

ANNOTATED MINUTES

Tuesday, May 30, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

B-1 1995-1996 Community Action Plan. Presented by Rey España.

*PRESENTATION AND RESPONSE TO BOARD
QUESTIONS AND DISCUSSION.*

Tuesday, May 30, 1995 - 10:00 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET SESSION

WS-1 Community and Family Services Division Budget Overview, Highlights and Action Plans. CFSD Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1995-96 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

*PRESENTATION AND RESPONSE TO BOARD
QUESTIONS AND DISCUSSION.*

Wednesday, May 31, 1995 - 1:30 PM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET SESSION

WS-2 Non-Departmental (Commissioners, Auditor, Management Support Services, Non-County Organizations) Budget Overview, Highlights and Action Plans. NOND Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1995-96 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

**PRESENTATION AND RESPONSE TO BOARD
QUESTIONS AND DISCUSSION.**

Wednesday, May 31, 1995
(IMMEDIATELY FOLLOWING BUDGET SESSION)
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

B-2 CareOregon Update. Presented by Barry Crook and Kathy Innes.

**PRESENTATION AND RESPONSE TO BOARD
QUESTIONS AND DISCUSSION.**

Thursday, June 1, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:35 a.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen, Tanya Collier and Dan Saltzman present.

CONSENT CALENDAR

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

NON-DEPARTMENTAL

C-1 In the Matter of the Reappointments of James D. Pitton, Assessor Recommendation Position; and James M. Fuji, County Recommendation Position to the Agricultural Review Board for Two-Year Terms Ending 5/30/97

- C-2 In the Matter of the Appointment of Anita Ball to County Position #2 on the Metropolitan Human Rights Commission, Term Ending 9/30/96

SHERIFF'S OFFICE

- C-3 Ratification of Intergovernmental Agreement, Contract #800216, between the Housing Authority of Portland (HAP) and Multnomah County Sheriff's Office to Provide a Supervised Inmate Work Crew to Perform General Labor, for the Period June 1, 1995 through June 30, 1995

COMMUNITY AND FAMILY SERVICES DIVISION

- C-4 Ratification of Intergovernmental Revenue Agreement, Contract #101256, between Multnomah County and the State of Oregon, Housing and Community Services Department to Fund Community and Family Services Division for Community Action Anti-Poverty Services, for the Period July 1, 1995 through June 30, 1997
- C-5 Ratification of Amendment No. 1 to Intergovernmental Revenue Agreement, Contract #103275, between Multnomah County and Portland Public Schools Increases the Number of Children Receiving Early Intervention/Early Childhood Special Education Services and Provides Additional \$14,976 in Funds, for the Period July 1, 1994 through June 30, 1995

REGULAR AGENDA

PUBLIC COMMENT

- R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

***RICHARD KOENIG COMMENTED IN OPPOSITION TO
FAMILY SERVICES MEDIATION PROCESS.***

NON-DEPARTMENTAL

- R-2 PROCLAMATION in the Matter of Proclaiming the Month of June, 1995 as "Providence Child Center Appreciation Month"

***COMMISSIONER SALTZMAN MOVED AND
COMMISSIONER KELLEY SECONDED, APPROVAL OF***

R-2. SHOSHANA GRAMMER AND RICHARD MUDD PRESENTATION, EXPLANATION AND COMMENTS IN SUPPORT. PROCLAMATION READ. COMMISSIONER COLLIER THANKED SISTERS OF PROVIDENCE FOR ALL ITS WORK IN THE COMMUNITY AND WILLINGNESS TO PARTICIPATE IN PUBLIC/PRIVATE PARTNERSHIPS, AND FOR HELP WITH THE BRENTWOOD/DARLINGTON CENTER. COMMISSIONER SALTZMAN COMMENTS IN APPRECIATION. PROCLAMATION 95-121 UNANIMOUSLY APPROVED.

R-3 RESOLUTION in the Matter of Expressing Appreciation to Jim Davis for his Contribution to the Multnomah County Child Abuse Team

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-3. COMMISSIONER SALTZMAN EXPLANATION AND INTRODUCTION OF TEAM MEMBERS, LT. STAN GRUBB, DEPUTY DAVE RAIDER AND SGT. BOB WALLIKER. LT. GRUBB PRESENTED OVERVIEW OF PROJECT AND THE USE OF THE NEW LOGO FOR THE MULTNOMAH COUNTY CHILD ABUSE TEAM (C.A.T.) AND FOR THE EXCLUSIVE USE OF GARFIELD THE CAT AS AN OFFICIAL LOGO. DEPUTY RAIDER EXPLAINED HOW THIS IDEA BECAME A REALITY. SGT. WALLIKER PRESENTED THANKS TO THE BOARD FOR THEIR SUPPORT. HATS AND SHIRTS WITH THIS LOGO WERE PRESENTED TO THE BOARD. RESOLUTION READ. RESOLUTION 95-122 UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

CHAIR STEIN REQUESTED THAT ITEMS R-6, R-7 AND R-8 BE CONSIDERED AT THIS TIME AND INTRODUCED LARRY NICHOLAS, BURNIE GIUSTO AND MAYOR GUSSIE McROBERT AND PROVIDED OPPORTUNITY FOR COMMENTS. BOARD COMMENTS AND THANKS.

R-6 PUBLIC HEARING and ORDER in the Matter of Surrendering Jurisdiction to the City of Fairview Various County Roads per Attached Listings, Lying within the Corporate Limits of the City of Fairview

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-6. NO ONE WISHED TO TESTIFY. ORDER 95-123 UNANIMOUSLY APPROVED.

R-7 PUBLIC HEARING and ORDER in the Matter of Surrendering Jurisdiction to the City of Gresham Various County Roads per Attached Listings, Lying within the Corporate Limits of the City of Gresham

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-7. JAMES GLEASON ASKED IF STREET CONDITIONS WOULD IMPROVE AFTER SEWER CONSTRUCTION COMPLETE. LARRY NICHOLAS RESPONSE. ORDER 95-124 UNANIMOUSLY APPROVED.

R-8 PUBLIC HEARING and ORDER in the Matter of Surrendering Jurisdiction to the City of Troutdale Various County Roads per Attached Listings, Lying within the Corporate Limits of the City of Troutdale

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-8. NO ONE WISHED TO TESTIFY. ORDER 95-125 UNANIMOUSLY APPROVED.

CHAIR STEIN ADVISED CERTIFICATES BEING SENT TO GREG DILORETO, JOHN PETTIS, JIM GALLOWAY, GEROLD ANDERSON, ROGER VONDERHARR, DONALD ROBERTSON AND PAUL THALHOFER. CERTIFICATES PRESENTED TO BERNIE GIUSTO, GUSSIE McROBERT AND LARRY NICHOLAS.

NON-DEPARTMENTAL

R-4 RESOLUTION in the Matter of Adopting an Updated Strategic Plan and 1995-97 Action Plan and Recommending the Strategic Plan be Submitted to the Oregon Economic Development Commission and the Governor of the State of Oregon for Consideration under the Regional Strategies Program

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-4. PAT SCRUGGS EXPLANATION. CHAIR STEIN COMMENTS AND REQUEST TO DRAFT LETTER TO SEND TO THE OREGON ECONOMIC DEVELOPMENT COMMISSION THAT OUTLINES MULTNOMAH COUNTY'S PRIORITIES. RESOLUTION 95-126 UNANIMOUSLY APPROVED.

- R-5 Budget Modification NOND #13 Requesting Authorization to Transfer Salary Savings within the Chair's Office Budget to Capital to Replace Computer Hardware and Software

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-5. DELMA FARRELL EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-9 Ratification of an Intergovernmental Revenue Agreement, Contract #302055, between the City of Gresham and Multnomah County for the Maintenance of Traffic Signals, Traffic Control Signs and Directional Signs, for the Period July 1, 1995 to be Ongoing

COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-9. LARRY NICHOLAS EXPLANATION. AGREEMENT UNANIMOUSLY APPROVED.

- R-10 ORDER in the Matter of Conveyance to the City of Portland Various One (1) Foot Strips and Road Fund Properties to the City of Portland Owned by the County

COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-10. JOHN DORST EXPLANATION. BOARD COMMENTS. ORDER 95-127 UNANIMOUSLY APPROVED.

- R-11 First Reading and Possible Adoption of an ORDINANCE Amending Fees for Action Proceedings and Administrative Actions Under MCC 11.15, and

Declaring an Emergency (Ordinance Amending Planning & Development Fee Schedules)

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER COLLIER MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF FIRST READING. FOLLOWING EXPLANATION, TESTIMONY AND AMENDMENT, FIRST READING UNANIMOUSLY APPROVED, AS AMENDED. SECOND READING THURSDAY, JUNE 8, 1995.

DEPARTMENT OF HEALTH

R-12 Request for Approval of a Notice of Intent to Apply for a Grant from the Oregon State Health Division's State-Based Programs to Reduce the Burden of Diabetes: a Health Systems Approach

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-12. COMMISSIONER HANSEN EXPLANATION. NOTICE OF INTENT UNANIMOUSLY APPROVED.

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

R-13 ORDER in the Matter of an Exemption to Exceed the 20% Change Order Limitation for Construction at the Hooper Detox Facility

COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-13. JIM EMERSON EXPLANATION. ORDER 95-128 UNANIMOUSLY APPROVED.

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

MANAGEMENT SUPPORT SERVICES

R-14 RESOLUTION in the Matter of the Issuance and Sale of Short-Term Promissory Notes (Tax and Revenue Anticipation Notes, Series 1995) in the

Amount of \$11,000,000 for the Purpose of Meeting Current Expenses of the County for the 1995-96 Fiscal Year

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-14. HARRY MORTON EXPLANATION. RESOLUTION 95-129 UNANIMOUSLY APPROVED.

EMPLOYEE SERVICES DIVISION

R-15 Second Reading and Possible Adoption of a Proposed ORDINANCE Relating to County Organization; Abolishing the Department of Social Services, Giving Departmental Status to Certain Existing Divisions within that Department, and Updating an Outdated Code Provision Relating to County Organization

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. CURTIS SMITH EXPLANATION. NO ONE WISHED TO TESTIFY. ORDINANCE NO. 818 UNANIMOUSLY APPROVED.

R-16 Second Reading and Possible Adoption of a Proposed ORDINANCE Amending Ordinance No. 792, in Order to Add and Delete Exempt Pay Ranges

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF THE SECOND READING AND ADOPTION. CURTIS SMITH EXPLANATION. NO ONE WISHED TO TESTIFY. ORDINANCE NO. 819 UNANIMOUSLY APPROVED.

R-17 First Reading of an ORDINANCE Amending Ordinance No. 778 Relating to Pay Administration for Employees Not Covered by Collective Bargaining Agreement

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER COLLIER

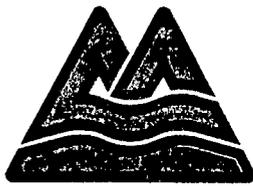
**MOVED AND COMMISSIONER KELLEY SECONDED,
APPROVAL OF THE FIRST READING. CURTIS SMITH
EXPLANATION. NO ONE WISHED TO TESTIFY. FIRST
READING UNANIMOUSLY APPROVED. SECOND
READING THURSDAY, JUNE 8, 1995.**

There being no further business, the meeting was adjourned.

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad

Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

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

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

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

MAY 29, 1995 - JUNE 2, 1995

Monday, May 29, 1995 - MEMORIAL DAY HOLIDAY - OFFICES CLOSED

Tuesday, May 30, 1995 - 9:30 AM - Board Briefing Page 2

Tuesday, May 30, 1995 - 10:00 AM - Budget Session Page 2

Wednesday, May 31, 1995 - 1:30 PM - Budget Session Page 2

Wednesday, May 31, 1995 - Board Briefing Page 2

(IMMEDIATELY FOLLOWING BUDGET SESSION)

Thursday, June 1, 1995 - 9:30 AM - Regular Meeting Page 3

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

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

Friday, 10:00 PM, Channel 30

Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

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

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CONSENT CALENDAR

NON-DEPARTMENTAL

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- R-1 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

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- R-2 *PROCLAMATION in the Matter of Proclaiming the Month of June, 1995 as "Providence Child Center Appreciation Month"*
- R-3 *RESOLUTION in the Matter of Expressing Appreciation to Jim Davis for his Contribution to the Multnomah County Child Abuse Team*
- R-4 *RESOLUTION in the Matter of Adopting an Updated Strategic Plan and 1995-97 Action Plan and Recommending the Strategic Plan be Submitted to the Oregon Economic Development Commission and the Governor of the State of Oregon for Consideration under the Regional Strategies Program*
- R-5 *Budget Modification NOND #13 Requesting Authorization to Transfer Salary Savings within the Chair's Office Budget to Capital to Replace Computer Hardware and Software*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-6 *PUBLIC HEARING and ORDER in the Matter of Surrendering Jurisdiction to the City of Fairview Various County Roads per Attached Listings, Lying within the Corporate Limits of the City of Fairview*
- R-7 *PUBLIC HEARING and ORDER in the Matter of Surrendering Jurisdiction to the City of Gresham Various County Roads per Attached Listings, Lying within the Corporate Limits of the City of Gresham*
- R-8 *PUBLIC HEARING and ORDER in the Matter of Surrendering Jurisdiction to the City of Troutdale Various County Roads per Attached Listings, Lying within the Corporate Limits of the City of Troutdale*
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DEPARTMENT OF HEALTH

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PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

- R-13 *ORDER in the Matter of an Exemption to Exceed the 20% Change Order Limitation for Construction at the Hooper Detox Facility*

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- R-17 *First Reading of an ORDINANCE Amending Ordinance No. 778 Relating to Pay Administration for Employees Not Covered by Collective Bargaining Agreement*

GARY HANSEN
Multnomah County Commissioner
District 2



1120 S.W. Fifth Avenue, Suite 1500
Portland, Oregon 97204
(503) 248-5219

To: Parkerson, Carrie
From: Commissioner Gary Hansen
Subject: Board Meeting
Date: May 31, 1995
cc: Arredondo, Juana

Dear Carrie,

Yesterday May 30th I had a commitment to attend the opening of an Adult Foster Care Facility Ceremony, that conflicted with the end of the Board meeting.

Sincerely,



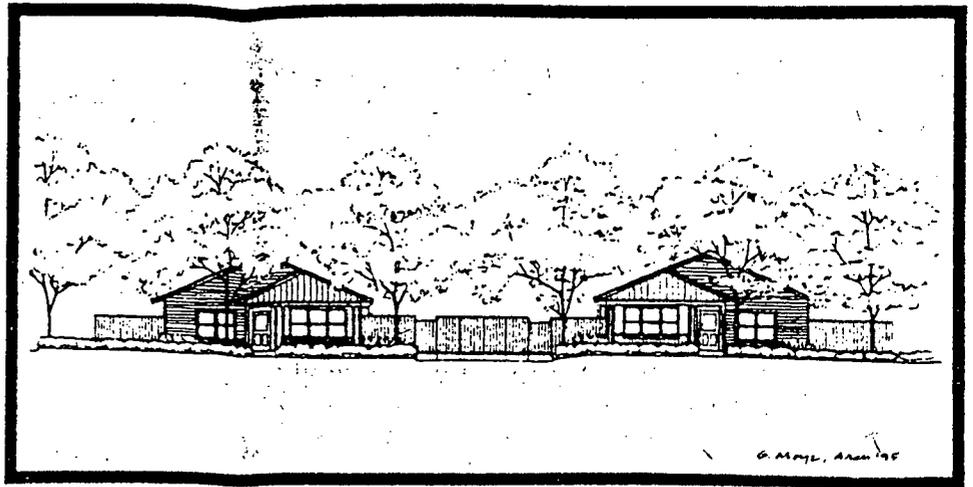
Gary Hansen

BOARD OF
COUNTY COMMISSIONERS
1995 MAY 31 AM 10:39
MULTNOMAH COUNTY
OREGON

NORTHWEST
HOUSING
ALTERNATIVES, INC.

INVITES YOU TO A
CELEBRATION
AND
DEDICATION
CEREMONY

MAY 30, 1995
12:30 TO 2:00 PM
5023 NE KILLINGSWORTH



NHA IS PIONEERING IDEAS IN
LOW INCOME FRAIL ELDERLY
ADULT FOSTER CARE

THIS NEW STRUCTURE IS THE FIRST OF FOUR IN NORTHEAST PORTLAND THAT WILL SERVE VERY-LOW- INCOME FRAIL ELDERLY IN DIGNITY, COMFORT AND SECURITY. RESIDENT CARE GIVERS PROVIDE MEDICAID CLIENTS WITH A VARIETY OF DAILY LIVING SERVICES. CLIENTS HAVE PRIVATE ROOMS.

SPEAKERS:

Introductions by Diane Luther, Executive Director, NHA, Inc.
Gary Hansen, District 2 Representative, Multnomah County Board of Commissioners
Ross Cornelius, Assistant Director, Oregon Housing and Community Services
June Schumann, Manager, Community Access, Multnomah Aging Services

Development Team:

Northwest Housing Alternatives, Inc.
Housing Solutions Unlimited, Inc.
Gary Moye, Architect
Marland Henderson Construction
Metro AFC Management, Inc.

Funding Sources:

Oregon Housing and Community Services:
Permanent Loan
Portland Development Commission
Construction and Permanent (Gap)
First Interstate Bank: Construction Loan
Multnomah County Aging Services:
Project Operating Expense Coordination
Multnomah County Community
Development Affordable Housing
Demonstration Program
Portland Bureau of Housing and Community
Services Staff Operating Support Program

RSVP
NHA, Inc. (503) 654-1007
Fax 654-1319
2316 S.E. Willard Street
Milwaukie, OR 97222

✓
PLEASE PRINT LEGIBLY!

MEETING DATE 5-30-95

NAME

RON PENNINGTON

ADDRESS

16424 S.E. Mann

STREET

Pld

97233

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

1821
PLEASE PRINT LEGIBLY!

MEETING DATE 5/30/95
Qualliotine

NAME

Peter Qualliotine

ADDRESS

8079 SE 68th Ave

STREET

Northland OR 97206

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. *

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

* The Sexual Exploitation Education Project

*3✓

PLEASE PRINT LEGIBLY!

MEETING DATE 5-30-95

NAME HELEN R. STOLL

ADDRESS 3830 NE HANCOCK ST

STREET
PORTLAND 97212
CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # *

SUPPORT f **OPPOSE** _____

SUBMIT TO BOARD CLERK

* The Sexual Exploitation Ed. Project

#4/

PLEASE PRINT LEGIBLY!

MEETING DATE 5/30/95

NAME

Lisa Vaughn

ADDRESS

PO BOX 42597

STREET

Portland

97242

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. ~~NO.~~ *

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

*The Sexual Exploitation Education Project

1/28 5/

PLEASE PRINT LEGIBLY!

