

Date 4/12/89

NAME Kathy Henley

ADDRESS 4715 NE 13

Street
Portland OR
City

97211
Zip

I wish to speak on Agenda Item # Funding for
Subject Autistic Children

FOR

AGAINST Activity Program

NAME

Pam Patton

Date _____

ADDRESS

MORRISON Center

Street

City

Zip

I wish to speak on Agenda Item # _____
Subject _____

Budget

Proposal for
Day Treatment



FOR

AGAINST

for Young
Children

Date 4-12-89

NAME

Kronda Adair

ADDRESS

5744 N Mississippi

Street

Portland, OR

City

97257

Zip

I wish to speak on Agenda Item # Teen Health
Subject Centers

X

FOR

AGAINST

4-12-89
Date _____

NAME

Irene B Barnett

ADDRESS

2140 N.W. Kearney 503

Street

Portland Or

97210

City

Zip

I wish to speak on Agenda Item #

PMCO -

Subject

_____ FOR

Closing AGAINST Laanes &
Trucks & meals on
wheels & transportation

Date _____

NAME MARTHA DALRYMPLE

ADDRESS 2309 S.W. 1st

Street PORTLAND 97204

City Zip

I wish to speak on Agenda Item # Transportation
Subject _____

FOR

AGAINST

Date 4/12/89

NAME Edna T. Chandler

ADDRESS 731 SW Salmon St. apt. 201

Street
Portland, OR City
97205 Zip

I wish to speak on Agenda Item # Aging Budget
Subject Senior Citizens

 FOR

 AGAINST

Date 4/12/89

NAME

Roberta Anderson

ADDRESS

3312 1/2 E. 138th Pl

Street

Portland

City

97230

Zip

I wish to speak on Agenda Item #

Senior Services

Subject

FOR

AGAINST

NAME

Charles Whittlesey

Date _____

ADDRESS

6531 SE Iron St

Street

Portland

City

97206

Zip

I wish to speak on Agenda Item # _____
Subject _____

Funding for
senior services

FOR

AGAINST

Date 4-13-89

NAME

Bill French

ADDRESS

6744 NE Hancock

Street

Port. 91213

City

Zip

I wish to speak on Agenda Item #

Aging

Subject

FOR

AGAINST

Date 4-12

NAME Mary Bromel

ADDRESS 531 SE 14th
Street

Portland 97214
City Zip

★ I must leave by 2:30pm

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR

_____ AGAINST

NAME

Mark Sanford ✓

Date

4-12-89

ADDRESS

2900 SE 122nd

Street

Portland

City

OR

97236

Zip

I wish to speak on Agenda Item .#

Subject

Agmg Budget

FOR

AGAINST

cuts

Date 4/12/84

NAME

Julian Bowen

ADDRESS

1410 S.W. Broadway

Street
Portland

OR

97201

City

Zip

I wish to speak on Agenda Item # City's Budget
Subject Transportation

____ FOR

____ AGAINST

NAME

Evelyn Stuart

Date

4-12-89

ADDRESS

2643 N. Russet

Street
 Portland

City

OR.

97217

Zip

I wish to speak on Agenda Item

#

Senior Citizen

Subject

Budgeted money

X

FOR

AGAINST

President Advisory Com. Hollywood Sr. Center

Date 4-12-89

NAME

Dianna Graf

ADDRESS

1030 SW 3rd

Street

Portland, Oregon

City

97204

Zip

I wish to speak on Agenda Item #

Senior Citizen

Subject

Budgeted Money

FOR

AGAINST

Date 4/12/89

NAME JUDY APPEGATE

ADDRESS 2879 SE KELLY ST

Street
PORTLAND, OR. 97202
City Zip

I wish to speak on Agenda Item # _____

Subject AGING SERVICES/

X FOR

_____ AGAINST MENTAL HEALTH
TO SENIORS.

Date 4/12/89

NAME

Ira Bethune

ADDRESS

1430 SW 12th # 201

Street

Portland, Oregon

City

97205

Zip

I wish to speak on Agenda Item #

Senior Citizen

Subject

Budgeted Money

FOR

AGAINST

Date 4-12-89

NAME

Linda Cramer

ADDRESS

1824 NE 48th

Street

PHD.

City

97213

Zip

I wish to speak on Agenda Item #

Subject

PMCOA - budget

____ FOR

____ AGAINST

Date 4-12-89

NAME

Anne Kelly Feeney

ADDRESS

Loaves & Fishes Center Inc

6125

^{Street}
Portland Oregon
_{City}

97206
Zip

I wish to speak on Agenda Item #
Subject

Aging Services

 FOR

 AGAINST

Date 4-12-89

NAME

Cecilia P. Angell

ADDRESS

4400 N.E. Broadway #301

Street

Portland, OR.

City

97213

Zip

I wish to speak on Agenda Item #
Subject

Ageing budget

____ FOR

____ AGAINST

Date 4-12-89

NAME

Frances L. Stone

ADDRESS

7027 N.E. Glisan

Street

Portland, Oregon 97213

City

Zip

I wish to speak on Agenda Item # Against Cutting
Subject THE BUDGET to Close

FOR

AGAINST the Senior
centers.

(Hollywood center)

Date April 12 '89

NAME

Amy Jenkins apt 1517

ADDRESS

4400 N E ~~Broad~~ Broadway

Street

Portland - OR

City

97213

Zip

Hollywood Senior center

I wish to speak on Agenda Item # _____

Subject _____

____ FOR

____ AGAINST

Date 4-12-89

NAME Amanda Wheeler-Kay

ADDRESS 0317 S.W. Lane St.

Street
Portland City
97201 Zip

I wish to speak on Agenda Item # _____
Subject Toon Health Centers

X FOR _____ AGAINST

NAME

Virginia Snodgrass

Date

4/12/89

ADDRESS

Street

City

Zip

Available to respond to questions

I wish to speak on Agenda Item #

to testify

Subject

~~FOR~~

~~AGAINST~~

Learning w/
Infants &
Toddlers

re: recommendation for LIT expansion

Date 4-12

NAME

Judy Butler

ADDRESS

Emanuel Hosp: 2801 N. GARDEN-

Street

Portland

City

97227

BEW

Zip

I wish to speak on Agenda Item # 1.

Subject MN WORKER AT

X FOR

AGAINST CARES

Date _____

NAME Jan Bays

ADDRESS CAREs Program Emanuel Hospital
Street
Portland Oregon 97227
City Zip

I wish to speak on Agenda Item # 1
Subject Mental Health Work

X FOR _____ AGAINST for CAREs

Date 4-12

NAME

Gail Reed

ADDRESS

719 SE. 30th

Portland
Street
City

Or.

97214
Zip

I wish to speak on Agenda Item # _____

Subject

Community Health
Nursing
(Consumer)

FOR

AGAINST

Date 4/12

NAME Cathy Oliver

ADDRESS Outside In Clinic

Street
1236 SW Salmon RD
City Zip

I wish to speak on Agenda Item # D

Subject DHS Budget

 FOR

 AGAINST

Date 4.12.89

NAME

JIM PAYNTER

ADDRESS

2426 NE FLANDERS

Street

PORTLAND OR. 97232

City

Zip

I wish to speak on Agenda Item #

Subject AGING SERVICES BUDGET

 FOR

 AGAINST

Date 4/12/89

NAME

Margaret Lomacin Volunteer

ADDRESS

11221 NE Glisan HT

Street

Portland,

OR

97220

City

Zip

Transportation

I wish to speak on Agenda Item #

Cut in

Subject

services

 FOR

 ✓

AGAINST

Date 4-12-84

NAME Mary Bingell

ADDRESS 2900 SE 122nd

PHD Street 97236
City Zip

I wish to speak on Agenda Item # _____

Subject Agony Budget

_____ FOR

X AGAINST cuts

NAME

Ruth Williams

Date

4/12/89

ADDRESS

Street

City

Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR

_____ AGAINST

I'm sorry but I too
need to leave by
3:00 p My name is
Gail Reed. I am
here to speak on
behalf of the field
nurses.

As I said

Before, I
apologize if
this creates
a mix up in this.
Thank you.
Gail

NAME

Korff
Mildred Korff

Date

4-12

ADDRESS

3705 N.E. Wascu

Street

City

Zip

I wish to speak on Agenda Item #

Subject

Hollywood Sign
Antenna

FOR

AGAINST

NAME

Belle Bennett

Date

4/12/89

Community Ad

ADDRESS

10531 SW Capitol Hwy

Vocals

Street
Portland

97219

City

Zip

I wish to speak on Agenda Item # _____

Subject _____

FOR

AGAINST

Date 4-12-89

NAME

NEIL R. KOCHENDOER FOR

ADDRESS

3414 N. E. ^{53rd} ~~530~~ AVE

Street

PORTLAND OR

City

97213

Zip

I wish to speak on Agenda Item # AGING SERVICE
Subject BUDGE

 FOR

 AGAINST

NAME

Quint French Date 2/13

ADDRESS

Hancock
6744 NE Hancock

Street
Portland OR 97213

City

Zip

I wish to speak on Agenda Item #

Subject

partnership

FOR

AGAINST

NAME

JOHN CHINN

Date

4/2/89
4-12-89

ADDRESS

3232 N.E. 140

^{Street}
PORTLAND, OR.

City

97230

Zip

I wish to speak on Agenda Item
Subject

PUBLIC GUARDIAN



FOR

AGAINST

Date 4/12

NAME

Jane Dunn - MHS-west

ADDRESS

I do need to be
~~street~~
at another meeting
~~city~~ at 4 o'clock. Zip

I wish to speak on ~~Agenda Item~~ #

Social Services
Budget

Subject

FOR

AGAINST

Shelter of Homeless Mentally Ill.

NAME

Estella Johnson

Date

7/13/80

ADDRESS

17175 W Park #140 ▽

Street

Portland Oregon 97201

City

Zip

I wish to speak on Agenda Item #

Prmed

Subject

FOR

AGAINST

Date 4/12/89

NAME

Jo Aughinbaugh

ADDRESS

1969 S.W. Park Av
street

Portland
City

97201
Zip

I wish to speak on Agenda Item # _____

Subject

Aging Budget

FOR

AGAINST

Date

4/12/89

NAME

ALLAN YA GUENTHER

ADDRESS

WEST WOMEN'S & CHILDREN'S SHELTER

Street

2010 NW KEARNEY PORTLAND 97209

City

Zip

I wish to speak on Agenda Item #

EMERGENCY

SERVICES

Subject

CASE MANAGEMENT

FOR

AGAINST

NAME

Aiki Brown, NPYSC

Date 4/12/89

ADDRESS

7704 N. Hayward

Portland Or

97203

Street

City

Zip

I wish to speak on Agenda Item #

Subject

Teen Health Clinic

FOR

AGAINST

Date 4/12

NAME SUS HAW

ADDRESS 2317 NE AINSWORTH

Street

PDX

City

97211

Zip

I wish to speak on Agenda Item # DHS Budget

Subject Lead health

FOR

AGAINST

Centers

Date _____

NAME CHAR McBRIDE

ADDRESS 2850 SE Bybee Blvd

Portland, OR 97202
Street City Zip

I wish to speak on Agenda Item # TEEN CLINIC
Subject _____

FOR AGAINST

Date 4-12-89

NAME

Diane M. Feldt, Riki Brown

ADDRESS

7704 N. Herford
Street

Portland
City

9703
Zip

I wish to speak on Agenda Item #

Add Package

Subject

NPYSK Young Men's Program

X FOR

_____ AGAINST

Date 9/12

NAME Jean De Maester

ADDRESS Burnside Projects
Street

City Zip

I wish to speak on Agenda Item # _____
Subject DHS Budget

_____ FOR

_____ AGAINST

Date 4-12-89

NAME Patricia Williams

ADDRESS 44.85 SW 194 Court

Street
Aloha Oregon 97007-
City Zip

I wish to speak on Agenda Item # DHS
Subject Budget

 FOR

 AGAINST

BARBARA Sullivan
Date 4-12-89

NAME

Rick Schwarz → City Councillor Gresham

ADDRESS

1480 SE LIBERTY ST.

Street

GRESHAM OR. 97080

City

Zip

I wish to speak on Agenda Item # _____

Subject

Dental Clinic

X FOR

_____ AGAINST

Date 4/12

NAME Geri Washington

ADDRESS Portland Impact

Street

3534 SE Main

City

Zip

I wish to speak on Agenda Item # _____

Subject DHS budget

_____ FOR

_____ AGAINST

NAME

Chong Karasstein Kuehl

Date

4/12/89

ADDRESS

704 N. Hereford

Street

Portland Or. 97203

City

Zip

I wish to speak on Agenda Item #

Subject

Teen Health Clinics

FOR

AGAINST

Date 4/12

NAME Marilyn Miller

ADDRESS Portland IMPACT

3539 SE Main
Street

City Zip

I wish to speak on Agenda Item # _____

Subject DHS Budget

_____ FOR _____ AGAINST

Date 4/12

NAME

Bono A

ADDRESS

Outside In Clinic

Street

1236 SW Salmon

City

Zip

I wish to speak on Agenda Item #

Subject

DHS budget*

____ FOR

____ AGAINST

Date 4/12/89

NAME

Hunter, Lise

ADDRESS

5260 NE 74

Street PLD

OR 97218

City

Zip

I wish to speak on Agenda Item # _____
Subject _____

aging

____ FOR

AGAINST cats

Date _____

NAME FRANK Shields

ADDRESS 3520 SE Yamhill St

Did not show

PHid. Street 97214
City Zip

I wish to speak on Agenda Item # _____
Subject DAS budget

_____ FOR _____ AGAINST

Date 4/12/89

NAME

Charlotte H.D. Cook

ADDRESS

9424 N. Polk

Street

PORTLAND

City

97203

Zip

I wish to speak on Agenda Item #

DMS

Subject _____

_____ FOR

_____ AGAINST

4/12/89

Hand Outs DHS

- #1 Highlights of DHS FY 89-90 Executive Budget
- #2 Letter from Mr. Montgomery
- #3 Impact of Mayor's Budget on Aging Services for FY 89-90
- #4 FY 90 DHS Total Fund Spreadsheet -
- C B A C
#5 Letter - To McCoy from Douglas Montgomery
- #6 Zussy memo to BCC
Impact of Weatherization Program....
(This was given after his presentation as me)
- #7 Judy Applegate - Was not included out
- #8 Jones + Fisher Press Release
- #9 Artistic Children's Activity Program
(ACAP, Inc.)

- #10 FHAP Swartz ^{opp?}
- #11 KIDS Can Update
- #12 Sue Shaw Sen Health Clinic
- #13 N. Portland youth service
Center -
- #14 Sen Health Center - Char
an e Brude -
- #15 Burnside Projects - Jean DeM
- #17 Frank Shields (Homeless)
- #18 Heather James - Student - Roosevelt
- #19 Appendix

SIGN UP SHEET FOR TESTIFYING

①

Testimony is limited to 3 minutes
unless otherwise announced.

POSITION:	NAME: (PLEASE PRINT)	ISSUE:
1	Roberta Anderson ✓	PMCOA / ASD
2	Linda Cramer ✓	PMCOA - budget
3	Bill French ✓	PMCOA / ASD
4	Mark Sanford ✓	Human Solutions, INC.
5	Gail Reed ✓	Community Health Nurses (Consumer)
6	Charlotte L.D. Cook	Teen Health Centers
7	Louella A. Hyde	A.A.R.P.
8	Cynthia P. Angell ✓	Hollywood East
9	Amy Jenkins ✓	" "
10	Jim Bunter ✓	Hollywood Sr. Cntr.
11	Lene B Barnett	Friendly Homecare Unit
12	Evelyn Stuart - ^{Pres. of Advisory Council -} Hollywood Senior Center	
13	Cathy Oliver ✓	Homeless case management
14	"Bones" Ken ✓	"
15	Marilyn Miller ✓	"
16	Portland Impact ^{Ceri Washington} ✓	"
17	Jean De Masler ✓	"
18	Frank Shields Burnside Projects Jst	"
19	Frances Stone ✓	Hollywood Center
20	Mary Giggell ✓	Human Solutions
21	Edna Chandler ✓	NWPP/Client Concern
22	Margaret Lomacin ✓	Volun. East Co. Hum. S.
23	John Chienn ✓	E. Co. HUMAN SOLUTIONS -
24	JUDY BUTLER ✓ Melissa J. [unclear]	CARES PROGRAM Senior Centers etc.
25	Jan Bair ✓	CARES PROGRAM

SIGN UP SHEET FOR TESTIFYING

2

Testimony is limited to 3 minutes
unless otherwise announced.

POSITION:	NAME: (PLEASE PRINT)	ISSUE:
26	Julian Boulton ✓	aging transportation
27	Martha Delrympic ✓	
28	Judy APPEGATE ✓	AGING SERVICES / MENTAL HEALTH
29	Ira Bethune ✓	Aging Services
30	Dianne Gray ✓	Aging Services
31	Bibi Brown	Teen Health Clinics
32	Chong Karpstein Kuehl	Teen Health Clinics
33	Bill Gordon ✓	aging services
34	Rina Feldt	N.Y.S.C. Young Moms' Program
35	Anne Kelly Feeney ✓	Reefs and Fishes Melnetim
36	Ruth Frenzel ✓	guardianship
37	Wanda W. W. W.	
38	Charles Whittsey ✓	Funding for elderly services
39	Kathy Henley ✓	Autistic Childrens Activity Program
40	Belle Bennett ✓	Community Advocates KIDS CAN
41	Mered Korbb ✓	Hally Grant Senior Center
42	Rick Schwarz / Barbara Sullivan ✓	Horn FHAP / City of Gresham
43		
44		
45		
46		
47		
48		
49		
50		



MULTNOMAH COUNTY OREGON

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

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

MEMORANDUM

TO: County Chair Gladys McCoy
Liaison Commissioner Rick Bauman
County Commissioner Pauline Anderson
County Commissioner Gretchen Kafoury

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

DATE: April 12, 1989

SUBJECT: Highlights of DHS FY 89-90 Executive Budget

I am pleased to present to you a summary overview of the County Chair's Executive Budget proposal for the Department of Human Services.

As you will recall, last year's budget preparation cycle involved a considerable effort to define and clarify the missions, roles, and responsibilities of each county department, division and program area. This year the County Chair chose to provide each department with a constraint dollar figure and directed us to use those funds in ways that serve to maximize the service delivery potential consistent with the missions, roles and responsibilities that were established last year.

Given that this is a "constraint budget", I propose to dispense with a review of our mission goals and objectives and, in the interest of time, quickly review with you the following:

1. Overview the DHS "Continuum of Services".
2. Present the proposed DHS organizational structure and staffing for FY 89-90 together with the sources and distribution of funds proposed to support that structure.
3. Highlight the proposed changes in funding and staffing in comparison to the current service level.
4. Note for your consideration the proposed county budgetary support for the Portland Multnomah Commission on Aging (PMCoA), the one "Non-departmental External Organization" which has been associated with this department.
5. Discuss three critical issues that have yet to be addressed in this request (i.e. the cost of Emergency Holds, the cost of changing the Division policy currently used by our Juvenile Justice Division, and the probable loss of Aging Services revenues from the City of Portland.

I. DHS "Continuum of Services"

The concept of a "Continuum of Services" ranging from "Access" through "Prevention" and "Intervention" to "Treatment" has been of continuing interest to the Board of County Commissioners. Recognizing that "Treatment" and other late stage interventions are major areas of responsibility of the county, for which most of our categorical dollars are earmarked, the Chair and the Board of Commissioners has generally sought to use general fund and other discretionary dollars to improve "Access" to human services and to emphasize "Prevention" and "Early Intervention" services in an effort to achieve a better balance in the distribution of county support for Human Services clients. The Chair and the Board have consistently emphasized the value of these "Early Intervention" activities in providing a greater return on the county's investment while reducing human suffering by mitigating the deterioration of early stage clients into the later stages of dependency.

This Department concurs with your belief that many more lives can be productively benefited by investing a relatively few dollars in the earlier stages of the continuum even though we must continue to provide essential support to those clients who have already reached the later stages.

This year, the Department of Human Services undertook an effort to determine the actual distribution of human service dollars and FTE across this "Continuum". Though time did not permit us to prepare such an analysis of the FY 89-90 Executive Budget proposal, we did take the FY 88-89 adopted budget and ask each program to allocate funds and staff to the several categories of activity along this "continuum of services". We feel confident that "the continuum" as it will appear during the upcoming fiscal year will look essentially the same as the material presented for your perusal herewith.

For the purposes of this presentation we prepared information that has been summarized at the department and division levels to give you an overview. Should you desire greater detail (i.e. down to the program level), it is available upon request.

II. DHS Organizational Structure

In this handout we have included organizational charts, staffing levels, and general fund requirements for the department and for each division in both tabular and graphic formats in order to illustrate growth in DHS personnel and general fund requirements from FY 87-88 through the proposed Executive Budget for FY 89-90.

As you review the patterns of growth over this three-year period, you will note the incremental increases in each division. The pattern is one that is consistent with a period of steady, but not dramatic, growth.

III. Proposed FY 89-90 Budget Highlights

Following the summary budgetary information at the Departmental level we have included information for each division which focuses on the Chair's proposed funding level for that division and which highlights the changes this request would make from current year service levels. These highlights range from key organizational changes, to new services, to personnel increases.

