5'-TGATGGGATGGGACTATCCTAAGTGTGA3' and 5'-TTGCATCACCAGTGTGTGCCACCAGGTT3'. One of the amplicons was sequenced, and although the nucleotide sequence was different from that of any known coronaviruses, the deduced amino acid sequence had a high degree of homology (78 percent) to the polymerase amino acid sequence of several coronaviruses. Phylogenetic analysis suggests that this is a novel virus that is not closely related to any of the known clusters of coronaviruses (groups 1, 2, and 3).

Further studies are currently being completed to help determine whether the human metapneumovirus and a novel coronavirus, either alone or in combination, are the cause of SARS or whether other thus far undetected pathogens are possibly responsible. The possibility that coinfection of either virus with another agent may be responsible for SARS cannot be excluded.

#### Contact Tracing

As of March 30, 2003, in the Greater Toronto area, an additional 83 patients have been identified as having probable or suspected cases of SARS or are under investigation for symptoms that arouse the suspicion of SARS. The ethnic background of these patients has varied widely. To date, one additional death has been reported. Transmission has been limited to close contacts of patients (i.e., household contacts or health care workers who were not using contact or respiratory precautions). Case-finding measures have identified a number of additional persons with symptoms that arouse the suspicion

of SARS who have travelled to areas where there has been documented transmission of SARS.

#### DISCUSSION

The identification of SARS in Canada only a few weeks after an outbreak on another continent exemplifies the ease with which infectious agents can be transmitted in this era of international travel. It also demonstrates the importance and value of information and alert systems such as the Department of Communicable Disease Surveillance Response of the World Health Organization and the Disease Outbreak News Web site (<http://www.who.int/csr/don>) and the ProMED-mail (Program for Monitoring Emerging Diseases) reporting network sponsored by the International Society for Infectious Diseases (<http://www.promedmail.org>).<sup>5</sup>

Epidemiologic investigations and laboratory studies suggest that most patients with disease meeting the definition of SARS in both Toronto and Vancouver can be linked to a common source and to common potential causative agents. On the basis of preliminary investigations, it appears that this syndrome may be due in part to the newly described respiratory viral pathogen, human metapneumovirus,<sup>6</sup> to a novel coronavirus, or both.

Evidence of the role of human metapneumovirus includes its amplification from respiratory specimens from five of nine Canadian patients with SARS and one asymptomatic contact and the identification of a metapneumovirus from respiratory specimens from other non-Canadian patients with SARS (John Tam, Department of Microbiology, Chinese University of Hong Kong: personal communication). In addition, the range of clinical findings, from asymptomatic disease to severe pneumonia and death, are similar to those described in human metapneumovirus infection.<sup>7</sup> On the other hand, the severity with which the Canadian cases of SARS presented and the high attack rate of SARS among close contacts have not been described in patients with human metapneumovirus infection, suggesting that human metapneumovirus alone may not be responsible for SARS, that a genetic variant of the human metapneumovirus is potentially responsible, or that human metapneumovirus is not related to SARS but is an incidental finding. Indeed, we know little about the prevalence of asymptomatic carriage of human metapneumovirus, and such information

would be helpful in interpreting the meaning of our amplification of this virus in patients meeting the criteria for SARS.<sup>8,9</sup>

The novel coronavirus identified in five of nine Canadian cases may also be a possible causative agent of SARS. Further evidence includes its identification by other investigators around the world from specimens from other patients with SARS and reports of positive immunofluorescence antibody tests in serum from patients from whom the coronavirus was isolated.<sup>2</sup> In addition, known human coronaviruses are recognized to cause respiratory infection, albeit typically less severe than that described in the Canadian patients with SARS.<sup>10</sup> Finally, coronaviruses are known to infect both animals and humans, and it is logical to consider that the emergence of a new disease may be related to the emergence of a novel coronavirus that originated with a limited range of animal hosts and evolved to involve an altered range that now includes humans.<sup>11</sup> Although one can speculate about the possible roles of both coronaviruses and human metapneumovirus in SARS, it is currently not clear what role, if any, either of these viruses has in causing SARS. Further collaborative investigations are needed.

The illnesses described in the Canadian patients with SARS ranged from a febrile respiratory disease not associated with hypoxemia to severe pneumonia with significant respiratory dysfunction requiring intubation and ventilation and leading to death. Factors that may account for this variation in disease severity include genetic predisposition, age, underlying illness, smoking status, previous immunity, and coinfection with more than one pathogen. Within the Toronto family cluster of SARS cases, all patients who had severe enough disease to require supplemental oxygenation were genetically related; although this fact could represent a possible underlying genetic predisposition to severe disease, contact was most likely closest among these persons. Advanced age and the presence of underlying medical illnesses, which have been reported to be associated with more severe disease in patients infected with other respiratory viruses, including human metapneumovirus and coronaviruses, may also be risk factors for more severe disease in SARS.<sup>7,12</sup> Indeed, all of the Canadian patients with SARS who either required intubation or died had underlying medical illnesses or were older than 55 years of age. Tobacco smoking, a known risk factor for other respira-

tory infections,<sup>13</sup> may also be a risk factor for more severe SARS. Of the four Canadian patients who had a history of smoking, all required mechanical ventilation, as compared with only one of the six nonsmokers. Lack of previous immunity to the underlying etiologic agent or agents of SARS may also be a risk factor for more severe manifestations of disease, as may coinfection with more than one pathogen. Coinfection has been associated with increased severity of other respiratory viral illnesses. For example, Greensill et al.<sup>14</sup> studied 10 infants with severe respiratory syncytial virus bronchiolitis who had no other risk factors for severe disease and found that 9 (90 percent) were coinfecting with human metapneumovirus. Similarly, in SARS, human metapneumovirus or another pathogen may have the role of a copathogen, increasing the underlying severity of disease secondary to a novel coronavirus or another yet-to-be-identified pathogen.

The mechanism of transmission of the agent or agents causing SARS is not yet understood. However, the fact that transmission has been limited to only close contacts of patients, such as health care workers and family members who were not using contact or respiratory precautions, suggests that either droplet secretions or direct or indirect contact probably have a role. However, the apparent ease of transmission in some cases is of concern. Although both the index patient in Toronto and the patient in Vancouver stayed in the same hotel in Hong Kong during the period when at least one other person with SARS was a guest, they had minimal exposure to other guests. Although airborne transmission is a possibility that cannot be completely ruled out in these examples, there were probably many opportunities for indirect contact as well. Supporting droplet secretions or direct or indirect contact as the most likely modes of transmission is the fact that, to date, follow-up of both patients and health care workers who were also exposed to Patient 2 has not revealed secondary transmission that cannot be explained by these routes.

Treatment recommendations based on this small case series are obviously limited. However, given the possibility that human metapneumovirus or a coronavirus may be a possible causative agent and given the observed mortality rate, it may be prudent until there is further understanding of the underlying cause of SARS to consider empirical treatment with an antiviral agent, such as ribavirin. Ribavirin is a ribonucleoside analogue that induces lethal mutagenesis of RNA viral genomes and has broad-spectrum activity against RNA viruses<sup>15</sup> including respiratory syncytial virus,<sup>16</sup> a pneumovirus related to human metapneumoviruses, and coronaviruses.<sup>11,17</sup> Although the condition of five of seven (71 percent) of the Canadian patients with SARS who have been treated with ribavirin has improved with therapy, the patients were treated with an array of therapeutic agents, and it is unclear whether ribavirin affected the clinical outcome. Indeed, the efficacy of ribavirin against SARS has not been established, and it cannot currently be considered the standard of care. The patients who received mechanical ventilation fulfilled the diagnostic criteria for the acute respiratory distress syndrome (ARDS) with diffuse infiltrates on chest radiography and hypoxemia without evidence of left ventricular failure.<sup>18</sup> There is no definite therapy for ARDS; therapy is supportive,<sup>19</sup> with the use of mechanical ventilation to improve oxygenation and to decrease the work of breathing. Noninvasive ventilation was used in one patient (Patient 2) but he required intubation within 24 hours owing to worsening respiratory failure. The best approach for ventilating patients with SARS is not known, but it seems reasonable to adopt a lung-protective strategy that has been shown to decrease mortality in patients with ARDS,<sup>20</sup> perhaps by preventing the development of multiorgan dysfunction syndrome.<sup>21,22</sup>