MEETING DATE 5/30/95

NAME Licki Smead

ADDRESS 1019 S.W. 21st #234

STREET

Portland, 97223

CITY **ZIP**

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____ **OPPOSE** _____

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 5-30-95

NAME Sherry Bentley

ADDRESS 1949 SE Palmquist Rd Unit 91

STREET

Gresham OR 97080

CITY **ZIP**

I WISH TO SPEAK ON AGENDA ITEM NO. WS 1

SUPPORT **OPPOSE**

SUBMIT TO BOARD CLERK

~~#8~~ ✓
PLEASE PRINT LEGIBLY!

MEETING DATE May 30, '95

NAME

Catherine Feller

ADDRESS

6449 SE 135

STREET

Portland

CITY

97234

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. WS 1

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

13
9 ✓

PLEASE PRINT LEGIBLY!

MEETING DATE 5/30/95

NAME

Tom Barnett

ADDRESS

3439 NE Sandy #106

STREET

Portland OR 97232

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO.

WS1

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 5/30/95

NAME

Michael Bailey

ADDRESS

3973 N. Coniard

STREET

Portland

97227

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. WS I

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#11 ✓

PLEASE PRINT LEGIBLY!

MEETING DATE 5-30-95

NAME

Sally Lucero

ADDRESS

5859 SE HARNEY AVE

STREET

Port

97206

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. WS1

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

#12 ✓
PLEASE PRINT LEGIBLY!

MEETING DATE 5-30-95

NAME Maxine Thompson

ADDRESS 221 NW 2nd

STREET

Portland

CITY

97212

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # WS1

SUPPORT ✓ **OPPOSE** _____

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

8/13 ✓

MEETING DATE 5-30-95

NAME

Ross B. Fortner, JD

ADDRESS

1419 SE 17th St.

STREET

Portland, OR 97214

CITY

ZIP

Mental
ILLNESS

I WISH TO SPEAK ON AGENDA ITEM NO. Budget

SUPPORT ✓

OPPOSE _____

SUBMIT TO BOARD CLERK _____

607
14

PLEASE PRINT LEGIBLY!

MEETING DATE May 30, 1995

NAME

Carol Boos

ADDRESS

775 NE Laurelhurst Place
STREET

Portland

97232

CITY

ZIP

Mental Illness Budget
I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

15/

PLEASE PRINT LEGIBLY!

MEETING DATE 05-30-95

NAME

Leslie Haines Haines

ADDRESS

3025 SW 11th

STREET

Portland, OR 97201

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. WS 1

SUPPORT X

OPPOSE _____

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

5/30/95

NAME

SUSAN CLARK

ADDRESS

4110 NE 122

STREET

POW 97230

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. WS 1

SUPPORT

X

OPPOSE

SUBMIT TO BOARD CLERK

18/

PLEASE PRINT LEGIBLY!

MEETING DATE 5/30/95

NAME ANNA S. KING EXEC DIR,
ALLIANCE FOR THE

ADDRESS 619 SW 11th Ave #161 MENTALLY ILL,

STREET MULT. COUNTY

PORTLAND, OR 97205

CITY ZIP

Adult

Mental Health Budget

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT X OPPOSE _____

SUBMIT TO BOARD CLERK

19 ✓
PLEASE PRINT LEGIBLY!

MEETING DATE 5/30

NAME

PAM PATTON

ADDRESS

STREET Morrison Center

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

20/
PLEASE PRINT LEGIBLY!

MEETING DATE 5/30

NAME EMMY SLOAN

ADDRESS 2801 N. GARTENHEIM AVE.

STREET

CAES
Portland, Ore. 97227

- Northwest
CITY **ZIP**

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT **OPPOSE** _____

SUBMIT TO BOARD CLERK _____

21/

PLEASE PRINT LEGIBLY!

MEETING DATE 3/30/95

NAME June Dunn

ADDRESS 710 SW 2nd Ave

STREET Portland 97204

CITY ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____ OPPOSE _____

SUBMIT TO BOARD CLERK

I wish to speak on MH budget

MULTNOMAH COUNTY
COMMUNITY AND FAMILY SERVICES DIVISION
FISCAL YEAR 1995-96
BUDGET PRESENTATION

MAY 30, 1995

- | | | | |
|------|----------------------------------|-------|------------------------------------|
| I. | DIVISION OVERVIEW | 10:00 | Lorenzo Poe |
| | - Budget Highlights | | |
| II. | CBAC PRESENTATION | 10:10 | Muriel Goldman
Jane Gordon, PhD |
| III. | PUBLIC TESTIMONY | 10:30 | |
| IV. | ISSUES AND OPPORTUNITIES | 11:00 | Lorenzo Poe |
| | - Managed Behavioral Health Care | | Howard Klink |
| | - Management Information System | | Susan Clark |
| | - Centralized Crisis Triage Unit | | Howard Klink |
| | - State Funding Reductions | | Lorenzo Poe |
| | - Contracts and Evaluation Unit | | Bob Donough |
| | - RESULTS Initiative | | Sue Larsen |
| V. | BOARD QUESTIONS AND ANSWERS | 11:30 | |

Community and Family Services Division staff in attendance:

Dennis Adams	Susan Clark	Bob Donough
James Edmondson	Rey Espana	Norma Jaeger
Howard Klink	Sue Larsen	Lorenzo Poe
Judy Robison	Rex Surface	Kathy Tinkle

Multnomah County



PACKET #11

Community & Family Services
Budget Hearing

1995-96

May 30, 1995

(distributed May 24, 1995)

COMMUNITY & FAMILY SERVICES DIVISION

Fiscal Year 1995/96 Budget

Presented to Board of County Commissioners



Lorenzo T. Poe, Jr.