IV. Non-departmental Allotment to PMCoA

Attached to this memorandum is a one page summary describing the Mission, Objectives and General Fund allotment for the Portland Multnomah Commission on Aging, (PMCoA), the one "non-departmental external organization" associated with this department. Briefly, the Executive Budget proposes to allocate \$75,611 to the support of this organization during FY 89-90. This allocation amounts to some \$3,500 more than the FY 88-89 funding level and is budgeted on a "pass through" funding basis.

The Board should note that PMCoA clearly exceeds the statutorily required citizen participation element for receipt of the State and Federal grant funds. Though this more elaborate structure is desirable and worthwhile, the County's support for this external organization has been predicated upon an ongoing agreement with the City of Portland under the terms of which the city has provided some \$580,000 per year in direct service and administrative funding for the operating of the Area Agency on Aging (now functioning through our Aging Services Division) together with some \$75,000 per year to match the County's funding on a dollar-for-dollar basis to support the staffing and operation of PMCoA.

Should the city withdraw its support for the Area Agency on Aging, the justification for continued County support of PMCoA would largely vanish.

V. Critical Issues for FY 89-90 Not Addressed in This Proposed Budget

As a part of your review of this Executive Budget, you need to direct your attention to three critical issues which were not known when this request was compiled, but which may significantly impact the dollars that are available for your discretionary use in FY 89-90.

1. Emergency Holds

As was discussed in my memo of March 29, 1989, we now estimate that the cost for emergency holds in FY 88-89 may exceed our present allocated funds by as much as \$521,570. Since the State statutes require the County to pay for these costs, the Department will have to request additional funds for this fiscal year, thereby reducing the funds available for your beginning cash balance for FY 89-90.

Costs are above allocated funds for several reasons:

- . the increasing percentage of indigent persons being placed on holds
- . the closure of Dammasch to voluntary admissions and for a short period this year to involuntary admissions
- . increasing length of hospital stays
- . the County's lack of control over admissions
- . fewer additional state revenues than we had planned to secure, and
- . an increase in average per day hospital charges

DHS will begin a capitated payment system that should help us control costs in FY 89-90, however, this will not materially improve our need for additional funds for this current fiscal year.

2. Juvenile Justice Division Diversion Policy

In response to Internal Audit Report #1-88, our Juvenile Justice Division convened a committee to examine the diversion policy for juveniles that has been in effect since 1972. The committee reviewed the Auditor's recommendations relative to the existing system of Diversion of Youthful Offenders, reviewed the existing Board policy, and prepared recommendations for your consideration (please see "JJD Report, Community Diversion Services in Multnomah County").

Briefly, the committee's recommendations, if accepted, would change existing policy to require all second-time (or more) recidivating misdemeanor offenders to participate in diversion program services. Currently, offenders participate on a voluntary basis until well over the 10th offense. To serve the approximately 400 youth per year who fall into this category will cost an additional \$128,051 above the amounts presently included in the Chair's proposed budget.

The committee's second recommendation is to initiate a pilot project that will improve the assessment of youthful offenders and to enhance their linkage to needed services. As proposed, this pilot project would include for each youthful offender referred, a comprehensive psychosocial assessment, case management, referral, service payments, and "tourniquet sentencing" (i.e. progressively severe sanctions in response to continuing recidivism) for second or more time misdemeanor diversion clients. It is estimated that it would cost \$131,014 in addition to the amount presently included in the Chair's proposed budget to serve 200 youth per year in this way.

3. Aging Services Division Loss of City Funding

Since 1974, the City of Portland and the County have operated under an Intergovernmental Agreement to fund on an equal basis, the Area Agency on Aging, (now the Aging Services Division). Funding from the City has been used to partially fund ASD's Community Services to the Elderly and ASD's Administration. For FY 89-90, Mayor Bud Clark has proposed to eliminate entirely the City funding for ASD. The Chair's proposed FY 89-90 budget for ASD is currently predicated upon the assumption that the City would provide some \$588,000 (103% of current funding level).

Loss of these revenues will be devastating to the Aging Services system, forcing closure of Senior Service Centers and reductions in other services such as meals and door-to-door transportation. Possible options to avoid or mitigate such a major impact may include the following:

- a) Persuade the City Council to restore the funds, at least for FY89-90.
- b) Provide County funds to replace the City's portion of the Aging Services budget to maintain current service levels for FY 89-90.
- c) Negotiate with the City to maintain the service level and split the costs, perhaps with the County assuming full responsibility for funding Aging Services phased in over several years. The County may want to transfer some other responsibility to the City in exchange for releasing the City of its cost for funding Aging Services activities.
- d) Settle upon some combination of funding continuation and service reductions that will lessen the impact on the ASD system and that is affordable by both the County and City governments.

Memo to Board of Commissioners
April 12, 1989
Page 6

In conclusion, we are pleased to present to you today Chair McCoy's proposed Executive Budget for the Department of Human Services. In approaching your deliberations on this budget, we suggest that you may wish to begin with an understanding of what remains unresolved and proceed through those elements on which there is greater closure.

Should you have specific questions for us on any point within this presentation or with regard to the budgetary detail which it seeks to summarize, we will be pleased to respond accordingly.

NONDEPARTMENTAL
ALLOTMENTS TO NON-COUNTY AGENCIES

Agency 050 Organization 9050

100 9395 Portland/Multnomah Commission on Aging (PMCOA)

MISSION

To represent the interests of 108,000 elderly and disabled citizens to the City of Portland, Multnomah County Board of Commissioners, Aging Services Division, other policy makers and the general public through citizen participation activities in an effort to improve the quality of life.

PMCOA will accomplish its objectives by providing staff and material support for 159 volunteers (25 member Commission, 80 additional Committee members, and 54 long-term care Ombudsmen volunteers) as they carry out their activities in the area of long-term care, public services, transportation, health care, etc.

OBJECTIVES

Consumer Representation/Advocacy

To solicit input from community elders and disabled and provide advice to City and County governments, Multnomah County Aging Services Division, and other public officials.

Public Education and Research

To study and prepare findings on issues of concern and provide public information/education on issues/ services affecting elderly and disabled.

Program Development

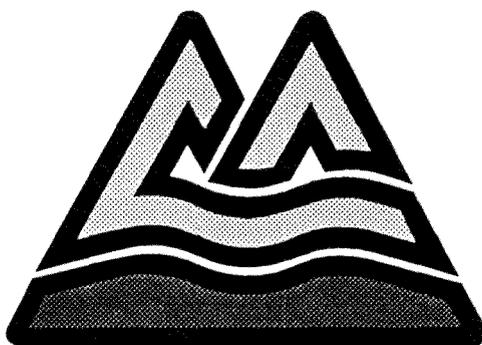
To advocate for and assist in the development of new programs and services in the public and private sector to meet the needs of elders.

REVENUES: General Fund

*Note FTE for MHRC are not included in the County Budget and are shown for information only.

COSTS	<u>1986-87</u>	<u>1987-88</u>	<u>1988-89</u>	<u>1989-90</u>
FTE	0.00	0.00	0.00	0.00
PS	\$ 0	\$ 0	\$ 0	\$ 0
M&S	63,800	65,395	72,011	75,611
CO	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	\$ 63,800	\$ 65,395	\$ 72,011	\$ 75,611

0935M/4



**MULTNOMAH COUNTY
DEPARTMENT OF HUMAN SERVICES**

BUDGET PRESENTATION

FISCAL YEAR
1989-1990

Submitted by:
Duane Zussy
Director
April 12th, 1989

C O N T E N T S

PAGE NO.

DEPARTMENT OF HUMAN SERVICES CHARTS1
 Organization
 Personnel Growth
 General Fund Requirement
 Proposed Budget-All Funds
 Proposed Budget-Sources of Revenue
 Continuum of Services (FTE's)
 Continuum of Services (Dollars)

DIRECTOR'S OFFICE.8
 Organization
 Source of Revenues
 Budget Highlights

HEALTH SERVICES DIVISION.11
 Organization
 Source of Revenues
 Continuum of Services (FTE's)
 Continuum of Services (Dollars)
 Budget Highlights

SOCIAL SERVICES DIVISION.16
 Organization
 Source of Revenues
 Continuum of Services (FTE's)
 Continuum of Services (Dollars)
 Budget Highlights

AGING SERVICES DIVISION21
 Organization
 Source of Revenues
 Continuum of Services (FTE's)
 Continuum of Services (Dollars)
 Budget Highlights

JUVENILE SERVICES DIVISION26
 Organization
 Source of Revenues
 Continuum of Services (FTE's)
 Continuum of Services (Dollars)
 Budget Highlights

DEPARTMENT OF HUMAN SERVICES
FY 89-90

MULTNOMAH COUNTY BOARD
OF COMMISSIONERS

DEPARTMENT OF HUMAN SRVCS

CENTRAL ADVISORY BOARD

DIRECTOR'S OFFICE
0100

Administration
Word Processing

HEALTH DIVISION
0600

Services and Support
Health Systems
AIDS Program
Specialty Care Clinics
Primary Care Clinics
Field Services
Dental Services
Regulatory Health Svcs
Corrections Health

SOCIAL & FAMILY SRVS DIV
1000

Administration
DD Program Office
MED Program Office
R&D Program Office
Youth Program Office

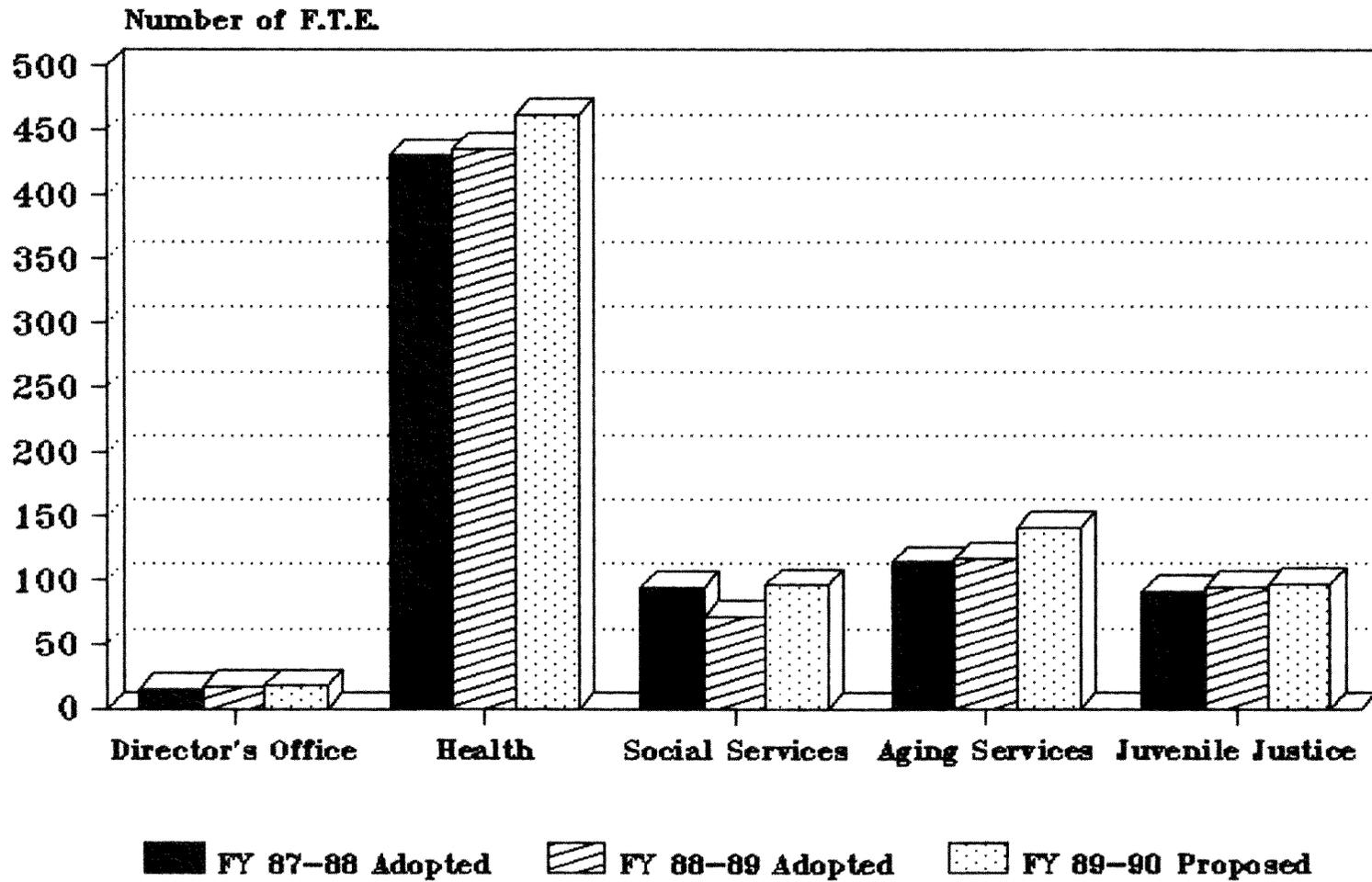
AGING SERVICES DIVISION
1700

Administration
Community Services
Long Term Care
Public Guardian
Indigent Burial
Adult Housing
Community Action Services

JUVENILE JUSTICE DIVISION
2500

Detention
Management & Support Svcs
Counseling
Resource & Development

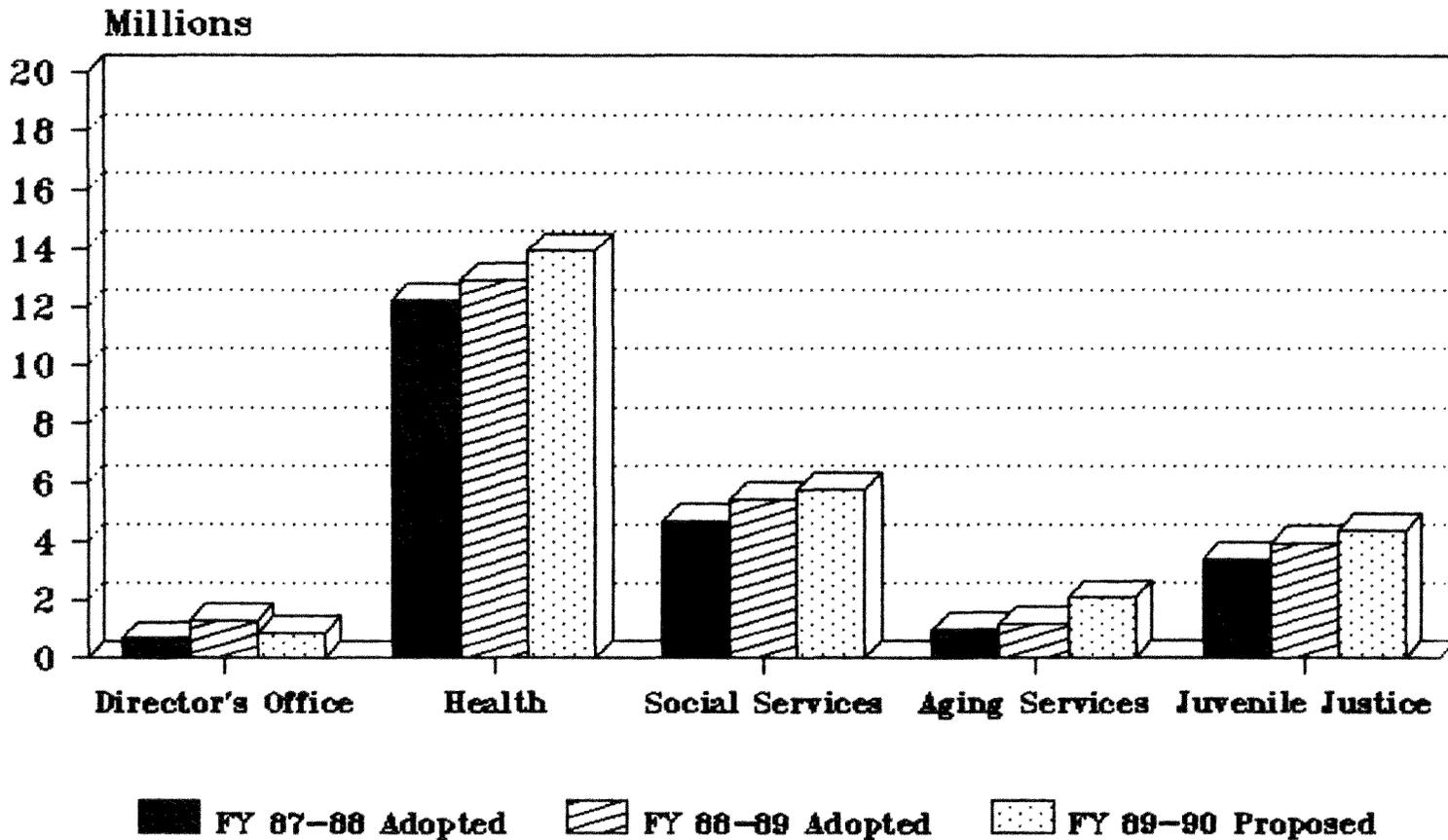
DEPARTMENT OF HUMAN SERVICES
PERSONNEL GROWTH
812.79 F.T.E.