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#### APPENDIX

Investigators from the National Medical Laboratory, Canada, working in collaboration with the Canadian Public Health Laboratory Network, include E. Plummer, Y. Li, N. Bastien, H. Artsob, K. Bernard, T. Booth, D. Bowness, M. Czuba, D. Dick, L. Dillon, M. Drebot, R. Flick, M. Garbutt, A. Grolla, L. Fernando, S. JONES, A. Kabani, C. Li, G. McClarty, A. Meyers, Z. Mohammed, C. Munro, S. Normand, B. Ongeransoy, U. Stroehner, G. Tipples, S. Tyler, R. Vogrig, G. Wang, D. Ward, and B. Watson. Additional investigators from the Canadian SARS Study Team include M. Fearon, Ontario Provincial Laboratory; R. Chow, B. Willey, and S. Pong-Porter, Toronto Medical Laboratories and Mount Sinai Hospital Department of Microbiology; J. Butany, Department of Laboratory Medicine and Pathobiology, University of Toronto and University Health Network, Toronto; S. Zaki, Centers for Disease Control and Prevention, Atlanta; M. Vearcombe, B. Phillips, and A. Rachlis, Sunnybrook and Women's College Health Sciences Centre, Toronto; L. Davies, Scarborough Hospital, Grace Division, Toronto; L. Dresser, Mount Sinai Hospital, Toronto; W.R. Bowie, J. Ronco, B.A. Bryce, E. Ryan, and K. Craig, University of British Columbia and Van-

couver Hospital and Health Sciences Centre, Vancouver; M. Naus, British Columbia Centre for Disease Control, Vancouver; L. MacDougall and L.E. Srour, Field Epidemiology Training Program, Population and Public Health Branch, Health Canada; and T. Tam, J. Macey, and A. King, Division of Immunization and Respiratory Diseases, Health Canada.

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# AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**  
**Meeting Date:** April 17, 2003

**Agenda Item #:** R-3

**Est. Start Time:** 10:00 AM

**Date Submitted:** 01/15/03

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**Requested Date:** April 17, 2003

**Time Requested:** 15-30 minutes

**Department:** Non-Departmental

**Division:** Public Affairs Office

**Contact/s:** Barb Disciascio

**Phone:** 503 988-6800

**Ext.:** 86800

**I/O Address:** 503/600/PAO

**Presenters:** Gina Mattioda and Stephanie Soden

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**Agenda Title:** IF NEEDED 2003 Legislative Briefing Update

**NOTE:** If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.

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- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

No action requested. Board briefing only.

- 2. Please provide sufficient background information for the Board and the public to understand this issue.**

During the legislative session, the Public Affairs Office provides regularly scheduled updates to the Board of County Commissioners in the form of Board Briefings. These briefings are intended to keep the Board informed of legislative activities of potential interest or impact to Multnomah County, and for the Public Affairs Office to obtain direction from the Board.

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

No fiscal impact.

**NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.**

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain:**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

**4. Explain any legal and/or policy issues.**

No legal or policy issues are expected during regularly scheduled monthly briefings.

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

N/A

**Required Signatures:**

**Department/Agency Director:**

*Gina Mattioda*

**Date:** 01-13-03



**BOGSTAD Deborah L**

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**From:** MATTIODA Gina M

**Sent:** Wednesday, April 16, 2003 4:18 PM

**To:** LINN Diane M; #ALL CHAIR'S OFFICE; BOGSTAD Deborah L; ROJO DE STEFFEY Maria; #ALL DISTRICT 1; CRUZ Serena M; #ALL DISTRICT 2; NAITO Lisa H; #ALL DISTRICT 3; ROBERTS Lonnie J; #ALL DISTRICT 4; SHERIFF; KIRK Christine A; SCHRUNK Michael D; SCHRUNK Michael D; PHELAN Judy; PHELAN Judy; FLYNN Suzanne J; MATTIODA Gina M; SODEN Stephanie A; DISCIASCIO Barbara A

**Cc:** BOYER Dave A; DAVIDSON Peter J; GHEZZI Stan M; GUINEY Tom M; LASLEY E. Harold; PATE Patricia; SCHILLING Karen C; SHIRLEY Lillian M; WICKHAM Lila A

**Subject:** PAO Legislative Briefing Memo

The Public Affairs Office will not be present to provide the Board of County Commissioners with our Legislative Briefing, due to the fact the Co-Chair's budget will be released during the time of our presentation. We are attaching the memo that we would have provided to you. The PAO will be briefing the BCC on Thursday, April 24. If you have questions, please contact Gina (pager 503.202.5321) or Stephanie (pager 503.921.4617).

The attachment has some specific requests such as:

HB 3156 – PAO in consultation with the Health Department's Environmental Health Division recommends that the Board take a neutral position.

Local Option Survey – PAO in consultation with the Transportation Division recommends that the Board support the local option detailed below.

## LOCAL OPTION VEHICLE REGISTRATION FEE

We are trying to determine the interest in making it easier for county commissioners to adopt a Local Option Vehicle Registration for their county.

Existing law allows a county to adopt a countywide vehicle registration fee, subject to a number of conditions, including the following:

1. The ordinance establishing vehicle registration fees must be submitted to the voters of the county for their approval.
2. The registration fee shall not exceed the state registration fee.

3. 40% of the revenues shall be paid to the cities within the county, unless the cities agree to a different distribution.
4. Two or more counties may act jointly to impose a registration fee.

We are considering legislation that would allow the implementation of a \$10 county option registration fee by an action of the County Governing Body, without the currently required public election. This was initially considered as a solution for the high-growth counties, but we need to know if other counties may also be interested.

Would you please let us know your thoughts on this issue by answering the following questions on your level of support for the ability of a county to implement a local option vehicle registration by action of the County Governing Body:

PLEASE MARK THE ANSWER WHICH MOST CLOSELY FITS YOUR POINT OF VIEW. ONLY MARK ONE RESPONSE:

1. ☐ I would seriously consider using this option in my county, and would be willing to work for passage of the option.
2. ☐ I might consider using this option in the future, and would not oppose it being part of the transportation funding package.
3. ☐ I would not implement this option in my county, but would not oppose its implementation by other counties.
4. ☐ I would not implement this option in my county, and would testify in opposition of the option.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
COUNTY

**PLEASE FAX YOUR RESPONSE TO BY CLOSE OF BUSINESS ON THURSDAY, APRIL 17.  
FAX TO 1-503-373-7876**

Gina Mattioda  
Director, Multnomah County Public Affairs Office

4/21/2003

gina.m.mattioda@co.multnomah.or.us  
pager: 503.202.5321

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4/21/2003



# 2003 Legislative Agenda



## **Board of County Commissioners Legislative Briefing April 17, 2003 Prepared by the Multnomah County Public Affairs Office**

### **Co-Chair's Budget**

An informal joint session between Senators and Representatives in the House Chamber will occur to unveil the Co-Chair's budget on Thursday, April 17, 2003. It is rumored that this budget will contain several painful cuts. The Public Affairs Office (PAO) will be present during this informal session since it is open to the public. PAO will examine the co-chair's budget and provide details to the Board during the PAO Legislative Briefing on Thursday, April 24, 2003.

### **Mental Health Parity (SB 1)**

Last Tuesday evening a bill requiring mental health parity was passed out of the Senate Health Policy Committee. SB 1 allows for full parity whereas other legislative measures allow for insurance coverage of certain mental health conditions and chemical dependency treatments. This bill requires that group health insurance policies provide coverage for mental health and chemical dependency treatment. Specific language in the bill states that "at the same level as, and subject to limitations no more restrictive than, those imposed on coverage or reimbursement of expenses arising from treatment for other medical conditions." The committee accepted amendments from the insurance industry that PAO is currently reviewing with the Association of Oregon Counties (AOC) and Association of Oregon Community Mental Health Programs (AOCMHP). One of the provisions in the amendments was to move the implementation date from January 1, 2003 to January 1, 2005.

### **Food Inspections (HB 3156)**

During the March 20 Legislative Briefing, the PAO recommended the Board take a potential position in opposition to HB 3156. Since that briefing several conversations between the restaurant industry, state, and county have occurred and come to agreement on proposed amendments. PAO, in consultation with the Health Department's Environmental Health Division, recommends the Board take a neutral position on HB 3156.

The legislation no longer transfers local authority of food inspection, education, consultation, and enforcement from counties to the restaurant industry. Other improvements have been made to this measure. The revised version identifies food protection as a prevention program and identifies it as a component of communicable disease control and response to bioterrorism events.

The bill also provides for state oversight and consultation. Such oversight and consultation may require additional funding which would financially impact Multnomah

County. The state estimates that to meet the oversight requirements, 3 additional FTE would be needed. This would result in a cost increase of \$97,000 to Multnomah County. In addition HB 3156 establishes state fees in Oregon Revised Statutes; the issue of established fees in ORS is a result of 1995 legislation.