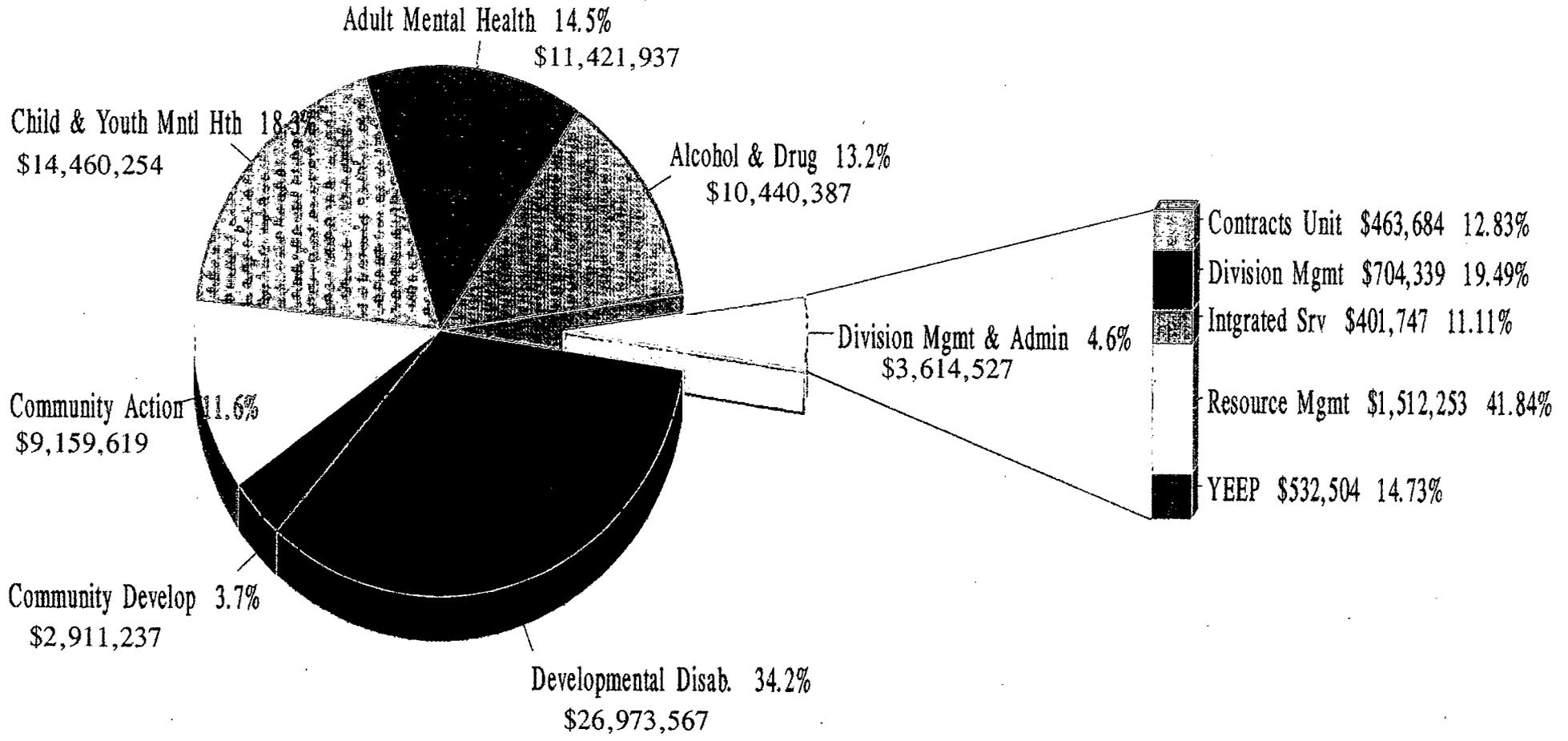
Director

May 30, 1995



Community & Family Services Division

FY 95/96 Budget





Community & Family Services Division

FY 95/96 Expenditures

Contractual Services 77.4%
\$61,103,818



Capital Outlay 0.1%
\$89,205

Material & Services 3.5%
\$2,786,095

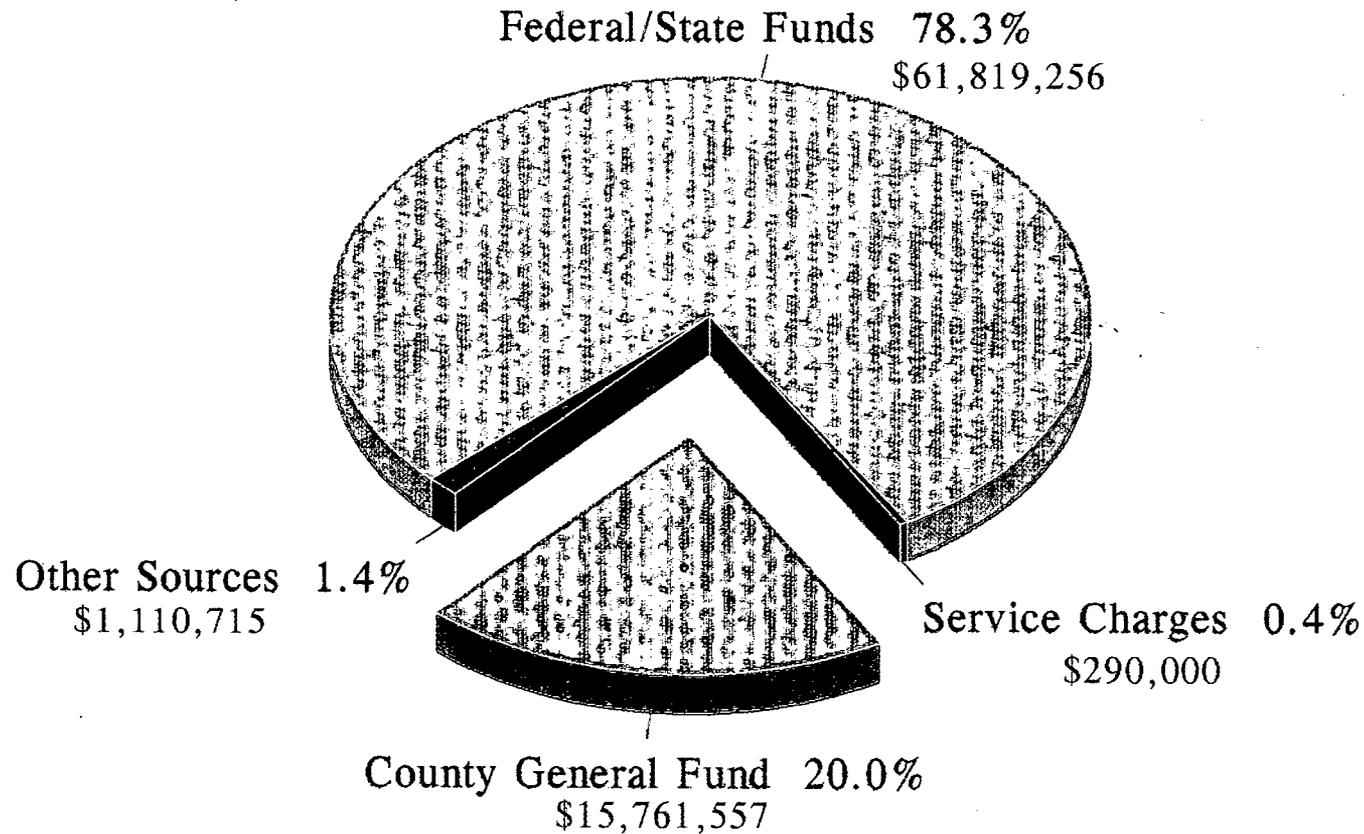
Personnel 19.0%
\$15,002,410

\$78,981,528 Total Expenditures



Community & Family Services Division

FY 95/96 Revenue



\$78,981,528 Total Revenue

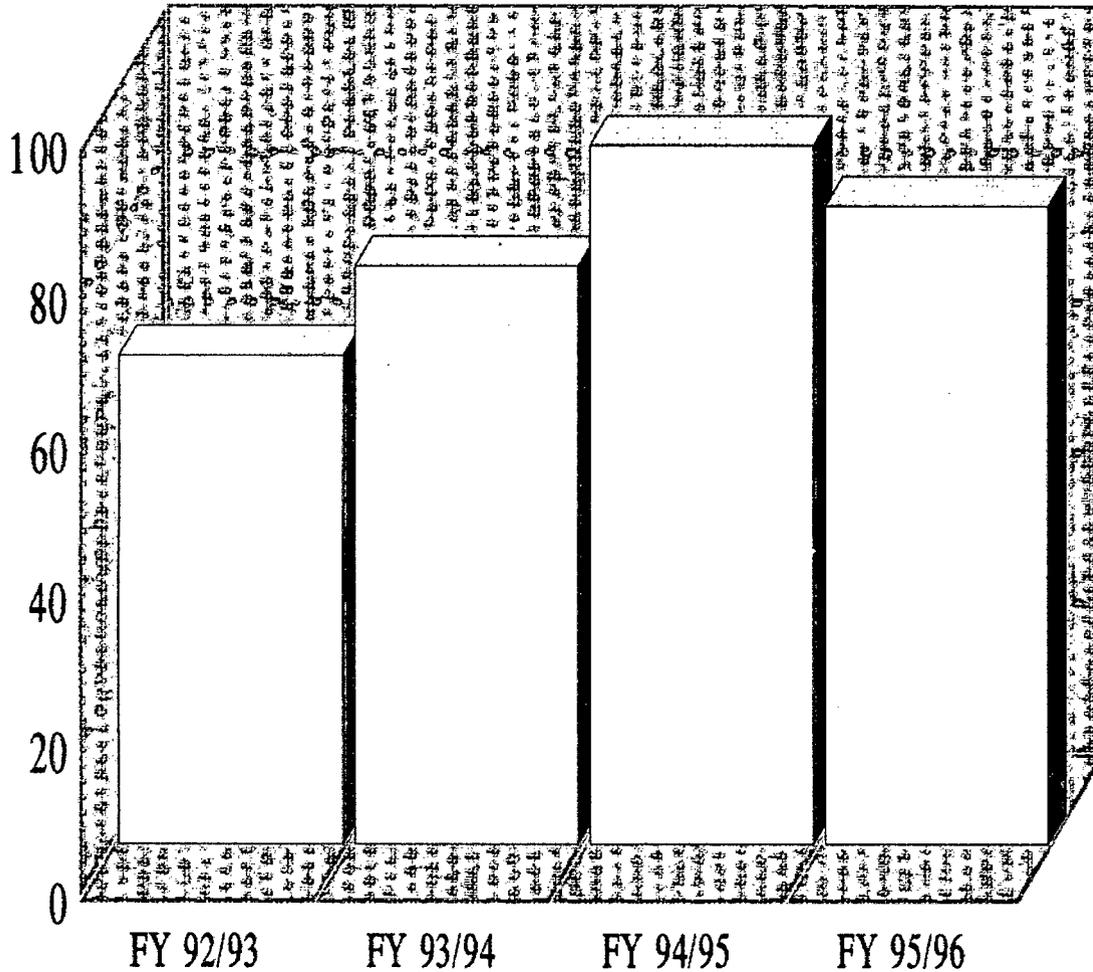


Community & Family Services Division

FY 95/96 Budget

Budget History

Millions



FY 92/93 Actual Budget \$59,264,913

FY 93/94 Actual Budget \$69,094,092

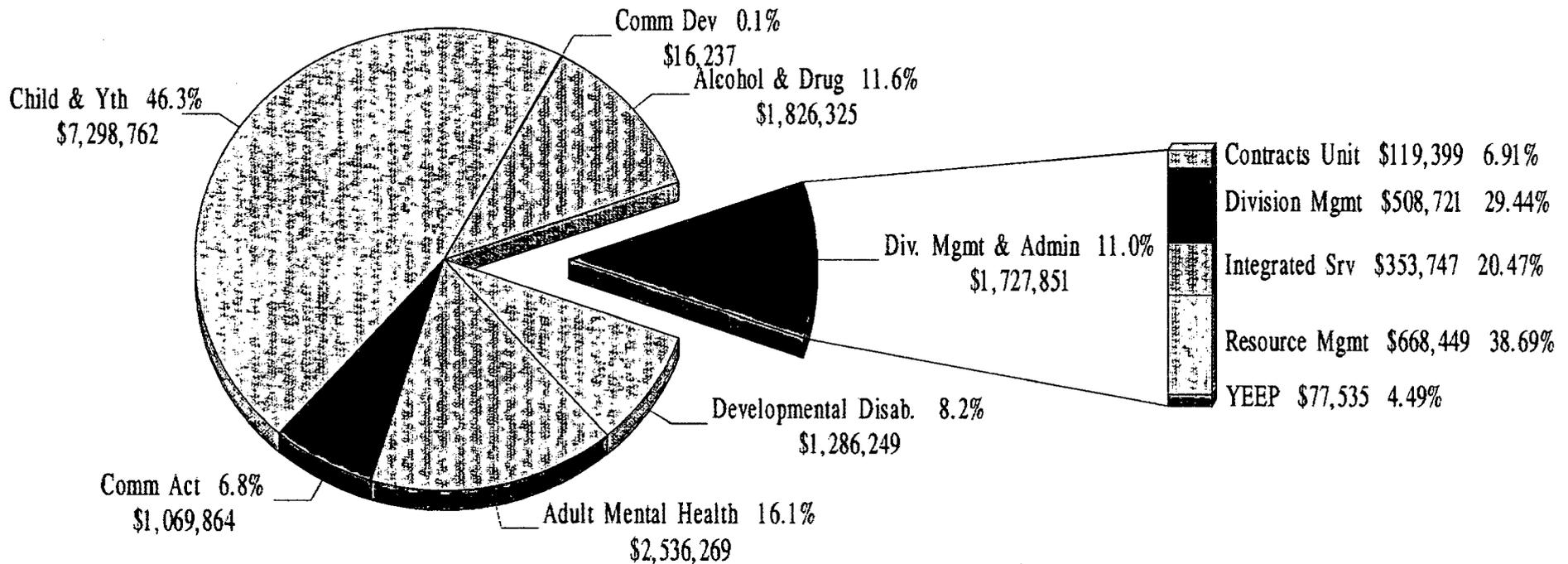
FY 94/95 Adopted Budget \$83,076,003

FY 95/96 Budget Request \$78,981,528



Community & Family Services Division

FY 95/96 Budget County General Fund



By Program
\$15,761,557 Total County General Fund

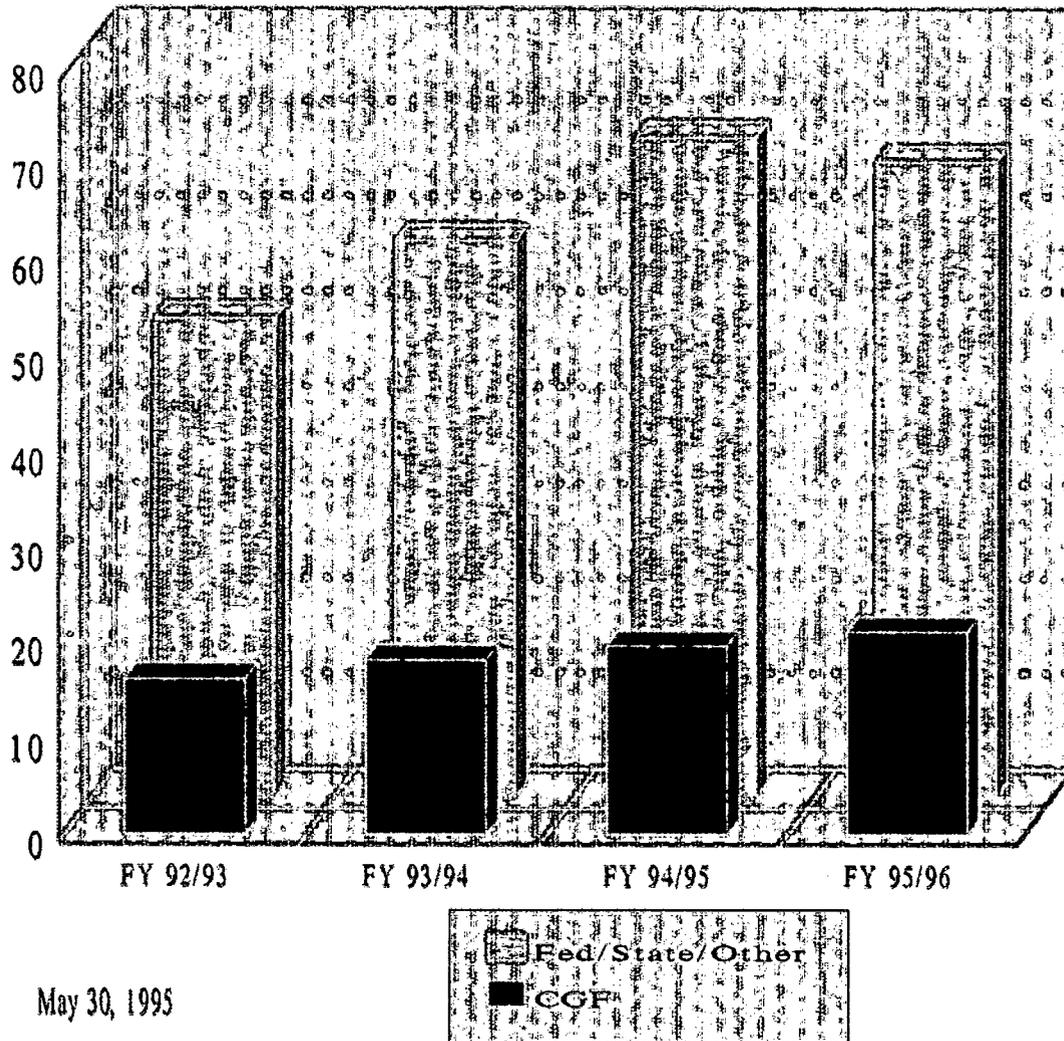


Community & Family Services Division

FY 95/96 Revenue

Revenue Comparison

Millions



FY 92/93 Actual

CGF: \$10,562,070 (18%)
 Fed/State/Other: \$48,702,743 (82%)

FY 93/94 Actual

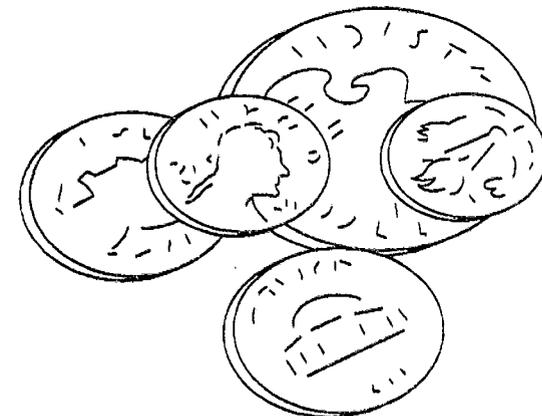
CGF: \$12,178,260 (18%)
 Fed/State/Other: \$56,915,832 (82%)

FY 94/95 Budget

CGF: \$14,221,845 (18%)
 Fed/State/Other: \$68,854,158 (82%)

FY 95/96 Budget

CGF: \$15,761,557 (20%)
 Fed/State/Other: \$63,219,971 (80%)

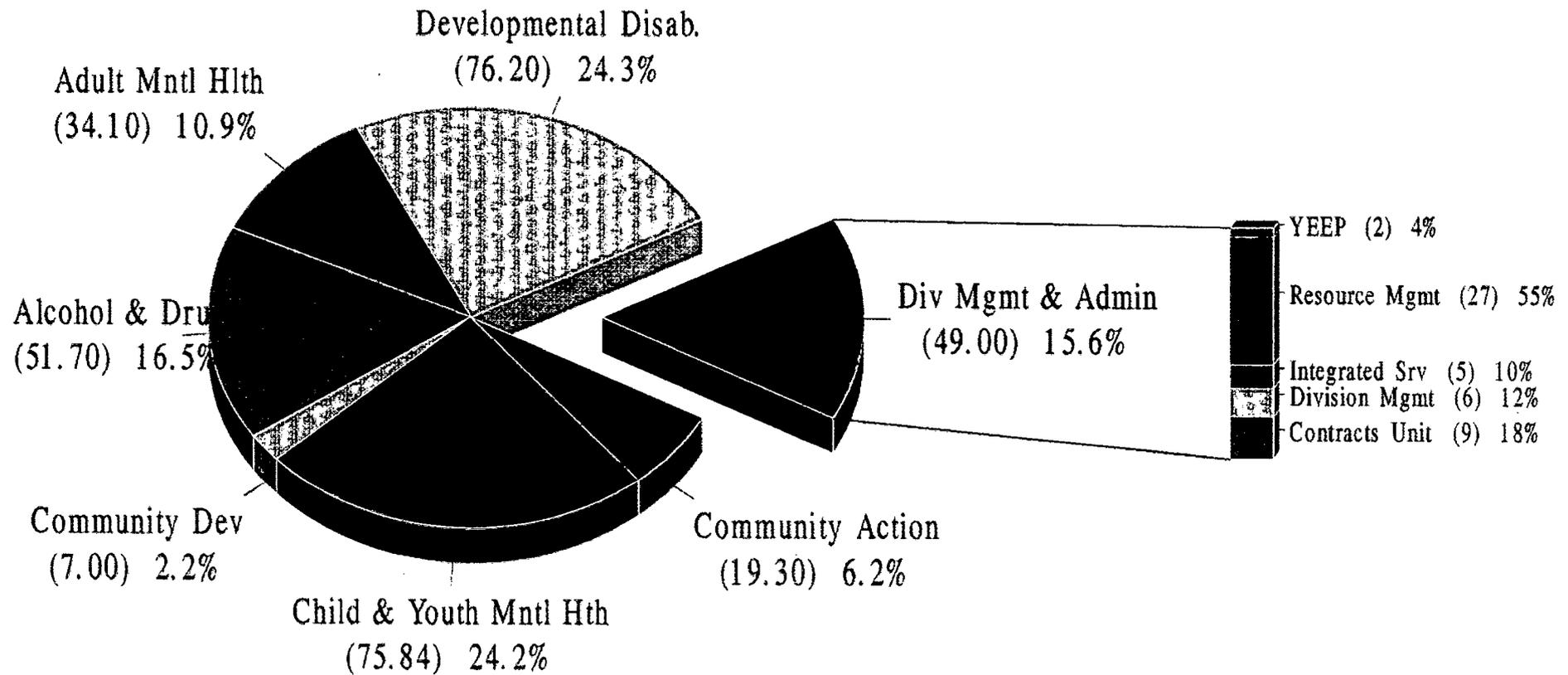




Community & Family Services Division

FY 95/96 Budget

Distribution of FTE by Program



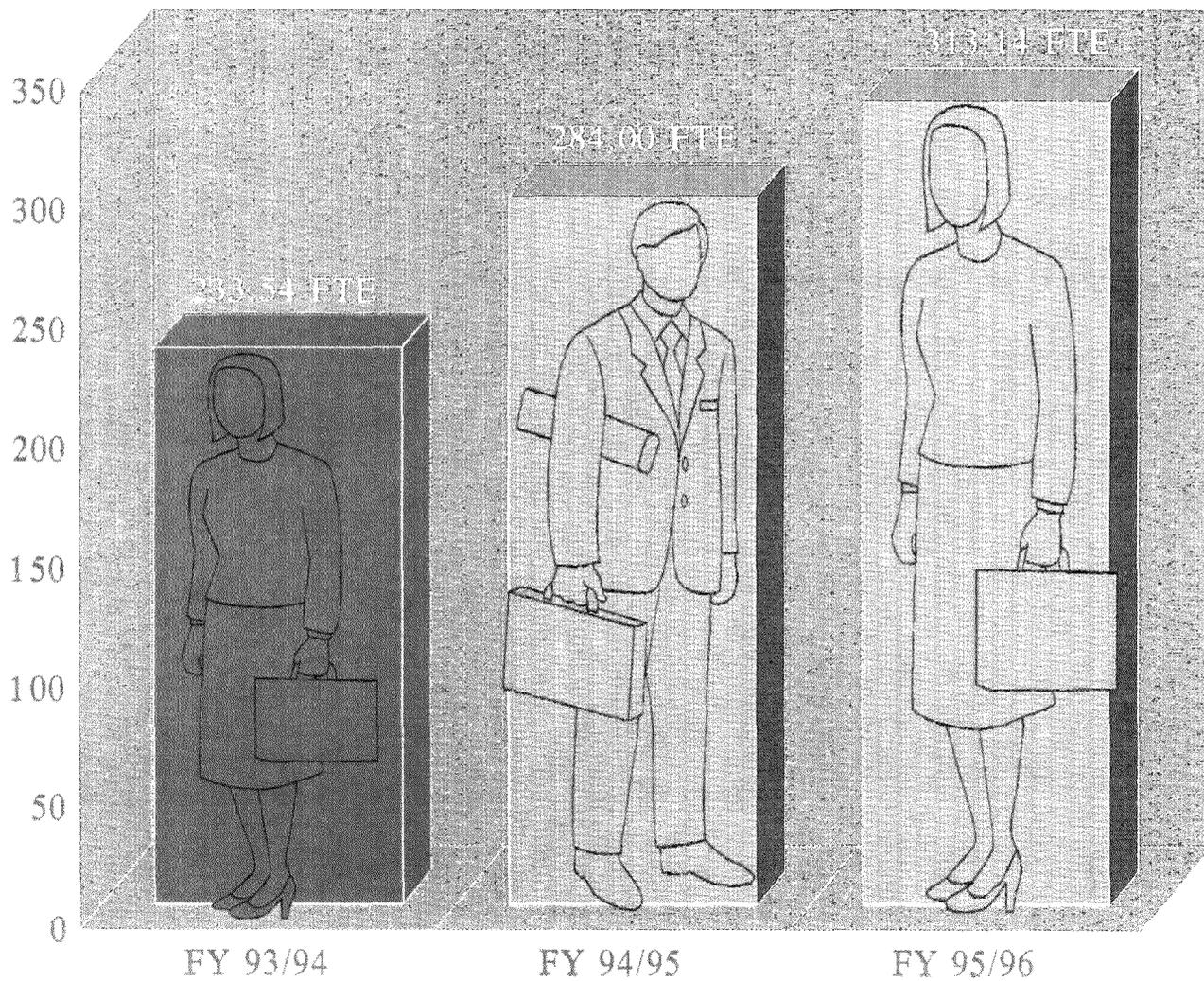
313.14 Total FTE



Community & Family Services Division

FY 95/96 FTE

Summary of FTE Changes

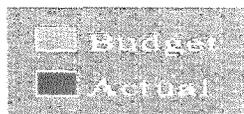


29.14 FTE Total Increase

7.29 FTE Added during FY 94/95
Fed/State Funds

21.85 FTE Added for FY 95/96

8.5 FTE County General Fd
13.35 FTE Fed/State Fd



M E M O R A N D U M

TO: The Board of Multnomah County Commissioners
Beverly Stein, Chair
Commissioner Dan Saltzman
Commissioner Gary Hansen
Commissioner Tanya Collier
Commissioner Sharron Kelley

From: Maritza Soler

Date: May 26, 1995

Subject: Commissioner Saltzmann's Proposed Add Package
Services For Youth With Disabilities

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1995 MAY 26 PM 2:16

My name is Maritza Soler and I am submitting this testimony on behalf of my daughter Jessie. Because of birth trauma Jessie has extensive brain damage and a severe seizure disorder which has never been controlled.

In June of 1995 Jessie will age out of school. At this time there are no programs for her to look forward to. The message this sends to me and to my family is that there is no place for my daughter in this society. For our hard work and dedication, for Jessies' courage in overcoming daily incredible medical hardship she's sent home and isolated from the rest of society. This is unacceptable to me and it should be to all of us.

What I want for Jessie is what every parent wants for their children. I want her to have quality of life. I have always done things with Jessie and will continue to do so. However, there are only so many molls or parks we can go to. Jessie likes to interact with her peers. She is a sociable, personable young lady. Every year at summers end Jessie anxiously looks forward to getting back to school. It breaks my heart to think she has no choices. How will I explain to her that there is nothing else to look forward to except what I can offer.

There are programs for recovering addicts, alcoholics, and the list goes on and on. Why is the severely handicapped population ignored? They are not invisible. I for one will not hide Jessie at home. We will not quietly go away. Jessie has a right to the pursuit of happiness. I want her to choices and quality of life. Please help to make a difference. Take a bold step towards what is right by supporting this add package. Thank you for the time and attention you have given this situation, and this proposal.



*Budget Session
5-30-95
Handout #1
1 2B-1*

Multnomah County Board of County Commissioners

Budget Hearings
Community and Family Services Division
May 30, 1995

Chair Stein and members of the Board of County Commissioners, my name is Muriel Goldman. I am here representing the Commission on Children and Families.

We are deeply concerned about the direction funding has gone at the state level as a result of passage of Measure 11 and SB 1. The movement toward harsher, more expensive punishment has severely impacted the state's resources, and as a by-product, our county's resources and ability to move toward the wellness concept envisioned with the passage of HB 2004 and the establishment of local Commissions on Children and Families to do comprehensive planning for child and family services.

We are pleased, therefore, to see Multnomah County facing its challenges through the Chair's budget. We support its:

- continued investment in programs for children and families begun in the last couple of years,
- its focus on upgrading county information systems, and
- its movement toward improving and enhancing its resources through county departmental collaborations and partnerships with other governments, schools, private agencies, business and the community.

I wish to call your attention to certain continuing efforts and add packages that fit into our comprehensive plan. We hope you will support them at the level contained in the budget document:

Continuing Efforts

1. The Family Centers - these seven centers continue to provide integrated services to families and children with a neighborhood-based approach.
2. Diversion program - a partnership between Juvenile Justice and the Family Centers. Evaluation indicates a 61.8% completion success rate as compared with 44% of youth who did not participate in diversion programs.
3. Assessment/Intervention/Transition program (AITP) - also a partnership between Juvenile Justice Division and Community and Family Services Division. New county general fund support replaces the decline in billable Medicaid revenues.

New Efforts

1. Parent/Child Development Centers - An additional \$85,000 is provided to offset reductions in funding from the

State Commission on Children and Families, due to reductions in their budget. These centers, based at each of the Family Centers, have been one of the major cornerstones of our Commission's comprehensive plan, and should be supported.

2. Family Centers - \$100,000 is added to these centers for infrastructure expansion. The number and scope of services required of these centers have expanded, and there is need for additional space, phones, furniture, and support staff to address co-location needs.

3. District Coordinating Teams/Caring Communities - \$60,000 is allocated for expanding community-based service integration projects in East County. \$40,000 of this amount will be used as seed grants to develop two service integration projects. The remaining dollars will be used for a coordinator to sustain current efforts.

4. Alternative School Middle School Demonstration Project to serve 40 middle school children, ages 11 to 14, in outer Southeast Portland.

This project is probably one of the most exciting projects for your consideration. For a \$50,000 challenge grant investment, the County has the opportunity to leverage an additional \$50,000 from the business community and additional \$175,000 from the Portland School district in state general funds for the academic component. Three possible middle schools are being considered: Binnsmead, Kellog, and Lane. The academic program would provide individualized programming, breakfast and lunch. Support services would use the successful Level 7 wrap around services approach and would provide crisis intervention, service access for children and families, information and referral, advocacy, home visits, transportation, access to respite shelters and parent education. The third component, which is in-kind, would provide after school and summer recreation through the Portland Parks and Recreation Department.

Again, this is an example of inter-agency collaboration with representatives from Juvenile Justice, CSD as appropriate, education and other appropriate service areas.

5. Another add package which we hope you will keep in mind is for outpatient mental health services for children. The county loss from elimination of state funding for this program was estimated at \$380,504. It appears that the state will restore funding for this category. However, the amount being restored statewide for children and adults is \$11 million, \$2 million less than the estimated amount needed to continue at the same funding level. Therefore we urge you to hold the money set aside for mental health

services until you determine the actual amount to be received from the state.