DEPARTMENT OF HUMAN SERVICES

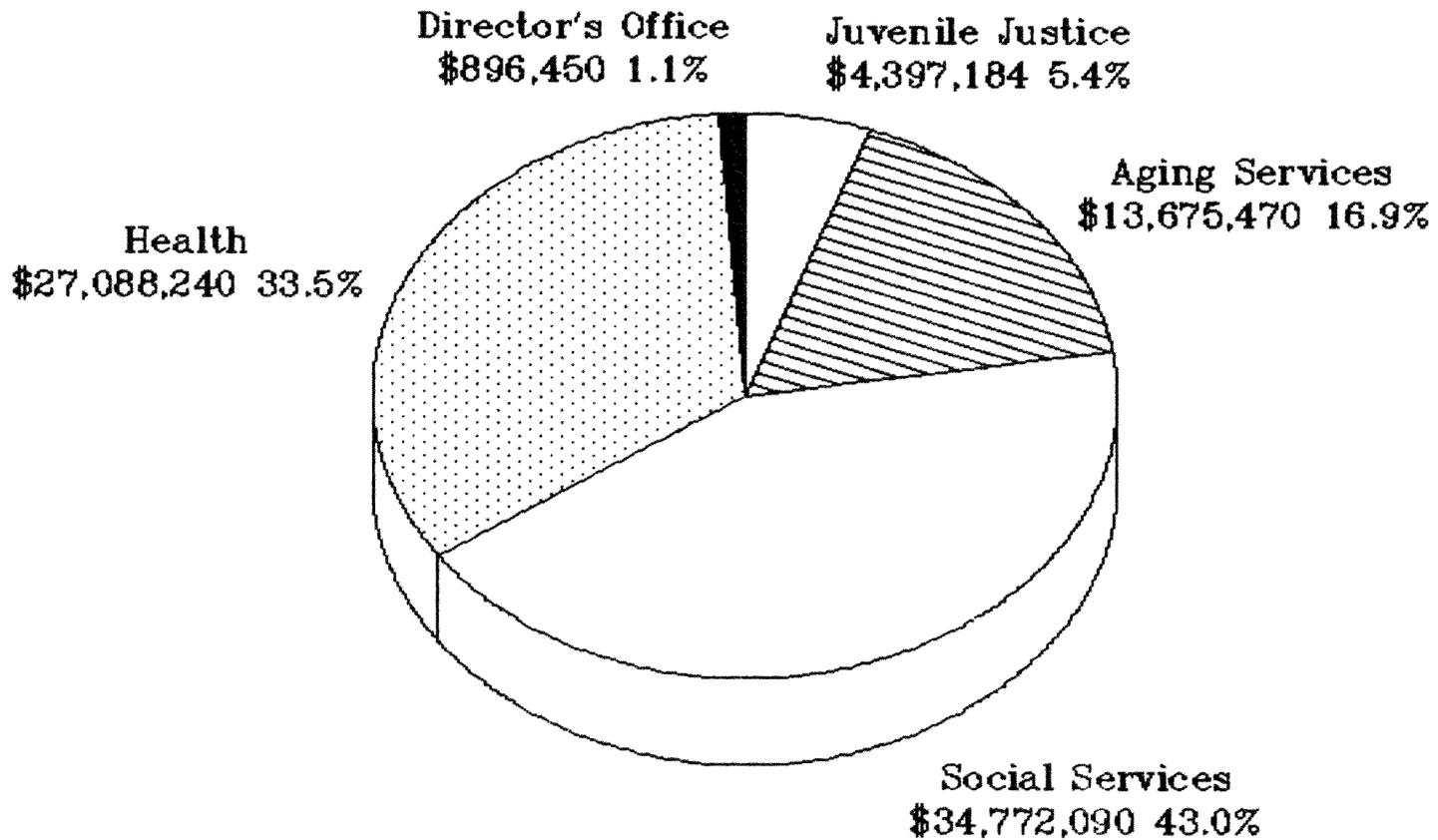
FY 89-90 GENERAL FUND REQUIREMENT

Excluding Indirect Cost Adjustments



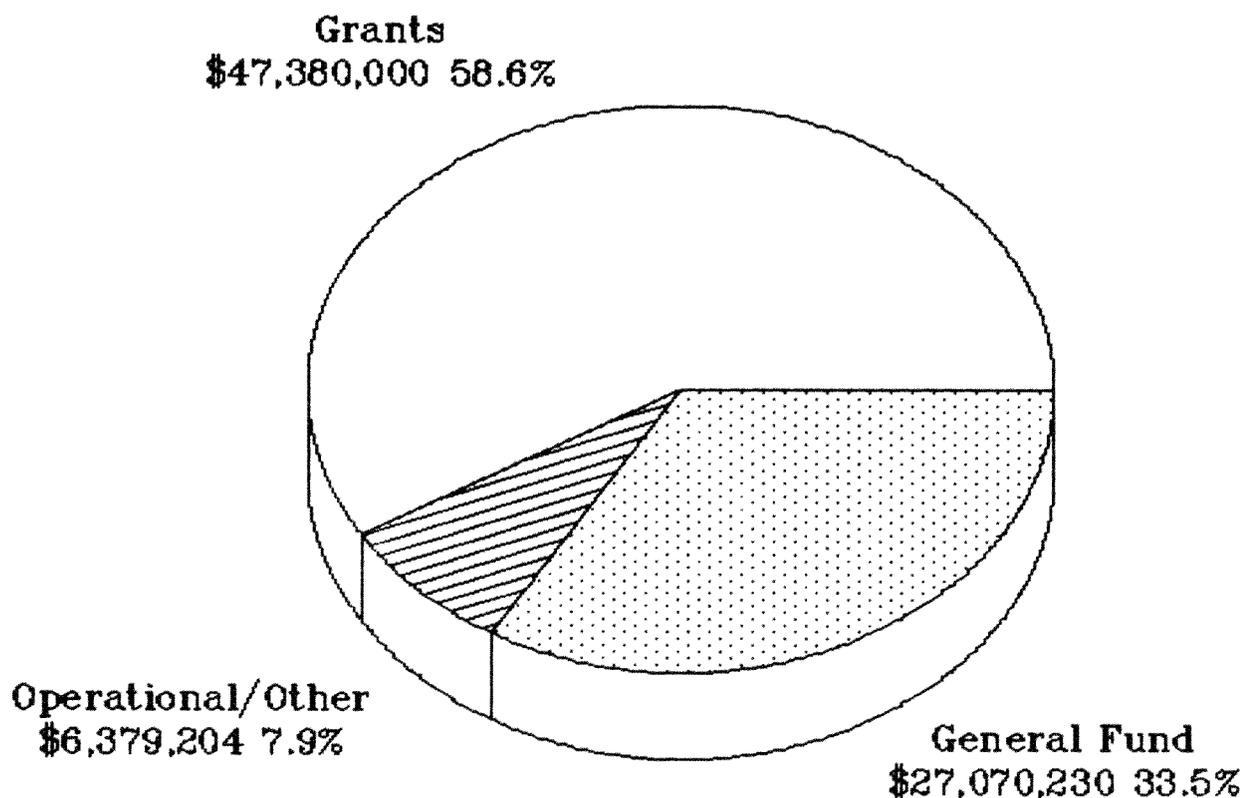
TOTAL PROPOSED \$ 27,049,151

**DEPARTMENT OF HUMAN SERVICES
FY 90 PROPOSED BUDGET**



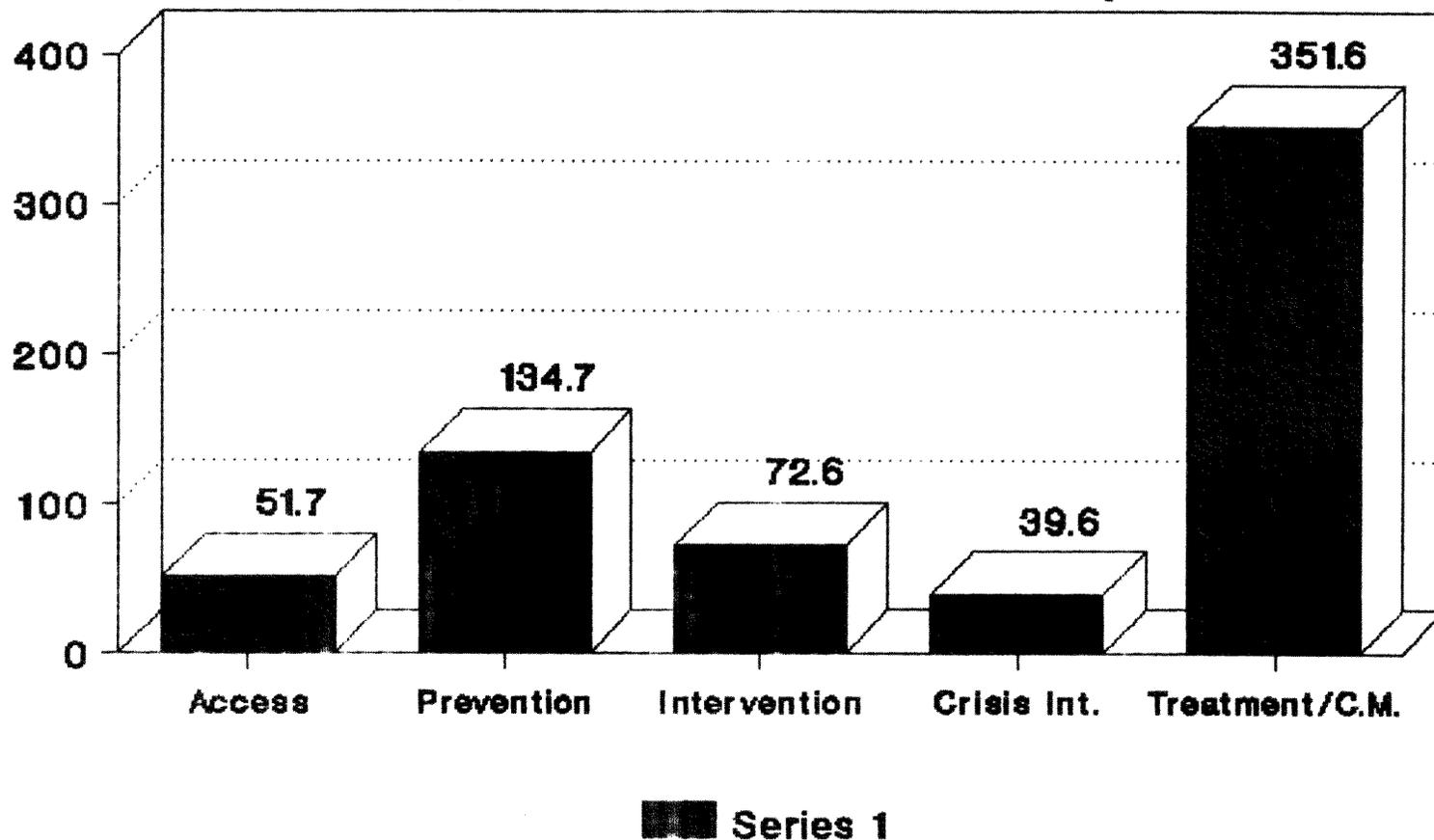
ALL FUNDS - \$ 80,829,429

**DEPARTMENT OF HUMAN SERVICES
FY 90 PROPOSED BUDGET REQUEST
SOURCES OF REVENUE**



TOTAL REQUEST \$ 80,829,429

Department of Human Services CONTINUUM OF SERVICES (in Number of FTE's)

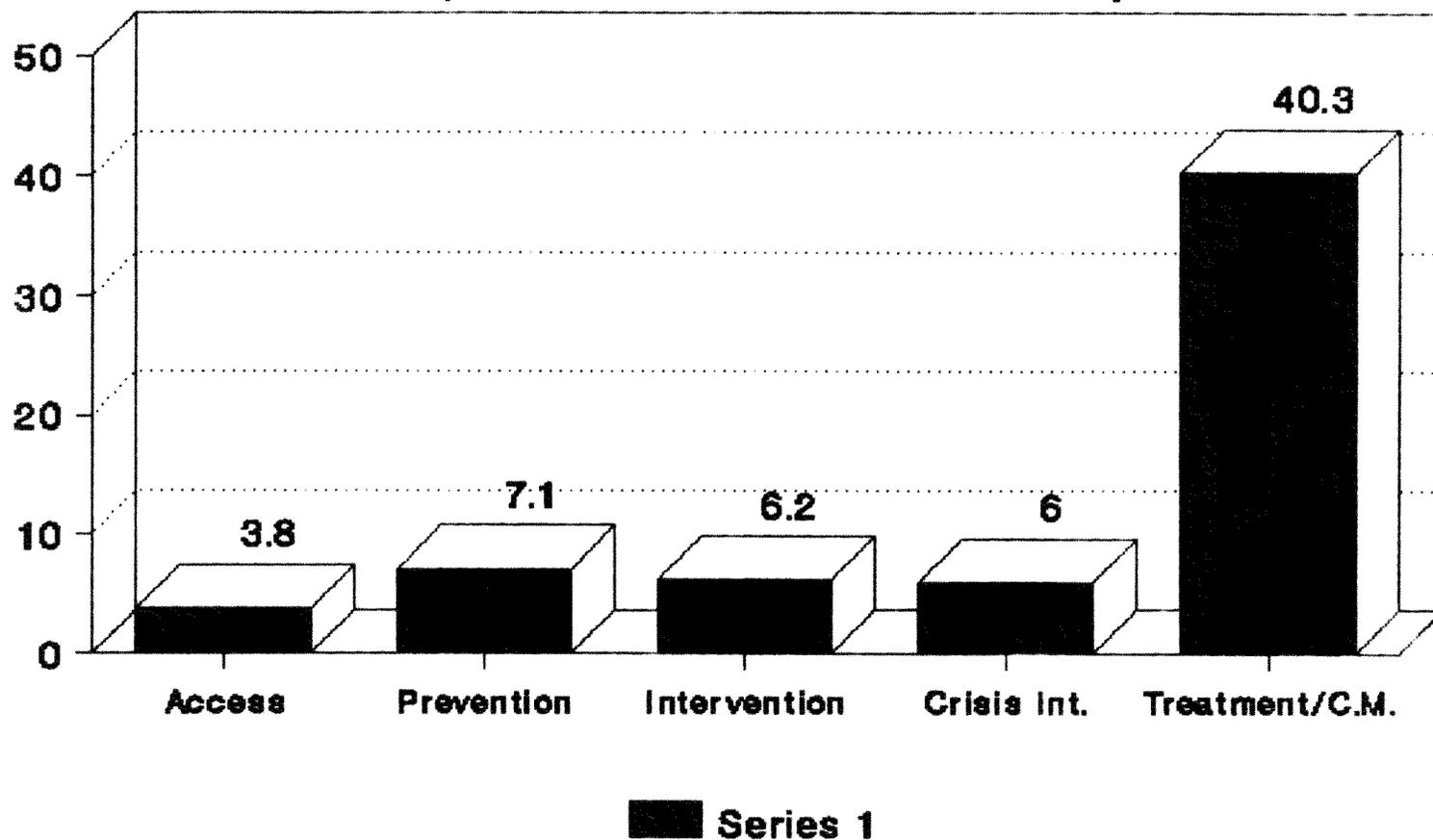


1988-89

Department of Human Services

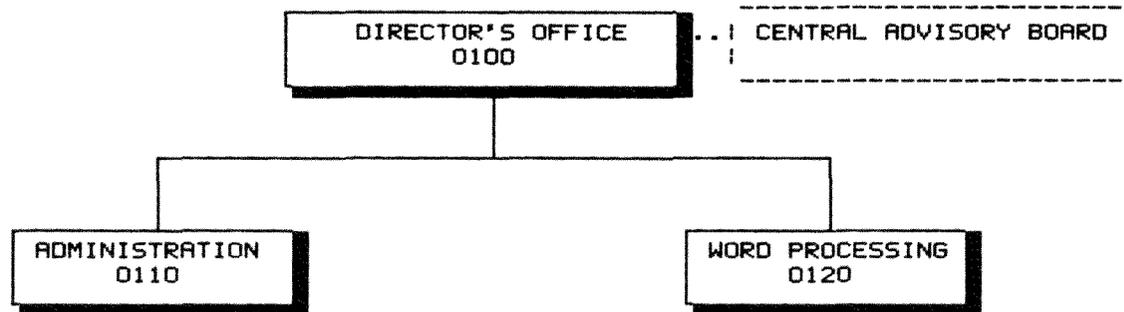
CONTINUUM OF SERVICES

(in Millions of Dollars)

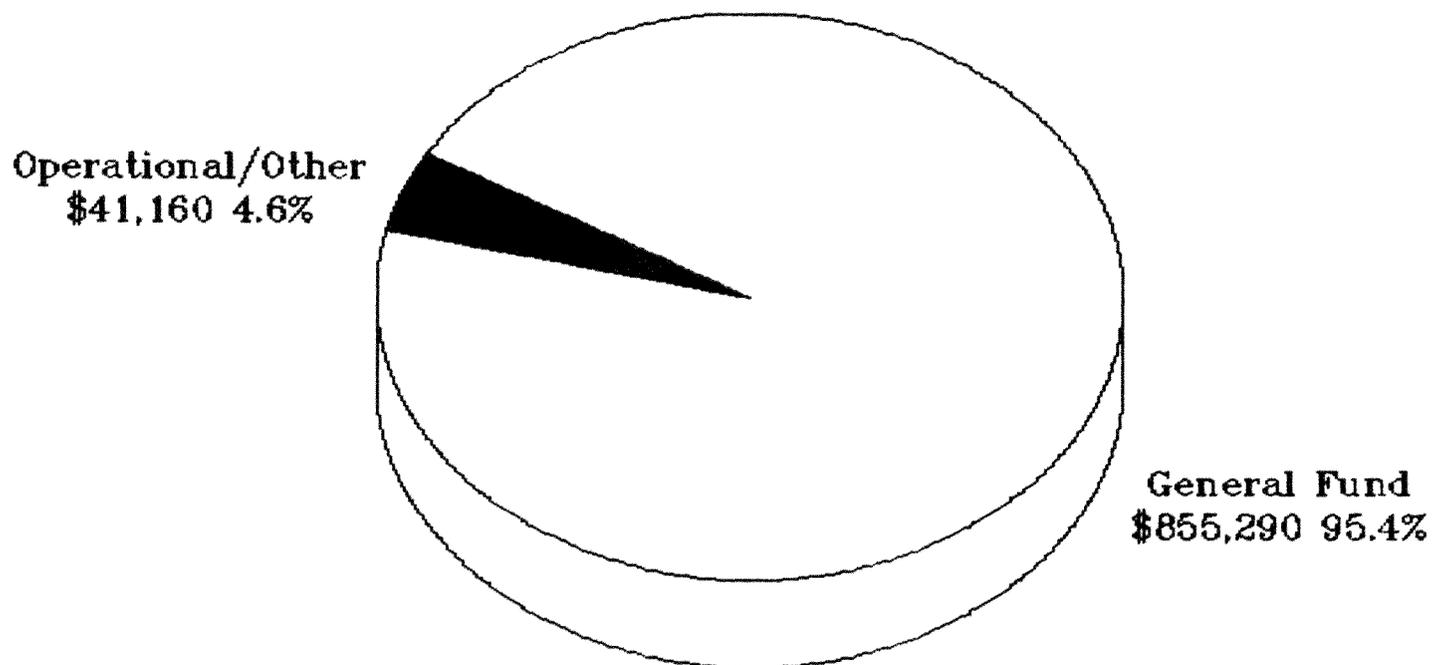


1988-89

DEPARTMENT OF HUMAN SERVICES
DIRECTOR'S OFFICE
FY 89-90



**DIRECTOR'S OFFICE
FY 90 PROPOSED BUDGET
SOURCE OF REVENUES**



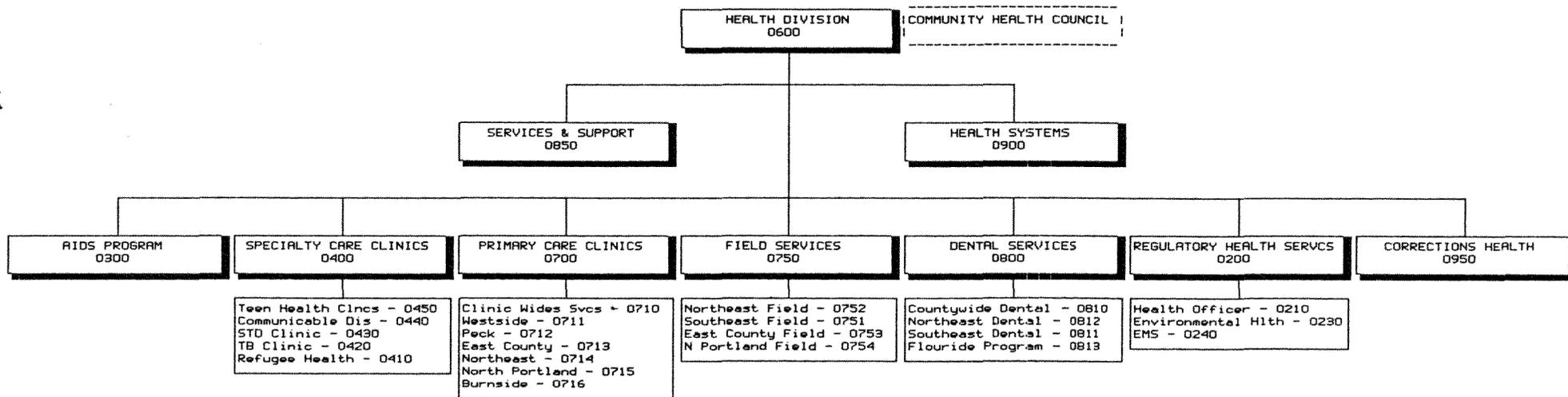
TOTAL REVENUES \$896,450

BUDGET HIGHLIGHTS
1989-1990

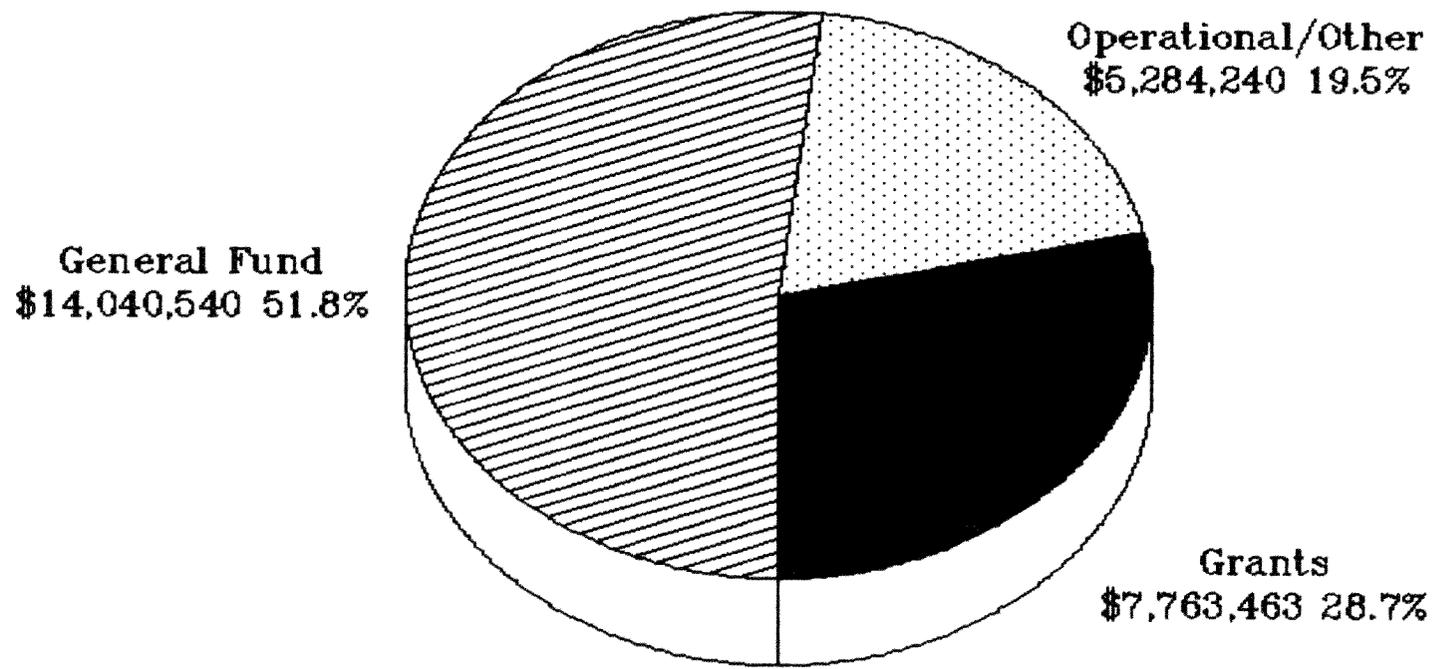
Director's Office

1. Metropolitan Community Action Program moves to Aging Services Division.
2. Creates a centralized Graphic Arts Unit available to all divisions. Transfers from Health Division with additional resources transferred from other three divisions.
3. Youth Gang Services Fund - \$50,000 held in Director's Office budget until services are defined.
4. Funds AMA/Portland Parks Bureau Summer Youth Program - \$5,000.

DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
FY89-90

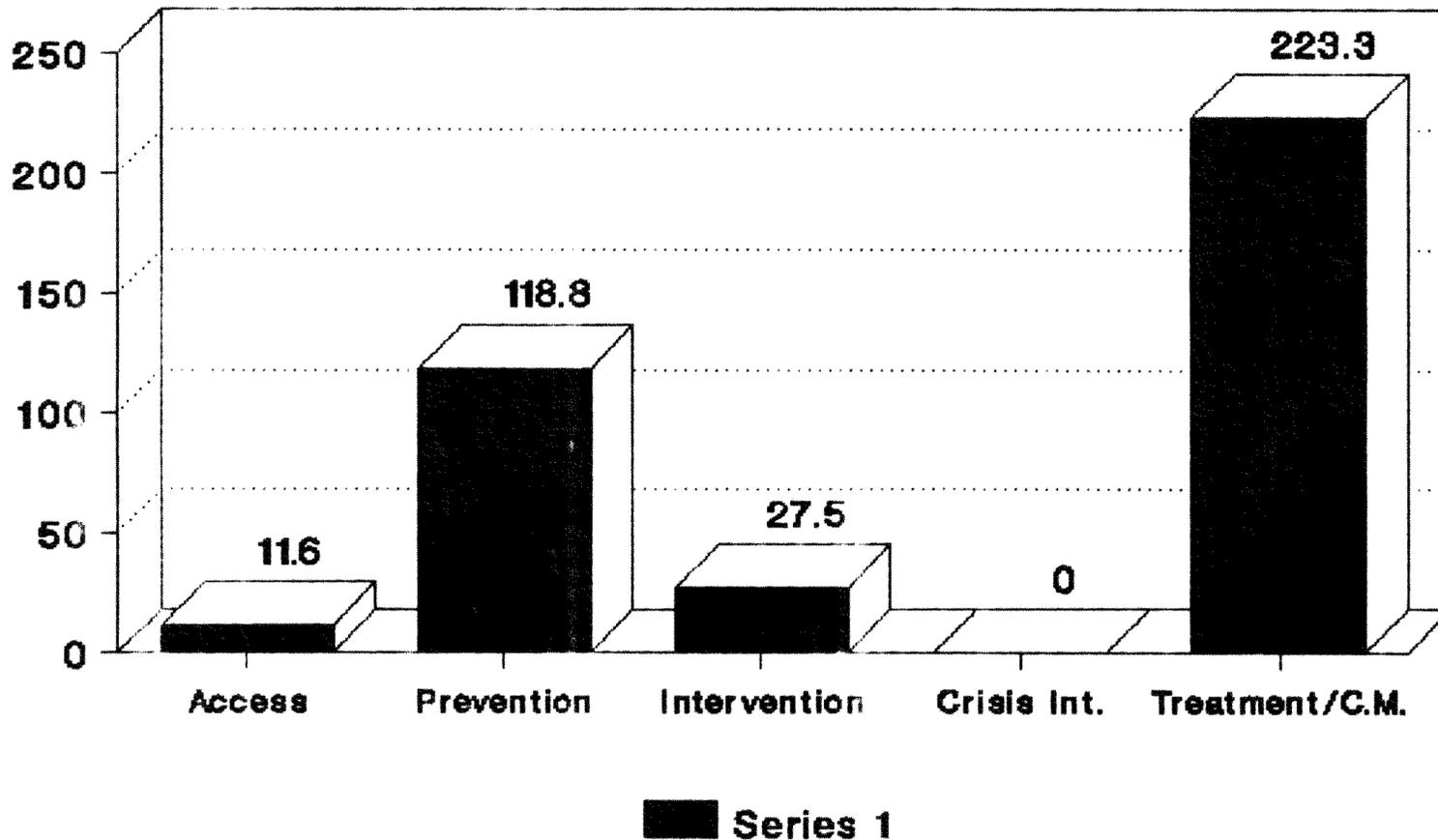


**HEALTH DIVISION
FY 90 PROPOSED BUDGET
SOURCE OF REVENUES**



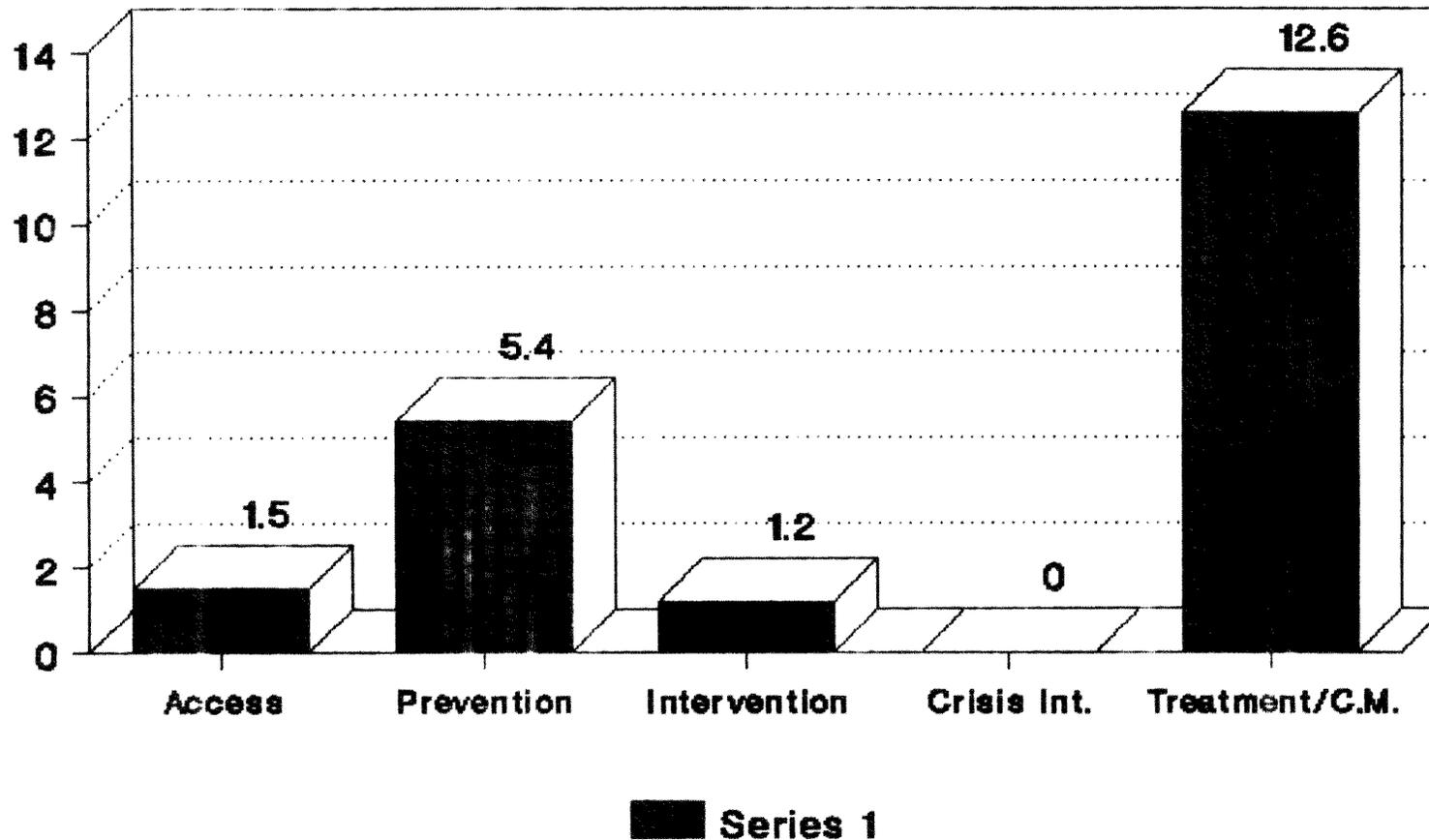
TOTAL REVENUES \$27,088,243

Health Division CONTINUUM OF SERVICES (in Number of FTE's)



13

Health Division CONTINUUM OF SERVICES (in Millions of Dollars)



Department of Human Services 1988-89

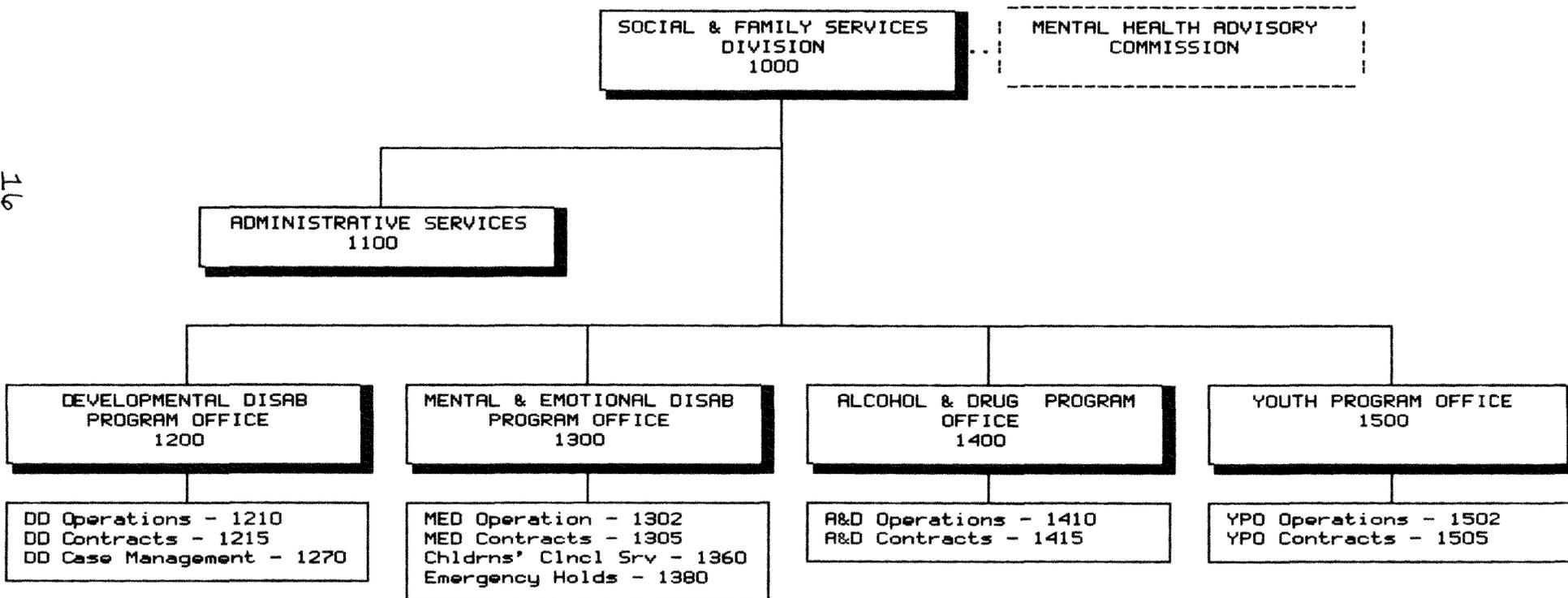
BUDGET HIGHLIGHTS
1989-1990

Health Division

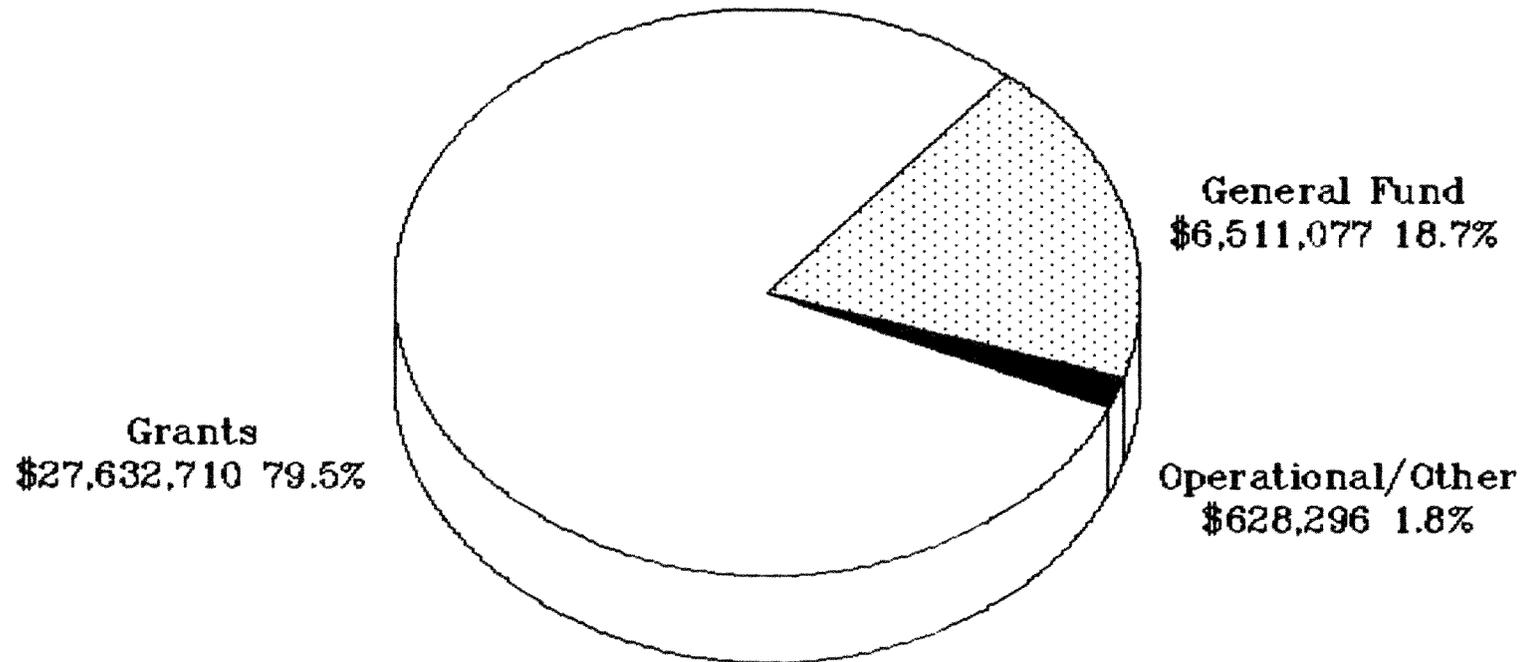
1. Adds 3% CoLA to all General Fund contractors.
2. Transfers Graphics Unit to Director's Office.
3. Reorganization
 - a. Formalizes AIDS Program Office that has been operating defacto.
 - b. Divides clinics into Primary Care Clinics and Specialty Care Clinics. Adds Human Services Manager.
 - c. Expands field team supervisors from 2 to 4 to supervise 4 field teams. Reclasses 2 lead CHNs to Managers.
 - d. Creates Regulatory Health Services - includes Health Officer, EMS and Environmental Health
4. Closes one Teen Clinic due to loss of state funds. Reallocates remaining General Fund support to increase staffing of three remaining Teen Clinics, including a 0.5 FTE School Mental Health Consultant.
5. Phase I of the Corrections Health Medication tracking
6. Service reimbursement to ISD budget at 5% increase, not 31% as requested by ISD.
7. First year interest payment for Mid-County Clinic and Peck replacement.

DEPARTMENT OF HUMAN SERVICES
SOCIAL AND FAMILY SERVICES DIVISION
FY 89-90

16

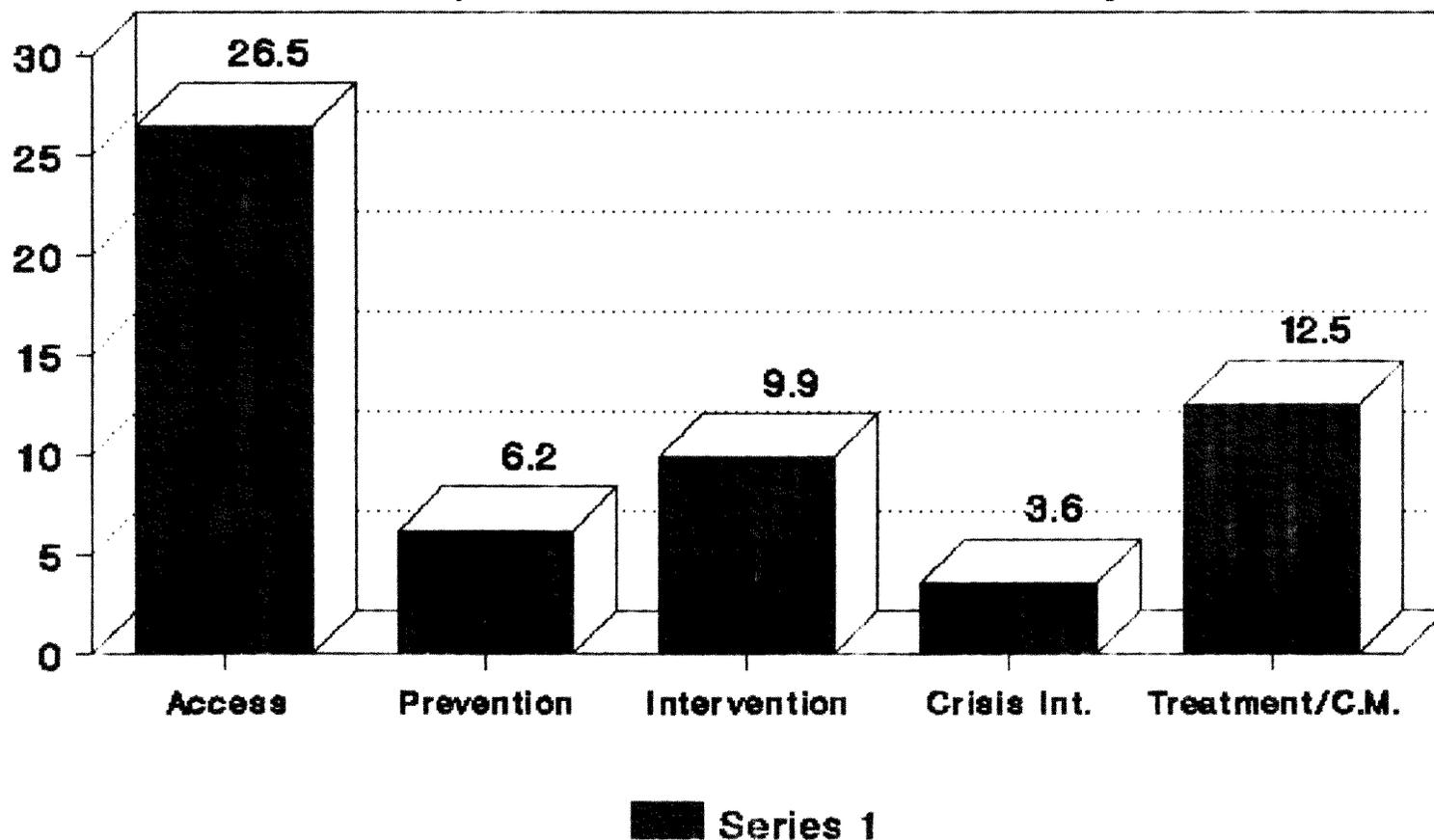


**SOCIAL SERVICES DIVISION
FY 90 PROPOSED BUDGET
SOURCE OF REVENUES**



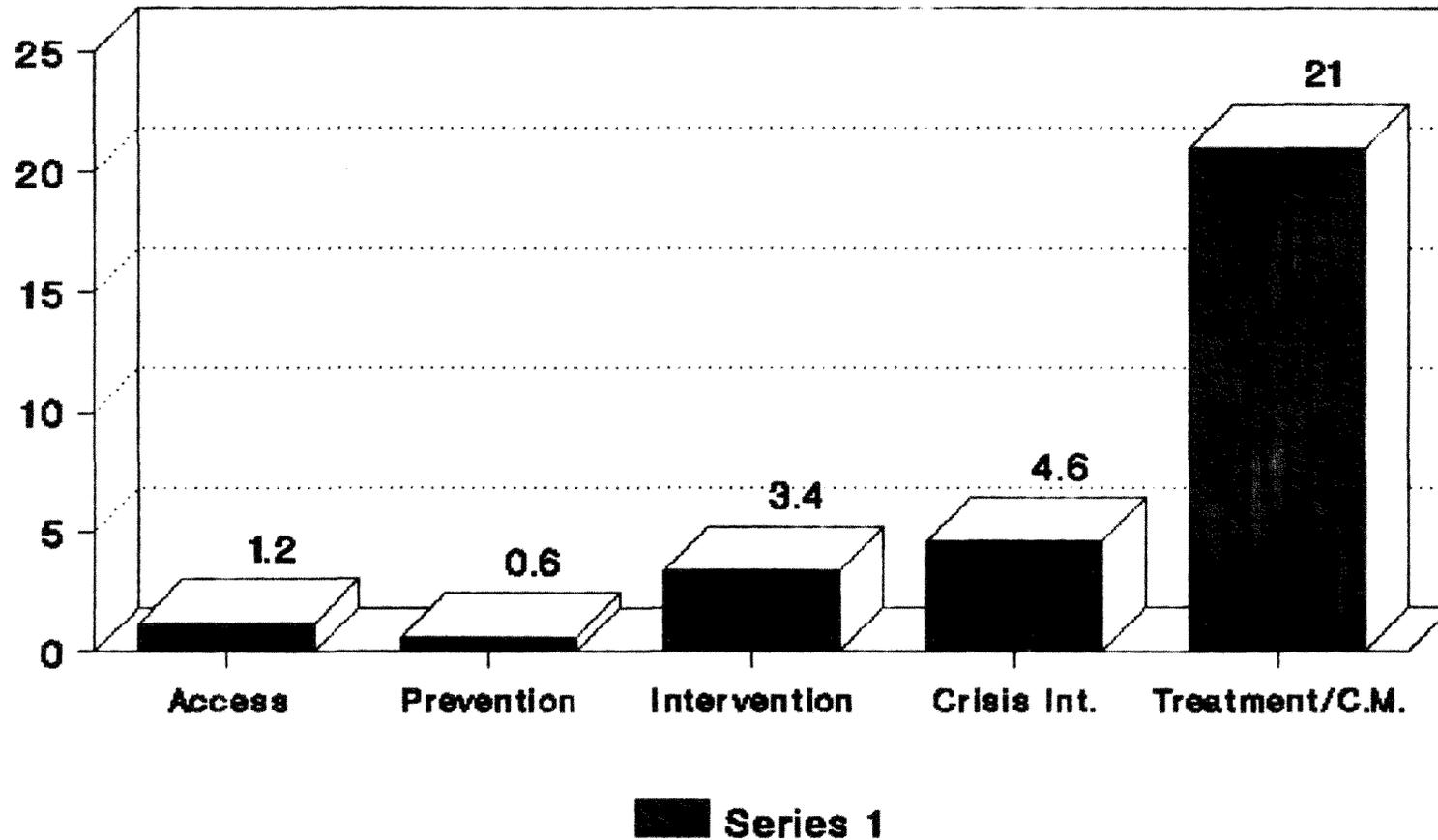
TOTAL REQUEST \$34,772,087

Social Services Division CONTINUUM OF SERVICES (in Number of FTE's)