#### **Beer and Wine Tax (HB 2804, 2837, 3097, and 3258)**

Negotiations between the five chief sponsors of the four beer and wine measures are meeting with the intent to agree upon one bill. Discussions have focused on primarily a beer tax excluding microbreweries, distribution of revenue generated by the increase, and the level of such an increase. Specifics include an increase ranging from 7 cents to 10 cents and various distribution scenarios such as dedication to the Mental Health Authority, public health, Oregon Health Plan, prevention, along with city and county law enforcement. PAO will continue to monitor these activities.

#### **Transportation Funding Proposals (expected to be HB 2041)**

Two proposals are currently under discussion: one proposed by the Governor and the other by the Transportation Committee Chairs. Counties' needs are addressed in both, however, the Governor's proposal, which doubles both the auto registration and titling fees, generates the larger amount of real dollars totaling \$134.5 million. The Chairs' proposal increases, but doesn't double, both fees to generate \$101 million. Both proposals include investment in state and local bridges, preservation and maintenance of state highways, county roads and city streets, and dedication to modernization projects.

A key aspect of the Chairs' proposal is an option for the seven largest counties to pursue a \$10 increase in local vehicle registration fees. Included in the option is a restriction that if Multnomah County chooses this option, the revenues must be dedicated to the Willamette River Bridges. Attached is a survey AOC has asked county commissioners to fill out to gauge support or opposition to this option. County transportation staff and the PAO recommend that the Board support the option. A similar option was included in the 1999 transportation package that passed the Legislature but failed at the polls.

County transportation staff has reviewed both proposals and provided initial feedback. Once bill language is introduced a clearer assessment of the impact to Multnomah County will be known. Efforts are focused on keeping all of the transportation stakeholders (Governor, Chairs, cities and counties, AAA and the Oregon Truckers Association) at the table to negotiate an agreed upon package.

#### **PERS Reform (HB 2003)**

Some reform efforts, such as changing the PERS Board membership (HB 2005) and crediting members' accounts (HB 2001) have already passed the Legislature. Other issues supported by the employers' coalition are included in HB 2003, such as updating the mortality tables, creating a successor plan, and addressing the 6% employer contribution. HB 2003 remains in committee, however, some reform advocates believe the bill will be passed out of committee by the end of the month. The Ways and Means Co-Chairs are relying on \$300-400 million in savings that would be realized with the passage of HB 2003.

# AGENDA PLACEMENT REQUEST

**BUD MOD #:**

**Board Clerk Use Only:**

**Meeting Date:** April 17, 2003

**Agenda Item #:** R-4

**Est. Start Time:** 10:15 AM

**Date Submitted:** 04/09/03

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**Requested Date:** April 17, 2003

**Time Requested:** 1 hour

**Department:** Non-Departmental

**Division:** Chair's Office

**Contact/s:** Caitlin Campbell

**Phone:** 503 988-3308

**Ext.:** 28403

**I/O Address:** 166/2

**Presenters:** Lorenzo T. Poe, Jr., Dianne Iverson, Peggy Samolinski

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**Agenda Title:** School Aged Policy Framework Implementation Plan Briefing

**NOTE:** If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.

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- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

OSCP will brief the Board on the implementation plan for the School Aged Policy Framework as was requested in Resolution 03-022 adopted on February 6, 2003.

- 2. Please provide sufficient background information for the Board and the public to understand this issue.**

On February 6, 2003 the Board of County Commissioners passed Resolution 03-022, adopting the School Aged Policy Framework Report policy recommendations. The Resolution calls for the Office of School and Community Partnerships to prepare a plan to implement the recommendations contained in the School Aged Policy Framework Report: Findings and Policy recommendations.

The School Aged Policy Framework provides for a set of core services for school aged children and their families that will engage community partners, align with ongoing County initiatives, and guide decision making around both budget and policy efforts into the future. The Framework will improve the alignment of services for school aged youth by improving access to services for clients, better integrating services both within the County and other jurisdictional partners, and making service delivery more efficient and effective.

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

The timeline for Framework implementation is no later than January 1, 2004 therefore budget modifications would occur prior to that date.

**NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.**

**If a budget modification, explain:**

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

**NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

**If a contingency request, explain:**

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

**If grant application/notice of intent, explain:**

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

**4. Explain any legal and/or policy issues.**

OSCP is adhering to the policies set forth in Resolution 03-022 that will guide the planning and implementation of the School Aged Policy Framework.

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

- A School Aged Policy Framework “kick off” event was held in late February to bring community members together to begin program design, planning and implementation of the Framework. 129 community members attended the event and signed up to participate in various workgroups that were convened in March. They included: other Departmental staff, other jurisdictions including school districts, DHS, Caring Communities, human service providers, advocates, parents, culturally specific agencies and coalition, OSCP staff, SUN Schools site managers and Community & Family Service Center staff.
- OSCP convened five workgroups that met weekly during the month of March to involve stakeholders in devising implementation options related to policies 1-5 of the adopted policy recommendations. A diverse group of 124 community representatives participated in this workgroup process.
- On April 3<sup>rd</sup>, a community forum attended by 128 people was held so that all stakeholders could have an opportunity to review the options and recommendations developed in each of the five workgroups. Comment cards were distributed for stakeholders to provide additional input regarding the options. A web survey was also developed prior to the forum to allow for public comment. All input received from both the survey and the comment cards was compiled and posted to the SAPF website following the forum.

In providing these opportunities for input and participation, OSCP adhered to the principles of policy #11 outlined in the Framework policy recommendations to ensure stakeholder participation in the planning and implementation of the Framework.

Over the next 6 months, community members will be invited to participate in workgroups or discussions around implementation of policies 6 through 10 of the Framework policy recommendations.

**Required Signatures:**

**Department/Agency Director:**



**Date:** 4/9/03

**Budget Analyst**

**By:**

**Date:**

**Dept/Countywide HR**

**By:**

**Date:**



# **School-Aged Policy Framework**

## **Recommended Strategies for Implementation**

April 17, 2003

04.16.03  
Version

# **School-Aged Policy Framework**

## **Recommended Strategies for Implementation**

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### **INTRODUCTION**

The Director of the Office of School and Community Partnerships (OSCP) is pleased to present recommendations for implementing Policies 1-5 of the School-Aged Policy Framework. The Framework is an initiative of Multnomah County Chair Diane Linn and represents a major step in improving vital services for school-aged youth and their families throughout the County.

Preparations for the School-Aged Policy Framework began in May of 2001 when County Commissioners Lisa Naito and Serena Cruz called for an examination of the County's investment in programs for school aged youth and their families. Commissioner Lonnie Roberts supported this in light of the changing demographics in East County. In the conversations that followed, schools were recognized as a valuable site for students and their families to access services, and the decision was made to shift additional services to the schools.

When the Multnomah County Board of Commissioners adopted the Policy Framework on February 6, 2003, it directed OSCP to conduct a planning process that was inclusive and comprehensive. This directive was captured in Policy 11, which was initiated by Commissioner Maria Rojo de Steffey.

In response, OSCP held 21 workgroup meetings during the month of March, with an average of 106 stakeholders attending sessions on a weekly basis. Workgroups generated ideas and discussed the merits of a wide range of options. On April 3<sup>rd</sup>, 128 people gathered to give feedback on the options that were being considered from all the workgroups. Under the leadership of Director Lorenzo Poe, OSCP staff then used that input to craft the final recommendations.

The recommendations that follow are designed to make service delivery more efficient and effective, create an integrated system of care that is geographically coordinated with other jurisdictions, enhance delivery of services to culturally specific populations, ensure equity countywide and align service boundaries (Policies 1-5). In the months ahead, additional recommendations will be developed regarding information and referral, paperwork, departmental linkages, revenues and evaluation (Policies 6-10). These recommendations will be aligned with other County initiatives, particularly the Poverty Framework and Early Childhood Framework.

The Office of School and Community Partnerships has the primary responsibility for implementing the School-Aged Policy Framework in collaboration with four other County Departments. OSCP is committed to working closely with stakeholders to ensure a successful transition to the new model and making annual updates to the model as needed.

It is important to note that we are undertaking this process during a time of fiscal uncertainty. We are creating the ideal, while preparing to adjust to funding realities. The current recommendations describe how the system should look and work. The first phase of implementation will be tied to available resources and clarified during the budget process *with the assumption that we are working towards our ideal as resources become available*. As we move forward, every reasonable effort will be made to stabilize and leverage existing resources for providing these critical services.

This work would not have been possible without the leadership of the Board of County Commissioners, the collective wisdom of our community stakeholders, the dedication of OSCP staff and the active cooperation of staff from the Departments of Health, Community Justice, Human Services, Library and Business Services. Together, we have made it clear that while our financial resources may be limited, there is no limit to our commitment to the children and families of our community.