In addition, our Commission's comprehensive plan identified the lack of insufficient mental health services for non-medicaid, low income children as a major issue throughout its continuum of services and age spectrum, even with current funding. If possible, we hope you can use some of these set aside funds to increase access to mental health services, both early intervention and treatment, for children who are currently being turned away due to long wait lines.

Budget Session
5-30-95
Handout #2
WS-1

SEEP, Inc. is a 501(c)3 organization. Your tax deductible contribution will help continue the important work of ending sexual exploitation. Please send contributions, along with your name, address and phone number to:

**SEEP, Inc.
P.O. Box 42597
Portland, Oregon 97242**

The Sexual Exploitation

SEEP

Education Project, Inc.

.....
 Yes, I would like to be placed on the SEEP mailing list, and kept informed of the progress of this unique agency.

Name: _____

Address: _____

Phone: _____

Enclosed, find my donation of:
 \$10 \$25 \$50 \$ _____

*a non-profit agency working to
expose and stop the violence
inherent in the sex industry...*

**P.O. Box 42597
Portland, Oregon 97242
(503) 232-8829**

HISTORY OF SEEP:

The Sexual Exploitation Education Project, Inc. (SEEP) is a completely new and innovative project, which builds upon the work of the Portland-based Council for Prostitution Alternatives (CPA). CPA provides direct service to women escaping the sex industry. CPA understands that women who enter and remain in systems of prostitution do so because they are being coerced or compelled to do so. Given the chance, they do get out. The following information has been gathered from 95 survivors who participated in CPA's program in 1993-94:

85% reported being sexually abused, 78% physically abused and 95% emotionally abused as children.

The average age of entry into prostitution was 17 years old.

89% had been raped in adulthood an average of 18 times.

93% of survivors were the victims of aggravated assault.

90% of survivors reported being compelled and/or coerced into prostitution and trafficked by pimps.

Choice in the sex industry belongs to the men who put the profit motive in sexual exploitation. It is Johns--the men who demand access to prostituted women's bodies--who can stop the violence of prostitution. The time has come for the estimated 1,500,000 men nationwide who participate in systems of prostitution each week as Johns to be held accountable for their actions and encouraged to take responsibility for the harm done to prostituted women.

Johns, like prostituted women, can change if given the chance. By learning how to recognize the abuse and exploitation of prostituted women and gaining respect for themselves and others, Johns can stop the cycle of violence. In addition, they can gain hope for achieving mutual, healthy intimacy.

INTERVENTION PROGRAMS:

SEEP offers two levels of intervention programs for Johns. Both programs serve arrested Johns who have been sent to SEEP by court mandate or as a term of their parole or probation. The programs are also open to any men who wish to examine their exploitation of prostituted women and work toward changing their behavior. Upon completing either program, follow-up services and support groups will be available.

SEEP Intervention Program I: An intensive weekend workshop designed for first time offenders.

Friday: Introduction

Saturday: The sex industry as experienced by prostituted women, testimony from survivors, reframing prostitution from the myth of choice to the reality of force.

Sunday: Sex role socialization, pornography, negative male role models and peer groups, construction of male identity, reconstructing sexual identities to an egalitarian model, HIV/AIDS and STDs information.

SEEP Intervention Program II: A six-month counseling group designed for repeat and habitual offenders. Weekly two-hour sessions with facilitator and peer support will:

- * Examine, discuss and explore issues raised in Intervention Program I
- * Encourage men to work toward egalitarian relationships and move away from a dominating sexual identity.
- * Examine self-esteem, history of abuse, domestic violence and parenting
- * Substance abuse and addiction

EDUCATION AND PREVENTION:

SEEP offers education/prevention programs to middle and high schools, universities and colleges, community groups, neighborhood associations, and businesses.

Objectives:

- * Dispel popular misconceptions about the "glamour" of prostitution, including the media's participation in perpetuating myths about prostitution (i.e. the movie "Pretty Woman").

- * Examine the effects of pornography--understanding how women are hurt in its production and the effects on boys and men who consume this dangerous form of "sex education."

- * Give information, change attitudes and beliefs, as well as recognize the violence women suffer in prostitution.

- * Show how prostitution can be viewed as a model for the potential violence which is a condition of life for all women.

- * Recognize that prostitution is an accusation often levied against victims of domestic violence, sexual harassment, rape, and incest--the perpetrator's attempt for self-justification of his behavior.

SEEP recognizes that, until prostituted women's voices are heard, their lives will continue to be shrouded in lies, blame, and continued violence.

SEEP's education programs serve not only as eye-opening presentations, but as prevention programs as well. Once empathy replaces blaming, conditions can only improve for everyone involved.

Budget Session
5-30-95
Handout #3
WS-1

The Arc

of Multnomah County

Advocating for people with developmental disabilities

May 30, 1995

County Chair Stein and County Commissioners,

My name is Vicki Smead. I work for The Arc of Multnomah County and *I'm here today to speak to you in support of allocating \$160,000 to provide day programs to young adults with disabilities who are no longer in school.* It has become a growing concern of families with a son or daughter with severe disabilities and involved medical needs who are graduating from high school without the prospect of any future job, vocational, service or day program.

In the metropolitan area 3% of our population have developmental disabilities. This affects 1 out of every 10 families. Perhaps you, yourself knows of a family member or a friend living with a disability. Roughly speaking we are talking about 10,000 individuals in the Portland area alone.

The Multnomah County Developmental Disabilities program has projected in their budget for FY95-96 that they will serve 3,700 individuals. But what about the rest? Who will assure that all their needs are met? Families, whenever possible!

You are going to meet some of those families today. These families have raised their children at home for twenty-one years. They have cared for them; making sure that they had what they needed educationally, medically and emotionally. These parents have fought all of their lives for services for their child. Why? The most important issue to these families is to keep their child at home. This saves thousands of state and local dollars.

Today, as their children get closer to graduation their fears increase. What is out there for these young adults after they leave school? For many of them it will be to go home without any prospects of a day program or vocational service. For all of these years, parents such as the ones you will meet today, has been striving to follow the state's philosophy; keeping their families together. To have their child not become a burden to the state. Where has it gotten them?

These families now know if their child had gone into residential placements, such as a state institution, they could now be returning to community with dollars to purchase services that they need. Families feel penalized for being a family in the true sense.

Please take a few minutes and meet these families. They are not here to ask for a handout but a chance to continue to keep their child with them in homes where they are loved and they can continue to flourish with vocational and/or day programs. Don't allow these children to leave school only to go home and sit for the rest of their lives.

Thank you.

Vicki Smead

Vicki Smead, Manager
Child and Family Services



May 29, 1995

**STATEMENT OF LARRY AND SHERRY BENTLEY,
Gresham, OR**

Ethan, our son, is 19 years old and has always lived at home. Ethan requires complete custodial care. Because of a rare chromosome defect, he is classified as profoundly retarded and severely handicapped. However, Ethan is very aware of - and reacts to - what is happening around him.

We want you to think about your children or grandchildren. Think about them walking, talking, going off to school for the first time. Think about their first date, graduation, leaving for college.

Now think of Ethan as your child. He had never crawled, never taken a step - never told us what he wants to drink or what he would like to eat. He will never be able to play ball with his friends. He will never have that first date, or be able to drive.

When you go out to eat, when you go shopping, even go to medical appointments, wherever you go Ethan goes with you. You need to cope with the problems of parking spaces, steps, moving a wheelchair in spaces that were not designed for them, of people staring at your young adult. Even finding a place to change diapers on a young adult is a challenge.

It is very hard to find adequate, affordable care for someone that is medically fragile.

When Ethan turns 21, and ages out of the school programs, his life as he knows it will change. The minimal progress that he has made will be lost. He will not have the daily social interaction with his peers that is very important to him. He will no longer have access to any day programs. This time away from mom is needed both for him and mom.

While there are programs available to other groups of adults with disabilities, presently there are no programs for medically fragile, severely handicapped young adults who have never had government assistance.

We have provided for his care at home, at our expense because we would not have it any other way. Because his care has not been paid for by the government, Ethan is now being penalized and is being discriminated against. He, and others like him, will not qualify for any present programs because he is not receiving government assistance.



Ethan Jon Bentley - age 19

We consider this an abuse of the severely disabled. It costs about \$180,000 a year to keep a child in a state institution. Surely some of the money that is not being spend by the government for his care could be used to fund a day program for young adults in this situation.

If Ethan does not have a day program to attend after he turns 21, our life will change. This will be a very stressful time. We will need to take him everywhere we go.

We need daily time without the constant need to care for him. Imagine taking care of your young adult with these kinds of problems 24 hours a day with no break. We love Ethan, and we want the same benefits for him that others have, regardless whether he had government assistance or not.

Please consider the needs of this group of severely handicapped, medically fragile young adults. Their special needs also deserve to be met, along with the needs of other groups of handicapped adults.

Thank you for allowing us to present this need for your consideration.

AGENDA PACKET BACKUP MATERIAL

FOR

5/30/95 BUDGET SESSION

ITEM WS-1

**PLEASE INSERT INTO
COMMISSIONERS BUDGET PACKET**

PLEASE NOTE: This information was provided by the Budget Office which are the Descriptions for Add Packages that were not part of CFSD's Original Submission, but were added during the negotiations with the Chair's Office.

THANK YOU!

CIRCULATED BY CARRIE PARKERSON

OFFICE OF THE BOARD CLERK

3:15 PM, TUESDAY, MAY 30, 1995

ADD PACKAGE

Community and Family Svcs

ALTERNATIVE SCHOOLS - MIDDLE SCHOOL DEMONSTRATION PROJECT

This Add Package is for the Middle School Education Project, a demonstration project in partnership with the Portland Public School District and the City of Portland that provides a comprehensive program of academic, support, and afterschool and summer recreation services for middle school students and their families.

INTRODUCTION: Alternative school services are available to most high school students, but they are not generally available to middle school students. This add package would target young people aged 11-14 who are not currently attending middle school due to family and other environmental factors, as opposed to school-based discipline and behavioral referral reasons. The demonstration project would target an existing population of youths and their families residing in outer Southeast Portland. The project would serve approximately 40 young people and their families annually.

BACKGROUND/ALTERNATIVES/ANALYSIS: The Middle School Education Project (MSEP) is comprised of three service components. The combination of these components with the collaborative system expectations will create a comprehensive program of wrap around services for these young people and their families. The service components are:

- **Academic:** The academic component of the project will use a student-centered model which addresses attendance, behavioral and education skill level issues on an individual basis. Academic plans of action will be developed for each student regarding course content, level of difficulty and pacing. Classes will be small (10:1) and will incorporate other paid and volunteer staff in addition to the class instructor. All instruction offered will lead toward the student meeting the standards for the Certificate of Initial Mastery. In addition, breakfast and lunch will be provided.
- **Support:** The support component will replicate the Level 7 model. Services will include: crisis intervention, service access, information and referral, advocacy, home visits, transportation, access to respite shelter, parent education, family intervention and access to a flexible client services pool. The family to staff ratio is anticipated to be 20:1.
- **Afterschool and Summer Recreation:** The project will work with the City of Portland's Bureau of Parks and Recreation to ensure that all project participants are enrolled in existing recreational programming or to develop programming specific to the project. In addition, the potential to site the project at a community center location will be explored.

Team meetings will be held on a weekly basis to review individual participant progress. Team members will include representatives from each service area, the Juvenile Justice Division and Children's Services Division (where appropriate). Family unity meetings will also be held.

FINANCIAL IMPACT: This request is for \$50,000 of County General Fund as a challenge grant to be matched with a \$50,000 contribution from the business community. These funds would cover support services for youths in the program. Portland Public Schools will provide \$175,000 of State General Funds for the academic component of the program. In-kind programmatic and financial support for the project site and the afterschool and summer recreation component will be sought from the City of Portland through collaboration with the Bureau of Parks and Recreation.

EVALUATION: The project will be evaluated using the existing Level 7 outcome tool and process. The MSEP is intended to achieve the following outcomes:

- Young people and their families will gain the skills necessary to overcome barriers to academic success.
- Young people participating in the project will attend school.
- Young people participating in the project will successfully transition to the existing mainstream or alternative public high school system.
- Young people and their families will have community-based access to help in identifying needs, problem-solving related to their needs, finding appropriate resources to address them and receiving those services.
- Young people and their families will receive support to occupy appropriate roles within the family and enjoy increased positive family relationships.
- Young people and their families will have access to appropriate alternatives to delinquent behavior and will avoid involvement with the juvenile justice system.
- Young people will remain in their home/family living environment when appropriate, or be in another supportive living environment.

LEGAL ISSUES: None.

CONTROVERSIAL ISSUES: None. Collaboration with Portland Parks Bureau must still be developed for project site, as no formal agreement has been reached.

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS: This add package is related to the following Benchmarks: High School Completion, Delinquency Prevention, Reduce Drug Use. It is consistent with the County's emphasis on service integration and partnerships, and with the County's focus on family resiliency. It utilizes the Level 7 wrap around services model.

CITIZEN PARTICIPATION: NA

PARTNERSHIPS & COLLABORATION: Portland Public Schools, Community-Based Providers, City of Portland.

BUD 1

ADD PACKAGE REQUEST LGFS CODE:	Agency:	Organization:	Prepared by:	
	CYP - Mid - School Education Demo Project		K. Tinkle	
	Fund:	Agency:	Org:	Date:
	156	010	1370	03/30/95
Object Detail	95/96 Request			
5100 Permanent	0			
5200 Temporary	0			
5300 Overtime	0			
5400 Premium Pay	0			
5500 Fringe	0			
Direct Personnel Costs	0			
5550 Insurance Benefits	0			
TOTAL PERSONAL SERVICES	0			
6050 County Supplements	0			
6060 Pass Through Payments	100,000			
6110 Professional Services	0			
6120 Printing	0			
6170 Rentals	0			
6180 Repair and Maintenance	0			
6190 Maintenance Contracts	0			
6200 Postage	0			
6230 Supplies	0			
6270 Food	0			
6310 Education & Training	0			
6320 Conferences & Conventions	0			
6330 Local Travel	0			
6520 Insurance	0			
6620 Dues & Subscriptions	0			
Direct Materials & Services	100,000			
7100 Indirect Cost	700			
7150 Telephone Services	0			
7200 Data Processing Services	0			
7300 Motor Pool Services	0			
7400 Building Management Services	0			
7500 Other Internal Services	0			
7560 Distribution/Postage	0			
Internal Svc Reimbursements	700			
TOTAL MATERIALS & SERVICES	100,700			
8400 Equipment	0			
TOTAL CAPITAL OUTLAY	0			
DIRECT BUDGET	100,000			
TOTAL BUDGET	100,700			

OBJECT DETAIL		Organization: CYP - Mid - School Education	Date Prepared: 03/30/95
		Fund: Agency: Org:	Prepared by:
		156 - 010-1370	K. TINKLE
Code	Explanation	Amount	
6060	PASS THROUGH	\$100,000	
7100	INDIRECT COSTS	\$700	

BUD 4 FY 94/95 PROPOSED BUDGET		Organization: CYP - Mid - School Education	Prepared by: K. TINKLE	
Code	Source	Fund: 156	Agency: 010	Org: 1370
				Date: 03/30/95
				Amount
2020	HUD/CDBG			0
2022	City of PDX New Fair Housing Initiative			0
2024	HUD Rental Rehab Grant			0
2026	HUD FHIP			0
2027	DPL Repayment			0
2028	Reduced Interest Loan Repayment (RIL)			0
2029	Rental Rehab Program Repayment (RRP)			0
2048	Primary Care/Substance Abuse			0
2056	SLIAG			0
2062	Homeless Grant			0
2071	Community Svcs Block Grant (CSBG)			0
2072	Low Income Energy Assistance Program (LIEAP)			0
2073	LIEAP Weatherization			0
2075	Federal Emergency Mgmt Agency (FEMA)			0
2077	PVE			0
2090	US DOE Weatherization			0
2092	OPIE			0
2094	HUD ESGP			0
2095	CSBG Homeless			0
2096	DPP			0
2100	PDX Emerg Shelter/Homeless Youth			0
2101	PDX Homeless Mentally Ill			0
2102	Regional Drug Initiative			0
2114	Home Award			0
2116	Supported Assistance Facil Homeless (SAFAH)			0
2117	Project Team/CSD			0
2130	Homeless Fam - FAS			0
2312	JSA			0
2313	CASA			0
2317	SRI			0
2335	Emergency Housing Account (EHA)			0
2359	Video Lottery			0
2389	Local 2145			0
2394	SHAP			0
2398	Great Start			0
2603	Title XIX			0
2605	State MHD - DD			0
2605	State MHD - Local Admin			0
2605	State MHD - MHS			0
2605	State MHD - A&D			0
2607	MHDDSD Carryover			0
2719	City Emergency Funds			0
2766	School District 1 (PPS)			0
2774	City of Gresham Cost Sharing			0
2782	Parkrose School District			0

BUD 4 FY 94/95 PROPOSED BUDGET		Organization: CYP - Mid - School Education	Prepared by: K. TINKLE	
Code	Source	Fund:	Agency:	Date:
		156	010	03/30/95
				Org: 1370
				Amount
2783	Gresham High School			0
2785	Gordon Russell School			0
2786	Dexter McCarty School			0
2789	Clear Creek Middle School			0
2791	Centennial School District			0
2794	PDX Housing Authority Program (HAP)			0
2798	City BBB			0
4060	DUII Evaluation Fees			0
4612	Property/Space Rental			0
4900	Misc Chg/Recv			0
4905	DUII Victim's Panel Fees			0
4907	DD Rider Fees (Tri-Met Reimb)			0
5010	Interest Income			0
6205	ICP Provider Refund			0
6810	Rebates			0
6813	United Way Grant			0
6816	Oregonian			0
6819	Oregon Energy Services			0
6821	R.W. Johnson Foundation			0
6822	Better Homes Foundation			0
6827	Fred Meyer Foundation			0
6843	Albina Head Start			0
New	City of Portland SOS			0
New	City of Portland Pri Plumb			0
TBD	Other Matching Funds			50,000
TOTAL PROGRAM REVENUES				50,000
7601	General Fund Subsidy			50,000
7601	General Fund Indirect			700
7601	General Fund Match			0
SUPPLEMENTAL GENERAL FUND REVENUES				50,700
GRAND TOTAL				100,700

ADD PACKAGE

Community and Family Svcs

MULTNOMAH COUNTY SCHOOL LIAISON

This add package is for \$40,000 to fund one position in the Community and Family Services Division's Children and Youth Program to coordinate cross-County relationships with school districts throughout the County.

INTRODUCTION: The County currently has no single point of contact for school district personnel seeking to collaborate and coordinate with County programs at the systems level. The development of a comprehensive, system-oriented response to the critical issues impacting schools and school-aged children reaches across County departments. As a result, there is no person or department responsible for coordinating County policy development and planning regarding these issues. This add package would fund a position to do this at the systems level.

BACKGROUND/ALTERNATIVES/ANALYSIS: The County has always worked with various schools throughout the County in the provision of services which support students' ability to learn and student retention. School-based health clinics and mental health consultants, as well as contracted services at the schools, are examples of this work.