Department of Human Services 1988-89

Social Services Division CONTINUUM OF SERVICES (in Millions of Dollars)



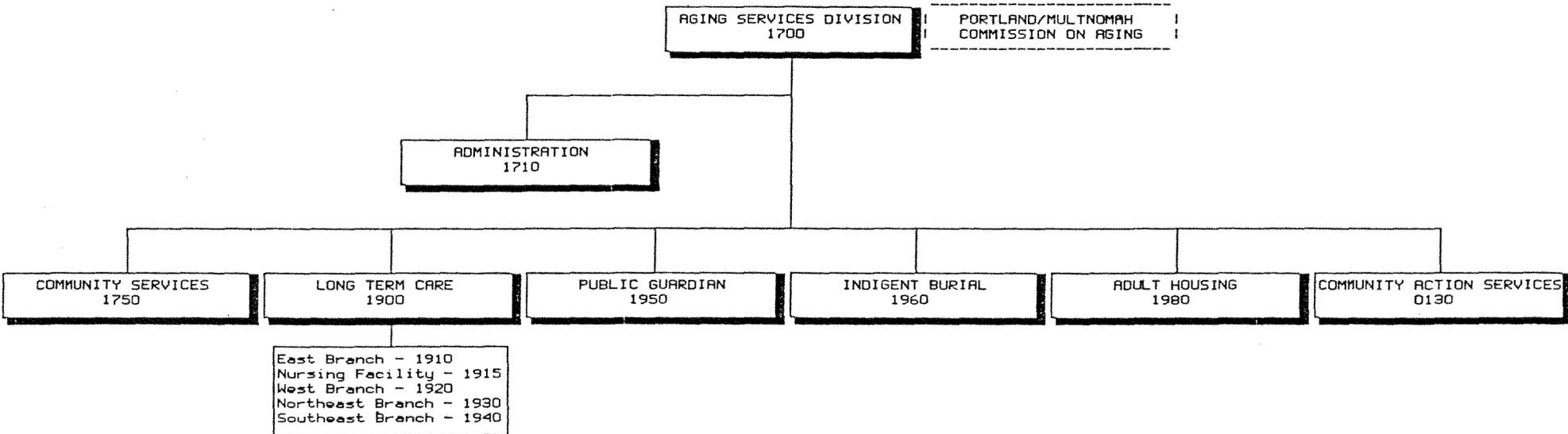
Department of Human Services 1988-89

BUDGET HIGHLIGHTS
1989-1990

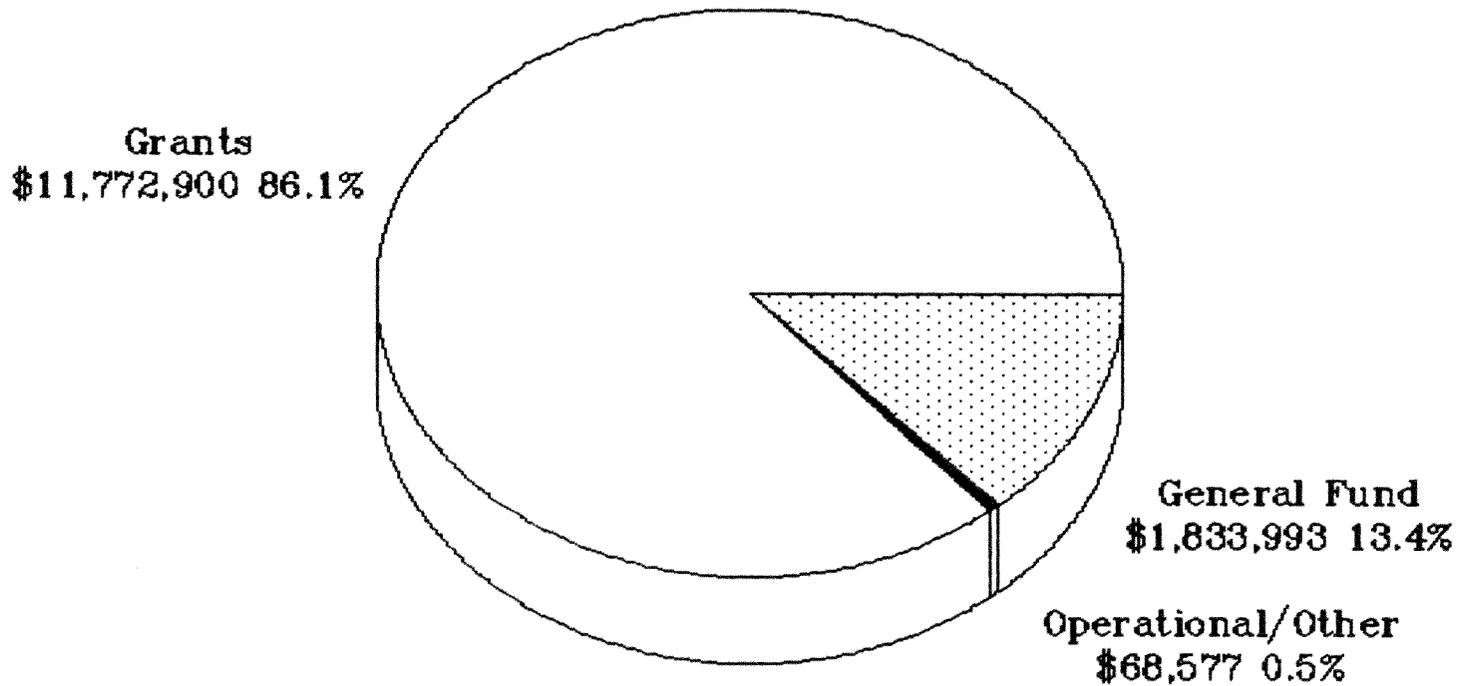
Social Services Division

1. Adds 3% CoLA to all General Fund contractors.
2. School Mental Health program name changed to Children's Clinical Services.
3. DUII Program transferred to DJS.
4. Adds 1.0 FTE PDS to Youth Program Office for inhouse program evaluation and staffing of Children's Agenda projects, using funds formerly contracted out by JSC and YSC, plus additional funds from within constraint.
5. Adds Financial Specialist in Administration.
6. Moves \$7,500 from BIT Detox contract to partially support PDS position in Alcohol and Drug Program Office. This position was created in FY 88-89 to promote prevention activities..
- * 7. Funds Youth Gang Outreach Annualization with carry over of unspent service fund dollars.
- * 8. Funds Hooper Detox Building Maintenance in DES budget.

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
FY 89-90

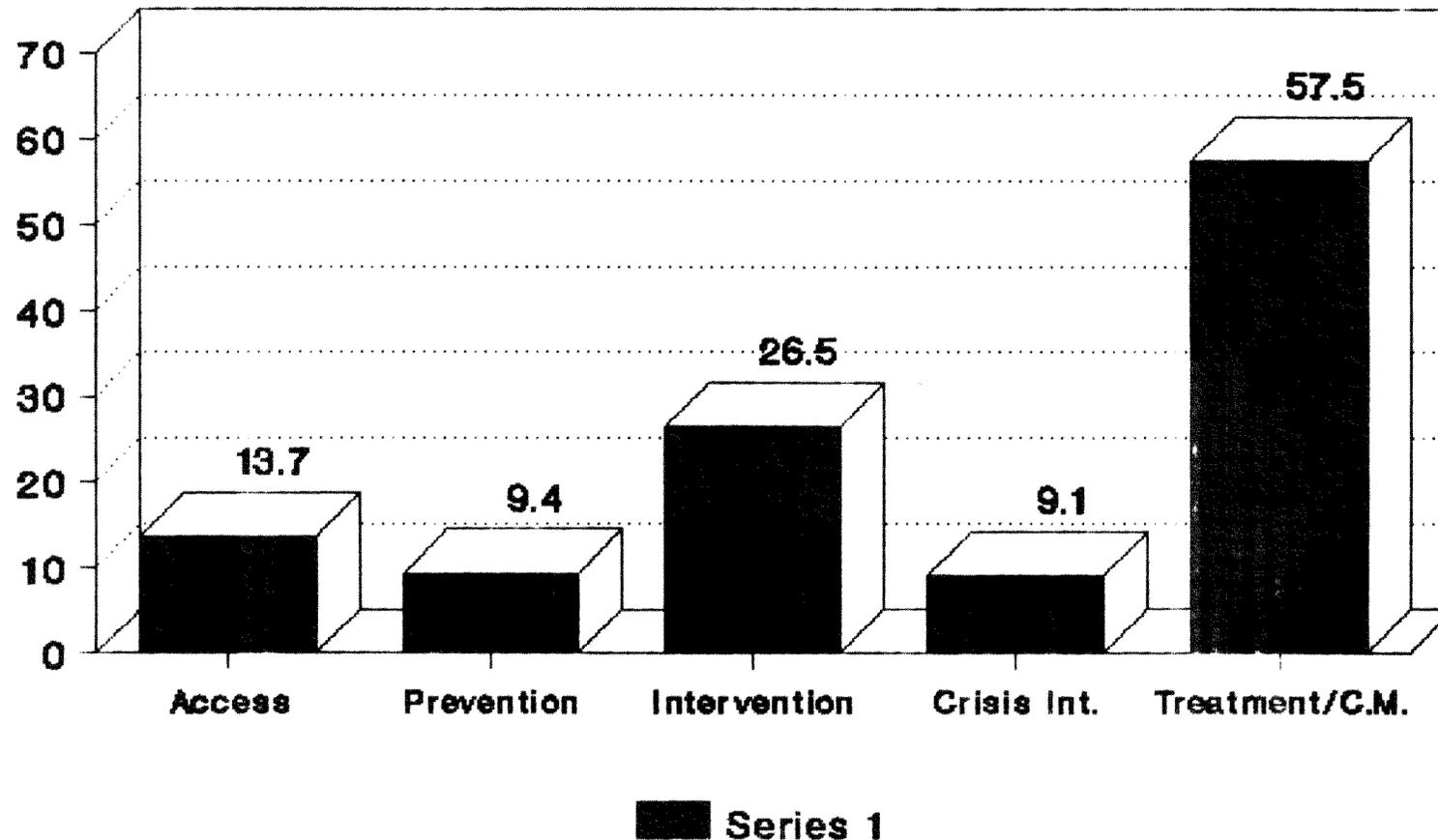


**AGING SERVICES DIVISION
FY 90 PROPOSED BUDGET
SOURCE OF REVENUES**



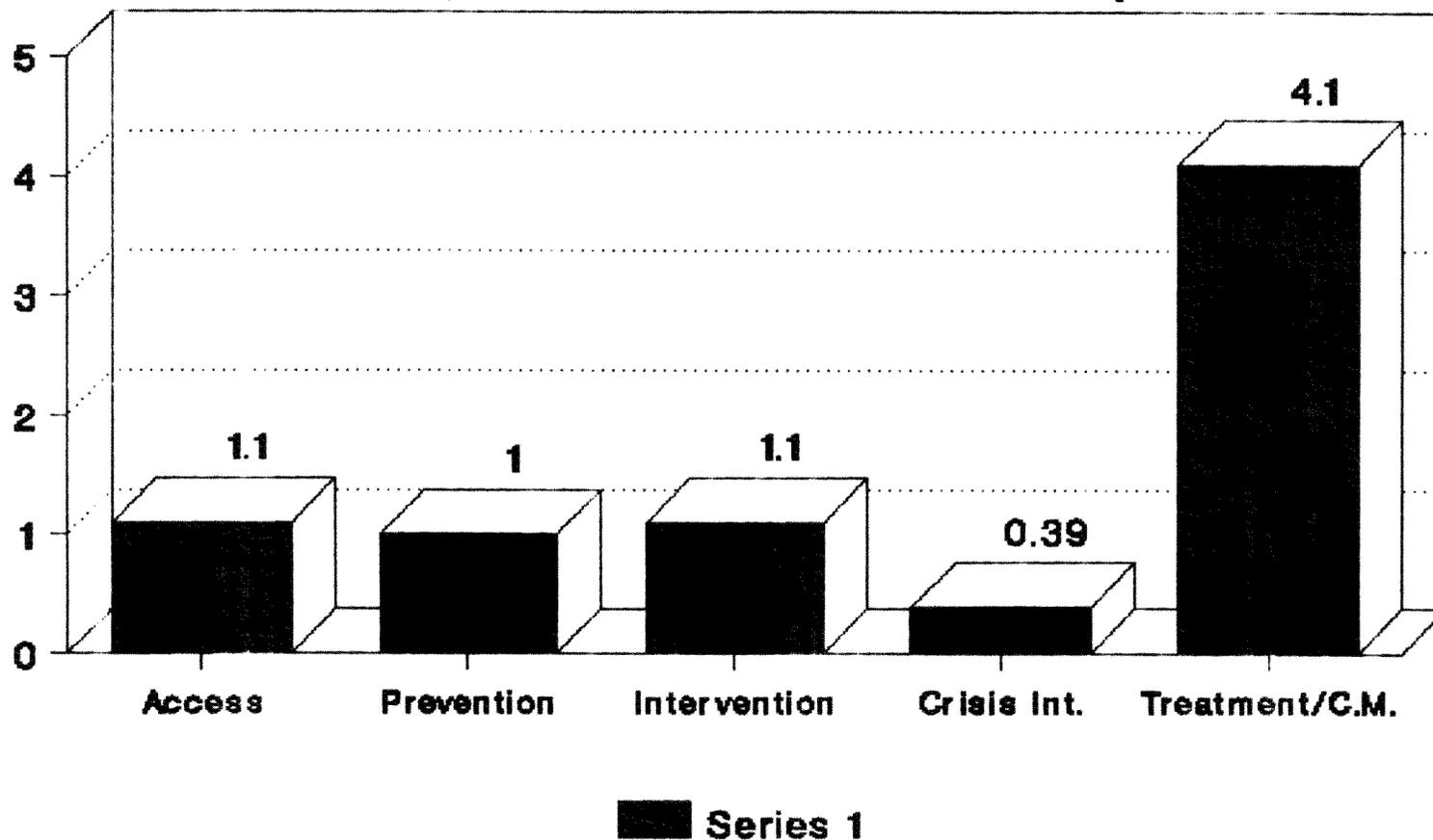
TOTAL REVENUES \$ 13,675,465

Aging Services Division CONTINUUM OF SERVICES (in Number of FTE's)



23

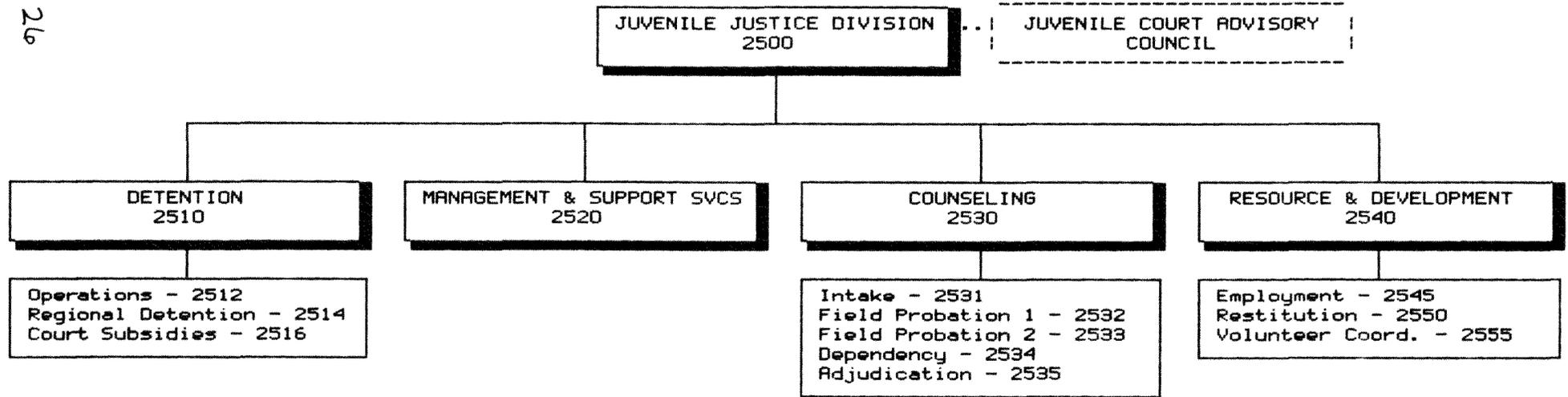
Aging Services Division CONTINUUM OF SERVICES (in Millions of Dollars)