## POLICY # 1: PROGRAM SERVICES

Policy	Recommended Strategies for Implementation
<p><b>Provide funds for school based and school linked services for children and their families that assist all students in succeeding in school.</b></p> <p><b>Use natural helpers, cultural mentors, professionals, paraprofessionals, parents, interns and volunteers to provide the support and resources that promote developmental assets and academic achievement.</b></p> <p><b>Define a core set of culturally appropriate goals, services, resources, and technical assistance activities.</b></p> <p style="text-align: center;"><b><u>Background Notes</u></b></p> <ul style="list-style-type: none"> <li>▪ Services for school-aged children include: <ul style="list-style-type: none"> <li>- School-Based services delivered at schools.</li> <li>- School-Linked services allocated by region (see Policy #5) and delivered through an entity other than schools.</li> <li>- Countywide services that are not geographically bound (e.g. homeless services).</li> </ul> </li> <li>▪ Locating services in schools provides easy access for students and families and supports children's success in school.</li> <li>▪ The emphasis on school-based service delivery represents a significant shift of county resources.</li> <li>▪ Access to services will be ensured for children who are not in school or are in schools that do not provide services.</li> <li>▪ Services and system improvements will be aligned with key benchmarks: increase school success, decrease poverty, lower juvenile crime, enhance readiness to learn &amp; improve government.</li> </ul>	<p><b>Primary Service Outcomes:</b></p> <ul style="list-style-type: none"> <li>▪ Increase access for high risk children and families to services and supports</li> <li>▪ Minimize barriers to learning for children not succeeding in school</li> <li>▪ Increase attendance</li> <li>▪ Improve academic achievement</li> <li>▪ Decrease the drop out rate</li> <li>▪ Increase enrollment for youth who have dropped out</li> <li>▪ Closing the achievement gap</li> </ul> <p><b>The service spectrum includes:</b></p> <ul style="list-style-type: none"> <li>▪ School-Based Services;</li> <li>▪ School-Linked Services;</li> <li>▪ Regional Services (including emergency services); and</li> <li>▪ Culturally Specific Services.</li> </ul> <p><b><u>Health Services</u></b> (School-Based and School Linked)</p> <ul style="list-style-type: none"> <li>▪ A satellite school based health clinic will be sited at Reynolds.</li> <li>▪ A school based health center (SBHC) will be sited at each high school and a minimum of two school based health centers will be sited at middle schools in each region.</li> <li>▪ MESD School Nurse staffing will be increased to .5 FTE at all elementary schools and to 1.0 FTE at all middle and high schools.</li> <li>▪ A mobile van will provide services to elementary schools. Service would be coordinated between MESD and the SBHC program.</li> </ul> <p><b><u>Mental Health</u></b> (School-Based and School Linked)</p> <ul style="list-style-type: none"> <li>▪ Each high school would have a .5 FTE CHS mental health position based at the school site, through the Department of County Human Services.</li> <li>▪ 5 FTE County Human Services' mental health consultants coordinate care, case management and treatment for elementary and middle school-aged children. Children's mental health will be located together in one entity per region.</li> <li>▪ OSCP Family Support Specialists (modified Touchstone) in elementary schools, middle schools and regional entities conduct outreach &amp; mental health screenings and make referrals to CHS mental health consultants who are linked to the schools and the regional entity.</li> </ul> <p><b><u>Addiction Services and Family Case Management</u></b> (School-Linked)</p> <ul style="list-style-type: none"> <li>▪ OSCP Family Support Specialists in schools and regional entities do outreach and referrals to County and contracted addiction services.</li> </ul> <p><b><u>Emergency Services</u></b> (School-Linked)</p> <ul style="list-style-type: none"> <li>▪ Emergency services are contracted and delivered on a regional or countywide basis.</li> </ul>

## POLICY # 1: PROGRAM SERVICES Continued

Policy	Recommended Strategies for Implementation
	<ul style="list-style-type: none"> <li>▪ The SAPF will be aligned with the county's Poverty Elimination Framework to ensure the philosophy and approach to poverty services are in concert with the Poverty Framework.</li> <li>▪ Emergency services will be aligned with the SAPF regional boundary lines.</li> </ul> <p><u>Social Services for Educational Support</u> (School-Based and School-Linked)</p> <ul style="list-style-type: none"> <li>▪ OSCP Family Support Specialists (modified Touchstone) located in each high-risk school will provided support services and access to system-wide resources.</li> </ul> <p><i>Contracted Services to high risk schools:</i></p> <ul style="list-style-type: none"> <li>▪ Attendance monitoring, part-time multicultural family support/outreach worker, service coordination, and student retention services targeted to academic improvement. Core services will be delivered across the system with any additional services to be provided according to the needs and resources of the individual schools, as resources allow.</li> </ul> <p><u>Library Services for Educational Support</u> (School-Based and School-Linked)</p> <ul style="list-style-type: none"> <li>▪ In collaboration with the Library, OSCP will increase coordination with branch services; Books 2 U, Libros &amp; School Corps programs will continue.</li> </ul> <p><u>Early Childhood</u> (School Based and School Linked)</p> <ul style="list-style-type: none"> <li>▪ OSCP early childhood programs will be provided at either the local elementary school or the regional entity based on community needs. Examples include parenting education and structured play groups.</li> <li>▪ The School Aged Policy Framework will be aligned with the Early Childhood Framework.</li> </ul>

## POLICY # 2: ONE SYSTEM / ONE BACKBONE

Policy	Recommended Strategies for Implementation
<p><b>Design an integrated system of care that is geographically coordinated with other jurisdictions and that provides access, intake, and linkages to serve communities countywide.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <ul style="list-style-type: none"> <li>▪ Recommendations are designed to address the following issues in the current model: <ul style="list-style-type: none"> <li>- Several different systems of care currently exist including Family Resource Centers, SUN Schools, Community and Family Service Centers, and more</li> <li>- Clients don't know where to go for services</li> <li>- Staff are unable to offer Information &amp; Referrals well given the fragmentation</li> </ul> </li> <li>▪ Key players in the proposed model include Multnomah County, Regional Entities to be selected, Individual Schools and School Districts, and other Jurisdictions and Subcontractors that deliver services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ County will continue to provide existing direct services.</li> <li>▪ County will contract for culturally specific services on a county-wide basis, which will be linked &amp; coordinated with regional services. Service examples include: student retention and parent outreach.</li> <li>▪ One contract per region for a regional entity that will provide and/or subcontract for School-Based and School-Linked services. Inter-organizational agreements between contractors (where there are lead and subcontractors) will specify roles and responsibilities.</li> <li>▪ OSCP will strengthen formal relationships with the School Districts around the School Aged Policy Framework. Inter-Governmental Agreements will be created to clarify roles and responsibilities.</li> <li>▪ A "Community Convener" in each region will provide regional convening of community resources to implement the SAPF vision.</li> <li>▪ OSCP will lead the implementation of the service model, oversee contracts, identify best practices, and provide technical assistance. All OSCP funded services that align with school aged youth and their families and that are intended to be delivered on a geographic basis will go through the Framework system.</li> <li>▪ Other County Departments (Health, Library, Community Justice and Human Services) will align and coordinate their school aged services through the Framework.</li> <li>▪ A body consisting of a representative from each regional entity, countywide contractors, the School Districts and OSCP will be formed to advise OSCP around the system functioning of the School Aged Policy Framework.</li> </ul>

### POLICY # 3: CULTURALLY SPECIFIC SERVICES

Policy	Recommended Strategies for Implementation
<p><b>The County, in partnership with the geographic and culturally specific entities, will provide culturally, linguistically, and gender specific services to school-aged children and their families countywide.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <ul style="list-style-type: none"> <li>▪ Culturally/gender specific entities served include: <ul style="list-style-type: none"> <li>- Immigrant/refugee communities (includes Slavic, African and any and all other immigrant and refugee communities).</li> <li>- Asian Pacific Islander</li> <li>- African-American</li> <li>- Native-American</li> <li>- Latino</li> <li>- Girls (Gender-Specific)</li> <li>- Sexual minorities</li> </ul> </li> <li>▪ The intent is to "raise the bar" on providing services to diverse populations by increasing access for all culturally diverse children and families.</li> <li>▪ Existing culturally specific programs will be a resource in building the capacity of our institutions to be culturally appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ OSCP will contract with culturally/gender specific entities to provide multi-cultural and multi-lingual services that will link with the regional entity and other appropriate service providers. This will improve delivery of culturally appropriate services throughout the system for school aged youth and their families.</li> <li>▪ Interorganizational agreements between culturally specific entities and regional entities will be created to strengthen partnerships and define roles and responsibilities.</li> <li>▪ All service providers will be expected to increase their capacity for delivering services to culturally diverse groups (e.g. hiring diverse staff, improving training for existing staff, increasing linkages with culturally specific entities, etc.).</li> </ul>