As a result of the current County initiatives regarding Family Support, benchmarks, collaborative partnerships and integrated services, activities with the schools have increased significantly. Each department is responsible for building its own relationships with relevant school personnel in regard to the specific service being provided. Often similar activities are conducted with no relationship to each other because of a lack of coordination.

As these activities have increased, the need for coordination at the systems level has also increased. Without a systemic approach, efforts have at times disproportionately focused on Portland Public School District to the exclusion of East County districts. Additionally, the City of Portland and other community bodies such as the Leaders' Roundtable (LRT) are also involved with the issues of school support and student retention and there is the need to better coordinate and integrate with them as well.

The School Liaison's responsibilities would include the following:

- Provide links between department staff and schools on a geographic basis.
- Organize community hub efforts to link County, City and school services to communities at neighborhood school sites.
- Help link the Caring Communities service integration efforts with County services.

The County does not have the capacity to address this need through current staffing. Various individuals have made attempts to do so which were well-received as a

beginning effort. However, the scope of responsibilities needed to address not only school districts but also the other system players requires dedicated and consistent staff capacity in order to work effectively. The other system players - the City, LRT and various school districts - currently have comparable positions addressing this function. This add package creates such a position for the County.

Alternatives to this Add Package include reassignment of staff capacity to address this unmet need within current funding levels. This would necessitate the prioritization of this issue over current staff responsibilities.

FINANCIAL IMPACT: Initial impact will be limited to the \$40,000 necessary to fund the identified position. The goal of this position is to make more effective use of resources we currently devote to these efforts.

EVALUATION: This add package does not include specific desired outcomes or measures at this time.

LEGAL ISSUES: None

CONTROVERSIAL ISSUES: Given the scope and system focus of this position, funding may not be adequate to support the position at an appropriate classification full time. Increasing the amount of funding or funding less than a full time position can address this. Because of the system focus of this position, it may not be appropriate to locate this position within a single department. An alternative would be to place the position with the Multnomah Commission on Children and Families (MCCF). The final placement decision will be made in consultation with MCCF prior to hiring.

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS: This add package is linked to the Family Support Initiative, integrated services efforts, Student Retention Initiative, RESULTS campaign, and all school-related benchmarks, including: readiness to learn, 8th grade alcohol and drug use, and high school completion.

CITIZEN PARTICIPATION: NA

PARTNERSHIPS & COLLABORATION: City of Portland, Leaders' Roundtable, Portland Public School District, Multnomah County Educational Service District, MCCF and others involved with education.

ADD PACKAGE

Community and Family Svcs

FAMILY CENTER INFRASTRUCTURE

This Add Package is for \$100,000 to fund infrastructure and supplies at the Family Centers to cover the cost of the increasing number of County staff outstationed there and the growth in County programs.

INTRODUCTION: The Family Centers have served as focal points for service integration and as sites for many County programs. Over the past year, the County has expanded services and outstationed staff at the Family Centers. This has taxed the existing infrastructure at the Family Centers. This add package would ease the cost burden created by outstationing, adding funds for supplies and infrastructure.

BACKGROUND/ALTERNATIVES/ANALYSIS:

Location, space and cost for Family Centers is an ongoing issue. Given the size of Service Districts, determining the most appropriate location for maximum community access can be problematic. There are relatively few sites throughout the County which can support the building and space requirements necessary for effective Center operation. Proximity of those sites to public transportation presents further challenges. The cost of sites which meet these criteria is often prohibitive.

As a result of these factors, all of the Centers are currently operated in facilities which are substandard or inadequate in some way, impacting the quality of service provision. Contracted providers struggle to address these issues in the short and long term.

The County currently has staff from the Health Department (Community Health Nurses) and staff from the Juvenile Justice Division (Diversion Outreach Specialists) outstationed at each of the Family Centers. Other possibilities for the future could include outstationing deputies from the Sheriff's Office or other law enforcement agencies, and outstationing family court services staff. There is no support for the space and other costs associated with these placements. Providers are attempting to absorb these costs as a part of their agency budgets creating a strain on already overburdened and inadequate resources.

In order for the County to engage in partnership with its providers, it must establish the standard of responsibility in providing for the costs of outstationing its staff with these providers.

FINANCIAL IMPACT: This add package seeks \$100,000 in County General Fund on an ongoing basis.

EVALUATION: This supports the efforts at the Family Centers, but there are no specific evaluation measures for this add package.

LEGAL ISSUES: None

CONTROVERSIAL ISSUES: Other contractors may raise questions about why these providers are receiving funding for these costs. As the focal points for many different County services provided by different departments, the Family Centers have borne a greater cost burden through the cumulative outstationing of County employees.

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS: NA

CITIZEN PARTICIPATION: NA

PARTNERSHIPS & COLLABORATION: This is intended to strengthen the partnership between the County and the Family Centers.

ADD PACKAGE

Community and Family Svcs

EARLY CHILDHOOD CARE AND EDUCATION

This Add Package adds funding for a new Office of Early Childhood Care and Education to develop a continuum of services and parent education in collaboration with the City of Portland and the Multnomah Education Service District (MESD). The request would create two new positions, one of which would be funded jointly by Multnomah County and MESD, and the other would be funded by Multnomah County and the City of Portland.

INTRODUCTION: The Office of Early Childhood Care and Education would provide planning and development to improve the readiness to learn of young children and promote effective parenting skills. The Office will be a partnership between Multnomah County, MESD, and the City of Portland, allowing greater opportunities for service integration and coordination of existing programs.

BACKGROUND/ALTERNATIVES/ANALYSIS:

The Multnomah County Commission on Children and Families (MCCF) recently completed a local planning effort to develop a "plan for wellness" for children and families. In reviewing MCCF's plan, the Multnomah Education Service District (MESD) noted areas where coordination with MCCF would provide mutual benefits. The Early Childhood benchmarks were identified as having the greatest potential for service integration of the benchmarks relating to children and families. The establishment of an Office of Early Childhood Care and Education is proposed in order to foster progress toward the benchmarks in this area. The Office will be a collaborative effort between the County, MESD, and the City of Portland.

The Office will work with the City of Portland Bureau of Economic Development to encourage employers to develop child care programs for employees. The Office will act as a resource to employers to build awareness of child care and family friendly policies as cost-effective strategies.

The Office of Early Childhood Care and Education would have two staff, a Director and a Program Manager. The office would be responsible for:

- Contract monitoring, in coordination with the County
- Technical assistance/program development for parent education, child care provider training, developmental screening, and implementation of Parents as Teachers
- Evaluation of County progress toward early childhood benchmarks, and of program effectiveness of current County contracted programs
- Policy development
- Legislative advocacy
- Public education and awareness

FINANCIAL IMPACT: This add package seeks \$50,000 in County General Fund on an ongoing basis. This would pay for half of each position. The other half of the Director position would be funded by the City of Portland, and the Multnomah Education Service District would pay for half of the Program Manager.

EVALUATION: The Office of Early Childhood Care and Education would evaluate progress toward the Early Childhood benchmarks, and would evaluate the effectiveness of existing programs.

LEGAL ISSUES: None

CONTROVERSIAL ISSUES: None

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS: This add package is designed to improve the County's progress toward the benchmarks related to Early Childhood: improving prenatal care, reducing the number of babies born drug-affected, increasing quality child care, and helping children meet developmental standards by kindergarten.

CITIZEN PARTICIPATION: NA

PARTNERSHIPS & COLLABORATION: The Office of Early Childhood Care and Education is a partnership between Multnomah County, the City of Portland, and the Multnomah Education Service District. The office would also work collaboratively with the Parent Child Development Centers, Head Start, schools, and child care providers.

BUD M

ADD PACKAGE - Community Based Service Integration Projects

1. Topic:

This proposal requests funding to support the East County Caring Community and the continued expansion and development of additional community based service integration projects. This approach to services focuses on the strengths and capacities of individuals and families, collaboration and sharing of resources across programs and agency lines, and improved access to services.

2. Introduction:

This proposal is consistent with the County's desire to expand services through collaborative efforts and partnerships with agencies that provide complementary services. The service integration model focuses on developing interlocking linkages for policy, fiscal resources and personnel. The purpose of all of the community based service integration projects is to reduce service barriers and facilitate user access. Current models of delivery are flexible, ranging from on-site service provision (outstationed personnel and programs from participating agencies) to site coordinators and outreach workers assisting children and families with:

- information, referral and advocacy;
- outreach services;
- service coordination;
- case management; and
- streamlined access to services.

3. Background/Alternatives/Analysis:

The County established District Coordinating Teams in six geographic districts to assist in the planning and coordination of services to families and individuals within each community. To achieve similar goals, The Leaders Roundtable established "Caring Communities" through-out the county to plan activities and establish a supportive network of resources required to ensure every child's completion of high school. These two efforts have had similar and overlapping goals as well as the involvement of many of the same key representatives and stakeholders. It has become desirable to look at merging the two planning processes into a single coordinated effort.

The County, in partnership with the State Department of Human Resources (DHR) and Portland Public Schools (PPS), presently has two service integration projects located at Marshall and Roosevelt High Schools. These projects provide what have become known as "school based integrated service sites". Each Caring Community does not necessarily contain a "school based integration site" as a part of its' service coordination strategy, instead they are optional components. The staffing for these projects is provided by the State DHR and Multnomah County, with "in kind" contributions from PPS and other participating agencies. Roosevelt and Marshall both place a particular emphasis on outreach to families whose children are having difficulties with regular school attendance due to family issues and concerns.

The East County Caring Community (ECCC) established itself as a Caring Community but later incorporated the County's District Coordinating functions as well. Their mission is to promote individual and family strengths and a strong sense of community. It is composed of participants from three school districts, (Centennial, Reynolds and Gresham-Barlow), local government agencies, non-profit social service organizations, local businesses and various social service clubs who serve as a planning and coordinating body for the East County Caring Community area. Three elementary school service integration sites are located at Harold Oliver, Alder and East Gresham. ECCC is funded by the three school districts, State DHR and the City of Gresham. Present funding is inadequate and the project is in need of additional resources to continue present activities.

- Other potential community based service integration projects within Multnomah County are developing with unstable funding sources and varying levels of community support. Examples include: Beach Elementary School (Jefferson Region), Parkrose School District, Lincoln-Park/Mid County project (David Douglas School District) and the Brentwood-Darlington community center.

Recent planning meetings with the Caring Community (represented by the Leaders Roundtable) and Multnomah County (through the Chair's office) have looked at options that would combine Caring Community planning bodies and District Coordinating Teams. The goal is to better meet the needs of communities and to identify on-going mechanisms to share resources and develop service integration projects in a consistent and coordinated manner. This request would act as leverage for other monies from partners within the community.

4. Financial Impact:

This package is requesting \$60,000.00. As an established service integration project the East County Caring Community is presently in need of \$20,000.00 to provide partial funding for a coordinator and materials and supplies to sustain present efforts. The remaining \$40,000.00 would be offered in a competitive process to developing service integration projects at up to \$20,000 each. These dollars would be offered as "seed" dollars for personnel, materials and supply costs and support in general. It is the intent that these dollars leverage additional funding from collaborating partners.

5. Evaluation:

This joint approach is supportive of several urgent benchmarks (see section 8 below). Each project will be responsible to adopt an urgent benchmark as a target for service integration and will be measured against their success in addressing it. Each project will also be evaluated on their ability to leverage and access additional resources from the partners.

6. Legal Issues

None

7. Controversial Issues

None

8. Link to Current County Policies and Benchmarks

The benchmarks applicable to date are Access to Health Care, Drug Free Teens, High School Graduation Rate, Readiness to Learn, Teen Pregnancy, Basic Student Skills, Percent of Oregonians Who Are Economically Disadvantaged, and Increase County Government Accountability and Responsiveness

9. Citizen Participation

The Leaders Roundtable is a team of civic leaders, educators, business executives, entrepreneurs and community activists. The Leaders Roundtable is funded through contributions from participating members and Multnomah County is currently a participant. The Leaders Roundtable was the initiator of the "Partners for a Caring Community" that has been instrumental in developing and implementing several of the existing service integration projects. Citizens also participate through the various service sites through existing citizen advisory bodies and groups within the geographic areas, (i.e. school PTA's, etc.).

10. Other Government Participation

The County is supported in these efforts by the following participants: Portland Public Schools, Centennial School District, Reynolds School District, Gresham-Barlow School District, Multnomah County Education Service District, David Douglas School District, Oregon State Department of Human Resources, and The City of Gresham.

BUD 1

ADD PACKAGE REQUEST	Agency: Community Based Service		Organization: Integration Projects		Prepared by: K. Tinkle	
	Fund: 156		Agency: 010		Org: 0100	
	Date: 03/23/95					
LGFS CODE:	156					
Object Detail	95/96 Request					
5100 Permanent	0					
5200 Temporary	0					
5300 Overtime	0					
5400 Premium Pay	0					
5500 Fringe	0					
Direct Personnel Costs	0					
5550 Insurance Benefits	0					
TOTAL PERSONAL SERVICES	0					
6050 County Supplements	0					
6060 Pass Through Payments	60,000					
6110 Professional Services	0					
6120 Printing	0					
6170 Rentals	0					
6180 Repair and Maintenance	0					
6190 Maintenance Contracts	0					
6200 Postage	0					
6230 Supplies	0					
6270 Food	0					
6310 Education & Training	0					
6320 Conferences & Conventions	0					
6330 Local Travel	0					
6520 Insurance	0					
6620 Dues & Subscriptions	0					
Direct Materials & Services	60,000					
7100 Indirect Cost	420					
7150 Telephone Services	0					
7200 Data Processing Services	0					
7300 Motor Pool Services	0					
7400 Building Management Services	0					
7500 Other Internal Services	0					
7560 Distribution/Postage	0					
Internal Svc Reimbursements	420					
TOTAL MATERIALS & SERVICES	60,420					
8400 Equipment	0					
TOTAL CAPITAL OUTLAY	0					
DIRECT BUDGET	60,000					
TOTAL BUDGET	60,420					

OBJECT DETAIL	Organization: Community Based Services Integration			Date Prepared: 03/23/95
	Fund: 156 - 010-0100	Agency:	Org:	Prepared by: K. TINKLE

Code	Explanation	Amount
6060	PASS THROUGH	\$60,000
7100	INDIRECT COSTS	\$420

BUD 4 FY 94/95 PROPOSED BUDGET		Organization: Community Based Services Integration	Prepared by: K. TINKLE	
Code	Source	Fund:	Agency:	Org: Date:
		156	010	0100 03/23/95
				Amount
2020	HUD/CDBG			0
2022	City of PDX New Fair Housing Initiative			0
2024	HUD Rental Rehab Grant			0
2026	HUD FHIP			0
2027	DPL Repayment			0
2028	Reduced Interest Loan Repayment (RIL)			0
2029	Rental Rehab Program Repayment (RRP)			0
2048	Primary Care/Substance Abuse			0
2056	SLIAG			0
2062	Homeless Grant			0
2071	Community Svcs Block Grant (CSBG)			0
2072	Low Income Energy Assistance Program (LIEAP)			0
2073	LIEAP Weatherization			0
2075	Federal Emergency Mgmt Agency (FEMA)			0
2077	PVE			0
2090	US DOE Weatherization			0
2092	OPIE			0
2094	HUD ESGP			0
2095	CSBG Homeless			0
2096	DPP			0
2100	PDX Emerg Shelter/Homeless Youth			0
2101	PDX Homeless Mentally Ill			0
2102	Regional Drug Initiative			0
2114	Home Award			0
2116	Supported Assistance Facil Homeless (SAFAH)			0
2117	Project Team/CSD			0
2130	Homeless Fam - FAS			0
2312	JSA			0
2313	CASA			0
2317	SRI			0
2335	Emergency Housing Account (EHA)			0
2359	Video Lottery			0
2389	Local 2145			0
2394	SHAP			0
2398	Great Start			0
2603	Title XIX			0
2605	State MHD - DD			0
2605	State MHD - Local Admin			0
2605	State MHD - MHS			0
2605	State MHD - A&D			0
2607	MHDDSD Carryover			0
2719	City Emergency Funds			0
2766	School District 1 (PPS)			0
2774	City of Gresham Cost Sharing			0
2782	Parkrose School District			0

BUD 4 FY 94/95 PROPOSED BUDGET		Organization: DEPT 4500	Prepared by: K. TINKLE	
Code	Source	Fund:	Agency:	Org: Date:
		156	010	1570 03/23/95
2783	Gresham High School			0
2785	Gordon Russell School			0
2786	Dexter McCarty School			0
2789	Clear Creek Middle School			0
2791	Centennial School District			0
2794	PDX Housing Authority Program (HAP)			0
2798	City BBB			0
4060	DUII Evaluation Fees			0
4612	Property/Space Rental			0
4900	Misc Chg/Recv			0
4905	DUII Victim's Panel Fees			0
4907	DD Rider Fees (Tri-Met Reimb)			0
5010	Interest Income			0
6205	ICP Provider Refund			0
6810	Rebates			0
6813	United Way Grant			0
6816	Oregonian			0
6819	Oregon Energy Services			0
6821	R.W. Johnson Foundation			0
6822	Better Homes Foundation			0
6827	Fred Meyer Foundation			0
6843	Albina Head Start			0
New	City of Portland SOS			0
New	City of Portland Pri Plumb			0
TOTAL PROGRAM REVENUES				0
7601	General Fund Subsidy			60,000
7601	General Fund Indirect			420
7601	General Fund Match			0
SUPPLEMENTAL GENERAL FUND REVENUES				60,420
GRAND TOTAL				60,420

Budget Session
5-30-95
Handout #7
WS-1

Multnomah County Mental Health Budget Hearing - May 30, 1995

Carol M. Boos
775 NE Laurelhurst Place

Member of: AMI - Alliance for the Mentally Ill
MEDAC - Mental & Emotional Disabilities Advisory Council
NAMI- National AMI, Portland contact for the Missing
Mentally Ill Persons Network

The reason I'm involved in this particular volunteer work is that we have a daughter with schizophrenia who was missing eleven months.

I'd like to recommend the June "National Geographic" feature article on The Brain. Illustrations show a healthy brain contrasted with an unhealthy brain with: stroke, alzheimer's disease, or schizophrenia. We take care of people who suffer strokes and alzheimer's. In the last decade the understanding brought about by brain imaging technologies and effective, new medications have made it possible to be hopeful that our family members can have a life.

We need the fully funded centralized crisis triage center and expanded mobile response team now. For those fortunate enough to understand their need for medical care; they should be able to seek that care before their condition has deteriorated to the depth of being "in imminent danger to self or others". That's really an outrageous requirement for medical care in an era when most of us believe in preventative health care in every other area.