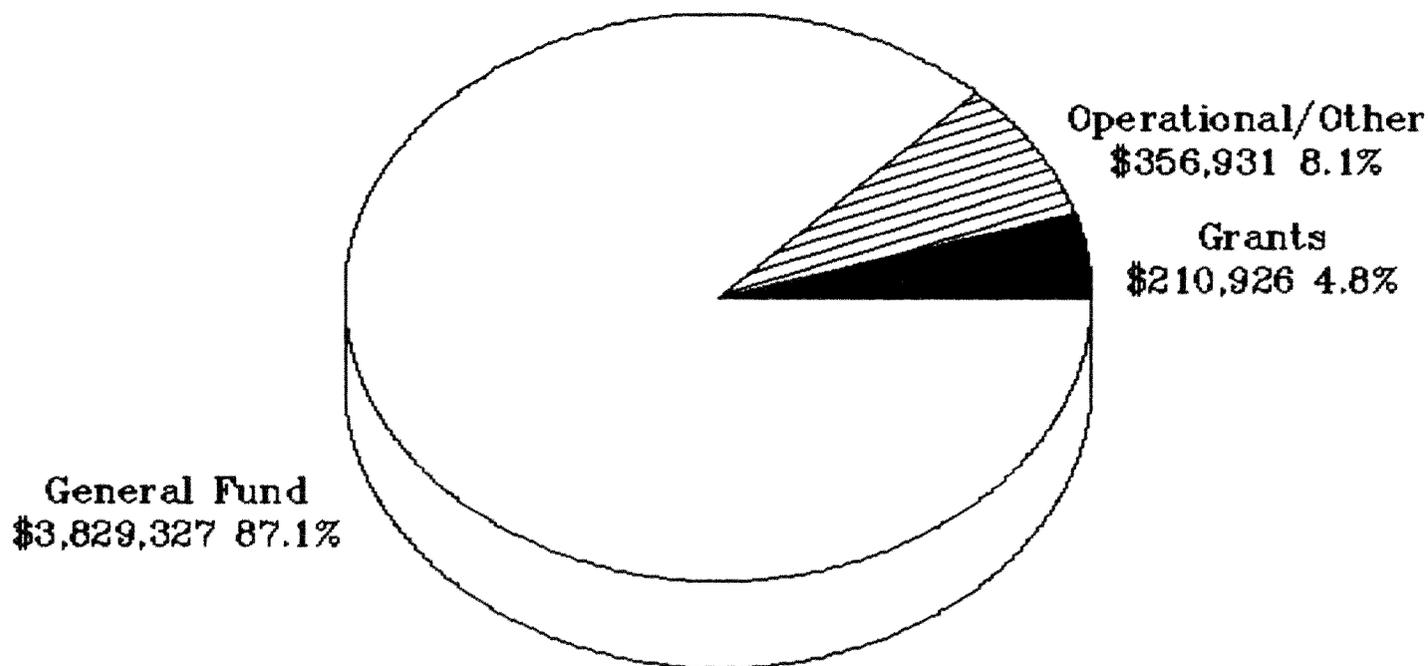
Department of Human Services 1988-89

DEPARTMENT OF HUMAN SERVICES
JUVENILE JUSTICE DIVISION
FY 89-90

26

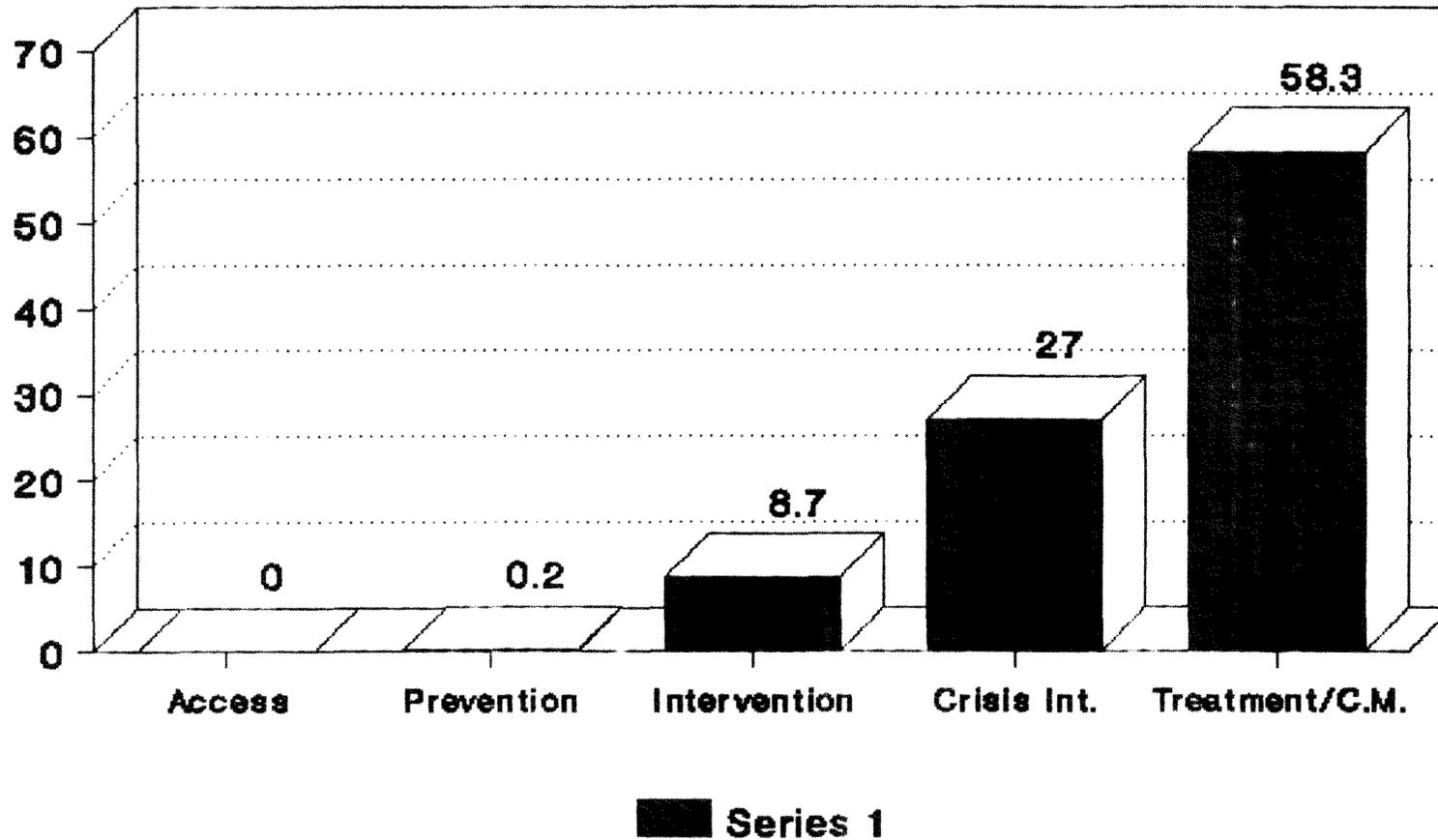


**JUVENILE JUSTICE DIVISION
FY 90 PROPOSED BUDGET
SOURCE OF REVENUES**



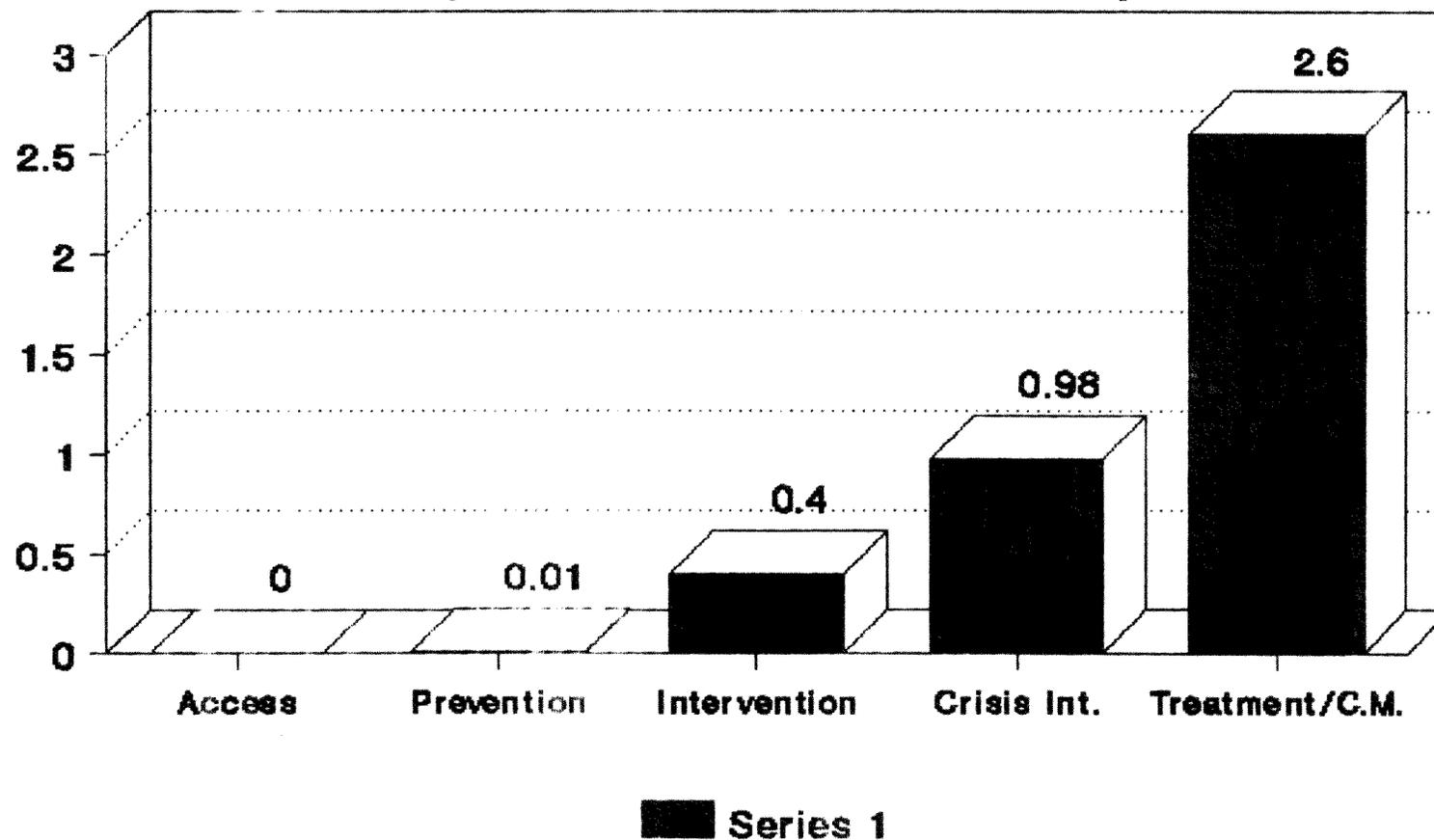
TOTAL REVENUES \$ 4,397,184

Juvenile Justice Division CONTINUUM OF SERVICES (in Number of FTE's)



Department of Human Services 1988-89

Juvenile Justice Division CONTINUUM OF SERVICES (in Millions of Dollars)



29

BUDGET HIGHLIGHTS
1989-1990

Juvenile Justice Division

1. Adds 3% CoLA to all General Fund contractors.
2. Adds Research Analyst
3. Adds Day Shift Supervisor for Detention.
4. Adds temporary on-call staff to provide outside recreational program, increased visitation
5. Adds skill building books, bus tickets
6. Adds chairs, PC Network
7. Adds bus tickets for Street Law program
8. Adds SE District Office at S.E. 64th and Holgate.

JJD Notes

- a. State CSD indicated on 2/23/89 that they currently plan to lease only one detention unit for AOC next year. This approximates \$120,000 in lost revenue to CGF Facilities Management.
- b. County/CSD Option 1, possible - Will change budget - new revenue/expense will offset each other theoretically
- c. Pending legislation regarding predispositional/dispositional detention periods may imply up to \$550,000 direct staff costs plus yet undefined programming costs
- d. Non-demand letter may prompt additional add packages

(1763F)

#2



CENTRAL ADVISORY BOARD

Department of Human Services
426 SW Stark, 7th Floor
Portland, OR 97204
248-3782

April 12, 1989

Gladys McCoy
Multnomah County Chair
1021 S.W. Fourth Avenue
Portland, OR 97204

Dear Madam Chair:

As Chair of the Central Advisory Board (CAB), which serves as the Citizens' Budget Advisory Committee for the Department of Human Services, I would like to thank you for this opportunity to respond to your budget proposal for the Department of Human Services.

The members of CAB would like to express their appreciation for your approval of the Department's within-constraint budget request. We are particularly pleased to see that a 3% cost of living increase will be given to private providers. We also support the four add packages that you have included in your budget - establishment of a southeast Juvenile Justice Division District Office, maintenance for the Hooper Detox Center, annualization of the Youth Gang Outreach Program, and funding for summer enrichment programs for minority youth.

There are two very serious budget items facing the delivery of human services in Multnomah County. These are in the areas of aging services and emergency holds.

The loss of the \$588,000 in funding from the City in the area of aging services will have devastating effects on the elderly, especially the frail elderly. The Central Advisory Board does not believe that alternatives currently being considered can be completed in a timely manner. We recommend that the Board of County Commissioners review this issue and enter into formal negotiations with the City of Portland.

This issue needs to be dealt with as a fiscal matter, not as one originating from Resolution A. While many of the services provided by Aging Services Division are social or health related, others are quite consistent with the current definition of urban services. For example, recreational activities offered at senior centers are similar to activities offered by Portland Parks. Part of the County health code inspection of adult foster care includes a fire inspection, which allows the Portland Fire Bureau to avoid this costly responsibility. Hence, there is justification for funding to be provided by both the City and the County.

If the City is unable to continue its current rate of funding, then a long-range solution should be pursued, such as a phase out funding plan similar to the one used with the Youth Service Centers.

Letter to Gladys McCoy
April 12, 1989
Page 2

Our second major area of concern is the climbing cost of emergency holds. Due to a number of factors, expenditures for emergency holds of allegedly mentally ill persons, may be as much as \$521,570 over allocated funds for FY 89-89. The CAB is concerned about the County's lack of control over emergency holds, coupled with its complete liability for the cost of these holds. We support the Social and Family Services Division's plan to establish a per diem, capitation system of payment. However, we also believe that other system issues need to be addressed.

The Central Advisory Board recommends that a task force be formed to examine the current system of emergency holds and to make recommendations on how this system can be improved. This task force should include representation from the following jurisdictions: the Department of Human Services, the State Department of Human Resources, hospital and community providers, Portland Police, Multnomah County Sheriff, Portland Chamber of Commerce, Alliance for the Mentally Ill, and consumers of county mental health services.

In addition to the above items, the Central Advisory Board is concerned about four other program areas. I have listed these below in the order CAB has prioritized them.

- CAB recommends that all four existing teen clinics remain operational, with increased mental health coverage.
- CAB supports the Juvenile Justice Division's Diversion Report and recommends funding of the two programs that come out of that report.
- CAB continues to support the report of the Public Guardian Task Force and the add packages resulting from that report.
- CAB supports increased mental health services for seniors.

I have one final recommendation to make to the County. The Department of Human Services has provided CAB with bar graphs depicting the amount of funds and number of FTE in each of five service types, along a continuum of services. These services types include access, prevention, intervention, crisis intervention, and treatment/case management. CAB recommends that all departments be required to produce such charts. These charts will assist the County in its current strategic planning process.

Once again, on behalf of the Central Advisory Board, I wish to thank you for this opportunity to provide citizen input into the County's budget process.

Sincerely,



Douglas Montgomery, Chair
Department of Human Services Central Advisory Board/
Citizens' Budget Advisory Committee

#3

IMPACT OF MAYOR'S BUDGET ON AGING SERVICES FOR FY89-90

- o The proposed Budget eliminates all City funding for Aging Services after June 30, 1989.
- o The City has no plan to ease the impact of the budget cuts.
- o The major impact is on Senior Service Centers. At least 4 of the 7 Senior Centers in the City will not be funded. Hardest hit by the closure of the Senior Centers are the Frail and Shut-in Elderly whose daily existence is monitored and supported by the Staff at the Senior Centers.
- o Funding for Senior Meal Sites and Meals-on-Wheels will be reduced by \$60,000. The number of meals will be reduced by 30,000. Loaves and Fishes Inc. is projecting closure of some Senior Meal Sites.
- o Door-to-Door rides for Elderly to get to medical appointments, meals and grocery stores will be reduced by 14,000 rides (\$30,000). The reduction will impact about 700 Elderly.
- o Administrative cuts in Aging Services Division (\$130,000) will result in a reduction of 4-5 staff positions and support services.
- o Other reductions totaling \$35,000 will force cuts in Information and Referral, Senior Health Screening Project, and probably support for the Portland/Multnomah Commission on Aging, the Elderly Advocate group jointly funded by the City and Multnomah County.

Other Projected Impacts:

- o Aging Services Programs target the Frail Elderly. These programs do not fund recreation and socialization. The funding cuts will mean more Seniors in crisis, and probably more Seniors being forced to call Police and Fire in emergencies.
- o Decrease in Neighborhood accessibility to Senior Services as the District Service Centers have to close. The timing of the closures will coincide with implementation of the Metropolitan Community Action plan to focus Basic Needs Services in District Centers (based on the Aging Services Model).

For further information, call Jim McConnell at
Multnomah County Aging Services Division
248-3646

#4

FY 90 DEPARTMENT OF HUMAN SERVICES
TOTAL FUND BUDGET SPREADSHEET

11-Apr-89

	0100 DIRECTOR'S OFFICE	0600 HEALTH DIVISION	1000 SOCIAL SVS DIVISION	1700 AGING SVS DIVISION	2500 JUV JUSTICE DIVISION	TOTAL DHS ALL FUNDS
5100 Permanent	511,749	12,881,437	2,457,190	3,339,406	2,705,222 +	21,895,004
5200 Temporary	2,000	374,461	13,757	5,025	168,599 +	563,842
5300 Overtime	800	36,396	4,983	2,578	83,921 +	128,678
5400 Premium Pay	2,372	38,892	0	0	34,344 +	75,608
5500 Fringe	127,258	3,200,808	599,089	844,418	727,742 +	5,499,315
DIRECT PERSONNEL COSTS	644,179	16,531,994	3,075,019	4,191,427	3,719,828 +	28,162,447
5550 Insurance Benefits	66,906	1,723,813	304,204	466,937	365,541 +	2,927,401
TOTAL PERSONAL SERVICES	711,085	18,255,807	3,379,223	4,658,364	4,085,369 +	31,089,848
6050 County Supplements	0	44,708	0	396,537	0 +	441,245
6060 Pass Through Payments	0	957,095	25,926,064	6,672,798	28,162 +	33,584,119
6110 Professional Services	70,000	2,235,611	4,360,920	876,379	61,074 +	7,603,984
6120 Printing	7,548	130,036	35,420	18,508	16,830 +	208,342
6130 Utilities	0	35,500	0	0	0 +	35,500
6140 Communications	150	2,427	0	13,411	1,400 +	17,388
6170 Rentals	0	571,544	425	112,131	0 +	684,100
6180 Repair and Maintenance	100	35,681	2,420	7,157	1,528 +	46,886
6190 Maintenance Contracts	13,902	22,653	6,786	0	7,950 +	51,291
6200 Postage	4,100	99,158	26,466	20,110	18,500 +	168,334
6230 Supplies	14,512	485,161	24,561	31,328	43,576 +	599,138
6270 Food	1,300	1,000	2,750	525	400 +	5,975
6310 Education & Travel	8,194	73,315	35,290	17,728	15,940 +	150,467
6330 Local Travel and Mileage	2,376	94,540	29,176	11,009	23,390 +	160,491
6520 Insurance	0	330,000	0	0	420 +	330,420
6530 External Data Processing	0	400	0	24,784	0 +	25,184
6550 Drugs	0	892,555	0	0	0 +	892,555
6610 Awards & Premiums	0	0	0	0	0 +	0
6620 Dues & Subscriptions	1,000	20,282	5,887	10,337	5,667 +	43,173
DIRECT MATERIALS & SERVICES	123,182	6,031,666	30,456,165	8,212,742	224,837 +	45,048,592
7100 Indirect Cost	0	1,504,684	759,305	468,378	0 +	2,732,367
7150 Telephone Services	11,723	244,849	54,847	64,217	58,950 +	434,586
7200 Data Processing Services	0	341,674	5,700	4,500	0 +	351,874
7300 Motor Pool Services	660	67,569	13,560	41,755	19,713 +	143,257
7400 Bldg. Mgt. Services	0	305,244	94,987	192,166	0 +	592,397
7500 Other Internal Services	300	255,950	3,000	0	0 +	259,250
INTERNAL SERVICE REIMBURSEMENTS	12,683	2,719,970	931,399	771,016	78,663 +	4,513,731
TOTAL MATERIALS & SERVICES	135,865	8,751,636	31,387,564	8,983,758	303,500 +	49,562,323
8300 Other Improvements	0	10,000	0	0	0 +	10,000
8400 Equipment	49,500	70,800	5,300	33,343	8,315 +	167,258
CAPITAL OUTLAY	49,500	80,800	5,300	33,343	8,315 +	177,258
DIRECT BUDGET	816,861	22,644,460	33,536,484	12,437,512	3,952,980 +	73,388,297
TOTAL BUDGET	896,450	27,088,243	34,772,087	13,675,465	4,397,184 +	80,829,429

#5 CBAC



CENTRAL ADVISORY BOARD

Department of Human Services
426 SW Stark, 7th Floor
Portland, OR 97204
248-3782

April 12, 1989

Gladys McCoy
Multnomah County Chair
1021 S.W. Fourth Avenue
Portland, OR 97204

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Letter to Gladys McCoy
April 12, 1989
Page 2

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- CAB continues to support the report of the Public Guardian Task Force and the add packages resulting from that report.
- CAB supports increased mental health services for seniors.

I have one final recommendation to make to the County. The Department of Human Services has provided CAB with bar graphs depicting the amount of funds and number of FTE in each of five service types, along a continuum of services. These services types include access, prevention, intervention, crisis intervention, and treatment/case management. CAB recommends that all departments be required to produce such charts. These charts will assist the County in its current strategic planning process.

Once again, on behalf of the Central Advisory Board, I wish to thank you for this opportunity to provide citizen input into the County's budget process.

Sincerely,



Douglas Montgomery, Chair
Department of Human Services Central Advisory Board/
Citizens' Budget Advisory Committee



MULTNOMAH COUNTY OREGON

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

BOARD OF COUNTY COMMISSIONERS
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MEMORANDUM

TO: County Chair Gladys McCoy
Liaison Commissioner Rick Bauman
County Commissioner Pauline Anderson
County Commissioner Gretchen Kafoury

FROM: Duane Zussy, Director 
Department of Human Services

DATE: April 11, 1989

SUBJECT: Impact of Weatherization Program Reorganization Upon the Community
Action/Emergency Basic Needs Program Budgets

Background:

As you will recall, the State Community Services Program office in Salem has advised Multnomah County that the present organizational arrangement for administration of the Weatherization Program (which has been in effect since July 1, 1988) is not in compliance with federal requirements and must be reorganized to bring it into compliance as soon as possible.

Acting on your policy direction, this Department, with the assistance of the Purchasing Division and the Finance Division, has proceeded with the necessary steps to "bid out" the two components of this program (Audits/Inspections and Installation). We have also sought information from our current partners in this Program, Metropolitan Community Action (MCA) and Human Solution, Inc. (HSI), as to the impact upon their current budget requests that would result from the several possible outcomes of this bidding process (i.e. if they lost Weatherization revenues entirely, if they "won" the bid for one or the other component of the program, etc.).

The information available to date indicates that these impacts would be dramatic, indeed.

The most significant impact appears likely to involve MCA since, as you recall, the current budget request was prepared on the assumption that MCA would administer the entire Weatherization Program. It now appears that MCA may be unable to bid on the Installation component of the Program unless they were to revise their present Bylaws to remove the prohibition against engaging in delivery of direct services. (The State has determined the Installation

Memo to Board of Commissioners
April 11, 1989
Page 2

component to be a "direct service".) Further, while you have yet to make a decision in this regard, the State and the several "public CAP's" in the state whom we have contacted unanimously advise against Multnomah County contracting out the Audit/Inspection component. (Again, in response to your policy direction, staff is preparing an analysis of the cost of direct County operation of this component to be presented together with a recommendation to you on which way to proceed prior to receipt of the bid responses.) The feedback from the State and the several public CAP's at least brings into question the probability that MCA will "win" the bid for the Audit and Inspection component of the Program.

MCA's problems in the Weatherization arena are further complicated by the fact that, despite earlier reports to the contrary, it now appears as though MCA may be unable to spend out over four hundred fifty thousand (\$450,000) of current year Weatherization monies by the State imposed deadline.

Their inability to spend out these monies will result in their "earning" less Administration and program (staffing) monies to cover their current staff and overhead. This could force MCA to lay off some of their Weatherization employees between now and June 30 in order to hold their administrative costs down to the level they will "earn" given the projected under expenditure of program dollars. While some of these employees might well be rehired by whomever ends up operating the Audit/Inspection and/or Installation component of the Program in FY 89-90, it is highly unlikely that all of these individuals would be needed given the reduced size of the Program and the centralization of functions.