## POLICY # 4: EQUITY

Policy	Recommended Strategies for Implementation
<p><b>Distribute services based on countywide populations with high risk needs, including the number of children on free and reduced lunch, the percentage of children on free and reduced lunch, and neighborhood poverty, using census, school, Oregon Department of Education and community and culturally determined data that is county validated.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <ul style="list-style-type: none"> <li>In the current model, services to school-aged children and their families are not distributed equitably across the county, particularly given recent population shifts.</li> </ul>	<p><u>School-Based Services</u>  Sites for School-Based Services will be selected based on an index that takes into account both the number and percentage of children on free and reduced lunch or neighborhood poverty using census data.</p> <ul style="list-style-type: none"> <li>OSCP will expand the City/County criteria for phasing in sites for school-based service delivery prioritizing factors such as site readiness, combined risk index, geographic distribution, program blend, aged blend and funding availability.</li> </ul> <p><u>School-Linked Services</u>  Some School-Linked Services are allocated by region. OSCP will create a formula and decide on the weighting of variables for allocating dollars to regions using some or all of the following variables:</p> <ul style="list-style-type: none"> <li>Families in poverty</li> <li>English as a Second Language Learners</li> <li>Ethnic population numbers in a region for populations that don't historically use services but have a high need</li> <li>Students not achieving benchmarks in a region</li> <li># of 5-18 year olds in a region</li> <li>A set of risk factors will inform programmatic design. High risk populations including teen parents, out of school youth, runaway youth, and youth at risk of dropping out will have access to a core set of social services for educational support offered primarily through the regional entity.</li> <li>Service allocations will be calculated on a 3-5 year basis to ensure stability in funding and service delivery.</li> <li>OSCP will develop criteria for equitable allocation of school-aged services (school-based, school-linked and countywide services) across the County.</li> </ul> <p><u>Countywide Services</u>  OSCP, in collaboration with other County Departments with school-aged services, will develop protocols for making referrals to Countywide Services.</p>

## POLICY # 5: BOUNDARIES

Policy	Recommended Strategies for Implementation
<p><b>Align service boundaries to establish effective interagency coordination between local, county, state, and federal jurisdictions and community and business partners.</b></p> <p><b>Boundaries will be used as guides but not as barriers to service delivery.</b></p> <p><b>Adjustments to State of Oregon Department of Human Services boundaries will be made for effective coordination of service delivery.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <p>Recommendations are designed to address the following issues in the current model:</p> <ul style="list-style-type: none"> <li>▪ Different geographic boundaries for state, county, and schools.</li> <li>▪ No coordination within the systems of care.</li> <li>▪ Clients unaware of location of services.</li> <li>▪ Staff unable to form teams with other jurisdictions.</li> </ul> <p>Services will use a K-12 cluster-based delivery model where appropriate. There will be six regions, with each region including one or more High School clusters:</p> <ol style="list-style-type: none"> <li>1. Wilson, Lincoln, Roosevelt, Riverdale</li> <li>2. Jefferson</li> <li>3. Grant, Madison</li> <li>4. Franklin, Cleveland, Marshall,</li> <li>5. Parkrose, David Douglas</li> <li>6. Reynolds, Barlow, Gresham, Centennial, Corbett</li> </ol>	<ul style="list-style-type: none"> <li>• Maintain 6 regions as proposed in the February 6, 2003 School Aged Policy Framework Policy Recommendations.</li> <li>• OSCP will encourage and allow each region to design and select sites for service delivery that are part of One System / One Backbone guidelines. So, for instance, Regions 1 and 6 can choose the service delivery and outreach strategies that best address local conditions that could include; more out stationed staff; a shuttle van; a subregion office; and more free bus ticket vouchers, to name some examples.</li> <li>▪ OSCP will maximize benefits that could be gained by working on a regional level. Clusters must align with regional standards and regions must be responsive to individual needs of clusters. OSCP will ensure that in Region 1, school based service allocations will be based on the K-12 clusters in the two subregions: west and north. School linked services will also be distributed in an equitable way in the two subregions. The Roosevelt cluster will likely have more school-based services than the two other Region 1 K-12 clusters.</li> <li>▪ A "Community Convener" will be designated for each region to convene collaborative partners and community members, facilitate system design improvements, and ensure that services are culturally appropriate and culturally specific.</li> </ul>



# **School-Aged Policy Framework**

## **Recommended Strategies for Implementation**

April 17, 2003

04.17.03  
"Final Revision"

# **School-Aged Policy Framework**

## **Recommended Strategies for Implementation**

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### **INTRODUCTION**

The Director of the Office of School and Community Partnerships (OSCP) is pleased to present recommendations for implementing Policies 1-5 of the School-Aged Policy Framework. The Framework is an initiative of Multnomah County Chair Diane Linn and represents a major step in improving vital services for school-aged youth and their families throughout the County.

Preparations for the School-Aged Policy Framework began in May of 2001 when County Commissioners Lisa Naito and Serena Cruz called for an examination of the County's investment in programs for school aged youth and their families. Commissioner Lonnie Roberts supported this in light of the changing demographics in East County. In the conversations that followed, schools were recognized as a valuable site for students and their families to access services, and the decision was made to shift additional services to the schools.

When the Multnomah County Board of Commissioners adopted the Policy Framework on February 6, 2003, it directed OSCP to conduct a planning process that was inclusive and comprehensive. This directive was captured in Policy 11, which was initiated by Commissioner Maria Rojo de Steffey.

In response, OSCP held 21 workgroup meetings during the month of March, with an average of 106 stakeholders attending sessions on a weekly basis. Workgroups generated ideas and discussed the merits of a wide range of options. On April 3<sup>rd</sup>, 128 people gathered to give feedback on the options that were being considered from all the workgroups. Under the leadership of Director Lorenzo Poe, OSCP staff then used that input to craft the final recommendations.

The recommendations that follow are designed to make service delivery more efficient and effective, create an integrated system of care that is geographically coordinated with other jurisdictions, enhance delivery of services to culturally specific populations, ensure equity countywide and align service boundaries (Policies 1-5). In the months ahead, additional recommendations will be developed regarding information and referral, paperwork, departmental linkages, revenues and evaluation (Policies 6-10). These recommendations will be aligned with other County initiatives, particularly the Poverty Framework and Early Childhood Framework.

The Office of School and Community Partnerships has the primary responsibility for implementing the School-Aged Policy Framework in collaboration with four other County Departments. OSCP is committed to working closely with stakeholders to ensure a successful transition to the new model and making annual updates to the model as needed.

It is important to note that we are undertaking this process during a time of fiscal uncertainty. We are creating the ideal, while preparing to adjust to funding realities. The current recommendations describe how the system should look and work. The first phase of implementation will be tied to available resources and clarified during the budget process *with the assumption that we are working towards our ideal as resources become available*. As we move forward, every reasonable effort will be made to stabilize and leverage existing resources for providing these critical services.

This work would not have been possible without the leadership of the Board of County Commissioners, the collective wisdom of our community stakeholders, the dedication of OSCP staff and the active cooperation of staff from the Departments of Health, Community Justice, Human Services, Library and Business Services. Together, we have made it clear that while our financial resources may be limited, there is no limit to our commitment to the children and families of our community.