Outreach is essential. We can't expect the most severely ill with a brain disease to keep appointments at a building as you or I would. Our daughter hasn't taken medication for 6 or 7 months and is severely disabled right now. It wouldn't have had to happen if there had been outreach. She has a University degree so there's already been a big investment in her by tax payers, her family and

Page 2 - Carol M. Boos

her own efforts. Outreach to help her be productive and have a life in the real world makes budgetary sense. Hospitalization at \$600. per day when a person has reached the depths of the illness does not, if it could have been prevented.

I believe that each time a person is abandoned to the deterioration brought by the psychosis, it is that much more of a struggle to regain "normalcy".

Every level of our government seems to find the money if the need has a high enough priority. I hope you'll share my concern for budgeting for the long term benefits of providing the crisis center and mobile response.

Thank you.

Neurobiological Disorders Society, Inc. The Historical Perspective

By Richard E. Peschel, M.D., Ph.D. and Enid Peschel,
Ph.D., editors, *Neurobiological Disorders*

The authors, in their newsletter *Neurobiological Disorders*, for Fall, 1994, Volume 1, Number 1, (their maiden issue), explore the disparities between the ancient pseudo-scientific "explanations" for **tuberculosis, cancer and smallpox** and the *real scientific causes* that finally, in this century, resulted in control of those dread diseases by the use of antibiotics, vaccines and scientifically based therapies. They compare the evolution of medical knowledge and beliefs during the heyday of these three diseases with the knowledge and beliefs during the similar evolution of treatments for neurobiological brain diseases.

To be sure, complete control of cancer lies in the future; however, the authors reveal that for 17 centuries, the "humoral" theory of cancer controlled medical thinking regarding this dread disease, and that "the older, completely inappropriate language claimed that cancer 'was a sign of degeneration'."

With regard to smallpox, the newsletter says that "In 1994, it is hard to imagine the terror and suffering that smallpox once engendered for over 1,000 years. For centuries, epidemics of smallpox raged throughout the world. In London, between 1701 to 1800, there were 195,865 deaths from smallpox in a population of 653,900. In 1707 an outbreak of smallpox in Iceland killed 18,000 people out of a total population of only 50,000....Typically, before a true scientific explanation of smallpox--or any disease-- is discovered, societies promote many bogus theories about the disease and use inaccurate and prejudicial language about human beings who suffer from it. The pre-scientific language about smallpox included the ubiquitous humor theory, along with numerous beliefs that 'atmospheric conditions' and the 'environment' 'caused' the illness. ...Edward Jenner's spectacular discovery in 1800 that the less severe disease of cowpox could protect a person from the devastating, often lethal, disease of smallpox...eventually led to widespread and successful vaccination programs. Even so, it took many years to overcome people's initial resistance and skepticism about vaccination...Today we know that smallpox is caused by a virus called Variola major. Modern immunization techniques have virtually eliminated smallpox from the world as a major disease."

The authors of the newsletter cited also disclose that with regard to tuberculosis, "the facts about TB are staggering. In the last 200 years, TB has killed approximately one billion people worldwide....In 1900, 7 million people per year died of TB, and at least 50 million human beings per year suffered from active infection....Before scientific research discovered the tuberculin bacillus, medical and religious authorities asserted with great conviction numerous theories to explain the etiology of TB--including bad air, sinful behaviour, environment, human weakness, spontaneous generation, and so on. None of these theories was based on science, empirical evidence, or effective treatment, and none of these theories decreased the pain, suffering, or death rate of human beings with TB....Only a series of scientific and verifiable discoveries that spanned more than half a century ultimately led to the control of TB, one of the most devastating diseases in the history of mankind.

The scientific breakthrough process began in 1882 when Robert Koch discovered that a bacterial infection, the tuberculous bacillus, caused TB....many leading medical experts of the day rejected Koch's findings. Gradually, however, the evidence that TB was an infectious disease became too overwhelming for people to ignore or criticize." It took more than 50 years for scientists to discover Streptomycin (1943) and isoniazid (1950s) to at last bring TB under control.

The emphasis of the authors is that the thinking of society had to change. They had to discard the older language about TB: "It was no longer acceptable to blame patients with TB for their supposed 'weakness of character' or 'sinful behavior'...Nor was it acceptable to claim that 'miasma' or vague 'environmental causes' such as the weather 'caused' TB....discovering the TB bacillus allowed scientists to accurately study patients with TB and to differentiate them from patients with other types of infectious and non-infectious diseases....scientific medicine could develop a true clinical expertise based on accurate classification....public health measures could be instituted that would effectively prevent TB patients from spreading the disease to other people when it was in the most infectious state."

The authors state that "for long periods of time society and institutions often resist or deny major scientific breakthroughs. ...This is particularly true if the scientific breakthrough requires a new way of viewing man's position in the universe. In the cases of TB, cancer and smallpox, it took many years for these major new scientific discoveries to be fully integrated into society. A corollary of this phenomenon is that often the most vociferous resistance to revolutionary scientific discoveries comes from the 'leading authorities' of the day...even though scientific breakthroughs may occur that enable one to understand disease, it may take many more years for scientists to develop successful treatments for the disease...before researchers discover a true scientific understanding of a disease, numerous bogus and ineffective theories and treatments will abound. Often, even after effective treatment is available, ineffective and sometimes harmful theories and treatments may persist."

Furthermore, they state that "typically, society stigmatized and shunned cancer patients. Many hospitals would not admit cancer patients to their wards. In 1913, when a Connecticut woman's husband died in a Swiss hotel, the woman was fined \$155 because the hotel feared that her husband's cancer was contagious....Thanks to scientific discoveries about cancer, our society has been forced to discard the older language about cancer (humors, contagious, stigma, degeneration)...The new language of cancer includes gene mutations, oncogenes, oncoproteins, allelic loss, suppressor gene function, epidermal growth factors and epidermal growth factor receptors."

The authors of the Neurobiological Newsletter cited declare that "the purpose of the Neurobiological Disorders Society, Inc. (NBDs) is to develop and nurture a neuroscientific dialogue with human beings who are ready and able to move into the twenty-first century based on the neuroscientific revolution".

Continued on page 6

(NBDs, continued from page 5)

They state that "During the last two decades, a revolution has occurred in the neurosciences. Not only has this revolution produced new ways of studying and imaging the brain; for the first time ever, it has also allowed scientists to perform a detailed analysis of the structure and function of the brain, revealing an organ of extraordinary complexity and organization. 'Our own human memories are ... encoded in the brain, in the ten thousand million nerve cells that comprise the human cerebrum--and the ten million million connections and pathways between those cells'. For the first time in human history; some of the most fundamental aspects of human behavior are amenable to scientific study and discovery. Based on verifiable neuroanatomy and neurochemistry of the brain, scientific models are emerging that begin to explain fundamental brain functions such as vision and memory. In addition, molecular genetics and studies of early neuronal development are unlocking the secrets of early brain development. Advancing at a rapid pace, these research programs offer great hope for understanding both normal and abnormal brain development. ... As the neurologist Richard M. Restak states so eloquently in (his book) *RECEPTORS*: 'Today, ... our understanding of the brain and central nervous system has taken a quantum leap.... In short, all things mental--both normal functions and disorders of thought and emotion--originate from some corresponding order or disorder at the molecular level'. Yet as with all revolutionary scientific changes, many people will resist this new way of thinking. Many 'leading authorities' will present arguments (such as reductionism, Cartesian dualism, and so on) for rejecting the neuroscientific approach to human behavior. ...the neuroscience revolution has created a new language which must be applied to both normal human behavior and to neurobiological disorders (NBD) such as autism and other pervasive developmental disorders, obsessive-compulsive disorder, bipolar [manic-depressive] disorder, major depressive disorder, schizophrenia, schizoaffective disorder, attention deficit hyperactivity disorder, anxiety disorders, and Tourette's disorder...the neuroscience revolution provides hope for the future for the millions of children and adults suffering from NBD. 'Employing technologies developed during receptor research, neuroscientists will approach schizophrenia and manic-depressive illnesses much as neurologists approached muscular dystrophy: at the molecular basis, discovering the gene responsible for the illness along with the protein that the defective gene coded for'...Most important and most immediate, the neuroscience revolution will forever remove the arbitrary and non-scientific stigma and prejudice that have been associated with NBD--brain diseases that have wrongly been called 'mental' illnesses--compared to other medical illnesses such as cystic fibrosis, cancer or multiple sclerosis. When viewed from a framework of molecular biology and neuroscience, NBD are physical illnesses with an underlying neurochemical and neuroanatomical etiology. **On a molecular level, NBD are not different from other physical illnesses.**"

The newsletter goes on to say "Our society already accepts that some other kinds of neurobiological--or neurological--disorders are physical illnesses, including, for example, seizure disorders, migraine headache, multiple sclerosis, Parkinson's disease, Huntington's disease, traumatic brain injury, cerebral palsy, spina bifida, Alzheimer's disease, mental retardation, learning disabilities, stroke, and so on....The purpose of NBDs (The Neurobiological Disorders Society, Inc.)

is to promote education, research, and support for human beings with NBD within the context of the new language and the new revolutionary concepts generated by the neuroscience revolution. One of the primary goals of NBDs will be to educate the public, as well as the legal, educational, social services, governmental, and health care systems, that on a neuroscientific and molecular biology level, there is no difference between NBD and other medical disorders such as heart disease, diabetes, stroke, seizure disorders, and so on. As a result of these revolutionary scientific findings, the policies of these various institutions regarding NBD must be the same as their policies for other medical illnesses."

*Editor's Note: Doctors Richard and Enid Peschel included a review of a variety of neuroscientific journals for their cited newsletter. They state that "If there is just one book you should read this year. *Receptors* by Richard M. Restak is the book."*

One

of the copies will be available from the UAMI library. The Paperback edition will be available April first at \$12.95 from Bantam Books (New York).

COPING WITH...

Twelve Aspects of Coping for Persons with Schizophrenia

by Frederick J. Frese

As with the acquisition of most skills, learning to cope with a disability is a function of experience and guidance from others. The author, diagnosed with schizophrenia at age 25, is now a psychologist who works with persons hospitalized with mental illness. He has frequently delivered presentations about coping with schizophrenia during the past three years. His ideas are based on his personal experience of living with the disorder, his experience with his patients, and that which "rings true" to his thoughts on twelve aspects of learning to live with this serious mental disorder.

When people lie, sparks are set off in the brain, thus melting brain chemicals which may be the conscience and pride. I was two years old when I got my doctorate, an M.D. from Harvard. I got a Ph.D. in comparative literature and a law degree at the same time, as well as a phi beta kappa in care-giving from Sunny Acres."

The above is a paraphrased sample of speech from one of my actively psychotic schizophrenic friends. She is really a very nice person and has a lot of good ideas, but obviously something is not quite right with the way she is thinking.

I, too, am a person with schiz-

ophrenia. I am not currently psychotic but I have been in the state of psychosis frequently enough to

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or she is
schizophrenic.*

have become somewhat familiar with the trips there and back.

After years of keeping my experiences with schizophrenia a secret, a few years ago I decided to become open about my condition. Initially I revealed my background during talks I was giving locally. Later, at the invitation of various groups of professionals, consumer/survivors and family members, I began giving talks around the country. At first I gave a talk calling for partnership between consumer/survivors, professionals and family members. The speech was fairly well received. But at the

annual convention of the South Dakota Alliance for the Mentally Ill I was asked to give two different speeches to the same audience. I decided to give the second speech on coping skills. In doing so I learned consumers and family members would far more like to hear about how to go about living with schizophrenia than about more theoretical or political aspects of caring for the mentally ill.

My first speech in South Dakota was given almost three years ago. Since then I have given the same basic talk several dozen times in about half the states. The speech has evolved considerably since it was first delivered, as audience members contributed comments that I felt were particularly valuable.

My talk addresses twelve aspects of coping with schizophrenia. I have organized it a little differently for this article, but I still keep the basic twelve aspects as the organizational framework for the presentation. What follows is the essence of the basic speech, adapted for publication.

1.) Denial, acceptance, and one's belief structure

I cannot tell you how difficult it is for a person to accept the fact that he or she is schizophrenic. Since the time when we were very young we have all been conditioned to accept that if something is crazy or insane, its worth to us is automatically dismissed. We live

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in a world that is held together by rational connections. That which is logical or reasonable is acceptable. That which is not reasonable is not acceptable.

The nature of this disorder is that it effects the chemistry that controls your cognitive processes. It effects your belief system. It fools you into believing that what you are thinking or what you believe is true and correct, when others can usually tell that your thinking processes are not functioning well.

I had been hospitalized five times before I was willing to consider the possibility that there might be something wrong with me. We are all conditioned from birth not to accept that which is crazy or insane. That which is insane is beyond the pale of that which those in our human family will accept. We accept that which is logical, that which is rational and reasonable. That which is crazy is dismissed. Therefore it is very difficult for us to accept that what we are thinking is in fact crazy. Psychosis is a "catch 22." If you understand that you are insane then you are thinking properly and are therefore not insane. You can only be psychotic if in fact you believe that you are not. Therefore almost everyone with this disorder initially denies that they have it. Some deny it all their lives. Most of the 300 patients I have in the hospital where I work will tell you that they are not mentally ill. Denial of the disorder comes as part of the territory for most of us who have it. Some of those who have the disorder not only deny that they have it but also deny that it exists.

It is exceedingly difficult for you to admit to yourself that your mind does not function properly. It fools you. With this disorder you develop an epistemological structure that is not consonant with that of the vast majority of those in the larger, majority population.

But if one does not acknowl-

edge that they have the disorder, how can it be helped? Why would anyone want to be cured of a disorder that they do not believe they have?

I find that a good approach for persons in such denial is to point out that, even though they may not have the disorder, it is true that they have been treated by others as though they do have mental illness. They will usually agree with this thesis, especially if they have been hospitalized. Often these folks will

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accept being referred to with a term like, "survivor." Once they have accepted the fact that others may view them as mentally ill, they then have some motivation to learn more about the disorder.

It is generally best not to try to make a "frontal assault" against denial. Try to establish a trusting relationship and gradually chip away or "defreeze" the rigid cognitive defensive structure that constitutes the denial.

2.) Knowledge of the Disorder.

In this, the Decade of the Brain, evidence continues to mount that viewed from an objective, or scientific perspective, schizophrenia is a brain-based disorder. It can be best conceptualized as an imbalance in the biochemistry of the brain's neurotransmitting systems (Gershon & Rieder, 1992; Wong et. al., 1986). Studies are published with great frequency now, further establishing the neurophysi-

ological correlates and consequences of serious mental illness. As articulated by one prominent psychiatrist, "Patients have to be taught to accept the fact that they are ill, that this is not a mystical experience but a disease—an illness that needs treatment." (Cancro, 1992).

From the viewpoint of the person with the disorder, however, the phenomenon can be very much like a mystical experience. The young psychiatrist, Carol North (1987), describes herself as being in a parallel reality or at a cosmic juncture. I (Frese, 1993a) have referred to one of my breakdowns as "cruising the cosmos." David Zelt (1981) describes himself as being "constantly in touch with the infinite and the eternal."

The nature of the disorder is that it affects the brain's thought and belief systems, it affects a person's confidence in what is truthful. Therefore, to the person who is experiencing the disorder it very much can be a mystical journey where poetic relationships and metaphorical associations dictate truth. To the person who is experiencing the disorder, these subjective experiences are very real indeed.

Therefore, while one should try to understand as much as possible about how the disorder is accompanied by biochemical irregularities, one should also understand that for the person who has the schizophrenia, it indeed can be a mystical or even a religious experience.

Often these mystical experiences can be most seductive. One has the feeling that he is having special insights and even special powers. One is no longer restricted by the rigid control of rationality. One begins engaging in what experts have called paleologic (Arieti & Brody, 1974) or parataxic thinking (Sullivan, 1953). Many consumer/survivors prefer the term, "poetic" logic.

3.) Medication, chemicals.

Persons with serious mental

illness are disabled, just like people who are blind, deaf or crippled. Like others who are disabled we can be helped by artificial support. Where the blind may have a cane or a seeing eye dog, the deaf may be helped with a hearing aid, and the crippled may be helped with a wheelchair or a crutch, we, too, can be helped by artificial means. Because our disability is one of a biochemical imbalance, it is reasonable that our "crutch" is chemical. For us, our crutch is the neuroleptic medications that we take. In order to keep our brain's neurochemical processes properly balanced, we need the assistance of helpful chemicals, prescribed medications. Certainly without having such medications available, I would not be able to function as I do today. True, there are side effects of these drugs: akathisia, akinesia, dyskinesia, dystonia, etcetera, and these can be quite problematic, even disabling. But the medications are becoming better. Around the country I have met dozens of persons who have been helped by clozapine, which has only been widely available in this country for a relatively short time. The drugs Risperidone, Roxiam, and Olanzapine, which may be widely available during the next few years hold out further hope for those of us who are disabled with mental illness. Those of us who are dependent on these drugs should attempt to learn all we can about them and their side effects, both short term and long term. These medications hold such hope for us.

But just as some chemicals function to assist us, others are harmful to us. Such "street drugs" as PCP and amphetamines are much more likely to cause a recovered schizophrenic to relapse into psychosis than they are to have a similar effect on a "normal" individual. Likewise, marijuana and alcohol also increase the likelihood that persons with these vulnerabilities are going to experience mental breakdowns.

Those of us with these vulnerabilities to breakdowns in our biochemical systems need to learn as much as possible about the effects of drugs so that we can utilize and avoid them in a judicious manner.

4.) "Paleologic" or delusional thinking.

When a healthy individual

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functions in a normal manner, encountering moderate degrees of stress and pressure, his or her physiological systems operate in a healthy manner. But when stress increases and is sustained, physiological systems begin to wear and weaken. Eventually they malfunction. They break.

Different individuals react in different ways. Some people react more with blood pressure increases, others more readily react with sweaty palms. Still others react with increased gastro-motility, their stomachs "churn." Psychophysicologists refer to this as "response specificity," and point out that people tend to develop symptoms in the physiological systems in which they are most reactive (Sternbach, 1966). Blood pressure reactors develop hypertension, skin reactors develop hives, stomach reactors develop ulcers.

From this perspective it is not unreasonable to view some of us as neurotransmitter reactors. When

we are functioning in a normal manner, we are rational, but we tend to overreact to stress with our emotions and our cognitions. Ordinarily we reason as others do. Our mechanisms for processing information in a logical, rational manner are intact. We are said to use linear logic and Aristotelian reasoning. When our systems encounter pressures, our physiological/mental processes react as a defense. Our mental processes react in such a manner as to defend against the stressors. We may become more vigilant, more suspicious. Our thinking may speed up, our minds may begin to race. We may start developing new, more original ways of thinking about things. Our coping mechanisms begin to strain. At some point our minds begin to break. At first they just crack a little. They craze. Then we begin to "go crazy." We lose our ability to remain rational. Instead our minds revert to an evolutionarily earlier way of functioning.