Thus, the budgetary impact upon MCA may well begin to be felt even before you arrive at a policy decision on the issue of direct County operation of the Audit/Inspection component of this Program versus "bidding out" that component to a subcontractor (which might or might not be MCA).

HSI appears unlikely to be similarly affected due to the probability of their "spending out" virtually all of their current year Weatherization Program dollars. Further, unlike MCA, HSI has no bylaw prohibition against engaging in direct service delivery and is anticipated to bid strongly for the Installation component of the Program. (Obviously, HSI may "lose" that bid, but they presently appear to have better prospects for retaining at least part of the Program through FY 89-90 than does MCA.)

Analysis:

To their credit both MCA and HSI are taking these potential problems seriously and are moving to develop contingency plans to respond appropriately.

In the "worst case" scenario (in which MCA loses the Weatherization Program entirely), the agency has developed a plan to eliminate Weatherization staffing entirely, reduce their space rental and overhead, make administrative

and fiscal reductions, and significantly reduce Community Service staffing. The combined effect would take the agency from an Executive Budget Request staffing level, including MCA's Refugee Program, of twenty-four (24) FTE (eight of whom are directly funded in the Weatherization Program budget) to a post-reorganization staffing level of thirteen (13) FTE. And even these measures would leave an unfunded deficit of between \$30,000 and \$56,000, depending on whether or not HSI "wins" the Installation bid, and whether or not you allow the \$26,000 of County General Fund monies currently included in the Executive Budget Request for HSI to offset the assumed loss of the Weatherization to be reallocated to MCA (assuming that HSI would, thus, have "won" most of the Weatherization Program revenue while MCA would have none.) Alternatively, MCA will face up to the necessity of additional layoffs.

HSI would face similar staff reductions if they fail to "win" all or at least part of the Weatherization Installation bid.

While this newly available information is less than encouraging, the County does have some options available to contain the probable impact of the Weatherization Program reorganization within the total dollar limits of the current Executive Budget Request.

These options include the following:

- . There appears to be a surprisingly good chance that the State Legislature will free up at least half of "the 10% LIEAP transfer" from the Social Services Block Grant (SSBG) for reallocation to the Community Services Block Grant (CSBG). This could significantly increase the relative unrestricted CSBG revenues available to Multnomah County by more than enough to resolve the most serious of the anticipated budgetary impacts.
- . Whether the County chooses to directly operate the Audit/Inspection component or contract it out to MCA or some other low bidder, we are certain to need fewer Auditors and Inspectors than are currently employed in the system. (This is true because both MCA and HSI currently are staffed for this function and because the total program will be smaller next year, thus implying the need for fewer total staff in this component.)

Recommendation:

At the moment, too many unknowns remain to allow a clear and coherent recommendation, but within the next two weeks staff feel confident that we can come to you with a recommended organizational structure for the Weatherization Program during FY 89-90 which would include an outline of the recommended responsibilities of DHS, MCA, HSI, the delegate agencies and other potential private contractors.

Memo to Board of Commissioners
April 11, 1989
Page 4

Once you have such a recommended structure, you can make whatever changes or adjustments you feel to be appropriate and direct us to come back with the budgetary consequences of those decisions.

In this way, you can eliminate several whole sets of unknown factors and get on with a clear, concise and understandable approach to policy formulation and budgetary decision making.

I honestly fear that any other course of action may require so much time and generate so much confusion that you will be unable to reach closure on this important issue in time for Technical Amendments to the Approved Budget.

Unless you direct me to follow some other course of action, I will plan to proceed in this fashion.

#17

**Testimony for Multnomah County Budget Hearing
of
Judy Applegate**

April 12, 1989

I am Judy Applegate, a social worker and coordinator of Older Adult Services at Mt. Hood Community Mental Health Center. I am testifying on behalf of Mt. Hood Community Mental Health Center, which has been working closely with Aging Services Division in delivering mental health services since 1986. We provide in-home counseling to seniors suffering from depression.

Through working closely with local aging programs, it is clear to us that what limited services are available must be protected. Potential cuts in city and county budgets threaten existing services that are vital to seniors in our community.

In addition to existing programs, the public guardian program and senior mental health program need additional funds. Senior advocates have requested this for 4 years now, and it is time for these requests to be granted.

We run our project for depressed seniors county-wide, and have only 1.3 FTE to serve them. Waiting lists grow to two months, while needy seniors risk physical and emotional decline. Complications that can develop with aging create problems that demand careful assessment by skilled people. Physical health impacts emotional health which impacts physical health. The highest suicide rate in this nation belongs to older white males over 60. The silent statistic is those who die of other complications of depression: malnutrition, dehydration, mis-medication, alcoholism, and poor control of chronic problems such as diabetes, lung disease, and heart disease.

Our program is able to efficiently assess and treat seniors suffering from depression, in their homes. Without an in-home approach, seniors would not typically be open to mental health care, due to the stigma of that label. Within 8-10 visits, we are able to turn depression around through counseling and medication. This program was initiated by seniors themselves, and continues to have active senior support through an advisory board.

Let me give you an example of what is going on in your community and mine. Specifics have been changed to protect client confidentiality.

Mr. Smith is a 76 year old gentleman who lived alone in his highrise apartment in Multnomah County. The apartment manager noticed that Mr. Smith had become disheveled, sad, confused, and reclusive in the past months. She referred him to the Older Adult Project, a very small program funded by Aging Services Division to serve elderly in Multnomah County with problems of depression. A psychiatric nurse went to his home. He was talking about suicide. He planned to jump out of his 14th floor window. He didn't know why or what started it. He didn't know why he was depressed, he just was.

The psychiatric nurse noticed his color was very pale, he was dehydrated, his ankles were swollen, he had a fever. She had him immediately hospitalized at the Veterans' Administration Medical Center.

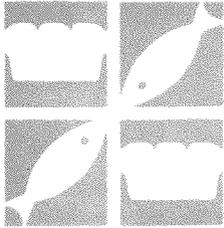
Mr. Smith was in kidney failure. They started dialysis. His mood improved rapidly. He has agreed to live in an adult

foster home, goes for regular dialysis, attends the Senior Center nearby, and is delighted with his new lease on life. You can imagine his fate if no intervention had occurred.

It's these types of situations that occur again and again in our community. It is those who do not stand up and cry out for help who are hiding in their homes, with the only concerned eye being that of an Aging Services Division case manager who checks in regularly and notices symptoms of depression. Our system must have enough mental health specialists to provide accurate assessments. Without these, the risk is decline and dependency, hospitalization, institutionalization, and death.

Please support continued funding for local senior programs in order to keep seniors well and alive.

#8



LOAVES & FISHES CENTERS, INC.

6125 S.E. 52nd Avenue
Portland, Oregon 97206
(503) 777-2424

PRESS RELEASE
April 11, 1989

FOR IMMEDIATE RELEASE

Impact of Mayor's Budget Cuts to Loaves & Fishes

"The proposed cut of senior service funds would reduce our budget by \$100,000. Loaves & Fishes could be forced to reduce meal services in Multnomah County by 90,000 meals", Anne Kelly Feeney, Executive Director of Loaves & Fishes explained. Feeney added that cuts would effect both congregate meals and Meals-on-Wheels. "We would have to cut according to our meal ratio - 63,000 Meals-on-Wheels and 27,000 congregate meals would have to go."

Loaves & Fishes is in the process of deciding just how the decrease in funds would be absorbed. The agency has already responded to financial pressure as federal funding has not kept pace with the growing elderly population's need for services. This additional budget cut could force some centers to close.

"Rather than have such abrupt cuts which eliminate services - we would rather work with the city on a long term plan to streamline our present multi-sited approach and work at further economizing services," Feeney offered. "Closing centers abruptly will force frail elderly to enter nursing homes prematurely at a far greater cost to the community. The ripple effect of the City Council's precipitant decision will be felt on a much larger scale if we have no time to make plans for these very dependent people."

For Further Information
Contact Joan Steinfeld
Public Relations
777-2424

#9 Autistic Childrens Activity Program

ACAP, Inc.

Madam Chair and Members of the County Commission, my name is Kathleen Henley. I am 2nd Vice President of the Autistic/Childrens Activity Program, Inc. and am charged with raising money for our Summer Activity Program.

Autistic Childrens Activity Program, Inc., which I will refer to as ACAP henceforth, would like to request that you consider continuing last years Multnomah County funding level of \$5,000.00. We intend to expand our services and increase the number of children served. ACAP will use these county allocated funds exclusively to provide direct services to autistic children in the Summer Activity Program.

We are a parent organized 4 year old tax exempt corporation made up of parents, educators, physicians, and others who are interested in the well-being of autistic children. All administrative staff and Board of Directors are volunteers. We have a volunteer Advisory Board of autism professionals who will be assisting us with technical advice on the Summer Activity Program. Our only project at this time is the Summer Activity Program. The projected administrative budget is \$750. None of the County money requested will be used for administrative purposes.

ACAP provides autistic children with a wide variety of functional recreational activities, social and daily living skills training in a community setting. Autistic children present a wide variety of behaviors and severity of difficulty and need. Foremost of these needs is for a continuing appropriate structure during the extended summer school vacation time when approximately 35 hours of respite ^{a week} are unavailable. Other summer programs for the disabled are unaccessable to autistic children because of difficulties in the childrens behavior, social, and communication areas, and because of the need for a low care-giver/child ratio to ensure safety. Use of age and developmental appropriate language and leisure goals, social and personal management skills within the context of regular community recreational activities leads to greater social ability and integration. Trips into the community last year included Downtown Pioneer Courthouse Square Brown Bag Concerts, Park system wading pools and swimming pools, Community Center roller rink, the Zoo, and public facilities for bowling. Transportation training occurs on the public Tri-Met and Max systems. Enrollment projections are increased this year to 20 full time children. We will be offering two different types of structuring for behavior. One structure will be for those children who have great transitional need and must have many steps to their transition process, giving them the time and support they need to move from one project and location to another. The other structure will be for the children who have low transition needs and can easily move from one project and location to another. Ages of children served are 4 - 18. All children are served free of charge. Attendance frequency is based on child and family needs. Staffing and volunteer to child ratio will be at 1:1 or 1:2 depending on the needs of the child. It is important to allow those children who have gained skills in independence to retain and increase those skills and still provide for the childrens safety. Program running time will be 9 weeks from June 26 to August 25. Daily schedule will be from 9 A.M. to 3 P.M. Family support is accomplished by allowing families this quality time for other family members while their autistic child/sibling has access to appropriate care. The End of Summer Report sited positive experiences for the participants and their families. One family had their first visit to a local McDonalds, the parent

reported the siblings were very happy that the parent had the time to take them. A written individualized community based curriculum is currently under development for a resource to the program and the parents. Last year we served 10 children. This year we have prepared budget projections to serve 20 full time children at \$45,000. Background on funding history includes; last year, Multnomah County \$5,000, Portland Public Schools/Columbia Regional Programs \$4,570, Multnomah A.R.C. \$1,000, Related Services Brokerage \$2,000, ACAP fund raising activities \$1,400, Private donations \$3,800, Social service groups \$275. Total income last year \$18,000. Total expenditures were \$14,600. Funding for previous years was from Multnomah A.R.C., Related Services Brokerage, ACAP fund raising activities and private donations. Funding for this year will be requested from a variety of sources. Already approached; Portland Public Schools/Columbia Regional Programs for 1 full time teacher and use of location for 9 weeks, Multnomah A.R.C. for camperships and possible liability insurance coverage, Boeing Employees Good Neighbor Fund, and Oregon Community Foundation. Boeing Employees Good Neighbor Fund has voted to provide \$2,500. Oregon Community Foundation has declined our application. Final decisions on the other requests are not available at this time. Other sources we will approach include additional foundations such as the Collins Foundation and Murdock Foundation, corporations including U.S. National Bank and N.W. Natural Gas, and private donors and organizations like the Women of the Rotary and Rebekah Lodge. We will also have ACAP membership fund raising activities which will include a plant sale, a used book drive, the KGW Neighbor Fair and a craft sale next fall.

There is a definite need for our program. I have received inquiries about our program from CSD case managers, teachers, physicians, and a lot of parents. I would like to reassure them that there would be services for any autistic child who applied, but I am not able to do so because of need for funding.

Originally I was not to have delivered this testimony. Our President was going to, but his autistic daughter has been having a very difficult time lately and he simply did not have the time or strength to make this presentation. His family has had to place this child in a temporary foster placement. This has devastated the entire family. They are all very depressed and this experience has disrupted their lives. I feel it is very important to reassure them that no matter where their daughter is residing we will be there to provide the services that this child will need even more desperately this coming summer.

We have other families and children who are in crisis and need for various reasons, educational, medical, and family. I know of a family who is close to divorce and a summer of stress could move them to that point. I know of a family who are worried that their child might die because of medical problems. This family must have care for the summer that is responsive to this child's medical needs. I feel we can supply that. Another family I am aware of is under a great deal of stress because their child has recently been diagnosed. They are desperate because they do not know what this means to their future. I feel we can give this family the support and insights to help them with this adjustment and with the hope of action to work for their child. The pain of no one to talk to and no direction to work toward is the most poignant I have experienced.

Please allocate funds to this program. We will combine them with

other funds and our energy to make them productive and cost effective.

Please continue funding of this community based program with an allocation of \$5,000.

Thank you for your time and consideration.

Sincerely,

Kathleen Henley
4715 N.E. 13
Portland, OR 97211
284-0350
April 12, 1989

#10

During this past year, the Board members of the Farmerworkers Health Access Program (FHAP), have focused their attention on the formulation of a dental plan and eventual servicing of a targeted low-income population.

The board recognized we had four obstacles to overcome in order for our idea to become a reality. Each of these components are as vital and interdependant as the other; they include a facility, an administrator and fiscal agent, the provision for low-cost or without-cost dental personnel as well as a supplemental resource base for operational use. From you, we seek a \$6,000 dollar amount which combined with other grant donations and private sector dollars will provide adequate funding for this project. Let me review our progress thus far.

Our first step was to seek a the commitment of experienced dentist at a low-cost so that any funds that were secured would minimize the total outlay. And, luckily, through the Department of Human Service Health Division, Dr. Richard Abrahamson has assured us of this resource of dentists.

With this initial accomplishment, our next step was to locate a facility. We ended up with finalizing our decision soon after a conference and offer from Dr. Jeff Roehm, Director for the Allied Health Division, and Evelyn Hobbs, Director for Dental Hygiene at Mt. Hood Community College. After numerous meetings the college found that our program that would support and enhance their present dental hygiene program not only at the student level, but for the overall good of the college. We, therefore, secured the MHCC facility which is equivalant to other fully-

equipped dental operation.

The next step was to locate a non-profit organization which would not only administer this program, but serve as the fiscal agent. During the interviewing process we focused primarily on the dedication and capability to carry out the job as well as the matching of philosophies of the non-profit organization with the college. After these interviews, the consensus was to offer the Neighborhood Health Clinics an opportunity to expand their present program. Finally, a presentation was made before their Board of Directors; they agreed to work on our Dental Clinic project with two stipulations, one the satisfying the liability requirement and two, the providing of an adequate resource base.

And, approximately three weeks ago, we submitted our proposal for to Community Development Block Grant agency for financial support. We believe the desirability and viability have been demonstrated and feel positive about receiving an award. We are simultaneously contacting numerous private sector associations and organizations to further the effort in securing even additional funds.

We, however, need the financial support from the you too. We ask you to be in partnership with us so that the needy in East County can be served. A foundation has been laid for a program we can all be proud of.

Thank you.

KIDS CAN UPDATE

Kids Can abuse prevention/early intervention program works with pre and elementary school aged children teaching them assertiveness and abuse prevention strategies through role plays and guided group discussions. We focus on a child's right to always be safe and strong and free.

At the end of the one hour workshop, volunteer instructors go out into the hall for "safetime," during which kids can come talk one-on-one about anything. Sometimes children disclose abusive situations or serious problems which require some kind of intervention or follow-up.

Here is a breakdown of topics children have discussed with our volunteers. Included is the number of children who were referred to school Child Development Specialists or Children's Protective Services for intervention or follow-up counseling. These figures are the results of our workshops in Portland schools from September 1988 through February 1989.

Number of children served: 4,726
Number of teachers served: 261
Number of parents served: 133
Number of reports made to Portland School Police/CPS: 28

Breakdown of the kinds of referrals made to school counselors:

Current Sexual Abuse: 10	Past Sexual Abuse: 43
Current Physical Abuse: 75	Past Physical Abuse: 27
Domestic Violence: 41	Emotional Abuse: 32
Family Member in Jail: 10	Divorce/Separation: 29
Death/Illness of Family Member: 21	Requests to See Counselor: 16
Drugs/Alcohol in Home: 8	Bullies: 127
Living in Foster Home: 10	Strangers: 26
Gangs: 1	Racism: 1
Abduction by Parent: 1	Running Away: 1
Homeless: 1	Neglect: 1
Suicide: 1	

Total number of referrals to Counselor: 482 or approximately one in ten children who received Kids Can were referred to the school counselor.

As you can see by these figures, Kids Can has been able to help with abusive situations in the lives of many children and we still have many schools left to go this year. We thank you for your willingness to continue supporting this vital program.



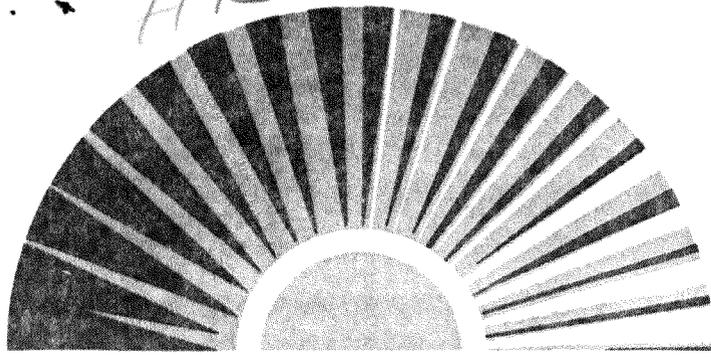
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Chair, Commissioners

My name is Sue Shaw and I am Chair of the Multnomah County Community Health Council. All council members join me in urging reconsideration of your decision to fund only three of the school based health clinics. Your budget message describes these clinics as "among the most effective health care programs in the county". National attention has focused on Multnomah County's support of these innovative programs.

Regardless of the outcome of the current state budget process these programs should be securely funded by the county. How can we possibly decide which of the existing clinics will be closed?

The council proposes expansion of this program throughout the county's school districts. We need these services in all the schools.



North Portland Youth Service Center

A program of Delauney Mental Health Center

7704 N. Hereford, Portland, Oregon 97203 • (503) 285-0627

TESTIMONY April 13, 1989

TO: The Board of Commissioners of Multnomah County

FROM: Riki Brown, North Portland Young Mom's Group Coordinator and
 Roosevelt High School Teen Health Clinic Advisory Board member

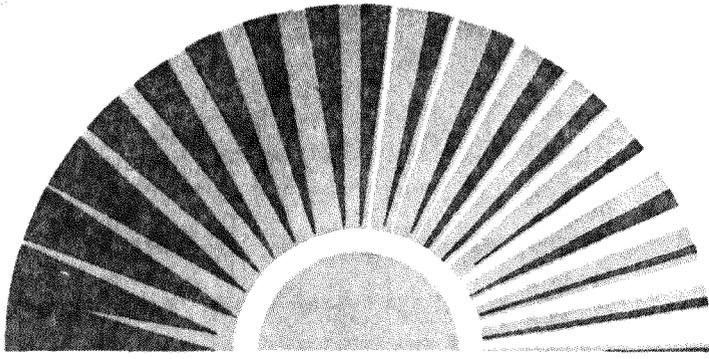
Good Afternoon Commissioners, Ladies and Gentlemen:

My name is Riki Brown. I Coordinate the North Portland Young Mom's Program and have sat on the Roosevelt High School Teen Health Clinic Advisory Board as a Community Representative since the program began.

I have come to you today to advocate for the Teen Health Clinic's continuation and expansion. I could spout statistics to you but I'm sure you already know how successful these programs are in their schools and communities. Instead, I'd like to share a little history with you by way of introducing the two young women accompanying me today.

In the spring of 1986, the first Teen Health Clinic opened its doors at Roosevelt High School in the wake of much heated controversy. Concerned teen mom's from the North Portland Youth Service Center Young Mom's Program testified in favor of the Teen Health Clinic at the resulting public hearings. Knees shaking, voices quivering, this early group spoke out in a public forum and found their voices. The Teen Health Clinic was an issue they could rally about. A place at school to get medical help and support had not been available to them when they needed it most. They felt strongly, if they could, they should try to assure that those who came after them receive these services.

Well, We're back. Those who came to talk to you before have gone on to finish school and tend to their families and communities. The two young ladies with me today have never testified in front of an audience like this before. It's still a scary thing to do, but, they, as did their predecessors, chose to put aside their fears and come today to share with you how they feel about the County Teen Health Clinics.



North Portland Youth Service Center

A program of Delauney Mental Health Center

7704 N. Hereford, Portland, Oregon 97203 • (503) 285-0627

TESTIMONY April 13, 1989

TO: The Board of Commissioners of Multnomah County

FROM: Chong Karpstein Kuehl

Good Afternoon Commissioners, Ladies and Gentlemen:

My name is Chong Karpstein Kuehl. I came to talk to you today to let you know how I feel about the Roosevelt High School Teen Health Clinic.