## POLICY # 1: PROGRAM SERVICES

Policy	Recommended Strategies for Implementation
<p><b>Provide funds for school based and school linked services for children and their families that assist all students in succeeding in school.</b></p> <p><b>Use natural helpers, cultural mentors, professionals, paraprofessionals, parents, interns and volunteers to provide the support and resources that promote developmental assets and academic achievement.</b></p> <p><b>Define a core set of culturally appropriate goals, services, resources, and technical assistance activities.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <ul style="list-style-type: none"> <li>▪ Services for school-aged children include: <ul style="list-style-type: none"> <li>- School-Based services delivered at schools.</li> <li>- School-Linked services allocated by region (see Policy #5) and delivered through an entity other than schools.</li> <li>- Countywide services that are not geographically bound (e.g. homeless services).</li> </ul> </li> <li>▪ Locating services in schools provides easy access for students and families and supports children's success in school.</li> <li>▪ The emphasis on school-based service delivery represents a significant shift of county resources.</li> <li>▪ Access to services will be ensured for children who are not in school or are in schools that do not provide services.</li> <li>▪ Services and system improvements will be aligned with key benchmarks: increase school success, decrease poverty, lower juvenile crime, enhance readiness to learn &amp; improve government.</li> </ul>	<p><b>Primary Service Outcomes:</b></p> <ul style="list-style-type: none"> <li>▪ Increase access for high risk children and families to services and supports</li> <li>▪ Minimize barriers to learning for children not succeeding in school</li> <li>▪ Increase attendance</li> <li>▪ Improve academic achievement</li> <li>▪ Decrease the drop out rate</li> <li>▪ Increase enrollment for youth who have dropped out</li> <li>▪ Closing the achievement gap</li> </ul> <p><b>The service spectrum includes:</b></p> <ul style="list-style-type: none"> <li>▪ School-Based Services;</li> <li>▪ School-Linked Services;</li> <li>▪ Regional Services (including emergency services); and</li> <li>▪ Culturally Specific Services.</li> </ul> <p><b>Health Services (School-Based and School Linked)</b></p> <ul style="list-style-type: none"> <li>▪ A satellite school based health clinic will be sited at Reynolds.</li> <li>▪ A school based health center (SBHC) will be sited at each high school and a minimum of two school based health centers will be sited at middle schools in each region.</li> <li>▪ MESD School Nurse staffing will be increased to .5 FTE at all elementary schools and to 1.0 FTE at all middle and high schools.</li> <li>▪ A mobile van will provide services to elementary schools. Service would be coordinated between MESD and the SBHC program.</li> </ul> <p><b>Mental Health (School-Based and School Linked)</b></p> <ul style="list-style-type: none"> <li>▪ 6.0 FTE County Human Services (CHS) Mental Health Consultants; .5 FTE located at 14 high schools.</li> <li>▪ 5.0 FTE CHS Mental Health Consultants coordinate the care, case management and treatment for elementary and middle school students.</li> <li>▪ 2.0 FTE for high end and Juvenile Justice services.</li> <li>▪ OSCP Family Support Specialists (modified Touchstone) within the school conducts outreach &amp; mental health screenings and makes referrals to CHS Mental Health Consultants who are linked to the schools and the regional entity.</li> </ul> <p><b>Addiction Services and Family Case Management (School-Linked)</b></p> <ul style="list-style-type: none"> <li>▪ OSCP Family Support Specialists in schools and regional entities do outreach and referrals to County and contracted addiction services.</li> </ul> <p><b>Emergency Services (School-Linked)</b></p> <ul style="list-style-type: none"> <li>▪ Emergency services are contracted and delivered on a regional or countywide basis.</li> </ul>

## POLICY # 1: PROGRAM SERVICES Continued

Policy	Recommended Strategies for Implementation
	<ul style="list-style-type: none"> <li>▪ The SAPF will be aligned with the county's Poverty Elimination Framework to ensure the philosophy and approach to poverty services are in concert with the Poverty Framework.</li> <li>▪ Emergency services will be aligned with the SAPF regional boundary lines.</li> </ul> <p><u>Social Services for Educational Support</u> (School-Based and School-Linked)</p> <ul style="list-style-type: none"> <li>▪ OSCP Family Support Specialists (modified Touchstone) located in each high-risk school will provided support services and access to system-wide resources.</li> </ul> <p><i>Contracted Services to high risk schools:</i></p> <ul style="list-style-type: none"> <li>▪ Attendance monitoring, part-time multicultural family support/outreach worker, service coordination, and student retention services targeted to academic improvement. Core services will be delivered across the system with any additional services to be provided according to the needs and resources of the individual schools, as resources allow.</li> </ul> <p><u>Library Services for Educational Support</u> (School-Based and School-Linked)</p> <ul style="list-style-type: none"> <li>▪ In collaboration with the Library, OSCP will increase coordination with branch services; Books 2 U, Libros &amp; School Corps programs will continue.</li> </ul> <p><u>Early Childhood</u> (School Based and School Linked)</p> <ul style="list-style-type: none"> <li>▪ OSCP early childhood programs will be provided at either the local elementary school or the regional entity based on community needs. Examples include parenting education and structured play groups.</li> <li>▪ The School Aged Policy Framework will be aligned with the Early Childhood Framework.</li> </ul>

## POLICY # 2: ONE SYSTEM / ONE BACKBONE

Policy	Recommended Strategies for Implementation
<p><b>Design an integrated system of care that is geographically coordinated with other jurisdictions and that provides access, intake, and linkages to serve communities countywide.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <ul style="list-style-type: none"> <li>▪ Recommendations are designed to address the following issues in the current model: <ul style="list-style-type: none"> <li>- Several different systems of care currently exist including Family Resource Centers, SUN Schools, Community and Family Service Centers, and more</li> <li>- Clients don't know where to go for services</li> <li>- Staff are unable to offer Information &amp; Referrals well given the fragmentation</li> </ul> </li> <li>▪ Key players in the proposed model include Multnomah County, Regional Entities to be selected, Individual Schools and School Districts, and other Jurisdictions and Subcontractors that deliver services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ County will continue to provide existing direct services.</li> <li>▪ County will contract for culturally specific services on a county-wide basis, which will be linked &amp; coordinated with regional services. Service examples include: student retention and parent outreach.</li> <li>▪ One contract per region for a regional entity that will provide and/or subcontract for School-Based and School-Linked services. Inter-organizational agreements between contractors (where there are lead and subcontractors) will specify roles and responsibilities.</li> <li>▪ OSCP will strengthen formal relationships with the School Districts around the School Aged Policy Framework. Inter-Governmental Agreements will be created to clarify roles and responsibilities.</li> <li>▪ A "Community Convener" in each region will provide regional convening of community resources to implement the SAPF vision.</li> <li>▪ OSCP will lead the implementation of the service model, oversee contracts, identify best practices, and provide technical assistance. All OSCP funded services that align with school aged youth and their families and that are intended to be delivered on a geographic basis will go through the Framework system.</li> <li>▪ Other County Departments (Health, Library, Community Justice and Human Services) will align and coordinate their school aged services through the Framework.</li> <li>▪ A body consisting of a representative from each regional entity, countywide contractors, the School Districts and OSCP will be formed to advise OSCP around the system functioning of the School Aged Policy Framework.</li> </ul>

### POLICY # 3: CULTURALLY SPECIFIC SERVICES

Policy	Recommended Strategies for Implementation
<p><b>The County, in partnership with the geographic and culturally specific entities, will provide culturally, linguistically, and gender specific services to school-aged children and their families countywide.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <ul style="list-style-type: none"> <li>▪ Culturally/gender specific entities served include: <ul style="list-style-type: none"> <li>- Immigrant/refugee communities (includes Slavic, African and any and all other immigrant and refugee communities).</li> <li>- Asian Pacific Islander</li> <li>- African-American</li> <li>- Native-American</li> <li>- Latino</li> <li>- Girls (Gender-Specific)</li> <li>- Sexual minorities</li> </ul> </li> <li>▪ The intent is to “raise the bar” on providing services to diverse populations by increasing access for all culturally diverse children and families.</li> <li>▪ Existing culturally specific programs will be a resource in building the capacity of our institutions to be culturally appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ OSCP will contract with culturally/gender specific entities to provide multi-cultural and multi-lingual services that will link with the regional entity and other appropriate service providers. This will improve delivery of culturally appropriate services throughout the system for school aged youth and their families.</li> <li>▪ Interorganizational agreements between culturally specific entities and regional entities will be created to strengthen partnerships and define roles and responsibilities.</li> <li>▪ All service providers will be expected to increase their capacity for delivering services to culturally diverse groups (e.g. hiring diverse staff, improving training for existing staff, increasing linkages with culturally specific entities, etc.).</li> </ul>

## POLICY # 4: EQUITY

Policy	Recommended Strategies for Implementation
<p><b>Distribute services based on countywide populations with high risk needs, including the number of children on free and reduced lunch, the percentage of children on free and reduced lunch, and neighborhood poverty, using census, school, Oregon Department of Education and community and culturally determined data that is county validated.</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>Background Notes</b> </div> <ul style="list-style-type: none"> <li>▪ In the current model, services to school-aged children and their families are not distributed equitably across the county, particularly given recent population shifts.</li> </ul>	<p><u>School-Based Services</u>  Sites for School-Based Services will be selected based on an index that takes into account both the number and percentage of children on free and reduced lunch or neighborhood poverty using census data.</p> <ul style="list-style-type: none"> <li>▪ OSCP will expand the City/County criteria for phasing in sites for school-based service delivery prioritizing factors such as site readiness, combined risk index, geographic distribution, program blend, aged blend and funding availability.</li> </ul> <p><u>School-Linked Services</u>  Some School-Linked Services are allocated by region. OSCP will create a formula and decide on the weighting of variables for allocating dollars to regions using some or all of the following variables:</p> <ul style="list-style-type: none"> <li>▪ Families in poverty</li> <li>▪ English as a Second Language Learners</li> <li>▪ Ethnic population numbers in a region for populations that don't historically use services but have a high need</li> <li>▪ Students not achieving benchmarks in a region</li> <li>▪ # of 5-18 year olds in a region</li> </ul> <ul style="list-style-type: none"> <li>▪ A set of risk factors will inform programmatic design. High risk populations including teen parents, out of school youth, runaway youth, and youth at risk of dropping out will have access to a core set of social services for educational support offered primarily through the regional entity.</li> <li>▪ Service allocations will be calculated on a 3-5 year basis to ensure stability in funding and service delivery.</li> <li>▪ OSCP will develop criteria for equitable allocation of school-aged services (school-based, school-linked and countywide services) across the County.</li> </ul> <p><u>Countywide Services</u>  OSCP, in collaboration with other County Departments with school-aged services, will develop protocols for making referrals to Countywide Services.</p>