Beneath our centers for rational processing in the brain resides the paleocortex, the limbic cortex, the reptilian brain. Here are the centers of emotions, of anger, of fear, of humor and of love. Ordinarily from this paleocortex, emotional activity affects us as when we are moved to tears by a story or to laughter by a joke. But we rapidly recover control and are guided by rationality. We remain confident that that which is reasonable or logical is true. We can believe that which strikes us as rational.

But when our rational processes break, our cognitions become dominated by the activities of the paleocortex. Our mental processes begin to become dominated by paleologic (Arieti & Brody, 1974) activity. We begin to lose our confidence in rational processing and begin to see truth in nonlinear relationships.

5.) Social deficits.

Miller and Flack (1990) pre-

sented an interesting paper recently. In observing schizophrenics in social interaction and comparing us with normals, they found that we tend not to look at the person to whom we are talking. From our perspective there is good reason for this, of course. We are more easily distracted and if we look at others while we are talking we will see their facial reactions, making it more difficult to focus on what we are saying. This naturally can be most disconcerting to the person with whom we are conversing. Normals expect signs of interaction when they are speaking with others. Since we often fail to respond in the expected manner, we throw them off.

Miller and Flack also point out that compared to normals we schizophrenics are much less likely than normals to nod in agreement or move our hands in rhythm with our partner's speech. Often when we do nod appropriately it will be later in the course of talking than is usually expected. The reason for such delaying is that we spend a longer time processing information than normals. Such delays of course tend to throw off the rhythms of a conversation. Normals find this disconcerting. They often do not realize that our failure to send and receive the expected cues during conversation are part of our disability.

Normals send other signals in conversational encounters. They use short statements at the beginning and end "How are you?" or "See you Wednesday" and longer statements in the middle. They also lower the pitch of their voice to indicate they are finished. Schizophrenics tend not to do this. We seem to have a defect in our cue signalling mechanisms. As a result we often have difficulty in knowing when we should be ending a conversation or how to do it. Miller and Flack feel we are defective in our capacity to engage in shared (conversational) activities. I would agree but I feel if we know the nature of these defects and

those with whom we come in frequent contact know about these deficits, we can better work together to overcome them.

Others (Lysaker, Bell, Milstein, Goulet, & Bryson, 1993) have reported that schizophrenic's deficits in social communication skills interfere with their functioning in vocational settings. They

Insults, hostile criticisms, and other forms of psychological assault wound me deeply...

point out that schizophrenics may perceive a joke as a threat, or otherwise misinterpret communications by coworkers and employers. Often persons with schizophrenia can perform the work as well as normals, but due to their deficits in social and communication skills they have more difficulty in the work setting often, to the point of even losing the employment.

Clearly, those of us with schizophrenia need to know more about our deficits and those who frequently interact with us need to know about our deficits in social interaction. Together we can work to better compensate for them.

6.) Replaying/rehearsing

Often when you visit a psychiatric hospital you will see patients who seem to be talking to people who are not there. In their one-sided conversations they will often become quite animated. Because they are talking to people who are not there, it is usually assumed that they must be hearing voices and talking back to them. Although

this may sometimes be the case, often something quite different is at play.

Those of us with schizophrenia are very sensitive to having our feelings hurt. Insults, hostile criticism and other forms of psychological assault wound us deeply, and we bear scars from these attacks to a much greater degree than do our normal friends. Because we have this hypersensitivity, naturally enough we try to protect ourselves and prepare ourselves from possible future attacks. By way of this, one of the things we do is replay in our minds situations where we have been hurt, trying to develop strategies of response so that if we find ourselves in similar situations again we will not be so damaged again. What we are doing in our minds is saying to ourselves, "What I should have said was..." or "I should have told that guy that I am just as good as he is." We rehearse or replay situations over and over in our minds, and we often find ourselves speaking in an audible fashion when we are doing this. We have a definite compulsion to engage in this sort of behavior.

Many years ago my wife became so bothered by my tendency to do this, that we worked out an agreement that I would try to engage in this behavior only when I was in the shower in the morning and while I was mowing the lawn. The lawn mower motor tended to drown out the sound of my mumbling.

Persons with schizophrenia need to know that we have this tendency to talk to ourselves and that this behavior tends to upset normals. I recommend that whenever we have a need to do this that we do the same thing that we do when we have other physiologically based needs to function in a manner not welcome in polite social circumstances. We should excuse ourselves, withdraw to a restroom, or other area where we can be in private and rehearse/replay until we get the

urge to do so out of our system.

Despite this advice, I frequently find myself in social situations where I am talking to myself, usually in a soft tone. It is at times like these that I am most gratified that others know that I am disabled with schizophrenia. Because of this I think others expect me to be a little different. So when they see me talking to myself they do not seem to be quite so perplexed.

7.) *Expressed emotion (EE)* .

The EE concept was developed by George Brown and his associates in the Institute of Psychiatry in London in the 1950's (Brown, Carstairs, & Topping, 1958). Brown's studies focused on the relation between family variables and the likelihood of relapse on the part of persons with schizophrenia who had recently been released from the hospital. Those investigators found that patients who went to live with family members who were highly emotionally involved were much more likely to relapse than those patients who went to families who were less "hostile," or who exhibited less "expressed emotion." Furthermore, the relationship between emotional involvement and relapse was not related to the severity of symptoms at the time of discharge.

High EE was defined as involving three factors. These are from the Camberwell Family Interview (Brown & Rutter, 1966):

- 1.) Statements of resentment, disapproval, or dislike, and any comments expressed with critical intonation that is, a critical tone, pitch, rhythm, or intensity in their voice.
- 2.) Hostile remarks indicating personal criticism.
- 3.) Emotional overinvolvement, constant worrying about minor matters, overprotective attitudes, intrusive behavior.

Additionally, warmth, expressed in terms of positive comments and voice tone, appear to be

added protection for persons discharged to low-EE environments and dissatisfaction, even when not expressed in a critical or hostile manner, appeared to increase relapse risk in high-EE households.

It is my experience that those of us with schizophrenia are indeed very sensitive to hostile criticism and other forms of expressed emotion. But it is not only in the fami-

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ly context. Whenever persons with schizophrenia encounter criticism, insults, or other forms of psychological oppression, we tend to be damaged in a manner that increases the likelihood of our relapsing into psychosis. This vulnerability tends to be part of the disorder. Those who have this disorder need to know that they are vulnerable in this manner. Other persons who come into frequent contact with the mentally ill also need to know that we are particularly sensitive in this regard.

As with those in the AA organization, those of us with schizophrenia need to avoid the persons, places, and things where we are likely to encounter expressed emotion. But of course, we will not always be able to avoid such circumstances. For those times when we are going to encounter hostile

criticism, etc., I recommend that we be prepared to protect ourselves by developing a mechanism for communicating to others something about the nature of our disability. Some years ago I developed a card which I carry in my wallet. When I find myself being faced with unfair criticism I will present the person doing the criticizing with my card, which has these words written on it:

"Excuse me. I need to tell you that I am a person suffering from a mental disorder. When I am berated, belittled, insulted, or otherwise treated in an oppressive manner I tend to become emotionally ill. Could I ask that you restate your concern in a manner that does not tend to disable me? Thank you for your consideration."

While I don't use this card frequently, I do find it gives me assurance to have it with me.

8.) *Stress and excitement.*

Not long ago three former patients at our hospital were the focus of a local TV news program on mental illness. All three performed very well for the program but unfortunately within three weeks each of them had relapsed and were back in the hospital. My own breakdowns frequently occur while I am attending conferences or shortly thereafter. I often find that visits to a shopping mall where there is much stimulation causes me too much stress.

Persons with schizophrenia should realize that they can become overstimulated by exciting circumstances as well as by stressful circumstances. We need to develop techniques to limit the effects that overstimulation may have on our systems. I find that when I begin to become overstimulated it is often helpful to politely excuse myself and withdraw from the situation. If I am at a conference I can withdraw to my room or if I am at a mall I can withdraw to a less stimulating environment.

I find that if I know ahead of time that I am going to be in a

stressful or exciting situation for an extended period of time it is helpful to increase the dosage of my medication prior to involving myself in such events.

At meetings where there are often sharp exchanges between the participants, I find that it is helpful to withdraw from the circle of participants and sit at a distance from the verbal exchanges. It is less taxing to be out of the line of verbal fire that often occurs during meetings where important issues are being discussed.

9.) *Music and hobbies/woodshedding*

Because the nature of our disorder is such that our ability to sustain our rational processes is damaged, it is often helpful if we engage in activities that do not tax our logical abilities. Music, art, and poetic type endeavors are often easier for us to handle. For this reason I encourage persons disabled with schizophrenia to engage in these forms of expressions as a way of communicating.

As Tim Woodman (1987) relates in describing his disorder: "What really helped was art therapy. I got a lot of satisfaction out of painting, and it seemed to me to go some way toward answering my unspoken desire for personal harmony" (p. 330).

In my own case I find that dancing for extended periods of time can be very therapeutic. There is something about being able to express yourself in a non-rational manner that helps release pressures that have built up from stresses that have been encountered. Often these musical or artistic expressions come forth in a manner that is not readily appreciated by others. Nevertheless, the fact that we are expressing ourselves can be most therapeutic. A term that has been adopted for such activity is "woodshedding." (J. S. Strauss, personal communication, December 17, 1990.) This term is taken from jazz, where a musician will go out away from

others to a woodshed and experiment with various sounds until the sounds begin to form patterns that can be appreciated by others. For those of us with schizophrenia, engaging in woodshedding activities, whether they be in art, music, or poetry, can be a viable method for building a bridge back to the

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world of normality.

Not long ago a patient of mine who engages frequently in writing poetry wrote a poem that I feel carried a particularly insightful message to mental health workers. She wrote:

"Be my teacher
Not a preacher,
And as I learn,
Give me a turn."

10.) *Stigma/discrimination.*

Traditionally those of us who were struck with mental illness were ejected from society and placed in isolated asylums. The words "crazy," "insane," and "nuts" have come to mean those things that can be immediately dismissed as unimportant by the members of the normal population. Until about thirty years ago those of us who were determined to be insane were removed and not expected to return to society. When we did start returning we were not generally welcomed. As I pointed out in a recent article (Frese, 1993b), the movies have a

tradition of portraying the mentally ill as monsters. The news media also primarily addresses mental illness when one of us has killed or has committed some other form of bizarre crime.

While normals can speak openly and even casually about cancer or heart disease, the topic of schizophrenia elicits primarily emotional reactions like fear or derisive humor. Normals are not comfortable with the thought of a seriously mentally ill person living in their neighborhood, being in school with them, or being in their workplace. We still frighten them. They do not know what to expect from us.

Recently the National Mental Health Consumer's Association adopted a six-part national agenda. One of that organization's six designated issues is discrimination, for which the following is stated, "Discrimination, abuse, ostracism, stigmatization and other forms of social prejudice must be identified and vigorously opposed at every opportunity." Likewise there has been established a National Stigma Clearinghouse (260 Washington Ave., Albany, NY 12210) which monitors and challenges media stereotypes of the mentally ill.

For those of us who have returned and have found that we are not as welcome as we would like to be, we have a challenge. We must work together to change the image we have with those in what I sometimes refer to as the "the chronically normal community." As more and more of us are becoming open about the nature of our disability, we have an obligation to share with others as much as we can about mental illness so that there is less fear and greater understanding and acceptance. To help counter the negative images, it is of course helpful to have positive images of the mentally ill to put forth. Mike Jaffe (1993) and his family have done us all an outstanding service by producing and widely distributing posters highlighting "people with mental illness (who) enrich our lives." They

point out that such persons as Robert Schumann, the composer, Vaslov Nijinski, the dancer, Eugene O'Neill, the playwright and many other accomplished individuals, suffered from serious mental illness.

Of course I cannot leave the topic of discrimination without mentioning the Americans with Disabilities Act (ADA). This recent legislation is seen as a significant step forward for us in the area of employment opportunities, building on legislation that has been exilving during the past two decades.

Numerous consumer/survivor activists have stated that the stigma that accompanies serious mental illness in many ways is worse than the illness itself.

11.) *Revealing/covering.*

Since deciding to become open, and even public, about my condition, I have received quite a bit of media coverage. One consequence of this is that recovered mentally ill persons, including many professionals, who have not been open about their condition, contact me and ask if it is wise to share such information with others, particularly their employers. Some time ago I developed a strategy for approaching others such as employers.

The consumer/employee takes an article about myself or another recovered person and shows it to the boss. If the boss's reaction is positive, saying something like, "That person must be very brave and is probably making a real contribution," then you know it may be safe to share with him or her about your own background.

If, on the other hand, the boss's reaction is more along the lines of, "I'm sure glad we don't have a 'nut case' like that working here," then you might want to be a little more cautious. Interestingly enough, those who have tried this strategy in mental health settings have received both types of reaction. Those who receive a positive

reaction generally follow up and reveal that they, too, are recovered persons. Usually this is a therapeutic relief for them. It is very difficult to carry a "shameful" secret with you. When we consumers meet at conventions and elsewhere I often hear statements like, "I am so tired of hiding," from those who are not open to others about their condition.

However, as a practical matter, many persons probably should not be too open about their past. The ADA affords some protection and even advantage to officially stating that you have a disability but there is still much discrimination.

If you decide not to reveal to others, how do you cover for the time you were in the hospital? If you are unemployed how do you answer when asked what you do for a living? Many consumers find these very difficult questions to handle.

I advise that you respond by saying you are a writer, an artist, a (mental health) consultant, or perhaps that you "free lance," depending on how you have been spending your time. None of these responses are lies, per se, but they leave considerable latitude for interpretation and they do not require that you have a specific employer or work location.

Whether you decide to reveal or not is a serious personal decision. If you are older, established in a career, particularly in the mental health field, it is probably safer to become open about your condition. Obviously, the closer you are to retirement age the better. But if you are younger, just starting out, you might want to be very careful about becoming too open about being a person with serious mental illness. One important thing to remember is that once you tell others about yourself, you cannot untell them. Once you become open, there will be insults, subtle and otherwise. If you decide to reveal, be prepared to do a lot of educating of our "chronically normal" friends.

12.) *Networking/consumer groups/self-help*

Whenever I was released after being hospitalized, I always knew that there were others who were like me, those who had received psychiatric inpatient treatment and were now in the community. But I had no way of knowing who these people were. Everything was clouded in secrecy. There was no practical way for one to meet others who had similar experiences. As a result, being a recovering mentally ill person was a very lonely experience. As I did, too many discharged persons spend too much time alone in a room watching television or just looking at walls.

Fortunately this situation is changing. Fourteen years ago the National Alliance for the Mentally Ill (NAMI) was founded and regular meetings of family members now occur in virtually all of the states and larger cities in the country and in many smaller ones. Many of these groups encourage involvement of recovering persons themselves as well as family members. Indeed, NAMI has a national network of recovered persons called the Consumer Council. Recently members of this network have been gaining more influence within NAMI and as of this writing they occupy three positions on the NAMI Board of Directors.

In addition to the consumers active with the NAMI organization there are two independent national consumer organizations which are active in networking and advocating for recovered persons. The National Association of Psychiatric Survivors (NAPS) is active in advocating for the rights of consumers, but takes a position in opposition to any form of forced treatment, a stance that some recovered persons are not comfortable with. NAPS can be reached at, P.O. Box 618, Sioux Falls, SD 57101.

The third nationally active organization for recovered persons which is regularly recognized in discussions of public policy involving the mentally ill is the National

Mental Health Consumers' Association (NMHCA). This organization is also independent and it has traditionally taken no formal position concerning the forced treatment issue. The NMHCA organization is headquartered at 4401-A Connecticut Ave. NW, Suite 308, Washington D. C. 20008.

All three organizations have meetings, elect officers, and produce periodic newsletters. Depending on one's degree of comfort with the family movement and feelings about the forced treatment issue, one or more of these groups could be of interest to recovered persons wanting to become more active in advocating for bettering conditions for persons with mental illness.

In addition to these national groups most cities and states have consumer organizations with which one can affiliate. It has been my experience that recovering persons benefit greatly from associating with others with similar disabilities.

In some areas consumers have taken the initiative to establish facilities for recovering persons that are operated by themselves. They may or may not work in concert with traditional mental health providers, but control of these operations remains in the hands of recovered persons themselves. These are usually referred to as self-help efforts and are generally found to be cost effective and much appreciated by the consumers who are involved with them. Indeed, recently when the Board of Directors of the NMHCA organization was asked to identify their highest priority as to restructuring the delivery of mental health care in this country, the NMHCA Board members unanimously identified self-help as their major issue. With this kind of enthusiastic support, it is likely that self-help consumer-run drop-in centers, social clubs, and crisis facilities will become more widely available. ■

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MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN
DAN SALTZMAN
GARY HANSEN
TANYA COLLIER
SHARRON KELLEY

BUDGET & QUALITY
PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503)248-3883

TO: Lorenzo Poe, Community and Family Services Director
Howard Klink, Community and Family Services Deputy Director
Susan Clark, Support Services Manager
Kathy Tinkle, Administrative Services Officer
Billi Odegaard, Health Director
Tom Fronk, Health Manager

FROM: Dave Warren *DCW*

DATE: May 30, 1995

SUBJECT: Follow Up Items from the Board's Budget Work Session of May 30, 1995 on
Community and Family Services

1995 MAY 31 PM 12:22
MULTNOMAH COUNTY
OREGON
COUNTY CLERK'S OFFICE

Here is a list of items about which the Board of Commissioners would like additional information.

Please prepare responses to the Board's questions. I suggest the responses state the question and then state the response. If appropriate, the response may be a reference to an attached document. Please respond to all the questions by Friday, June 9. If you can't prepare the final answers by June 9, I suggest responding by telling the Board when they can expect the answers.

- Send a copy of the answers to Chris Tebben. She will review them (for no more than one working day after it arrives), perhaps even supplement them with additional work, and forward them to the Chair's Office;
- Taking no more than one working day, Meganne or Bill will review the responses to see that they answer the questions clearly, add anything they feel is needed, and return them to Chris;
- Chris will communicate any proposed changes to you or give you the OK to print;
- Deliver 10 copies to Kathy Nash in Budget & Quality. She will package your material with a sequentially numbered cover page and an index so the Board can tell what they receive, tell that it is in response to issues raised and at which hearing, the date they received it, and be assured they have received all the packets.

- — Budget & Quality will deliver the packets to the Office of the Board Clerk who will distribute them to the Board.

Follow up Items - Written (by June 9)

Community and Family Services

1. Provide a job description for the MIS Administrator and explain why such a position is needed prior to system design.
2. Describe the plan for installing child abuse tracking.
3. Review the process used to build the evaluation system and unit in Community and Family Services

Health Department

1. Review the process used to build the teen clinic evaluation system.

Follow up Questions - to be discussed at June 7 budget work session

Follow up on the Asian Acculturation Center funded this year.