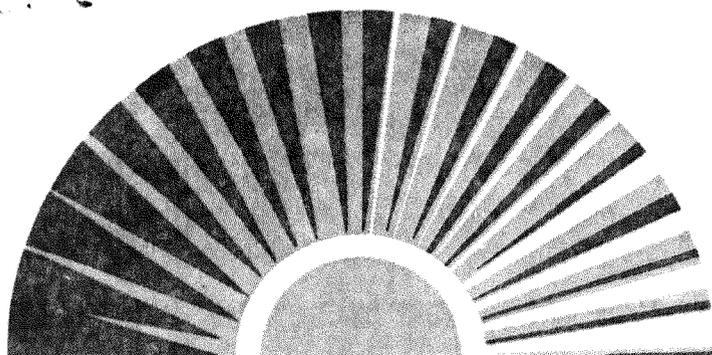
When I found out I was pregnant the people at the Clinic understood how I felt. I could talk to them when I felt I couldn't talk to anyone else. They helped me find a support group. They made sure I got good prenatal treatment. They never put me down and always had faith that I could succeed if I tried. They didn't give up on me even when I left school.

I know the Clinic is a valuable asset to the school. I've never heard a student put down the Clinic. Everyone accepts that they are there to help with anything from a cut finger, a sore throat or even if you feel suicidal. You can check out personal things you're worried about with people you can trust at the Clinic.

Being a teen parent is hard work. I had to drop out of school for a while. Eventually, when I feel ready, I plan to get my GED. I always wanted to give something back to the Teen Health Clinic but didn't know what I could do for them. When Riki Brown asked if anyone from our group wanted to sit on their Advisory Board, I said I would very much like to but I wasn't sure if I was the kind of person they wanted. Well, they wanted me. They still believe in me even though I make mistakes and I want to tell you today that I believe in them.

Please support all of the Teen Health Centers, in fact I think we need one in every High School and Middle School in the County.

Thanks for listening to what I have to say.



North Portland Youth Service Center

A program of Delauney Mental Health Center

7704 N. Hereford, Portland, Oregon 97203 • (503) 285-0627

TESTIMONY April 13, 1989

TO: The Board of Commissioners of Multnomah County

FROM: Trina Thompson

Good Afternoon Commissioners, Ladies and Gentlemen:

My name is Trina Thompson. I was a student at Roosevelt High School my freshman and sophomore years. When I had emotional or physical problems, I felt the safest place for me to go was the Teen Health Clinic because people there listened and cared about what was happening to me. I know many other students who feel the same way as I do about the clinic staff.

When I found I was pregnant with my daughter, they referred me to the North Portland Youth Service Center Young Mom's Group for support and help with things like Welfare and Housing. They checked to make sure I was getting medical care. I still stay in contact with staff at the Clinic. They are important people in my life.

Lots of people use the Clinics because lots of people need the Clinics for lots of different reasons. Please continue their funding. I still go visit them just to stay in contact. I'd hate to walk in and find no one there.

Thank you for hearing my testimony.

#14

Teen Health
Center

MULTNOMAH COUNTY BUDGET HEARING
APRIL 12, 1989

I WOULD LIKE TO THANK THE COUNTY COMMISSIONER FOR LETTING ME SPEEK ON BEHALF OF THE CLEVELAND HIGH SCHOOL TEEN HEALTH CENTER. MY NANE IS CHAR MCBRIDE, MY HUSBAND AND I HAVE TWO DAUGHTER, BOTH ATTEND CLEVELAND HIGH SCHOOL. STEPHANIE IS A FRESHMAN, HEIDI A JUNIOR.

WE LIVED OUT OF STATE FOR SEVEN YEARS BEFOR RETURNING TO OUR FORMER NEIGHBORHOOD 1-1/2 YEARS AGO. THE REASON WE RETURNED TO PORTLAND-- QUALITY OF LIFE . THE SUICIDE RATE IN DALLAS, TEXAS AND SURROUNDING AREA IS HIGH. A FRIEND OF MINE ASKED HER SON WHAT ALL THE COMMOIION WAS ABOUT WHEN SHE PICKED HIM UP FROM SCHOOL. "NOTHING", HE ANSWERED, "-JUST ANOTHER SUCIDE". A FRIEND THAT I PLAYED TENNIS WITH FOUND HER SON IN THEIR GARAGE, DEAD FROM CAR EXHAUST--HIS GIRL FRIEND BROKE UP WITH HIM. REASON FOR THE SUCIDES--KIDS WHO DON'T KNOW HOW TO DEAL WITH THEIR PROBLEMS. IT SNOWBALLS. IT CAN AND DOES HAPPEN ANYWHERE. HIGH SCHOOL TEENAGERS ARE VOLUNERABLE, THEY NEED ALL THE HELP THAT WE CAN GIVE THEM.

CLEVELAND HIGH SCHOOL AND OTHER TEEN HEALTH CENTERS ARE THERE WHEN A STUDENT IS INJURED OR ILL AT SCHOOL, IT PROVIDES HEALTH SERVICES AND EDUCATION. STUDENTS CAN HANDLE THEIR OWN HEALTH NEEDS WITHOUT HAVING TO LEAVE SCHOOL. THIS IS AN INCENTIVE FOR GOOD HEALTH, MENTAL AND PHYSICAL....LEARNING TO DEAL WITH PROBLEM. THE TEEN HEALTH CENTER HELPS, HELPS ALOT.

MY FAMILYS OWN EXPERIENCES WITH THE CLEVELAND TEEN HEALTH CENTER HAVE BEEN VERY VALUABLE. THIS IS WHERE MY GIRLS TOOK THEIR THOROUGH AND COMPLETE ATHLETIC PHYSICALS, AT NO EXPENSE. HEIDI'S BLOOD TEST REVEALED A SUBSTANTIAL IRON DEFICIENCY. IN THE PAST 1 1/2 YEARS THE NURSE HAS EDUCATED HEIDI AS TO THE CAUSE AND CURE, SHE GETS HER IRON PILLS DIRECTLY FROM THE CLINIC AND BLOOD TESTS AS NECESSARY.

RECENTLY ONE OF STEPHANIE'S TEACHERS SUGGESTED THAT SHE HAVE AN EYE EXAM IN THE CLINIC. SHE DID AND BECAUSE OF THE RESULTS AND RECOMMENDATION OF THE R.N. STEPHANIE HAD FURTHER TESTING DONE BY AN OPTHAMOLOGIST. SHE HAS A FOCUS PROBLEM AND IS WEARING GLASSES TO HELP CORRECT THE PROBLEM. VISION THEROPY MAY BE NECESSARY ALSO. THE CLINIC RECOMMENDED ANOTHER DOCTOR THAT MAY HELP WITH THIS. AS A BUSY PARENT I COULD HAVE EASILY OVERLOOKED THIS PROBLEM IF THE TEEN HEALTH CENTER HAD NOT BEEN AVAILABLE TO STEPHANIE.

IN FEBURARY CHOLESTEROL TESTING WAS DONE. THE TEEN HEALTH CENTER USED VOLUNTEERS, SUCH AS MYSELF, AND FOR THREE DAYS THE CLINIC WENT TO THE STUDENTS AND TESTING WAS DONE IN ALL OF THE HEALTH CLASSES. ALSO STUDENTS AND TEACHERS CAME FROM LUNCH OR AFTER SCHOOL, SHOWING INTEREST AND CUROSITY, MAKING BETS ON CHOLESTEROL LEVELS WHILE WAITING IN LINE TO HAVE BLOOD DRAWN AND TO GET THE RESULTS. QUESTIONS WERE ANSWERED BY THE NURSE AND SHE PERSONALLY TALKED WITH EVERY STUDENT

THAT HAD A CHOLESTEROL LEVEL ABOVE NORMAL. CHOLESTEROL WAS THE TOPIC OF CONVERSATION AT CLEVELAND. TWO NUTRITION AND FITNESS EDUCATION CLASSES FOLLOWED FOR STUDENTS AND THEIR PARENTS, PLUS A 2ND BLOOD TEST FOR THE MORE THAN 50% OF US WHO TESTED HIGH. TWO THINGS WERE ACCOMPLISHED HERE-EDUCATION OF CHOLESTEROL AND GETTING AN UNDERSTANDING OF WHAT THE CLINIC STANDS FOR AND WHAT IT CAN DO FOR ITS STUDENTS. I'M GRATEFUL TO THE CLINIC FOR THE POSITIVE CHANGES THAT IT HAS MADE FOR MY FAMILY.

WE ALL KNOW THERE IS NOTHING MORE IMPORTANT THAN HEALTH. WHAT KIND OF A MESSAGE WILL WE BE GIVING OUR HIGH SCHOOL STUDENTS IF WE TAKE AWAY THEIR HEALTH CLINIC? THE MESSAGE WILL BE, "YOUR NOT WORTH THE EXPENSE". WE NEED MORE PROGRAMS, NOT LESS, THAT PROMOTE GOOD, POSITIVE HEALTH CARE FOR OUR TEENAGERS. LETS TEACH THEM HOW TO MAKE GOOD DECISIONS-DECISIONS THAT AFFECT THEIR HEALTH. KEEP ALL OF THE TEEN HEALTH CENTERS, THEY ARE A POSITIVE INVESTMENT IN THE FUTURE OF OUR HIGH SCHOOL STUDENTS.

THANK YOU.

CHAR MCBRIDE
777-6017

*Char McBride
2850 S.E. Bybee Blvd.
Portland, Oregon 97202*

TESTIMONY BEFORE THE MULTNOMAH COUNTY COMMISSIONERS

April 12, 1989

Because homelessness is such a serious condition which results in so much human suffering, I believe additional resources need to be devoted to solving the problem.

Over the course of the last few years, we have begun to see an increase in homelessness and to gain a greater understanding of the problem. For example, each count of the homeless in the Portland Metropolitan Area demonstrates that 1000 to 1300 people in Multnomah County are homeless and/or in shelters each night. We haven't begun to count those under the bridges, in abandoned cars, or camping in vacant buildings. For example, on 2/28/89, there were 1275 people in the Portland Metropolitan Area ~~without~~ ⁱⁿ shelter; on 12/15/88, there were 1040 people ~~without~~ ⁱⁿ shelter.

Our statistics are becoming more and more reliable. For example, we know that on any night, the largest number of people are homeless because of

- First: Alcohol/drug abuse
- Second: Lack of affordable housing
- Third: Unemployment
- Fourth
and
- Fifth: Domestic violence and mental illness

We understand better the relationship between numbers of people homeless on any night and number served in a year. For example, in the Greater Portland Metropolitan Area on 12/15/88, there were 1040 people who were homeless -- 888 were homeless in Multnomah County alone. On any night, and on 12/15/88, single men and women and youth comprise 84% of the homeless population. Many of these individuals use many nights of shelter each year. On the other hand, we can look at who is homeless over the course of a year. Counting everyone once, no matter how many nights of shelter they used, 52% of the homeless are in family units; 48% are singles. There are now over 10,000 people served each year in Multnomah County because they are homeless.

We can now devise Case Management and housing programs suitable to meet the needs of the people we are serving. Recognizing the causes of homelessness, we can design programs to solve problems. These are not unsolvable problems. The homeless are people who need County services. The majority of homeless people would like to be taxpayers. They would like to opportunity to have work,



CLEAN-UP CENTER
NIGHT & DAY SHELTER
EMERGENCY ASSISTANCE
CORRECTIONS COUNSELING

CASE MANAGEMENT
ENERGY ASSISTANCE
MENTAL HEALTH SERVICES
ALCOHOL & DRUG TREATMENT

YOUTH SHELTER
JOB PLACEMENT
PROJECT AWARENESS
ALCOHOL-FREE HOUSING

support themselves and have families and pay taxes. What is standing between the homeless and the solution to homelessness?

- * Lack of Case Management
- * Lack of housing
- and
- * Lack of entry level jobs

We need to have all three if we are to overcome homelessness. I believe that the Housing Authority of Portland, the Portland Development Commission, the City of Portland, and many Community Development Corporations are working hard to develop more affordable low-cost housing.

We are working with the Private Industry Council, the Chamber of Commerce, the Association for Portland Progress, the Oregon Employment Service, the Job Corps and many private employment groups to develop more jobs.

We need help from Multnomah County for the third and final part of the solution -- **Case Management**. We applaud Multnomah County for sponsoring the 14 Case Management positions currently available for the homeless. We also are very pleased with the role of other County funded Case Management programs which prevent and/or combat homelessness. Counseling, treatment and Case Management help people prevent homelessness or overcome the problems causing homelessness. Clearly, these programs include those people with alcohol/drug problems, mental health problems, and mental retardation/development disabilities. Other programs, such as Senior Services, help people avoid homelessness.

Burnside Projects strongly supports the continuation of current homeless Case Management positions and the addition of more Case Managers for the homeless. With \$140,000, at least 8 more Case Managers could be hired county-wide. Adding to the existing program, we would have approximately 22 Case Managers available to serve 440 people at any time. This is over half of those homeless on any night. We really can make progress on solving this problem. With 22 Case Managers, over 1300 people could be helped out of the despair and desolation of homelessness.

We urge your strong support for the current Case Management Program for the homeless and we strongly urge you to expand Case Management services for the homeless. We can not solve the whole problem in a year, but in a year we can make significant progress in ending homeless for thousands of people in Multnomah County. We need Case Managers for the homeless to keep youth, single men, single women, and families with children off of the streets and inside housing units each and every night.

Gladys, et al
Sorry this is so
poorly written. Hope
you get my point.
Frank

#17
From: Fred Shields

TESTIMONY TO MULTNOMAH COUNTY COMMISSION
APRIL 12, 1989

I come here today as one who started the first shelter for homeless families to be housed in a church building anywhere in the state of Oregon. Since that day, our shelter has operated with city imposed limits of 10 people per night and 6 months operation per year. Still, our shelter has housed approximately 1000 people from over 300 families with stays from 1 night to 5 weeks.

During that time we have gained what might be called "the Consumers Perspective" with relation to the effort to house homeless people, especially families. We strongly believe, therefore, that given very scarce governmental resources, that highest priority go to providing technical assistance, case management, etc. to the resources made available to the public at no cost to the public!

To be specific, last year the shelter network of Church/School Shelters in the metropolitan area gave away \$300,000 worth of shelter. That saved taxpayer dollars! Please remember that though the resource comes free, the churches and colleges that do the sheltering are not interested in ware-housing people, they're interested in breaking the homeless cycle. Therefore, while they're giving free overnight lodging, the meals, the showers, clothes, etc.; at no cost to the taxpayer, it only makes sense that government make that savings go as far as possible by the wise use of tax dollars to case manage to help these people do the kind of planning and get the kind of jump on getting a job, medical resources, etc. that will help them break out of the situation they're in. Case manage that resource and give it priority because it comes free to the community!

Another reason that this case management needs priority is that every shelter utilizes volunteers. We don't want to abuse those volunteers by making inappropriate referrals to the volunteer shelters that now exist. When volunteers have a bad experience, it is usually because referrals made to that shelter were not appropriate. We want our volunteers to go away feeling good about what they've done, having successfully completed a logical, manageable task, whether it's being an overnight host, a meal provider, a cleaning person, whatever. But if they go into a shelter where someone has been referred inappropriately and they are given a hard time, we lose volunteers. When we lose volunteers, shelters close and a resource is lost to the community.

As I've traveled around Multnomah County talking in numerous settings, I have found many churches and schools willing to be involved in sheltering but very few willing to take the gigantic risk of opening a shelter in their building. They're concerned because of the number of people that pass through a building in a given year. They're concerned because of the number of volunteers it takes to make things work, etc. They're also concerned about building and fire safety. It has occurred to me, however, that many churches that are afraid to have a constant "flow-through" of families would not be against the concept of taking a room in their church and making it a transitional housing unit. I intend to make it my priority to speak to as many churches as possible saying to them, "listen if you're not willing to open a shelter, how about simply taking a room in your building, putting in some beds, getting to know one family, which you can keep in your building for 1-3 months while they work, while they are carefully case managed and case management makes sure that they save at least 25% of their income toward a deposit on a rental unit. All you need to do is provide the space, some nurture and maybe

food initially, but ultimately maybe the family can get on Food Stamps and can use your church kitchen to cook their own meals, etc. You can give them a key to the church once you trust them and we're off and running."

Imagine how many tax dollars would be saved by not having to rent 25-50 of these units around the city and by having the churches, multiple churches, donate that resource instead. It's a plan that can work. But it's a plan that I will not even pursue unless I'm assured of proper case management in quantity equal to the task ahead. That means that we can't have one case manager for every 40 people. That means we have to have a work ratio that's reasonable. I hope you'll seriously consider increasing, not decreasing the amount of money available for the homeless and the very poor in our community. Thank you very much.

#18

Copy B.C.C.

To whom it may concern,

I feel as a student at Roosevelt High School, the Teen Health Center has helped me in many ways.

When I first went to them about birth control they gave me a bunch of pamphlets, which they put in a paper bag, to look at and familiarize myself with the positive and negative effects of each contraception. ~~The pamphlets~~ After looking at the pamphlets I made an appointment, to talk it over. She showed me the way each ~~one~~ device worked, which made me feel better about my choice. I made ~~an~~ another appointment for a full exam, which was quick, easy, and very comfortable while they talked me through it. I decided to get a prescription for condoms, foam, and sponges, and wait for a regular partner to go on the pill.

It has helped me a great deal because I can go there when something bothers me or if I need a new prescription filled. ~~at~~ Its convenience and support has been wonderful and successful.

Sincerely Heather James

#19

Individual operating results will vary with each project. One way a project's management can reduce risk is to attract tenants who are eligible for state or federal subsidies. The availability of these credits, unless extended by Congress, will expire at the end of 1989, despite growing popularity among investors.

c. Community Development Corporation

A major national contributor to lower income housing is Local Initiatives Support Corporation (LISC), an organization founded in 1980 to provide technical and financial assistance to non-profit community development corporations (CDCs) throughout the U.S. Nearly five hundred corporations and foundations have contributed to LISC. In turn, LISC's investments help to revitalize communities, often renovating existing housing affordable to lower-income residents. LISC has chosen to concentrate on several geographic areas, the nearest to Portland being Seattle/Tacoma, where LISC investment occurred in 1987. 46

Because they lack the experience and/or are seen as too great a credit risk, CDCs often find difficulty in engaging traditional commercial lenders. LISC has responded with start-up grants, low-interest loans, and expertise which make CDCs better competitors for conventional financing.

In Portland, private investors and public agencies have worked together to provide affordable housing. One example is REACH Community Development Inc., a local non-profit CDC, previously discussed. In addition to providing reasonably priced rentals, REACH has undertaken a limited-equity housing co-operative, the Buckman Housing Cooperative, offering an investment opportunity for residents not otherwise able to own their own homes. Eventually the co-operative is expected to own 50-55 units and to thereby help stabilize the neighborhood.

Affordable housing is an issue critical to a community's well-being. Quoting Don Clark, Director of HAP, "It is now more difficult to purchase a house, and nationally home ownership is going down. The implications to society are enormous because behavior changes with home ownership." 47

Employers are beginning to feel the impact of inadequate and increasingly expensive housing. More than fifty major U.S. employers have begun to act directly to increase availability of affordable housing either through housing assistance to all personnel or through contribution to community housing programs. 48 In twenty or more major U.S. cities, the business community is contributing millions of dollars in partnerships with non-profit housing corporations, foundations, and government agencies to stimulate construction of affordable housing. In San Francisco, top business executives, working with a non-profit housing organization, produced nearly 1,500 units (40% available at below market level in both rental and homeownership developments) in less than four years. 49

Supporting local low-income housing has extensive benefits. Dennis Gilman of Portland's Eastbank Development Corporation, says that providing decent housing for low-income residents improves the market for middle-income housing. Mr. Gilman regards this kind of investment comparable to any other form of a community's infrastructure. 50

CONCLUSION

Notwithstanding the many agencies and programs concerned with the housing problem in Portland, the need remains and neighborhoods suffer.

Will federal housing construction resume? Will the state and local governments fill the gap left by the withdrawal of federal housing subsidies? Will the private sector become more involved? Will neighborhoods exert more influence? Will citizens invest not only their money but their concern and action to bettering the plight of the homeless and the poorly housed population?

All of these questions may require affirmative answers if Portland is to offer adequate and affordable housing to its entire population.

APPENDIX

New programs funded in the Portland area and the amounts allotted are listed as follows:

- Section 8 Moderate Rehabilitation Grant--\$1,200,000
- Supportive Housing Demonstration Grants: a) Burnside Community Council/Central City Concern--\$658,3000; b) Raphael House--\$163,665; c) Providence Medical Center--\$466,250 for services to chronic mentally ill adults.
- Mental Health Care Block Grant to Multnomah County--\$210,000 for services to the chronic mentally ill.
- Community Mental Health Demonstration grant to Multnomah County for duo-diagnosed clients--\$473,164.
- Health Care Block Grant to Multnomah County for four Community Health clinics--\$391-491.
- Veterans Domiciliary Program to the Veterans Administration for transitional housing for veterans--\$1,300,000.
- Emergency Shelter Grants to: a) City of Portland--\$155,000; b) Multnomah County for the start-up of family shelter in East County--\$26,000; c) Community Action Agency for SRO residents--\$25,404; d) Multnomah County Community Action Agency for transitional housing--\$4,904.
- Emergency Community Services Block Grant: a) Portland Community Action Agency for case management services in shelters--\$49,006; b) Multnomah County Community Action Agency, ad-