## POLICY # 5: BOUNDARIES

Policy	Recommended Strategies for Implementation
<p><b>Align service boundaries to establish effective interagency coordination between local, county, state, and federal jurisdictions and community and business partners.</b></p> <p><b>Boundaries will be used as guides but not as barriers to service delivery.</b></p> <p><b>Adjustments to State of Oregon Department of Human Services boundaries will be made for effective coordination of service delivery.</b></p> <p style="text-align: center;"><b>Background Notes</b></p> <p>Recommendations are designed to address the following issues in the current model:</p> <ul style="list-style-type: none"> <li>▪ Different geographic boundaries for state, county, and schools.</li> <li>▪ No coordination within the systems of care.</li> <li>▪ Clients unaware of location of services.</li> <li>▪ Staff unable to form teams with other jurisdictions.</li> </ul> <p>Services will use a K-12 cluster-based delivery model where appropriate. There will be six regions, with each region including one or more High School clusters:</p> <ol style="list-style-type: none"> <li>1. Wilson, Lincoln, Roosevelt, Riverdale</li> <li>2. Jefferson</li> <li>3. Grant, Madison</li> <li>4. Franklin, Cleveland, Marshall,</li> <li>5. Parkrose, David Douglas</li> <li>6. Reynolds, Barlow, Gresham, Centennial, Corbett</li> </ol>	<ul style="list-style-type: none"> <li>• Maintain 6 regions as proposed in the February 6, 2003 School Aged Policy Framework Policy Recommendations.</li> <li>• OSCP will encourage and allow each region to design and select sites for service delivery that are part of One System / One Backbone guidelines. So, for instance, Regions 1 and 6 can choose the service delivery and outreach strategies that best address local conditions that could include; more out stationed staff; a shuttle van; a subregion office; and more free bus ticket vouchers, to name some examples.</li> <li>▪ OSCP will maximize benefits that could be gained by working on a regional level. Clusters must align with regional standards and regions must be responsive to individual needs of clusters. OSCP will ensure that in Region 1, school based service allocations will be based on the K-12 clusters in the two subregions: west and north. School linked services will also be distributed in an equitable way in the two subregions. The Roosevelt cluster will likely have more school-based services than the two other Region 1 K-12 clusters.</li> <li>▪ A "Community Convener" will be designated for each region to convene collaborative partners and community members, facilitate system design improvements, and ensure that services are culturally appropriate and culturally specific.</li> </ul>





Office of School and Community Partnerships  
**School Aged Policy Framework**

**Recommended Strategies for  
Implementation**

Presentation to the Board of County Commissioners

**April 17, 2003**



# Today's Presentation

- Review the Process-to-Date
- Present OSCP's Recommended Strategies for Implementation
  - One System/One Backbone
  - Program Services
  - Culturally Specific Services
  - Equity
  - Boundaries
- Review Next Steps



# Process-To-Date

## Key Stakeholder Involvement:

- Kick-Off Event on February 28, 2003
- Workgroups convened in March to develop implementation options for Policies 1 – 5.
- A forum on April 3<sup>rd</sup> was held to review all of the workgroup options.
  - 128 stakeholders attended

## Policy 2: One System/One Backbone

***Policy Statement: Design an integrated system of care that is geographically coordinated with other jurisdictions and that provides access, intake, and linkages to serve communities countywide.***

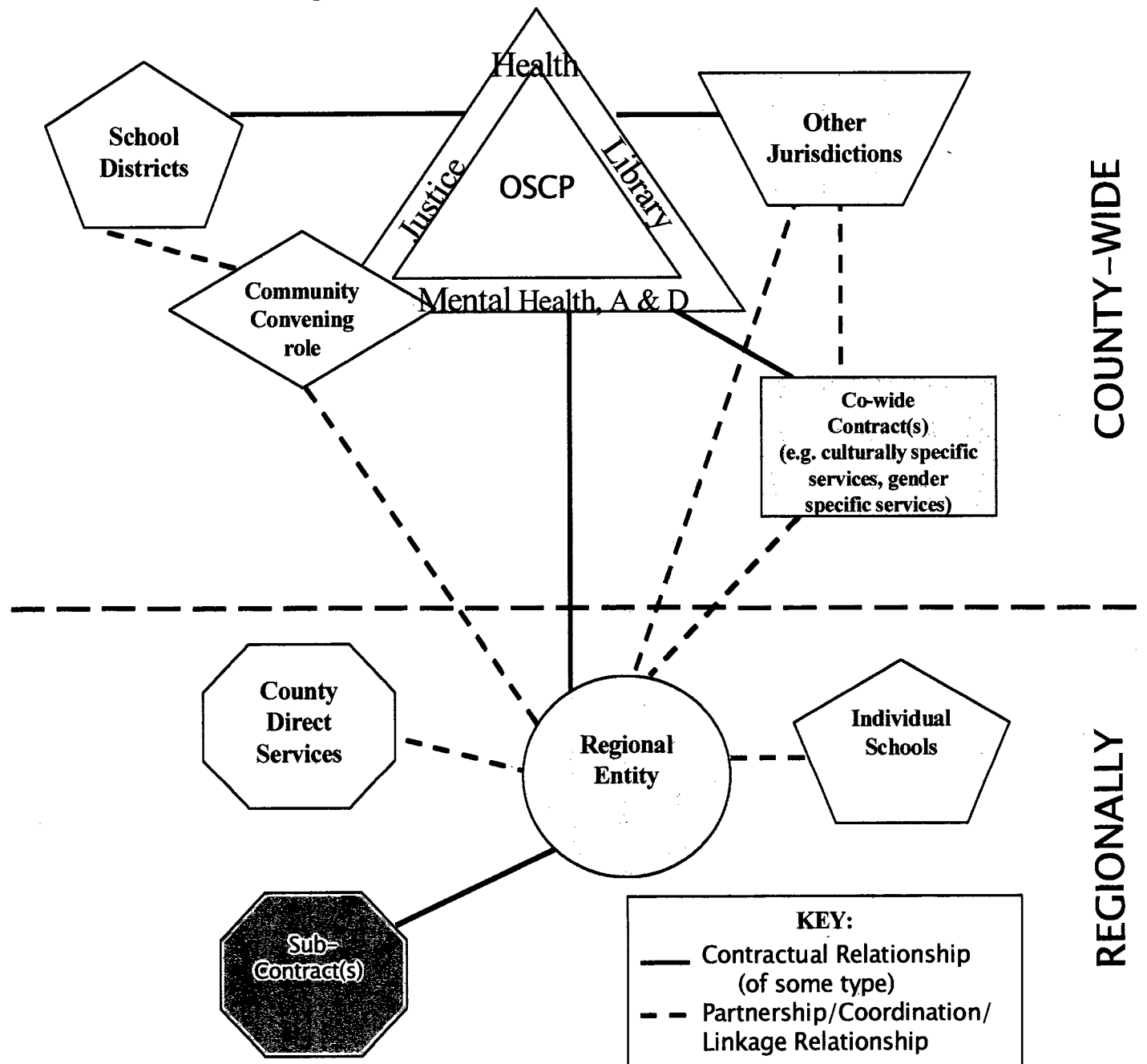
**Key components of the model include:**

- County will continue to provide existing direct services.
- County will contract with one “regional entity” in every region that will either provide and/or subcontract for school based and school linked services.
- OSCP will strengthen formal relationships with School Districts focused on the Framework.
- County will contract for culturally specific services on a countywide basis.

## Policy 2: One System/One Backbone, continued

- A **community convener** in each region will provide regional convening of community resources to implement the SAPF vision.
- OSCP will **lead the implementation** of the service model, oversee contracts, identify best practices, and provide technical assistance and training.
- Other County Departments will **align and coordinate** services for school aged youth and their families through the Framework.
- An **advisory body** will be formed of representatives from each regional entity, countywide contractors, School Districts and County staff to advise OSCP around the system functioning.

# SAPF One System/One Backbone Model





# Policy 1: Program Services

***Policy Statement: Provide funds for school based and school linked services for children and their families that assist all students in succeeding in school.***

## **Core Service Components:**

- Health
- Mental Health
- Addiction Services
- Emergency Services
- Social Services for educational support
- Library Services for educational support
- Early Childhood



## Definitions:

- School based services include services that are provided on site at a school.
- School linked services include services that are **not** provided primarily at a school site.