Amendments

Please prepare the following amendments as requested by the Board. Use the attached form for these amendments. Send a copy of them to Chris Tebben who will review them for completeness. If there are any proposed changes, Chris will communicate them to you or give you the OK to print them. Send 10 copies to Kathy Nash. She will distribute them to the Board for further consideration.

CFS 1 - high school transition for developmentally disabled youth age 21-26

(Commissioner Saltzman)

CFS 2 - supplement to CARES (Commissioner Saltzman)

CFS 3 - Mental health services for homeless youth (Commissioner Saltzman)

c. Larry Aab	Joanne Fuller	Carol Rex
Kelly Bacon	Kathy Gillette	District Attorney Mike
Elyse Clawson	Tamara Holden	Schrunk
Ginnie Cooper	Susan Kaeser	Tom Simpson
Lance Duncan	Jim McConnell	Meganne Steele
Marie Eighmey	Sheriff-elect Dan	Betsy Williams
Margaret Epting	Noelle	CIC
Bill Farver	Mike Oswald	Patrol

Budget Session

5-30-95

Handout # 5

WB-1

Commissioner Seltzman's add package
services for youths
with disabilities



Kristine Feller

age 20

May 27, 1995

Dear Commissioners,

My name is Catherine Feller. My daughter, Kristine is currently attending school in an E.S.D. sponsored Classroom at Clear Creek Middle School in Groesbeam. She will be 21 yrs. of age in April of '96 and shortly thereafter in June she will graduate and will have little to look forward to, other than spending the rest of her days at home with me.

Due to being in school with her peers and out in the community she has been able to develop social skills that have greatly increased the quality of her life.

Kristine was born with Cerebral Palsy and as a result of brain damage she is quadraplegic. She also suffers from severe retardation an on going seizure disorder, a vision impairment

and is fed through a tube in her stomach.

The time she spends in school is the major highlight of her day.

When she graduates what little independence she has been able to develop outside my house will come to an end.

Krissie needs a quality day support program, not unlike that of her current classroom at Clearcreek Middle School, where she can continue to thrive, in an atmosphere that includes other members of society like herself and other non-handicapped individuals.

A day support program is greatly needed for this population of Young Adults who will never be employed or able to independently explore the world around them.

Krissie's aging out of school will be creating major life changes for both of us.

I am a single working mother. Krissie has been in school since the age of 4 yrs, thus enabling me to work full time to care for the two of us.

Unless an appropriate day support program is in place when Krissie graduates, I must quit my job to remain at home with her which creates not only financial but emotional hardships on us both.

I will most certainly quit work if I have to, because I love my daughter and I wish to care for her myself rather than place her in foster care or in a state facility.

Please do not allow
my daughter to graduate
from school with no
hope for a better quality
life than spending 24 hrs.
a day in the relative
isolation of my home.

Respectfully,

Catherine C. Feller
"worried mom"

Ross Fortner

Budget Session
5-30-95
Handout #6
WB-1

) I have a history of
Mental Illness that
dates back to 1959.

For many years and
~~with~~ until 1973 I
had Psychiatric Direction
& Support in the way

of Family & The
Employment choices I
tried. After 1973 &

until 1981 I had
Minimal ^{Family} & Psychiatric

Direction & Employment
opportunities. This

was because of the

stigma of instability

That the community
I belonged to
had of me.

In 1981, after
hospitalization
at the VA Hospital
in the mental
patient ward, I
again obtained
support in my
~~need for~~ housing
& social needs.

Later in 1986 I was
in the VA Day
Treatment Program
of their mental

Health Clinic.

I was able to learn about my Mental Illness & How to cope using Medication & Support Systems.

I also ~~used~~ was a volunteer in CA & community work stations.

In 1986, After a Mental Illness Episode due to ~~the~~ stress, The Department of

Vocational Rehabilitation
Declared me
Unemployable
& Closed my case.
This decision
coincided with
my running out of
savings & the
need to work
for income to
supplement my
social security disability
income. thru a
Employment Specialist
at an Employer
where I was

doing volunteer work.
I got a part time
job at The March
of Dimes. I proved
that I could work
there & this caused
The Older Workers
Program Counsellor
at The Private Industry
Council to hire me
as a trainer. From
1988 to 1994 I
worked for PIC
in various jobs
including work
sites at the

Red Cross, The
Mind Empowered &
The Ryles Center.
to day, as a result
of the support
of PIC, the
know how to cope
I learned from
The UA & my
transferable
skills I am
working part time
at a development
job that is
unsubsidized with
The Ryles Center.

I do not know what
The Future Holds
For me. But I
HAVE proved myself
Somewhat & HAVE
some confidence TO
get a Full time
job and get
completely OFF
Social Security
Disability.

I believe my
story is somewhat
applicable to
mentally ill person
who have no one

to care for them.
All of these
people need
support from
society. The more
stable of these
people, like me,
need support
in the way of
education about
their mental
illness &
volunteer opportunities
that will lead
to supported employment
& eventually a

Job Developed For
Them By a Job
Developer who
knows The Field
of Employment They
want to work
in.

This can become
reality in this
day & age because
of The American
For Disability Act,
passed in 1990
by Congress, which
protects The Mentally
Ill of our

Society From
Discrimination by
Employers &
Employment Brokers
OF OUR City, County,
State & Nation.

Respectfully
Submitted:

Ross B. Fortner
1419 SE 17th St.
Portland,
OR 97214

H 234-6302
W 238-1477

Budget Session
5-30-95
Handout #8
WB-1

TESTIMONY TO MULTNOMAH COUNTY COMMISSION

MAY 30, 1995

BY
GLORIA L. GARBUTT

My name is Gloria Garbutt and I am here today to tell you of my concern for the need for families like mine with severely disabled children to have day programs when they no longer receive school services. My 15 year old son Lucas could not be here today, but for effect I have brought along a tape recording of typical sounds he would make had he come with me.

This is a photograph of Lucas in his Challenger Little League baseball uniform. I would like to describe how Lucas plays baseball. When he plays on his baseball team, Lucas has a buddy from a regular team assist him to do the things he is unable to do himself. When he's up to bat, his buddy uses hand-over-hand assistance to hold the bat and swing at the baseball which is on a "T." When Lucas hits the ball, the buddy puts the bat down and wheels him to the bases. The buddy makes all decisions as to whether to run or stay on base because Lucas has no language.

When Lucas is out in the field, he usually plays second base. The buddy runs for the ball and catches it for him. Then he takes the ball to Lucas and puts it in his hand. He must actually put his hand over Lucas' to hold the ball because he is so tactilly sensitive that holding the ball is a very uncomfortable thing to do for him. The buddy brings his arm back and helps him to throw the ball which usually goes 4 to 8 feet.

The buddy and we observers need to constantly cheer for Lucas not

only to keep him focused on playing and alert for the ball, but also at times we need to keep him from falling asleep in the field because Lucas takes a lot of anti-seizure medication that makes him drowsy.

I have used this one little instance in Lucas' life to try to show just how challenging life is for our children and for our families.

My life's greatest worry, next to my son's well-being, is what will we do when Lucas no longer has school services. I have managed all along on my job with a very understanding employer who allows me to adjust my schedule to meet Lucas' many medical and school appointments. I, however, get low pay and very few benefits. During the summer Lucas will go to the Multnomah After School Center Summer Program while school is out. If I had to pay what I do for the summer program as an all year service, it really would not make sense to continue to work. When there are no more school services for Lucas, my fear is that there will be no place for Lucas for care and activities and I will no longer will be able to continue to work to support myself and my son.

Please say yes to the funding of an affordable day program for people like Lucas who just need a chance for a future for themselves and for their families too.

Respectfully submitted,

Gloria L. Garbutt
4315 S.E. Glenwood Street
Portland, OR 97206
Phone: (503)771-0647

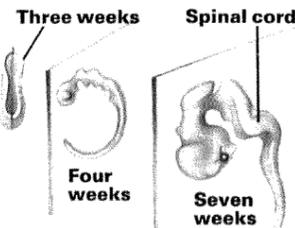


The Healthy Brain

"The brain is the most difficult part of the body to study," says E. Fuller Torrey, a psychiatrist at the National Institute of Mental Health. "We carry it around in this box on our shoulders that's very inconvenient for research." Recent developments in imaging, however, have improved our view of its architecture and workings. Each of its hemispheres, right and left, controls the opposite side of the body. Regions within a hemisphere specialize in certain functions—the motor cortex, for instance, helps control conscious movement. Other structures, such as the hippocampus, which aids memory, have their own jobs. Neurons, the network communicators, send and receive electrochemical signals in mere thousandths of a second at connection points called synapses.

ILLUSTRATION BY KEITH KASNOT

BEGINNINGS



The nervous system is one of the first recognizable features of a human embryo. Its earliest form, the neural tube, closes at about three weeks. By seven weeks the brain and spinal cord have emerged; by twelve weeks the brain is the size of a large pea. At birth it is about a quarter of its adult size.



Cortex
Its folds increase its surface area and the number of neurons

Limbic system
Central structures that regulate the body's internal environment

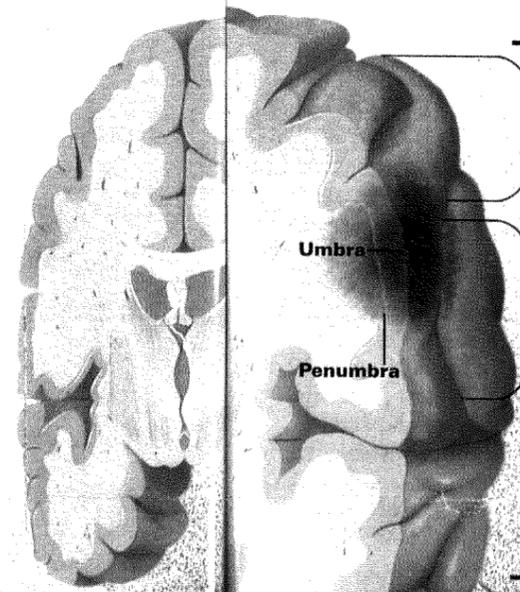
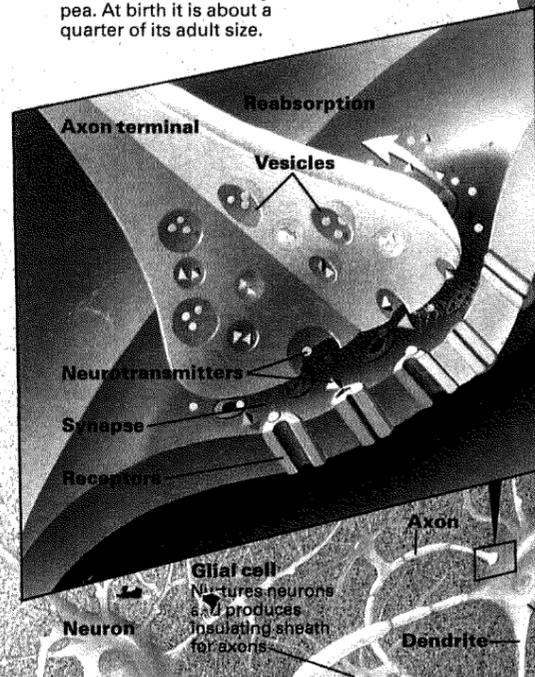
Amygdala
Part of the limbic system; may play a role in emotions

Hippocampus
Part of the limbic system; helps form memories, identifies sensory information worth saving, and interprets smells

Atrophied tissue

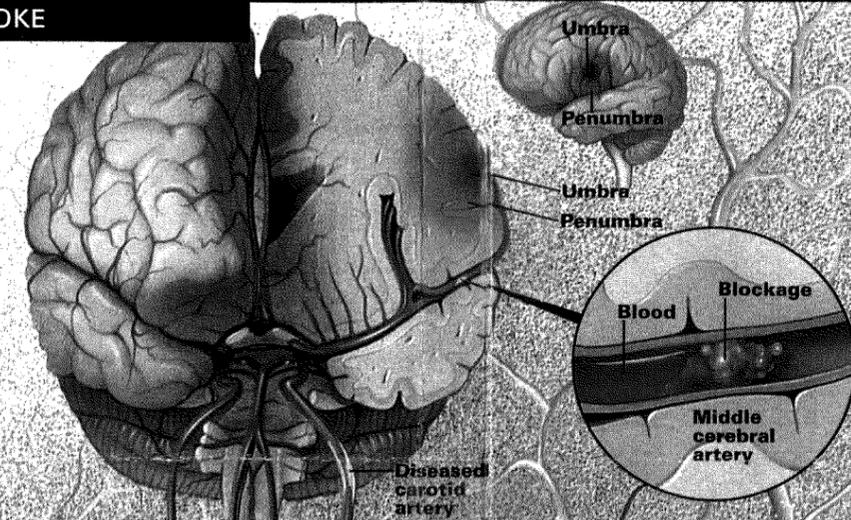
SYNAPSE

Each neuron is a single nerve cell with one or more arms, or axons, that send signals and one or more other arms, or dendrites, that receive signals. When a signal pulses to an axon terminal, spherical bodies called vesicles fuse with its membrane. The vesicles then burst open and release chemicals called neurotransmitters, which cross the minute space, or synapse, between the sending cell and the receiving cell. To end the signal, the axon reabsorbs some neurotransmitters, and enzymes in the synapse neutralize others.



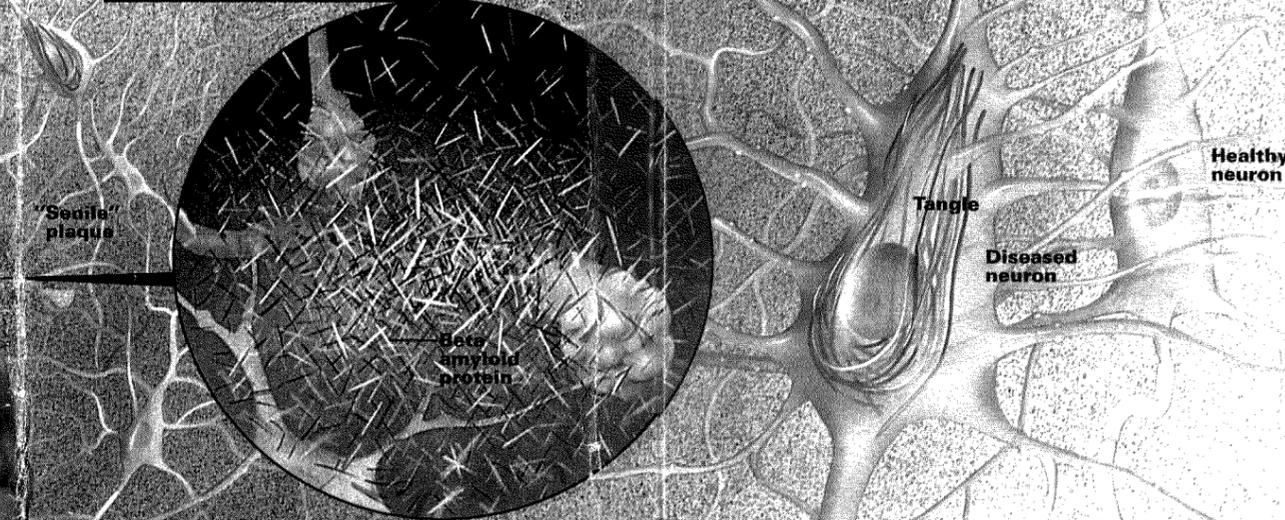
Stroke and the Motor Cortex
A stroke often affects voluntary movement, stalling an arm, leg, or one side of the face. The strokes shown at left has affected the face and hand.

STROKE



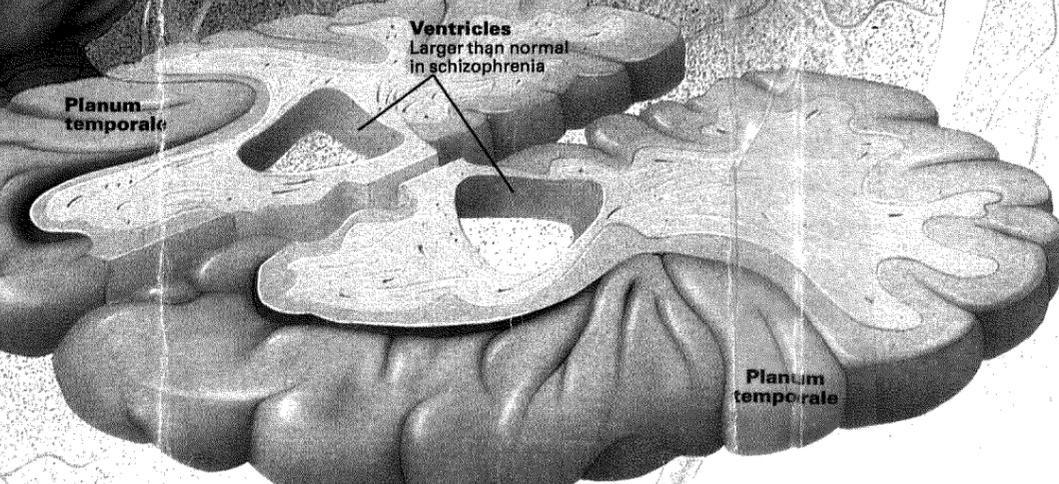
Strokes strike quickly. In about 80 percent of cases a plug of fat or a blood clot lodges in an artery in the brain and cuts off blood flow. Deprived of essentials such as oxygen and glucose and unable to get rid of wastes, cells in the area supplied by the artery die. Fat plugs and some clots come from arteries in the neck; other clots come from the heart. In addition, high blood pressure and abnormalities in blood vessels can cause bleeding in the brain. Surrounding the area of rapid cell death, the umbra, lie cells that die more slowly, the penumbra. Future medical advances may be able to save these cells.

ALZHEIMER'S DISEASE



In Alzheimer's disease, cells die and the brain shrivels like a desiccated walnut; neural connections wither. Inside an increasing number of neurons, tiny abnormal filaments form tangles that choke the cells. In the spaces between neurons, a protein called beta amyloid clumps together with glial cells and misshapen nerve endings to form "senile" plaques. Tangles and plaques occur throughout the brain but are most plentiful in two critical areas: the hippocampus, which facilitates memory formation, and the cortex, which specializes in reasoning, judgment, language, and orientation. Several factors, including genes, environment, and aging, likely work in combination to cause this condition.

SCHIZOPHRENIA



Normal asymmetry—brain areas larger in one hemisphere—appears to be reversed in people with schizophrenia. The planum temporale, for example, is much larger in the right hemisphere, perhaps explaining their garbled language.

The Unhealthy Brain

Because many workings of the healthy brain are still little understood, malfunctions are difficult to interpret. "This is not garage mechanics," explains Johns Hopkins neurologist Stephen Oppenheimer. "It's not a question of going to the hospital for a tune-up." Some disorders, such as a stroke, cause immediate, clear damage. In Alzheimer's disease, on the other hand, neurons die in various areas over years. Schizophrenia remains an enigmatic scrambling of thoughts.