## Policy 1: Health

- Existing SBHC remain in budget
- Satellite SBHC at Reynolds H.S. for FY04

### Long Term Goals

- SBHC at each high school
- Minimum 2 MSBHC within each region
- MESD nurse staffing increase to .5 **ES**
- MESD nurse staffing increase to 1 **MS**
- Mobile van to **E**lementary **S**chools
- School based and school linked

# Policy 1: Mental Health

- 6.0 FTE CHS Mental Health Consultants; .5 located at 14 high schools.
- 5.0 FTE CHS Mental Health Consultants coordinate the care, case management and treatment for ES & MS students.
- 2.0 FTE for high end and Juvenile Justice services.
- OSCP Family Support Specialist (modified Touchstone) located within the school does initial screening and referral to mental health system.
- School based and school linked.



# **Policy 1: Addiction Services**

- OSCP Family Support Specialists in schools and regional entities do outreach and referrals to county and contracted addiction services.
- School linked.



# **Policy 1: Emergency Services**

- Services such as utility assistance, homeless services, emergency and transitional housing are contracted and delivered on a regional or countywide basis.
- Services will align with the Poverty Elimination Framework.
- School linked.



# **Policy 1: Social Services for Educational Support**

- Each high-risk school (108)
- Targeted to academic achievement
- Best Practices
- OSCP Family Support Specialists
- Retention/extended day services
- Multi-cultural family outreach services
- Service coordination
- School based services at high risks schools
- School linked services for low risk, alternative schools, drop outs, and home schoolers



# **Policy 1: Library Services for Educational Support**

- Increase coordination between schools and branch services.
- Books 2 U, Libros & School Corps programs will continue.
- School based and school linked.



# **Policy 1: Early Childhood**

- OSCP funded early childhood programs can be provided at the local ES and/or the regional entity.
- Services will align with the Early Childhood Framework.
- School based and school linked.

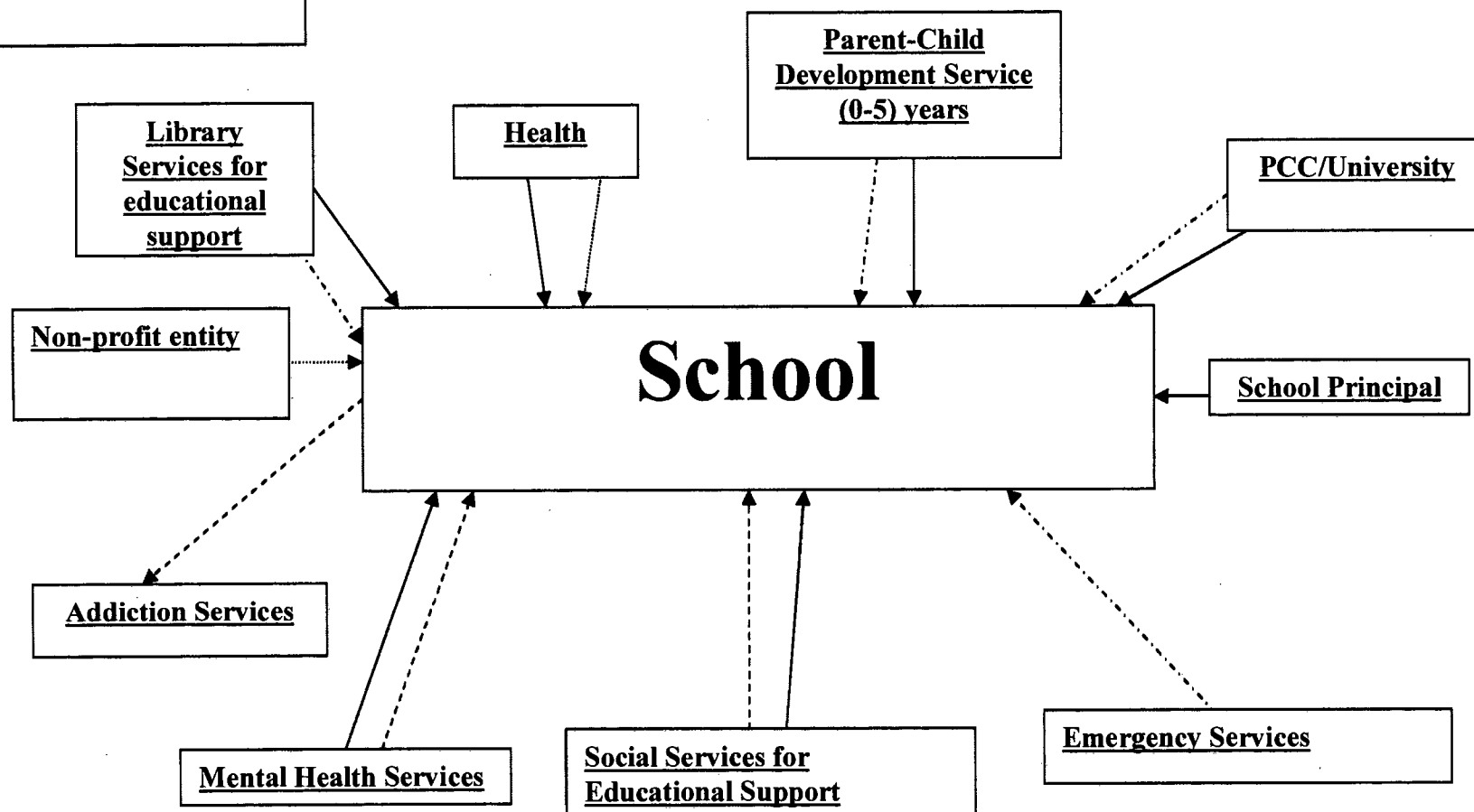
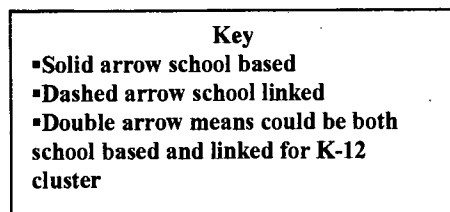


# System Improvement and Program Outcomes

- **Increase access** for high risk children and families to services and supports
- **Minimize the barriers** to learning for children not succeeding in school
- **Increase attendance** for chronically absent students
- **Improve academic achievement** levels for children not reaching benchmarks
- Close the **achievement gap**
- Decrease the **drop out rate**
- **Increase enrollment** in school or alternative setting for kids who have dropped out



# School-Based/School-Linked Services





## **Policy 3: Culturally Specific Services**

***Policy Statement: The County, in partnership with the geographic and culturally specific entities, will provide culturally, linguistically, and gender specific services to school-aged children and their families countywide.***

- OSCP will contract with culturally specific entities to provide multi-cultural and multi-lingual services that will link with the regional entity and other appropriate service providers.
- Inter-organizational agreements between culturally specific entities and regional entities will be developed to strengthen partnerships and define roles and responsibilities.
- All service providers will be expected to increase their capacity for delivering services to culturally diverse groups.



## **Policy 4: Equity**

***Policy Statement: Distribute services based on countywide populations with high risk needs.***

### **For School Based Services:**

- High Risk Schools - 108

### **For School Linked Services:**

- Families in poverty
- English as a Second Language Learners
- Ethnic population numbers in a region for populations that don't historically use services but have a high need for services
- Students not achieving benchmarks in a region
- Number of 5-18 year olds in a region

# Policy 5: Boundaries

***Policy Statement: Align service boundaries to establish effective interagency coordination between local, County, State, Federal jurisdictions, and community and business partners. Boundaries will be used as guides but not as barriers to service delivery.***

- **Maintain 6 regions** as proposed in the February 6, 2003 School Aged Policy Framework Recommendations.
- K-12 **clusters must align** with regional standards and regions must be responsive to individual needs of clusters. OSCP will ensure that in Region 1, school based service allocations will be based on the K-12 cluster in the subregions: west and north.
- A **Community Convener** will be designated for each region.

# Next Steps

<ul style="list-style-type: none"><li>•Further develop details for service model</li><li>•Conduct streamlined site selection process</li><li>•Finalize recommendations</li></ul>	April - June
<ul style="list-style-type: none"><li>•Convene Workgroups 6, 7, 9, &amp; 10 of the policy recommendations (through August)</li><li>•Finalize service model</li><li>•Hire community convener positions</li><li>•Determine procurement process and write procurement</li></ul>	May - August
Release procurement	September - October
Rate and negotiate contracts	November - December
Begin overall transition, including implementation of new service elements	January 1, 2004